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# Ethical Relation and Control: Exploring Limits in the Domestic Sphere of Home

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➤ **Abstract\_** *This paper sets out the service users' life histories and the frontline providers' practice findings -récit de pratique- who have participated in the Housing First pilot project implemented in Barcelona under the name of Primer la Llar (2015-2018). This new method of working is carried out in house. For this analysis, we focus on accompaniment in the home. Establishing a professional relationship, accompanying service users to autonomy and recovery has specific features, especially locating in the home. There, we observe the intersection of both the domestic sphere and the work sphere. Focusing on the first 24 months, we analyze how two feelings emerge horizontality; the sense of controlling someone and being controlled by others, and feeling the house as one's own. The results show how building an ethical relationship seems to be the key to facilitating an accompaniment according to the Housing First philosophy.*

➤ **Key words\_** *Housing First, home, control, professional practice, ethical relationship, supported housing*

## Introduction

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In 2015, Barcelona City Council were the first in Spain to provide the First Housing Pilot Programme called *Primer la Llar* (2015-2018). This method became the first local administration to carry out the organizational and technical leadership of a programme with these characteristics in Spain. The programme includes 50 participants selected from a randomization process and who meet the eligibility criteria (Fortea and Herruz, 2017) and two social entities that competed for management (Sant Joan de Déu Serveis Socials and a temporary joint venture formed by Suara, Sant Pere Claver and Garbet), each of which comprises 25 participants. ESMES -a specialized team that already exists in the city- offers specialized medical care in mental health to the programme.

Its relevance engaging people who have experienced long-term homelessness and co-occurring disorders identified as chronic in the care circuits justifies the implementation of the programme. Likewise, Fortea and Herruz (2017) point out the following reasons that justify it: being a member of the Eurocities<sup>1</sup> association and the consensus in the XAPSLL<sup>2</sup> to start the programme (Fortea and Herruz, 2017). This, coupled with a moment of political opportunity, led to the 2015-2018 pilot project. Many publications show evidence of the success of the HF model of care programme. In this sense, scientific studies demonstrate HF's effectiveness related to economic profitability (Ly and Latimer, 2015; Pleace, 2016) and also with the reduction of the use of shelters, prison, hospital emergencies and psychiatric admission (Stefancic *et al.*, 2013; Stergiopoulos *et al.*, 2015; PHF, 2018).

## Theoretical Framework

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### *Professional practice*

This model is framed in 8 core principles that declare a mission statement (Pleace, 2016) about how professionals should conduct their practice. If we focus on the first one, housing as a human right and the last one, flexible support for as long as it is required, we observe how the emergence of two dimensions make an essential difference compared to the staircase model; space and time. At Treatment First models, work is carried out in a space delimited to the institution or to the office and time-limited support (Sahlin, 2005). Instead of these, the HF main differences are schedule flexibility, visit length, and a new support scenario designed by the housing, the neighbourhood, and the accompaniments to other services. "The

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<sup>1</sup> Eurocities is a network of large European cities created in 1989 to share experiences and develop responses at local level.

<sup>2</sup> Homeless Care Network in Barcelona.

housing first philosophy aligns most closely with supported housing models” (White, 2013, p.42) even though supported housing is not a new scenario within the social intervention in Barcelona. Besides, principles 2, choice and control for service users; 3, separation of housing and treatment; 6, active engagement without coercion and 7, person-centered planning (Pleace, 2016) leads to reshaping forces in the relationship between both parties: frontline providers and service users (Foucault, 2007). Social teams develop an *inconditionnelle* support (Gesmond *et al.*, 2016) and *inconditionnée* (Lelubre, 2013).

HF programme implementation in Europe began as pilot projects (Busch-Geertsema, 2013), therefore, within a context of flexibility, experimentation and intuition. It is an ideal scenario to transform reality. As indicated by Llobet and Aguilar (2016) about the city of Barcelona, “when the project has an experimental element as in this case, the intervention itself can be a space for reflection, self-knowledge, and self-training” (Llobet and Aguilar, 2016, p.29).

