HOUSING   PILLAR

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A. Why housing

Housing constitutes a central part of assistance that needs to be offered to the homeless person with mental problems. Housing has two aspects of vital importance to any human being. The first and more obvious one is mere physical structure – the roof over the head – with all its amenities (appropriate temperature, running water, electricity, adequate furniture and equipment). Such structure provides conditions for physical survival and physical well-being of a person. The second aspect concerns the invisible reality, his/her ultimate well-being. This aspect, in contrast or rather in balance to the physical "house", can be called "home". It is in "home" and through "home", through the feeling of being "at home", "chez soi" , that a person realizes his/her need of belonging, of privacy and intimacy, of feeling at ease and free. These needs are rooted in the inherent dignity of each human person. The combination of "house" and "home" provides physical and psychological space for all this to happen, space for outer and inner safety, dignity and freedom. This is all true for the human kind, and no less for the homeless persons with mental problems. Every individual is different and combinations of "house" and "home" may come in all kinds of proportions and intensities. It is the task of the assistance worker to make the best use of the available resources for the benefit of the assisted person in front of him/her.

B. Main ideas

There is a whole variety of possible housing solutions combining in various ways and proportions the "house" and "home" ingredient. The application of these solutions should be a dynamic process, taking into account the available resources and the appropriateness or "best fit" to the actual state of mind and situation of the person to be housed.

The first hint of a home may come in the shape of a street-worker offering a cup of coffee. With a coffee comes the exchange between two humans. This is just a hint and, of course, no housing at all - but we can start to think of housing already at this point to be in a frame of mind that is open and flexible in terms of looking for solutions in response to the infinitely variable individual needs and situations. After the first outreach next down the "housing line" are soup-kitchens and drop-in centers. Again, still no housing in the proper sense of the word but already much greater space for communicating the "home" ingredient. Home ingredient comes here with a smile of someone distributing the food, with the quality of food itself, with opportunity to have one's clothes washed and washed in a way that reminds of home (the smell), with invitation to festive meal on Christmas, with site's welcoming aura, with possibility to spend some time in "one's own" corner.

Next we have a night-shelter providing roof overhead at night with the obligation to leave during the day. Serving primarily the end of physical survival, it contains mostly the house

ingredient. It may however serve important purpose of connecting a person living "in wild" with more sophisticated forms of assistance, including housing. That depends on the range of services deployed at the facility (eg. psychiatrist, social worker), the engagement of the personnel and functioning referral pathways.

The first representation of housing potentially able to contain meaningful doses of both house and home ingredient is shelter. Shelter is regarded as emergency housing and often looked down upon as inadequate and obsolete way of dealing with homelessness. While some criticism may be justified on the grounds of typical practice, what is really questionable about shelter has more to do with the way it is run than with the institution itself.

At this point I would like to introduce another dichotomy (in addition to house-home dichotomy) – the dichotomy of "hard" and "soft" assistance. No judgment is attached to these categories. Both are indispensable, complementary and intertwined in an indivisible way. But there is this impersonal, objective, unbending aspect to assistance as well as personal, subjective, adjusting itself to individual circumstances. Both are very visible in housing and very important to take into account when we deal with a person with mental problems.

- Hard assistance would be physical structure in housing, medical indications, prescriptions, interventions in themselves, social assistance in its official, documentary aspect.
- Soft assistance would be the space and possibilities for personalization within given physical structure, human aspect of interactions with a doctor, social worker etc., human support and positive relationships in general, creating space for and exchange with the user on his/her participation in devising a place for him/herself.

In this way we arrive at the triad: physical structure – support – participation. This epitomizes housing assistance in general and – in specificity of each of these elements – housing assistance to the homeless persons with mental problems.

Shelter is the first place on the "housing line", we have started to sketch above, where all three elements of the housing triad can be more fully developed and where in effect the house and home ingredients may begin to take meaningful shape. It is also the place where a person's journey to more adequate housing often starts.

Let us look at shelter in some detail.

Start: Some users emerging at shelter's door have already been diagnosed (like those referred by hospitals or assistance centers). Some have their medical documentation on them. Others have not been diagnosed (do not have any medical documentation on them). Mental problems can however be presumed on behavioral grounds. But "strange" behavior can have various causes. As the first encounter with a user is important for further assistance, workers at the shelter should have training enabling them – even crudely - to discern between substance abuse, psychiatric illness etc.

