ORIGINAL ARTICLE

Home as a risk environment: Negotiating the boundaries of homes and social relationships in services for people using illicit drugs

Johanna Ranta ⬤ | Jenni-Mari Räsänen ⬤ | Suvi Raitakari | Kirsi Juhila ⬤

Faculty of Social Sciences, Tampere University, Tampere, Finland

Correspondence
Johanna Ranta, Faculty of Social Sciences, Tampere University, 33014 Tampere, Finland.
Email: johanna.ranta@tuni.fi

Abstract

This study focuses on how clients using illicit drugs are supported in managing the boundaries of their homes to avoid the risks that social relationships may have on their daily lives at home. The data consist of 14 client–worker encounters audio-recorded in 2017 in a Finnish home-based service for people using drugs. Discursive interaction analysis and geographies of home were applied to examine how boundaries of homes are negotiated in relation to social relationships and how the home is constructed as a risk environment in the interactions of the service. The results highlight that the tensions between home and social relationships can be complex in the context of illicit drug use. Managing the boundaries of the home and social relationships deserves special attention among welfare services to promote their client's right to privacy and attachment to a home environment. This is also important for preventing the risk of homelessness.

KEYWORDS
boundaries, client–worker interaction, home-based services, illicit drug use, risk environment, social relationships

INTRODUCTION

Western welfare systems have in recent decades seen a significant decrease in the number of round-the-clock care institutions such as psychiatric hospitals and inpatient substance abuse care facilities (e.g., Arvidsson, 2005; Hudson, 2019; Mansell, 2006). Instead, the trend has been to encourage people in vulnerable positions to live independently and receive support in their homes. With an increase in home-based services (Keet et al., 2019; Sawyer et al., 2009), there is a growing international social science literature examining such services, for example, in child protection (e.g., Ferguson, 2018;

Winter & Cree, 2016), mental health and substance use services (e.g., Brodwin, 2013; Lydahl & Hansen Löfstrand, 2020; Saario et al., 2021) and services targeting people living at risk of homelessness (Knutagård et al., 2021; Namian, 2022). While home-based services have faced criticism from the point of view of people needing intensive, long-term support (Mansell, 2006; Wahlbeck et al., 2017), they are shown to be effective in, for example, preventing homelessness among people addicted to drugs (e.g., Padgett et al., 2011).

In Finland, success in reducing long-term homelessness has largely been due to governmental homelessness programmes relying on the Housing First model (A Home

of Your Own, 2017). The main principles of this model are: having a flat is a fundamental right, the needed services are offered in the client's own flat, and the support provided should be based on voluntariness and the harm reduction approach. Thus, welfare workers are not supposed to judge clients' use of illicit drugs, and sobriety should not be a condition for having a flat (Andvig et al., 2018; Tsemberis et al., 2004). Since there is no need for clients to hide their drug use, a confidential client–worker relationship can be constructed. This, in turn, creates a basis for the implementation of effective housing social work in home-based services (Granfelt, 2013).

Psychosocially oriented housing social work is needed, as people addicted to drugs often face challenges in housing and acclimating to their accommodations and nearby communities. Previous research has, for example, pointed out tensions between social relationships, drug use and private home spaces. Accommodating people who sell or use drugs in one's home or giving them a home address can make it difficult to maintain privacy. The disturbance caused by such visitors may even lead to the risk of eviction (Granfelt, 2013; Perälä, 2011, pp. 127–129). Violating relationships at one's home can complicate the emotional attachment to the place and may eventually lead to homelessness (Vandemark, 2007). This attachment can be supported by home-based service interactions that aim to construct a meaningful place that 'feels like a home', such as by cleaning and renovating the client's flat and having conversations that reflect the client's personal understanding of 'home' (Ranta & Juhila, 2020).

Overall, tensions between the home and social relationships require special attention in home-based service encounters. We argue that clients' homes are appropriate places for tackling home-related tensions, as they can be particularly observed at home and talked into being in client–worker interactions (Juhila et al., 2020). Using the home as a meeting place enables both clients and welfare workers to concretely identify the issues that cause or mitigate risks related to housing; to negotiate who are invited and welcome visitors and who are not. Our premise is that the purpose of these negotiations is to manage the boundaries of clients' homes and, in this way, prevent homes from becoming 'risk environments' (see Rhodes, 2002, 2009) in residents' daily lives. By boundaries, we refer to the division between the private, home space and public spheres of social life, including the idea that outsiders are not allowed to cross physical and symbolic thresholds of homes without the permission of 'home-owners' (Mallett, 2004; Namian, 2022). Seeing the home as a private sphere highlights the relevance of studying the negotiation of its boundaries related to social relationships.

However, little is known about how these negotiations are actually realised in home-based service encounters and how clients are supported to manage the boundaries of their homes. We assume that these boundaries and risk environments are constructed in situ and individually in different contexts. In this study, we examine 14 client–worker encounters in a Finnish home-based service for people using illicit drugs. Drawing on discursive interaction analysis, we answer the following questions: how are the boundaries of the home in relation to social relationships negotiated in home-based service interactions with people using illicit drugs? How is the home constructed as a risk environment in these negotiations?

