Homelessness from a foreign perspective

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Qualitative research on how professional social workers at Cork Simon Community help and support humans suffering from homelessness in the Republic of Ireland

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Forord

Menneskerettigheter er et vesentlig begrep som er grunnleggende etablert i de fleste postmoderne samfunn. Både nasjonalt og internasjonalt legges det vekt på nødvendigheten av rett til personvern og bolig. Denne bacheloroppgaven er en empirisk studie som søker å forstå og undersøke hvordan sosialarbeideren håndterer de negative sosiale konsekvensene i Irland. For å øke bevisstheten rundt dette konseptet; Empowerment og sosialarbeidernes rolle vil bli undersøkt. Denne oppgaven vil vise og utforske konsekvensene av sosial struktur, mangel på overnatting og industriell privatisering. På en måte vil hovedkonklusjonen i denne oppgaven vise hvordan sosialarbeideren ved Cork Simon Community håndterer den høye graden av fattigdom og hjemløshet i samfunnet. Sosialarbeiderne ved "high-support" houses, som kan oversettes til "institusjoner med assistanse til beboerne", arbeider både faglig og etisk, samt følger organisasjonens mål og strukturer. Den sosiale strukturen i et kapitalistisk samfunn bidrar vanligvis til en større oppdeling av kapital mellom sosiale klasser. Dermed er maktforholdet mellom sosiale klasser korrelert med ujevn ressurs balanse. Med dette utgangspunktet er det nødvendig å danne seg et høyere perspektiv på hvilke påvirkninger en sosialarbeider kan iverksette for å hjelpe individer uten fast bopel. Denne oppgaven skal belyse utfordringene knyttet til yrkesroller og tverrprofesjonelle relasjoner i private og ideelle institusjoner. Hvordan kan sosialarbeideren påvirke private og offentlige institusjoner som vanligvis er regulert og begrenset av lov, ressurser og sosiale grenser? Kjernen i denne forskningen vil vise hvordan ubalansert fordeling av ressurser i samfunnet kan føre til alvorlige konsekvenser. Fra et teoretisk perspektiv legges det vekt på at det er konstante konflikter i samfunnet, på en måte hvordan privatisering av institusjoner og sosiale klasser kan føre til ujevne maktforhold i samfunnet. På et bestemt tidspunkt kan sosialarbeideren innse at det er urealistisk å gjøre en endring i samfunnet; Imidlertid kan endringer på organisasjonsnivå høres pragmatiske ut i mange aspekter. Denne forskningen vil ta for seg sosialarbeideren som forstår betydningen av å forbedre individuell sosial status i et kapitalistisk samfunn.

Abstract

Human rights are an essential concept which is fundamentally established in most postmodern societies. Both national and international law emphasized the necessity of privacy and housing rights. This bachelor assignment is an empirical study in understanding and examining how the social worker deals with the negative social repercussions in Ireland. To raise awareness around this concept; empowerment and the social workers role will be examined. This discussion will exhibit and explore the consequences of social structure, lack of accommodation and industrial privatization. In a way, the main conclusion of this thesis will display how the social worker at Cork Simon Community deals with the high degree of poverty homelessness within the society. The social worker, working in High-Support housing institutions, should professionally and ethically follow the organization goals and structures. The social structure in a capitalist society usually contributes to a larger separation of capital between social classes, thus the power relation between social classes is correlated with uneven balance of resources. With this starting point, it is necessary to form a higher perspective on what influences asocial worker can implement to help homeless individuals. This thesis will shine a light on the challenges associated with professional roles and interprofessional relations in private and non-profit institutions. How can the social worker influence private and public institutions usually have regulated and limited by law, resources, and social boundaries? The backbone of this research will exhibit how the unbalanced distribution of resources in the society may lead to dire consequences. From a theoretical perspective, it is important to emphasize on constant conflict in the society, in a way how privatization of institutions and social classes may lead to uneven power relations in the society. At a specific point, the social worker may realize that it is unrealistic to make a change within the society. However, changes on an organization level may sound pragmatic in many aspects. This research will address the social worker understanding the significance of improving individual social status in a capitalist society.

Acknowledgments

Contents

1. Introduction

The main purpose of this thesis is to highlight insight into how the professional social (care) workers at Cork Simon Community work to help and support individuals suffering from homelessness. We explore the narrative of the experience perception cf.; how they experience, understands, and learn from their surroundings (Kvale & Brinkmann, 2015, p. 356; Forseth, 2021, p. 233). Lack of accommodations is conceptually classified as a social problem in postmodern society. In a way it is related to social problems and characterized among other things as conflicts between social classes (Galtung, 2004, ss. 70-71). Nonetheless, homelessness is one of the main social problems which may have a negative impression on the social status of a society. In a society such as welfare states like '*Scandinavian countries*", homelessness is uncommon due to the social welfare system. However, in non-welfare states like "Ireland", the lack of accommodation is relatively high due to the nonexistence of social programs, which is correlated to the political structure of the society (Adams & Sydie, 2001, p. 119). This concept motivated us to explore and understand the political and social relationship in which the stated social problem is correlated with. Experiencing homelessness is an overwhelming experience that may negatively affect the well-being of individuals. There are almost 100 million homeless individuals worldwide and 1,6 billion living in dire conditions (UN-Habitat, 2015). In addition, many individuals live in temporary such as shelters and refugee camps. It is important to pinpoint that the empirical analyses for this thesis are acquired from the republic of Ireland. In a society that does not value the equalities between social classes, the lack of accommodation was particularly stigmatized and the absence of welfare systems in the Republic of Ireland may establish significant barriers for integration (Kompatscher, 2013).

The main motivation for this empirical analysis, was to understand and highlight empirical data around improving or preventing homelessness in modern society. Furthermore, an in-depth analysis will contribute to further understanding of multidimensional aspects of homelessness from an individual, group and communal perceptive. Those arguments will clear the way for acquiring new knowledge and awareness between homelessness and international, European, and national ratified regulation (Hansen, 2017, pp. 75-76).

Nonetheless, in the wake of new data, quantities of new literature and consensus regarding the main reasons for homelessness has arisen. This can be things like inflation, unemployment, high accommodation prices and uneven distribution of resources (Aratani, 2009). This concept comprises understanding the roots of the social problems present in modern day society.

Therefore, the following question must be analysed to understand the concept:

1.2 Problem statement and research questions

How do the professional social (care) workers at CSC work with the residents suffering from homelessness and lack of accommodation?

In order answer of the problem, the following research questions must be answered:

1) How do the professional social (care) workers at CSC help and support residents through an individual, group, and communal approach?
2) What challenges do the social (care) workers encounter working with the residents at a structural level?

Procedures for data collection, informants, and analysis choices to answer the problem statement are described under the chapter 5. "Method" and 5.4 "Analysis".

2. Background

2.1 International institutions and Cork Simon Community

To understand the context that revolves around homelessness in Ireland, one must analyse key political aspects. It i important to highlight the systematic political structure policy in how homelessness status is related to bureaucracy. In the republic of Ireland, some homeless institutions are classified as a home institution and thus not a shelter. In the regard, any service participant accepted in some institutions, their homelessness status becomes unqualified and absolute, therefore the qualification for further assistance from the government is nullified (Cork Simon Community, 2022). Be as it may, several international and national organizations were created to compensate for the lack of accommodation such as private and public institutions. One can only see the necessity of a non-private organization in this regard. Cork Simon Community (CSC) is a fundamental ideological foundation, holistically structured, governed by law, community, and voluntary board of directors. The organization is registered in the Republic of Ireland as a *limited liability company*. In other words, CSC is registered as a charity regulated by Ireland's national statutory regulator for charities. Therefore, the CSC is an NGO (*Non-Governmental Organization*) which does not have the same requirements as private companies with benefits to shareholders (Cork Simon Community, 2022). Furthermore, an argument will be made regarding how the organization makes positive contributions on multidimensional aspects such as individual, group and communal aspects. Those arguments will clear the way for acquiring new knowledge and implementing the concept of empowerment in this matter.

From a legal perspective, the Irish constitution is not legally obligated to provide basic accommodation requirements for its citizens. The Irish government ratified the revised European charter. However, they excluded article 31 on the right to housing. From a further perspective, there are specific support programs such as *the Housing Action Program*. Such a program provides rental accommodation schemes among other things, providing financial assistance to individuals for affordable accommodation or purchasing houses on the open market. However,

the requirement or qualification for this program is in question (Housing Rights Watch, 2013).

CSC adheres to a systematic core value such as Community, Diversity, Social Justice, Voluntarism, Commitment to Care and Inclusion (Cork Simon Community, 2022). The stated values are based on the *Statement of Recommended Practice* and the *Governance Code for Voluntary Organizations* (SORP) which is followed by the Republic of Ireland for voluntary and charitable organizations (Governance Code, 2022; Charities SORP, 2022). In other words, The Cork Simon Community follows rules on fundraising and acquiring money (Irish Charities Tax Research Ltd., 2008). The service participants at CSC must also consent to a *Compliance Statement* and the *organization code*, which authorizes interdisciplinary collaboration and collection of information on behalf of the user. The stated concepts oblige CSC's promise to treat everyone with respect and honesty. In this consensus, the motivation behind the establishment of the organization is clear and defined. It is to help, mobilize resources to empower the client, and increase the resiliency of the empowered citizen. As we previously mentioned, some critical aspects will be taken into consideration such as individual, group and communal contribution. Those arguments will clear the way for acquiring new knowledge and implementing the concept of empowerment in this matter. From a borader perspective, there are some rules and regulations the service participants at CSC one must adhere to. Illegal drugs and alcohol are not allowed to be used, children and pets are not allowed. There are some exceptions. However, the resident must not be aggressive and must be able to adhere to the law and regulation (Environment, Community and Local Government, 2014).

3. Theoretical framework

According to Sørensen et al. (2008) it is important to have different approaches, for analysing and achieving a diverse result (2008, p. 91). This is achieved by implementing: *Bourdieu's social theory*, *Habermas lifeworld*, *symbolic interactionism*, *social role valorisation* and *empowerment*. Each of the theories provide insight into the field of tension between individual, group, and structure.

3.1 Pierre Bourdieu

According to Bourdieu (1990), individuals are understood as rational. However, the fact that individuals are born into a specific social field, it has a direct consequence for how one sees and understands their environment and narrative. In other words, individuals are subjects of habitus (Bourdieu, 1990). Furthermore, our social systems affect how we view and interpret the world around us, and the personal implemented room of manoeuvre is theoretically aligned with the concept of "lifeworld" (Habermas, 1991). This theory is correlated with Lev Vygotsky's theory of development, which emphasizes how culture influences and shapes the development of individuals (Lillejord, 2013, p. 195). In this regard, one can only imagine how the external influence on the individuals is related to homelessness. According to Bourdieu, the social structure may enclose uneven distribution of capital. Bourdieu stated the unequal distribution is covered by which social space and field the individuals are affiliated with (Bourdieu, 1995). We have different interests and agenda, for example, we want to maximize our capital to achieve a better position and eventually gain more power. We are therefore constantly competing over the capital, thus a constant conflict between social class is present. Consequently, this might be the leading cause of homelessness in society.

3.2 Relation

The concept of relationship is central / the basis of social work (Berg et al., 2015, p. 15). They work in, with and through the relationship (Levin & Ellingsen, 2015, pp. 112-113). By recognizing the residents' right to self-determination, the social workers contribute to raising concepts among other things, self-relationships:

Self-confidence, self-respect and self-esteem among the residents (Ellingsen & Skjefstad, 2015, p. 100). When the social workers interact with the residents, they should be aware of the residents' emotions. Consequently, it is important to positive influence on the residents by showing enthusiasm and energetical approach. According to Røkenes & Hanssen (2012) relationships are more important than the choice of method to achieve good results (2012, pp. 16-17). Social work may become more effective and have a greater preventive effect (specifically on relapse), in a way that the relationships can develop a stability in the long run.

