

Providing Telephone Support for client in Housing Services during confinement during the Covid-19 Pandemic

A draft guidance document for the Irish Housing First Platform

Tenancy support services rely heavily on strong relationships between support workers and tenants, usually maintained through direct, face-to-face contact. This is equally true for high intensity support programmes, such as Housing First, or medium-intensity programmes, such as Tenancy Sustainment (TSS) or SLI, as well as various forms of supported housing.

However, Public Health advice during the current Covid-19 Pandemic recommends a reduction in fact-to-face meetings and home visits. On balance, the benefits of home visits to vulnerable people are outweighed by the risk of spreading infection.

In the face of this, all forms of support services are moving to provide support and social contact remotely, largely through phone contact. There is a danger of seeing this form of contact as 'second best', but there is a long tradition of using telephone contact for psychosocial support. In this context telephone contact is most commonly used as *complementary* to face-to-face services, but there is also an established practice of using it as a service on its own. It is especially useful for people with depression or suffering from distress, and when there are difficulties in physically meeting with clients.

This document draws on a document prepared by our Spanish colleagues in the European Housing First Hub, Hogar Si (formerly Rais), to make recommendations for using telephone support during the Covid-19 Pandemic. The Hogar Si document incorporates work by Sam Tsemberis and Hilary Melton. All this work is gratefully acknowledged. This document incorporates additional material and experience from Irish services

The call is the "visit".

A physical visit is an *occasion* in the life of the client/customer/tenant, which is marked by a range of symbolic actions (greetings, invitations to sit, offers of tea or coffee etc). The most important feature of any communication is the quality of the relationship between the client and case manager, and the occasion of the 'visit' is a central event for building and maintaining that relationship.

The case manager needs to make an active effort to express the empathy and care which would normally be conveyed by facial expressions or gestures over the phone. Take enough time on the phone to make the "visit". Find out how the person is managing the anxiety that the pandemic and confinement may generate, have a real conversation beyond the service's operational contingency plans.

- In the same way that people are happy to open the door to see their case manager when the relationship between them is positive, they will also be happy to answer the phone /Skype / FaceTime etc. And if the client tends not to answer the door when the case manager knocks, they are unlikely answer the phone.
- These calls are different to the 'follow-up calls' you may have done in the past. These calls will totally replace the visit, so make sure they feel different. Make the call last long enough.
- Schedule the next call and intensify the number of calls and interactions with your client.

Explain the new context and how you are both going to deal with it.

Spend time explaining the reasons for the change in the way support is provided, both by phone and in writing. Use this opportunity to educate clients about how they can take care of themselves during the pandemic. Insist on the need for social distancing and the protection which staying at home offers them. Work out with the client under what circumstances they might need to leave the house, and explain how to minimize the risk of contagion in the community.

- Share and explain the HSE Public Health advice about the prevention of contagion (washing hands, reduced physical contact, self-isolation). Ask questions to check if this is understood and to see if incorrect information has been adopted from fake news and scare stories. Suggest avoiding being connected to social media or constantly watching/listening to news about the Coronavirus. Suggest reliable news sources to be consulted only occasionally.
- Communicate information about how other services which were used by the client have changed their delivery, opening hours etc.
- Explain the arrangements which will be put in place if you yourself become ill, and that support will be continued by another member of the team.
- Look for opportunities to spread positive stories and images of people who have suffered from COVID-19 and have recovered, or those who have helped a loved one through to recovery and want to share their experiences. This pandemic also provides inspiring and overcoming stories.

Find the best communication channel for each customer

Different people feel comfortable with different communications technologies. Find out and agree on each client's preferred or best communication channel. Mobile phone may be the most familiar channel but find out if they prefer (and have) WhatsApp, Skype, Facetime or other channels. There are people who prefer texts, WhatsApp or even written letters.

