

## **SOCIAL PILLAR (Introduction)**

### *The basis*

The fundament for any analysis and discussion of the general right of homeless people must be awareness of the 'Universal Declaration of Human Rights' and particular these 3 articles:

Article 2. Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 22. Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, 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, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

In the Preamble of European Pillar of Social Rights, proclaimed by the EU leaders on 26 April 2017 in Gothenburg, is underlined the duty of the Union in promoting social protection and equality . At the same time in the Charter Of Fundamental Rights Of The European Union, proclaimed on 7 December 2000 by the European Parliament, the Council of Ministers and the European Commission, "...In order to combat social exclusion and poverty, the Union recognises and respects the right to social and housing assistance so as to ensure a decent existence for all those who lack sufficient resources."

Social assistance and social protection are fundamental rights of the Union but what does they mean?

Social protection, or social security, is a human right and is defined as the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle. Social protection includes child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection, old-age benefits, disability benefits and survivors' benefits. Social protection systems address all these policy areas by a mix of contributory schemes (social insurance) and non-contributory tax-financed benefits, including social assistance.<sup>1</sup>

"Social protection is concerned with protecting and helping those who are poor and vulnerable, such as children, women, older people, people living with disabilities, the displaced, the unemployed, and the sick. There are ongoing debates about which interventions constitute social protection, and which category they

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<sup>1</sup> *World Social Protection Report 2017–19 Universal social protection to achieve the Sustainable Development Goals, (ILO, International Labour Organization)*

fit under, as social protection overlaps with a number of livelihoods, human capital and food security interventions” (Harvey et al., 2007).

“Social protection is commonly understood as “all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups” (Devereux & Sabates-Wheeler, 2004: i).

“This definition is in line with usage in international development, and may be different from social policy definitions in high-income countries. Social protection is usually provided by the state; it is theoretically conceived as part of the ‘state-citizen’ contract, in which states and citizens have rights and responsibilities to each other” (Harvey et al., 2007).

Social assistance is a type of social protection and it is a direct action with clear and immediate results: “Social assistance is direct, regular and predictable cash or in-kind resources transfers to poor and vulnerable individuals or households (Arnold et al., 2011: 91). It is usually provided by the state and financed by national taxes (Barrientos, 2010). Support from donors is also important in lower income contexts. Transfers are non-contributory, i.e. the full amount is paid by the provider. Some are targeted based on categories of vulnerability, and some are targeted broadly to low-income groups. This is the primary form of social protection available in most developing countries” (Barrientos, 2010).

Before than social assistance it seems more correct to speak about social protection. Organizing public services based on social protection creates automatically the conditions to deliver social assistance, labour market interventions and on the other hand facilitates the developement of a social informal protection net powered by donors, charity and community based interventions.<sup>2</sup>

Homelessness is a vulnerable condition related with many social factors and social protection is at the same time part of the solution (for what concern the positive actions that can help a person to find opportunities to break free form their condition) and part of the problem (when lack of resources, safety net, legal status of permanence in the country become barriers).

## **SOCIAL PILLAR (Main Ideas)**

### *Social Professionals mediators to the services*

In delivering social services the main actor is the social professional in all his aspects and forms (changing from country to country), he assumes the role of mediator and link between the homeless people and the services. Very often in homeless people we can see a total absence of connection with the world and very often the treshold to access to the specific services and facilities is too high for them. For these reasons the action of social professionals is fundamental, starting from the ones involved in the outreach work (for the capacity to be close and to build the first relationship, to engage homeless people) ending to the institutional social workers (able to activate tools and assistance from the public system). From this point of view social professionals become a sort of translator for the homeless people, able to describe the way to work of the system and able to facilitate the access to the opportunities tha can be useful to break free from the condition

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<sup>2</sup> “ Formal social protection should be carefully managed to enhance, rather than disrupt, existing informal systems” (Harvey et al., 2007)

of homelessness. 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.

Rights and individual will, law and justice

Building meaningful pathways with (and not for or on) homeless people with mental illness is often a big challenge that can appear as impossible to win. In every moment the social professional has to take in mind that the main actor is the homeless people and that does not exist an external director or someone who knows better than him the solution of his problems. Dignity and respect, of the choices of the users sometime can bring social professional in big contradictions. Speaking about rights should include speaking about the individual will, speaking about the law should include speaking about the justice. Many times good pathways are interrupted by legal barriers (i.e. documents) other times it is not possible to give a complete answers to the needs brought because of lack of resources and all these things are not about justice. On the other hand nobody can force another person to enjoy his own rights if this is not his will. Rights, individual will, law and justice are concept that influence in every moment the work of social professionals. The only aim is 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 of individuals.

