Integrated Services in Rehabilitation: A very useful model for the homelessness sector

Dearbhal Murphy
FEANTSA

1. Introduction

It is useful to begin this paper by recalling briefly what FEANTSA is and what is does. FEANTSA is the European Federation of National Organisations working with People who are homeless. It is a Non-governmental organisation and its activities are core-funded by the European Commission. It is a network of umbrella organisations, both national and regional, whose core activities are focussed on homelessness. FEANTSA's mission is to be/ create the most effective means of ending homelessness in Europe. FEANTSA's role is to be a voice for the NGOs working in the homelessness sector and to feed in their experience and expertise on homelessness to European processes, as well as to facilitate exchange and mutual learning on this issue. Thus FEANTSA's contribution to this peer review draws on the experience and practices of its members across the EU and it is from this perspective that we look at the potential of the DELTA structures that have been developed in Sweden. The paper will briefly look examine the following points

- What is the relevance of DELTA for the homelessness sector?
- What are the questions that arise in relation to DELTA for people who are homeless?
- What are the strong points of DELTA for people who are homeless?

2. The relevance of DELTA for the homeless sector

The host country paper describes the target group of DELTA by observing that "It can be particularly difficult to rehabilitate people who suffer from a combination of medical, physical, social and work-related problems. Such people could end up in an indeterminate 'grey zone' as the necessary interventions do not fall solely within one actor's area of responsibility." This description tallies closely with the situation of many people who are homeless across the EU and the problems that they encounter when seeking to access services. In relation to their experiences of the health sector, people who are homeless often complain of being shunted from service to service and endlessly repeating assessments that seem to be the same. What is more, homeless people often combine several interacting health and social needs, which can make seeking to begin to address the multiple problems a daunting task. For this reason, FEANTSA has long advocated a 'joined up way of working', whereby services are brought together and one service can be a gateway to others. However, there is little culture of working in this fashion in many European countries and changing the, often bureaucratic, structures that are in place is a difficult and slow process. FEANTSA's reports highlight a 'siloed' way of working, and a refusal by different authorities and levels of authority to look beyond their own direct area of responsibility and priorities, as major barriers to cooperation. The negative impact and breakdowns that result from lack of communication between different services and different levels of responsibility for vulnerable, marginalised groups with a range of problems was clearly illustrated in the research

undertaken among FEANTSA's members for the annual theme on health and homelessness in 2006[14]. The reports submitted by FEANTSA's members[15] highlighted frequent instances of breakdowns between social, homeless and health services. The form of breakdown most commonly highlighted was that of unacceptable discharge practices, whereby people who are homeless are discharged from medical institutions without any provision whatsoever being made for their accommodation or follow-up. This type of problem was generally attributed to 'turf wars" between different sectors and levels of authority, where each refuses to recognise any responsibility for the situation of the person. Division of related competencies between Ministries and lack of communication between them was cited as a major barrier to integrated working and coordinated services. The report from the United Kingdom described the reasons for the lack of cooperation as follows:

- Restricted budgets leading to defensive practice where local authorities, housing and social services act to prove that a homeless person is not their responsibility[…]
- Responding to homelessness is not part of the training for health practitioners; they are ill equipped to understand the needs of homeless people or to know where to refer them […]
- There is not a tradition of holistic services which cater to the whole needs of a person.

2.1 Some national examples

These examples are drawn from the reports submitted by FEANTSA's members for FEANTSA's annual theme 2006, where the members sought to highlight instances of breakdown in cross-sectoral cooperation.

Ireland:
The Irish report used an example to illustrate the problems encountered and described the situation of a long-term resident of the Cork Simon's Emergency Shelter who suffers from mental health problems and is unable to access appropriate support from the Health Service Executive. The HSE has refused to take responsibility for his needs, saying the man's mental health problems are no more severe than most people they encounter. The only suggestion they have made is that the man be moved to the private rented sector with standard community mental health supports. Cork Simon has continuously advocated that the man will not be able to cope in the private rented centre and that the Emergency Shelter is most inappropriate accommodation for the man, which only serves to compound his mental health problems.

Luxembourg:
the report cited the case of a homeless man admitted to hospital, where he underwent a leg amputation. Following this, there were enormous delays and difficulties in finding accommodation where he would be able to manage with this disability.

Hungary:
the Hungarian report mentioned that discharge procedures were frequently inadequate and that a failure to source any sort of adequate transitional accommodation could lead to people being retained in hospital or hospice care for want of a place to discharge them too.

[14] For further details, you can visit FEANTSA's annual theme page: http://www.feantsa.org/code/en/theme.asp?ID=35
[15] These national reports, as well as FEANTSA's European report can be downloaded from the page cited above.

Finland:
The Finnish report highlighted that people who are homeless may be discharged into convalescent or transitional care structures, the requirements of which they are unable to comply with: for example heavy drinkers released into structures where they are not allowed to consume alcohol.

