



EOH Research Conference
Budapest, 12-13 September 2024

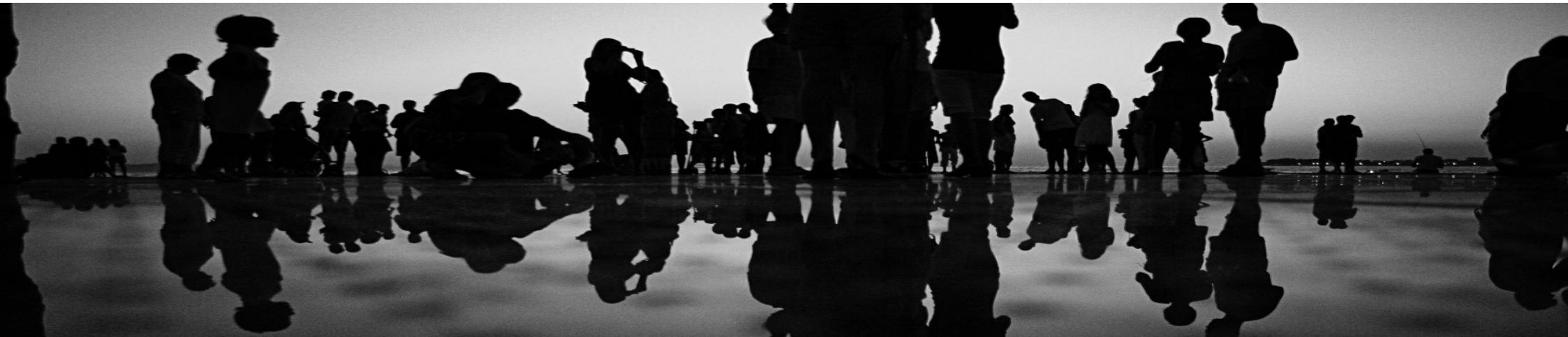
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Person First: Towards Person-
Centered and Integrated Services
for Homeless People with Mental
Health Issues