The concept of professional practice refers to the set of actions that take place within the labour framework. According to Barbier (1999), practitioners talk about their practice when describing their activity, a description that contains different intentions and sensitivities. It also implies a transmission of wisdom and knowledge -unidirectional or bidirectional. This background suggests the encounter with that other -the service user- and the establishment of a bond or professional relationship.

### ***Ethical relationship***

The social intervention, as a label for practice in the staircase model, already draws intentionality. As Sáenz (2008) indicates, “the social intervention constitutes, a process of rational order, because it relies on a manifest intention to modify or transform a situation that is considered undesirable and socially unfair, first of all for the group that suffers it” (Sáenz, 2008, p.189). This consciousness implies a professional prescription after an assessment of previously classified and categorized subjects. According to this reification, the conception of social attention appears where the practices “are a disciplinary foci” (Matus, 2016, p.14).

However, the HF philosophy converts professional practice into accompaniment. In other words, as an ethical relationship. Moving beyond social intervention to this ethical relationship implies many contradictions. This epistemological position means the use of the word accompaniment as a concept of conscious use (Planella, 2016). According to Planella (2016) in reference to Susanne Bruyelle’s work, “Accompanying is allowing yourself to be challenged by the other, it is accepting the encounter with the other without a previous project nor a preconceived idea, it is, undoubtedly, to appreciate him, to respect him for what they are” (Planella, 2016, p.36). It is a collective dynamic of reflection (Rhenter, 2013) where listening, rather

than the transmission of wisdom, acquires relevance (Gómez-Esteban, 2012), because the professional relationship depends on a “method that must take users’ narratives seriously” (Rhenter, 2013, p.66).

It is an act of humility, closeness and respect. Both parties – service user-staff – must define the ethical relationship in a constant exercise of confidence and horizontality (Lo Sardo, 2016) to humanize it (Strauss and Davidson, 1997). Not from the vision of cases to manage (Everett and Nelson, 1992) but from a particular relationship (Buxant *et al.*, 2016) concrete and situated (Goffman, 1991; Fontaine, 2010; Garneau and Namian, 2017) it will be possible to work together towards recovery (Buxant *et al.*, 2016). This exploratory practice becomes a learning space. Consequently, “*all learning, structured or not, intentional or not, is a socially situated and socially constructed act*” (Delory-Momberger, 2014, p.709). From here, we observe how the practice, or in other words, the knowledge associated with it, is embodied; it is located in an acting body. As Zúñiga (2006) states, “without any idea to guide the action, it is only activity; without acts that embody the concepts, this is only lucubration, fantasy, illusion...” (Zúñiga, 2006, p.39).

The purpose of the accompaniment is to work on a particular and unique type of autonomy, framed in the context of daily life and aimed at promoting decision-making capacity. To understand it, it is necessary to focus on the two core principles that we lack; 4, *Recovery orientation* and 5, *Harm reduction* (Pleace, 2016) and move away from the finalist understandings to signify the accompaniment as the process of “*being in recovery*” (Davidson *et al.*, 2009, p.35). In this context, housing as space where daily life develops (Cortés Alcalá, 1995; García Luque, 2016) plays a crucial role. In this sense, home is a new scenario as well as a challenge that will invite both parties to interact from a new role or *front* (Goffman, 2017). This fact is somewhat controversial.

### ***Home: a new scenario***

Housing, as literature tells us, has an active link with the recovery processes. Different studies about supportive and supported housing (Kirsh *et al.*, 2009; Sylvestre *et al.*, 2014) show the positive impact of access to housing for people with mental illness. White (2013) draws from the literature review that the characteristics of the recovery related to housing are: a sense of meaning and purpose, empowerment, hope for the future, social and reciprocal connections, personal choice, control and self-determination, taking responsibility, managing illness, personal growth and development, community integration, citizenship, social justice and participation.