DRUG USE, SOCIAL RELATIONSHIPS AND THE HOME AS A RISK ENVIRONMENT

Researchers have long drawn attention to the complex tensions between social relationships and risks associated with drug use. For instance, it is known that relationships play a significant role in supporting or threatening opportunities for recovery (Dingle et al., 2015; Sarpavaara, 2014; Weaver, 2015). Drug-related harm is thus not simply connected to individuals and their choices, and it should therefore be examined in a wider social context. In social sciences, Rhodes (2002, 2009) utilised the 'risk environment' framework to highlight the social aspects of drug-related harm. Rhodes (2009, p. 193) stated that the framework treats drug-related harm as a consequence of the social contexts in which people live and act, and it attributes responsibility for drug harm and actions for harm reduction to broader socio-political institutions rather than arguing that the responsibility for causing and reducing harms lies solely with individuals.

The broad framework gives primacy to the context in understanding and reducing drug-related harms and, as Rhodes (2009, p. 194) illustrated, it can be studied from various micro- and macro-environmental perspectives. In this study, we further develop the concept of risk environment by applying it to understand the home as a place of risk for potential drug harms and demonstrating how these harms are negotiated in client–worker interactions in a home-based service for people using illicit drugs based on the Finnish Housing First and harm reduction policies. Our approach resonates with Rhodes's (2009) notion of micro-environments, as we view 'the environment' as an interpersonal and meaningful living place with potential harms and preventative actions. The focus is on negotiations that take place regarding the boundaries of a client's home in relation to social relationships and the ways that

the home becomes interactionally constructed as a risk environment in the client's daily life. The negotiation of a home as a risk environment depends on who defines it as such and what kinds of social relationships are seen as significant in relation to clients' successful housing.

To understand the meanings of the home as a risk environment, we approach the concept of the home being more than just a physical living space. Home is an emotional experience, in that it is a personally meaningful place to which people feel attached (Vandemark, 2007). What 'feels like home' is based on material dimensions, such as items and decorations, or physical dimensions, such as the location of the flat. In addition, the sense of home is connected to dimensions of social relationships: who we live with, who we miss and who we trust to visit our homes (Granfelt, 1998; Mallett, 2004; Ranta & Juhila, 2020; Terkenli, 1995; Vandemark, 2007). Relationships can make the home a meaningful and safe place; nevertheless, relationships at home can sometimes represent the opposite, since they can increase drug use, become traumatic and violent and ultimately cause homelessness (Blunt, 2005; Granfelt, 1998; Vandemark, 2007). Therefore, we do not approach the home itself as a risk environment, but we acknowledge that the relationships associated with it may make it such.

In our study, we assume that the meanings of a risk environment are constructed when a worker advises their client to assess the proper distance between the client's home and social relationships, either to enable a distance between the client and damaging relationships or to invite supportive relationships. These negotiations are fundamentally based on cultural expectations. A home is expected to be a place where visitors can and should be invited in, but it is also where residents have a right to maintain their privacy; they are allowed to decide on the boundaries of their home, who is invited there and who is not.

METHODS

Methodology and research questions

This study was based on a combination of discursive interaction analysis and geographies of home and home-based care. The former refers to reality being situationally constructed in social interactions, such as in client–worker encounters (e.g., Hall et al., 2014). The latter approaches the home as a carrier of physical, social, material and emotional meanings that becomes part of verbal and nonverbal interactions (e.g., Blunt, 2005). Our research questions were:

1. How are the boundaries of the home in relation to social relationships negotiated in home-based service interactions with people using illicit drugs?
2. How is the home constructed as a risk environment in these negotiations?

Setting

The context of this study is a Finnish service run by an NGO offering home-based support for people using drugs. Its four welfare workers aim to increase participation and reduce the risk of homelessness among their clients. Most of the clients use illicit drugs, but some are committed to substitution treatment. Still, a long history of drug use affects their lives, and they need support in their housing. The support that is offered is either short- or long-term (from one home visit to regular visits over a number of years), depending on each client's individual needs.

The service is based on the Housing First model and harm reduction approach. In practice, the workers aim to reduce the social and health risks related to injected drug use instead of expecting clients to target abstinence. The clients have the right to act in their homes in any way they desire, including using drugs or meeting anyone they want, as long as they follow the common rules for tenants. Collaboration with the landlord of a local housing company is often utilised in network meetings. The main practice of the service is to conduct home visits (see Tsemberis et al., 2004), which include providing practical help, such as cleaning or repairing the flat and engaging in confidential discussions related to housing, drug use, relationships or other everyday matters (Ranta & Juhila, 2020).

Data

The data consist of 14 audio recordings of home-based service encounters (13 h 15 min). These include recordings from 12 home visits to clients' flats and two housing-related network meetings held at the service's facilities (a total of five clients). The research did not seek information on specific types of client–worker relationship or life situation; instead, all clients receiving home-based support were invited to participate. All those clients who provided consent to participate were included in the study. There were between one and three support workers present at each home visit, and one or two workers at each network meeting. A landlord participated in both network meetings and in one home visit, a client's mother participated in one home visit and a client's friends participated in two home visits.