3.3 Stigma

Exploring this concept" stigma" from a socially constructive perspective. Research implemented by Erwin Goffman stated that the concept "social stigma " is strongly connected to identities that one wants to be associated with (Goffman, 1963; Goffman, 1963). Individuals being labelled and stigmatized are often provided help from either the public or private institution. These are amongst other things hospitals, shelters, or high-support houses. The identity of the homeless has been embodied for a long time and the status of a homeless is stigmatized as a low social class. Therefore, research has shown that many individuals suffering from homelessness, do not wish to be stigmatized or labelled as "homeless" (Desjarlais-deKlerk, 2017). Helping the service participant empower their narrative to, as one might call, "*the perspective of individuals un-stigmatization*" to reconstruct and construct new perceptions of homelessness might be necessary to accomplish a positive conclusion. One can only see how the social worker's room of manoeuvre is strongly confined with the state laws and social context. Thus, the concept of empowerment is limited to bureaucracy.

3.2 Empowerment

The purpose of social work is to help and reduce social problems at the individual or social level by changing the social conditions that construct the problem. Empowerment is the sense of mobilizing power in the individual and group perspective. Empowerment suggests phenomena and characteristics such as self-confidence, social support, participation, self-control and competence, civil rights, and self-government. Empowerment is thus expressed both as an objective and

tool to achieve a goal (Askheim, 2007, p. 21). Empirically oriented studies under the empowerment umbrella are not necessarily as solid in their ideological preconceptions without considering the practical perspective. On can define empowerment as one of the following:

"*Empowerment can be defined as gaining control over one's own life. That is, to gain control over the critical and decisive factors that hold people firmly in oppression or powerlessness if they do not have control*" (Øvrelid, 2007, p. 49).

This means that people, individually or collectively, reduce their powerlessness and gain greater control over their daily lives and have opportunities to change their living conditions. There is also a liberating aspect in this and strategies that could contribute to the development of both individuals and groups (Westerlund, 2007, p. 88). Furthermore, the concept of social role valorisation "communal" can be used concurrently with empowerment to achieve a constructive conclusion. Social Role Valorisation (SRV) is a method for improving the lives of people who are of low status in society. In a way, it gives social workers the necessary resources to provide and empower the client. It contributes to giving the society a better picture of homelessness; thus, this can negate the stigma around homelessness (Wolfensberger, 2013). In this way SRV can be used to help all individuals who suffer from disadvantage, discrimination, marginalization, or any other form of oppressions (Wolfensberger, 2013).

3.3 Empowerment and emotional energy

Before analysing this concept "emotional energy", it is important to further explore the theoretical relationship of empowerment. Emotional energy is conceptually vital and therefore, it is related to inhibiting or promoting empowerment. In a way that emotional energy refers to the emotion we have when we participate in different social contexts (Askheim & Starrin, 2007, p. 17) argued that emotional energy is critical for processes that promote or inhibit empowerment. Gaining knowledge in the relationship between empowerment and emotional energy required some theoretical analysis. First and foremost, according to American sociologist Randall Collins, emotional energy is a central notion for the theory of interaction ritual. In simple terms, the concept refers to emotions used during participation in any practical approach such as meetings

where the perception of self-confidence is present, in a way that the person is confident of his opinion. This can promote the positive expression of positive emotional energy such as enthusiasm, solidarity, self-confidence. On the contrary, the meeting and the context of the meeting "it is important to have a positive context on group or individual level" can also drain us of emotional energy. This will result in low self-esteem and powerlessness. When an individual has low self-esteem, it will be difficult to build any sympathy for others. There is thus a correlation between emotions and empowerment. Furthermore, positive emotional energy influences moral and ideological perception, in a way that individuals with high capacity of emotional energy feel good and valuable. Their perception of which action is implanted is binary with a high degree of confidence. On the contrary, people with little energy feel unsuccessful, and to simplify it, unsure whether what they are doing is right or wrong. Nonetheless, it is clearly visible how emotional energy is correlated to inhibiting or exhibiting empowerment. The understanding and development of emotional energy can be theoretically used to empower the client on a personal or a group level (Starrin, 2007, p. 62). Nonetheless, several authors stated that emotions energy has multiple aspects such as pride and shame, in a way that pride has a high degree of emotional energy while shame has a low degree of emotional energy. This can be theoretically related to empowerment as it might be difficult to empower a persona with a low degree of emotional energy (Starrin, 2007, p. 63).

4.3 Three perspectives of Empowerment

Approaching this from a conceptual perspective, empowerment can be considered and implemented at three levels: individual, group and societal level. It is vital to implement interdimensional collaboration between both the individual perceptive and with influencing the environment to bring about changes in the relationships between them. However, it is important to understand that it is not a prerequisite that one works at all three levels at the same time. Empowerment processes often start at the individual level with insight, awareness, and training, before allying with others for mutual encouragement and support, until together they try to get approval for proposals for changes in society. But such a

process can also start on a collective level by people meeting each other, getting to know and be aware that they have common needs and desires (Hansen, 2017, p. 86).

3.3.1 Individual approach perspective

At the individual level, empowerment means that clients receive help to understand the connection between their own personal situation and their relationship to the environment, to see their own strengths and to mobilize their own resources. The goal is increased comprehension and influence over one's own life. Within individual social work, there will be social workers who disregard the oppressive circumstances in which the client lives in, such as job opportunities in the region limits for financial benefits, and almost take for granted that their clients must not exceed external obstacles to get out of a difficult life situation. In other words, the social worker disregards multi-dimensional environmental factors. In such cases, social workers do not perform empowering work which can create negative emotional energy in this situation. Alternatively, he or she acknowledges one of the one dimensional *individual-oriented* approaches to empowerment. Which is an incomplete method and highly not recommended (Hansen, 2017, p. 86).

In empowerment, it is important to build up critical awareness and knowledge about oppression, because knowledge can give power. In this area, a social worker can contribute by helping the user to see the connection between oppressive conditions in the environment and their own life situation. In liberating work at the individual level, the focus is both on psychological processes and on the structural framework in which the interaction takes place. It is about empowering the individual to achieve what he or she needs and wants and improving the individual's capacity to influence how others think, feel, act and what they believe in (Hansen, 2017, p. 87). Finally, concept: Self-empowerment means that a person can understand one's own strengths and weaknesses and to be able use them to one's own advantage, instead of them being disadvantageous. It involves making intentional choices that are beneficial to one's higher achievements in life. It also includes that the person is confident and trusts itself in the decisions it makes. It can make and perform the decisions it has made. The person can make decisions, to stand by them and to commit to positive choices that are beneficial to it.

3.3.2 Group and communal perspective

Empowerment of a group also requires some changes on an individual level, a group can never become strong if the individual members are powerless and lack the motivation to change. At the group approach the responsibility is shared within the group thus, the group changes and develops together. The group approach represents how the individuals working together can achieve a higher constructive result (Westerlund, 2007, p. 88). The group is the foundation of an empowerment process. Interaction with others in a similar situation can normalize identity processes and prevent an experience of exclusion. In addition, the change of the power structure requires more people coming together to gain influence and implement actions that can influence living conditions and daily lives (Hansen, 2017, p. 86). Activities form groups that can increase the opportunities for social networks by developing new relationships that are more mutual and supportive (Fyrand, 2016, pp. 212-213). Relationships are important to increase the quality of life and to fight loneliness. This is something research has also shown us (Quarterly, 2009, p. 73).

In the communal approach, social programs are highly recommended for integration. Social programs can be among other things, voluntary work, joining a group that is constructive to the society. The communal approach is highly recommended to integrate the group in a general social content (Hansen, 2017, p. 89). It is important to realize, group empowerment is not the same as collective mobilization, but the two types of empowerments are related to each other. On the contrary, Powerless, weak, and marginalized people are often isolated and reluctant to come forward with their perceived humiliation.

3.5 Indirect network intervention

Indirect network intervention is a central part of problem-solving and treatment-oriented network intervention. The method consists of several parts: mapping and analysis of a person's social network choice of action, plan, and implementation of measures. In indirect network intervention, it is the client who has the direct contact with the network, while professional helpers have the role of an advisor in his mobilization and change process of the client social network. However, the client has the responsibility for mobilizing their own

social network and making necessary changes in difficult situations, in collaboration with the professional help room of manoeuvre. In other words, there are two competence systems that work together; the user and professional helpers. In the line of social work and therapy, positive constructive influence and empowerment is used to deconstruct and construct the client ideological mental process (Fyrand, 2016, p. 156).

Open collaboration between client and professional is crucial in all network intervention. Much of the key to networking takes place precisely in a mapping and analysis phase, that is in what can be called a preparatory work between client and professional before the choice of measures. This leads to an increased awareness and understanding of the importance of social networking for both the user and the professional helper, a well-functioning something that often increases. The mapping can form the basis for an action plan that the client and the professional collaborate on. Thus, part of the problem-solving work can also be directed towards traditional support and counselling work to mobilize and possibly change the user's informal network to increase the user's social capital. This can be shown for example, the rehabilitation of drug addicts. Successful rehabilitation is in addition to among other factors such as work, housing, hobbies, can always depend on a comprehensive change of a dysfunctional social network. Such a change usually involves both making new contacts, resuming old and good relationships, and not least rehabilitating negative drug contacts (Fyrand, 2016, p. 156).

4. Research in the field

Research is vital to support the background of this thesis philosophically and practically. Philosophical back research will be further explored to support the theoretical analyses section. This chapter represents some research correlated with this topic; further research will be among other things exploring the uneven distribution of resource. May that it be, in his early research, Wolf Wolfensberger highlighted in his normalization concept how one perceives specific satiation, However, later in time, he emphasized on how one can influence actions and attitudes toward the oppressed social group. Stigmatization and marginalization are highly present in a capitalist society and individual's perspective is strongly correlated to attitudes according to Wolfensberger.

4.1 Social Role valorisation

In his later work, Wolfensberger wrote about *Social Role Valorization* (SRV). In his research article "*Towards a Dialogue for Practice - Reconciling Social Role Valorization and the Social Model of Disability*" the author presents two perspectives on how to address marginalization and oppression of individuals through applying the SRV (Race, 2003). In "Social Role Valorization and Employment of People with the Most Significant Disabilities" the authors claim that stigma towards individuals suffering from homeless is common and labelled as discrimination social contexts. Consequently, their social role is devalued, and this might influence their opportunities to acquire jobs (Fleming et al., 2019). The research and legacy of Wolfensberger contribution has influenced the deviation from incomplete integration to total complete inclusion. Because the concept of normalization, continue to place the problem within the individual, it is necessary to shift the focus to the environment factor, to change from oppressive and discriminatory treatment to normalization and completely integration. Therefore, government policy, legislation and law had been changed in most societies in response to Wolfenberge's influential research (Mann & Kraayenoord, 2011, p. 206).

4.3 Consequences of laws

The state's laws and regulations strongly affect accommodation in general (Stamsø, 2017, pp. 267-269). Comparative research has looked at the correlation between the social structures and housing, in different countries in Europe. However, it was very difficult to provide a clear answer, because the countries have very different welfare and housing policies. One study by Stephens and colleges (2010) of the housing and the official policies, has shown that there is some connection between the amount of homelessness and the housing politics, law, and regulation. They found that the most vital factor was the type of social system the state is bound to. In a way that the type of law and regulation the state is obligated to follow is highly correlated to humbleness.

4.4 Quality of life

According to Grant and Gluck 1939 Harvard study; "*almost 80 years old, has proved that embracing community helps us live longer, and be happier*" (Mineo, 2017). Research stated that social events, welfare systems and good quality of life will lead to long life expectancy (Harvard University, 2022). On the other hand, the absence of a welfare system and being homeless is related to loneliness and in correlation with bad quality of life and will result in short life expectancy. According to Robert Waldinger, the research stated that "*Loneliness kills. It is as powerful as smoking or alcoholism*" (Waldinger, 2015). Being homeless and lonely can lead to more dire consequences, than alcoholism (Vaillant, 2002). Taking that into consideration, one can see how the relation to empowerment can among other things contribute to "empowering the individual" to the status of happiness and longevity.

5. Method

The choice of method clearly falls within a qualitative research strategy (Tjora, 2018). The objective of this project is to highlight and acknowledge "How professional social workers at Cork Simon Community help and support humans suffering from homelessness in the Republic of Ireland?" To further understand this, we decided to approach this concept from three different perspectives: individual, group and communal approaches. To obtain the necessary information in order to answer the problem statement and research question, we interviewed professional social workers at Cork Simon Community. This enabled us to obtain the acquired information needed to answer the research questions. It was important to implement the best possible method that provides the opportunity to gain a deep understanding of the daily systematic operational sequences implemented by the social worker at Cork Simon Community. We therefore chose to use a qualitative research method, to further investigate the necessary information needed to answer the stated question.