However, having a flat does not mean having a home. People accessing the programme enter a house, a physical space that goes beyond four walls and a roof. What providers are expecting is that the person ends up making this space their

home. However, the sense of home is intricate and multidimensional. It is a “socially constructed concept that can hold multiple and often contested meanings for different people simultaneously” (Sims *et al.*, 2009, p.305).

According to the literature, having a home of one’s own, feeling it as a home, means having a sense of control of environment over one’s own life (Després, 1991; Somerville, 1997; Dupuis and Thorns, 1998; Mallett, 2004; Leith, 2006). This place of security allows the person to create an identity, routines and develop a daily life (Leith, 2006; Padgett, 2007; Dorvil and Boucher-Guèvremont, 2013; Pleace, 2016) which is reflected into being able to manage, satisfy, try, reflect on the activities of everyday life (Borg *et al.*, 2005; Padgett, 2007; White, 2013).

Having a home allows us to meet a set of social requirements, through which the normal processes of socialization and normalization of societies are shaped and developed (Cortés Alcalá, 1995; King, 2004; García Luque, 2016). White (2013), picking up Kirkpatrick’s work, points out that housing can be seen as a resource “that enables the balance between socializing and privacy, positioning people in the world in such a way that they can take advantage of the social capital provided by the surroundings” (White, 2013, p.69).

The people who enter the programme come from unstable housing journeys, with long periods of residential exclusion. During this period, they have been traveling through public spaces or those belonging to others, they have been living in environments threatened by hostile behaviour (Bachiller, 2008), depending on others. According to Parsell (2016), “*living in the city public spaces idealised housing as a means to gain control over how they organised their days*” (Parsell, 2015, p.3190). Having a home means being able to live peacefully, find peace and the security of being able to decide.

In this sense, when entering the programme, the person leaves the institutional circuit in which he has been living, situating himself in a space where he feels more autonomous, secure and has greater personal control.

Frontline providers also leave the institutional work scenario, so they must attend to service users in an outreach space; full of uncertainties. Space does not belong to them. In the domestic of the home, frontline providers cannot establish this type of exclusion and spatial domination that they can hold in different kinds of equipment or protected flats.

When the home becomes an intervention scenario, it becomes a place of confluence between two spheres; the domestic and the professional one (Angus *et al.*, 2005). Home care interventions can challenge meanings of home given by people (Sims *et al.*, 2009). Professional practice within the home can be an intrusion into the domestic space and a threat to the person’s intimacy (Magnusson and Lützén,

1999). In the same way, it also affects the perception of their decision-making capacity, their autonomy and the sense of control and security in a location that is supposed to be their own.

To ensure this does not happen, it is necessary to have an accompaniment relationship based on unconditionality, trust and respect (Davidson *et al.*, 2009). Housing, as new scenario where accompaniment is carried out, must be understood in its material, social and psychological dimension (Lo Sardo, 2016).

This article shows the evolution of the ethical-relationship between frontline providers and service users in the context of home.

## Methodology

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Parallel to the implementation of the three-year pilot project, two longitudinal three-year qualitative investigations were commissioned; one focused on the social care teams and the other on the service users. Each of them is linked to a doctoral thesis. The first one deals with the professional practice of the social management teams and the second one with the meanings of home given by the service user.

### *Purpose*

The purpose of this paper is to share some of the dilemmas and limitations that have appeared during the first 24 months of the pilot project implementation. In this case, those arising in relation to two issues; the attention centered on the recognition of the right to live and the accompaniment in the service user dwelling. The richness of these results is in the dialogue between the two samples faced with dilemmas that arise in the same scenario. For this purpose, results from the first two phases of fieldwork carried out between 2016 and 2019 will be used. Both samples have suffered modifications concerning each phase.

### *Substudy: frontline providers*

The first substudy aims to analyse professional practice as a singular and personalized action, contextualized in a pilot project. From this perspective, we can observe its transformation between the previous model, Staircase of Transition, and the incoming one, HF. It is innovative for several reasons; there are no previous similar studies in our country and also, its longitudinal nature allows a detailed observation of the construction and assimilation of the practice over time.

