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INDIVIDUAL PLANNING AS THE APPLICATION OF THE RECOVERY CONCEPT FOR HOMELESS PEOPLE

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Abstract

Each social service should be provided on the basis of the individually defined needs of each client. The mapping of needs is therefore a never-ending cycle in the service. In this context our research question was: What kind of areas of individual planning exist and what is the implication potential of it? The article aims to map out individual planning areas for the homeless using different foreign sources and to suggest implications for education in social work with this target group in the context of the recovery concept. Authors use the content analysis of professional resources to achieve their goal, namely the thematic analysis of foreign texts. As part of the thematic categorization of individual articles, separate categories have been derived, which can be applied to the individual planning process in shelters for the homeless. These are the following categories: retaining housing, managing finances, health, the existence of support networks, a meaningful use of leisure time, self-efficacy, control of substance abuse, and self-image. As part of the findings resulting from the analysis, the authors formulated recommendations for the future social workers education. The recovery concept is based on the reinforcement of a client's hope, sense of life, meaning, and purpose can be considered as a certain unifying element.

Keywords: Individual planning, shelter, homelessness, recovery.

1. Introduction

Each social service should be provided on the basis of the individually defined needs of each client. The mapping of needs is therefore a never-ending cycle in the service. The social workers work individually with all their clients to address their personal issues, goals and wishes through so-called individual planning with their case worker. To ensure the correct course of individual planning is taken, every social service facility has some written rules in place. In the Czech Republic, the individual planning process with clients is governed by the Quality Standards of Social Services recommended by the Ministry of Labour and Social Affairs since 2002 and binding since 2007. These standards are based on Act No. 108/2006 Coll., on Social Services (hereinafter "the Act"). The quality standards are also the basis for assessing the quality of the offered services.

2. Problem Statement

In relation to the quality of individual planning, we can point out that individual plans with homeless people are often drawn up only mechanically or formally. This creates a paradoxical situation where social workers are required to attend to planning as part of the purpose of social services (according to the Act) and future clients of social work come to the service with the pre-requisite of a certain "social contract" that the social worker wants to hear. It is often the case that the objectives are defined as "*getting a job*", "*obtaining housing*", "*improving health,*" etc., which does not correspond to the need for individualised support for the homeless in shelters (Glumbíková et al., 2017) and the individual planning is turning into an administrative matter. In relation to individual planning in homeless shelters, Gerull and Merckens (2012) draws attention to the fact that it is often focused on deficits and causes of homelessness. Thus individual planning is missing a client's strengths-based approach and a resource-based approach. Based on this, the authors of the article believe that there is a need for a good mapping of the life situation of the homeless residing in shelters and the resulting planning of objectives, further steps and supporting social work interventions, which should, in a synergistic effect, promote recovery, health improvement (both mental and physical) and reintegration of the homeless people. Current literature resources show that the changes in the social service approach to the homeless are already underway, reflecting their individuality, empowering them in the process of their recovery (allowing them to change their self-reflection), working with their resources and focusing on their orientation toward the future (McNaughton & Atherton, 2007).

3. Research Questions

In this context our research question was: What kind of areas of individual planning exist and what is its implication potential?

4. Purpose of the Study

In relation to the above, the purpose of our article is to map out the areas of individual planning for the homeless using foreign research and to propose implications for practice, education and research in social work in the context of the recovery concept.

5.   Research Methods

The above aim of the article will be achieved through content analysis using thematic analysis of professional texts. Thematic analysis is characterized by seeking to identify, analyse and describe the main themes that occur in the surveyed data; where the theme is understood as a set of patterns or common ideas recurring within a particular set of data sets (Braun & Clarke, 2006). It is implemented by searching for specific content leading to thematic categorisation. It works well for the creation of typologies, capturing of "*levels*", or the mapping of "*progress*." The thematic analysis is preceded by knowledge of a certain theory that may either originate from professional literature or may arise during research. It can be carried out as a certain "*secondary analysis*" using already written texts but can also be carried out with texts that primarily answer a different research question. As part of the thematic analysis, the researcher is also looking for new perspectives and understanding of the data (Riessman, 2008).

