



Manual
Eight-Step Model
for working with homeless youth

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This manual is part of the Eight-Step Model Toolkit, which also contains a DVD and software program. This toolkit has been developed for the research project ‘*Combating social exclusion among young homeless populations (CSEYHP): A comparative investigation of homeless paths among local white, ethnic and migrant young men and women and of appropriate reinsertion methods*’.

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FOREWORD

This document is a concise guide to using the Eight-Step Model (ESM) for key workers. It is now more than a decade since, in 1999, a fellow social worker and I developed the first version of this approach to working with vulnerable groups (particularly the homeless) in the Netherlands. Looking back today, I can honestly say that it has made a major contribution towards the professionalisation of this sector. The model is now used by an estimated 75 per cent of all Dutch institutions for the homeless, including those targeting young people. As such, it is assisting vulnerable individuals who, for a variety of reasons, are unable to cope in society on their own. These clients typically suffer from a range of problems that make them socially vulnerable and thus prone to becoming excluded and isolated from the wider community.

The ESM has evolved considerably since it was first conceived, mirroring the professionalisation of services for the homeless in the Netherlands. In 2010, we are now ready to test its utility in other European countries. As the author of the model, I am obviously looking forward to the results with great interest.

This manual incorporates the findings of our specific research on the use of the ESM in facilities for homeless young people in the Netherlands. Our overall conclusion is that it does indeed work for this group, although these special young people do merit specific attention on a number of points. We are grateful to everyone who assisted us with this research project. We found the meetings fascinating.

This document is primarily intended to support social workers in our partner countries: the Czech Republic, the United Kingdom and Portugal. These partners are now going to experiment with the use of the ESM. As its developer, I am particularly interested to find the answer to one key question: What does the Eight-Step Model have to offer to homeless young people in these countries?

I hope that the ESM will inspire and guide all those taking part in this research and that it will support them in shaping their own future.

Petra van Leeuwen,
Author of the Eight-Step Model
July 2010

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Summary of the toolkit for social workers

The toolkit is divided into chapters. In this summary, we highlight the sections of each chapter that will be of particular assistance in testing the Eight-Step Model in the Czech Republic, Portugal and the UK. We also indicate sources of relevant background information. Findings gleaned from earlier versions (6, 7 and 8) of the Working Pack for Combating Youth Homelessness have been incorporated into various components of this toolkit.

Chapter 1

The first chapter provides a starting point to help users understand the planned approach inherent to the Eight-Step Model, as well as the basic principles behind it. As such, it will help them to start testing the model during in-service training, as well as when they are actually supervising homeless young people. Sections 1.1 and 1.2 describe what the ESM is intended to deliver, and to whom. One of its most important components comprises the eight practical 'domains'. These domains are introduced in Section 1.6, using data obtained from interviews conducted in all four participating countries – the Czech Republic, Portugal, the Netherlands and the UK – during the autumn of 2009 (WP6). Analytical findings are provided for five of the domains: Housing, Finances, Daily Activities, Psychological Situation and Social Situation.

Section 1.7 contains important information about the principles underlying the model. Although structure forms the foundation upon which the model is built, the approach adopted by the individual social worker remains crucial to the success or failure of any programme. For this reason, both the core vision driving the model and the social worker's fundamental attitude are addressed in detail.

Sections 1.3, 1.4, 1.5 and 1.8 should be regarded as background information.

Chapter 2

This chapter can be regarded as background information. In it, we outline the history of the Eight-Step Model and of the various studies into its effectiveness that have been conducted in the Netherlands.

Chapter 3

Chapter 3 contains detailed descriptions of the eight steps: Application, Intake, Admission, Analysis, Planning, Implementation, Evaluation and Exit. The purpose and duration of each step is explained, along with the methods used and tools available. Each section provides a clear, concise summary of the results that are expected from each step, as well as how the step should be organised. This chapter can therefore be used in establishing and preparing an individual programme for the client. It can also serve as a tool to be used throughout the test process to determine whether the programme is proceeding as it should.

Chapter 4

Between May and July 2010 (WP8), we reviewed the effectiveness of the Eight-Step Model in assisting homeless young people in the Netherlands. Chapter 4 describes this study and presents its findings. Of particular interest is Section 4.4, which examines the similarities and

differences between the model as it is applied with young people and as it is used with adults, including points on which it can be customised more specifically to the needs of young clients.

Sections 4.3, 4.2 and 4.3 should be regarded as background information.

Appendices

The appendices provide examples of the forms used in the Eight-Step Model. These forms are also included as part of the software program. The case materials have been gathered throughout the method's development in the Netherlands. Appendices 5 and 7 contain examples of the forms as completed for client 'Tom'. These appendices are likely to be of particular interest, as they represent an actual example of a Personal Analysis and a Supervision Plan. Appendices 1-4, 6, 8 and 9 are intended as illustrations and visual presentations of the templates that are used in the ESM.

1. Introduction to the Eight-Step Model

In this chapter, we introduce the Eight-Step Model according to its key characteristics. The topics include the model's objective and target group, the eight steps, the practical domains and the underlying vision and principles, along with the preconditions for implementation.

1.1 Target group and objective

The Eight-Step Model (ESM) is a systematic method for working with individuals. It was developed for clients of homeless shelters, each of whom is provided with a focused personal programme lasting at least several weeks. These clients are vulnerable people who, due to a combination of problems, have decided or been forced to leave home and who are currently unable to function independently in society. Their situations could have been caused by any of a wide variety of factors, including sexual abuse, domestic violence, relationship problems, mental health issues, substance dependency and financial difficulties; many cases involve a combination of several factors. The ESM is intended to help these clients work towards building a better future for themselves in a focused manner and to provide institutions with effective tools for supporting them in this effort. The overall situation and the client's specific needs are at the heart of the model.

1.2 Definition

MOVISIE, the Netherlands Centre for Social Development and developer of the ESM recently (in 2010) revised its definition of the model. This revision followed the realisation in 2009 that its vision and principles were not always being implemented as intended. In response, MOVISIE issued a factsheet on the subject in which the model is now defined as follows:

The ESM provides a structure for working with socially vulnerable individuals based upon planning, a holistic view and a positive, strength-based attitude, and it seeks to maintain or improve their quality of life focusing upon all aspects of life.

1.3 Results

The ESM has been widely implemented in the Netherlands, with many positive results. Numerous publications and tools based on the model have appeared for social workers and their managers. The two most important results are outlined below.

Improvements for clients

Because of the ESM, clients are being better understood, not only in terms of their problems, but with regard to their potential as well. The transparency of the model has provided better insight into the motivations, capabilities and inherent qualities of clients. This increased the self-confidence of clients, and it has improved the ways in which social workers treat and activate their clients. The method has improved communication, thereby reducing cases of aggressive behaviour, and it has improved collaboration at various levels: with clients, amongst social workers and across disciplines.

Improved quality in the sector

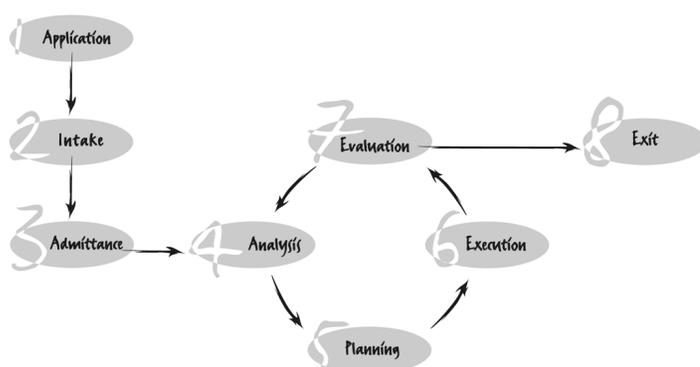
The ESM incorporates many of the statutory requirements imposed by the Dutch Quality of Care Institutions Act (*Kwaliteitswet Zorginstellingen*), thereby improving quality within the sector. The ESM has helped institutions to develop an accurate description of the services they provide and to develop customised provision. This helps them in the process of profiling and positioning what they have to offer. The implementation of the ESM has improved clients' progress through the system.

