

CONSTRUCTING A SENSE OF HOME IN FLOATING SUPPORT FOR PEOPLE USING DRUGS

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Introduction

Homelessness is a common phenomenon among people addicted to drugs, since homelessness and drug use often affect one another. Living without a home and experiencing the sense of not belonging can negatively affect mental health (Vandemark, 2007: 241–242, 244), create challenges in managing drug addiction and lead to greater intoxicant use (Granfelt, 2013; Pleace et al., 2015; Tsemberis, 2010) and can thus even increase the risk of mortality (Zivanovic et al., 2015). Hence, if the needs of these people are not recognised in housing policies and social and health care, it increases the risk for recurrent and long-term homelessness. Offering housing with conditions of abstinence and a commitment to support that ignores individual needs is rarely an adequate solution (e.g. Granfelt, 2013; Pleace et al., 2015; Tsemberis, 2010). Therefore, the Housing First model, in which having a home is considered to be a fundamental right, is implemented in many countries. By offering a permanent place to live, Housing First aims to help people to manage better in everyday life, which helps to control their drug use. (Granfelt, 2013; Pleace et al., 2015).

Even though statistics usually simplify homelessness as the lack of a flat, this is only one part of what it means to be homeless. While a flat refers to a physical space and the material belongings within it, a home has a deeper personal meaning (e.g. Blunt, 2005; Duncan and Lambert, 2004; Granfelt, 1998). Referring to Ternkeli (1995), Vandemark (2007: 243) defines a home as a ‘location of the domicile, the time lived in that place, and the presence or absence of social connections therein’. Thus, a home consists of emotional, material and social dimensions (e.g. Blunt, 2005; Granfelt, 1998; Oswald and Wahl, 2005; Ternkeli, 1995). For example, we might want to live in a certain area with certain people, or decorate our homes with items we like to make the home feel cosy, safe and personal. By doing

so, we attach ourselves emotionally to a place (Blunt, 2005; Duncan and Lambert, 2004: 383). However, the ability to create this kind of place attachment can be violated due to having experienced homelessness, traumas and non-attachment (Blunt, 2005; Vandemark, 2007). Hence, it is possible to live in the same flat for years yet never call it home.

To prevent homelessness among people in vulnerable life conditions, they should be supported in their place attachment by constructing a sense of home with the help of trustworthy people (Granfelt, 1998: 47–48). We argue that workers of supportive housing services could be such people, and thus it is important to understand their work. The most relevant place to examine their work is in the home itself. In this study, we concentrate on home visit interactions in a Finnish Housing First-based floating support service for people injecting drugs. We study how the workers and clients discuss clients' attachments to the places they live in and how the workers construct a sense of home in collaboration with the clients. To our knowledge, in regard to services for people using drugs there is no previous research on this topic. In general, social work studies have shown greater interest in home visit interactions (e.g. Ferguson, 2016, 2018; Juhila et al., 2016). Also, previous studies have utilised interviews to explore the meanings of home for homeless people with substance use problems (e.g. Granfelt, 1998, 2013).

Homelessness, drug use and place attachment

The meaning of home becomes more visible after losing the place that feels like home (Ternkeli, 1995: 328). When the familiar environment is lost, personal space and privacy are also lost. Homeless people need to find a place to stay and often move constantly from one temporary shelter to another (Vandemark, 2007: 243–244). A lack of personal space can also be a consequence of unsupportive relationships or a lack of supportive relationships (Blunt, 2005). Due to the illicit nature of drug use, it is practically impossible not to have contact with people who sell or use drugs. Thus, it is not always possible to maintain boundaries that protect privacy. (Granfelt, 2013: 227; Perälä, 2011: 127–129.)

Since addiction often appears cross-generationally, home can also be a place where drugs or traumatic experiences, such as violence, have always been present. Therefore, even the most familiar environment that should feel safe and private can sometimes feel very unsafe (e.g. Blunt, 2005: 509; Cloutier et al., 2015: 769; Granfelt, 1998: 103; Vandemark, 2007: 244).