### *Users right*

In all Europe have there over the last decade been a shift in attitudes to institutions and institutionalization. Sociologists (e.g. Baumann) point to an increased individualization. The citizen is not, and does not want to be subject to the authorities and institutions. Also homeless people want to have the power to choose and have the right to have influence on own lives both on an individual way and on a more general way by going together in user-associations.

This has led to a growing accept that homeless people individual is listen to concerning what their opinion is about their life, which kind of intervention they would accept and what they want for the future in there individual contact with social workers and the social institutions.

At the same time user associations for homeless, created by the homeless themselves, has shown up in most European countries. See: 'Participation of service users: giving a voice to the experts', FEANTSA, Homeless in Europe, Autumn 2006

[https://www.feantsa.org/download/autumn\\_2006\\_feantsa\\_magazine\\_participation-18509503799833009384.pdf](https://www.feantsa.org/download/autumn_2006_feantsa_magazine_participation-18509503799833009384.pdf)

It is appropriate to distinguish between three levels of user involvement or user influence. The three levels can be summarized briefly as:

- The central political level or state governance: involving legislative, political decision making, policy development or overall prioritization. This may include take place through ordinary political democracy, consultation of interest organizations and via user participation in central councils.
- The political-administrative or systemic level: here it is on the development of guidelines and standardization of quality requirements, on quality monitoring and organization of the individual-oriented efforts at the level of supply. This can be done through various councils and forums, such as regional dialogue forums, where users, relatives and volunteer interest and user organizations can cooperate with the social and health sector.
- Offer and single level or front-employee and user level: Here is the administrative practice, the professional tools such as action plans, cooperation and treatment, and the central dialogue. The framework is the

meeting and dialogue between user and professional, user councils and house meetings in the individual social offers, as well as the cooperation between the parties involved

The barriers to user influence may be present at all levels, eg political, administrative, staff and professional as well as with users.

Barriers to staff often have both knowledge, ethical, administrative and personal dimensions. Like barriers to users, both can be personal and relate to users' social living conditions

There may be different motives for introducing user influence:

- Efficiency: We get more value because services and handling are better adapted to what users need.
- Democracy: users should be involved in decisions that affect their own lives and the public must comply with legal certainty, legislation and human rights
- Emancipation: The user must have increased opportunities to benefit from case management and services, as well as achieve personal development and liberation.
- Knowledge: The users know most about what is experienced as good case management and can thus help to develop the quality of social and treatment offerings as well as to develop user influence as a method of social work.

#### *Reconnection to individual's safety net*

The facilities and the relationships delivered by the social protection system because of their own nature are an artificial context. Useful to create opportunities to break free from the condition of homelessness but artificial, system made. Other thing is the individual real life. Very often persons follow pathways in which shelters, day centers, soup kitchen are a sort of parallel world, far from the reality, that risks to become the only world they access and that risks to bring them in a chronic condition of dependence from the protection system. More, relationships built in a context of help are influenced by the roles (professional vs users) that can be an obstacle to live a real experience of friendship. The risk is that homeless people rebuild their life in something created expressly for them, increasing disempowerment and dependency (i.e. vocational and rehabilitation neverending programmes). Many homeless people with mental illness, at the same time, are not able to be included in the society because of their lack of productivity, autonomy, health. Very important seems to be the opportunity to re-connect these persons to their own safety net (relatives, friends, job ecc.). Giving them the chance to live a real life in a deinstitutional vision of the world in which the weakness and the vulnerable are supported by the community.

Taking care of the last ones means taking care of the own community

Homeless people living in severe and chronic social, physical, psychical precariousness are a symptom of the malaise and a permanent injury to democracy and social cohesion. A community able to listen the voices of its most vulnerable people is a community able to take care of itself. The exclusion of homeless people with mental illness is a way to create two different typologies of human being. The included ones, with rights, duty and relationships and the excluded ones without all these things. A society based on the right should not accept to include someone if this means to exclude some other else. The community has to be the context in which everyone can be included and has the duty of take care, in a collective way, of them 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.

