

Social Pillar

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SOCIAL PILLAR (Introduction)

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.¹

"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 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

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

market interventions and on the other hand facilitates the development of a social informal protection net powered by donors, charity and community based interventions.²

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 from 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 threshold 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 that can be useful to break free from the condition 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.

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

² "Formal social protection should be carefully managed to enhance, rather than disrupt, existing informal systems" (Harvey et al., 2007)

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, psychological 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)

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)³. 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.

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 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 development 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)⁴. Breaking this stigma it is not easy but at the same time it is fundamental to build integration pathways. Recognizing homeless people like human being 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 adequately 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

³ 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

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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.⁵

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, 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.

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 acting⁶.

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 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 the voice and the needs of the community, the politics, the stakeholders, trough a good mutual 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 politic, 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, lobbyng, community

⁵ 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

⁶ 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

empowerment, sensitisation and awareness on the homelessness issues through a good communication should be a fundamental frame of social work.

Chose, 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 choice what it 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 has 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.

SOCIAL PILLAR (Key words)

Empowerment
Dignity
Social Protection
Social Assistance
Inclusion
Integration
Rights
Safety Net
Services' integration
Complexity
Multidisciplinary team
Multifactorial process