Blunt (2005: 506) notes that lived experiences are present in people's current housing. It can be challenging to make an attachment to a place and make it feel like home if homelessness or other traumatic experiences have created a feeling of displacement. According to Vandemark (2007: 241–242), Simpson and Weiner (1989) define displacement as 'the act or process of removing something from its usual or proper place, or the state resulting from this'. Losses of familiar environments and societal roles may lead to a 'diminished sense of self-cohesion' (Vandemark, 2007: 241, 244) and to experiences of not belonging to any community or place (see also Dixon and Durrheim, 2000). Since the clients who participated in this study have been homeless at some point in their lives, they may experience a feeling of displacement and the weakened ability to attach to a place.

Challenges in place attachment may also be connected to cultural expectations of 'what should home be like', such as certain cleaning standards or norms for the appropriate amount of belongings in a home (Granfelt, 2013: 221). Despite these expectations, we argue that the sense of home is based on personal experiences, and no definition exists that includes all meanings of home.

To summarise: the ability to become attached to a place and construct a sense of home can be affected by individual life situations, home histories and cultural expectations. In order to find solutions to reduce homelessness and improve people's capacity to attach to a place, to call it home, there is a need to understand how the sense of home is constructed at the grass-roots level services targeted at people using drugs.

Housing First and floating support

The Housing First model is widely used to address the homelessness of people with substance use problems. The key idea is that everyone has a right to have a home, and that right should not be conditional on compliance to terms of abstinence or on a client's commitment to offered services (e.g. Palepu et al., 2014; Pleace et al., 2015; Tsemberis, 2010). Housing First is utilised, for example, in Finland with positive results: during the years 1987–2017, homelessness decreased from over 18000 people to 7112 people (Homelessness in Finland 2017). Housing First has been implemented through national programmes launched by the Ministry of Environment (PAAVO I and II 2008–2015, AUNE 2016–2019). During the PAAVO programmes, long-term homelessness decreased by 35 per cent. (Action Plan for Preventing Homelessness in Finland 2016–2019.)

Our study observes a Housing First-based support project for people injecting drugs, located in a large Finnish city and run by an NGO. The primary aim is to reduce the individual and societal harms of drug use, especially the risk of homelessness. Hence, the project offers floating support by making home visits, which is generally a key practice in Housing First services (see Tsemberis, 2010). When gathering the research data, there were four employees working on the project. The support is based on clients' voluntary willingness to participate. Clients can contact the workers anonymously and without an appointment. Even though the project is targeted at adults injecting drugs, some clients are committed to opioid substitution treatment. However, all clients have at least a history of drug use and a need for support in their housing.

When becoming clients of floating support, people are either homeless or they already have a flat. If clients permit, the workers can contact a social worker, landlord, local housing company or the Social Insurance Institution to arrange housing issues. The clients sign their own rental contracts. In addition, the workers can make an agreement on floating support with the client and the local housing company based on the client's needs. In the floating support, the workers provide practical help through cleaning, repairing, paying the rent and so on. During the home visits, the clients often discuss their

personal issues related to matters such as housing, social and health care needs, social relationships, drug use and other daily concerns.

Since the project aims at harm reduction, the clients do not have to hide their drug use. Hence, it is possible to create immediate and trusting relationships with the workers, which often have positive effects on the clients' ability to keep their flats and manage housing issues (Granfelt, 2013: 75). As Granfelt (2013: 221) puts it, floating support is 'interaction work that is based on presence in a client's everyday life'. Trust plays an important role when people in stigmatised positions invite the workers to their private flats to discuss delicate issues. In our data, the most frequently discussed issues are related to the clients' homes.

Method

Data and ethics

The data of this study includes 12 home visits (12 hours 30 min in total, with an average of 1 hour 3 minutes per visit) recorded in 2017. At each visit, one client and one to three workers were present. In addition, on three visits the landlord and the client's mother, or friend, were present. Home visits were conducted in five different clients' (three women's and two men's) flats. Before gathering the data, the researcher (the first author of this article) spent 40 hours in the project to get to know the clients and workers and to recruit participants in the study. Initially, all the floating support clients were invited to participate. However, based on the knowledge the workers had, the researcher and workers assessed that due to acute paranoia, some clients' mental health might be harmed by having the researcher visit their homes and use an audio-recorder. Hence, these clients were not actively recruited to participate.