1.4 The eight steps

The Eight-Step Model supports individual supervision. It is based upon a division of the reintegration process into component parts with consistent procedures at every stage, with clearly defined goals specified throughout, with the goal of achieving the planned result. The name of the method refers to the eight steps involved in the individual programme of supervision (see diagram below).

1. Application
2. Intake
3. Admission
4. Analysis
5. Planning
6. Implementation
7. Evaluation
8. Exit

Steps 1-3 constitute the initial phase of the support process, with Step 8 representing the client's final departure from the programme. Each step is taken once only. In contrast, Steps 4-7 comprise an ongoing process of interaction between the keyworker and the client. The ESM defines general goals for each phase, in addition to describing regular activities. It is up to each participating institution to tailor these elements to its specific needs and approach by developing precise objectives, activities and tasks, according to its own mission and vision as an organisation, the context in which it operates and the local situation.



1.5 Eight domains

The ESM addresses eight domains that are part of everyone's life. Each of these domains is defined in general, neutral and non-stigmatising terms. Such issues as substance dependency and criminal record are included under one of more these headings.

The Dutch version of the model specifies the following eight domains, which may be modified to suit the local or national context.

1. Housing
2. Finances
3. Social functioning
4. Psychological functioning
5. General outlook
6. Physical functioning
7. Practical functioning
8. Daily activities

Any classification of this kind is artificial. It is not possible for people to divide their lives into eight distinct blocks. In reality, all the domains are inextricably bound up with one another. The ESM draws distinctions between them in order to encourage clients and their social workers to look at the overall picture rather than focusing only upon immediate problems and obvious issues.

1.6 Homeless young people by domain

Young people who were formerly homeless contributed to our research by conducting more than 200 interviews for the *Combating Youth Homelessness* project. More than 50 interviews were conducted in each of the participating countries: the Netherlands, the Czech Republic, Portugal and the UK. Each country prepared a thematic report based upon these interviews. The Dutch report addresses social exclusion and risk factors, incorporating a comparison of the four countries. This report had not been completed at the time of this toolkit's publication. The summary below therefore includes comparative information only for the five domains for which it was available: Housing, Finances, Social functioning, Psychological functioning and Daily activities.

Housing

In the UK and the Netherlands, only a relatively small proportion of respondents (8% and 12%, respectively) are currently living on the street. In both countries, most (about 80%) had found accommodations at some form of shelter or care facility. One characteristic shared by most respondents involves the peripatetic lives that they led as children: intolerable situations at home led many to be shuttled constantly between short stays with relatives or friends, care homes, foster families and the street. Respondents in the Netherlands had lived in anywhere between three and fifteen different places as children, with an average of eight.

Finances

This domain includes income, expenditures and general spending patterns. Many of the respondents stated that their income was not enough to live on. They were thus living in a persistent state of poverty. Partly for this reason, they had trouble paying their health insurance premiums, mobile telephone costs, rent and basic living expenses. The proportion of respondents who were in debt was particularly high in the Czech Republic (80%) and the Netherlands (61%). In both of these countries, social workers blame the consumer society for this problem. Young people are often seduced into buying luxury products or taking out loans, which are easily available as soon as they reach the age of eighteen.

Social functioning

Social functioning refers to the relationship between homeless young people and other members of society, both individually and collectively. This domain includes leisure activities. The stories told by the young people who were interviewed show that possessing a social network is not necessarily a good thing. In all four countries, it was possible to distinguish between supportive and corrupting social contacts. Supportive contacts are those that make a positive contribution to the young person's life. Due to the vulnerability of their situations, however, homeless young people are also in great danger of encountering people who are intent upon abusing them. Those who sleep on the streets are at particular risk. Nonetheless, the majority of respondents in all four countries said that they had a person in their lives to whom they could turn when they feel unsafe. The actual proportions range from 70 per cent in the Netherlands to 90 per cent in Portugal, where family ties are the strongest.

Almost all of the respondents in every country had access to means of communication through which they could stay in touch with their social networks. The vast majority had mobile telephones, internet access and account with social networking websites. Such media were most widely used in the Netherlands. A somewhat smaller proportion of respondents in the Czech Republic (approximately 40%) had mobile telephones or accounts on social networking websites.

Psychological functioning

Family background and the amount of contact they have with close relatives are very important to homeless young people. In many cases, their homelessness can be attributed to growing up in problematic domestic situations. From the interviews, it is clear that stress, depression and anxiety were widely prevalent amongst the young people in the period before they became homeless. Stress was particularly common, having been reported by between 70 and 90 per cent of the respondents. Strikingly, a substantial proportion – approximately 40 per cent – of those in both the Netherlands and the Czech Republic said that they had attempted suicide before leaving their last fixed address. A relatively large number of the homeless young people in the Netherlands had mild learning disabilities. The use of 'soft' drugs (e.g. cannabis) and alcohol is known to be high in that country, and 'hard' drugs pose a problem as well.

General outlook

An individual's general outlook on life is a very personal matter. It involves how individuals approach each day, as well as values, culture and faith. In the case of young people, these patterns are still in development.

Physical functioning

Homeless young people in the Netherlands are very prone to back problems, headaches and dental problems. Many of them play sports, but often informally rather than in organised clubs.

Practical functioning

This domain covers a wide range of domestic and record-keeping skills, the ability to travel independently and everything related to language. This domain includes comprehension, in addition to the ability to read and write.

Daily Activities

This domain involves all of the activities to which homeless young people allocate their time: volunteering, paid work, education or training, leisure activities and hobbies. In all the participating countries, a substantial proportion of this group is unemployed and dependent upon benefits. Strikingly, the highest rates of unemployment were found amongst respondents in the Netherlands (55.6%) and the UK (57%), even though these countries also had the highest levels of educational achievement. In Portugal and the Czech Republic, on the other hand, it seems that work is essential to survival. More than a third of respondents in both countries reported having at least one job, and only 4.4 per cent of those in the Czech Republic were living solely off benefits.

The national workshop (WP7) held in the Netherlands in March 2010 produced a number of recommendations concerning both the ESM and the eight domains. Points requiring attention include the frequency with which homeless young people are exposed to the criminal justice system, the high incidence of drug dependency amongst this group and, in the case of young refugees, documentation, legal and healthcare issues.

1.7 Views and principles

Keyworking

The ESM is a method for keyworking, a system whereby a homeless person is provided with individual planned care through a designated member of staff. The basis of such an approach is the relationship between the keyworker and the client. The social worker is thus main instrument in the process. The ESM plays a supportive role in this relationship, providing both the keyworker and the client alike with a goal-oriented framework within which to pursue the objectives towards which they are both working.

The cyclical process of analysis, planning, implementation and evaluation is at the heart of the ongoing supervision process. Under the ESM, the client is allocated a specific keyworker for the entire programme. This ensures continuity of supervision, a solid relationship and clarity in the keyworker's interaction with colleagues. The client-keyworker relationship must be based upon equality, mutual respect and a focus upon the client's strengths.

