Santé Mentale et Exclusion Sociale
Mental Health and Social Exclusion

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

Person First: Key Lessons and Recommendations

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Background

Person First is an Erasmus+ project coordinated by SMES Europa (a network of organisations specialising in mental health services for homeless people) with partner organisations from 9 countries (including staff from homeless services and scientific support from HIVA-KU Leuven). The project's goal is to design strategies and good practices to improve homeless people's access to services and better match these services to their needs - especially regarding mental health.

In addition to conducting an exploratory survey at some 60 facilities, the project organised four study visits to the cities Riga, Ljubljana, Helsinki and Athens, alongside thematic webinars aimed at a broader audience. An extensive report, scheduled for release in June 2024, will serve as educational material for professional training programmes[1].

The label 'Person First' obviously refers to Housing First approach, which currently features at the top of the policy agenda concerning homelessness. Person First aims to supplement and enrich - rather than challenge – the successful Housing First approach.

This note recapitulates the key lessons from the Person First project and their implications for policy and practice, from the European to the local level. Special attention is also devoted to the role of vocational education and training.

Key lessons

As the two sketches in boxes illustrate, the average homeless person does not exist: the homeless population is extremely diverse. It includes marginalised poor people, (undocumented) migrants, ex-offenders, women escaping violence, individuals struggling with substance abuse, young people with mental health problems, psychiatric patients, and more. This diversity necessitates a flexible and comprehensive range of services, operating in networks and/or under the umbrella of large organisations.

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

1 Eveline Teppers, Ides Nicaise, Nana Mertens & Luigi Leonori (eds., 2024), Person First: Towards Person-centered and Integrated Services for Homeless People, KU Leuven – HIVA / SMES Europa (forthcoming)

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Four girls and two boys aged between 19 and 27 with mental health issues (mostly victims of sexual abuse) live together in a 'family-like' housing group for young people, in a residential area of a small city. They are supervised by a social worker and a mentor who work in shifts from early morning until late evening. Each of the youngsters has a personalised plan tailored to their goals (e.g. pursuing higher education or finding work) and the duration of stay is limited in principle to 18 months. During the day, they can go to a day centre or do voluntary work. They collaborate on household tasks such as shopping, cooking, and cleaning, fostering a sense of shared responsibility and community.

Yet, there are some commonalities between the users of emergency services, which are reflected in a four-dimensional model, as reflected in Figure 1 below. Most homeless people have needs in the realm of (a) social assistance, (b) physical and mental healthcare, (c) housing and (d) rehabilitation into work and active citizenship. Services relating to these four 'pillars' need to be integrated as far as possible at the local level. The Person First model also involves a strong emphasis on a person-centred approach prioritizing the voices of homeless individuals, tailoring services to their specific needs and nurturing their active participation.