The data was gathered by utilising mobile ethnography, which is also called as 'shadowing' (e.g. Ferguson, 2016; Quinlan, 2008): the researcher followed and observed the workers and clients in clients' flats and audio-recorded their conversations. Since the home visits would have taken place

regardless of the study and the researcher did not actively participate in the discussions, the data can be characterised as naturally occurring. In addition, the field notes were taken to describe the clients' home environments and to give a context for each data extract.

Since people using drugs are easily stigmatised, ethical issues must be carefully considered. We have respected the guidelines of TENK¹, and the Ethics Committee of the Tampere region has confirmed that there are no ethical problems in this study. The researcher discussed the research's purpose with the participants before recording. They were informed that participation was voluntary, that they could decline at any time and that refusal would not affect their eligibility to receive support from the project. The participants were informed that all their personal identifiers would be changed or removed to ensure their anonymity. The participants signed written permission forms that included all of this information.

Research questions and the analysis of data

In analysing the data, we asked the following questions:

1. How do the clients and workers discuss clients' attachments to the places they live in?
2. How do the workers construct a sense of home in collaboration with the clients?

When answering these questions, we applied ethnomethodologically oriented interaction analysis (e.g. Hall et al. 2014; Juhila et al. 2017) and geographies of home and home-based care (e.g. Angus et al., 2005; Blunt, 2005; Cloutier et al., 2015; Duncan and Lambert, 2004). These approaches directed us to analyse how 'place matters' (Vandemark, 2007: 242) and 'how human conduct is always located in a particular space or place' (Benwell and Stokoe, 2006: 220). Meeting clients at their private homes instead for example public offices creates a special framework for the interaction analysis (Juhila et al., 2016), especially when the focus is on home construction.

¹ Finnish National Board on Research Integrity (TENK) defines national instructions for responsible and ethical research in Finland, <http://www.tenk.fi/en>.

We used the ATLAS.ti 8.0 to obtain an overall picture of the dataset and to find a focus for a more detailed interaction analysis. As an initial finding, we noticed that discussions concerning clients' flats and the meanings of home were prevalent throughout the data. Over half of our data (transcribed to text) concerned these topics (a total of 200 sequences). The discussions were typically held during physical activities related to constructing a sense of home, such as during cleaning or decorating the flat. We noticed that common to the found sequences was that the clients' homes were discussed as they were 'not ready yet'. For example, sometimes clients described their flats as 'pigsties' or they had made 'temporary' home decorations. Thus, we assume that the long-term 'meta-goal' of the floating support is to help the clients in their individual paths to achieve a sense of home. This interpretation led us to examine more closely how clients' sense of home was constructed in different phases in home visit interaction.

First, we took a closer look at the phase in which we assessed that the construction of the sense of home was in the beginning stage. These discussions suggested that the sense of home had not yet been achieved due experiences in previous homes or experiences of homelessness (23 sequences). For example, the clients described their non-existent relationships to the flats, such as 'this flat does not represent what a home has usually been for me'. Second, we analysed discussions that seemed to relate to an ongoing construction of a sense of home (153 sequences). As the sense of home is a personal experience, we paid special attention to how clients' wishes concerning their flats were discussed. The workers talked and behaved in ways that respected their clients' wishes: they either asked a question concerning the client's wishes (102 sequences) or responded to a desire that the client first suggested (51 sequences). Third, we focused on conversations in which the sense of home seemed to have been achieved at some level (24 sequences), as in the situation where the worker describes how the client 'quickly made this place like home'.

Next, we analyse seven data excerpts in detail. The excerpts are chosen among all found sequences with the following criteria. First, they include all the clients and workers that participated in the study.

Second, they extensively represent the whole data corpus and illustrate well different phases of home construction. We used these phases to give a structure to the analysis and named them as follows: 1) reflecting former experiences of homes and homelessness, 2) beginning to construct a sense of home, 3) constructing a sense of home based on client's wishes and 4) approaching a sense of home.