After a literature review, we observe the necessity to generate theory. It is because of that it has been decided to use grounded theory methodology. We have selected a technique -open in-depth interviews- and a strategy -practice story; *récit de pratique*- (Bertaux, 2005; Desgagné, 2005; Audet, 2006; Guignon and Morrissette,

2006; Leplay, 2006; Hurtubise and Rose, 2013; Delory-Momberger, 2014), thinking about the singularity of the studied phenomenon. This strategy is the result of life stories adaptation towards the narratives of professional practice in social contexts. In this way, the focus is placed on the experience narrated because “it proposes a form of empirical research adapted to the capture of the logic proper to this or that social world, of this or that category of the of situation” (Bertaux, 2005, p.17). This approach allows the professionals’ voices to emerge from reflection and sincerity, while the researchers place themselves at a respectful distance that allows fluent conversation without judgment. Thus, it generates a favourable space for dialogue and exchanges of reflection, even learning.

The frontline social teams, in the first phase, were composed of 5 women and 6 men. The list of work categories was 4 social workers, 2 social educators, 4 social integrators and 1 peer worker. In the second phase the sample included 5 women but has added one more man. According to the labour category there are 4 social workers, 3 social educators and 5 social integrators. The figure of the peer worker, for the moment, does not exist anymore.

Fieldwork has been carried out in two phases. The first one between March and December 2017 and the second one between June 2018 and January 2019. Two researchers carried out 9 in-depth group interviews, lasting between one and a half and three hours. They have offered the maximum flexibility to adapt duration and location to work dynamics and schedule due to the singularity of this programme

### ***Sub-study: service users***

The second sub-study aims to investigate the effects of the programme on the service users. That is, to understand the experience they are having within the programme. For this, we use the qualitative methodology that has already been used in HF projects such as *Chez Soi / At Home* of Canada. The narrative approach enables the emergence of different levels of analysis that are interdependent such as research and practice and contribute to telling a complete story (cited from Nelson, *et al.*, 2015 based on Rappaport, 1995, p.78). In short, qualitative research based on narratives can provide elements to understand the project, but also provide knowledge for practice and social policy (Nelson *et al.*, 2015).

The sample, in the early phase, comprises 22 people out of 50. Concerning these 22, their average age is 53.4 years. Among these, 17 are men, 12 were born in Spain and 5 from migrant backgrounds. Five are women, 4 born in Spain and one born in another EU country. It was decided to expand with a reserve group composed of three people in case any of the 22 service users left the programme or it would not be possible to have access in the following phases. In the second phase, two service users from the sample were lost to follow up in this study and replaced by

a person from the reserve group -with similar profile characteristics-, resulting in a sample of 21 service users. From 15 men, 11 were born in Spain and 5 came from migrant backgrounds. Five are women, 4 were born in Spain and one was born in another EU country.

In-depth interviews were conducted face-to-face. The length of each meeting varied from 3 to 5 hours. In the most extensive interviews, and out of respect for the service user, it was carried out in two sessions. The sessions were carried out by one or two researchers.

### ***Ethical issues***

In both samples all participants were informed about the confidentiality of their responses, and that they had the right not to answer all of the questions. All of them signed an informed consent form. In the same way, permission was requested for audio recording which was only denied on one occasion. In that case, it was agreed to use a field notebook.

### ***Data analysis***

During the fieldwork period, all interviews were transcribed. For its subsequent analysis, the qualitative data manager Atlas.ti 8.0. was used.

### ***Limitations***

The limitations of the current paper ought to be highlighted. First of all, this paper collects data from different researchers framed in a qualitative research pilot project *Primer la Llar*. For this reason, the data is in dialogue rather than to be contrasted. Although these findings yield useful insights and shed light on an emerging topic as it is professional practice at supported housing, they are not generalizable.