The data were produced in 2017 using mobile ethnography (e.g., Büscher & Urry, 2009; Lydahl et al., 2021; Novoa, 2015). Novoa (2015, p. 99) stated that researchers utilising this method are 'not only expected to observe what is happening, but also to experience, feel and grasp the textures, smells, comforts and discomforts, pleasures and displeasures of moving life'. In other words, the researcher 'shadows' the participants. In this case, the researcher observed, made detailed field notes and audio-recorded the clients' and workers' actions during the encounters to gather information on how they oriented themselves to the home environment and to the interactions at hand. The field notes were utilised as supplementary data to provide information on the physical surroundings and overall atmosphere during the encounters that cannot be traced with the recordings.

Ethics

The guidelines of the Finnish National Board on Research Integrity regarding responsible and ethical research were respected. The Regional Ethics Committee stated that there were no ethical problems with the study. The participants signed research permission forms that included information about the voluntary nature of the study and informed them of their right to withdraw participation at any time. The clients were informed that declining in such a way would not have any impact on the support they received from the service. This was also discussed verbally with the participants. Home is a very sensitive place to conduct research, and constant ethical reflection is thus important. The researcher paid attention to the privacy of home spaces and acted as a guest by respecting the rules of the residents. Before entering the homes, she also informed the participants about the research and asked for their consent to participate.

The process of analysis

The analysis was conducted as follows. First, we gained a general understanding of the data. We coded the whole data corpus with ATLAS.ti 8.5 to identify all sequences in which the clients' relationships were discussed. We found 138 such sequences: friends who did or did not use/sell drugs (51), parents (30), other relatives (21), current/former partners (14), neighbours (13), children (4), siblings (3) and clients' co-workers (2). We re-coded these sequences to determine how often these relationships were discussed *in relation to the clients' housing* (a total of 80 sequences). We noticed that 50 of these sequences concentrated on the *boundaries of the home in relation to*

social relationships; the aim of these negotiations seemed to be either to avoid any damage that uninvited visitors could possibly cause or to support clients' housing by allowing invited visitors to visit their homes. We argue that the boundaries of homes were negotiated in relation to how and when the clients' homes—with potential visitors—could become risk environments for their daily living. Our interpretation was that the workers supported the clients to construct meaningful living places, homes, where they have a right to have private and safe life and can invite trusted visitors.

Relying on the discursive approach, we now analyse in detail how the boundaries of homes are jointly negotiated, and, according to our interpretation, become constructed as risk environments (or not). The pseudonymised excerpts include the clients, workers of the home-based service (Worker 1, 2, 3 and 4), and a landlord of a local housing company (landlord). To offer a comprehensive demonstration of the data, all the participating clients and workers are represented in the excerpts. We display the data as individual 'risk environment negotiation' cases, which we analyse according to our research questions. The analysis forms a narrative that demonstrates the theoretically relevant similarities and differences between the different cases that are further reflected in the discussion section.

NEGOTIATING THE HOME, SOCIAL RELATIONSHIPS AND RISKS IN CLIENT–WORKER INTERACTIONS

Case of Marcus

Marcus was homeless and had been living at his mother's house. He has told that, when living in his previous neighbourhood, people using illicit drugs, like him, would ring at his door and throw stones at his window. Marcus was visiting his new flat for the first time with his mother, the workers and the landlord. The following dialogue resulted from a question asked by a worker:

> Worker 3: Can you identify any pitfalls or something like that in relation to housing? I mean like, in regard to people who may start lodging [with you] or you leaving the rent unpaid?
>
> Marcus: No, I can take care of it [housing] quite well. I have always managed to keep my home as a home; it has been a kind of protected space, as I haven't, I choose quite strictly who I [invite] there, who I even tell about it [the home address].

Worker 1: This [new location] is probably good for that reason, as there will be nobody throwing stones at the window.

Marcus: Yeah, I couldn't stand that happening again. It's behind, for sure. Luckily, I've moved on from that situation.

Landlord: That's pretty good.

The worker first constructed possible risks and 'pitfalls' in relation to Marcus's social relationships and housing. She defined people 'lodging' with him as a risk for housing on a general level, indicating that their presence would probably make Marcus's home a risk environment and the need for setting boundaries for his home. However, she asked Marcus to assess these risks himself. Marcus did not recognise these risks, however, demonstrating a negative response supported by detailed information about how he has effectively managed his boundaries. For him, the home is a protected space, requiring him to assess who can be trusted enough to be invited in or who he would give his home address to. Another worker stated that moving to a new area would help Marcus set boundaries and prevent risks, as uninvited visitors may not be able to find the place. Marcus agreed with this by reflecting on his former experiences and convincing the others that his new home would not become a risk environment for these reasons. The landlord expressed that he was happy with the current situation, as the previous risks were no longer relevant.

Later, the landlord continued the discussion:

Landlord: Well, there's all to it. That is the most common thing that I need to check out and visit, those reports of disturbance. When there are lots of friends around, the tenant won't necessarily realise that, if there's movement during the night time, there's the infernal traffic.

Marcus: Even the smallest voice, it disturbs, yeah. Yeah, it is quite like that...

Landlord: This is, at least you're able to, this flat has been quiet, so there's no burden like...