Constructing a sense of home in home visit interaction

Reflecting former experiences of homes and homelessness

In the first excerpt W1 (worker 1) visits Amy's one-room flat, which her grandmother owns. Since Amy has only been using drugs occasionally for a while and working at the flea market, the home visits are currently arranged irregularly. Amy explains how she woke up early to clean the flat and has put most of her belongings under her bed. In addition to furniture, there are not many belongings on the floor. Amy starts to share details of her former life:

Amy: And I want to hoard the stuff from there [flea market], but grandma said don't do that as it will become the same as the home in [name of the childhood home street]. I mean you can't see the walls there, I have never seen the walls. There's stuff, if the wall is here then the stuff goes up here and the roof [visualises the speech with her hands]. There are these paths, and I mean there's this mountain of stuff. There are TV-shows about hoarding in America, they are nothing compared to those digs. I know what it is when mum takes stuff from flea markets and when she has a binge going on, the stuff just remains.

The impact of Amy's experiences from her childhood home is evident when she describes her grandmother's advice to avoid the hoarding behaviour, although she has had temptations 'to hoard the stuff from there [flea market]'. By saying 'don't do that' and threatening that 'it will become the same as the home in [name of the childhood home street]', the grandmother defines Amy's childhood home as a place to which Amy would not be able to attach. The grandmother seems to predict that if

Amy begins to hoard, her flat will become a place without a sense of home. Hoarding belongings can also be seen as in opposition to cultural expectations of what is a 'right kind' of home (Granfelt, 2013: 221). By saying, 'I mean you can't see the walls there' and using the metaphors of 'paths' and 'mountain of stuff, as well as emphasising these with hand gestures and saying that the TV-shows about hoarding are 'nothing' compared to her childhood home, Amy provides a vivid picture of a model that her childhood home has given. However, Amy seems to respect her grandmother's advice over her personal desire for hoarding, since there are no signs of 'paths' or 'mountains of stuff' in her flat.

In the second excerpt, the workers visit Joanne's flat, which she has shared for a year with her partner David. Right before the visit, Joanne has heard that the police have arrested David for his outstanding fines. She expresses her relief about this because of the difficulties they have had in their relationship and because of David's use of amphetamines. Joanne herself has just started an opioid substitution treatment. She tells how they ended up in this flat:

Joanne: We were evicted and stuff, we had two rooms and a kitchen in [another neighbourhood], and there was a glazed balcony and everything. It was so stormy from the very beginning, it [the eviction] was enforced because of the row. And we had to take the first flat that came our way, and it was this one. Probably at some level, this flat represents nothing that a home has usually been for me. So I wasn't certain, I've been thinking that it would have been better if I didn't set up home with David in the first place.

After Joanne shares her thoughts about the threat of homelessness she and David faced a year ago, she describes their old home: 'we had two rooms and a kitchen in [another neighbourhood], and there was a glazed balcony and everything'. Such a list including the words 'and everything' gives the impression that the old home completely fulfilled their needs – in other words, Joanne was attached to their former home, and a sense of home was more present there. Although Joanne reports that leaving this home was not their own choice, she recognises their responsibility in losing it, since the

eviction was a consequence of their own actions. If Joanne had other options, she would not probably have chosen this place, as she expresses in the phrases ‘we had to take the first flat that came our way and it was this one’ and ‘this flat represents nothing that home has usually been for me’. The last phrase tells how the sense of home is missing in Joanne’s current living place and how she has not been able to make an attachment with this flat. She seems to think that in addition to physical surroundings, the missing sense of home may be related to her social and emotional connections as well (see e.g. Blunt, 2005; Cloutier et al., 2015; Oswald and Wahl, 2005): ‘I’ve been thinking that it would have been better if I didn’t set up home with David in the first place.’

Beginning to construct a sense of home

In the third excerpt, the purpose of the home visit is to clean Joanne’s flat for a social worker’s home visit later that same week. Joanne tells that she sleeps on the sofa because of the large amount of belongings on her bed. However, the sofa and the floor seemed to be covered with belongings as well. Joanne assesses the situation in her flat as follows:

Joanne: There’s, you know, a lot to do here [in the flat], but luckily there’s still some time.

WI: Yeah, and you see this kind of certain... people have a lot of stuff and yeah, it’s not, she won’t make a checking visit, but she’ll figure out whether there’s something you need help with.

Joanne: Yeah, and I’m going to, you know, tell her that you helped me. It’s not worth underrating the truth here in this flat at all.