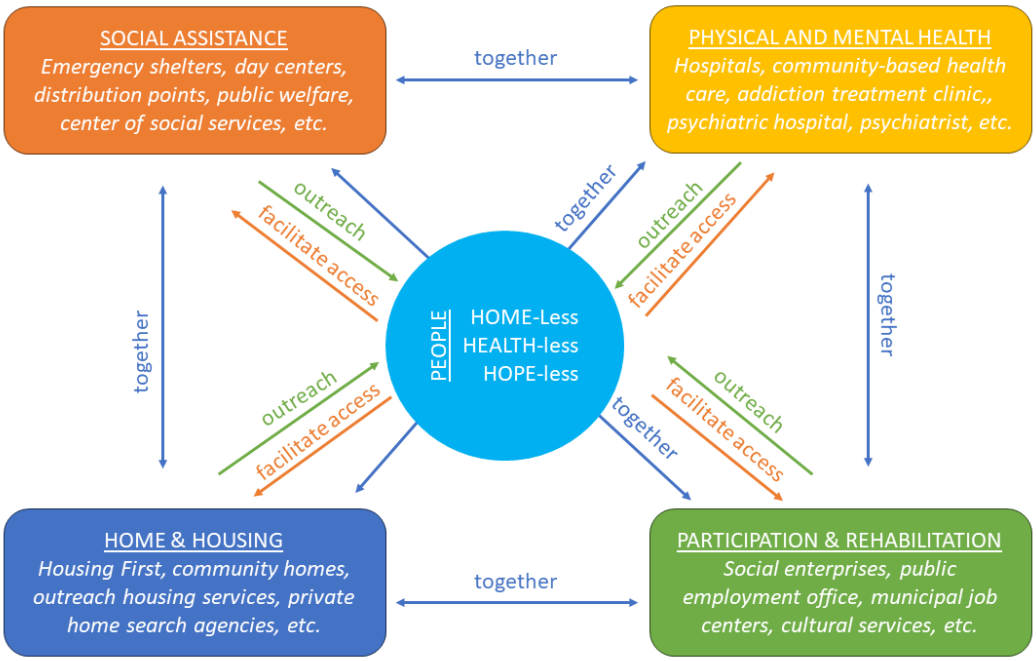

Figure 1 The four pillars of an integrated service approach

Emergency services and social assistance

- Although the traditional 'pathway (or ladder) model' (from emergency shelter via transitional housing and rehabilitation towards permanent independent housing) has proven ineffective, in our view, the need for homeless shelters remains apparent. The point is that emergency services need to *move away from large-scale, one-size-fits-all accommodation with large dormitories to small-scale housing groups tailored to the needs of diverse groups*. The shelter of the 21st century should ideally operate 24/7 and extend beyond basic material (bed-bath-bread) support: it will be better staffed, with multidisciplinary teams, and focus more on a welcoming and listening, person-centered climate with individual action plans and personal counselors. Structural links with the other 'pillars' (healthcare, housing and rehabilitation) are essential for the effectiveness of this approach and will be reflected in the personal action plans. The duration of stay will be 'as long as necessary but as short as possible'. Whenever possible, reconnecting with the resident's own family and/or community will be prioritized; if not, integration into the community surrounding the shelter can be seen as a viable alternative.
- Far too often, the dead-end pathways of homeless people are the result of *structural deficiencies in social policies*. We have encountered situations where the guaranteed minimum income was too low and simply did not allow recipients to rent even a social apartment; or where no places in elderly homes or homes for disabled people were available, forcing them into permanent homelessness. The glaring lack of affordable housing keeps many trapped in homelessness.
- Many *obstacles in the access* to shelters were identified both in our survey and during study visits: lack of accommodation, exclusion rules (no couples, no children, no pets, zero tolerance on alcohol, no applicants from other municipalities, no undocumented migrants, ...), financial thresholds, insecurity, tensions between residents, and noise within shelters. Such obstacles can be removed through legal standards for quality and accessibility or through self-regulation by local networks. Local authorities should watch over the adequacy of reception capacity and invest in supplementary services if necessary. Furthermore, financial support from higher levels of government should be provided in exchange for local authorities' commitment to accept applicants from other municipalities or regions.