Positive perception

The ESM relies upon those using it having a positive perception of their fellow human beings. The fundamental attitude of the professionals involved must be positive. The model is attentive to that which is healthy, proceeding from a belief in change and the capacity of humans to heal themselves. Although social work is founded upon a belief in change, it does not assume that anything is possible. It is necessary to work with every client individually to discover the highest quality of life they can realistically hope to achieve. The client is regarded as a person who has ended up in a vulnerable position due to a combination of problems.

Holistic vision and integrated approach

The ESM is based upon a holistic view of the person. In other words, it considers the entirety of each individual. This view extends beyond the problems that are affecting clients to include *every* aspect of their lives. This also includes their functioning in these practical domains, as well as their perceptions and how they relate to the wider world. The use of the eight domains is a practical way of applying this holistic vision and integrated approach in such a way that the client's problems are addressed, as well as their strengths and their own ability to bring about change. The domains have deliberately been defined in objective terms, in order to prevent them from branding or stigmatising the target group.

Strength-based approach

The ESM employs a strength-based approach. In other words, it encourages the keyworker to reinforce and make the most of the client's strengths. Social workers use these strengths in order to improve their quality of their clients' lives. One way in which this is manifest involves the specific attention that is paid to strengths in each domain. Highlighting the strengths of the client is also emphasised as part of the technique for conducting coaching and motivational interviews.

Participation

A client-driven attitude on the part of the social worker is fundamental to the relationship between the two parties, and it allows space for the client to participate. By participation, we are primarily referring to participation in the area of the services that are to be provided. In practice, this means that the social worker and the client go through each phase together and that all choices are made jointly by them. This ensures that the client is a full and serious partner in the supervision process, which in turn reinforces the focus upon the client's strengths. One characteristic of the ESM is that it explicitly allows for a negotiable social worker-client relationship. The model assumes client participation at the institutional level as well. One example involves the provision of information to clients and the systematic processing of feedback from individual clients.

1.8 Conditions for implementation

Below is a brief summary of the most important conditions for the successful implementation of the ESM. The full details are too lengthy to reproduce here. They can be found, together with helpful suggestions for managers considering adopting the method, in the separate *Eight Step Model Implementation Guide*. Commitment and effectiveness are obviously crucial to the success or failure of any implementation.

Adaptation to the national and local context (macro level)

No method stands in isolation. The ESM was developed in the Netherlands, and it is based upon the Dutch situation and needs. As such, it is tailored to the national quality-assurance systems, it relates to the day-to-day practice of social work in the country and it is a part of policy trends. On the other hand, the keyworking concept and the adoption of a strength-based approach are not unique to the Netherlands. With this in mind, each country, region and locality should thoroughly review its own needs for professionalisation and examine whether and how the ESM can be adapted accordingly.

A project-based approach to implementation (meso level)

The ESM has implications for almost every aspect of an organisation, including such factors as personnel policy, chain management and registration procedures. A project-based approach to implementation is essential to the success of the method within the institution. One key precondition for this is that each organisation should tailor the eight steps to its own needs. The ESM should suit the type of client it serves, the average duration of its supervision programme, the organisation's mission and general objectives and other features of the specific context.

Support for the primary process (micro level)

The method ultimately turns on the process that occurs between the social worker and the homeless young person. The ESM helps to support this process. Social workers who are going to use it must be well trained beforehand and properly supervised once they are working with it. They also need the right conditions in which to apply the model, including the time and physical space necessary in order to meet their clients individually. At least eight weeks of supervision are needed to complete the ESM cycle successfully.

2. Development and implementation in the Netherlands

In this chapter, we briefly review the history of the ESM and the outcomes of its implementation in the Netherlands.

2.1 Development (1999-2003)

Thesis and prize in Social Work

The principal developer of the ESM is Petra van Leeuwen, who was trained as a social worker and is now employed as a consultant for MOVISIE. Since 1999, she has worked with homeless and substance-dependent women and with mothers of young children living at a Salvation Army shelter in Amsterdam. These proved difficult groups to work with, largely because of the absence of structure in the approach to working with them at that time. Van Leeuwen found it hard to accept that these populations truly had so few prospects. Within a year, she had developed a method to improve the situation at the shelter where she was working. This method formed the topic of her thesis in the field of social work, which won the 1999 prize for the best Dutch or Belgian thesis in that field.

Practical research at the national level (2001-2003)

A lack of structure and quality in the social work provided at homeless shelters was a well-known problem in the Netherlands at this time. Accustomed to working with volunteer staff, the organisations that were active in this sector were keen to improve quality, but time and money were limited. Van Leeuwen's thesis was based upon actual experience at a shelter, and she was able to secure funding to test the ESM on a large scale across the Netherlands between 2001 and 2003. This practical research involved six organisations and more than 200 clients. Benchmark, interim and final results were obtained from client questionnaires and interviews with staff and managers. The research outcomes were then translated into a variety of tools, including a publication for social workers, an implementation guide for managers and software to generate the necessary forms.

2.2 National implementation and research (2004-present)

National implementation (2004-present)

In subsequent years, numerous organisations implemented the ESM. There was great enthusiasm for the model, due in large part to growing national pressure to improve care for the homeless. In 2005, the 'Domain Fan' was published as a tool to support social workers in raising a variety of topics with their clients. In addition, many training courses were organised and a variety of meetings and presentations were held about the ESM. The model is now covered in the vocational training programmes for social and community work. More than 8000 booklets on the subject have been sold in the Netherlands.

Connection to national policy

Since 2008, the ESM has been actively used in shaping Dutch national policy on homelessness. Over the next few years, even greater emphasis is to be placed upon prevention. In 2006, the Ministry of Health, Welfare and Sport (*Volksgezondheid, Welzijn en Sport*, or VWS) drew up a plan of action in collaboration with the four largest Dutch cities

(Amsterdam, Rotterdam, Utrecht and The Hague). The quantifiable objectives of this plan called for the establishment of a reintegration programme should have been compiled for all homeless persons in the four cities by 2010, including provisions for income, appropriate housing and effective support and care, in addition to employment or other meaningful daily activities. This plan has made the policy approach to homelessness more personal and reintegrative, as well as less voluntary. No changes to the law were considered necessary in order to achieve these ambitions. What was required was seamless collaboration between the parties involved, and additional funding was made available in order to bring the plans to fruition. In 2008, the plan of action was extended to cover all 39 municipalities that served as 'hubs' for providing reception services for the homeless. The plan is now known as the 'Urban Compass' (*Stedelijk Kompas*). Although the precise objectives of these 39 municipalities vary, they all tend to have extensive ambitions with regard to preventing homelessness. The Ministry of VWS has specifically requested the inclusion of homeless young people in the Urban Compass. At the national level, the ESM Supervision Plan has been cited as model of best practice.

Research into the General Outlook domain of the ESM (2009)

Working in collaboration with MOVISIE, 100 students of Interdisciplinary Social Sciences at Utrecht University conducted a qualitative research project between April and July 2009, examining the General Outlook domain within the ESM. This project covered twenty different institutions and involved 157 interviews (78 with clients and 79 with social workers).