The findings from this study are based on two different researches but linked by a common topic. By doing so, different perspectives, particularly on the domestic and labour sphere, could yield a more complete picture of these dimensions of the HF implementations.

On the other hand, both schedules have undergone modifications due to the teams work singularities and clinical characteristics. In the case of service users, we find more probability of changes due to the factor of voluntariness and the longitudinal character.

## Findings

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The ethical relationship that is created between professionals and participants is based on the principles of accompaniment indicated by the Housing First philosophy. However, in this article we will focus on more subtle elements that appear during weekly home visits. We refer to the perceptions, feelings and sensations that people identify.

For frontline providers, the day when people enter the apartment was a significant moment. During the search for flats and their subsequent equipment, teams encountered the difficulties of the private rental market in the city of Barcelona. Symbolically, they gave the flat keys to service users materializing the tenure of the apartments. They opened the door the day they moved in.

We gave them the key to open the door. That this is something that someone started to do and then we all said, 'it could be a good thing to establish'. So, then we said to them 'Here you are, open your house and...' either if you take this one or the other one (FLP).

Social teams highlight this day as a period during which they helped set things up and gave too much information to the person; how the appliances worked, where emergency telephones were, how to get a copy of the keys if they were lost, how the rent had to be paid. Although many more visits were made to clarify, professionals felt concerned about leaving the person alone at home.

For most service users entering into an apartment is experienced as a positive move. In the narratives they said it is the best moment of their lives. After a long time, they have found a place where they can remain and have an opportunity to build their lives. The entrance into the programme allows them to organize themselves again. People can focus on their recovery process. They can reflect on their loss and what they have been deprived of. It's the first step for personal autonomy. Also, the flat is experienced like an indispensable element to live because it gives *dignity*, it gives *normality*. People can *live like human beings*. Tasks as basic as personal grooming, eating, working are possible because there is a place to return to. The flat provides the possibility of having a home, a meaningful space.

Freedom, my space, my tranquillity, that nobody touches my things (Juan).

However, in different narratives we observe how the service users felt controlled when they began the programme. This perception differs from one service user to another. On one hand, people felt contradictions about their flat, their home and the fact that they have regular visits and calls.

Is not that bad, but I think that... I can say it without bothering anyone and without anyone taking it to heart. On one hand you have a flat and you have a place to be refugee, to be comfortable, to be well. But, it is not that good to be overcontrolled, for example, they come to see me every week, right? I find that this could happen once a month and it seems like a lot to me (Lourdes).

Some of the elements that reinforce the sense of being controlled are home visits, not agreed calls, steering accompaniments, judgements or the sudden and disproportionate attention offered and received in relation to what they were used to. Before that, the frontline teams remember or repeat what the programme is about.

Well, is curious because many times, after a while, people ask, 'But... what about the flat?' as saying, 'When will you take it away?' or 'When will you start asking for things?' And sometimes we have to repeat it to clarify temporality, which the conditions are (Frontline provider, FLP).

The times marked by the professionals make them feel anxious and stressed. Service users said they have to be available for professionals.

Then, I arrive at my house on... Thursday maybe, on Friday they call to tell me they will come to visit me. Or on Thursday they call to tell me 'tomorrow we'll come to see you', for me it is very oppressive, it is very stressful because I have already seen a lot of people, I went to many resources, and what I need is let me be a little bit free. You are overwhelming me; I mean I am overwhelmed (Lourdes).

Initially, the frontline teams did not think they were generating this sense of control because. Building a strong relationship outside the walls of the homelessness agencies made the attention close to an outreach practice.

And in fact, we had experiences to think that... we did not think there was a sense of control... and in a moment we realized that we were wrong, that there was that feeling, right? (FLP).

They could verify this through elements that they were observing. The most outstanding example was related to cleanliness.

