HOUSING

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ABSTRACT

Social intervention with homeless people is currently changing its understanding of the phenomena and its perspective and philosophy of action. The guarantee of rights and the restoration of the life project trough empowerment, as well as all new person-centered models, allow moving towards more holistic strategies that are respectful to this group. This article presents the current status and challenges we face as professionals in social work intervention with homeless people.

Key words: homeless people, rights, empowerment, innovation

1. CONTEXT

In recent years the society has undergone major changes, including those related to the emergence of new needs in people. According to the contributions made by Pilgrim et al. (2015), the economic crisis has especially affected middle classes. As a result of the economic crisis many families have experienced an unexpected situation of economic poverty. These families, along with the ones that were already users of social services in a more or less regular basis, have led to a significant increase of demands that these services have to meet.

People who used to have a certain socioeconomic level that allowed them to live without social problems, have been dumped with the financial crisis into a vulnerable situation that turned them into the "new poor" even facing situations of homelessness.

Becoming a homeless person is not something that happens suddenly but it is a process that gradually affects the whole person, both materially (lack of job/income, housing) and personally (family breakdown and social deterioration of health - physically/emotionally-, addictions, dependency...). The many and varied reasons depend on the person itself and on the context and the society we live in.

According to Cabrera (1998), homeless people have a situation which is beyond impoverishment. They are a part of the population who suffers multiple ways of exclusion produced by different causes with a series of added problems. The most extreme form of social exclusion is homelessness, a complex and multifactorial phenomenon in which converge multiple causes that require a multifaceted view of this social reality.

FEANTSA (European Federation of National Organizations that Work for the Homeless) defines the homeless person as the person who can not access adequate accommodation or keep it, either due to lack of economic resources or because of personal difficulties.

We can talk about different categories of homelessness. ETHOS (European Typology of homelessness and housing exclusion) classifies homeless people according to their housing situation:

- Roofless: no accommodation of any kind, living in a public space.

- Homeless: temporary accommodation in shelters or institutions.

- Insecure: under severe threat of eviction or exclusion, precarious rental or domestic violence.

- Inadequate: illegal settlements in dwellings unfit for habitation, overcrowded non-conventional structures.

If we talk about figures in the European Union there are 30 million people without a decent housing, of which 410,000 are homeless. In Spain, for every 100,000 inhabitants there is at least 71 homeless people. In 2012, 23,000 homeless people contacted accommodation services. Following the European classification ETHOS in Spain there are more than 1.5 million homeless, according to FOESSA[1].

This situation, coupled with the lack of opportunities and a reliable network of informal support, makes more people vulnerable from social and housing exclusion. According to Pirla et al. (2016) the phenomenon of homelessness increases quantitatively, but despite their physical proximity, the reality of homelessness remains largely unknown to the public and stakeholders, perpetuating the stigma, false myths and prejudices that have accompanied the image over the years.

As described by Goffman (1970), homeless often suffer from an deteriorated identity; usually infra skilled -compared to the "others"- and this is why it may seem especially poignant that a homeless person plays the piano perfectly or have completed higher education, according to the stigmatizing pattern that does not include such values in someone who suffers from this situation. People are often seen as "deviant" who have abandoned the standards of conduct, and therefore they are attached to the group of people considered socially excluded and labeled as potential transgressors of the rules.

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[1] FOESSA (Fomento de Estudios Sociales y Sociología Aplicada) was established in 1965 thanks to Caritas Española to know and systematize the Spanish social situation. It provides reports that allow to obtain updated data on the structures, evolution and social tendencies in Spain.

Despite the complexity of the phenomenon of homelessness, we can say that the main feature is the absence of a home to live safely; although the right to decent housing is included in the Spanish Constitution and in the Catalan Statute of Autonomy, the reality is quite different in Catalonia. The report on Quantification and distribution of the population poorly housed, made by the Catalan Agency on Housing, shows that a total of 48.454 cases in Catalonia have bad accommodation and are monitored by social services. Of all these cases: 5.433 correspond to people living on the streets or shelters of low exigence; 8.634 correspond to homeless people, i.e. adults living in shelters or minors in children's shelters; 26,705 cases correspond to people living in unsafe housing, people not able to pay the rent, people under an order of eviction or those suffering from domestic violence.