Effective Interventions project, 2008-2012

The project Effective Interventions in the Social Sector is part of the VWS programme Better at Participation, which is intended to enhance and accelerate the success of measures implemented under the 2007 Social Support Act (*Wet maatschappelijke ondersteuning*, or WMO) by stepping up the pace and quality of their introduction. To this end, MOVISIE is investigating which methods are widely used in the sector. The most common methods in each area of activity are then examined more closely to see whether there is any proof (whether based on scientific evidence or practical experience) that they actually work. In 2008, MOVISIE conducted a study (Rensen et al., 2008) on methodologies used at homeless shelters and women's shelters in the Netherlands. This study revealed that the majority of these organisations were using the ESM, which is currently classified as a practice-based method.

2.3 *International research*

Implementation at a women's shelter in Kiev (2002-2006)

As a consultant for the Dutch development agency VNG International, Petra van Leeuwen also implemented the ESM at a shelter for homeless women in Kiev, Ukraine. This was done as part of a project entitled Reintegration of Homeless Women in Kyiv City: An Integral Approach. The model was apparently a useful and innovative tool for all concerned, having enhanced the quality of the support provided to clients and while helping the shelter to organise its work and improve co-operation between different service providers.

Combating Youth Homelessness (2008-2011)

The three-year research project Combating Social Exclusion among Young Homeless Populations (CSEYHP; in short, Combating Youth Homelessness), subtitled ‘a comparative investigation of homeless paths among local white, ethnic and migrant young men and women and of appropriate reinsertion methods’, was officially launched on 1 May 2008. Funded by the Seventh Framework Programme of the European Union, one of its four objectives is to test how different ways of working contribute to the social reinsertion process for homeless young people. The two methods at the heart of this comparison are the Dutch Eight-Step Model and the British Early-Intervention Models. This toolkit is also a product of the research on Combating Youth Homelessness. The evaluation of the ESM and ways in which knowledge from it can be transferred to Portugal, the Czech Republic and the UK are discussed in Chapter 4.

Summary

1999	Thesis and prize in Social Work
2001-2003	Practical research
From 2004	Implementation in the Netherlands
2002-2006	VNG International project in Kiev
2008-2012	Effective Interventions
2008-2011	Combating Youth Homelessness (CSEYHP)

3 The eight steps

This chapter provides a brief outline of each step, explaining its primary goal and describing the process and the accompanying tools. It is also necessary to consider who does what during each step, and how. The model should thus always be tailored to the organisation or institution using it. That said, the tools in Steps 4-7 are standard, while those involving application, intake, admission and exit may vary.

3.1 Application

Primary goal

The main goal of this step to determine whether the client qualifies for intake or emergency admission, if applicable.

Process

This step marks the point at which client and organisation meet for the first time. Clients may contact the organisation for help, be referred by someone else or even walk in off the street. Activities during this step include the application itself, as well as its consideration (e.g. during a team discussion) and the ultimate decision in this regard. The application criteria are important during this step, as they help to assess the young person's needs as quickly as possible. The questions posed during the application procedure should therefore be derived from clear criteria for admission or exclusion. As a general guideline, four possible outcomes are possible:

1. An intake interview
2. An appointment for emergency admission
3. Referral elsewhere
4. Rejection

To support clients during this step, it is important that they be provided with good information about the facility. This should enable them to consider for themselves whether what it has to offer suits their needs. Brochures and websites are the tools most widely used for this purpose.

Duration

A maximum of one week

Tools

- Application form, in which the organisation defines the basic application criteria and how to deal with client questions
- Client information

3.2 Intake

Primary goal

The purpose of this second step is to assess whether the institution can actually offer the client the services they need, and whether the client should be considered for assistance. The

assistance may involve admission to a shelter, although it could also involve some other type of support.

Process

The intake process consists of an interview, an assessment and a decision. During this step, it is important to consider the most urgent needs of the client. The step involves more than merely gauging problems, however; even at this early stage, it is important to gain insight into the client's motivation and justification for actions. The intake interview provides information for use in determining whether the client qualifies for a programme of supervision. It is recommended that colleagues, and perhaps even outside experts, be involved in this process. A variety of criteria play a role in the assessment, including the appropriateness of the facility's services to the client's needs and motivations, the urgency of the request and the extent to which the client would fit in with the rest of the group (in the case of residential facilities). As with the application step, the intake can result in one of several possible outcomes:

1. Admission
2. Placement on a waiting list
3. Trial or conditional admission
4. Referral elsewhere
5. Rejection

If the organisation is unable to provide the help that the client needs, it is important to know what other facilities are available for referral. For this reason, it is essential to have a good 'social map' of appropriate alternatives. Because most clients have already had to tell their stories to many different social workers, further repetition should be avoided whenever possible.

Duration

One to two weeks

Tools

- Intake form
- Social map

3.3 Admission

Primary goal

The main objectives of the Admission phase are as follows:

- To make the transition into the institution as smooth as possible
- To introduce the client to the institution
- To initiate the supervision process

Process

This step involves welcoming the client to the facility and initiating the process of assistance. For the institution, it involves preparing for the client's arrival and ensuring a pleasant and

solid start to the services that will be provided; it is the beginning of a relationship built upon trust. The client receives an explanation of the organisation's methods, rules and standard procedures. The admission checklist is an important tool during this step. Coordination between staff members is vital, particularly in institutions with many social workers. By including all activities on the checklist, nothing is overlooked.

Duration

One to two weeks

Tools

- Admission checklist

3.4 Analysis

Primary goal

The objective of the Analysis step is to work with the client to assess strengths and weaknesses in each of the eight practical domains. By clarifying the client's situation, this step provides the basis for further supervision.

Process

During supervision interviews, the client and the keyworker map out the current situation. The main purpose of the conversations during this step is to gain insight into where the client stands with respect to each of the eight domains. They also provide an opportunity to discuss any important questions the client may have. The frequency, duration and content of the interviews will vary for each person and at each institution. In some cases, the interviews have a formal character, but informal conversations can also reveal crucial details. Another important part of the process is input in form of observations and information from elsewhere – not just the keyworker, but also other professionals. It is important, however, to reach agreements jointly concerning the substance and manner of such observations and reports, lest they become too random. Focused consultation with professionals from other disciplines is important as well, especially if the team lacks the expertise required to assess a particular situation or certain client behaviour.

The result of this process is a completed Personal Analysis Form, summarising the current situation in all eight domains. For each domain, a description is provided of the client's strengths, as well as the areas that are in need of improvement. This form is the product of active cooperation between the client and the social worker. Careful reporting is essential. The client is always given a copy of the document. This helps the client to understand the current situation, while increasing self-confidence through its emphasis upon positive prospects.

Duration

One to four weeks

Tools

- Personal Analysis Form

3.5 Planning

Primary goal

This step is intended to arrive at objectives and activities for the programme of supervision. Based upon the information gathered during the previous steps, the social worker and client determine the goals that they will pursue with regard to change or stabilisation.

Process

The process of helping the client always has one or more primary long-term objectives. In many cases, these objectives will already have been discussed during Intake. Examples might be overcoming a psychological crisis, moving into independent living or transferring to another form of housing. This primary objective provides the starting point for the supervision plan; it is to be reached in a number of steps, which are translated into medium-term objectives (or sub-goals). These goals should be achievable within no more than a few weeks, with each one bringing the main objective closer. When defining goals and objectives, it is essential to consider both what the client wants (desirability) and what the client is capable of doing (feasibility). This process is not easy; it is important to set small, specific and achievable goal. It is also important to remember that maintaining the current situation can be a valid goal.