2.2 Relevance of DELTA for meeting the needs of people who are homeless

Thus it is clear that DELTA offers a very useful model for the homeless sector. Its aim of bringing together services in a coordinated, cooperative structure is particularly important for people, such as people who are homeless, who have multiple needs across a range of sectors adding up to a high aggregate of vulnerability. It can be a good way of addressing several problems simultaneously and cutting down on the administrative hurdles that can be very problematic for people who are homeless. The model seems to offer a lot of scope to move towards meeting needs in a holistic way, but when it is examined specifically from the perspective of people who are homeless, there are also a number of questions that need to be addressed. These are outlined in the next section.

3. What are the questions that arise in relation to DELTA for people who are homeless?

This section outlines some questions that could usefully be addressed at the peer review, which arise when one considers the DELTA structures specifically from the point of view of people who are homeless.

3.1 What is the role of NGOs and the voluntary sector?

Although it is less the case in Sweden than in other European countries, it is generally true that civil society organisations have a vital role in providing services to people who are homeless and in some case this service provision is 'out-sourced' by the relevant authority to voluntary sector organisations. Thus, it would be very important that they would have a central place in structures like DELTA in order for work with homeless people to be effective. Their experience would have to be used and homeless services might be a good physical location for DELTA structures to ensure a good take up.

3.2 Where is housing in the 'joined-up' services?

It was not clear from the papers provided where housing provision fits in to DELTA. It may fall under the responsibilities of the 'social services' that are involved. But it is worth having a clearer understanding of where housing provision fits in to the DELTA structures, as it is an element of vital importance. FEANTSA's health annual theme this year highlighted the vital role of housing in relation to health. It is a fundamental stabilising element. It distances people from the health threats arising from housing exclusion and it is a place to recuperate, to receive care and to build up a network of support from. It is also true that being without housing is a significant barrier to employment. A 2005 piece of research from UK NGO Off the Streets and into Work, entitled "No Home, No Job"[16] left no doubt about the importance of having stable housing in order to enter employment.

[16] "No Home, No Job: Moving on from Transitional Spaces" Peter Singh, OSW, UK, 2005, www.osw.org.uk

3.3 What are the gateways into DELTA?

It seemed from the host country paper that the two main routes into DELTA are through collaborating primary healthcare centres and through referral from occupational activities (p.13). It might be worth considering how to make it more widely available. Homeless services and housing services would also seem a logical route into DELTA for people with needs across a range of areas.

3.4 Should employment be the driving aim?

The discussion papers portrayed DELTA as being conceived with the defining aim of integrating people (back) into employment as effectively possible. While there is an important role for employment for integration into society and DELTA can support people to successfully undertake work, it is also true that there is a wider role for this kind of service and joined-up working. It is clear that for some marginalised groups a return to full employment on the open labour market may not be a viable option, but from the perspective of people who are homeless, coordinated working and cooperation offer potential generally, aside from the aim of return to employment. However, providing services in a joined-up fashion for people who are homeless is a more effective way of working, which promises to reduce reliance on emergency services in the health and accommodation sectors, thus allowing for savings in the long term. There are strong arguments for “mainstreaming” this approach beyond the aim of returning people to employment.

3.5 Employment or Employability?

Employment for people who are homeless is more than the (re-)integration of an individual into the mainstream labour market and full time employment. Employment is the active involvement of people who are homeless in all kinds of activities, remunerated and non-remunerated, that will develop the employability of the individual. Improving employability is the development of skills and competencies that allow a person to connect with the labour market. It includes employment schemes such as supported employment, employment in the social economy and meaningful occupation. Does DELTA focus on employability or simply on trying to reintegrate people into the mainstream labour market? For people who are homeless, improving employability is often a vital first step.

3.6 Embedding DELTA into a Prevention Agenda?

While it may not be possible to prevent physical accidents or illness, it is still important to maintain a focus on prevention when working with people with multiple needs. When considering DELTA structures from the point of view people who are homeless, it is clear that stronger preventative work would have to developed: preventing loss of employment, of housing etc.

4. Some strong points of DELTA for people who are homeless

FEANTSA would like to conclude this paper by outlining briefly what it sees as the particular strong points of the DELTA structures, which it would be useful to transfer and reproduce.

4.1 Doing away with administrative hurdles and promoting coordinated working

DELTA seems to successfully bring together related services and provide them in a joined-up way at the point of access. This way of working does away with the significant administrative hurdles and drawn-out processes that people with multiple needs may otherwise face. By simplifying the procedures, it also improves the quality of the service and the take-up by service users.

4.2 A strong formal basis for cooperation

The DELTA project sets out to make cooperation among different sectors and levels of responsibilities as successful as possible by making the basis for cooperation strong and robust. Solid shared structures and financing give all partners a real stake in the success of the shared working and is much more likely to lead to real engagement for shared goals and priorities. The sharing of premises and joint team meetings seems the most simple and effective way of really providing joined-up services. The system of seconding interested and motivated staff to work on DELTA and having a central team to coordinate the work is a good way of ensuring leadership for the project and maintaining the momentum.