Dignity and Well- Being

Practical Approaches to Working
with Homeless People with Mental
Health Problems

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Dignity and Well-Being

Introduction

- Taking care of the last ones means taking care of one's community
- Social Rights, Social Protection, Social Prevention, Social Assistance

Main Ideas

- Social professionals as mediators to the services
- Rights and the individual will
- Reconnection to the individual's safety net

Difficulties

- Pressure to intervene due to social alarm and lack of resources
- Lack of cooperation between health and social services
- Aggressive behaviour

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- Curiosity
- Proactive attitude and anticipation
- Communication and visibility
- Tailored services
- Relationship

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Introduction

- Taking care of the last ones means taking care of one's community

Homeless people living in severe and chronic social, physical, psychical precariousness are a symptom of the malaise of a permanent injury to democracy and social cohesion.

The exclusion of people is a way to create two different typologies of the human being — the included ones, with rights, duty and relationships and the excluded ones without all these things.

A community able to listen to the voice of its most vulnerable people is a community ready to take care of itself

The community has to be the context in which everyone can be included and has the duty to take care, collectively, of those who are not productive and autonomous. This is not only for the well-being of the individuals but overall for the health of the whole community.

Introduction

- Social Rights ⟶ Social Protection ⟶ Social Prevention ⟶ Social Assistance

Universal Declaration of Human Rights:
Article 2. Everyone is entitle to all the rights and freedoms set forth in this Declaration, without distinction of any kind [...]
Article 22. Everyone, as a member of society, has the right to social security and is entitled to realization, [...] of the economic, social and cultural rights indispensable for his dignity and the free development of his personality
Article 25. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, [...] and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood [...]

Social Rights have to be guaranteed by the Social Protection System.
The social protection systems in every country, are built to protect the most vulnerable and to promote and defend their rights.
The main aim of social protection is reducing the economic and social vulnerability of poor, vulnerable and marginalised groups

Prevention is the main aim of (must be part of) social protection.
Thanks to the operating of the Social Protection System the conditions are created to prevent the social differences and the exclusion processes.

Social assistance is a type of social protection, and it is a direct action with clear and immediate results.

Main Ideas

- Social professionals as mediators to the services

The social professional meeting the homeless who is in the street or in the low threshold facilities assumes the role of first contact, mediator and link between the homeless people and the services.

From this point of view, social professionals become a sort of translator for the homeless people, able to describe the way to work with the system and able to facilitate the access to the opportunities that can be useful to break free from the condition of homelessness.

Very often the threshold to access to the specific services and facilities is too high for homeless people with mental illness.

Communication between the different type of social professionals and mutual recognition between formal and informal protection system seems to be necessary to build meaningful pathways

Main Ideas

- Rights and the individual will

Dignity and respect of the choices of the users sometimes can bring social professionals into significant contradictions.

Speaking about rights should include talking about the individual will, speaking about law should consist of speaking about justice.

Many times good pathways are interrupted by legal barriers (i.e. documents), other times it is not possible to give a complete answer to the needs because of lack of resources.

to give back dignity to homeless people and to let them become the actors of their own life assistance has to be tailored to the specific needs and will of individuals.

nobody can force another person to enjoy his rights if this is not his will.

We have not to forget that:
Also, homeless people want to have the power to choose and have the right to have an influence on their own lives both on an individual level and on an associative level by going together in user-associations.
Homeless people should be listened to concerning what their opinions are about their own life, which kind of interventions they would accept and what they want for the future, in their contact with social workers and social institutions.

Main Ideas

- Reconnection to the individual's safety net

By its nature, the facilities delivered by the social protection system are an artificial context. They are useful to create opportunities to break free from the condition of homelessness, but they are artificial, system made

Very often persons follow pathways in which shelters, day centres, soup kitchen are a sort of parallel world, that risks becoming the only world they access and that risks to bring them in a chronic condition of dependence from the protection system.

The risk is that homeless people rebuild their life in something created expressly for them, increasing disempowerment and dependency, i.e. neverending vocational and rehabilitation programmes.

Many homeless people with mental illness, at the same time, are not able to be included in society because of their lack of productivity, autonomy, health. Very important seems to be the opportunity to re-connect these persons to their safety net, as relatives, friends, job, etc. Giving them the chance to live a real life in a deinstitutionalised vision of the world in which the community supports the weak and the vulnerable.