Marcus: That's good.

Landlord: ...as you'd be stalked [by neighbours], I don't believe that at all.

Marcus: You can pretty much set out your stall through...

Landlord: Yeah, totally.

Marcus: ...the kind of image you give to your neighbours. I've always greeted my neighbours, so that's a good starting point.

The landlord painted a general picture of housing disturbances that we may interpret as a description of a risk environment. The features include 'reports of disturbance' resulting from tenants' friends visiting and causing 'infernal traffic' at night. Through this extreme expression, the landlord was highlighting the importance of boundaries, especially from the point of view of neighbours, who have the right to enjoy a quiet night. Thus, too many reports of disturbance could lead to eviction and make Marcus homeless; the presence of noisy friends could be a serious risk for him. He emphasised his agreement with the extreme formulation that 'even the smallest voice, it disturbs, yeah'. The landlord supported his own view by arguing that there had never previously been disturbances in the flat. He turned this in Marcus's favour by saying that the neighbours do not see his specific flat as a risk, so he would not be 'stalked' by them. Marcus then took on responsibility of maintaining this understanding: a confidential relationship with neighbours would be started by him greeting them appropriately. The landlord then agreed with Marcus's thoughts about how to avoid the risks, saying: 'Yeah, totally'.

Case of Tony

Like Marcus, Tony was homeless. He was buying drugs from illicit markets but was planning to begin substitution treatment. Tony, the landlord and the worker were having a network meeting at the home-based service's facilities. In the meeting, the landlord promised that Tony would be given a rental flat. The worker talked about the issues that need to be considered in the new flat:

Worker 4: Yes, and that's why we are sitting here and trusting that you will be able to handle [the housing in the future flat]. And this means, nevertheless, normal housing. Because you will be in your own flat, you won't have to walk on eggshells, and all that connects to that [refers to normal housing], it's OK. But all those side effects—large crowds of people injecting [drugs] and drinking in the flat,

friends coming in all through the night through the windows and doors.

Tony: No, it's important that, especially because of this kid, as I've got to go and meet her at her mum's house [in another municipality]. She wants to visit my house, and I have never wanted to tell her that I'm homeless. So yeah, that's why it's important, that the girl can visit me more often. I have [talked about] a week, so, tentatively, there's been discussion about her staying for a week. So, you can't bring anyone [people using illicit drugs] to the flat and even tell almost anyone where you live.

The first part of the excerpt shows quite similar relationships as those in Marcus's case, namely that drug contacts that might cause risks in Tony's new flat. The worker expressed trust in Tony's ability to 'handle' 'normal housing', which we interpret as meaning that 'normal' living voices are not making Tony's home a risk to anyone. The worker used the image of 'walking on eggshells' to refer to extreme silence that would not be required to maintain at his new home. Instead, he constructed the risk environment using the terms 'side effects' and 'large crowds of people' using intoxicants. He highlighted the point with exaggerated images of visitors coming in 'through the windows and doors' to demonstrate that boundaries are needed to avoid such loud noise. The risk was constructed not only from the point of view of the neighbours, whose lives would be interrupted by this, but also from Tony's perspective, since he could eventually face eviction. Gauging from Tony's response, the actual risk for him and his daughter seemed to be his current homelessness. He highlighted his need for the flat because, otherwise, he would not be able to invite her to visit. He appealed to the participants by first outlining his quandary—he could not tell his daughter about his homelessness—and then detailing the concrete plans he had already made with her. Tony convinced the others of his trustworthiness: he would maintain the boundaries by not even telling people his address. The reason for this decision differs from Marcus's case: from Tony's point of view, boundaries are needed so that his daughter can visit his home. An empty flat could be interpreted as a sort of risk environment for Tony too; his sense of home would be lacking if his invited visitor could not visit it.

Case of Ellen

Unlike in the first two cases, Ellen had already found a solution for her homelessness; her grandmother had recently rented a flat for her. Ellen had also stopped regularly using illicit drugs. This life change had been major, and she reflected on her situation of a year ago with the worker who was visiting her home:

Ellen: I remember the condition I was in—homeless and everything—and it wasn't nice. I was so fucked up, especially when [aunt's name] died and all that. Like, it wasn't just that I used drugs and was homeless, and then the only person [I trusted] died. No, I just think I'm in much better shape than I was for example 10 years ago, when I started to use drugs, because I've always been depressed and it's always been really violent and complicated at home. And then, after I got out of my [childhood] home, I found out that my mother had stolen €7000 from me, which I had saved for, like, seven years. And then I began to use drugs, and then I met [boyfriend's name]. He used to beat me, and it's been, you know, so horrible all the time. So, now it's gotten smooth for once.

Worker 3: And you can, sort of, spend time with yourself?

Ellen: Yeah, I can. I don't necessarily have to hang out with shit people or do anything.