It's true, every time we went, they told us, 'Look how clean I have the flat, right?' and you're taking it a bit like this, 'Oh no! He wants to please us, doesn't he?' But of course, that moment it's "look how clean I have the flat but the day before it's 'I have to go home to clean the flat because tomorrow they will come, won't they?' and that is no longer so... so easy or so nice? (FLP).

In this sense, we see how people perceive that their home has to be clean and perfect so there is no reprisal. This corresponds to what is expressed in the service users' narratives. The pressure they felt was not the result of direct feedback, but of more subtle elements such as looks or gestures.

Of course, I must clean the house. I clean it, I clean it. But maybe one day I will not and if it happens the day they come, boom! you must clean it, because they're going to look here and there. A little overwhelmed (...) because you see them looking at you, at the house... they don't do it so shamelessly, but you can see them watching it (Ramón).

As months go by, frontline providers understand how their body plays a central role in the evolution of the ethical-relationship established in the accompaniments.

Maybe spoken, but also as a performative way: not only has it been spoken, but we have also changed. Precisely the actions that I do express my role, implicitly, because there is an intention there (FLP).

The irrational part of an acting body offers information to the others about what is not said. Therefore, frontline providers become aware of the importance of their body during their praxis.

Before we knew it, and now... well, I think we believe more in it (FLP).

But over time and with trust people feel more comfortable about expressing their feelings

Lastly, they told us! They told us! 'I feel you are controlling me' But... controlling what? [...] But it is that you come home, right? Then it's clear that going home is an element of control. 'You come home; neighbours find out you come to me. Who are you?' and that's why they saw us as a control element. Telephone calls are also a control element (FLP).

Narratives show the difficulty of feeling the home as their own, especially in this initial climate of distrust and control of the first months of implementation. We see that element as a consequence of not being the rental contract holder. It must be said that, at *Primer la Llar* pilot programme, the rent contract has been signed by the social entities, consequently, service users experience a loss of control and autonomy. This is clearly shown in one of the life stories when the service user has problems registering at the Municipal Council.

I went there, and he told me that this paper was not valid, I should go with the owner. On Friday I must talk to the owner, to see who the owner is (Youssef).

On the other hand, we notice how service users live an uncertainty linked to temporality. We observed some unresolved issues. Hence, is it possible to feel the house as your own?

I don't know how to explain it. It's not to offend anyone, but when I come here, I told them... they told me 'this is your house', and I told them this is a house that I have borrowed, until the time you want, because I don't know what will happen in three years (Maria).

Regarding the apartments' furnishing, there was no space or time for each service user to choose the furniture and/or the domestic utensils. The flats were delivered with basic furniture to enable them to move in and live there. Except for those who already had furniture and met the conditions established by the programme, all were furnished and decorated in the same way. The same furniture, the same chairs, the same television, the same sofa. This implies a flats' homogenization, and triggers, in some way, feelings of institutionalization.

Yes, when I entered it was all ready. I have been in some other flats, in a friend's house and it also has a table... But usually they buy the same television for the people, the same sofa... because my friend, whom I sometimes visit, has another table, because you can see that the flat already had that table, but he has the same sofa, the same wardrobe, the same bed (Manuel).

For this reason, service users seek to personalize their home placement to feel comfortable in the environment

I had that [bed], then I moved in here and I bought myself this closet with the small table; Anyway, every time they give me something else, I put it there (Manuel).

This element allows them to control the space, to feel it *more their own*. They have also incorporated objects that they kept over the years. These objects (photographs, dolls, diplomas, etc.) are elements that allowed them to reconnect with past *happy* moments, of those which *showed themselves proudly*, which reconnected them with their past identity.

Otherwise, different narratives showed how they were returning furniture that did not suit their needs.

I: So, there are things that were here that you have not used...

A: I returned them in case someone else needed them (Ahmed).

The professionals are the ones who design the houses. This means that both furniture distribution and the uses are established by frontline providers. As a result, sometimes, this conception was not adapted to the functions and preferences

given by people. Personalization of service users' flats was seen, and it is influenced by the experiences previously lived. Frontline providers design flats so people feel welcome. They only consider special needs as something relevant.