Formulating goals is a complicated process. In many cases, it is impossible to work towards multiple objectives simultaneously. It is therefore essential to set priorities as well. In addition, goals must satisfy the SMART criteria: they should be Specific, Measurable, Acceptable, Realistic and Timely. Two additional criteria frequently added to this list are Inspiring and Positive. 'Goal cards' can be used to support the process of formulation. Goal cards list a number of possible goals for a specific domain or theme (see example below), which can help client to define their own goals. After the objectives have been defined, the keyworker and client translate them into specific actions: small steps to be taken towards the primary objective. By clearly allocating the tasks related to these actions, everyone involved knows exactly who is responsible for what. A report of this entire process is included in the Supervision Plan, which must be signed by both the keyworker and the client.

Duration

No more two weeks, once the Personal Analysis Form has been completed

Tools

- Supervision Plan
- Goal cards

Example of a goal card for the Housing domain

I would like...

- To have my own room
- To live in another town
- To know more about renting a room or flat

- To live somewhere quieter
- To furnish my room nicely

3.6 Implementation

Primary goal

This step involves carrying out the actions described in the Supervision Plan, in pursuit of the established goals.

Process

During the Implementation phase, the social worker supports the client in putting the Supervision Plan into effect by holding progress interviews, helping the client to learn skills and encouraging the client to deal with practical matters. The Supervision Plan is therefore at the heart of the process; its contents determine the agenda of the interviews and guide all the other activities during this step. Because each client has a unique personal Supervision Plan, each implementation step is different. For example, one client might be looking meaningful daily activities, and another could be trying to gain control over debt. Different goals are associated with different activities. At residential facilities, the group living environment can provide a good forum for clients to practice working towards their individual goals, especially if these are related to social skills.

Duration

An average of two to four weeks, depending upon the Supervision Plan

Tools

- Supervision Plan
- Progress reports based upon supervision interviews

3.7 Evaluation

Primary goal

The main purpose of the Evaluation is to establish the following:

- The extent to which the objectives contained in the Supervision Plan have been achieved
- How the Implementation has proceeded
- How the client should be supervised from this point

Process

Evaluation always consists of an interview, an assessment and a decision. The interview concerns the goals and objectives that were set. Have they been achieved? What went well, and what did not go as well? Although progress towards the goals will obviously have been discussed regularly during the Implementation step, this conversation specifically addresses the process as well. Depending upon the outcome of the interview, a new Supervision Plan will be developed or the client will proceed to the Exit step.

Duration

One to two weeks

Tools

- Evaluation report

3.8 Exit

Primary goal

The main goals of this final step are as follows:

- To prepare the client's departure
- To complete the supervision process, or to transfer responsibility to other professionals
- To evaluate the client's stay within the institution

Process

The Exit step involves proper preparation for the end of the organisation's relationship with the client. Organising good aftercare and efficient transfer of responsibility to other professionals are part of this process, as are such practical matters as arranging for the client to move to a new address. Another important aspect involves reviewing the assistance services that have been provided and the client's satisfaction with these services. The client's feedback should be recorded systematically so that lessons can be learned from it. Exit interviews thus form part of the procedure for surveying client satisfaction.

Duration

One to four weeks

Tools

- Exit Checklist
- Exit Form

4 Points specific to homeless young people

In this chapter, we focus upon a number of points related to the Eight-Step Model as specifically applied to homeless young people. These points were compiled according to the evaluation of the model as it has been used in the Netherlands. The first section contains a brief explanation of how this evaluation was conducted. We then introduce the institutions that participated in the evaluation. In Section 3, we report the main points on which the evaluation results for young people mirror the situation for homeless adults. Finally, in Section 4, we highlight the differences (i.e. points specific to homeless young people).

4.1 Evaluation of the ESM in the Netherlands

Prior to the testing period in the UK, the Czech Republic and Portugal, MOVISIE evaluated the suitability of the 'Working Pack 8' (WP8) version of the ESM for the personal supervision of homeless young people in the Netherlands. This exercise focused upon differences in the way the model is applied to the homeless adults and to their younger counterparts. Usage of the ESM is increasing among institutions in the Netherlands that are charged with the care of the homeless young people. MOVISIE asked three of these institutions to help us study how they have adapted the model to their work and target group. All three agreed to cooperate. The institutions that participated in the evaluation are *De Dwarsweg* and *Sancta Maria* (both in Nijmegen) and *Het WerkHotel* in Amsterdam. All of these facilities offer services specifically designed for homeless young people. At each facility, clients, staff and managers were asked to provide focused feedback about its application of the ESM to this population.

The evaluation was organised as follows:

- Assessment of the methodology used at the three facilities
- Semi-structured interviews with managers
- Focus group with staff members from all three facilities
- Conversations with clients of the three facilities, based upon a list of topics

4.2 *De Dwarsweg, Sancta Maria and Het WerkHotel*



From left to right: Het WerkHotel, De Dwarsweg, Sancta Maria.

De Dwarsweg, Nijmegen

De Dwarsweg is a residential facility for twelve young males with multiple complex developmental disorders, who either have been homeless or have been at risk for becoming homeless. The residents live independently within one building. They are supervised individually rather than as a group. *De Dwarsweg* is operated jointly by the Nijmegen & Rivierenland Regional Institute for Sheltered Housing (RIBW), the *Standvast Wonen* housing

corporation and *De Driestroom*, an organisation for people with learning disabilities. For the facility's residents, who are aged up to 25, the core issue in their supervision concerns the opportunities that lie ahead of them and how they can be translated into a personal perspective for the future. The clients play a central role in this process. The starting point for the approach used at the *De Dwarsweg* is to ensure a learning-based living and working environment for both clients and professionals. Its staff members are committed to providing supervision that focuses upon 'the resident of *De Dwarsweg* as manager of his own existence'.

The facility's vision combines three basic concepts: autonomy, interaction and competence. The ESM is used to shape the supervision process and to provide a clear structure. The notion of 'presence' is crucial to this process (see Section 4.4): being there for the other person. *De Dwarsweg* utilises the *Instap* method, cognitive interventions, motivational interviews, solution-oriented conversations and social-environment analysis.

Het WerkHotel, Amsterdam

Het WerkHotel is a facility for 40 young people between the ages of 17 and 27, who are at risk for dropping out of school due to problematic home situations. It is a joint project of Amarantis (an education provider), *Stadgenoot* (a housing corporation), Altra (a youth welfare agency and special education institution) and HVO-Querido (a social support organisation). By creating a stable living, working and learning environment, *Het WerkHotel* provides its clients with the opportunity to obtain an educational or professional qualification. Its programme is based upon an integrated approach to living, learning, work, the development of social skills and meaningful daily activities. *Het WerkHotel* is located in a former school, which has been converted into a multipurpose complex combining work-experience, training and leisure opportunities. Its clients live in nearby group homes (two or three to a unit). They are visited daily by outreach workers, who supervise them and teach them basic domestic skills. *Het WerkHotel* takes a competence-led approach and it has adopted the eight practical domains from the ESM as the basis for the 'skills booklet' that it has developed for clients. The techniques that they use include solution-oriented and motivational interviews, and their methods include the 'emotional thermometer', the 'VIP card', weekly roundups and the 'lifeline'. HVO-Querido has developed an organisation-wide attitudinal model known as ROND, the Dutch acronym for 'respectful', 'open', 'curious' and 'clear'. Most clients spend about two years at *Het WerkHotel*. Upon successful completion of the programme, they have either a job or the qualifications needed to find one, and they are ready to move into independent living.