According to our interpretation, Ellen constructed the lack of a home as a risk environment, as did Tony in his case. However, instead of defining homelessness as a risk for her close ones, Ellen defined it as a risk to her own condition, saying 'I was so fucked up' and emphasising how risks related to her wellbeing increased when a close relationship ended. She reflected on her former situation as an extreme accumulation of setbacks, with the last straw being her aunt's death. Ellen compared her current situation to her life 10 years ago, when she began to use drugs. She constructed her childhood home as a risk environment for her mental health due to the violence and complexity there. She did not have the chance to manage the boundaries of her home as a child. Ellen continued her life story to the time when she had moved out of her childhood home. She constructed a new risk environment, where living was 'so horrible all the time' because of her use of drugs, her mother's criminal actions and her boyfriend's violence. She reflected on this in relation to her now-balanced situation that has enabled her to set boundaries for the first time: 'now it's gotten smooth for once'. The worker aligned with Ellen by encouraging her to maintain the boundaries that keep

hurtful people away. Ellen agreed that it was good to have the right to self-determination and not to spend time with people who would create risks in her life.

Case of Carolyn

Carolyn had allowed the workers for the first time to visit her flat, where she and her partner had been living for over a year. Carolyn has started rehabilitative substitution treatment and was not using illicit drugs anymore. The relationship at home was complicated because of her partner's active use of drugs. Carolyn said that he had been sent to prison for unpaid fines. She reflected on the complicated situation:

> Carolyn: No, and that phone has rung quite a lot, and I have fears that because [the partner] had bought speed [amphetamine] again, and they [the dealers] will keep asking me about it as he [the partner] has switched off his phone. But I have said that it's not my business, that he should take care of it. They must wait until he is released [from prison]. And I won't even begin, I won't even think [about how] I should get that money from somewhere.

> Worker 3: No, and, if this is your flat, then this is your flat, so you don't have to explain it.

> Worker 4: Indeed.

> Carolyn: Yeah. And then, it has been real hell. Of course, I have played a role in it myself, that is how my life has turned out, but it's so easy to follow another person [refers to her partner] when...

> Worker 3: And you want to believe in everything good.

> Carolyn: Yeah, that's the thing, that...

> Worker 3: But everything...

> Carolyn: It will be fine.

> Worker 3: It will be fine, let's believe that things will work out. And also, you have the [substitution] treatment and everything, and we [home-based support] are here as well.

Carolyn's case has similar features to those of the previous cases: it emphasises how the need for boundaries can arise from both drug-related contacts and also from within the walls of the home due to another resident's behaviour. As Carolyn explained, her privacy was constantly being violated through calls from her housemate's drug contacts, and her home can be interpreted as meeting the features of a risk environment. These distrusted people have not (yet) crossed the physical threshold of the home, but by crossing the symbolic threshold, they have caused disruption to Carolyn's privacy. She sets boundaries and makes the responsibility of communicating with these people her partner's. The workers supported this; as the resident, Carolyn had the right for her privacy to be protected and to have strict boundaries in her home, for which she owes no explanation. Carolyn accounted for how she had ended up in a situation whereby boundaries needed to be set and reflected on her choices regarding the relationship. The worker took Carolyn's side: her choices were understandable, as it was humane to 'believe in everything good'. The complexity of an individual relationship was made evident: her relationship had been important to Carolyn, but it had also undermined her wellbeing and brought risks to her home. Finally, the participants created hope together, and the worker promised that they would support Carolyn in managing her boundaries.

During the same visit, Carolyn's phone rang:

> Carolyn: [Answers her phone] Hi! Hey, I've got visitors. They are helping me with cleaning, I'll call you after that. Okay, bye [ends the call]. Lisa is a nice girl. She works in [peer tutor training for people in substitution treatment], and she is like the only...

> Worker 4: Trusted person.

> Carolyn: Yeah, and it is unbelievable that she is only 22 and how clever she is.

> WORKER3: Right, yeah, yeah.

> [Deleted conversation regarding another topic].

> Worker 4: Do you have an attic here, a cellar?

> Carolyn: Yes.

> Worker 4: Yeah, would it be possible to take some of those [extra items] there or something?

Carolyn: Yeah, I'm about to. And really, Lisa just called. She's like, I think she has a partner, and I'm sure they'll come [to help with the extra items] if I just ask.

After the phone call, Carolyn gave positive feedback about the caller, Lisa, and expressed trust in her based on Lisa's kindness and cleverness. This trust was demonstrated again later in the discussion, when the worker asked about Carolyn's items that needed to be moved elsewhere. In her response, Carolyn described Lisa and her partner as invited visitors to her home, as they were allowed to help her to get rid of her extra things. Because of this confidential relationship, their presence would not make Carolyn's home a risk environment—unlike the previously mentioned distrusted people. In this sense, the extract dismantles the stigma towards people with a history of illicit drug use. Although Carolyn knew Lisa from peer tutor training for people in substitution treatment, for her, Lisa was a 'trusted', 'nice' and 'clever' friend, and there was surely no need to construct boundaries for her.

Case of Maria

Maria had moved on from harm reduction-based substitution treatment to rehabilitative treatment. She has told that since she used illicit drugs during her first treatment, she had a distant relationship with her father. After changing her treatment, her father had promised to visit Maria's home, where she had been living for years. Maria and the workers were cleaning the home for her father's visit:

Maria: Well yeah, that [dining table] needs to be cleaned anyway before dad arrives, because he is used to eating at the table.