Physical and mental healthcare

- Although mainstream healthcare may theoretically be accessible to homeless people, its institutional rigidity creates obstacles. *NGOs such as Doctors Without Borders (DWB), Doctors of the World (DOW), and in Belgium Infirmiers de Rue* (Street Nurses) are much more effective due to their outreaching activities and the integrated services they offer. For example, Doctors of the World operates shelters in Athens; Infirmiers de Rue runs a pilot with modular housing units for the most marginalised. DWB and DOW are also active inside the refugee camps on the Greek Islands.
  The obstacles encountered include (a) limited insurance coverage, particularly for undocumented migrants; (b) lack of funding; (c) (sometimes) hostile attitudes of local governments and brutality of the police against migrants.
- The *mental health condition in the camps for asylum seekers* on the Greek Islands is alarming. The lack of access to care, due to shortage of care workers as well as restrictions imposed by the management of the camps, adds to the problems and stirs violence.
- *Mental health issues* are pervasive also among other target groups. In our survey, respondents estimated that approximately 60% of their users suffer from mental health problems: loneliness and anxiety, domestic violence, sexual abuse, psychiatric disorders, substance and alcohol misuse. Psychiatric hospitals signal that it is difficult to discharge their patients because many of them are homeless.
  The strong link between homelessness and mental illness is often attributable to *traumatic experiences* (loss of a relative, violence, war, etc.) which split people's minds and may even cause refusal of help, out of self-preservation. It is therefore important that all professionals working with homeless people receive basic training in trauma-informed care.
- Despite the fact that psychiatric hospitals tend to absorb the bulk of public funding, *community-based mental health care* (CMHC) has undeniable advantages in most cases: (a) services integrated into a community reduce the need for extended and expensive hospital stays, which can be traumatic themselves; (b) the continuity of daily activities in a familiar environment fosters rehabilitation; (c) whereas hospitals tend to focus exclusively on the individual, CMHC services follow a more holistic and systemic approach, involving other stakeholders and leveraging additional services (social services, sports clubs, school, etc.); (d) small units of CMHC facilitate friendships and mutual empowerment between users – sometimes even collective empowerment and advocacy, resulting in destigmatisation.
- *Addiction* remains a key challenge for service providers. Many shelters tend to use zero tolerance on alcohol and substance use, out of concern about violence against other residents and staff. This has double-edged effects, however, leading to further exclusion and marginalisation of users. In Finland, where Housing First provides privacy for active users inside their apartment, the rule is rather that dealing and violence are forbidden inside the building, while use inside one's apartment is tolerated. This tolerance does not prevent services from actively offering therapy.
- Other essential services include (a) supervised user spaces aimed at reducing harm in public spaces and minimising risks for active users; and (b) outreach units that connect with users in parks and hidden spaces, sensitising them about potential risks and alternative treatment options, offering sterile needles and medical support, and inviting them to healthy and social activities such as sports.

Housing

- Finland showcases an integrated (multilevel and inter-agency) housing policy with Housing First as a flagship in the fight against homelessness. As a result, homelessness has decreased by nearly four-fifths between 2007 and 2022. At the national level, the social housing policy is designed not only to facilitate access to decent housing for vulnerable groups but also to level off differences in rent prices between regions and cities. Urgency (homelessness in particular) is one of the key criteria for the allocation of apartments along with income and wealth criteria. In addition, ARA (the public agency in charge of funding) subsidises housing advisors who help tenants prevent disorders, conflicts and eviction.
  The actual social housing provision is outsourced to large non-profit organisations which combine housing with environmental and social goals (e.g. employment in maintenance and renovation for tenants with debt problems; dedicated units for homeless people and other vulnerable groups in collective construction projects).
- *Housing First* (HF) has been mainstreamed in Finland, to the point that precise figures about the number of its tenants are available. It is based on the insight that secure housing has an enormous impact on one's physical and mental health, social integration, employment opportunities etc. and hence, providing immediate access to permanent housing is more effective than the traditional 'pathway or ladder' approach. There is currently a broad consensus among stakeholders that HF is the way forward to ending homelessness. Note that there is no 'one-size-fits-all' HF model: many variants exist, tailored to specific target groups.
  It should be emphasized that, in addition to secure housing, HF also entails housing counseling and other services. This is the point where the other dimensions of Person First approach can enrich the HF strategy. A particular point of attention is the 'four walls syndrome', referring to the sudden experience of being 'alone' just after transitioning from a long-term street life into one's own flat, with increased risks of illness, depression, substance abuse and (in extreme cases) decease. A true 'home' combines housing security and privacy with affective connectedness: the need for re-connection with one's family and the local community is an under-estimated aspect of HF.

> The House of Fellows (HoF) created by No Fixed Abode in Helsinki was the first pilot project in 2007 based on the HF model in Finland. It was found that users of shelters were stuck in loops which exacerbated their health problems due to difficult living conditions. To address this, HoF adopted Housing First for the most vulnerable group (>18 months homeless and with acute problems), focusing on permanent housing as a more effective solution that provides security and healthy conditions, ensures rights, and enables individuals to take responsibility.
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> Despite initial resistance, neighbours noticed that the streets became quieter and more secure. Out of approximately 100 residents (2007-2023), only four had to be excluded from the Housing First project in Helsinki due to severe incidents. There were also success stories, with individuals securing flats in the open housing market.
>
> The studios, with a surface of 25m^2, include a separate bathroom, kitchenette, and living space, with a monthly rent of 900-1000 euros all-in. Residents receive a minimum income, housing allowance, and a service fee from the City of Helsinki.
>
> The HoF staff primarily consists of housing counselors, cleaning staff, a nurse and housing manager. Service integration is achieved through collaboration with local services in the neighbourhood.