With the support of the
Erasmus+ Programme
of the European Union





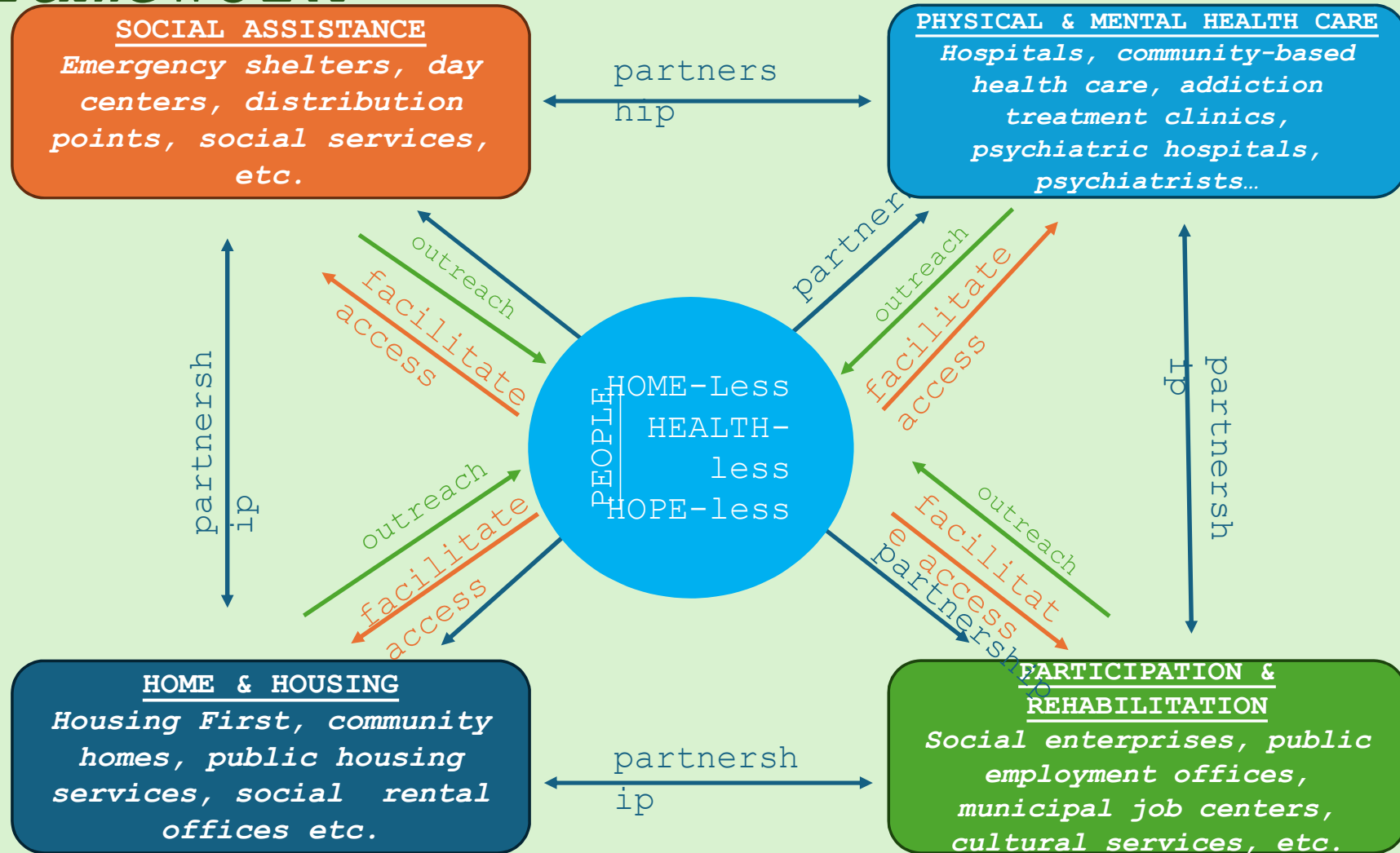
Key Findings

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

Very diverse target groups

- marginalised poor people
- (undocumented) migrants
- ex-offenders
- women escaping violence
- individuals struggling with substance abuse
- young people with mental health problems
- psychiatric patients
- ...

Person First Conceptual framework



**Pillar 1:
social assistance
and emergency services**

From the 'traditional' night shelter...

In a large night shelter for men (capacity: 170 beds; 27 staff) the duration limit of 3 months was given up as residents appeared to rotate between shelters like in a carousel. Daniel has been living in this (and other) shelter(s) for more than 10 years. With no concrete plans for the future, he 'feels at home' here and, as a self-made ICT operator, he assists other residents in using the computers that are put at their disposal in the shelter's library.



...to the 21st century housing group



Four girls and two boys aged between 19 and 27 with mental health issues live together in a 'family-like' housing group for young people. They are supervised by a social worker and a mentor. Each of the youngsters has a personalised plan tailored to their goals (e.g. pursuing higher education or finding work) and the duration of stay is limited in principle to 18 months. During the day, they can go to a day centre or do voluntary work. They share household chores such as shopping, cooking, and cleaning.

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Obstacles in access to shelters

- Exclusion rules
 - no couples, no children
 - no pets
 - zero tolerance on alcohol and drugs
 - no applicants from other municipalities
 - no undocumented migrants
- Financial thresholds
- Insecurity
- Tensions between residents
- Noise / stress within shelter
- Shortage of provision



Obstacles to exit from shelters

- Inadequacy of social protection (GMI) / barriers in access to social protection
- Structural shortage of affordable housing
- Lack of (affordable) places in homes for disabled or elderly people
- Mindset of social workers and policy makers



**Pillar 2:
physical and
mental health care**

Healthcare in general

Mainstream services are rigid and hard to access
⇔ NGOs
(Doctors Without Borders, Doctors of the World, Infirmiers de Rue)
reach out and offer more integrated services



Homelessness and mental health

- Survey of 65 organisations in PF partner countries: 60% of users have mental health problems
 - Loneliness, anxiety, sleep disorders
 - Victims of violence or sexual abuse
 - Psychiatric disorders
 - Substance and alcohol misuse
- Mostly attributable to traumatic experiences => importance of trauma-informed care rather than 'disciplining' or excluding users

Homelessness and mental health



Lack of access
to mental health
care in camps on
Greek Islands is
glaring
=> fuels
violence and
further
suffering

Drugs & alcohol

- Zero tolerance policy has double-edged effects => further exclusion
Do not treat users as 'addicts' or criminals but as traumatised persons
Do not condition the right to housing on desintoxication
- Safe user spaces, outreach teams and Housing First are part of the solution