Sancta Maria, Nijmegen

The *Sancta Maria* shelter is housed in a former monastery of the same name in Nijmegen. With 25 places, it offers round-the-clock care for homeless people between the ages of 16 and 23. Accommodations, work and learning are all offered under the same roof. In addition to a safe refuge, clients receive help and supervision in putting their lives back on track and regaining their independence. At the beginning of the process, they are subject to a systematic screening. *Sancta Maria* adopts a competence-led approach. The institution cooperates with the regional training centre, and it is currently involved in a three-year project to determine how to incorporate an element of skills-based learning within its programme. The basic principle guiding the institution is experiential learning: learning by doing.

At the time of the evaluation, Sancta Maria was also participating in a study to investigate the possibilities offered by the community reinforcement approach (CRA) and critical time intervention (CTI).

4.3 Parallels with the adult homeless sector in the Netherlands

From the interviews with clients, social workers and managers, we were able to draw a number of conclusions that parallel developments in the adult homelessness sector. Before turning our attention to those points specific to the young homeless, we shall briefly describe the similarities, as they provide a good picture of current developments related to the ESM, in addition to providing insight into trends in the sector and the Netherlands as a whole.

Planned approach to individual supervision

The common thread running all approaches to the supervision of homeless young people is planning. All three of the institutions studied use the ESM, which provides structure, supports the pursuit of personal objectives and encourages progress. The eight steps and the practical domains have been implemented, and key tools (e.g. the Personal Analysis Form and the Supervision Plan) have assumed a prominent role in the process. Although some clients at the institutions have never heard of the ESM, others have. Once the steps are explained, however, all of them recognised the model. The general conclusion to be drawn from this is that a planned approach is just as essential for homeless young people as it is for other groups. It provides structure and contributes towards efficient and effective supervision.

Domain-based working reflects holistic approach

In a number of aspects, it is clear that the institutions have preserved the holistic nature of the ESM in their implementation of the model. This is particularly obvious with regard to the use of domains. In the context of homeless young people, particular attention is paid to the topics of work and learning, substance abuse, criminal justice, leisure time, friendships and relationships. The integrated approach to living, working and learning is also specific to this group. *Het WerkHotel* in Amsterdam has translated the domains into a small workbook for its clients, which explains the desired skills and competences for each domain. Although this tool is still in development, it is already in use as a sort of checklist for clients. The checklists for the Daily Activities and General Outlook domains are included below as examples.

Excerpts from the WerkHotel workbook

<i>Daily Activities checklist</i>	<i>1st</i>	<i>2nd</i>	<i>3rd</i>
Studying/training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In paid work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involved in regular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a working rhythm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic qualification obtained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to locate appropriate agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <i>General Outlook checklist</i>			
Personal motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involved in meaningful activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has reasons to get up in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is aware of own standards and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can share opinions with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is aware of world news	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strength-based and participatory approach underemphasised

In practice, there seems to be little or no application of the participatory and strength-based approach, as specified in the ESM. The method places particular emphasis on client participation with regard to the Supervision Plan. The objectives set should truly be those that the client would like to pursue. Some organisations still find this a difficult concept, as the boundaries between the responsibilities of the client and those of the professional are unclear. Although staff attitudes do appear to indicate a preference for a strength-based approach, this attitude is not explicitly associated with to the ESM. Clients, on the other hand, consider their own strengths to be very important. Possible sources of such strengths include acknowledgement by family and friends, their own determination and willpower, children, self-confidence and the belief on the part of the clients that they are good people. Institutions regard the ESM as a means of creating structure, but not so much as method of shaping the actual supervision process (i.e. they tend to focus more on the ‘what’ than they do on the ‘how’). At the national level as well, it has become apparent that this fundamental aspect of the model is not sufficiently reflected in practice. Strength-based working, client participation and means of enhancing self-determination are currently firmly on the agenda within the Dutch homelessness sector.

Links with other methodologies

The success of the ESM relies heavily upon the efforts of the professionals involved. Their attitude and approach have a major influence over the results that are achieved. It is essential for the pace of the programme to be determined by the client, who then works with the professional to construct the prospective outcome. Because clients should achieve the desired results for themselves and not for the professionals, staff members felt that several other methodologies are needed alongside or in addition to the ESM. The methodologies that were mentioned most frequently during the evaluation were competence-led working, the ‘presence’ approach, the community reinforcement approach (CRA), strength-based working and the concept of combined living, learning and working.

Outlook on the agenda

Although personal outlook is an element in all of the practical domains, the ESM also includes a separate General Outlook domain. According the staff interviewed for the evaluation, this factor is closely related to their clients’ motivation. Cultural background, religion, standards, values and respect are also included under the heading General Outlook. At *Sancta Maria*, this topic is addressed in group discussions led by an outside pastoral worker. According to both clients and staff, personal outlook is part of every domain and need not be listed separately – although some of the clients did say that religion should have a heading of its own. This is currently a prominent issue throughout the social sector in the Netherlands, and it is a point of particular interest for MOVISIE.

4.4 Points specific to homeless young people

Below we list a number of points raised during the evaluation interviews that relate more specifically to the needs of homeless young people.

Committed supervision in a educational climate

The homeless young people attached considerable importance to being unconditionally available or others. They would like to be able to trust their keyworkers. Some of the young people even seemed to regard their keyworkers as an alternative parent figures – as a substitute for their absent mothers or fathers. With this in mind, they would also like to be able to turn to their keyworkers for help in dealing with practical matters. A ‘nurturing’ climate therefore seems to be desirable for this group. For their part, staff members emphasised that many of their young clients have rather limited self-understanding. They considered it important to take small steps and to build progress slowly, even though this approach may seem too slow for many clients, some of whom may overestimate their own abilities. This is particularly apparent with regard to daily activities and education or training.

Staff members also mentioned the ‘presence’ approach as essential for working with young people. This approach is explored in the book *Een theorie van de presentie* (A Theory of Presence) by Andries Baart. In this work, the author describes ‘presence’ as ‘a practice in which the care provider is attentively and assiduously involved with the other (“exposure”). Through this involvement, the care provider learns to see what factors are at play with the other and what could be done in the given situation, as well as what the care provider can mean for the other’ (Rensen et al., 2008, p. 49).

Young people regard their keyworkers as very important figures. In the quotation below, one client unwittingly provides a succinct description of the ‘presence’ approach.

Quotation from a resident

‘The keyworker should get to know you well, observe what’s going on inside you and listen. They shouldn’t lose sight of us, but stay positive and keep looking at us. And always be there, unconditionally. Look, we don’t have any parents to bring us up. The keyworker takes over that role. They have to connect with us. The keyworker is important, also because of what they know and what they can diagnose. Parents can’t do that, but we get a lot out of it. If you’ve done something bad, it’s always possible to say sorry. We always have the chance to evaluate our own behaviour. I need the keyworker to sort things out with me. That way, I don’t have to do it all myself. Usually you do it yourself, you know, but sometimes they take things off your hands. Like when I get anxious.’

The combination of living, working and learning

One characteristic of young people is that they are still developing. For this reason, learning play a central role in all of the institutions studied. In fact, each of the institutions expressly combines living, working and learning. Both clients and staff confirm that, during their stay, the young residents work towards being able to live independently, hold down a job or pursue an education and manage an income. Clients should be capable of doing these things by the time they leave the facility. The clients have clear ambitions, but their view of the education necessary to achieve them differs from that of the social workers. As far as they are concerned, regional training centres concentrate too much upon manual labour and do not respond enough to their own interests. In other words, they are too vocational in their

approach. The clients also did not enjoy the day-to-day activities at the facilities (e.g. cleaning and doing odd jobs around the building). The clients say that, although they are not really sure what they want to do, they are aware of their uncertainty and would like better support in that respect. It is thus essential to tailor the combination of living, working and learning to their needs.