Employment and social rehabilitation

- The homeless person, like every human being, aspires to active participation in society through work or other meaningful social activities. For those who are marginalised, e.g. by health constraints, re-connecting with the world of *work* may be a challenging journey. Part-time and flexible *income-generating activities* such as selling street magazines or handicrafts, or guiding 'invisible tours' can be adequate stepping stones towards more stable employment, provided that such informal activities are tolerated by the tax and social security regulations. *Social enterprises* also play a key role in providing tailored employment and serving as bridges towards regular employment. *Voluntary work* (linked with decent social protection) may be less attractive from a financial point of view but often more attractive in realising the latent functions of work (strengthening a sense of citizenship, integration into social life, self-realisation) without putting too much stress on vulnerable individuals.

  The NGO Shedia in Greece (named after 'raft people', migrants who survived shipwrecks) began by organizing non-competitive football for homeless people and gradually developed income-generating projects for the homeless as well as for the organisation.

  The projects include a street journal, a café and social restaurant, crafts workshops, and 'invisible tours' through Athens. Shedia's (self-supporting) street magazine currently provides income supplements to around 200 vendors in Athens and Thessaloniki. Shedia provides a basic (assertiveness) training, starting packs of 10 copies for free, and assigns weekly tours to ensure equal selling opportunities to all vendors. For those selling magazine on a full-time basis, Shedia pays sickness insurance and pension contributions.

  - The exploration of various types of formal employment or voluntary work that valorises the own lived experience of (former) homeless people has been one of the most interesting aspects of the Person First project. We discovered many forms of *peer work* (mainly in the 'frontline' of organisations) or *peer mentoring* (personal guidance of peers). Experts by experience are those who combine their personal experience with a formal or on-the-job training and have specialised in a particular field (such as drug use, housing policy or mental healthcare). They do invaluable work as professionals in fieldwork (e.g. in outreach teams) as experts in advisory boards or in project management teams.
- In organisations such as No Fixed Abode (Helsinki), SOMOS (Lisbon), or the Joint Homeless Front (Belgium), advocacy based on the self-expression of people with a lived experience is embedded in the DNA of the organisation. Joint training sessions between workers with and without personal experience of homelessness is an additional guarantee for the 'representativeness' of their advocacy work.

Recommendations

At the European Level

- **Further elaboration of the EPOCH strategy**: Significant progress has been achieved at EU level over the past decade, and particularly since the adoption of the European Pillar of Social Rights (EPSR) in 2017. Principle 19 of the EPSR stresses *the right to social housing or housing assistance of good quality for those in need, the right to appropriate assistance and protection against forced eviction for vulnerable people and adequate shelter and services for people experiencing homelessness*. The European Platform on Combating Homelessness (EPOCH) was created by the European Commission in the context of its Action Plan for the implementation of the EPSR. It has been designed as an open, multi-level and multi-stakeholder platform with the collaboration of member states, regions and local authorities as well as non-state actors. EPOCH defines 'ending homelessness in the EU by 2030' as its key ambition, elaborated in five objectives: *"(a) no one sleeps rough for lack of accessible, safe and appropriate emergency accommodation; (b) no one lives in emergency or transitional accommodation longer than is required for successful move-on to a permanent housing solution; (c) no one is discharged from any institution (e.g. prison, hospital, care facility) without an offer of appropriate housing; (d) evictions should be prevented whenever possible and no one is evicted without assistance for an appropriate housing solution, when needed and (e) no one is discriminated due to their homelessness status"* (Leterme & Develtere 2023).
  The Person First consortium can fully adhere to these objectives. Our project can contribute to the knowledge base that is needed for the design of effective strategies to end homelessness. Through the mutual learning within the consortium - building on a series of earlier projects, seminars and publications – the 'four-pillar' model was developed, reflecting the multifaceted nature of homelessness and underscores the need for integrated approaches. The implications for policy and practice will be detailed further in the following pages. Stated briefly, the successful implementation of EPOCH's objectives will crucially depend on a comprehensive social investment strategy that combines measures in at least four areas: social support, housing, health/mental healthcare and rehabilitation into work and social participation. This means that Principle 19 of the EPSR is intimately linked with (at least) Principles 4 (employment support), 10 (adapted work), 14 (adequate minimum income), 16 (healthcare) and 20 (essential services). Moreover, the common thread across all areas is a person-centred, participatory approach.