Worker 1: Yeah, so you need to get the table done. How old is your dad?

Maria: Seventy-three.

Worker 1: He's a senior already, then.

Maria: Yeah, I've been wondering if he had enough energy to drive here. That may have been sort of an excuse that he has always used, that he no longer has ability to drive here.

Worker 2: And you keep in touch with each other a lot.

Maria: Yeah, I call him every morning.

Worker 2: Oh, yeah, yeah.

Maria: It's become a habit.

Worker 2: Well, that's nice.

Maria: And then he eagerly expects me to visit him. And now we are planning to go fishing, but the lakes haven't melted there yet. And our relationship has improved. I got so much closer to him after I was able to get home medication [in substitution treatment], and it all started to get better.

Worker 2: Indeed, indeed.

Maria's case has similar features to Tony's, as she is also willing to invite an important relative to her home. However, in this excerpt, drug-related relationships were not discussed. The purpose was to make Maria's flat clean and tidy for her father's visit. This can be seen when Maria gave detailed cleaning instructions. The workers had encouraged Maria to maintain her good relationship with her father by helping her clean, thus promoting opportunities for a successful visit. The worker's question about the father's age made Maria wonder about her father's honesty—despite boundaries having not existed for a while, he still had not visited. Maria may have been reflecting on whether he still saw her home as a sort of risk environment, even though she had already stopped using illicit drugs. Her careful cleaning and long-held wish for her father to visit illustrate how important it was for Maria to avoid making the home appear like a risk environment and so strengthen the relationship with her father. This is also evident when Maria described her daily phone calls with him, and when the worker encouraged her to continue doing this. Maria also expressed her closeness with her father by describing how he 'eagerly expects' her visit to his home as well, and how they have made concrete plans together. Last, she reflected on the importance of the latest change in her treatment, which led to improvements in the relationship and made the elimination of a risk environment possible in the first place.

CONCLUSIONS

In this article, we have asked how the boundaries of the home in relation to social relationships are negotiated in the interactions of home-based services for people using

illicit drugs and how the home is constructed as a risk environment in these negotiations. The results indicate that social relationships are significant—for those with a home as well as those who were homeless—and can contribute to risk environments in the clients' daily lives. The results also underline that negotiating social relationships in home-based services is common and often related to discussing the boundaries of clients' homes, such as what is culturally understood as a proper home, a private inside space separated from public outside spaces (see Mallett, 2004).

The meanings of home as a risk environment were evident in the interactions with all five clients. The main difference between them is that in some interactional sequences, the boundaries of homes were strengthened by defining other people as unwanted visitors, whereas, in other sequences, the sense of home was seen to require allowing trusted people inside the home space. In addition, there were differences regarding who constructed social relationships as risks and who led these 'risk environment negotiations', in terms of their perspective and aims. For example, the landlord defined the risks caused by drug-related contacts to avoid noisy living conditions that would disturb the neighbours and might lead to the client's eviction and subsequent homelessness. These concerns were also raised by the other workers, who strived to guarantee their client's right to privacy. However, the clients might have been worried that the risks posed by their drug contacts could prevent important relatives from visiting their homes. When the risk environment is constructed around uninvited visitors, it can close the doors on visitors who cannot or do not want to visit the 'risky home'. This well reflects the complexity of 'risk environment negotiations' in the data.

In some cases, risks are easy to identify, but, sometimes, identification requires careful consideration of boundaries. In our data, the female clients spoke about their partners as being dear to them, but, at the same time, the boundaries of homes were described as being threatened by the harmful actions of these same people and thus constructing their flats as unsafe or non-private places. This highlights the importance of female-specific housing social work (see Granfelt, 2013). It also demonstrates that managing boundaries requires a balance between risks and trust. Sometimes, clients are advised to distance themselves from untrusted relationships that are assessed to be creating risks, whereas they are sometimes given support for inviting people they see as trusted visitors and who thus reduce such risks. This balance is often sought in relation to clients' past relationships that are reflected upon to identify ways to prevent the current home from becoming a risk environment—or to make it safe again. For example, getting rid of past uninvited relationships might require the client to avoid certain neighbourhoods and to move to a new area that could make the home a place where trusted people are able and willing to visit again.

By focusing on studying home visit interaction from the point of view of negotiating boundaries of home in relation to risk environment, this study contributes and brings a new conceptual and theoretical approach to the growing literature on home visit work in social welfare services (see, e.g., Ferguson, 2018; Juhila et al., 2020; Lydahl & Hansen Löfstrand, 2020; Namian, 2022; Ranta & Juhila, 2020; Saario et al., 2021; Winter & Cree, 2016). From the perspective of institutional interaction, the analysis of 'risk environment negotiations' in home-based work expands the understanding of the multiple ways housing and social relationships can be intertwined in the context of illicit drug use. In line with the previous research, this study firstly demonstrates how untrustworthy social relationships can create challenges for the clients to distance themselves from the drug use (see Dingle et al., 2015; Sarpavaara, 2014; Weaver, 2015). Second, this study confirms the previous findings stating how privacy-violating social relationships can cause serious risks to daily life at home and ultimately lead to evictions (see Granfelt, 2013; Perälä, 2011, pp. 127–129). Third, this research underlines that people using illicit drugs can have trusted and secure close ones visiting their homes. These relationships can have a crucial role in creating the 'sense of home' in the clients' current flats, which can strengthen their attachment to their living places emotionally and make their homes feel as personally meaningful places (see Vandemark, 2007).