Staff: Coordinator; Care-workers as case-managers for individual users; Psychologist (may also play case-manager's role); Addiction therapist/ Psychiatrist (optional); Technical and logistical

personnel. Staff should include person able to perform basic medical functions. Individual work with users proceeds on the principles of case-management with care-workers managing the network of other shelter workers and external professionals and services (social welfare, police, psychiatry etc.). Values are the basis for staff recruitment at the shelter: respect for the person, empathy, tolerance, commitment, curiosity, friendliness.

Method of work: The foremost need is for good communication between the workers. In a shelter, that is housing many users, interlinked data base of users, where the process of assistance is recorded daily, is a necessity. Starting work with user with listening and trying to hear. Where should we follow and where challenge the user? While respecting others' fields of competence we do not cling to our chairs, cabinets and lists of duties. We move rather freely among users and problems to be a match for life and participant of events as they happen. The necessary preconditions for dialogue and decisions concerning user are: professional knowledge, self-control and good will. There is a need for a worker responsible for distribution of proscribed drugs on a daily basis to shelter users with mental problems – ideally a nurse.

Assistance process: **1. First 45 minutes**: Importance of making observations and building informative conversation. This involves asking indirect but conclusive questions, paying attention to the appearance, way of communicating, manner of speech, signs of neglect, things bizarre. The first introductory encounter has to lead to the decision as to whether the person is admitted or referred to emergency medical service, or to other more adequate center. **2. First 24 hours**: Meeting user's fundamental needs – food, hygiene, sleep. Identifying the therapy stage – on the basis of eventual prescriptions, hospital extracts, available contacts etc. Referring user to "internal" consultation (shelter psychologist etc.)
The importance of being discreet about the user's problems, especially mental problems. How, with whom and in what form do we share the sensitive information among the staff?
3. Further three to six months: We aim at diagnosing the user and his/her needs but we do not hurry things. We make observations, build trust and let him/her be involved in relationships. In the meantime we gather available information – from the family, from previously used facilities, medical record. Kind of detective work. We look for any potential in the family relations. We try not to repeat the work that has already been done by someone else. We try to motivate, to move the user out of past routine. Out of this some plan for the future of the user should emerge at the end of the 3-6 months period. If no such plan emerges or user is not willing to collaborate degradation most likely follows.

Remarks to assistance process: Diagnosis of a person's mental state and building relationship requires time - no hurry. There should be a psychological/psychiatric appraisal of the user as soon as he/she is admitted to shelter. The main focus of work with the user is on motivation. Discover what a person can do now, what should we wait for, and where assistance is needed. He/she should be entrusted with as much as he/she can carry.

Importance of involving user in relationships of various kinds – with care-workers, psychologist, other users. Importance of making contact, building trust, mutuality, partnership. There is no universal recipe. Different users work and communicate better with different members of staff.

Being considerate when touching on user's deficits (shame). Being discreet in mentioning sensitive issues even among authorized personnel. We do not mention before the user information gathered about him from other sources.

The importance of working not only on individual basis but also with groups of users, for example inhabitants of a dormitory. Solving together everyday problems. Groups can be based on variety of issues – for example addiction. Group work is good in disarming trigger factors in addicted users.

The importance of involving users in work for the shelter and its facilities (eg. soup-kitchen, public showers, cleaning, transportation, repairs). Sharing responsibility and authority that goes with it. Giving a day a structure and a goal. Providing life stimuli. It is important to organize it well.

Work is different – individual and group work – with men and women. Women need to meet in group more often than men. Men as a group tend to concentrate on a problem, women need to regularly talk things over. In consequence problems within male group are more often driven to the brink of explosion. Women in general have more difficulty in putting up with shelter conditions (eg. collective dormitories) than men.

There are good sides to co-habitation of users of both sexes and varying degrees of deficits and skills in a shelter. They complement and help each other. Mutual acceptance dissolves stigmatization. It is important to introduce the co-habitants to the difficulties of some of the more problematic users in the way that facilitates constructive relationships.

It is important to speak to the external services (medical emergency, police etc.) about users and their issues in a way fostering users' interest. Users should become involved in various external forms of therapy and rehabilitation as there is little room for that in a shelter.

Dignity of the user must allow for saying "no" to our proposals and "good-bye" to our shelter. After all our aim is empowerment of the user. Our own vision for the user is not good enough. It has to be our mutual vision. Generally speaking, both sides have to compromise but the last word belongs to the user.