In the case of people sleeping in the street, the majority (4.294) live in the city of Barcelona and its metropolitan area. 82% of these people are men, mostly between 35 and 64 years old. More than half are Catalan and almost 60% have no income.

The current Social Services Law 12/2007 of October 11th, describes situations requiring special care, including those related to homelessness or family breakdown. Within the portfolio of social services, different residential services can be found such of those being of limited stay, the emergency ones, temporary residence for adults in situations of marginalization and community kitchens.

Following the Law 12/2007 and the Strategic Plan 2010-2013, the Catalan social services carry the mission to ensure equal opportunities and the right of people to live with dignity in throughout their lives by the coverage of basic personal and social needs, and to contribute to the welfare of individuals and groups in the community promoting the empowerment and autonomy of people.

Thus, intervention with homeless should move towards guaranteeing rights, empowering and promoting autonomy. The right to housing should be a priority in public policy as a key to combat situations of residential exclusion.

The vision of the new model of basic social services in Catalonia states that we must promote the attitudes and abilities of people as the main actors of their lives, help to

prevent situations of risk, compensate deficits in social and economic support and care for situations of vulnerability and dependency.

Thus, the main role of the person in his/her life process should become a fundamental part in the intervention with homeless people.

At the national leve we find the First Comprehensive National Strategy for homeless people 2015-2020, which creates a comprehensive framework for action for this group, with the aim of improving care, reduce the number of people living on the streets and restore its role in the society.

The document consists of five main areas:

1. Homelessness prevention: the government wants to accelerate the process of detecting people at risk of living on the street and its intervention.

2. Raising public awareness and defense against homeless discrimination: the strategy proposes to sensitize the public on the situation of this group in order to avoid discrimination and reduce aggression.

3. Ensure the safety of the homeless: a commitment to the need to ensure access to housing as a right, investing in the "housing first" model.[2]

4. Restore the life project through the access of the homeless to a minimum wage, promoting family mediation, improving employment and encouraging hiring in social insertion companies.

5. Strengthening the public system of homeless care and improve knowledge, information exchange and evaluation.

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[2] The Housing First model prioritizes immediate access to decent and stable housing for people who have long lived in the street, respecting their opinions and with the support of a specialized and multidisciplinary team. It is a model compatible with the scale model, both explained later in this article.

2. CURRENT MODELS AND INTERVENTION STRATEGIES: THE COMPLETION OF STEPS TO GET HOME OR THE EXERCISE OF THE RIGHT TO HOUSING AS A STARTING POINT?

Traditionally attention to homeless people (PSLL)3 has been approached from the perspective that the person had to overcome certain stages or steps that would allow an ongoing improvement towards independent life until having a permanent home. Currently we explore models that guarantee the right to housing first, which are also compatible with the classical model.

2.1. Classical approach of attention, Scale Model or "Staircase"

This classical model assumes that homeless people enter the circuit of social services through low exigence shelters, overnight shelters and temporary shelters. From these resources and with the appropriate social and educational support, attended people would move into homes or apartments shared with other people who are following similar paths. Later, they would access single-person households that would facilitate certain independence with less intense social support and constitute the first step towards reintegration in the conventional housing market, which would have accessible thanks to the return into the labor market or obtaining other incomes.

This itinerary is reflected in a plan of individual social care that the person accepts and agrees with the professional who is working from the relationship and bond.

It is a long and difficult process for the person, not always linear, and therefore there are regressions involving that some people, due to personal and both physical and mental health issues, as well as on the time spent in the street, sometimes means a return to the starting point, or may even be a failure at "the first step", accumulating more failure and having to start again the road to social inclusion. Therefore, it is not a model that responds to the needs of PSLL, especially those with a longer history in the street. Moreover, this models is not always able to put the person in the center, adapting services to the needs and resources, but the opposite. It is difficult not establish functionalist mechanisms of social control in the social worker intervention, which can

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3 PSLL from now on for Homeless People (in Catalan).

sometimes be away of the perspectives, expectations and life goals and become a process that can be frustrating for both the homeless person and the professional.