- **Engaging other European Instruments**. The European Union disposes of several powerful leverages to boost the efforts of other stakeholders in this endeavour:

  a. The *open method of coordination* (OMC) enables policy learning between member states as well as soft pressure on member states that underperform in the fight against homelessness. EPOCH itself has the ambition of monitoring progress in this field: it can feed into the OMC by preparing targeted country-specific recommendations.

  b. *Financial instruments* (ESF+ and others, up to and including the Multiannual Financial Framework and the Next Generation EU Recovery Instrument) that can be mobilised to boost social investment (in housing, healthcare, social services etc.) by other levels of government and private actors. The social investment view is regaining ground at European level: it reflects the idea that, in addition to implementing basic social rights, the short-term costs of social policies are outweighed by long-term benefits. Cost-benefit analyses of

Housing First have already yielded convincing results in this regard. The EPOCH can promote this view in mobilising European (as well as national) resources.

c. A *common knowledge base*. The European Commission launched a pilot project to measure homelessness in cities across the EU. This can be the start of a continuous monitoring process, which should enable intertemporal and cross-national comparisons. Such monitoring instruments are important in assessing societal trends and the impact of policies.
EPOCH partners can also benefit from their own mutual learning activities as well as transnational vocational education and training (VET) projects in the context of Erasmus+, which foster the professional development of workers in homeless services.
Scientific research on homelessness in Europe can be bolstered through the Horizon programme.
In building up this common knowledge base, the experiential knowledge of (formerly) homeless people is indispensable (see below).

- **Giving a voice to homeless people at EU level** could become an additional leverage at the European level. Due to their state of destitution, isolation and forced mobility, it is extremely difficult for homeless people to create associations and develop a 'lobby' with a common agenda at local and national – let alone, European level. Yet, independent and representative self-organisations of homeless people do exist in several countries: from the Person First project, the Common Front of Homeless People (Belgium) and SOMOS (Lisbon) can be mentioned. Other examples have been signalled in Hungary, Germany, The Netherlands, France and Ireland. More and more NGOs also have their own 'experts by experience': employees with a personal experience of homelessness who received additional training to act as 'bridges' or spokesmen for the users of services. With support from EPOCH, these organisations and representatives could create a European advocacy group to amplify the voices and represent the interests of their peers, along with federations of service providers.

- **A right to shelter for undocumented immigrants.** In some countries, a large proportion of the homeless population consists of undocumented immigrants, including intra-EU migrants whose identity documents or residence permits have expired. There is a tendency among public authorities to use the lack of accommodation for homeless people as an argument to discriminate against these categories of homeless people, denying them access to shelters, whereas 'lack of accommodation' is obviously a matter of political priorities. This challenges Europe's human rights agenda and basic values of solidarity, and the meaning of European citizenship in particular. Legal solutions should be sought in the framework of the EU's Migration Pact, e.g. by distinguishing between the right to shelter (for all) and the right to housing (for citizens), or by using temporary protection status in times of acute housing shortage (as a particular type of 'crisis'). Intermediate solutions may apply to European citizens as a step towards a more generic solution.