To summarise, the results suggest that paying attention to social relationships and boundaries of homes should be an essential part of the Housing First policies and housing social work practices to secure the housing and prevent the long-term homelessness among people using illicit drugs. Maintaining these boundaries is often easier in scattered housing, which is internationally defined as a 'core context' of the Housing First model (see, e.g., Knutagård et al., 2021) than in housing units, which are common especially in the Finnish Housing First model (see, e.g., Granfelt, 2013). From the spatial perspective, the physical walls of one's 'own' can make it easier to manage the boundaries of homes and the risks caused by the untrusted social relationships. Assumingly this becomes more difficult in such housing units where the public walls are 'shared' with people that might cause disturbance and the feelings of unsafety (see, e.g., Leonardi & Stefani, 2021; Wasilewska-Ostrowska, 2020). Nonetheless, it can be argued that in this latter case, having 'risk environment negotiations' and reflecting the boundaries of homes in client–worker interactions becomes even more important in housing social work practices.

As clients′ life situations, social relationships and possible risks differ from each other, there are also situational differences between how the workers support them in assessing risks and managing boundaries. The workers′ interactional orientations vary from practical advice and straightforward intervention to delicate discussions, creating hope and empowering the clients for a better future (see also Ranta & Juhila, 2020). Thus, the workers′ interactional skills, and also their work tasks and the culturally defined norms of a 'risky' environment, play a significant role in such encounters and need to be studied more in further research. The analysis also enables an interpretation of how social norms at a macro-environment level intertwine with those at a micro-environment level, for instance, regarding norms about 'good' and trustworthy visitors.

This study brings a new scope and perspective to the risk environment framework that has been mostly conducted in policy-level studies (see, e.g., Pauly et al., 2013; Rhodes, 2002, 2009) by demonstrating how the concept can be applied in micro-level interaction studies. This kind of interaction analysis follows Rhodes′s (2002, 2009) findings; in home visit work encounters, drug-related harms are represented as consequences of complex social relations, and thus they cannot be unequivocally connected to individuals and their choices. The research also points out that the home activates a wide range of important discussions regarding its place as a possible risk environment based on residents′ social relationships, thus making it a valuable meeting place in welfare work. The importance of support provided by home-based services is especially emphasised if social relationships pose risks regarding potential homelessness or if the privacy and safety of the client′s home is threatened. This is important not only in Housing First and harm reduction-based housing social work but also in all welfare services aimed at reducing the homelessness of people using illicit drugs.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Research data are not shared.

ORCID

Johanna Ranta https://orcid.org/0000-0003-2064-3110
Jenni-Mari Räsänen https://orcid.org/0000-0002-9616-3044
Kirsi Juhila https://orcid.org/0000-0002-5244-3669

REFERENCES

A Home of Your Own. (2017). *Housing first and ending homelessness in Finland*. Y-Foundation. https://ysaatio.fi/en/housing-first-finland/a-home-of-your-own-handbook

Andvig, E. S., Sælør, K. T., & Ogundipe, E. (2018). Harm reduction in a Norwegian housing first project: A qualitative study of the treatment providers′ practice. *Advances In Dual Diagnosis*, *11*(1), 4–15.

Arvidsson, H. (2005). Changes in the group defined as severely mentally ill: Five years after the mental health-care reform in Sweden. *International Journal of Social Welfare*, *14*, 277–286.

Blunt, A. (2005). Cultural geography: Cultural geographies of home. *Progress in Human Geography*, *29*(4), 505–515.

Brodwin, P. (2013). *Everyday ethics voices from the front line of community psychiatry*. University of California Press.

Büscher, M., & Urry, J. (2009). Mobile methods and the empirical. *European Journal of Social Theory*, *12*(1), 99–116.

Dingle, G. A., Stark, C., Cruwys, T., & Best, D. (2015). Breaking good: Breaking ties with social groups may be good for recovery from substance misuse. *British Journal of Social Psychology*, *54*(2), 236–254.

Ferguson, H. (2018). Making home visits: Creativity and the embodied practices of home visiting in social work and child protection. *Qualitative Social Work*, *17*(1), 65–80.

Granfelt, R. (1998). *Kertomuksia naisten kodittomuudesta [Stories of female homelessness]*. Suomalaisen Kirjallisuuden Seura.

Granfelt, R. (2013). Asumissosiaalinen työ läsnäolotyönä: Kokemuksia naisten yhteisöstä [housing-related social work as attendance work: Experiences from a women′s community]. In M. Laitinen & A. Niskala (Eds.), *Asiakkaat toimijoina sosiaalityössä* (pp. 219–243). Vastapaino.

Hall, C., Juhila, K., Matarese, M., & van Nijnatten, C. (Eds.). (2014). *Analysing social work communication: Discourse in practice*. Routledge.