#### **SOCIAL PILLAR (Difficulties)**

### *Poverty*

It is the impression that poverty, in European contests, primarily relative poverty, in terms of prices for both rented and owner-occupied housing, plays an often overlooked role in understanding the homelessness and thus in the effort, both the prevention component and the social part, are overlooked. Or maybe it is pushed in the background because poverty and housing prices are social conditions that are wrapped up in an irreversible set of political and traditional rules.

There is some research concerning this e.g.

“Data demonstrate that, while that a range of health and support needs and behavioural issues, particularly in the teenage years, do significantly contribute to the risks of homelessness in young adulthood, their explanatory power is less than that of poverty.”

And further: “However, again, it should be noted that the relationship between these ‘social support’ factors and homelessness is generally weaker than that with material poverty and economic status.” (Glen Bramley & Suzanne Fitzpatrick, 2018)

### *Pressure to intervene due to social alarm and lack of resources*

A person lying in the street, in bad hygienic conditions, using the neighborhood for his physiological needs and in some cases also with an antisocial behaviour, creates social alarm. The conflict is between the individual needs and the society needs. Where is the border between them? How long a person can live in front of the door of the house or the shop of another person? Also if he is ill, also if he is in a need condition? 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. Social alarm can push the politics towards decisions against homeless people promoting intervention based on an “urban make up” vision instead of a person centered intervention.

Another conflict in which social professionals are often involved is related with time. It is clear that to engage an homeless with mental illness it is a process that takes time but on the other hand the society asks to the social professionals to do it faster as possible and to “remove” from the street, the person as soon as possible. In the same way it is clear that to realize a meaningful pathway it is necessary a long term plan but often resources, shelters’ rules, and other kind of pressures force the social professional to work faster. How can, a person living in the street since many years, change his life in few months?

### *Difficulties in detection*

In the common way to think, the majority of people living in the street do it because of their own choice. Detecting if it is a real choice is another big difficulty to face and in the same way it is difficult to detect if the homeless is ill or if his antisocial behaviour is the result of a bad character. Diagnosis is always difficult. Homelessness is probably the result of a multifactoring process composed by subjective and objective forces combination and rarely it is possible understand which are the real reasons that brought the person in the homelessness condition. Maybe diagnosis is not so necessary...

### *Lack of cooperation between health and social services*

In an effort to obtain resources, people who are homeless are often confronted with a complex set of providers from a variety of systems that do not communicate with one another (Dennis, Coccozza, & Steadman, 1998)<sup>3</sup>. The lack of cooperation between health and social services in delivering answers to needs composed by 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 does not exist a multidisciplinary team able to face the complexity brought by the homeless people with mental illness and the interventions are fragmented and “unplugged”. The difficulties in mutual recognition between social and health professionals are the main reasons of this lack of cooperation. On the other hand there are not specific training course aimed to improve specific tools to face in an holistic way the social and health issues of people homeless with mental illness.

### *Gender*

It is estimated that around 80% of people who are roofless or houseless are men. Women are a minority and are often ‘hidden homeless’: they keep a roof over their heads (sofa surfing) through remaining in a relationships with a men; they may be physically and sexually abused but are unable to walk away due to lack of alternative housing options.

It seems that the female part of the homeless equalizes with that part of the male homeless who are the most affected by complex problems (Brandt: Yngre hjemløse i København/young homeless in Copenhagen). Women with the same degree of problems as the less affected homeless men are likely to be near-to-homeless, as they manage to keep a roof over their heads. Observations suggest that it takes very severe problems for a woman to end up in the streets. Thus those women who are roofless most likely experience severe mental illnesses, have very complex needs and will therefore require very specific support.

An actual reflection about the situation for homeless women is very clear in this Interview carried out with Rina Beers, senior policy officer at Federatie Opvang, a Dutch branch organization that provides shelter and assistance to homeless individuals, among others.

Beers: “I think there is a neglect of gender issues like specific needs for safety, hygiene and privacy. There is a lack of awareness about what it means to be a woman and homeless. In all cases of homelessness a person is vulnerable, but homeless women are even more vulnerable than other groups, young women especially.” And “Homelessness is a stigma in itself. There’s always the stigma that you have done something wrong, because otherwise you wouldn’t be homeless. Wrong financial decisions, a bad relationship - there’s always a stigma. ‘You must have done something wrong, it must be your own fault.’. And for women, that stigma indeed increases. There’s also self-stigmatization. People consider themselves losers, bad mothers and the like. ‘Good mothers wouldn’t have to go to a shelter.’ There’s a moral judgement about homelessness, and when you are caring for a child that judgment gets harsher.”