> *Fermí, 59 y.o., has a long history of staying in the street due mainly to alcohol dependence over years. This alcohol abuse led to the break with the family, undermining his self-esteem due to guilt and failure dragged for a long time.*
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> *The team of street workers had located him sleeping in the street, detecting a possible cognitive impairment that placed him even more in a situation of risk and vulnerability, and a state of important despondency and discontent. Fermí rejected any kind of assistance and social services. Gradually and thanks to the relationship and bond that street workers had established with him, Fermí agreed to use a residential care service and an emergency soup kitchen.*
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> *The work planned altogether with him was through various resources according to his psychosocial characteristics and finally he accessed his own house. As he started climbing the steps, the level of demand grew mainly related to moderate alcohol consumption habits introduced in health care and personal hygiene and compliance with rules of coexistence.*
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> *This is a clear example of this scale model in which the person climbs stairs from the street. This case went from street to a pension, from the pension to social inclusion housing service and from there he jumped to his own house in a process of years of evolution.*
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> *He is currently at his home with home support.*
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> **Scale Model case**

2.2. Housing first, social intervention later

In recent years, policies are spreading "LED-housing" in the eradication of homelessness. Of these, the best known is called Housing First, which emerged in the United States in the early nineties by Pathways to Housing, founded by the psychologist Sam Tsemberis, and from which an intervention is made on situations of chronic homelessness by providing long term homeless people with an independent living first and then a voluntary socio-educational support. This model represents a change of perspective for both the homeless person and the professional because it is the client who decides what to do, how and when, and the professional is there to respect and care at the rhythm needed by the person.

What does the Housing First Model?

- It is a way of acting where the homeless person passes from the street directly to an individual and permanent housing, dignified and appropriate to their needs.

- To support the person needs (medical, domestic, etc.) through a horizontal team formed by volunteers, social workers and educators, health workers... and people who also lived in the street.

- Is aimed at all those who live in the streets and especially in chronic situations and who suffer from mental illness and/or addictions.

- Involves three conditions for the person: to provide 30% of their income to the rent, maintain good relations with neighbors, and accept a weekly visit from the support team.

The eight principles of Housing First according to Fundació Arrels are: housing as a human right, respect for all users, the commitment to work with the person until they need it, individual and independent housing, separation of housing and treatment, self-determination and the right to decide the direction towards the recovery of the user, and harm reduction to minimize the consequences of street life.

> *Jan, Slovenian origin, began in the consumption of toxic substances at a young age and since then his life has always been structured around it.*
> *For more than 10 years he is known by the services for people without home in the city.*
> *His dependence on drugs has had an impact on all areas of his life within the family, at work and economic, judicial, health, organic levels, etc.*
> *He has several processes of detoxification but always left the treatments and has not been able to sustain long periods of abstinence. We can speak of a chronic situation in the process of treatment cycles with remissions and relapses and many years at PMM.*
> *Currently still homeless and abusing drugs.*
> *In his case the traditional care model has not responded to the situation, which has deteriorated with time without any appreciated improvement.*
> *He was recently been selected to participate in a Housing First project recently launched in the city of Lleida.*
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> **Housing First case**

3. DIFFICULTIES, PROPOSALS AND GLOBAL CHALLENGES

1. The lack of a Catalan model for PSLL care and a lack of regulation has led to the existence of a number of services and types of resources that have tried to respond to the PSLL needs in different municipalities of Catalonia both from the public and the private sector, but without the necessary regional balance. Care for homeless people depends largely on the political will of the municipal administration and its priorities.