WI: Then on the other hand you’re that kind of person that forces herself to manage really well, so it might be difficult to think that hey, there is now a need for help.

Joanne: Yeah and then it feels that... I feel ashamed how it’s, that I haven’t got myself, that I’m in this position where I’ve been living here for a long time and home is really important to me.

And nevertheless, this place is such a pigsty. And I keep on talking about the things I haven't got done here, and then we're [Joanne and her partner David] like, we're going to... and then it always remains undone.

W1: Well, but we're here now.

By saying 'there's a lot to do here', Joanne implies that her home is far from finished. Thus, it can be interpreted that constructing a sense of home is in the beginning phase. *W1* normalises Joanne's situation by presenting it as the ordinary state of things (see Sacks, 1984) by saying that 'people have a lot of stuff', and she explains the function of the forthcoming home visit: the social worker will not visit Joanne's flat to judge its condition. She also makes Joanne's situation human and understandable, as she points out how Joanne has always survived independently, which is why it might not be easy to ask for help. Joanne tells how she is 'ashamed' about her inability to keep the flat clean and gives the impression that, she should have been able to fulfil her own expectations and construct a sense of home by herself. The fact that Joanne has invited the floating support workers into her flat to help her – despite being 'ashamed' – implies trust towards these workers (Granfelt, 2013: 75).

Joanne's words 'home is really important for me' reflect the emotional attachment she has been able to reach before. Joanne uses this reflection to emphasise her disappointment in herself: 'And nevertheless, this place is such a pigsty'. The word 'pigsty' draws a picture of an unpleasant place, which strengthens the interpretation that she is far from any sense of home that she would like to have, and thus this place is not something she could become attached to. After Joanne tells how – despite her intentions – things 'remain undone', *W1* stands by her and comforts her: 'well, but we're here now'. Through this *W1* can be seen as aiming to increase trust (see Candlin and Crichton, 2013) between Joanne and the workers and thus establish that a sense of home is something that they can help Joanne to achieve.

Constructing the sense of home based on the client's wishes

The next two excerpts take place in Hannah's two-room flat in the city centre where she has lived for several years. Hannah has just proceeded on her treatment pathway to rehabilitative opioid substitution treatment. In the following, the workers visit Hannah's flat to help her to clean the place. During the conversation, they organise Hannah's belongings:

W2: Should we put the carpet there, in the middle, in the middle of that sofa or how?

Hannah: Hmm, this table can be placed like...

W2: Is this carpet going a bit there?

Hannah: No, it can be moved a bit this way.

W2: Yeah, and when it's from here... it is, yeah. Should we put it in relation to the sofa or how?

Hannah: Yeah, let's put it that way.

By asking 'should we put the carpet there', W2 gives a signal that the decision is not his to make and promotes Hannah's right to make the decisions in her private space by adding 'or how?' While Hannah considers the carpet's location, W2 asks a clarifying question: 'Is this carpet going a bit there?' and thus respects Hannah's own vision of how to furnish the place, which enables Hannah to construct her own sense of home by allowing her to do things in her own way. Hannah disagrees and guides W2 to put the carpet in a different place. Again, W2 accepts this desire by answering 'yeah' and asks how together they should place the carpet: 'should we put it in relation to the sofa' – reflecting the aim of collaboration. He uses an additional 'or how', thus Hannah can once again present her own desires. Hannah approves of this suggestion: 'Yeah, let's put it that way'. By repeatedly respecting Hannah's wishes when constructing a sense of home together can be interpreted as a way to support Hannah's attachment to the place.

During another visit, the workers support Hannah again in cleaning her flat. In the fifth excerpt, the workers are helping her get rid of extra belongings:

Hannah: Yeah, you can throw that tin box away also. I can't put anything there because it's been in the toilet, so it's not possible to...

W2: Well ok, we'll put those in the bin, that's not a problem. A little less stuff then.

Hannah: Yeah. Luckily, Katie [W1] taught me how to give up my stuff.

W2: Yeah. She did have to work for it though [laughter], just kidding.

Hannah: Maybe next time then and, then always-

W2: But the changes won't happen instantly, it certainly is that kind of thing that it's...

Hannah: It took years.

W2: ...you have to process it inside your head first and only after that does it begin to happen.