The selection criterion for the documents used by us is their intentionality toward the theme. We searched for the following keywords: shelter, orientation toward the future and hope in the homeless, recovery, factors of change, individual planning. We focused on published research in English and German. A few French and Czech studies were also included. In this context, published research is understood as research published in a scientific journal, a professional (peer-reviewed) publication or a research report. The research was conducted in online library catalogues, on the Internet and in electronic databases. Specifically, the PROQUEST, SAGE, EBSCO and SpringerLink databases were used.

6.   Findings

Within the thematic categorisation of articles, we gathered eight areas that can be applied to the process of individual planning in homeless shelters. These areas include: retaining of one's housing, financal management, self-efficacy, control of substance abuse, health, meaningful use of leisure time, existence of support resources, and self-image (see also Henwood Derejko, Couture, & Padgett, 2015; Triangle, 2017). The following text will present different areas of individual planning.

Retaining of one's housing: Reintegration cannot only be considered as obtaining housing, but needs to be seen in the context of retaining such housing. Research shows the future perspective as one part of the reintegration process of homeless people into permanent housing. Epel, Bandura, and Zimbardo (1999) state that people with a high future orientation often experience a shorter period of homelessness and reported that they benefited positively from their situation, while those who have been more strongly oriented to the present displayed avoidant coping strategies. Despite the predictive power of self-efficacy and future orientation, there were no predictions in regards to obtaining permanent housing. Zaleski (1994) adds that, nevertheless, the future orientation and self-efficacy are necessary prerequisites for achieving the motivation for change as part of individual planning. People who are more focused on the future show a better ability to set goals and formulate plans to achieve such goals while at the same time gaining more functional motivation to make their plans happen. However, one's ability to obtain and retain housing cannot be understood separately from the structural causes of homelessness. In relation to the obtaining and retaining of housing, a very important factor is the (financial) accessibility of housing (Patterson & Tweed, 2009).

Finance management: Finance management and budgeting is considered by social services for the homeless a key area of reintegration and retention of existing housing, so they focus on enhancing the financial literacy of their clients (Shobe & Page-Adams, 2001; Glumbíková et al., 2017). In foreign practice of individual planning, "economic management" is also one of the categories of individual planning and its evaluation (Triangle, 2017). The tangible resources play a central role in shaping, setting and achieving goals. The assets generate positive life results based on the emergence of new visions for the future; they can help create hope, plans and dreams that will lead to positive results (Shobe & Page-Adams, 2001).

What is viewed as a barrier to reintegration in the financial area is debt (Lux & Mikeszová, 2013; Marek, 2013). Some authors, see for example, Neumann, Mingot, & Ludwig (2003), associate the reintegration into permanent housing with overcoming of the situation of extreme poverty. Fichtner (2005) notes that the future desires of homeless people are often directed to money and wealth. Often, it is the desire to have resources to live, which after all includes "a bit of luck" and basic financial security. An interesting finding brought by Fichtner's study is that his informants strictly defined themselves against the materialistic approach to life.

Self-efficacy: The results of the Shier, Jones, & Graham (2010) study clearly show that bolstered self-efficacy allows for a mitigation of the causes of homelessness. The confidence in oneself and reliance on one's own resources, leading to stronger promotion of a desirable future as defined by each given individual, plays an important role in achieving changes and goals. On the contrary, those who do not trust their ability to affect the course of events possess very little motivation to look into the future and set distant goals. They are more likely to become accustomed to the fatalist perception of their everyday lives. The study results presented by Epel, Bandura, and Zimbardo (1999) have shown that people with a higher degree of self- efficacy spent more time seeking housing and employment, stayed in a shelter for a shorter period, and were less inclined to let time pass when they resided in a shelter. By contrast, people with low self-efficacy are more likely to look for reasons to stay in a shelter for a longer period.