At the National or Regional Level

- **National Strategies to end Homelessness**: the right to decent and affordable housing for all is a basic social right, and its implementation a responsibility for public authorities. National action plans to end homelessness, with SMART (specific, measurable, acceptable, realistic and time-bound) objectives and adequate budgets need to be designed and implemented. These action plans should adopt integrated strategies combining all key components of the Person First model: person-centred approaches, social assistance, health/mental healthcare, housing, rehabilitation and active participation of the homeless themselves. Continuous monitoring with

participation of (associations of) homeless people and adaptation to evolving needs should be ensured.

- **Putting an end to institutional violence**. Since the end of the COVID-19 crisis, there has been a radical shift in policy measures and societal attitudes across European countries. At the time of writing this report, several severe incidents of institutional maltreatment of homeless people were signalled in the European press. In August 2023, for instance, the area surrounding Brussels South station was 'cleaned' in a concerted action by the police and environmental services, following complaints about petty crime and drug dealing in the neighbourhood. Whereas a police intervention was justified, it indiscriminately affected innocent homeless people whose tents and belongings were collected as garbage, without any decent alternative being offered. In January 2024, the British police unlawfully destroyed tents and belongings of people who were sleeping rough in front of the University College London Hospital following an order of 'dispersal' of homeless people. The same happened in April 2024 in Paris in the context of a large-scale 'cleaning operation' related to the upcoming Olympic Games. Homeless people were even forcibly deported to neighbouring cities. Such unlawful and aggressive treatment is symptomatic of a growing institutional violence against homeless people. Needless to say, this only exacerbates their social exclusion and amplifies the social burden of homelessness in the longer term. Public authorities have the duty to guarantee a dignifying treatment of all citizens by all public services.

- **Preventing homelessness**: although prevention was not the primary focus of the Person First project, it is worth underscoring that homelessness can be effectively mitigated through various preventive measures. Ensuring decent minimum income standards, providing more affordable and adequate housing, offering guidance for people transitioning from institutions, implementing legal protection of tenants and debtors, and initiatives aimed at preventing addiction are crucial components of effective homelessness prevention strategies,.

- **Upgrading and diversification of emergency services**: services such as shelters will remain indispensable also in the future, and the policy shift to Housing First cannot serve as an alibi to neglect them. The COVID-19 crisis has raised awareness about *minimum standards* for dignifying and healthy shelters. These standards should be maintained, which may involve scaling down shelters and converting dormitories into smaller rooms. Additionally, services or service networks should be available 24/7, with sufficient staffing to ensure a welcoming, person-centred, dignifying and integrated approach to care. *Small-scale, community-based housing solutions* also facilitate flexible approaches tailored to the specific needs of diverse groups such as young people, women, persons with psychiatric disorders, asylum seekers, persons coping with substance abuse, etc.

- **Accessible, Affordable and Sustainable Housing**: Implement targeted measures to alleviate the shortage of affordable housing through social housing and housing allowance schemes, particularly focusing on solutions that assist homeless individuals in overcoming financial barriers such as advance payments and bail.
  Secure, long-term housing provision is a fundamental component for addressing other challenges. Housing First entails more than the provision of affordable apartments. The personal support of housing counselors is essential to stabilise the users' situation and to integrate them into the local community. Based on the positive outcomes of the Housing First approach in several countries, secure continued funding and expand the approach. Conduct regular evaluations to assess its effectiveness and identify areas for improvement.

- **Adequate Social Protection.** It is unacceptable that people have to live in shelters for many years because they are too poor to afford their own housing. Raise minimum income benefits to 60% of the median income (or adequate reference budgets). Continuously monitor the impact of the progress made on vulnerable populations and consider further adjustments if needed. Remove legal and administrative barriers in access to social benefits, in particular, for homeless people. Introduce digital identification as an alternative for the legal or reference address as a condition for access to social protection; reduce undercoverage and non-take up. Ensure that information about social rights is transparent and accessible to those in need. Organise campaigns to inform eligible individuals about the available support, including housing benefits, social assistance, and healthcare services.

- **Tailored physical and mental healthcare:** Organise outreaching healthcare services to provide regular medical support to homeless people and harm reduction assistance for drug users. Create safe consumption rooms in major cities and provide free methadone programmes. Organise networks of community-based mental healthcare, linked with specialised psychiatric services for comprehensive support.