Looking at the current network resources, we can see that the number of accommodation places is still insufficient, especially in big cities, which often provide

temporary and emergency accommodation with different ratios and number of professional profiles at the different stages and levels of care, with revolving-door relationships in their own services and with other public services.

Thus, we consider it essential to promote joint work between the several public services and the non-profit ones in Catalonia to develop a model of care for Catalan PSLL, which contemplates the development of a range of resources to improve the existing portfolio of social services, and to think the resources in each municipality based on the identified reality and needs. This should deploy resources from detection, the initial reception and the attention to basic social treatment. Taking the new model of basic social services, it is necessary in this regard to establish thresholds in quality of care focused on the person, enabling knowledge-sharing and establishing synergies between agents to provide an efficient response to people's needs.

Thus, it becomes evident the need to interconnect different social services and social protection services (basic and specialized social services, educational services, health services, housing and employment services, essentially) taking into account all the needs on the basis of an holistic approach to networking among agents. In this regard, recently a group of Catalan municipalities and non-profit organizations have started to lead a Catalan social care network for the homeless4, which aims to share experiences, to develop innovative intervention, to analyze current criteria for access to various specialized resources and to generate and share knowledge in the field.

2. The need to incorporate quality criteria in PSLL care services. The Catalan Social Services Quality Plan 2010 provides a conceptual framework that sets a definition of quality from three perspectives:

• Quality of service is defined as the value of service awarded by the degree of satisfaction in relation to users needs and expectations; therefore requires systematic information on these needs and expectations and to improve work processes, to simplify and/or speed up procedures. The best knowers of the services

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4 The network, initially composed by the Town Council of Girona, Lleida, Barcelona, El Prat de Llobregat, Terrassa and Fundació Arrels, aims to expand to the maximum number of agents involved at the local level throughout the Catalan territory.

are PSLL themselves. Need to include mechanisms for participation and evaluation of services from these same people.

- Technical quality refers to the use of scientific advances in the provision of services. In this sense, to improve the technical quality it is needed to establish quality standards for the provision of the portfolio of social services and to develop systems of evaluation and validation of quality standards in the provision of social services and to have elements for the identification and dissemination of good practices and the management of knowledge generated in the system. In the area of homelessness, unlike other groups such as the elderly or people with disabilities, there is a deeper and specific need of regulation that ensures that technical quality in the specific services.

- Quality management is defined as the application of necessary elements to achieve good sustained results that are sustainable over time. We must increase services in the Public Social Services Network (XSSAP) that use management methodologies included in models of quality and excellence. Quality continuous improvement involves the development of systematic learning-oriented, innovation and improvement in the management and provision of services.

- We must move forward in the design of policies and strategies aimed specifically at homeless people from the perspective of continuous improvement and quality in all dimensions.

3. The need to implement an actual census of PSLL in all municipalities, thus fulfilling the technical instructions made by INE in regard of registration management (registration of people without home) which allows access to the more fundamental citizenship rights.

4. The changing reality of homelessness, especially with the increase of immigration in this group as manifested by Cabrera (1998), has widely exceeded the capacity of action of the professionals involved in the sector who lack a training providing new tools for the new needs and difficulties. For instance, to deal with specific situations of irregular homeless immigrants who are excluded from any kind of stable housing if they are not in an emergency situation and practically all the Public Social Services Network service, except for basic social services and to a limited extent in certain benefits and resources.

With such inequalities resulting from an administrative situation, according to Julià (2015, 2016) there is an exerting institutional discrimination that seriously violates the most fundamental rights of individuals. This will mark deeply their migration route and their future possibilities of social inclusion and possibilities to move from the invisibility to a legal recognition.

5. The need to establish criteria through the portfolio of social services coordinating all services offered to homeless people that currently exists according to the will and capacity of each service, whether it is public or private or non-profit or religious, making clear the need for a convergence of professionalism with volunteers to ensure the highest quality of services.

6. To incorporate at a strategic-political level the census5 counts of people who are sleeping in the street on a regular basis in all Catalan municipalities, which would allow official data regarding the number of persons, profile,etc. to design actions with the utmost rigor and efficiency to respond according to reality.