After entering the flat, the well-known effect called "*le choc des quatre murs*" occurs (Hurtubise and Rose, 2013; Lo Sardo, 2016). As months go by, this feeling of control disappears as well as service users' fears relative to the programme. They move towards their flat appropriation. That can be seen in the decoration.

Now I'm going to make it totally to my taste. When I started painting I said, 'now it's already mine'. Because at first, I said: 'Why am I going to start painting?' With just what I had, I had enough. I had the roof and four... But then, when I started saying 'now it's mine. Now, I will paint my house and I will decorate it to my taste' (María José).

Hence, time is a factor that gains value. After going through a period of adaptation, they gain a distension relationship and both parties start to get to know each other. Both frontline providers and service users understood that it is an initial point. On one hand, frontline teams have understood that each person has different needs regarding the space they inhabit. On the other hand, people have adapted to the new inhabited space, from initial fears and worries to security and trust.

The privacy of the space and the way it is occupied will depend on whoever lives in it. The idiosyncrasy of this programme makes meetings happen in *natural* spaces for service users. This positions the teams directly as guests, consequently it is expected that they behave as such.

The house is cool because it reverses our role. I like this. I like to put myself in a situation like this: I am a guest, and as a guest, I am at home with your permission to occupy your space and use your things, and to receive the tea you serve me. From there I can also establish a relationship of support, if the occasion is given and I am required (FLP).

The visits, always contextualized in daily life, imply a use of several spaces that go from the public to the private, from the formal to the informal. To maintain a good relationship from which to be able to accompany horizontally, they must respect, ask for permission and wait. From there, we observe a greater proximity in the relationship. Service users open the doors of their houses and invite frontline providers to share the daily life of the domestic sphere.

The other day he was here, they were here having lunch, because I invited them... (Fermín).

They told me, they wanted to come and eat, to prepare them a meal. 'Whenever you want, no problem'. I will go to the kitchen... (Cristobal).

## Discussion

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The main goal of this paper is to analyse an arising ethical relationship at the HF programme flats. This philosophy invites frontline providers to move towards deinstitutionalization. Due to years using the staircase system, the service users begin a moral career (Goffman, 2012b) and assume a stigma as discredited persons (Goffman, 2012a). Therefore, and *a priori*, the HF philosophy mandate is to reverse the process begun with the moral career -located in the third stage called ex-patient. This new scenario involves a direct change in the professionals' role because of the modification of their way of acting.

Consequently, the attention of professionals should replace the beliefs they have about themselves and others. We observed how the lack of clear guidelines on how to act in each situation had placed the teams in an exploratory and experimented work through trial and error. All this means turning the spaces of reflection into learning. Therefore, the clue of the accompaniment is the relationship built between the professional and the service user. This relationship means a shift lever towards a new care model.

As detailed above, this ethical relationship requires horizontality, sincerity, and proximity. Providers' acts, during the meetings lead them to show themselves vulnerable, to ask for forgiveness and not to be responsible for the service users' actions. Besides, they recognize the service user in a positive way displaying their stigmas and sharing them. This sincerity allows a re-reading of themselves.

Service users have a unique life story that mark their way of inhabiting (Illich, 2005; Cuervo, 2008). The residential trajectories before and through the homelessness period as well as the relations between different institutions visited have influenced their vision about how they wanted their home to be.

Regarding the findings of the service users' narratives, the entrance to the apartment supposes to leave aside the dependence of others. In the interviews, they said that they were facing a new life full of opportunities. The analysis shows how service users feel free, like ordinary people. The flat allows them to be far away from any threats and any control. However, despite knowing that there was a signed contract in which they should accept visits and contact with the teams, there were people who felt controlled and monitored. Control from institutions has frustrated their identity (Goffman, 2012a). We see this reflected in how people feel controlled or refer to the homogenization of homes. People are more sensitive in their emotions.