<https://www.areweeurope.com/homeless-content/homeless-women-in-a-mens-world>

### *Undocumented people*

The European Commission against Racism and Intolerance with the Recommendation n. 16 On Safeguarding Irregularly Present Migrants From Discrimination (delivered on march 2016) “Recommends that the

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<sup>3</sup> John R. Belcher & Bruce R. DeForge (2012) Social Stigma and Homelessness: The Limits of Social Change, Journal of Human Behavior in the Social Environment, 22:8, 929-946, DOI: 10.1080/10911359.2012.707941

governments of the member States: [...] Respect the fundamental human rights of irregularly present migrants, inter alia in the fields of education, health care, housing, social security and assistance, labour protection and justice...". Nevertheless people undocumented have no access to the most of the social services and facilities because of the national legislations. Of course this is the most important barrier in the developement of the individual pathways in those people homeless with mental illness without a regular status of permanence. If very often the access for the urgent care is guaranteed not the same in relation with social facilities whose enjoyment is, in the most of the countries, linked with the regular residence. In these cases no action aimed to integrate or include the person is possible and the interventions are aimed only to answer to the fundamental needs (food, clothes and, often only during the winter time, emergency housing).

### *Stigmatization*

People who become homeless are often referred to by their label, "homeless," taking on a less-than-human quality that also has other connotations that they are perceived as threatening (dangerous), nonproductive, and personally culpable (Takahashi, 1997)<sup>4</sup>. Breaking this stigma it is not easy but at the same time it is fundamental to build integration pathways. Recognizing homeless people like human beings with the same opportunities, skills, wills of the others is at the same time one of the biggest barriers and one of the biggest challenge.

### *Aggressive behaviour*

To be close, in proximity, to the people, means also to be close to their emotions, their joys and their pains. Sometimes social professionals are subject of aggressive behaviours by homeless people. When it is possible the training of the professionals should give them the opportunity to prevent aggressions but sometime the "acting outs" are sudden and unpredictable. Handling the aggressive and violent behaviours it is one of the most difficulties for social professionals. Often they feel themselves not adequated to give the right answers and this is one of the first cause of the burn out and the turn over of the professionals.

### **SOCIAL PILLAR (Good Practices)**

Improving services for socially excluded people requires strategies to reduce and eliminate these barriers of poverty, isolation, service fragmentation and hostility. As social and health care professionals we have a duty to root out prejudice; to ensure that our services are non-discriminatory and facilitate access to care. We must ensure that we assist people to help themselves and in our efforts to help we do not end up increasing disempowerment and dependency.<sup>5</sup>

### *Curiosity*

Curiosity is the basic attitude to face the complexity of homelessness and mental illness. In our exchanges we have had the demonstration of how important is approaching homeless people in distress and illness condition with a curiosity attitude. Every human being is the result of a long process made by choices,

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<sup>4</sup> John R. Belcher & Bruce R. DeForge (2012) Social Stigma and Homelessness: The Limits of Social Change, Journal of Human Behavior in the Social Environment, 22:8, 929-946, DOI: 10.1080/10911359.2012.707941

<sup>5</sup> To live in health and dignity, European Report of Study & Action Project in promotion of Mental Health & Social Reinsertion for disadvantaged people, Smes Europe, Mental Health Europe, Athens - Berlin - Brussels - Copenhagen Helsinki - Lisbon - London - Madrid - Paris - Rome 1999 - 2000

experiences, success and failures and every individual has his own richness worth of respect despite the social and health condition. Very often the social professional is moved or pushed to intervene to respond to the emergency but sometime it is better take time to listen, to know and to appreciate with a curiosity attitude. Nobody has the right answer except the person herself, so, sometime, instead of interventism attitude seems to be better listen with curiosity what the other one has to say.

#### *Choosing method, measuring quality and documentation of results*

It is important to be aware that there is a need for consistency between the method chosen for an organisation's social work and the group of socially disadvantaged and homeless people for whom the activities are aimed. A pragmatically method built up in the organisation can be used, but there must still be an awareness of what it is been doing and why. It can also be chosen to use a proved method, for example, 'Housing First' as the basis for the work. In any case, it is important to agree on the choice of method.

It is human being we are making social work with, and we need to owe them that the work is continually based on quality goals.

Finally, documentation of the results of the action performed, on basis of goals set for the work, must be submitted on a continuous basis.