Quotation from a resident

‘The vocational choices aren’t good. They should have more to do with your own interests. Not that I know what I want to do, but that’s the problem. I don’t know what I should do, and I’m not really doing interesting things. So you start hanging around and mucking about. The training centre and what you have to do to get benefits don’t match up at all. For that, I’m put in one of those stupid suits and have to go round picking up litter. Or gardening. I find that horrible and humiliating. And I come into contact with the wrong kind of people, guys who smoke dope and fight all the time. There are incidents. I just want to do what I enjoy. But because I’m on the dole I have to do something during the day, through a reintegration bureau. That kind of activity just isn’t interesting for young people. What they should have is training.’

Better coordination needed between the domains and the lives of young people

The ESM incorporates eight practical domains. Institutions are free to modify or supplement them as they see fit, as long the domains remain focused on people. A number of aspects that are perfectly relevant to homeless adults, however, have far less resonance in the lives of young people. For example, in the context of young people, the Daily Activities domain could better be titled Education, Training, Work and Leisure. According to both clients and staff, substance use belongs in the Psychological Functioning domain. According to the clients, it should even be a domain in its own right. In terms of its topics and questions, the *Domains Guide* that was developed to support this aspect of the ESM apparently does not sufficiently relate to the world as it is experienced by homeless young people.

Substantive issues in the supervision process

Cultural issues, substance use, contact with the criminal justice system, leisure activities and sexuality are all topics that play a prominent role in the lives of young people. Currently ‘hidden’ within other domains, all of these issues should be better situated within the supervision process. The smoking of cannabis was the most common form of substance use mentioned by the clients. In the focus group, staff members stated that young clients tend to trivialise this topic, and the same applies to alcohol use. Leisure activities and relaxation are important to young people and, in their view, largely under-emphasised. It is essential that these aspects not be confused with other forms of daily activity. According to staff members, computer use among clients is massive, and it is difficult to persuade them to take up other hobbies. They are not familiar with sports at all. The staff members wondered how they could find other ways of filling leisure time, which tends to be dominated by nightlife, hanging out and computer games. Staff members reported that their clients’ personal networks are not adequately addressed in the Social Functioning domain. In particular, the role of the client’s parents is generally underemphasised. Although the clients claim to have many friends, the social workers are more likely to see most of these ‘friendships’ as superficial contacts. The question of who or what constitutes a friend is therefore an important issue to be addressed within the Social Functioning domain. The topic of sexuality is not raised often, although some staff members attributed this to the fact that keyworkers find it difficult to open the

issue for discussion in personal meetings. Because sexuality is generally regarded as a very important issue for young people, it would be desirable for keyworkers to improve their expertise in this respect.

Conclusion

In this chapter, we have looked at a variety of points related to the Eight-Step Model in the Netherlands. The conclusions drawn will be used to customise it to the needs of homeless young people in the Netherlands. Most of the resulting changes will address specific points rather than the fundamental steps themselves. As part of that process, we shall also align with national methodological trends as they affect the population of homeless young people. We are interested to see whether the points raised here are equally valid in the Czech Republic, the UK and Portugal. We would therefore welcome any feedback in this regard from clients or staff during the Combating Youth Homelessness testing period.

Appendix 1: Domains

Housing	Finances	Social functioning
<ul style="list-style-type: none"> • Type of housing • Furnishing • Expectations with regard to housing • Satisfaction • Neighbourhood/city 	<ul style="list-style-type: none"> • Type and amount of income • Regular costs • Debts: amount owed and to whom • Debt repayment/relief plan • Income management • Understanding of finances • Spending pattern • Savings accounts 	<ul style="list-style-type: none"> • Contacts with family, friends, social workers and fellow clients • Parenting • Social skills • Social attitude and behaviour (standards and values, the law) • Intimate relationships • Sexuality • Conflict resolution • Contact with criminal justice system • Cultural background • Status
Psychological functioning	Eight practical domains, expressed in specific topics	General Outlook
<ul style="list-style-type: none"> • Emotional state • Self-image, self-esteem and self-confidence • Psychological complaints • Trauma • Psychiatric problems • Psychiatric diagnosis • Substance dependency • Understanding of own condition • Treatment 		<ul style="list-style-type: none"> • Fundamental values • Personal motives • Philosophy of life • Faith • Stimulating/satisfying activities • Rituals • Motivation
Physical functioning	Practical functioning	Daily activities
<ul style="list-style-type: none"> • Health • Medical complaints • Chronic or other illness • Disabilities • Allergies • Self-care • Medical treatment • Hygiene and personal care • Perception of own health • Exercise • Nutrition • Day-night rhythm 	Personal care: <ul style="list-style-type: none"> • Preparing food • Caring for surroundings • Cleaning • Washing clothes • Tidying up Specific skills: <ul style="list-style-type: none"> • Using a computer Basic skills: <ul style="list-style-type: none"> • Reading and writing • Writing letters • Counting • Using public transport Administration: <ul style="list-style-type: none"> • Collecting and saving important documents/letters 	<ul style="list-style-type: none"> • Volunteering • Paid work • Hobbies • Education or training • Motivation to work • Work experience • Conduct at work • Skills • Day-night rhythm • Interests

Appendix 2: Sample Intake Form

Intake details

Date	
Name of intake interviewer	
Date of application	
Present at interview	

Client details

Surname	
Given names (in full)	
Name used	
Sex	
Date of birth	
Place	
Marital status	
Children	Number: (see also Social Functioning) Age(s):

Intake interview by domain

Housing	
<i>Housing history</i>	
<i>Current housing situation</i>	
<i>Request for assistance</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify):
Finances	
<i>Income</i>	Source of income: Select Employer/benefits agency: City: Contact person: Net monthly income: € Income management:

<i>Spending and debts</i>	Regular costs: Spending pattern: Repayment/relief plan: (amount, duration, agency) Other debts (actual or estimated):
<i>Request for assistance</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify):
Social functioning	
<i>Life course/history</i>	
<i>Current situation</i>	
<i>Children</i>	
<i>Request for assistance</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify):
Psychological functioning	
<i>Life course/ history</i>	
<i>Current situation</i>	
<i>Treatment contact</i>	Institution: Treating practitioner: Telephone number: Type of treatment/care:
<i>Request for assistance</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify):
General outlook	
<i>Religion, beliefs or convictions</i>	
<i>Effect if admitted</i>	
<i>Request for assistance</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify):
Physical functioning	

<i>Current situation</i>	
<i>General practitioner</i>	
<i>Request for assistance</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify):
Practical functioning	
<i>Domestic tasks</i>	
<i>Command of the language</i> (spoken and written)	
<i>Request for assistance</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify):
Daily Activities	
<i>Work experience, education and training</i>	
<i>Current work (paid or volunteer)</i>	
<i>Hobbies/leisure activities</i>	
<i>Request for assistance</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify):

Intake assessment

<i>Interviewer's impression and recommendation</i>	
<i>Team assessment</i>	
<i>Third-party information</i> (Client permission required)	

Intake decision

<i>Positive</i>	<input type="checkbox"/> Admission/assignment from (date): <input type="checkbox"/> Placement on waiting list <input type="checkbox"/> Conditional admission <input type="checkbox"/> Trial admission
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<i>Negative</i>	<input type="checkbox"/> Referral to: <input type="checkbox"/> Rejection <input type="checkbox"/> Application withdrawn by client
<i>Explanatory notes</i> (reasons)	

Follow-up

<i>Agreements concerning Admission phase</i>	
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Client's name: _____
Date of birth: _____

Room number: _____
Date of admission: _____

Appendix 4: Analysis instructions

Introduction

The Personal Analysis Form is a tool used during Step 4 (Analysis). It is a standard form covering all eight practical domains. Recording the client's status in each domain generates a concise but comprehensive picture of the client. The completed Personal Analysis Form serves as the basis for the provision of further services to the client.