- Remember that you can often get a lot more information about how your client is doing if you can see them during the conversation, so encourage them to try out video channels, and work to make them comfortable with these.
- People of different cultural backgrounds and ages may have different attitudes to telephone communications. There may also be gender-based differences – many women are used to the idea of social phone calls, while some men may be more used to seeing the phone as a way to make arrangements. Talk to your customer about these difference attitudes and how you are going to achieve the communication you both need in the current circumstances.
- Keep a record of your clients preferences on PASS, in case another support worker has to take over your role for a period.
- If other people apart from your client will be in the room during the phone or Skype call, agree it on advance with your client. In any case it is better to find spaces and moments of privacy for the call.

Explore your client's needs.

When you meet face-to-face you take in a lot of information visually – the clothes your customer is wearing, the condition of the kitchen, their general demeanour. In a virtual visit, none of this additional information is available to you, particularly if the call is only audio. You will have to do a lot more work to ensure you compensate for the information you would casually pick up during a face-to-face visit.

Find ways to have conversations about food, medication or hygiene products. What do your clients need? Their needs may be different now than in the past, now that shops are closed and they are not going out much.

Spend enough time enough to identify any need they may have, some they may not be conscious of. It may be helpful to can generate a script as a semi-structured interview – but make sure it does not become too formal, the check list to organise your support not to turn the conversation into an interrogation. This will also allow you get an insight into the emotional state of your client:

- a. Schedules (sleeping time, food intake...)
- b. Activities (cleaning, leisure, cooked meals...)
- c. Social relationships (calls made or received, other interactions)
- d. Mood (speech speed, use of absolutism, temporary location of speech, drawing up plans...)
- e. Substance consumption pattern.
- f. Amount of food and medication intake.
- g. State of comfort, state of the home, interactions with neighbours...

With welfare payments now being made every fortnight, help you client to manage the budget over this longer period.

The call is not just about making sure your clients are fine. Ask open questions where they can explain what are they doing, their fears, anecdotes, movies they've seen, books they are reading, information they received. With skill and investment of time a phone/Skype dialogue can become more intimate than a usual visit.

Establish a routine

Plan the calls with your clients. The very substantial changes caused by the Covid-19 Pandemic can make people feel they are losing control; routine offers consistency and relieves anxiety.

- Encourage your client to think about setting up a planned daily routine, structuring the day with different activities.
- Encourage your client to lead a healthy lifestyle. Suggest some exercise, regulation in the use of drugs (which may be increased by boredom), healthy food, taking the time clean, tidy up and redecorate the house.
- Always end your call by scheduling the next call and always call at the agreed time.

But also create a sense of proximity.

On the other hand, it can be a good idea to send your clients texts or WhatsApp messages at unusual times (early in the morning, evening...), asking how they feel, wishing them good morning or good night, reminding them of some aspect of the day plan you discussed, sharing quotes or a song that you like... It's all about being present and increasing the presence in the lives of clients to combat social isolation.

Support social connections.

The shift to telephone contact decreases the amount of time the support workers spends travelling around, and so can increase the amount of time they have for each client. This new context can be used to introduce new activities you engage in with the client.

This can be a good opportunity to invite clients to intensify or initiate different forms of communication with their loved ones, friends, family members. Isolation states accentuate the need for connection and contact.

- The mood created by the pandemic creates the opportunity to generate different forms of community support among clients, even if it does not involve meeting up. Ask them whether they have friends who they would like to create an WhatsApp group with.
- Some support workers have encouraged their clients to create a WhatsApp group with other clients in the same city or with other groups. It will be better if the number of participants is not very large, since the more self-conscious clients will not participate. In this group clients can share concerns, support or share entertainment resources (videos, texts.).

Here are some proposals that other support workers have found to work.