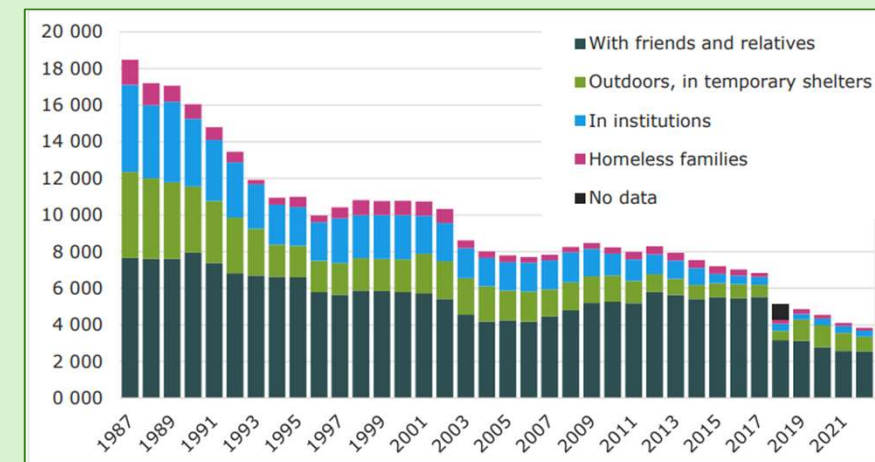
Community-based mental health care

- Psychiatric hospitals absorb the bulk of resources but are often less accessible and less effective.
- Advantages of CMHC:
 - Reduced need for expensive and traumatic hospitalisation
 - Continuity of daily activities in familiar environment fosters rehabilitation
 - More holistic and systemic approach (⇔ hospitals focus exclusively on the individual)
 - Smaller scale of CMHC facilitates friendships and mutual empowerment
 - Links between therapy and advocacy / destigmatisation

Pillar 3: housing

Housing First

- Finland's success story: sustainable housing as key determinant of (mental) health and rehabilitation
- No one-size-fits-all solution
- Key role of housing counselors
- Risk of 'four walls syndrome' => value added of Person First: emphasis on home as focus of 'affective connectedness' / re-connection with family and local community

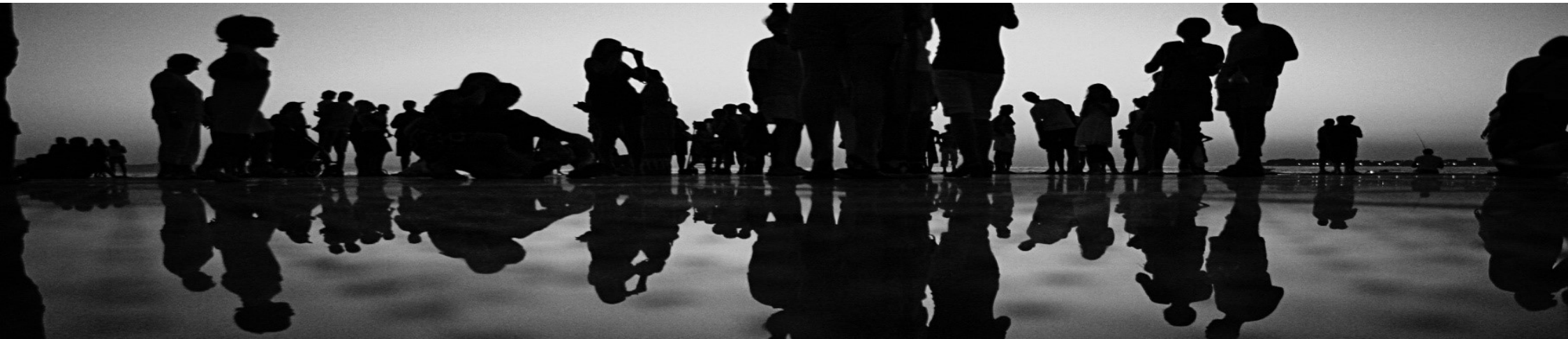


Pillar 4:
rehabilitation into work
and social participation

Rehabilitation: work and citizenship

- Flexible income-generating activities
- Social enterprises
- Voluntary work
- Peer workers
- Peer mentors
- Experts of experience
- Self-advocacy organisations





Recommendations

At EU level

- Adopt the **Person First framework into the EPOCH agenda**: ending homelessness will not be possible without significant investment in '4 pillars' - with particular emphasis on mental health care and a person-centred, participatory approach
- Support the creation of a **European network of self-organisations** of homeless people - examples: Common Homeless Front (BE), SOMOS (PT), No Fixed Abode (FI)...
- Promote a **right to (temporary) shelter for undocumented immigrants** within the context of the European Migration Pact