So much for the inner functioning of a shelter. Shelter normally has emergency role to play - to be the first abode for a person where he/she could get comprehensive assistance after living in the street and where he/she is prepared and awaits further, more appropriate forms of housing. There are two important situations diverging from this definition. First of all, shelter is not a necessary stage of a person's progress from street to house-home. It may just as well be omitted as it happens in the HousingFirst model. Housing should be the function of person's capacities and needs and they may not coincide with shelter's characteristics. So it might be appropriate for a person to be, from the start, put in (proposed) more individualized housing, further down the "housing line" – from the street to a proper house-home. The collectivity of life in a shelter, the unavoidable symptoms of institutionalization make it an unreasonable offer in many cases. On the other hand some persons seem to fare

quite well just in shelter. Structured day, tasks to take care of, elements of discipline, manifold interactions with other people – all these things characterizing shelter may be in short supply further down the "housing line". Loneliness, pressure of all everyday problems, unwelcoming or harmful environment – shelter protects from all this.

The dilemma between – to state it in simple terms - housing conditions with little privacy and housing conditions with little company can be solved by flexibly shaped forms of supported housing. This where the triad physical structure-support-participation comes fully into play and where it should be played with all creativity to suit the capacities and needs of homeless person with mental problems. Without going into possible configuration details of the balance between physical structure, support and participation we can indicate two main forms of dignified housing for people with mental problems. One is block of apartments for individuals or couples with constant presence of care-workers, the other – separate apartments dispersed around a city under care of case-managers taking care of individual users by means of connecting them to public services (HousingFirst model). Most of remarks above concerning assistance offered in shelter would in principle apply to the support that has to be offered within these housing solutions. Things will be of course different in many ways. Different physical structure, different doses of support, outsourcing of support, different and bigger scope for participation… But still the threefold balance will be made to work to create and sustain a space constituting both house and home of a person in question.

As much as the text above has been using the notion of the "housing line", it has to be stressed that this "line" has only the function of systematizing housing solutions and identifying house and home ingredients in various kinds of assistance offered to homeless people with mental problems – beginning with street work, ending with all but independent living in an apartment. It should not be regarded as a necessary line of gradual progress from the rudimental to complex forms of housing assistance. Assistance should not be measured out in schematic ways but be a relevant response to the present day needs and capacities of a person.

C. Difficulties and good practices

The difficulties will be identified from the perspective of a shelter. This is by the way, for the obvious reason of author's position, the prevailing perspective of the entire text.

Difficulties are a challenge to be overcome. With what? With good practice. That is why this paragraph pairs the two.

The all-encompassing difficulty in a shelter is to find, or create, a proper place for a person in the complex and multi-functional system of a shelter. The situation has two facets. On the one hand we are constricted by necessary regulations concerning collective living, while on the other the same system offers manifold opportunities, possibilities and niches, which could fit the person and his/her present situation. There are various places for voluntary engagement – kitchen, clothing shop, public showers – which, given the good will of co-workers, can offer activity and relations. It is activity and relations, and relevant treatment of course, that a person with mental problem needs. So the ensuing good practice is to be flexible in one's own regulations. To maintain the balance between the necessary order and the unpredictableness

of life, without losing either the necessary order or a person with whom unpredictable life manifests itself. It takes constant effort of attention - balancing the needs of community protected by institution with needs of an individual. It takes building relationship to each user. It is at the same time a way of countering institutionalization. The flexibility may be applied in variety of ways: stretching – without breaking – rules concerning alcohol clearance, working certain hours for the benefit of other users, deadlines to leave the shelter, consequences of breaking the rules etc. It may even be applied to the definition of shelter as emergency housing. In this case the emergency accommodation becomes in fact long-term accommodation. (It is an observation based on experience that some people with mental health problems - and not only them – prefer to function in an institutional environment. It may be a small group, it may be relative, it may be temporary, but it is nevertheless a fact).

Another difficulty is ensuring the continuity of care after a person is released from shelter. Obviously support is further needed, but more often than not it is not forthcoming in the quantity or quality required. Apart from the obvious need for procuring the support from available sources, good practice consists of not closing the door behind a person leaving shelter. It is often here where he/she has had meaningful relations, known surroundings, trustworthy persons, mastered tasks and activities. It should be for him/her possible to have a recourse to all that positive resources. After all persons with mental problems are not rich in resources. So it is good for a shelter to keep – if need be – the door open, to try and help its former users even beyond their actual stay. Shelter can still offer human contact, specialist advice, useful activity.