- They can record videos showing their homes and hobbies. You can also send messages to all your clients in a forum space and combat COVID-19 fake news, share inspiring texts, songs, open debates about such texts or films shown on TV or YouTube...
- Ask who wants to be in the group and be a support for other clients. It's easier to feel useful in a group than being merely a help receiver.
- You can launch activities each morning at a certain time to generate dialogues, regardless of everyone chatting whenever they want. This way you will generate meeting habits.
- You can generate selfie contests, house decorating contests, "from your window", photo contests recipes videos, share written stories, generate webinars to meditate together...
- If someone doesn't read or has no books, could you call and read a chapter out loud to them? Then they can look forward to the next chapter when you call again.

Connection with oneself.

Spending so much time at home can be an opportunity to accomplish purposes. Read a book, complete physical exercise routines, cook new dishes, draw... Invite your clients to look for spaces where they can engage with themselves in activities in which their minds can flow.

- Sensitively promote an attitude of acceptance of the situation and of engagement with the present, accepting any feeling without fighting it, returning with kindness to be in the moment. This sums up the attitude of mindfulness therapies.
- If appropriate, you could discuss with your clients their feelings about what they are experiencing during the Covid-19 emergency and how there may be long-term lessons from even such an unwanted time. Transform negative into positive opportunity.
- Writing can be beneficial for some people as well as exercising emotional regulation and relaxation. You could suggest that they start a journal, and then they can read it if they want to when you call.
- You can provide soft physical exercises or yoga stretches (or other exercises your client or you may know)

Help the client deal with the current crisis

- **Identification of strengths.** Our clients are survivors. Experience in dealing with catastrophes or traumatic situations such as living on the street offers a valuable experience to deal with this now. You can explore with your clients how did they face stressful situations in the past, what did they learn and how are they currently using or can use that knowledge. Engage with them as survival experts. Using the strategies they've used in the past to handle higher stress stages can be helpful. Stress management strategies are similar, even if the scenario is different. Such strategies can also be shared in the WhatsApp group.

- **Active listening.** It's normal to have feelings of loneliness, sadness, confusion, or fear. The most important thing is to be able to express the feelings and to lean on the team, family or friends. The call may be useful also to identify thoughts that may cause discomfort to your clients. Constantly thinking about the disease can cause symptoms to appear or to increase emotional discomfort. Once identified (you can suggest your clients to write them), simply accept them and share them. Active listening is the first therapeutic tool.
- **Wellness recovery action plan.** Use this opportunity to develop a wellness recovery action plan (WRAP). As part of developing the plan discuss what the client would like to the team to do if the client becomes ill. Does she/he have doctor or clinic they prefer? A family member to contact? Other people? How does the client want you to manage hospitalization if needed?
- **Connection with mental health services and other emergency resources.** Our clients, especially those with increased isolation and cognitive impairment or mental illness may feel more anxious, irritable, stressed, agitated and withdrawn during this period. Find out the community mental health emergency services phones. Make sure the clients have them. Review that also they all have health emergency phones, phones about coronavirus information, police, etc.

Identify particularly vulnerable or sensitive clients.

Either through phone calls or from your knowledge of clients you can possibly identify a number of clients who are clearly going to find the 'stay at home' phase, or more complete isolation particularly challenging. Some indicators to look out for are

- a. People without a phone and/or with greater social isolation
- b. People with peaks in consumption of substances to which they are addicted
- c. People with suicidal idealization and natural depressive states.
- d. People with unstabilized mental illness
- e. Women who suffered or suffer gender violence.
- f. People suffering from serious illnesses.

It will be necessary that you explore with these people in greater detail and depth how they feel, and the support will have to be closer and more intense. In addition, you will need more personalized support, for example, ensuring that the health of people with pre-existing illnesses does not deteriorate. Check the availability of on-going medications and medical appointments. This will help you to focus the time and resources you spend with these clients, as well as to plan follow-up meetings and to develop specific strategies with the service coordinator for those clients.

We have to be especially attentive to the increase of negative comments from your clients about their life, and especially about their future in depressive clients. If they appear, discuss them with your line manager and apply the procedure to identify suicidal idealization.