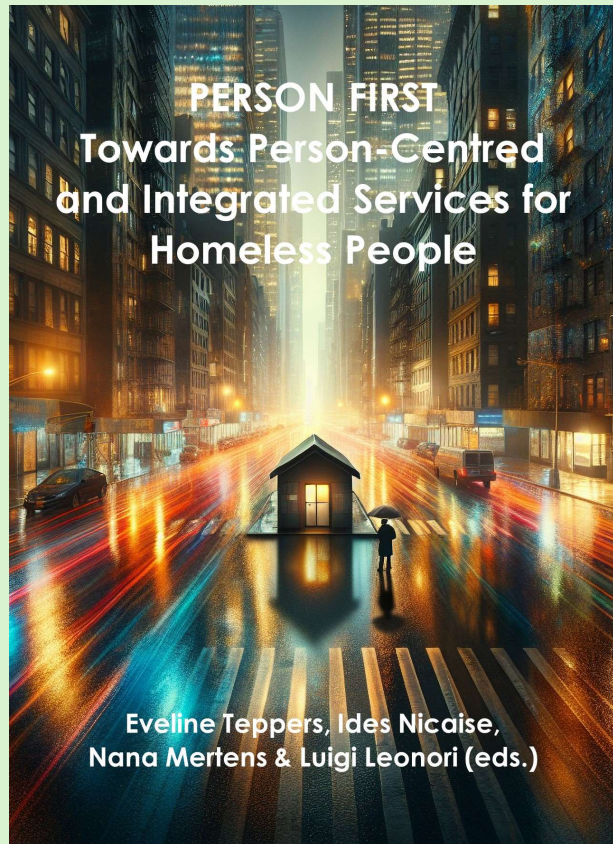
At national / regional level

- Develop **national / regional strategies to end homelessness**, based on the Person First concept and its four pillars, with SMART objectives and realistic budgets
- Build **partnerships** between relevant ministries, between levels of government, between government and services / self-organisations
- **Put an end to institutional violence** against homeless people
(cf. Brussels South 8/23; London 1/24; Paris 4/24...).
- (p.m. Prevent homelessness through...)
- **Upgrade the MIG and solve the 'postal paradox'** (no housing without income ⇔ no income without legal residence): disconnect access to social protection from the legal residence condition

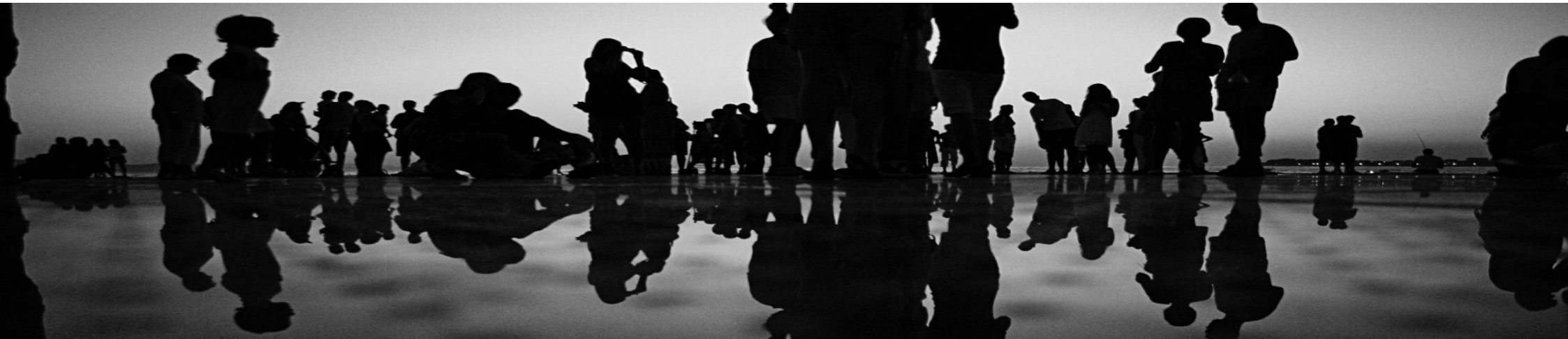
At local level

- The **role of local governments**
 - **Dispatch** applicants across services
 - **Fill gaps** in local provision
 - Facilitate integrated services by coordinating **networks** of service providers
 - Fight prejudice and discrimination / promote **solidarity** among citizens
 - **Leave no one behind**
- No local responsibilities without **regional/national support** to level the playing field

Training for staff in homeless services



- **Basic quality principles of social work with homeless people** for initial training programmes of social work, and in post-graduate courses from other disciplines preparing for work with homeless people
- Specific in-service training programmes **for peer workers and volunteers**
- **Intervision** and opportunities for **professional development** to support reflection on practice and attitudes, and to prevent burnout
- **Mutual learning** between professionals, peer workers and volunteers



Thank you !

Final report:

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(eds., 2024)

Person First: Towards Person-centered and Integrated Services
for Homeless People, KU Leuven – HIVA / SMES Europa

Project websites: [ERASMUS+ PERSON FIRST 22-23-24 \(smes-europa.org\)](https://erasmus+personfirst22-23-24.smes-europa.org)

[Person First – HIVA \(kuleuven.be\)](https://kuleuven.be/personfirst)

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