The implemented method is inspired by Aksel Tjora, who addresses the "Stepwise-Deductive Induction" and coding of qualitative data, cf. the SDI model in qualitative research (Tjora, 2021, pp. 166, 172; Tjora, 2018). This is very close to the abductive approach, where one starts with theories and perspectives from the empiric (as induction) but where theories and perspectives come into play before or during the research process. To gather data, we used semi and in-depth interviews. This is because it is an effective systematically structured method to obtain the necessary information to answer the research questions (Tjora, 2021, p. 250). This method paved the way for the professional social worker to reflect on their personal experiences, which may contribute to deeper insight on how the social worker operates in the field of practice.

5.1 Selection

Initially, the study was aimed to be conducted at one of the high-support houses within the Cork Simon Community It had a central focus on how the social (care) workers experience that they can provide support or positively influence, the

homeless, the poor and the unfortunate individuals. To gather informants, one of the supervisors at one high-support house was contacted. Through the snowball method, we gained access to four social workers and a second high support-house. Totally five informants from two high-support houses decided to be interviewed. The timeline for this process was in-between January and March 2022. Through call emails and text messages with informants at the high support houses. The informants were above the age of 20 with more than six years of working experience with the homeless and vulnerable humans. The classification of the social workers was as follows: were selected by direct request by phone and / or e-mail, because they were:

1. *Educated social workers and/or social care workers.*
2. *Had worked with this resident at high-support houses for more than 2 years and had considerable experience in the field.*
3. *Where motivated to answer our questions and available at the time.*
4. *Responded within a reasonable amount of time and within March 2022.*
5. *Gender; there were two female and three male informants.*

Table 1: Overview over requirements of informants.

5.2 Interview

Five interviews were conducted, of which all of them were used:

Informant	Media	Date	Time	Duration
S1	Zoom with camera	10.03.2022	3 PM – 4 PM (16:00-17:00 Norwegian time)	1 hour
S2	Phone call without camera	17.03.2022	11 AM - 12:30 PM (11:00-12:30 Norwegian time)	1 Hour and 30 minutes
S3	Zoom without camera	25.03.2022	11 AM -12 PM (12:00-12:56 Norwegian time)	1 hour
S4	Phone call without camera	27.03.2022	7 PM – 8 PM (20:00-21:06 Norwegian time)	1 hour and 5 minutes
S5	Phone call without camera	27.03.22	9:50 PM-11 PM (21:50-23:00 Norwegian time)	1 hour and 10 minutes

Table 2: Overview of the interviews, communication channel / method, day the interview was conducted and total length.

The descriptive study was based on an interview guide with a semi-structured and in-depth interview. This empirical data contained the professional social (care) workers interpretation and their narratives of their work. This was conducted with audio recording as the main recording process based on Tjora's statement: "*detailed audio recordings are essential for a proper analysis*" (Tjora, 2017, p. 167). This was implemented to avoid any lost data during the conversation between the interviewer and the social worker.

5.3 Transcription

The audio files were transcribed in the MaxQDA program. The interviews were semi-detailed transcribed, meaning none of the interviews was fully transcribed. The focus is on the professional social worker's description of his or her work and not the words or sounds in-between. We also chose a normalized transcription in English (UK / Irish standard). In addition to that, normalized transcription can also function as an anonymization (Tjora, 2017, p. 174).

5.4 Analysis

The method set is inspired by the SDI-model (Tjora, 2017, pp. 18-20; Tjora, 2021, pp. 166, 172); Tjora, 2018). The material was first coded with an inductive approach to the implementation of empirical codes (Tjora, 2017, p. 198; Tjora, 2018, ss. 28-29; Magin & Geiss, 2021, p. 199; Tjora, 2021, pp. 256-257). This were based on the SDI method's principles for coding, which is close to the empirical data. This makes it possible to maintain the essence of the information, while at the same time reducing much of the text. In the analysis of the interviews, we obtained 133 codes for our thesis (See the attachment for all Categories in the list of Appendices, pp. xxvii-l). These codes contained specifically what the informants said. At individual approach, some of the codes would consist of information about words "strengths", "atmosphere", "relations", "positive", "appraisal" and "motivation". At group approach, some of the codes would consist of information about words "motivation to participate in activities", "self-esteem", "mutual", "equal" and "ability to solve problems". At communal approach, some of the codes would consist of information about words "supportive", "participant in the local community", "equality" and "empowering". To further reduce the amount of data, we made yet another extract to find the main topics. During this process we worked both inductively and deductively (circular). The overlapping and with similar themes were grouped together, and we were able to reduce the number of codes. The main reason for this was to keep an inductive strategy, with the code groups. The code-groups made it possible to develop some empirical arguments, because this type of coding takes care of the details of what is in this specific empiric and the interviewees own idioms. All the codes in the MAXQDA have a link to the excerpt from the interviews that was coded with the codes. The

excerpt was used in chapter 6 "Findings". This means that even if we were only working with the codes at the last step, we were able to collect the quotation from the interviews that were used in this thesis. The new groups of codes were according to the common themes and from the theory. Here other perspectives could have led to different categorizations. The new groups were again sorted into five code groups. Three codes were directly linked and relevant to the research questions. On the contrary, two new of the code groups were based on the new findings.

5.5 Ethics

Volda University College had obtained an NSD permit for the project (see attachments). Prior to the interviews an informed consent form was sent to the social worker informants, where the informants received information regarding their consent and possibility of withdrawing from the interview process. Furthermore, we emphasized on valuing and respecting the informant with a high degree of professionalism (Reutter, 2021, pp. 92, 98-99). It was also important to express gratitude for their willingness to conduct the interview and share their experiences. To prevent or avoid any misquotations, we gave a summary of what the informant had answered before we move on to the next question. This gave the informant the opportunity to correct any misunderstandings or add more information.

While working on the transcription and analysis after the interviews, we had an explicit focus on presenting the information in a way that the implied informants could recognize themselves in, at the same time so that no one should feel that they were described in any way that could be considered degrading.

All the information related to the informants, such as names of persons, places, incidents, examples, genders etc., were anonymized, so that the interviewees at the high-support houses could not be recognized. According to Tjora & Reutter, these are important ethical considerations in producing the data (Tjora, 2017, p. 46). All the contact, both before and after the interviews, were characterized by

confidentiality, ct. "*the act of respect and reciprocity*" (NSD, 2022; Reutter, 2021, p. 93). Respect for the informant and reciprocity in the research.

5.6 Quality

This section focuses on three criteria for quality assessment and transparency (Tjora, 2017, p. 231). The interview guides main questions consist of:

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The social workers are asked about the framework of operation and what procedures they follow. Further inquiries such as "*Can you give an example of*" *what experience do you have with it*" and *"what is a typical day problem encountered " are* questioned. Based on the stated question, one can argue that based on the stated question, the informants have been given the full opportunity to express their opinion by expressing sympathy. This procedure was implemented in all interviews, the content of the interview was similar from a majority perspective however, the minority had completely contradicted information. Furthermore, some of the informants expressed deeper sympathy and emotions, most likely due to inconsistent interview and different interview approach and time variable between the informants.

All the interviews were semi-structured in-depth interviews. This gave the interviewer a large margin of error, which may have influenced the interviews to further expand the range of unknown variables. One of the interviews was done with a camera online via the Internet. The informant was in a sealed room at the workplace which made the conditions quiet and private. The cones of online interview are that the technological system can act as a "communication barrier", in a way that it is difficult to express clear body language. Among other things, this barrier led to greater uncertainty around the opportunities to ask follow-up questions. One can only wonder how the social worker felt about indirect interview. Maybe they subconsciously did expect the interview to be valuable, this might be due to the lack of face-to-face interview implementation. This is like what Tjora describes as challenges related to telephone interviews. He

claims that Telephone interviews tend to be more structural and formal than direct face to face interviews, and that the room for reflection may therefore be smaller (Tjora, 2017, p. 169). At the end of the interview, a critical question was asked, the question concerning the informants experience of the interview. Four of the informants answered that they were satisfied with the interviews. Two of them even expressed that it had been of great benefit and gave inspiration to personally change for the best. All the participants from two High-Support Houses, is not enough to give a valid and generally enough answer to how social work is carried out in all High-Support Houses. Instead, it gives information about how the professional social workers perceive their contribution.

6. Findings

The findings consist of five parts. Three of them are from categories that answer the research questions and the following two are based on new knowledge.

6.1 Relation

When asked how the social (care) workers helps and supports service users through an individual approach, all the informant stated that a 24-hour help, and support was provided. The social worker must positively and constantly express constructive attitude toward the service participant. The informant stated that this will lead to among other things positive emotional energy which may lead to exhibiting positive signs of empowerment.

"W*e are probably the first face out service users sees every morning. And we are the last face they see. So, I suppose it is very, very… You must be optimistic and energetic, and I suppose. A bit confident in the morning, because if you start of in the wrong way, you can set the service users off. Your approach is everything"* (S3).

To have a positive impact on the service participant, it is important to treat them with fairness and respect, these qualities were strongly emphasized and highlighted by several of the informants:

"I'll be fair and transparent with them. I don't tell them stuff that have no notion of doing with all that. (…) This is what we can offer. We cannot offer any more (…) We can help and support, but we can't change their lives for them. They must do that themselves" (S1).

According to the informants, this positive attribution is vital to help the residents to feel safe and gain trust of the staff. The trust is a fundamental building block for a good relationship between the staff and the residents. The residents are informed about the rules and regulations at the facility. This gives them the overview and knowledge over what is possible to achieve and what is not.

6.2 Consequences and statistical analysis

All the informants said there is a long waiting list for the residents to obtain necessary help, by among other things, professionals, psychologists. The lack of counselling being both not available with long waiting lists and very expensive:

"Our mental health. (…) Support services are terrible. (…) I mean you can only get access to psychotherapy and counselling for 50 or 60 Euros per session. And yeah! Our healthcare HSE service executive, the access to counselling in that is so limited. That people are on waiting lists for years before they get access. (…) And the lack of availability. And the lack of accessibility. Into counselling and psychotherapy. They should be free and available and it is not" (S1).

Moreover, some informants state that the housing list is contra-productive since the individual homelessness status is nullified by the government when arriving at CSC and thus further necessary help is revoked:

"When they move into high support, they're taken off the housing list. For them to get an independent house (…) makes it very difficult for those people. This is mostly high support. For some people it is forever. For other people, it is only for a few years! But it makes it difficult. Because with this housing situation present to ever move on " (S4).

The room of manoeuvre for the social worker is bound by the political limitations and legislation, but how the professional social worker chooses to handle it, is important as to how they will be able to advocate for vulnerable Individuals.

6.3 Multiple organized group structures

The informants describe group activities at CSC as different. The informants always encourage the residents to participate in different group activities. This can be in the form of group activities both outside and inside the house. These activities are based on the wishes and interests of the residents. The imminent response shows constructive motivation for activity. The informants further

stated that it is important to not have long frame time intervals, between introducing and implantation. This is because it can give the residents time to change their initiatives. However, at the same time, it is important to provide enough time for the decision process of implantation.

"You have to get them all to comply to each other (…) Group settings can be very difficult. Because people don't want to speak up against. They say something wrong. Or they are afraid in case somebody thinks this of them (…) You're obviously always under group pressure in a group setting. Because you know that there is people around you, that is going to judge you or have opinion about you. (…) To get them to engage with each other is a huge achievement" (S3).

The informant stated that if they succeed and feel a sense of achievement, it will improve their self-esteem, sense of confidence, and build up their trust. Help them to understand each other, In a way that constructs a level of empathy and comprehension. Creating a positive environment in the institution may lead to a high degree of group developments and this is one of the main objectives for the social worker. On the contrary, loneliness has a negative effect such as, low self-steam and negative constructive energy in general.

"You can notice that kind of confidence in their speech and this sense of friendship between them, that seems a bit deeper. (…) They seem to enjoy it" (S4).

Being part of a group has several positive constructed concepts because it elevates the resident's self-esteem. Also, the residents are stronger as a group, rather than individual. Meanwhile, the informant stated, they understand themselves better when understanding others. To manage relations in the group further gives them practice and confidence to have, build and maintain relationships ultimately. Some of the informants particularly underlines that it is important that the residents that participate in the group activities are managing their addictions and mental health issues, to make the group activities work. When the groups work well, it takes the tension off the house.