#### *Proactive attitude and anticipation*

A proactive attitude is the action and result oriented behavior, instead of the one that waits for things to happen and then tries to adjust (react) to them. Proactive behavior aims at identification and exploitation of opportunities and in taking preemptory action against potential problems and threats, whereas reactive behavior focuses on fighting a fire or solving a problem after it occurs. Proactive people are constantly moving forward, looking to the future, and making things happen. They're actively engaged, not passively observing. Being proactive is a way of thinking and acting<sup>6</sup>.

The proactive individual has a vision, has an imagination of what could be, and they set goals in line with this vision. With a proactive attitude it is possible to anticipate the events and to settle all the resources that could be useful before than they are. For instance it could be useful arrange the hosting in a shelter and the following discharge in another service also if the homeless person is not ready yet to accept it. Waiting in our own office for things to happen has like unique result the necessity to work in emergency and to patch an old jacket with a roll of tape.

#### *Communication and visibility*

The social work is often invisible and collects results that could be not appreciable. To fight against the pressure of social alarm it seems a good practice to give visibility to our job. A good communication with the politic level permit to share goals and strategies to fight the social exclusion of people homeless with mental illness. At the same time organizing events, opened conferences and seminars 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 the voice and the needs of the community, the politics, the stakeholders, brought a good mutual

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<sup>6</sup> Schmitz, G. S. & Schwarzer, R. (1999). Proaktive Einstellung von Lehrern: Konstruktbeschreibung und psychometrische Analysen [Teachers' Proactive Attitude: Construct description and psychometric analyses]. Zeitschrift für Empirische Pädagogik, 13 (1), 3-27



communication, permit the building of new strategies. Very often the expected results are the same (f.i. do not have people rough sleepers inside the train station) but the motivations are different (giving a respectable look to the station for the passengers is the motivation of the politician, finding a better, more dignified and healthy place for homeless people is the motivation of the social professional). If there is a common and shared will on the expected result it could be possible enlarge the resources available for the common goal instead of using different resources the one against the other. Advocacy, lobbying, community empowerment, sensitisation and awareness on the homelessness issues through a good communication should be a fundamental frame of social work.

#### *Choice, enlarge choices*

In the day to day routine there is the risk to use prepacked solution to answer to homeless people needs offering them pathways already built. During the exchanges we had it seemed clear how important is giving to the persons the opportunity to choose what is better for them. Of course the first goal has to be "preserve" human life but after that all the other choices have to be in the hands of the homeless people. Having a house, paying the bill and so on is not for every one the best way. We should be able to leave the choice to the person we meet. Making available to them all the resources and the solutions we can but leave them the dignity of their choices without forcing them towards something instead of something else. On the other hand it is true that sometime persons are not able to see all the opportunities they have. For this reason it is equally important trying to enlarge the opportunities of choice of the person, showing him/her other and new solutions. Like the majority of the actions of the social professional also in this case the challenge is to find the right equilibrium between the two different attitudes.

#### *Person's tailored services*

Services and facilities have to be tailored on the person's needs and have to be flexible in order to answer in the most tailored way is 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 on the services instead of the opposite. Trying to modify the services and the facilities measuring them on the effective needs brought by the individual gives the opportunity to build pathways believable and achievable. People in homeless conditions with mental illness rarely have the capacity to follow the needs of the services and often this is one of the reasons of the revolving doors phenomenon.

#### *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 a continuity in the relationship with people homeless with mental illness. They have time to build relationship based on mutual trust but time also to know in deepened way the people, to listen and to collect better their needs, to give them dignity in their way to live. This is maybe one of the most important tool a social professional can have: day by day relationship, shared moments and mutual recognition in the ever closer relationships.

#### *Different countries - different social legislation*

When comparing social work across the countries of Europe, it is often forgotten that traditions and legislation are different and hence the conditions for social work with homeless people are also different

and not immediately comparable. For example, it may be the level of social benefits, the right of homeless people to receive social benefits and the national legislation on the right to hostels.

For example, I have experienced misunderstandings of the Danish level of social benefits because the amount of paper is significantly higher than in many other countries, but in reality at the same level, as taxes are paid on social assistance in Denmark.

#### SOCIAL PILLAR (Key words)

Empowerment

Dignity

Social Protection

Social Assistance

Inclusion

Integration

Rights

Safety Net

Services' integration

Complexity

Multidisciplinary team

Multifactorial process

Poverty

User-organizations

User rights

Gender