- **Partnership with all relevant Stakeholders**: Foster collaboration with NGOs and advocacy groups to address collective issues related to homelessness. Ensure inclusivity in decision-making processes related to social welfare policies, by incorporating the perspectives of those with lived experiences of homelessness. This will not only enhance the effectiveness and relevance of interventions. Their active participation is essential in the fight against prejudice, stigmatisation, and criminalisation of homelessness. Promote joint efforts in raising awareness, advocating for policy changes, and implementing community-oriented actions. Ensure effective collaboration and joint commitment among ministries responsible for social affairs, housing, employment, and health, as well as between levels of government, to facilitate integrated services at the local level.

At the Local Level

The municipality is typically the level with the closest proximity between public government, practitioners and service users (homeless people); it is also the playing field where services should be integrated and delivered. Small and rural municipalities can join forces if needed.

- **Think global, act local**. First of all, it is essential that municipalities are not disconnected from higher levels of government. If the full burden of homeless services is shifted to municipalities, they are forced into a 'race to the bottom'. Indeed, homeless people tend to move to the place where they are treated better; as a consequence, municipalities offering above-average quality of services will see their caseload increase while those offering poor quality will escape the dance. In several countries, homeless people who are not registered in the population files need to pay more or do not even get access to the public shelter. Hence, higher-level governments should 'level the playing field' by sharing the financial and administrative burden of service provision.

- **Local governments should take the lead**. In Lisbon as well as in Helsinki, a dedicated department of the city government screens the profile, needs of homeless persons, and dispatches them towards the most suited service, acting as a *gatekeeper*.
  A second role of local governments is to try and *fill gaps where existing services fall short*. The comprehensiveness of service provision obviously depends on the size of the local community: in many cases, more specialised services will necessitate inter-municipal arrangements.

Local governments can also *coordinate networks* of all relevant service providers (as in Lisbon and Leuven), thus facilitating the integration of services. The degree of integration may vary a lot between municipalities, depending on the commitment and cohesion among partners. The mere agreement on referral protocols is not sufficient: direct personal contacts between service providers, swift transfer of cases, a shared vision and periodic mutual feedback are features of strong networks. Active support and periodic evaluation of the networks, based on a person-centred view, is therefore important.

- **Fighting prejudice and discrimination**. Social exclusion, harassment and discrimination are most visible at the local level. This also means that local authorities can play a prominent role in preventing and combating such behaviour. Local citizens and merchants may react negatively to begging or indeed to the mere presence of homeless people in public spaces (the well-known NIMBY mentality – Not In My Back Yard). Often, local governments tend to respond too easily to complaints by banning begging and or forcibly removing rough sleepers by police intervention. In some cities the police have a reputation of brutality against homeless people. Local governments should refrain from illegal actions against these people and, on the contrary, promote a culture of empathy and solidarity among their citizens. Some city governments also combat discrimination in the housing market by commissioning practice tests to identify and address instances of discrimination.
- **Leaving no one behind**. Local services have a lot of discretion in delimiting their engagement with homeless people. They have a limited capacity and staff; professionals can also exert power over service users and set rules that become obstacles to access: no couples, no pets, no alcohol, fixed closing time, maximum duration of stay, etc. Joint evaluation sessions and feedback from outreach workers or service users should ensure that no homeless person is excluded from support.

Recommendations for the training and professional development of staff in homeless services

- The quality of services to homeless people hinges largely on the qualification of their staff and volunteers. Basic quality principles of social work with homeless people, covering aspects such as outreach, 'social presence', trauma-informed care, multidisciplinary teams, crisis management, tackling substance or alcohol addiction, community-based approaches should be taught in all initial training programmes of social work. An integrated set of services obviously does not only engage social workers.
- Other disciplines are involved such as housing counsellors, educators, nurses and doctors, psychologists and psychiatrists, work therapists, job coaches and vocational trainers, social pedagogues, lawyers, intercultural mediators and interpreters. All these professionals need additional training enabling them to work effectively with homeless people. This training includes basic insights into the causes of homelessness, in addition to most items mentioned above for social workers.
- Specific (in-service) training programmes for peer workers and volunteers could be relatively short, while more extensive training is needed for experts-by-experience. Existing programmes (e.g. in Belgium) include reflection on one's own biography, basic sociological and psychological insights, socio-emotional skills, communication and mediation skills, teamwork, empowerment, and work placements in various contexts.
- Continuous in-service training, intervision and opportunities for professional development are indispensable to support workers in reflecting on their practice and attitudes, to prevent fatigue