Hudson, C. G. (2019). Deinstitutionalization of mental hospitals and rates of psychiatric disability: An international study. *Health and Place*, *56*, 70–79.

Juhila, K., Holmberg, S., Lydahl, D., & Hall, C. (2020). Observing and commenting on clients′ home environments in mobile support home visit interactions: Institutional gaze, normalisation and face-work. *Housing, Theory and Society*, *39*, 82–97. https://doi.org/10.1080/14036096.2020.1838944

Keet, R., De Vetten-McMahon, M., Shields-Zeeman, L., Ruud, T., Weeghel, J., Bahler, M., Mulder, N., Van Zelst, C., Murphy, B., Westen, K., Nas, C., Petrea, I., & Pieters, G. (2019). Recovery for all in the community; position paper on principles and key elements of community-based mental health care. *BMC Psychiatry*, *19*(1), 174.

Knutagård, M., Heule, C., & Kristiansen, A. (2021). Missing hero: Co-producing change in social housing programmes. *Social Inclusion*, *9*(3), 234–244.

Leonardi, D., & Stefani, S. (2021). The pandemic and homeless people in the Turin area: The level of housing adequacy shapes experiences and well-being. *Housing, Care and Support*, *24*(3/4), 93–104.

Lydahl, D., & Hansen Löfstrand, C. (2020). Doing good: Autonomy in the margins of welfare. *Sociology of Health & Illness*, *42*(4), 892–906.

Lydahl, D., Holmberg, S., Günther, K., & Ranta, J. (2021). Doing data together: Affective relations and mobile ethnography in home visits. *Qualitative Research*, *21*(4), 515–530.

Mallett, S. (2004). Understanding home: A critical review of the literature. *The Sociological Review*, *52*(1), 62–89.

Mansell, J. (2006). Deinstitutionalisation and community living: Progress, problems and priorities. *Journal of Intellectual & Developmental Disability*, *31*(2), 65–76.

Namian, D. (2022). Homemaking among the 'chronically homeless': A critical policy ethnography of housing first. *Housing Studies*, *37*(2), 332–349.

Novoa, A. (2015). Mobile ethnography: Emergence, techniques and its importance to geography. *Human Geographies*, *9*(1), 97–107.

Padgett, D. K., Stanhope, V., Henwood, B. F., & Stefancic, A. (2011). Substance use outcomes among homeless clients with serious mental illness: Comparing housing first with treatment first programs. *Community Mental Health Journal*, *47*(2), 227–232.

Pauly, B., Reist, D., Belle-Isle, L., & Schactman, C. (2013). Housing and harm reduction: What is the role of harm reduction in addressing homelessness? *International Journal of Drug Policy*, *24*(4), 284–290.

Perälä, J. (2011). *Miksi lehmät pitää tappaa? Etnografinen tutkimus 2000-luvun alun huumemarkkinoista Helsingissä* [Ethnographical study of the drug market in Helsinki in the early 2000s]. Research 56. National Institute for Health and Welfare.

Ranta, J., & Juhila, K. (2020). Constructing a sense of home in floating support for people using drugs. *Qualitative Social Work*, *19*(4), 685–700.

Rhodes, T. (2002). The 'risk environment': A framework for understanding and reducing drug-related harm. *International Journal of Drug Policy*, *13*, 85–94.

Rhodes, T. (2009). Risk environments and drug harms: A social science for harm reduction approach. *International Journal of Drug Policy*, *20*, 193–201.

Saario, S., Hall, C., & Lydahl, D. (2021). Engaging with hard-to-reach clients: Towards the last resort response by welfare workers. *Social Inclusion*, *9*(3), 265–275.

Sarpavaara, H. (2014). Talk about friends, drugs and change: Meanings of friendship in substance abusers' change talk. *Substance Use & Misuse*, *19*(6), 645–653.

Sawyer, A.-M., Green, D., Moran, A., & Brett, J. (2009). Should the nurse change the light globe? Human service professionals managing risk on the frontline. *Journal of Sociology*, *45*(4), 361–381.

Terkenli, T. S. (1995). Home as a region. *Geographical Review*, *85*(3), 324–334.

Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, *94*(4), 651–656.

Vandemark, L. M. (2007). Promoting the sense of self, place, and belonging in displaced persons: The example of homelessness. *Archives of Psychiatric Nursing*, *21*(5), 241–248.

Wahlbeck, K., Sailas, E., Haaramo, P., Vastamäki, M., & Joffe, G. (2017). Muutokset aikuisten ympärivuorokautisissa mielenterveyspalveluissa HUS-alueella 2012–2014 [Changes in 24-hour adult mental health services in the HUS area 2012–2014]. *Suomen Lääkärilehti*, *72*(22), 1429–1434.

Wasilewska-Ostrowska, K. M. (2020). Social work with a person in the crisis of homelessness in the context of the COVID-19 pandemic in Poland: Problems and challenges. *International Social Work*, *63*(6), 833–837.

Weaver, B. (2015). *Offending and desistance: The importance of social relations*. Routledge.

Winter, K., & Cree, V. E. (2016). Social work home visits to children and families in the UK: A Foucauldian perspective. *The British Journal of Social Work*, *46*(5), 1175–1190.