Frontline providers work in a subjective time, particular according to each service user. Moreover, they find out that service users will never fulfil professional expectations. The established relationship has served as an eye opener for providers. The

service user “is not a built object but a subject under construction” (Meirieu, 1998, p.73) and from that enunciation place they ask its place in the world, overcomes their deteriorated identity and claims.

During the home adaptation process, we can see the realignment between how they imagine the new life and what it has been in reality (Lo Sardo, 2016). So, they arrive at the flat thinking about what their life will be like, but when they enter, elements arise to which they did not attach such importance, for example, visits or calls. People focus their efforts on demonstrating their capacity to maintaining a home. This effort connects them to their moral career but also a life concept adjusted to the socially established normalcy. Findings showed up how people are afraid of frontline providers reactions. They become overwhelmed when they think that professionals can see socially unacceptable things in their homes. Therefore, we have to keep in mind that the meaning of the home and how space is inhabited is socially constructed. As the literature indicates, there are ideals around what the home and life should be. Commercial images that show different ideal homes, provided examples (Rybczynski, 1989). These influence people’s vision of how the domestic ideal should be.

To conclude, the home, despite being an intervention scenario, is also a private space. Privacy limits the external and the internal. Despite the contract, visits are established at home, which turn providers into a stranger. This scenario means that they are invited to enter the intimate and private space of the service users. During frontline provider visits, a negotiation takes place around privacy. According to Somerville (1997), the limits of privacy can be physically clear, but control over limits is in constant negotiation.

In this case, service users explicitly know how providers exercise some control mechanisms over them. Therefore, the professionals recognize it and try to transform this exercise into a “non-control”. This fact positions both parties as excluded and excluding (Basaglia, 1970) walking towards a raising of the *awakening of critical consciousness* in terms of Paulo Freire’s work (Freire, 2005).

## **Lessons to be Learned for Other Housing First Projects**

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Therefore, some of the learning to consider in programmes of these characteristics are the following:

- Social care teams should consider how experiencing revolving-door for years had disappointed service users and made them distrust frontline providers. Social teams should not be offended and become aware that they embody a control figure. This is not because of them but as the result of a system of

attention that has let them down. It is important to deconstruct the professional role and transform it into an *accompanying guide* (Davidson *et al.*, 2009). This needs time and self-criticism.

- Housing First introduces two key variables in the accompaniment: time and space. Here is where we begin to build an ethical relationship that includes trust, proximity, recognition of mistakes, asking permission and waiting patiently for demands to arise. From this honesty, the sense of control begins to disappear.
- Three main issues should be considered to allow people to appropriate their space and feel it as their home. On the one hand, to establish an individual rental contract with the owner allows service users to be tenants. On the other hand, it should be them who choose the furniture of their home. It allows frontline providers to strengthen the ethical relationship. Finally, uncertainty related to rental contract length difficult the appropriation. Right to housing doesn't mean in the same house; this issue should be discussed with tenants.

## Conclusion

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Starting a programme with these characteristics requires courage, desire to learn and question oneself, and, above all, a sense of social justice. These elements are essential and must be recognized. Holding them is useful to face the difficulties that may arise. However, this study presented in an institutionalized environment implies inconsistencies in this sense. The first findings of the qualitative research linked to the pilot project *Primer la Llar* show limitations to progressing to complete deinstitutionalization. This limit is due to the situation of the housing market in Barcelona, as in other European cities, which does not facilitate the assumption of affordable rental or access to public housing. Likewise, we would like to emphasize that non-contributory benefits or assistance do not adapt to the real cost of living in the city, forcing people to inhabit in precarious conditions.

## Acknowledgments

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We would like to thank the research group for their support and valuable comments. Also, to Jane Kendrew for her patience at reviewing. We would also like to make a special mention to the service users and professionals who have shared their experiences with us. Without them, the study would not have been possible. Finally, we thank Barcelona City Council for supporting research related to the implementation of new social programmes.

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