and burnout, and to foster learning and growth. This also applies to volunteers and peer workers who do not necessarily have any relevant occupation. Mixed (and mutual) training sessions between professionals, peer workers and volunteers promote mutual learning and collaboration across different roles and perspectives.

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Person First Partners

	BE - SMES-Europa is the applicant organisation networking with the nine partners in this project, in order to support professional workers in the social, health & mental health field, in private & and public services, including volunteers, who, day by day, are faced with a set of complex needs, new issues and challenges.
	IT - Coordinamento Toscano Marginalità operates at the level of day and night centres, attentive to person promotion and rehabilitation. Its mission is to fight poverty and every form of social exclusion. CTM staff help homeless people through individualised projects to end housing exclusion situations. CTM was one of the founders of SMES-Italia, a national network connected to SMES-Europa, that operates in the field of homelessness and mental health.
	LV - EAPN-Latvia focuses on Poverty & Fundamental Rights - Wealth & Inequalities - Empowerment and Employment. The association works as a part of the European Anti-Poverty Network for a safe society, free from poverty and social exclusion, where economic, educational, social and cultural rights shall be available for all, provide opportunities for people living in poverty and social exclusion.
	GR - PRAKSIS is an independent civil society organisation (non profit association). Its main goals are a) the planning and implementation of projects of development, humanitarian and medical nature; b) the eradication of social and economic exclusion of vulnerable social groups and the defense of their personal and social rights.
	SI - ŠENT - Slovenian Association for Mental Health - The purpose of the association is to protect the human rights and dignity of persons with mental health problems, to achieve a higher level of integration into society and to increase their employability. They carry out activities in the areas of advocacy, psychosocial and employment rehabilitation, and the creation of new jobs.
	DK - Men's Home KPH SHELTER Copenhagen is a NGO umbrella organisation offering several different services to vulnerable and homeless men and women. Most of the users of the services are drug users. Among other things they offer food, shelter, DCR's, contact with the established psychiatric system and examination. The mission of Men's Home is to contribute to vulnerable people being given the opportunity to recognise and use their own resources to live a good life and contribute to diverse society.
	FI - Vailla vakinaista asuntoa ry ***No Fixed Abode*** is a grassroot organization founded by homeless themselves and is free of political and religious backgrounds. No fixed abode's aim is to get rid of temporary solutions and make sure that everyone gets the opportunity to live independently and get the right support for it. Specificity of the organisation is the participation of homeless people and people who have experienced homelessness.
	PL - TYLKO SHELTER of CARITAS Warsaw. The aim is to offer an alternative to the street and isolation, space and time to relax, feel safe and begin regaining control of one's life, human contact and relationships. To accompany a person on his/her road to informed decisions about him/herself. Support - Relationship - Empowerment.
	PT - NPISA – Lisbon: The Homeless Planning and Intervention Centre (NPISA) is a product of the Social Network, based on a tripartite structure, between the Social Security Institute, Santa Casa da Misericórdia de Lisboa (SCML) and the Lisbon City Council. They promote integrated intervention between the institutions that work with homeless people, for the promotion of their conditions of autonomy and citizenship.
	BE - HIVA (Research Institute for Work and Society) is a multidisciplinary research Institute of the University of Leuven. We conduct high-quality, innovative academic and policy-related research that works for people and society. We translate our research findings into policy advice and training. Attention for the problems affecting workers, socially vulnerable groups, social organisations and movements in society is always the common thread. HIVA's research team 'Poverty and social inclusion' facilitates professional development, lecturing and dissemination in this project.

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