Control of substance abuse: Foreign studies consider drug use as an important area of individual planning (Triangle, 2017). The use of drugs or other addictive substances is considered by many authors as a barrier to reintegration into permanent forms of housing (e.g. Mathis, Ferrari, Groh, & Jason, 2009; Lux & Mikeszová, 2013). Some homeless people have associated drug use with the causes of homelessness (Lens, Paixão, & Herrera, 2009). Drug use is also perceived by homeless people as an escape strategy for dealing with traumatic experiences in their past (Glumbíková et al., 2017; Flanagan & Briggs, 2016). Pluck et al. (2008) researched the potential impact of substance abuse in a time perspective that, from our point of view, forms an important context for individual planning. Despite the findings that the homeless experience a high level of depression and take addictive substances, some positive future perspectives, future planning and long-term better prospects have emerged compared to the current situation. Johnson, Blum, and Chengen (2014) in their research have confirmed higher future orientation and better health and educational outcomes such as reduced drug use, lower incidence of sexually risky behaviour, and lower participation in violence. Carver, Scheier, and Segerstom (2010) link optimism in homeless people to the search for health care and lower levels of drug use, obesity, and depression (see also Khuller, Oreskovic, & Perrin, & Goodman, 2011; Patton et al., 2011).

Health: A number of studies point to the fact that the health status of homeless people living in shelters is very often worse than that of the majority population (e.g. Brem & Seeberger, 2010; Fitzpatrick-Fitzpartick-Lewis et al., 2011). A number of studies also describe the co-morbidity of diseases in this target group (see, for example, Luo & McGrant, 2006; Brem & Seeberger, 2010). Fitzpartick-Lewis et al. (2011) found that 85% of persons stayed in chronically poor health conditions, and almost 50% had been diagnosed with some medical or mental condition. In terms of physical health problems, diagnoses of tuberculosis, C-type jaundice and HIV (Beijer, Wolf, & Fazel, 2012), movement disorders, digestive problems, gynaecological disorders in women and eye sight problems (Glumbíková et al., 2017) dental problems (in as many as 70% of cases) (Luo & McGrant, 2006), diabetes, arthritis, and hypertension (Folsom et al., 2002).

In agreement with Daiski (2007), we tend to agree with her opinion that the health of homeless people cannot be reduced to only physical well-being, but needs to be viewed holistically and, therefore the focus needs to be on mental health too. The research by Laporte, Le Méner, & Chauvin (2010) emphasizes that as much as one third of the homeless population has severe mental health problems (psychotic diseases, depressions or anxieties). Therefore, homeless people may often feel mentally "at the bottom" (e.g. Glumbíková et al., 2017). There are a number of factors directly related to the situation of homelessness, which can worsen already existing psychological problems, such as: a) victimisation, b) stress related to the loss of home, c) a non-existing support network, d) a stay in a social service facility with a lack of privacy, and where the homeless need to adapt to a new routine and environment, and may encounter further violence (Poirier, 2007; Daiski, 2007: Pitici, Mathieu, & Charreton, 2010).

Meaningful use of leisure time: Some research (e.g. Lens, Paixão, & Herrera, 2009) pays attention to the impact of future time perspective in different life areas or life contexts. People not only study, work or do sports. They are often quite involved in other areas of life, such as leisure time, social life, family life, etc. The current research (Paixão & Silva, 2001; Herrera, 2002) shows that we need more research on the role of a future time perspective in critical transition times in life compared to its role during less critical and more stable life periods. For example, how important is the future time perspective during adolescence and adulthood when important decisions about educational and professional development or even family life have to be taken? Are the differences in the future time perspective more important for people who make decisions very autonomously and individually than for people who make decisions in a normative way (i.e. do what their parents or other important people say).