6.4 Local community

Both the high-support houses are in neighbourhoods in different districts in Cork city. When asking how they help and support service users through a communal approach, the informants describe the community as very supportive. They regularly give donations to the high-support houses.

"I also think they recognize that the gentlemen are elderly so there was no judgment in this matter. It is also not unusual for people to come and knock on the door and say, "one of your clients' needs help". Also, it is not unusual for people to come up to the door and bring food and service to the facility. So, we are lucky that this community is very supportive" (S2).

The informants also describe how the staff encourages the residents to get involved in different activities in the local area. If the residents are not sure, the staff will accompany and encourage them for self-independence. According to the informant, the benefits of this participation are that it can help the residents feel acceptance in the society, that is, their opinion matters, and they are equal within the society.

6.5 Larger society

When we asked the informants about what they think about the future of homelessness, most of the informants had a negative belief:

We're going to hit a recession soon in this country. I think if council it is gone so bad. And I suppose the situation in this country. And things are getting more expensive, more and more debt. There is a lot more and more people in the streets. Getting them to engage with us. Is going to be difficult. But I do think our services are needed about more now (S3).

7: Discussion

The analyses and discussion of the findings are divided into five different discussion points: *individual, group, social approach and the two new findings.* Each research question will be answered with a partial conclusion along the way. These will lead to answering the question "*How professional social workers at Cork Simon Community help and support humans suffering from homelessness in the Republic of Ireland*"

 All informants emphasized relationships between residents as an important part of the rehabilitation process and viewed it as a way for residents to expand their network. Even though one cannot categorize activities in the high-support house as a self-help group, one can think that the similarity of the resident's situation will be able to establish some framework for relationship building. All the informants emphasized relationships between residents as an important part of the "rehabilitation" process and viewed it as a way for residents to expand their network.

Although it cannot be categorized as a "self-help group", we can think that the similarity in the residents' situation will be able to establish some framework for relationship building. All informants emphasized the use of activities for this purpose, and much of the work that is done is implemented in groups. Residents with similar interests are connected, and it is planned that the community should function as a support factor. Also, an unintentional consequence is that the members of the group will perform social control over each other. Especially three of the informants described that the goal of the treatment was that the residents should get lifelong friendships, formed during their activities. The social network the residents have developed within the high-support house, shall also have an active function later, when they live independently. Great emphasis was placed on relationship building within the high-support houses, both as a source of expansion of the network and social training in a being living in a housed setting (Fyrand, 2016, p. 121).

7.1 Relation

The findings shows that the social (care) workers basic principle is through relations approach. To have a good and stable relation over time, makes it possible for the social workers to help the residents. However, the residents might get dependent from the constant help of the social workers. However, if the social worker constantly provides resources, then it would be difficult for the client to develop self-independency. High turnover or unmotivated staff can be a constructive to the opportunities to develop trust and supportive relationships. The challenge can be if there are the frequent replacements of staff. Thus, the consequence can be the loss of any established connection between the staff and the client.

Thoracically speaking, emotional energy is closely correlated to the empowerment process, in a way that approaching the client with positive energy and attitude can highly contribute to a more efficient empowerment process on an individual level (Starrin, 2007, p. 62). This is visible in the finding when the social worker must prepare mentally to create a constructive emotional energy. However, is it possible to use constructive attitude without forming the necessary bond between the clients? According to Levin & Ellingsen (2015), it is through connections you can start to empower and motivate a constructive process. Thus, then it will be possible to implement further theoretical concepts to create a positive change in the client's micro system. Nonetheless, how can the social worker reflect on implementing theoretical concepts without understanding the client's narrative? Wolfensberger and colleagues (1972) highlighted in the normalization concept how one perceives specific satiation (Wolfensberger et al., 1972). However, later in time, he emphasized on how one can influence actions and attitudes toward the oppressed social group. Understanding the narrative of the client will affect the approaching attitude the social worker may implement. The main objective of the support housing community is to provide help without prejudging the service participants. It is difficult to understand the narrative of the client, according to Bourdieu habitus theory, individuals usually influenced by the surrounding environment. The narrative of the client is usually skewed and affected by an external environmental factor thus, in return might negatively create a deconstructive reality. Be that it may, what objectives and research can the social worker use in this dilemma? Based on the organization background, the objective is to provide the necessary help to empower the client.

As one of the informants stated. Thus, it is very critical to implant the organization's objective in this matter, which is to provide the basic need in order to take pressure off the service participants. On the other hand, what if the client is exploiting the system? According to the informant, some clients are using the system in order to further fund their drug habit. How can the social worker implement the necessary positive change if the client is exploiting the system? Is there any bureaucracy linked to the attitude of the social worker? According to Max Weber, an idea type of bureaucratic administration is to eliminate all types of feeling and relationship with the client and thus this can contribute to providing the help without prejudgment (Adams & Sydie, 2001, p. 185). However, this is in contradiction with other findings in this empirical analysis. In a way that the implemented can be influence by the social worker room of manoeuvre. Example can be the social worker ideology and perception can influence the type of help implanted.

So far, the partial conclusion to answer the research questions "*How do the professional social (care) workers at CSC help and support residents through an individual, group, and communal approach?*" and "*What challenges does the social (care) workers encounter working with the residents at a structural level?*", is related to constructive approach to highlight individual trust and creating systematic positive influence with stable resource contribution. In a way that empath, stability, and positive emotional energy are implanted to create changes in the client life, such as learning precious forgotten skills. Nonetheless, the social worker will use all the necessary and available resources in order to pave the way for clients to empower themselves.

7.2 Consequences and statistical analyses

Laws and regulation can also be an influential factor in this matter. From a political perspective, the social structure is strongly connected to the political structure of the society. According to research, one study by Stephens and colleagues (2010) has shown that there is some connection between society's law and regulation and homelessness (Stephens et al., 2010). It articulates the connection between homelessness and laws and regulation can be among the types of help implemented in this matter. It is difficult to be optimistic when social law is an obstacle for integration. One example, the community support

house is labelled as a housing complex by the Irish government, which in return can negate the homeless status of the individuals. This might create a loophole or pause in social help for the individuals since help from the government will be negated and no longer available to them.

So far it can be stated that the new foundation consists of governmental laws and optimism. As previously mentioned, it is difficult to fully integrate individuals in the society of stigma and national law is preventing it. It is a constructive mentality if the social worker is optimistic in this matter, however, one must be realistic about the situation.

7.3 Multiple organized group structures

From the findings we can see that the CSC has multiple organized group activities. This can be accommodation, educational and group based on common interest. In this matter, individuals in the group must function on a common ground to be successful. One of the informants stated that it is important for all individuals to participate in the group for the group to be constructive. Furthermore, most of the informants stated the negative consequence of loneliness. Therefore, based on empirical and research data, it is safe to state that homeless individuals experience negative consequences from being homeless. But how can the social worker empower the service participant to be involved in social activities? The concept of emotional energy is closely related to the concept of empowerment which can be theoretically used in this situation. Approaching this situation with optimism and positivity can promise a constructive reaction in general. However, how is this concept" emotional energy" important for social work in general? The finding of Robert Waldinger theory highlighted the importance of activity in the system such as, is to be active with others within the group. Understanding this part is vital for the social worker to constructively accumulate statistical data to create a better solution for future social work. The development of social work is based on primary gathering data. Creating a better group approach will solely rely on previously positively implemented concepts. Stigmatization is a common negative concept attached to homelessness in general. To reflect a better image on a social level, it is vital to work with a group rather than individual work. This is something we as a social

worker must reflect on to avoid dire consequences such as, loneliness, and probable drug use.

In some way, upon attending a group activity, the resident could have social support from the institutional and with individuals within the group structure. Such a link might be referred to as "friends of friends" (Fyrand, 2016, p. 205).

So far, according to research and theoretical concepts, the importance of empowerment is to optimize the resident's confidence in their own ability to perceive different point of views. However, the role of social workers must change from empowerment to improvement. The reason for this statement is how empowerment final transaction with improvement of resource development. It is also how empowerment constructive result leads to improvement the client life. Gathering primary data to create a new statistical analysis might not be a bad idea. Improvement in all aspects is necessary to erase the attached stigmatization in homelessness. This will further improve how individuals interact on a group level, how a group functions in relation to modern society.

7.4 Local community

Integration within the community should be one of the main objectives for social workers. According to one of the informants. However, are there any symmetrical connections between the new finding, theory, empirical data and research? According to empirical analyses, the lead cause of homelessness is violence and drug abuse. However, from a research and theoretical standpoint, homelessness is related to conflict between social classes, but why is that? As we understand the informant, one can see how the explanation is related to modern problems. This can widen the range of stigma among homeless individuals. This is when the concept of social role valorisation comes into play. It is implemented to create s better perception around homelessness. in a way it that one might say "un-stigmatized the negative perception around homelessness". According to Wolf Wolfensberger, this will lead to a better perception from a communal perspective.

7.5 Larger society

Nonetheless, how can the social worker integrate and destigmatize the homelessness status in the society? How is the new finding "stigmatization,

government law and optimization" related to research and empirical data? A factor can be a new modern change in society. Stigmatization creates an obstacle for the integration process of homelessness from a communal approach. Research implemented by Erwin Goffman (1963) stated that Individuals being labelled and stigmatized are often excluded from society, thus this will influence the individual from a communal perspective (Goffman, 1963; 1963). How can one be optimistic when the social stigma of homelessness is present in society? The social worker should fist change the perception of the society to make any noticeable changes

8: Conclusion

In this thesis we have implemented and analysed empirical data on "*How the professional social (care) workers at CSC work with the residents suffering from homelessness and lack of accommodation?*". We have implanted this analysis by taking in the research questions, "*How do the professional social (care) workers at CSC help and support residents through an individual, group, and communal approach?*" and "*What challenges does the social (care) workers encounter working with the residents at a structural level?*". We observed that social workers have a divergent approach and perception regarding homelessness in the stated question. They articulated different conclusions on the future of social work in this matter, in a way that there is a mix between optimism and disappointment; approaching with optimistic attitude is more constructively positive than approaching with negative disappointment approach. According to empirical data and research, we concluded that at the individual, group and communal approach there are some theoretical analyses that can positively influence social work and the society in general. This can be among other things, social role valorisation. While implementing social role valorisation decreases the stigma within the society, the social workers also use motivational methods and theoretical implantation to empower the residents. Furthermore, we found that the biggest challenge the social worker faces are linked to the quantity of resources available in combination with the deviation of laws and regulation. Social workers do not have the ability to provide the necessary help without coming in contradiction with the organization limitation and national regulation. Limitation of resources and government restriction may lead to a barrier to address various topics. Working with the homeless at a group and community is a holistic concept however, everything starts at an individual level, as the implied work takes aim at individuals and their main personal objectives. The majority of homeless individuals' main objective is to regain previous resources and power to reintegrate back into society. Nonetheless, based on new findings we see that there is no unambiguous answer on how social workers work with homeless individuals from different approaches, it is a complex issue, and there are multiple paths to approaching this concept.

Social workers work with social problems. There is therefore a high probability that they might encounter homelessness. Therefore, it is also essential for a

social worker to possess knowledge of the topic of homelessness, and factors that can influence the development of one's perception. Social workers are in situations where they must make discretionary assessments, and their background and understanding will affect how they work. Initially we referred to a disappointed point of view in the fields related to homelessness. In a way that some of the findings indicated a dangerous change in demographic and the increase of domestic violence cases, with further legal restriction on homelessness. However, there is some optimistic data regarding a constructive direction.

8.1 Summary

Be that as it may, socially constructed perspective encourages more knowledge on this topic, and we therefore wanted to investigate it closer. The answer we found may be relevant to other social workers working with homelessness however, the new empirical data shows a vague conclusion in the realm of homelessness. This thesis may contribute to the social workers being able to gain an outside perspective and become more aware of their own practice. We would also argue that the thesis not only has relevance for social workers but can be useful for other professions that work similarly with socially constructed problems. In our thesis, we have had one environmental worker, social worker, and social care worker. This entails restrictions, as we only have five representatives from each work arena. Therefore, it would have been exciting to explore the topic further through a larger sample, and then examine whether there are clear similarities within the different work arenas.