Difficulties

- Pressure to intervene due to social alarm

A person lying in the street, in bad sanitary conditions, using the neighbourhood for his physiological needs and in some cases also with antisocial behaviour, creates social alarm. The conflict is between individual needs and society's needs. Where is the border between them? How long can a person live in front of the door of the house or the shop of another person?

Very often social professionals have to face the social alarm created by homeless people with mental illness and very often they are crushed between their professional attitude and the will of the stakeholders, the decision makers and the politics (funding the project they work in).

The intervention has to keep in mind the two different forces that are playing the game, and it is not always possible.

At first glance, it could be easy to side with the homeless people, more if we are speaking about social professionals, but this is not always the best way.

The social alarm can push politics towards decisions against homeless people promoting intervention based on an 'urban makeup' vision instead of a person-centred intervention.

Difficulties

- Time and lack of resources

Another conflict in which social professionals are often involved is related to time.

To engage a homeless with mental illness it is a process that takes time, but on the other hand, the society asks the social professionals to do it as fast as possible and to 'remove' from the street, the person as soon as possible.

To realise a meaningful pathway it is necessary a long term plan, but often resources, shelters' rules, and other kinds of pressures force the social professional to work faster. How can a person living in the street for many years, change his life in a few months?

Difficulties

- Lack of cooperation between health and social services

In the effort to obtain resources, homeless people are often confronted with a complex set of providers from a variety of systems that do not communicate with one another.

The lack of cooperation between health and social services in delivering answers to needs composed of social and health aspects is one of the biggest difficulties.

It is not a bad will of the professionals involved but the result of different training pathways, different languages, different objectives.

Very often there exist no multidisciplinary team able to face the complexity brought by the homeless people with mental illness and the interventions are fragmented and 'unplugged'.

On the other hand, there are no specific training courses aimed to improve specific tools to face in a holistic way the social and health issues of people homeless with mental illness.

Difficulties

- Aggressive behaviour

To be close, in proximity, to the people also means to be in contect with their emotions, their joys and their pains. Sometimes social professionals are subject to aggressive behaviours by homeless people.

Handling the aggressive and violent behaviours, it is one of the most difficulties for social professionals.

Often they feel not adequate to give the right answers, and this is one of the first cause of the burnout and the turn over of the professionals.

Sometime aggressive behaviour can be the result of a bad managing of powerin the relationship

Good Practices

- Curiosity

Very often the social professional is moved or pushed to intervene to respond to the emergency but sometimes it is better to take time to listen, to know and to appreciate with a curiosity attitude.

Nobody has the right answer except the person herself, so, sometimes, instead of an attitude of interventism seems to be better to listen with curiosity what the other one has to say.

- Proactive attitude and anticipation

Proactive behaviour aims at identification and exploration of opportunities and in taking preemptive action against potential problems and threats instead of waiting for things to happen and then tries to adjust (react) to them.

With a proactive attitude, it is possible to anticipate the events and to settle all the resources that could be useful before then they are.

Waiting in our own office for things to happen has like the unique result the necessity to work in emergency and to patch an old jacket with a roll of tape.

Good Practices

- ### Communication and visibility

Social work is often invisible and collects results that could be not appreciable.

Good communication with the political level establishment permits to share goals and strategies to fight the social exclusion of people homeless with mental illness

At the same time organising events, opened conferences and seminaries could be useful to share with the communities the values and the meanings of our job.

On the other hand, having the opportunity to listen to the voice and the needs of the community, the politics, the stakeholders, through good mutual communication, enables the building of new strategies.

- ### Tailored services

Services and facilities have to be tailored to the person's needs and have to be flexible to answer in the most tailored way are possible. Rules, lack of resources, lack of time make the services' system strict and rigid. Because of that very often people have to be tailored to the services instead of the opposite.

People in homeless conditions with mental illness rarely can follow the demands of the services and often this is one of the reasons for the revolving doors phenomenon.

Good Practices

- Relationship

Social professionals have the big opportunity to spend time with people they are engaged with. In the opposite of health professional, they can enjoy continuity in the relationship with homeless people with mental illness.

They have time to build a relationship based on mutual trust but time also to know in a deepened way the people, to listen and to collect better their needs, to give them dignity in their approach to life.

This is maybe one of the most important tools a social professional can have: day by day relationship shared moments and mutual recognition in the ever closer ties.

Study Case

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