7. To walk towards a mainstreaming of public policies that respond to the actual needs of the homeless. We consider it essential that all sectoral policies (employment, housing, health, etc.) becomes responsible for every citizen in accordance with their skills, the challenge of ensuring the rights, without letting all the weight on social services, that neither has nor should have different resources than those required by other citizens.

8. Establish awareness and early detection of people who fall into a process of residential exclusion. We must articulate actions to detect people who are detected by institutions in a situation of especial vulnerability (recently separated individuals, youth coming out of protection centers or people coming out of prisons, among other situations) and collective mechanisms for the citizens to co-work with local agents. In this regard we highlight the application (APP) that Fundació Arrels addressed to the public, which

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[5] A count is a quantitative tool which purpose is to photograph the number of people who sleep on the street in a given municipality on a specific night. The counts can be accompanied by a census. A census of people who spend the night collects qualitative information. This is a new way of doing what has been carried out in different countries and in 2016 has been conducted as a pilot test in different European cities, such as Barcelona, Valencia and Lleida, among others, within the framework of the European project "The European End Street Homelessness".

allows downloading from an APP on mobile devices, locate in google maps the exact location of people sleeping on the street and alert the educators so they can approach and know that person quickly.

4. THE INTERVENTION FROM SOCIAL WORK WITH PEOPLE WITHOUT HOMES. NEW MODELS, NEW CHALLENGES, NEW ILLUSIONS

The intervention from social work with homeless people must be based on actions beyond assistance and guarantee of basic needs such as food, hygiene and accommodation, being able to provide a comprehensive response framework; social work needs to advocates for personal autonomy in the way Fundación Pilares does, supporting these people in restoring their vital project from the perspective of rights, dignity, always putting the individual at the heart of the actions and working from the bond. In this regard, Fantova (2016) states that social action or interpersonal communication is fundamental and to deliver economic resources or materials is accidental or instrumental.

Classical models of social intervention with homeless have been built around services and resources following the scale model mentioned above, that is not always accompanied by an inside look at the people, their real desires, dreams or preferences. Often we have moved into managerial interventions in which the use of services is conditional on the person's own process and their acceptance of compensation (perform treatments to recover from addiction, psychiatric consultations...) with the aim of causing behavioral and cognitive changes. Usually it is the person who needs to get adapted to the service and not vice versa.

Clearly, at present functionalist models lose strength in favor of humanists models which put the person at the center of the intervention such as person-centered planning model on the basis of the principles of dignity and rights of participation, integrity, individuality, independence and continuity, among others. Also commitment to ethical principles such as diversity, accessibility, proximity and community approach.

The new (or old) instruments for social work professionals should be based on the recognition of the individual biography, capabilities, identity, preferences and desires,

promoting flexible and bonded interventions at the rhythm needed by every individual in the process of social inclusion.

Although few in number, there are different experiences of adaptation and application of the methodology Person-Centered Planning6 in the group of homeless people. Most of them are implemented in countries such the United States or Canada. In Europe there are some important initiatives, such as those carried out by non-governmental organizations of St. Mungo, part of the confederation of english organizations Homeleslink. These institutions work to eradicate homelessness in the UK and to implement their hosting services, employment and mental health following the PCP. All these organizations positively value adopting PCP on the individual attention of PSLL.

Despite being a very used methodology with people with disabilities, these projects demonstrate the relevance of the paradigm when it adapts to PSLL, as both its objectives and its principles are shared. The efficacy of supporting people in a chronic situation, improvement of bonding with the professionals, approaching the real needs of people or to place the person at the center of the action are some of the direct consequences of using PCP as a basis for social action with PSLL.

According to Martinez (2011) the main feature to define models of care focused on the person, before other traditional models designed from the perspective of the service, is that it recognizes the central role of the user in their care and therefore proposes strategies where the user is the actual one controlling the matters affecting him/her. This is the main contribution of this truly innovative model before those services where the subject has a passive role as a recipient of services, being the professionals in its role of experts the ones who prescribe the most appropriate for the needs of the users or clients.