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Attachments

Glossary

Word / Concept	Explanation / Definition
Capital	According to Bourdieu: the dominant class (higher class), the middle class (the petty bourgeoisie) and the lower class (the working class), citizenship in the modern society
Capacity building	Ways of improving abilities, skills and related resources of individuals, groups, organisations and communities, to enable humans to take part to meet their own needs and those of others
Carer	A person that cares for other (-s) unpaid and informal, usually a relative
Citizen engagement	That early stage in the process of involvement where citizens and officials are in regular or continuous interaction that the citizens regard as significant
Citizenship	The status of citizens that gives the rights, privileges, powers, duties and responsibilities of social, political and community involvement and participation
Collaboration	
Empowerment	The degree of autonomy and self-determination in people, groups and in local communities. That enables them to represent their own interests in a responsible and self-determined manner, and to act on their own authority
Garda / Gardaí Síochána	Officer (peacekeeper) of the national police service in the Republic of Ireland; police, cop

Homeless	A person who does not have a home and who is unable to acquire it on his own accommodation.
Individual plan (IP)	A tool, in the form of a planning document, and a structured collaboration process. The plan is a dynamic tool and continuously updated, in the coordination and targeting of the service offer.
Interdisciplinary team	The person's service providers in an interdisciplinary and cross-sectoral collaboration around the service recipient.
Keyworker	A critical worker / employee who is considered to provide an essential service. Or essential workers in the public-sector or private sector. At high-support houses the key worker has the main responsibility for following up on a resident (-s) and its individual (care) plan.
Cultural capital	According to Bourdieu: The level of achievement and mastering the code of the social field. F.ex.: Develop good taste. This is internalized and embodied.
Financial capital	According to Bourdieu: The amount of wealth; money and resources, which can provide profit.
Patient	A person who applies to the health and care service with a request for health care, or who the health and care service provides or offers health care in an individual case.
Sectors	The Republic of Ireland (the state) provides public services that are divided into different sectors. Examples are HSE, health and care, Tulsa (child welfare), upbringing and education.
Service	The specialist, public and municipal health and care service, school, HSE, the dental health service and private providers of health and care services.

Service provider	A person who provides services in the health and care service or other sectors.
Service recipient	A person in need of long-term and coordinated services - regardless of sector.
Service user	A person who requests or receives services covered by the Health and Care Services Act that are not health care.
Social capital	According to Bourdieu: The access to social network.
Self-empowerment	According to Adams: People taking power over their own lives.

List of Tables

Table 1
- Overview over requirements of informants.

Table 2
- Overview of the interviews, communication channel / method, day the interview was conducted and total length.

Theme guide

Theme guide to designing the interview in SASOS235 Spring 2022

This theme guide was adapted to the context and was made based on the following list of topics. All the following topics was included and concretized in the interview guide:

About interview subject
- Background (education and experience)
- Work area
- View of social work

About the work
- Type of working position
- Type of (client, resident, user); service participant
- Goal setting
- Practical performance of the work
- Experience with the work
- Challenges in the work
- Reflections on the work

Concepts and approaches
- Historical and theoretical perspectives
    - Class-society, social classes - layers
    - Materialism - individual focus, benefits, disadvantages
    - Conflicts; collisions of different interest
- Perspectives on fields of intervention programs
    - Residential Programs: **High-Support Houses**
    - Trauma informed care
    - SRV-approach, normalization, labelling, stigma
    - Motivational interviews
    - Harm reduction

- o Other approaches to homelessness
- Assessment and decision making in welfare and harm reduction (protection) of homeless individuals (females and "weak"/ "vulnerable" individuals)
- Knowledge transferred into practice, social work, and training
- Politics and evidence-based policies on homelessness

Fields of action
- Prevention and intervention programs including shelters, outreach
- Residential houses
- Network, family, relatives, wider social networks, community, and neighbourhood

Focus topics
- Harsh living as homelessness
- Drug- and alcohol addiction as coping mechanisms
- Education and qualification to work and emancipated
- Transition to "new story of myself and self-identity, narrative
- Minoritized groups (migration, travellers community. men with no education, females with children, lack of trust/connection to the rental market)
- Anti-oppressive and inclusive practices in care

The interview guide was approved by the supervisor before the interview was conducted.

Interview guide

Experience homelessness is an overwhelming experience that can negatively affect the well-being of individuals. In today's modern society, several reasons can decisively contribute to the lack of accommodation, such as inflation, poverty, high prices and uneven distribution of resource. Moreover, those experience in combination with trauma can negatively impact individuals among other things change their perception of reality. Furthermore, the combination of trauma with domestic violence may leads a dyer consequence which may affect the social worker role and the implementation of empowerment. Nonetheless, some theoretical and practical concepts are required to see positive results. In another word, the professional social workers can contribute to nullify these negative spirals effects and suffering from homelessness.

Topic question

How do the professional social workers at Cork Simon Community work with service participants suffering from homelessness / lack of accommodation in the community?

Research questions

1. How do the professional social workers at Cork Simon Community help and support service users through individual's approach?

2. How do the professional social workers at Cork Simon Community help and support the group of service users through group approach?

3. How do the professional social workers at Cork Simon Community help and support the service users through communal approach?

The team (the questioners):

- Tonje Mari Dragset

- Rashid Alghaben

Theme overview:

Opening question

Research question 1: Individual approach

Research question 2: Group approach

Research question 3: Local Communal approach

Rounding questions

- Reflections on the Professional Social (care) Worker's' experiences

Interview guide

It is desirable with a relatively open interview where the dialogue can alternate and where space is created for the stories. Time expected for each interview is approximately 1 hour.

The keywords and follow-up questions outlined here are intended as "start-ups" for further questions and to get enough information or complete information to cover the theme / topic if the conversation stops.

Introduction:
- If they have any second thoughts they can withdraw

Opening questions:

- Would you like to give a short introduction about yourself and the work you do?

    o How long have you worked here?

    o Can you tell of a typical day at work?

Research question 1) Individual approach

How they work, what approaches and activities

- How do you work with participants at the individual level?
- How do you connect with the homeless to gain trust?

- What activities do you?
    o How do you implement it?
    o What is the goal of the activities you do?
    o What is the reason for doing it this way?

    o Do you encounter any challenges?

- If yes: Then what kind of challenges?

Research question 2: <u>Group approach</u>

- Can you tell about some group activities that you do?

- How do you work with the group of service users?

  - How do you start on a group activity?

  - Is there any benefits?

  - What kind of benefits do you see from working with the homeless as a group?

  - What kind about challenges with working with

  - How do you do it?

  - Why do you do it?

- What kind of methods do you use?

  - What are the challenges and the benefits?

    - How do you see that the group activities are improving their lives?

Research question 3: <u>Local Communal approach</u>

- How do you work with the service participants in the communal approach?
- How do you as a professional social worker work with the community to include the service users in the local community?
- How do you as a professional social worker work (with interprofessional approach):
  - Employment and employers and housing
  - Society
  - Garda
  - Neighbourhood

- How do the structures of the organization impact the service participants?

- How do the interprofessional approach help improve the service participants' life?

<u>Rounding questions</u>

- What do you think about the future for homelessness and social (care) work?
- Is there any advice you want to give to new social workers?
- Is there anything you would like to add?

- · How did you find this interview?
- · Please give details or any further comments you wish to make

Thank you so much for joining our project work and asking for an interview! Thanks for the help!

Preparations before doing the interview:

How does the interviewee seem? Is the person relaxed or does it look nervous and uncomfortable? Is the chair comfortable? Is it the first time the person is being interviewed? Does the person have anything to drink? Additional: Is there paper, fruits, snacks and/or napkins available? How is the temperature in the room? Is it warm or cold? Is there sun on the screen so that the interviewee does not see interviews? How is the sound? Does the interviewee hear well and is it satisfactorily what is being said? How is the understanding? Are there other disturbances, like language barriers, building structures, noise in the house? Does the person seem more comfortable with a direct or indirect communication style?

When "our relationship is established":

Clarify premises in the interview with the interviewee (contact with sources). Give a brief introduction of us and the project, about purpose, time calculated, approx. number of questions, break(-s) along the way, other needs / clarifications?! Ask for permission to record and about the informed consent, procedure for withdrawing the consent and any complaints should be clarified.

Check the following:

Do we have enough questions about what is relevant?

Trap: Too long and extensive (fact check). Think about organization. Open question. Storytelling. Reflect loudly. Not so many follow-up questions. Start with an open question. Focused on what is the theme.

Invite the interviewee to talk: "Can you tell…I"?
During the conversation: Is it perceived as a natural conversation with a natural flow? Does it feel natural for the interviewee to express their honest opinion / feelings and / or opinions / perceptions or is it artificial or made, a little different way to make interviews?

Use themes and words instead of very specific wording. Let the interviewee instead express and use specific words and definitions. Try to use these words instead during the interview. While this is going on, is it possible for the other student to help the interviewer to write down these words (for example on a blackboard?)?

Uncheck themes during the interview. If the interviewee mentions a specific topic earlier, there is no need to ask again. Watch the time! Only approximately one hour, even if some like to continue to talk for hours. It can function as their respite in everyday life. Respect their time!

Transition to next topic: "Now we are done with this topic, short summary and move on to the next topic".

After some interview sessions, we will gain experience with the actual conduct of the interviews, topics, and questions that we will go through. With the themes we have chosen, we will be able to focus on the information from the interviewee and that it is based on their experience. We will during the interviews ask further for both their opinions and experiences. How can we distinguish these in the data material afterwards? Subjective perceptions and professional opinions?

During the actual interview situation, we will have an active listening approach to the interviewee and ask "open-ended" questions that will offer and invite the interviewee to tell more and elaborate the topic. For example: "It was interesting, can you tell me more about it?" and "Can you give an example of that?". Best practice and exhaustive questioning mean that when we are finished with the first theme, we move on to the next theme. It is also easier to talk about the themes / topics, when we know / understand what is going on. Curious questioning: "Why are they behaving this way? 'and "Why are they drinking?"

To the analysis: Can we see any change in attitude over time?

- How can we "measure" it? What signs/questions to ask?
- Is there something the social worker is being aware of?

Categories from MAXQDA 2020

Introduction:

Before asking questions in accordance with the questionnaire to cover the topics of the different approaches to the theme and interview guide, we asked questions about their background and work at Cork Simon Community:

Would you like to give, like a short instruction about yourself and the work you do?

Mainly I work in high-support housing. That means that we are working with a limited number of residents with complex needs. Which include alcohol and drug addictions, mental health problems, physical health problems etc. (…) We do a lot of ground works with the residents. (…) Basically, we have three shifts a week. So basically, we're on call during the night and we're working full day, from none to nine (AM: 9-9) next morning. We sleep between twelve and eight (PM 12:00 - AM 8:00) in the morning. But that's called "On call". So basically, if and required. You sleep through. If something happens, then you must get up and do whatever needs to be done. Most of the time you would sleep. But sometimes you would have to get up and deal with situations as they arise. (…) they would get up and fall for example and wouldn't be able to get up themselves (…) They need help to be helped back to bed (S5).

Can you describe a typical day at work?

*There's no two days the same her*e (S3).

We are probably the first face out service users sees every morning. And we are the last face they see. So, I suppose it is very, very… You must be optimistic and energetic, and I suppose. A bit confident in the morning, because if you start of in the wrong way, you can set the service users off. Your approach is everything (S3).

I always use trauma informed care. (…) You make sure that their priorities, their needs, their complex needs, are your priority for the day. You're there to build them up. And to keep them up. And to keep them right. As much as you can for the day. Encourage. Encouragement and support. And I suppose, like, like… Management is everything. (…) the main thing is that we are here as carers (S3).

I do a lot of my own self-care (…) you're coming in and you're fresh (S3).

You would follow through their appointments (…) There is a list of areas which needs to be checked through the day. At the end of the evening, we make sure that every resident s in bed (…) Because a lot of medication is restrict prescribed medication, which we have the duty of signing for it, and making sure that it is taken (S5).

You can plan whatever you want, but then you need to put everything aside (S5).

Individual approach:

How do you work with the individuals, the service participants? / How do you work with the residents or the service users on the individual level? How do you approach them? How do you engage, to build trust with them?

What we look at initial when they come to the house is their health issues (…) We kind of break it down and see: Do they need to, I suppose, link in with their doctor (…) be referred to anything that is concerned about their health? And so we break it down. Health would be the first thing. (…) And then I suppose look at their: Have they an addiction or do they have mental health issues? (…) we break it down (…) harm reduction (S1).