Hannah's turn 'you can throw that tin box away also' includes a desire for W2 to fulfil, which she justifies by saying that she cannot find a function for it anymore. Since the wish is not presented as a question, it is concurrently an instruction for W2 should do next. W2 respects Hannah's right to self-determination in her flat by aligning with her view (see Zimmerman, 1998: 89–90): 'well ok, we'll put those in the bin, that's not a problem'. He then strengthens this alignment by confirming that it is a good habit to give up the stuff. Hannah agrees, 'Yeah', and continues with a thankful comment directed at another worker who is not present: 'Luckily, Katie [W1] taught me how to give up my stuff'. This gives the impression that she would not have been able to learn this skill without the help of the floating support. Therefore, this can be seen as a crucial factor in Hannah's process in constructing a sense of home, which also enhances Hannah's possibilities to form an attachment to her current living place. After joking – which can be interpreted as a sign of trust between W2 and Hannah – W2 takes a serious approach and extends the progress made to a general level: 'but the changes won't happen instantly, it's certainly that kind of thing'. Hannah agrees by referring to her own experience: 'It took years'. W2 continues with advice that explains that this long process is a normal, ordinary phenomenon (see Sacks, 1984): 'you have to process it inside your head first and

only after that does it begin to happen'. This, thus, constructs a sense of home also as a necessary mental process.

Approaching a sense of home

In the sixth excerpt, the workers visit Jack's home for the second time. Jack's homelessness ended a few weeks ago after he got a rental flat as a result of collaboration between the floating support and a local housing company. Jack has been arranging his belongings in the flat:

Jack: It's a little annoying how this lead goes here, I should get more aerial lead because five metres wasn't enough.

W4: Where does that go to?

Jack: To the television.

W4: Oh, it comes from there.

Jack: I have to pull this next to the wall.

W4: Yeah, it should be pulled-

Jack: And the other lead goes right here after, so it will be ok.

W4: Yeah, that's right.

Jack: It's temporary, it has sort of just been left there in the doorway.

W3: Well, you quickly made this place like home.

Jack: Yeah.

W3: It's just that if you can't make it like a home quickly, it will become like a warehouse and like a pigsty pretty fast.

After reporting that the aerial lead is too short and its current location is wrong, Jack points out that this arrangement is 'temporary' and will be changed later. He justifies this with a reaction that can be interpreted as either forgetfulness or carelessness: 'it has sort of just been left there in the doorway'.

The word 'temporary' leads to the interpretation that Jack is still in the process of constructing a sense of home and that his kind of sense of home does not include occasional solutions. However, W3 seems to indicate that despite this temporariness, Jack has managed to create a sense of home, and the place thus represents something where it is possible for Jack to form an attachment. W3 gives a compliment answer, which is accompanied with a positive and encouraging assessment (cf. Jones, 1997; Pudlinski, 2008): 'Well, you quickly made this place like home.' The word 'quickly' implies that compared to the time Jack has lived in this flat, the sense of home has been constructed fast. Jack gives a neutral, but approving response to W3: 'Yeah'. Following this, W3 elaborates on his earlier positive assessment with metaphors that illustrate that it is not possible to construct a sense of home and thus attachment to a place that is intended just for storing belongings ('like a warehouse') and is dirty ('like a pigsty'). In addition, W3 seems to display that a sense of home should be constructed as soon as possible, 'pretty fast', to avoid the kind of result that would not promote place attachment.

Henry, whose home visit we analyse next, had been staying at his mother's home during his homelessness. He got a rental flat a month ago with the floating support's help. Henry has already located some of his wooden furniture in the flat, the same furniture that he used to have in his old home. Since Henry's arm is permanently damaged, W1 helps him to arrange his belongings. They have been organising for a while, when W1 starts this discussion:

W1: So, this is nice, your home.

Henry: Yeah it is, I can settle in here.

W1: Will it be easier when you get rid of the [moving] boxes?

Henry: Yeah, yeah.