From the relational perspective, the bond in social work becomes the key instrument in the process of social inclusion. In groups at risk of social exclusion it is essential to return to the origins of the profession and focus on what is more important: the person.

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6 PCP, from now on.

Relational social work is closely linked with the theory of empowerment[7], represented by Zimmerman and Rappaport. It is the bond that can interfere with the person's beliefs, skills and self-esteem as key formulas in the personal recovery. The empowerment implies not to conceive that person with rights to defend externally but as an integral human beings who have needs and desires, and who is able to take the reins of control over his/her life.

New models of social intervention, such as the proposed Inclue[8] provide innovative models of social care focused on the person, perfectly adapted to groups at risk of social exclusion, formulated in terms of rights, empowerment, citizenship and equal opportunities. The model Inclue highlights trends and directions that an innovative model of care should include: inclusive activation, rights perspective, individualization of care and promotion of self-determination of users, commitment to deinstitutionalization and community care, gender perspective, quality of life and supports, paradigm of harm reduction, commitment to participation, volunteering and community involvement, need for inter-agency coordination, networking and continuity of care and practice based on knowledge.

Taking the model as a reference, we feel very positive from the premises described in the intervention with PSLL in terms of dignity in recognizing the intrinsic value of people, respecting their individuality, personal needs and privacy in the right of individuals to be let alone and not disturbed or to suffer interference in their personal affairs. We agree on the need of autonomy and self-determination, including the willingness to assume certain levels of risk in the election, from the perspective of a choice freely taken between

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[7] The concept of empowerment has a fundamental place in community psychology, denoting an orientation and a process with cognitive, affective and behavioral components at the time (Rappaport, 1981; Zimmerman, 2000). Rappaport (1981) states that empowerment is the process through which people and communities acquire control and mastery of their lives. For the Cornell Empowerment group is an intentional and progressive process that is based on mutual respect, critical reflection, natural support and participation in community structures, and allows those who do not share equally the resources to have access and control. Other authors like Powell (1990) add to the theory the ability to achieve their own goals, struggling to maximize the quality of their lives. Musitu, G. & Buelga, S. (2004).

[8] The Inclue model has been developed by Grupo Emaús Fundación Social. It focuses on encouraging a change in the model of care that recognizes the needs differentiated by gender and that is focused on the quality of life and active citizenship of people in situations of social exclusion.

different options. The importance of satisfaction and personal fulfillment, the realization of personal aspirations and abilities in everyday life, protection, knowledge and protection of his rights, the preservation of all rights inherent to the condition of people and citizens and the real possibility of exercising them are present in this approach.

According to Fundació Sartu, today's social intervention requires from us to be creative as companions who are able to think and do differently. It is about being able to conceive other forms of intervention, escaping from inherited limitations and placing ourselves in different mindsets.

Therefore it is necessary to think dynamically and in aligned with a reality that changes and is flexible, to break the idea that cause/effect dominates the decision-making process when advancing along with the person's intervention, leaving room for unforeseen factors and their consequences.

Progressing with a new model of social care for PSLL also includes aspects described above, such a commitment to actions that provide life safety, stability, rooting and quality of life. In this regard it is necessary to incorporate active strategies of low requirements and harm-reduction aimed at people who do not want or can not reach certain thresholds and stay in situations of severe chronicity. We must commit to innovative projects that shake the current formula, like Housing First (described above) that stimulates new ways, such as Project Empodera't developed by the city of Lleida since 2014 in which through art, community involvement, environmental and self-management training searches for new mechanisms of social inclusion.

In the words of Navarro (2011) "I am convinced that if the relational perspective with all its humanist components and deep commitment to social transformation is not incorporated, nor rooted in our narratives, others will come with their stories and will conquer an ideal farmland in our professional and organizational areas with the objective of welfarism and bureaucracy. Times of crisis are ideal for new and creative formulas alternative to the status quo. "

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