There's no point of me telling them what to do. It just doesn't work. So… They have to want it (S1).

(…) their family and if they got family to support and friends to support. Because if they support, it makes it easier and it will encourage. (…) Because it helps to motivate them if they have family, friends or whatever and they could maybe get back to live a normal life again (S1).

I'll be fair and transparent with them. I don't tell them stuff that have no notion of doing with all that. (…) This is what we can offer. We cannot offer any more (…) We can help and support, but we can't change their lives for them. They must do that themselves (S1).

In time maybe, if they trust me. We might go out of the house and maybe go for a cup of tea or coffee as well (S1).

With some residents it is easier than with another. We're all people and some people are building the bridges and their getting very (…) open to you, straight away. Other people could be (…) up to a couple of years before you really build trust. And some people would open even after five or six (5-6) years (S5).

The service user him-self can become very dependent quickly, even though we as professionals know that and not allowing it to happen to the best of our ability can be very challenging (S2).

First, what we do is provide the basic needs first, first just having a roof over his head and improving stability, feeling safe (S2).

Individuals come in here and they are caught up in his addiction issue and often he is stuck, he lives the life on the street where priority is life. In a way that all the simple issues he needs help with are secondary (S2).

We work with individuals with drug use in order to improve his resilience and the ability to recover on an individual level (S2).

At this stage we know all the service users (S3).

(…) they are not homeless. This is not a homeless hostel. This is their home. Most important: This is their home and they have loads of supports. (…) They have ample amounts of supports there. (…) That their individuality, when in the community, is as equal as the person. That they are equal to any other member of the community and their entitlement as a person, as an individual. That they're not outside of the community. That they are members of the community. No matter what struggles they face. There are support there to help them work with the struggles and to push them. That they are not left there. (…) That they are not left outside. That they are not isolated. You know what I mean? To basically just take, to get them back in and rebuild them (S3).

They have to decide, that they want to change something in their life. And we're here to provide help to make this change happen (…) As our work is based on person centred approach. So, like they decide what they need to do (S5).

Focusing on the person. Giving them a space to be heard on. I'm a big empathy. You know, I am a big believer in empathy. And active listening. And… You know. Just kind of… Having a warm kind environment (S4).

They face a lot of stigma. They face a lot of whatever in the past trauma. You have to be really aware that you're the person living in their house. So ,I believe in a very warm kind, non-judgemental (S4).

I have a relaxed approach. I probably should be the other way. (…) I believe in that a huge part of our job is to create a positive atmosphere at the high-support. (…) Especially for people who may not be moving on. And this is their home. So why not make it a nice positive home? With respect for them (S4).

(…) that you focus on the strengths. (…) Strengts and then like… Say as an example: Say one of the residents are once state they are interested in in an area were as the obvious one, is art. They have no confidence and then (…) Pulling out strengths in the person can really help motivate them to go (S4).

(…) Pretending or making up something positive. Actually, seeing something positive. And pulling that out and letting them see it. And I really think that can (…) To appraisal can really help the person. (…) Motivate them to do other things, is giving some self-belief (S4).

Is it there specific activities that you do with the residents? / Do you have specific activities that you do?

Pre covid we used to have a lot of activities. (…) We have volunteers: They come, and they go with resident with coffee or they do cooking. They do bingo. (…) We make jigsaws. But before covid we had barbeques, pizza nights, team nights, tanning night. (…) I used to do a lot of team nights here. (…) We used to have a hairdresser coming in. (…) We'd have a karaoke day here. (..) We'd have mocktails (*non-alcoholic drinks*) here. We'd have cooking. So, we used to have lot of going on pre (S3).

(…) there is a lot of internal politics in residential settings. (…) They follow each other. They are friends with each other. (…) They don't talk with each other. The next day they are great again and (…) I am trying to get that level balanced. So that you can bring them on to the table. Back to this (…) Inclusion's a big thing. (…) And they're not excluded (S3).

I suppose their wellbeing is bigger than er any community or any organisation. Because that's more important (S3).

You will not get away with coming into this job and do nothing. (…) Because it will demoralise you. It will break you down and then will just… It's not good for your own personal health. (…) You have to want to be in this job. You want to work in this job. And you… As carers and helpers. You are also going to do more. But you also want to be with the service user which encourage them (S3).

We are working everyday with residents; we just informally communicate them every day. (…) In different locations, in different situations. But start from the morning until the evening. As they said, as… In the morning you're cooking breakfast. So, you're interacting with somebody. (…) You are interacting with people (…) That's how you get to know them (S5).

Since covid. That has dropped massively. (…) And that impact our activities a lot. But it's starting to pick up now again (S4).

Baking. (…) Or things like that. Very household. (…) If all come out. It's it's more having a chat. Really. In the house. And if not. It's more activities. I used to always do a lot of parties in the house. (…) We'd do caraoke. Kind of that entertainment things, exciting things (S4).

The kind of activity within the house. Is kind of… Think *** All time like that. But to me. The main activity is just being there for (…) the conversation. (…) The daily stuff. (…) . I mean like anything that that is helping them and supporting them and, in a way, empowering them (S4).

Goals are part of the care plan. (…) Which are developed by the key worker in Simon. Again, in more formal. But, at same time informal (…) They all have to come from a resident. (…) We can't tell person what to do. They have to decide, that they want to change something in their life. And we're here to provide help to make this change happen (S5).

Is there any challenges that you encounter? / Do you encounter any challenges in this work?

Maybe if they feel like this is more the same from the shelter. They feel treated the same way as if they where are at the shelter. The shelter, they treat everyone a fair as they can (S1).

They will relax a bit after a while and after a while. And then when they get to know us. And that we are usually a smaller team here that helps to. You know? So that fades out after a while usually (S1).

So, you can be exhausted sometimes. And you can't be the same positive person that you… You know at nine o'clock at night, that you might be in at nine o'clock in the morning. You know that kind of (S4).

(…) sometimes you must be very careful how you impact the residents, with your personal mood (…) You know what I mean? Because you're here all the time having influence. Even if you know you're tired, whatever. You can seriously impact. Then. If you're in a bad mood and you say: "Oh! You're not listening!" Or whatever. So. That can affect people. You're still on the job. Whether it's nine o'clock in the morning or eleven o'clock at night (S4).

(…) there's people that, that may be here and service users, that you just clash with (S4).

And you feel a little bit like "What's the point"? You know. There's only so much motivation that can make you going. Where as your just not gonna go. (…) How many times can you ask somebody to do training or to… you know. Have a shower or whatever. And they're just… Sometimes people just make up their mind. It doesn't matter what you say to them or what you do. There is nothing to do with it. You know that kind of feeling? (S4).

Sometimes it takes a lifetime to, to achieve some, some kind of larger goals. (…) The interest (unsure about the right spelling of the word) of Simon is to accept people as they are (…) Even if you think that those goals are not good for the person. Still kind of (…) …have to. Maybe through the years with all. It could be something different. But you can't really decide for the person, what's good for him and what is good for her. (…) That's their life and that's their decisions. (…) . They're grown ups. And adults they will say… They make their decisions and they face the consequences as we all are (…)We kind of accept people as they are, but the same time we try to encourage them in all, you know, possible ways. To follow kind of the minimal (S5).

most of the time it's very difficult (…) Majority of people have mental health issues. That resolve in severe depression. A lot of people are struggling with simple tasks like getting up on, in time for to go for appointments (S5).

Especially kind of (…) If you are on the top of that. You have alcohol or addiction problems. Then it's even worse. Because if you have a big drunken party the previous night. You had this kind of pumping. You can't get up. Or if you're confused of all local drugs. And then you're coming off during the night. Or in the morning, you're feeling very bad and that's… That's not motivation either. (…) It's very difficult to break (S5).

Group approach:

How do you approach this from a group perspective? Do you work with them as a group?

(…) a couple of movienights (…) We are trying to get activities going again. Ehm… The activities they want. (…) one of the staff) cooked a beautiful cheesecake the other day with help from some of the residents (…) baking classes, movie nights and hopefully going forward, we will have some more of this (…) few of them are going to the gardening classes again. (…) trying to get more things going inside the house (S1).

We support them emotionally and physically; we support them in a practical way as well (S2).

Our role is supporting them and providing that opportunity and a positive environment (S2).

Basically, what we do or what we try to do is offer people security, when someone is homeless because their own issues, such as health addictions, are socially isolated (S2).

We must be very careful, you have to be slow not to make a mistake, if you implement it too fast then they won't be able to learn enough skills to be integrated into the society, response to the challenges (S2).

How do you start a group activity? / How do you get them to get involved?

(…) speak to them individual first. And see where their interested is (S1).

You can tell straight away whether lads here are motivated or not (…) And if they are. (…) You tap into stair and say: Listen! Do you want to meet me and somebody else about this activity? Meet me on such a time maybe or. You know try and follow up there and then if you can, because if there is a bit of time it gives them an excuse to back out. But. (…) "If the immediate response can be necessary (…) You will see by them how motivated they are or not (S1).

(…) individual things, I would be more kind of like using the strength-based motivation interviewing (…) For the group (…) I make it fun. I would make it a

fun thing. Something they would want to do. Trying to get that kind of atmosphere (S4).

Trying to get that kind of atmosphere. Get people going about it (S4).

People are more interesting and tend to engage more. Rather than just bringing up "We're meeting up tomorrow". (…) Just slowly engage them (S4).

How do you encourage them? Or motivate them if they're like… "We're not sure if you want to or not"?

Then I give them. (…) cake money. Bribe them (…) There is many ways, and it depends on the situation. I suppose. What is the group activity as well (S4).

There are several ways. Number one is there are residents' meetings which are organised monthly. We asked residents what they want to. Another way is centrally organised in distributed group. In Simon prints out their plans every week. So on weekly bulletin which is kind of coming (…) we put the posters on the doors and let you know on the windows here inside the house so they couldn't really and then there is emails coming from activities team (S5).

Can you tell about any activities that you do with the service users as a group? / Do you have some group activities, that you do?

Again, pre covid (…) We went to *Name of a place* (*anonymized*). I'd take six or seven of them. But we would have full fight in the car.. (…) We've done beach trips. (…) We've been three or four residents to employment and training. Just three residents this morning have gone off to art class (S3).

Cooking classes. They are all done in group settings. Who are done wearing masks, six people in a group (S3).

Get activities based on their interests, but also maybe they get introduction into new activities that maybe they didn't think about before (S5).

In employment and training. It's kind of the department that they kicked back off. So. You know. The group activities is kind of a lot of the time. It comes from the employment and training. Like. The singing class we have here on Fridays. Which is a huge part of the station (S4).

Other group activities. You know. Again, inform at kitchen table. Having dinner. And four or five people having a chat. That type of things. And. As a regular thing, that we regularly do (S4).

With covid and all that. Its. I now. It's like an… I mean. We are trying to speed it up a bit. So, they get a little bit back to normal life again (S4).

We used to have. But as you know, in the last two years during the covid time (…). There's been serious restrictions everywhere. (…) So most of the group activities, were gone. (…) And we only restarted them in the recent month or two (…) But still… A lot of stuff is restricted (S5).

(…) Generally, we would have eh… one weekly activity. Well, before even two, two weekly activities would be in-house activities (S5).

Usually Friday afternoons. So, where they come, and they learn and singing different songs and record them and (…) At times they were even preparing them for concerts (…) For some part of the community (S5)

When you make the groups, you will make it according to their interests?

Yeah. You always set an agenda and a care plan (S3).

Is there any benefits from working with residents as a group? / Is there any benefits from working with the group?

Well of course it would like. You'd be hoping that their relationships improve. (…) "They'd understand each other a bit better and maybe themselves. Coming to work here and for them living here and for them to understand each other and to have a better relationship ultimately (S1).

When they leave. They do seem so much happier. And they are not only happy. There's a sense of joining something (S4).

You can notice that kind of confidence in their speech and this sense of friendship between them, that seems a bit deeper. (…) They seem to enjoy it (S4).

They are interacting with each other. (…) On the day trips to the beach and *Name of the place* (Anonymized) and all that. (…). The atmosphere was good.