W1 gives Henry a compliment with the positive assessment (Jones, 1997; Pudlinski, 2008), 'so, this is nice, your home', which Henry confirms: 'Yeah it is, I can settle in here'. This makes it evident that even though the flat is not yet ready, as Henry has not found places for all his belongings, the participants seem to agree that a sense of home is already present at some level. W1 asks, referring

to Henry's previous answer, if 'settling in' will be easier after 'getting rid of the [moving] boxes'. From the workers' point of view, 'settling in' can be understood as approaching the 'final' sense of home. Henry, with the neutral answer 'Yeah, yeah' seems to confirm this view. With this double confirmation it can be interpreted that he displays certainty that he is able to approach a sense of home in this flat and become attached to it.

Discussion

The aim of this study was to analyse how the clients and workers of the floating support for people using drugs discuss clients' attachments to the places they live in and how the workers construct a sense of home in collaboration with the clients. We found that the workers skillfully responded to the clients' needs by using different kinds of interactional tools to support the clients in their construction of a sense of home and thus to strengthen their abilities to form an attachment to their current living places. For example, the workers respected clients' wishes by aligning with their views (see Zimmerman, 1998) and promoting their right for self-determination when decisions concerning clients' private home spaces were made. They gave compliments and positive assessments (see Jones, 1997; Pudlinski, 2008) in regard to the flat and comforted and stood by the clients when they did not have enough resources to construct a sense of home alone. They normalised, humanised and made the complex housing issues understandable and ordinary (see Sacks, 1984) to make the clients feel that they were not alone with their situations. The trust between clients and workers (see Candlin and Crichton, 2013) was established when the workers assured clients that they would help them to construct a sense of home. 'We-talk' used by the workers indicates how such promises of collaboration were conducted in action.

Overall, the study highlights how the workers responded sensitively and productively to the clients' needs and wants through collaborated actions and conversations that complement each other in the clients' home spaces. The concrete support – which included for example cleaning, decorating and

arranging personal belongings – was conducted among discussions about clients’ and workers’ general ideas in regard to a sense of home, clients’ individual home histories and feelings towards the places in which they lived. The workers handled these issues with delicacy. In line with earlier research, former experiences of homes and displacement (e.g. Blunt, 2005; Vandemark, 2007), social relationships, cultural conceptions of homes and the societal expectations of self-sufficiency (Granfelt, 2013: 221) were present when discussing clients’ current housing. Therefore, we argue that the clients’ flats are fruitful places for client-worker interaction, since the interactions seem to enable clients to handle their current life situations and former experiences of homes, construct their kind of sense of home and, through that, help them to strengthen their place attachment.

The analysis shows how the phase of construction of a sense of home varied among the clients. While some clients were in the very beginning stages of constructing a sense of home, despite having lived in their flats for a long time, some clients achieved a sense of home quite quickly during their clienthood in floating support, even though they had not lived in their flats that long. Thus, it can be interpreted that the time and amount of needed support to construct a sense of home differs. This strengthens the arguments that among people using drugs, tailored and trustful support is often needed to construct a sense of home and to accomplish place attachment.

Conclusions

This study demonstrates how constructing a sense of home becomes a core topic in client-worker home visit interactions in floating support for people using drugs. The results highlight how small, even trivial, concrete actions and workers’ interactional approaches can be meaningful for the clients’ ability to construct a sense of home and through that attachment to their flats. Meeting clients in their flats enables workers to observe home environments, bring up home-related conversations, give concrete help in regard to housing and thus support clients’ attachment to their living place in a way that would not be possible for example in public offices. Among those using drugs, providing a flat

alone does not necessarily solve their recurrent homelessness or reduce the experience of displacement. It might even increase the risk for homelessness if people do not become emotionally attached to the place they live (e.g. Granfelt, 2013). The joint construction of a sense of home can be seen as an important factor to prevent homelessness: when a home as a space feels personal, it makes housing more stable and allows attachment to the place. As this study points out, if the individual needs are recognised in housing policies as well as in grass-roots level practices, it is possible to support people using drugs to become attached to the place they live. Thus, there is a real need for easily accessible housing services that provide flexible, comprehensive and individualised support.

In regard to the limitations, the results are limited to a specific context of this study. They are thus not necessarily generalisable to all home visit work. Furthermore, it is possible that the process of constructing the sense of home would have been more complex if the clients with acute paranoia had participated. However, since our primary aim was to conduct this study among people with histories of both drug use and homelessness, this could be a topic for further research.

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