Existence of support resources: Homelessness and its maintenance are often associated with the loss or non-existence of a support network (see for example, Glumbíková et al., 2017; Hetmánková, 2014; Mayock, Corr, & O´Sullivan, 2011; Bassuk, Volk, & Olivet, 2010). The existence of the support network is perceived by both foreign and Czech authors as an accelerator of acquiring permanent housing (Shier, Jones, & Graham, 2010; Groundswell, 2015; Lux & Mikeszová, 2013). Fichtner (2005) states in this context that the optimism of homeless people (in this case, in men) connected with the existence of persons who would instil "*hope*" in them to find the way out of a troubled life situation. The hopes of some participants in the research were directly linked to the image of acquiring "family happiness." In the context of the above mentioned, a number of authors (see e.g. Patterson & Tweed, 2009; Webber & Joubert, 2015; Flanagan & Briggs, 2016; Biringer Davidson, & Sunførd, Ruud, & Borg, 2016; Neale & Stevenson, 2015)

note that social work with homeless people should focus on the reinforcement and expansion of supportive relationship networks.

Self-image: In the context of homelessness, social and health problems can be perceived as interconnected with the interaction of resources in the personal, social, economic, and social services areas. A study focused on the experience of homeless people (Boydell, Goerig, & Morreli-Bellai, 2000) reflects the process of self-evaluation as one that is constantly evolving over time. Recognition of one's own abilities and value has turned out to be a very important factor in the process of reintegration, especially because self-confidence, or the awareness of one's value, is related to the perceived manageability of the situation. Another factor of escaping the situation of homelessness is the recognition of negative consequences of life on the street, linked to an awareness of possible future advantages and the benefits of leaving such a lifestyle, which may result in an increased motivation for change (Patterson, Tweed, 2009). There are four themes related to homelessness and the way out of it: the perception of one's own self and the situation; the impact of homelessness on self-reflection; the aspects of hope, and the prospects of having one's own housing (Shier, Jones, & Graham, 2010). A higher future orientation brings about clearer goals, better planning skills, and a stronger ability to overcome obstacles in the future (Johnson, Blum, & Cheng, 2014).

7. Conclusion and Implications

Existing research has shown that homeless people consider assistance and support from social care services as one of the important factors in the process of their reintegration into permanent housing. The level of support required is not equal, so it is necessary to provide the amount of support that homeless people need. This can be achieved through individualisation and flexibility of support which is ensured by individual planning that reflects the individuality of clients, empowers them in the process of their recovery, allows them to change their self-reflection and works with their resources. It also allows for the regular evaluation of services in terms of their real necessity and accessibility.

When homeless people use social services due to their specific needs, in most cases they receive the labels such as "*deficient*", "*problematic*" or "*pathological*". These labels are somewhat determining for service clients and do not inform us about their strengths, competencies, preferences, resources, and existing support. Individual deficit-oriented plans do not direct professionals to work with the client's strengths. The strength-based approach is oriented to their discovery so that it can subsequently "build" additional support on them. The weakness-based approach is often generalizing due to socially shared labels that clients receive. The strength-based approach is based on a personalised approach. Individual planning is focused on identifying strengths, needs, goals, choices of services and forms of support that can support the client's strengths. There are four basic rules of a strength-based approach: The client has his/her strengths; The client's motivation to change is reinforced if we focus on his/her strengths; The client's failure to acquire skills does not mean his/her own failure, but that no relevant experience and "instructions" are provided in order to achieve them; All services provided must be based on client's strengths (Epstein, Rudolph, & Epstein, 2000; Hardina, 2005; Gerull & Merckens, 2012).

In the context of our article, the recovery concept can be considered as a certain unifying element of the above approaches, as it is based on the reinforcement of a client's hope, sense of life, meaning, and purpose. According to Biringer et al. (2016) we understand recovery as a subjective process driven by

personal expectations, goals, and hopes. Recovery is the concept through which individuals or families renew their rights, roles and responsibilities lost through illness, disability, or social problems. This concept is based on the hope and empowerment that are supported by tolerance to otherness. At the same time, each recovery is a unique process that penetrates through the different theories of social work. The recovery concept is based on the transfer of power to the client's side, and the client is perceived as an individual carrying self-determination. It is based on his/her well-being, confidence in his/her own abilities, reinforcement of a client's natural coping strategies, and on emphasising environmental factors (in the form of the strengthening of social networks) (Webber & Jourbet, 2015).

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