Travelling. They are talking to each other. They are engaging with each. Ah. They are talking about their lives over coffee. And about what they want to do. What you want to do the following week. And the most important: The opinions of each other. (…)They are talking during the ride. Like. They are engaging constantly. Instead of sitting in their rooms. Because if they didn't go on the trips, they would probably be sitting in their rooms. So, the main thing is to keep them out of the rooms. As much as possible. (…) I always maintain a good day, a good day at a residential house, as that we don't see our residents (S3).

They're out (…) And that's hard to get them out. Hard to get them out. (…) Whether there's out for a coffee or whatever. And a lot of them have free travel (S3).

We have five residents with disability issues now. You know what I mean? Well before. Well before. The idea of this house was… Is the progression. It is not living independently. (…) That has changed a bit now. Because the people we have now aren't capable of living independently. (…) It's changing. It's changing. I think *Name of house* (Anonymized) is going to become more of a house for the elder. (…) And disability (S3).

(…) They face a lot of stigma. They face a lot of whatever in the past trauma (S3).

It just makes you feel like you're a part of something. You know. And you're not on you own (S4).

When they are in the group there that building their social skills (…) Many people have limited family ties. (…) Talk to other people improving and building up social skills and it's more enjoyable than staying in your room on your own (S5).

Is there any challenges? / Do you think that there is any challenges with working with people in a group?

If three or four people are not in a stable place with their mental health. The activity isn't going to work (S1)

There can be because personality clashes (…) For example, sometimes we have meetings. And someone just comes in. And you know. Causes trouble. A kind of a bit obnoxious with the others (S4).

Sometimes it's that people are bored. How to make it, (so) that the group activity is more interesting? (…) Getting people to participate in their own group activity (…) coming up with what they want. Rather than staff doing it (S4).

Individually, you can put on your comprehensive initial assessment. And work with to their needs, their plans and put top individual plans to them. As a group t's harder, because you have to bring the group all under one level (S3).

You have to get them all to comply to each other (…) Group settings can be very difficult. Because people don't want to speak up against. They say something wrong. Or they are afraid in case somebody thinks this of them (…) You're obviously always under group pressure in a group setting. Because you know that there is people around you, that is going to judge you or have opinion about you. (…) To get them to engage with each other is a huge achievement (S3).

Challenge is motivation. Most people agree to go somewhere (…) When it comes to this the day they're not in mood or in the in bed (…) of the condition or not really well (…) That's that falls through (S5).

People have different approaches. People have different likes and dislikes. For example, we could find people who hate each other and that changes their dynamic (S5).

How do you see that the group activities improve the lives of the residents?

Well, if it could make them feel confident. If they succeed. And feel a sense of achievement. It would their self-esteem, sense of confidence and build up their trust. Help them to understand each other. Maybe have a bit more empathy as a result of understanding each other. And getting to know each other a little bit better means they understand each other a bit better and it would hopefully lead to a more united and feeling of togetherness with the residents here. And that maybe bring a boat a bit more peace and harmony in the house, that means they can all live, you know, better healthier, well-balanced lifestyles and encourage each other and support each other. And it gets them to feel better about themselves, because if they can support other people, they are obviously in a good place (S1).

Being part of something outside themselves (...) They are social. (...) It's kind of normalising thing. As well, as you know... being part of a group. (...). You are homeless and you are kind of more isolated as a human being (S4).

<u>Is there any group activities that you can see that specifically improve their lives?</u>

Our team nights. (...) When we do Italians nights. When we do homemade pizza. (...) We might do bruschetta's. Because they're eating. They are getting in good fresh ingredients (S3).

Laughter is the main thing (S3).

If they come and don't eat, that's fine. But they come and have the crack around the table. Or they might say that the food is not nice. Or they might not like food, or they dislike the food. But like. (...) I suppose any progression of anyone getting involved in a group setting, is ending inclusion. So, it's good. (...) It is positive (...) now got their confidence to come and sit and engage with you (S3).

You're opening up a room for them. It's a safe space for them. And they have thought about it all day: I am not going. I am going. And then when they get there, you know that you don't have to. It's up to you then to keep them entertained and make sure that they enjoy. And next week they will come back again (S3).

They won't travel outside. That's very hard to, very hard to get them to go outside (S3).

Local communal approach:

How do you work with the residents in the communal approach? / How do you work with the service users in the communal setting, with the community?

Well, I suppose we should be having more (…) Residents meetings. Residents and staff meetings together (S1).

I suppose the main way to work with residents in communal setting really is communication again. It's having meetings individual with them and what your expectations are of them, from the minute they come in the door (…) Having that leasing agreement. The rule. What we expect of them. What's reasonable to expect of them. And I suppose, how we expect them to respect each other and respect us (…) we are respecting each others personal space when in the communal areas and even down to practical things and they have their own food, that they respect that about each other aswell. That they leave their own stuff there (S1).

We would invite people from the community in. It's a good community. Integration type of thing. Coffee mornings are great (S4).

People in the community with common pay (*will come and pay?*), donates to Cork Simon. (…) Then the residents and the neighbours will mix (S4).

Organise Christmas party for example or some summer inspirate invite residents of neighbouring houses to come and visit (S5).

Well. I suppose. As residents live in this house. They are more than welcome to engage into any community activity (…) They are more than welcome to engage within any activity within the community. And to be fair. They are more than welcome to, because the community we are settled in where set in a community setting. This house is set in a community setting (S3).

And the residents here are very, very supportive… of Cork Simon. And the second thing is: We actually know our boundaries with the residents. We engage with our residents. We speak to them. We clean up the area. We do patrols of the area. Ehm. If there's issues with residents, we sit down with the residents. We have Christmas mass with the residents. Ehm. Residents are very supportive. They"ve come they give donations. They invite service users. If they see a service user outside, they come and inform us. If not, they'll bring them home (S3).

Our service users know there's no substance abuse on. And they are intitled to know any activity within the community (S3).

The only time the residents are involved, is if they are highly intoxicated. There.. They have lots of substance into them. But do they engage very rare. Very, very rarely (S3).

How can you work with community to include the participant in the local community? / Do you work together with the community to support the client?

I suppose like ideally it's involving them in local maybe community groups (…) (S1)

(…) neighborhood watch group or if there is a local neighborhood gardening group. You know what that is. If they try to tidy up the area. (…) Maybe getting residents involved in that (…) womens group (…) encouraging that and maybe staff going with them for the first couple of meetings. And seeing if they would go themselves after that. (…) it's just small steps (…) But getting them envolved in the local community. And even literally going to the local coffee shop for a coffee and having a chat with the staff there. Those kind of things (S1).

Bringing a resident to them encourage them to go with them and hopefully they will make their own acquaintances that way. We go with them for the first few times (S1).

The government I suppose they do help fund organizations like Simon, they also fund certain intervention service treatment, service revolves around drugs and alcohol (S2).

The government can be accused in that point of view by not providing enough finance to allow service to operate at the level that it needs to (S2).

The government's response to the lobbies and what groups are pushing for what regulations. So, if you have numbers to put pressure on the government then you get a response, if you don't then it won't be a priority (S2).

I also think they recognize that the gentlemen are elderly so there was no judgment in this matter. It's also not unusual for people to come and knock on the door and say, "one of your clients' needs help". Also, it's not unusual for people to come up to the door and bring food and service to the facility. So, we are lucky that this community is very supportive (S2).

From another perspective, the community has a basic understanding of homelessness, they do not stigmatize our job and facilities, so it's easy to implement communal help in this matter (S2).

A lot of local community, they would know the house and they would come and donate different you know his items (S5).

Other group activities in high-support which you're setting up. Like communal living?

Well. I mean. A lot of the time, we have Christmas things or other arrangements. A lot of the time it's interesting. Even the residents that you would think, would not be very interested in getting out of their rooms. They don't want to. You know, they go to their room and you might only get a quarter to half of the residents, that would want to participate in a group. (…) They choose not to. (…) We could have a night and have the thirteen residents, to make maybe three or four (*to participate*) (S4).

The thing I do here is… Personally. Is setting up meetings every couple of months (S4).

Once the resident start. (…) Six or seven can be going out and… But it's only every few months (S4).

It's really nice watching. They really enjoy it. (…) It's that feeling when everybody is sitting around discussing things that are happening with them. (…) I just think, we should put more energy into it (S4).

How do you work with your community to make them include the service users?

That's easy. (…) Because they're not excluded. This is because the service users choose not to. It's the service users complete and utter choice. They have never been excluded from any community activity ever (S3).

The council has changed the setting of this house. So basically, everybody that comes here now, they stay here. (…) They don't move on to independent living anymore. (…) People are now being moved here now, are coming at a very later

stage of their life. What they need is constant help. And they are not capable living on their own (S3).

My official. My goal. Come to this job and four years was the idea of progression and independent living. (…) That's what I want. I want to set goals for the service users. To enable them to live independently. Now it's getting more and more like a nursing home. Because I don't see any progression. I don't work with progression. I've always worked with moving on and into progression and setting my goals, as well as service users goals and meeting and getting to meet those achievements (S3).

(…) build up more family (…) relationships. Get them back on board. Get them independent living (…) Build you up. Give it the tools you'll need. (…) And then offer a wraparound support system. Where you'll have external counsellors. You know. External social workers. You'll have external education. (…) Originally, It kind of prepared the service users for the life outside and to be living independently (…) we have to supply a wraparound service around the service user coming from the streets (S3).

We interact with all the agencies. (…) We engage with everyone in the area. (…) We engage with every service that's available out there. Because as our job is our residents is entitled to be engaged with every service available to them. (…) You are constantly engaged with every service in this country (S3).

That's a difficult one, because in the local community here (…) As I said. Going back again to the meeting, the coffee mornings (…) That would be the main thing. Well, I mean. To the service users, we would not. We would bring them on day trips. Except bring them. You know. Into cinema. I mean. We don't integrate them into. You know? Specifically, into a community group. That is somethings that would go through, usually employment and training (S4).

If anybody has any grievance or any complaints, they come and they do their complaints. (…) Example somebody was drunk, and they fell on their doorstep. So they would call us: You have to get home (…) There is good reaction to all the complaints. Well, when you deal with these complaints any good way, you're also building a good relationship (…) Sometimes people would just pick up some and bring him home, if they kind of find it hard to get home. You know some people would have memory issues. They would last for ages clear in order just come get because they feel drunk or whatever like (…) I guess that in a way the local community are helping to look after that way (…) So I guess maybe could that

make the residents feel that there in a way included in the communities because there also looked after (S5).

Interprofessional approach

How do you work with employment and housing?

We refer them as quickly as possible for employment and training, apartment (S1).

There are different teams within Simon who deal with those issues (S5).

Do you work also with, with housing? I mean more permanent housing for the residents?

No. There's another area in Cork Simon. (…) If they want a permanent house or if they want to get a job or if they want to take an education that (…) That we would in a way recommend them to (…) And help them (…) It is the key worker and (…) the different departments. (…) We would encourage them. /…) We would talk to *Name of person* (anonymized) the key worker. *She or he* (anonymized) would then talk to somebody in housing first about the availability. They would then go through the City Council. You know the full set (S4).

Unfortunately, because of the housing situation (…) That's not an immediate thing. The housing, education (…) I would often (…) suggest courses for people and then you follow that through for them. (…) Whatever, it may be or training or whatever. Things like that. (…) That would be part of our job (S4).

How do you work with the garda?

(…) To come up to the house. To come up to even half an hour to say hello to the residents and ourselves (…) they are community guards, so it's their kind of job to get involved and to know about residents. You know living in the community and all that (S1).

Then they might get envolved at a community level with them. (…) Peoples confidence ways. They do feel a bit, maybe conspicuris arriving or a bit treathend… You know? It takes a while for them to get comfortable in a setting like that". (…) It takes a feel part of the community. It gives them back a sense of confidence and belief in themselves and they are entitled to be in this group, and they should be. Ans they should have a say It helps. Inevitable helps them to feel better about themselves. That they belong to a group and they belong to the area and they belong to a part of the community and that they have a sense of achievement because they are participators and they are equal to other people in that group (…) They feel better about themselves straight away (…) Sence of achievement aswell and proud (…) A sence of dignity and that they're being listened to and being respected by other people (…) To be involved and to feel that they're included (…) They're equal to other people (S1).

If anything goes down, we're kind of instructed. Anything violent or dangerous or out of our control. We are instructed to ring the gards immediately. And most of the time they would come straight away. (…) they are suicidal. We would ring the guards immediately (…) We have that kind of backup if something like that happens (S4).

How do you think the structures of the organization, like the Cork Simon Community, how it impacts the residents?

I would say the structure… Is not very encouraging. For… How will I say this in a right way? I have an issue with the structure of… say the guy that came out of the shelter today? He's been in our houses about five times and lost his place about five times and he has come back to the shelter four times say. (…) And that really is not going to help him feel good about himself. Because he probably feels like a failure. And it probably compounds his sense of failure. It probably makes it worse and worse each time. (…) And it's not that I have an issue with Cork Simons' Structure (…) he get aggressive and goes out in the neighbourhood, then the neighborhood will complain and then he has to leave. (…) His self-confidence is eroded and he almost expects to fail when he comes in the door. (…) we have structures in place for people to go, but (…) I just feel there is no place where meets his needs here now. Or there is nowhere that can work for him now. (…) I kind of feel like we don't have any alternative place for him. (…) I blame external

structures that he has ended up as he has ended up, because there is nowhere else (S1).

The counselling here is gone. And there was no counselling here for here. So, like. It is a big loss too. At the moment there is a lack of counselling for the residents. Which we've been waiting for a long time to get somebody in to replace the counselling that was here. So that's frustration on our structure. That is something that I would criticise that we haven't had a counselling available for å long time (S1).

Some people would not be happy with having a homeless house down here, in this area Because it's more of the posher areas. Most people are hundred percent amazing in the neighbourhood. You do have a couple of people that do not like having people walking drunk past their house. So, we do get complaints (…) We would be very, very, very, polite, honest (…) and talk to them and try and reassure them. And then we would set… pass them on to *Name of place in town* (anonymized), the main office. If it's a serious thing. (…) There is people that would do the same as *Name of the high-support house* (anonymized) and carry residents back to the house. Be really loving. You know. Really be looking after them. Kind of. If they are found by the road. They call for ambulance. It's… You know. Like. Most people are lovely, but there's some people do not like having drunk people (…) in the area (S4).

There's this sense of (…) that they embrace this, this house and what it does (S4).

When they move into high support, they're taken off the housing list. For them to get an independent house (…) makes it very difficult for those people. This is mostly high support. For some people it's forever. For other people, it is only for a few years! But it makes it difficult. Because with this housing situation present to ever move on (S4).

That the city council. It would be lot easier for people to move on, but there's all this paperwork and then… It can take years! And it should be streamlined better. (…) Why should a person in their thirties… Who once move on from high-support house…? Why should they not be still on the housing list? But they are taken off the housing list. (…) And then they have to wait five years to get back on! Because he / she (*made gender neutral*) can't get one from here (S4).

I think Cork Simon is doing okay with that. I think the big parliament. It's a lot of the mental health issue is here. That they shouldn't be in the homeless

services at all. That's the problem. You know? They should have specific major health services. But I think we're behind in health in Ireland (S4).

It's a lack of money being invested in how (…) to independent living for people with mental illness (…) They need more supports. (…) Having somebody visiting them. Like support from… That is mentally helped. Raise more community mental health nurses (S4).

Simon community as an organisation is based on the same structure, which is shared, which was kind of formulations for homeless people with HSE. Which is part of their kind of known strike government structure, as well as remove service. So, we were part of the structure and we follow their guidelines. Simon has owned its own ethos and its own transfer conditions, but those transfer conditions are included in bigger assisting in bigger system (…) We receive funds from the government. You must be responsible. How they respond spend overall structure is based on that. So, that gave you the room to manoeuvre and to help the residents or does it limit how you can help them (…) but with the kind of the consensus (S5).

How do you think that that the interprofessional work helps to improve the service to the participants?

It offers a smoother kind of service Teams are better for them that way. I be like faster.(…) Say for example: If we're linking in with someone in the mental health unit and you page in the hospital (…) They can then offer the service user a lot more kind of (…) Consistency (S4).

When a service user comes here. For example: It is so good to have some background (…) History, backgrounds, and that type of thing. The more information the different professional, dealing with the residents has (…) the more they can help them, with their profession. (S4).

Simon is interconnected with many agencies and government. Among government agencies such as a house here we agreed on lesser level, but still gather (…) We ask psychiatric nurses who visit residents. We have community last coming to see residences physical health. We have home help team, which come to help somebody else with hygiene needs in shower and so on (S5).

What do you think about the future for homelessness in Ireland?

I feel ultimately in the long run. It's going to increase. (…) But in general the issue is going to be increased for the longer term. (…) It's the fact because people can't afford to buy and the rents are crippeling. They are so expensive now (…) (S1).

I think the problem will become a bigger issue all together. Social issue over the next ten years. I have no doubt in my mind to be honest. (…) It's going to get more complex (S1).

What do you think about the future of homelessness?

We're going to hit a recession soon in this country. I think if council it's gone so bad. And I suppose the situation in this country. And things are getting more expensive, more and more debt. There is a lot more and more people in the streets. Getting them to engage with us. Is going to be difficult. But I do think our services are needed about more now (S3).

Well, I think it's going to be more positive. It's been on the media, agenda for a long time and people are now (…) And the government is like (…) It's putting a lot more founding into it (…) Into houses. If we build houses, it is a lot less of a problem. Because then Ireland. One of the main reasons is that. Houses. They are building seventy independent flats. That should be passing and that should be going ahead about two years (S4).

I think what will happen is you'll have individual flats with your own kitchen, one bedroom flat. Your own kitchen, bathroom and then you'll only have staff support calling to use it individually. There will be some people will always (…) But I think that it will probably, maybe new under mental health services. This type of full time staff care. (…) So they choose they out they communal area (S4).

We must reduce number of people who are kind of on risk of homelessness and we have to help people to go back into society (S5).

Unfortunately, now we're entering the new wave of credit crisis. World crisis now. (…) Life in Ireland becomes harder and harder. And that would affect a lot of people. I'm afraid that kind of the problem of homelessness doesn't have quick solution, because like you know, a lot of a lot of people wouldn't be able to afford housing. So they would be at risk of homelessness even kind of without complex needs. The bills are going up and house is going up. You can't pay and use your house. (…) People have other kinds of issues. Like mental health or drug dealing (…) alcohol eviction or so. That's kind of that increases their chances of become (homeless). So unfortunately, if you ask me personally, I don't see kind of quick solution for that for that problem. I wouldn't say that numbers are going down or we can make (…) Some time ago the government was very optimistic at least here in Ireland they said end homeless (..) Even if they were houses for everyone, it's not the solution. Because a lot of people like clients, because of conflicts (S5).

Unfortunately, kind of as I said our project is not (…) The model nowadays is used for those who can't live on their own. They're then moved to rented accommodation or social housing straight away. Without the need of being shelter or in connexion special house (S5).

So, you think homelessness will get worse in the future?

Yeah. (…) I think this is gonna get a lot worse. (…) As they said, the war (*in Ukraine*). The war will have a big impact. (…) The cost of living has gone up so extreme severe unbelievable (…) Cost of living has gone crazy. I think we are in for recession one hundred present as coming. (…) Price for living for living here has gone estuation (S3).

Do you have any advice for them the new social workers?

You have to advocate and be a strong advocate. (…) I feel that you have to be able to challenge and advocate and make complaints when necessary and challenge the system (S1).

I suppose the structures. The other thing, with the structure is. You know the way, the big frustration here? Residents that come to this house are knocked off the Cork, the housing list (…) They say they are well housed that they are here. But this really is a short-term house. It shouldn't be. It should be long term if

people want it. (…) They shouldn't be knocked off the housing list unless they want to be, when they come here (…) the housing policy (S1).

(…) you definitely needs your confidence and have your homework done and challenge and challenge and challenge and that's it (S1).

Is there anything else you want to add?

Our mental health. (…) Support services are terrible. (…) I mean you can only get access to psychotherapy and counselling for 50 or 60 Euros per session. And yeah! Our healthcare HSE service executive, the access to counselling in that is so limited. That people are on waiting lists for years before they get access. (…) And the lack of availability. And the lack of accessibility. Into counselling and psychotherapy. They should be free and available and it's not (S1).

Maybe enjoy being around people. So I think for me and you know there is where (*their*?). I think one thing people realizes is that they have judgement in themselves, and you are not even aware of those judgements (…) Sometimes, we can impact in a way. You can impact people in a way without you really knowing it. (S4)You need to be aware. You don't want to, to… negatively impact them inconsonantly. You have to be very careful around that. Effected and more negative kind of rather than positive. (…) aware about it. The power dynamic. (S4).

Also try to put the person first. You must try to be in their position. Let's say you're in a high support house and there is people in your house. Imagine people coming in all the time (S4).

I love the way you said the word hope. I Think that is a good word. You have to have that (S4).

Inquiry about participation as an informant in a student project

In the third year of study, the students at professional social (care) work studies at Volda University College carry out a research project in connection with the science writing of the bachelor thesis dissertation. The aim is to develop knowledge about professional practice within social (care) work. Volda University College is thus responsible for the project.

About the project:
This project aims to answer the question «How do the professional social (care) workers at Cork Simon Community help and support the service participants to become empowered citizens?" and gathers knowledge from professional social (care) workers that are employees at High-Support Houses at Cork Simon Community. The age range is 20-80 years, and only adults who can consent themselves are included. The target group for the interviews are professionals with work relevant to social work. We therefore address you because we have received a recommendation internally from the Cork Simon Community. The project gathers knowledge through interviews. The interview will take approximately 45 minutes and will be conducted online. You will have to access a computer with internet connection to be able to participate. The conversation will revolve around what experiences you have, what you experience as challenging, goals with the work and your view of motivational work with the service participants. The only thing we need to know about you, in addition to this, is your age, what education and experience you have. We ask about this in the conversation. For us to stop thinking about everything you have said, we take audio recordings of what we are talking about.

About Voluntary participation:
The participation is voluntary, and you can withdraw your consent at any time without giving us a reason. If you withdraw after the interview has been completed, all information will be anonymized. We base the right to process information about you on your consent.

If you participated:
All personal data is treated confidentially. The data will be collected and stored in Norway - and will never be handed over to another party. No one will know that it is you that has given us the information, unless you want and approve that we write who you are. If you do not approve of this, it will not be possible for others to understand what you have said when reading the thesis that we are going to write. The recording and the connection between you and what you say (a so-called "connection key") is stored in a locked archive. The project will

be completed on 30.06.2022. Then the recording will be deleted, and we are only left with the anonymized material.

Your rights:

If you can be identified in the material, you have the right to access what we have registered about it, have it corrected or deleted, receive a copy of the information, and send a complaint to personvernombudet (the Norwegian Privacy Agent) or Datatilsynet (the Norwegian Data Inspectorate) about the processing of your personal information.

NSD (the Norwegian Center for Research Data AS) has, on behalf of Volda University College, assessed that the processing of personal data in the project is in accordance with the privacy regulations. The data collection in this empirical project is in accordance with the permit granted from NSD 10/8 2021 for projects with reference code 367626.

If you have questions, or want to make use of your rights, get in touch:

- Student: Tonje Mari Dragset tonjemd@stud.hivolda.no or at 40531028.
- Teacher: Roar Stokken på roar.stokken@hivolda.no eller på 45240204.
- Personvernombud: Cecilie Røeggen på cecilie.roeggen@hivolda.no eller 70075073.
- NSD: personverntjenester@nsd.no eller telefon: 55582117.

With best regards

Roar Stokken   Tonje M. Dragset
Teacher   Student social work

Declaration of consent

I have received and understood information about the project "Homelessness from a foreign perspective - A qualitative study on professional social work with individuals experiencing homelessness in Ireland" and have had the opportunity to ask questions. I agree to:

□ to participate in an interview with audio recordings
□ that information about me has been published in a way that allows me to be identified

I agree that my information will be processed until the project ends 30.06.2022

_____ _____ _____
Date   Signature   Name in block letters

List of Abbreviations or Nomenclature

Abbreviation	Meaning glossary / explanation
cf.	it should be compared (with)
etc. (Latin: Et cetera)	and " other (things)", "so on", "the rest of such things"
GP	general practitioner, a (family) doctor (physician) who is not a specialist, but treats all illnesses
HSE	Health Service Executive: an Irish governmental organization financed through the tax bill, responsible for providing public health and social (care) services to everyone living in Ireland
SP	Service participant; (service) user, client (agreement), resident (member), patient (authority)