Procedural requirements

- Complete the Personal Analysis Form based upon interviews with the client and information obtained from others.
- Explain to the client beforehand that you would first like to find out about the current situation so that you can use that information to develop future supervision activities.
- Check the information on the form with the client. Ask whether the client feels that the analysis is an accurate record of your conversations and if anything should be changed or added.

Technical requirements

- Complete all fields.
- Report in full sentences.
- Describe the current situation.
- Enter information under the current domain heading (see the list of topics for each domain).
- Be as brief as possible, but write as much as is necessary (typically, between four and ten lines for each domain).
- For each domain, record both good things and points for improvement.
- Use simple language. Avoid difficult or vague words, and try to be specific.
- Discuss the analysis with the client.
- Have the client sign the analysis.
- Make sure that the analysis does not exceed two pages in length.

Important points

- Make sure that you draw a clear distinction between objective information (facts) and subjective material (opinions, points of view).
- In the case of subjective material, state whose opinion or point of view you are reporting.
- Include only things you have actually discussed with the client: the contents of the Personal Analysis Form should not come as a surprise to the client.
- Give the client a copy of the completed form. Exceptions to this rule require the approval of a senior manager.
- Be careful and tactful when writing about topics about which the client is sensitive.
- If you and the client do not agree about the analysis, include both points of view or try to reach a compromise.

Appendix 5: Sample Personal Analysis Form for Tom

Client		Social worker	
Date of birth		Today's date	
Date of admission			

Domain	Current situation	Future goals of the client/social worker
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Housing		
Finances		
Social functioning		
Psychological functioning		
General Outlook		
Physical functioning		
Practical functioning		
Daily Activities		

Appendix 6: Instructions for the Supervision Plan

Introduction

The Supervision Plan consists of goals for the future. It is based upon either the personal analysis or the evaluation of a previous plan, and it provides the starting point for further support and assistance to the client. It is always the result of a collaborative process between the client and the social worker.

Procedural requirements

- Always base the Supervision Plan upon careful analysis.
- Actively involve the client in drawing up the plan.
- Include goals that the client wants to achieve, either alone or with the help of social workers.
- In addition to the client, consult your colleagues and outside care providers about the content of the plan.

Technical requirements

- Distinguish between primary goals (long-term objectives), sub-goals (medium or short-term objectives) and the action required to achieve each of them.
- List items under the correct domain heading.
- Use simple language and short sentences, so that they client can understand the plan. Avoid jargon and vague statements. Be specific, but without going into too much detail.
- The sub-goals must satisfy the SMART criteria.

Important points

- Include only goals that you have actually discussed with the client: the contents of the supervision plan should not come as a surprise to the client.
- Give the client a copy of the plan.
- Have the client to sign the plan in order to increase commitment.
- The goals in the supervision plan are voluntary and the client's own. No penalties should be imposed for failing to adhere to the agreements contained in the plan. Ideally, they should not relate to such matters as house rules or disciplinary measures. These are best covered by a separate contract with the client, specifying the sanctions in place for breaking the rules.

Appendix 7: Sample Supervision Plan for Tom

Client		Social worker	John Dijkstra
Date of birth		Today's date	12/07/2010
Date of admission		Date of evaluation	02/08/2010

Domain	Primary goals	Medium-term goals	Action	Action by	Evaluation result
Housing	<input checked="" type="checkbox"/> Independent living <input type="checkbox"/> Move to different form of accommodation <input type="checkbox"/> Maintain current situation <input type="checkbox"/>				<input type="checkbox"/> Goal(s) achieved <input type="checkbox"/> Goal(s) not achieved <input type="checkbox"/> Goal(s) partly or almost achieved
Finances	<input checked="" type="checkbox"/> Start receiving benefits <input type="checkbox"/> Start receiving pay <input type="checkbox"/> Pay off debts or obtain relief <input type="checkbox"/> Manage money effectively <input type="checkbox"/> Understand own finances <input type="checkbox"/> Manage own money <input type="checkbox"/>				<input type="checkbox"/> Goal(s) achieved <input type="checkbox"/> Goal(s) not achieved <input type="checkbox"/> Goal(s) partly or almost achieved
Social functioning	<input checked="" type="checkbox"/> Improve relationships/social network <input type="checkbox"/> Improve social skills <input type="checkbox"/> Improve contacts with official agencies <input type="checkbox"/> Improve parenting skills <input type="checkbox"/> Exhibit socially responsible behaviour <input type="checkbox"/>				<input type="checkbox"/> Goal(s) achieved <input type="checkbox"/> Goal(s) not achieved <input type="checkbox"/> Goal(s) partly or almost achieved
Social functioning	<input type="checkbox"/> Improve self-understanding <input checked="" type="checkbox"/> Improve self-confidence and self-esteem <input type="checkbox"/> Receive appropriate treatment for addiction <input type="checkbox"/> Receive appropriate treatment for psychological problems <input type="checkbox"/>				<input type="checkbox"/> Goal(s) achieved <input type="checkbox"/> Goal(s) not achieved <input type="checkbox"/> Goal(s) partly or almost achieved
General Outlook	<input type="checkbox"/> Reinforce personal motivation <input type="checkbox"/> Take up stimulating/satisfying activities <input type="checkbox"/>				<input type="checkbox"/> Goal(s) achieved <input type="checkbox"/> Goal(s) not achieved <input type="checkbox"/> Goal(s) partly or almost achieved
Physical functioning	<input type="checkbox"/> Good personal care: hygiene and nutrition <input type="checkbox"/> receive appropriate medical				<input type="checkbox"/> Goal(s) achieved <input type="checkbox"/> Goal(s) not achieved <input type="checkbox"/> Goal(s) partly or almost achieved

	care/treatment <input type="checkbox"/> Restore daily/nightly rhythm <input type="checkbox"/> Exercise <input type="checkbox"/>				
Practical functioning	<input type="checkbox"/> Look after own surroundings (household tasks) <input checked="" type="checkbox"/> Improve administrative skills <input type="checkbox"/> Improve reading and writing skills <input type="checkbox"/>				<input type="checkbox"/> Goal(s) achieved <input type="checkbox"/> Goal(s) not achieved <input type="checkbox"/> Goal(s) partly or almost achieved
Daily Activities	<input type="checkbox"/> volunteering <input type="checkbox"/> Paid work <input type="checkbox"/> Practice hobbies <input type="checkbox"/> Have a regular daily rhythm <input type="checkbox"/> Take part in outside activities <input checked="" type="checkbox"/> Education/training <input checked="" type="checkbox"/> Improve professional skills <input type="checkbox"/>				<input type="checkbox"/> Goal(s) achieved <input type="checkbox"/> Goal(s) not achieved <input type="checkbox"/> Goal(s) partly or almost achieved

Approved by:

Client:
(signature)

Social worker:
(signature)

Appendix 8: Sample Exit Form

Client		Reason for exit	
Date of birth		New address	
Date of admission			
Date of exit		Telephone number	

General

To what extent did the services you received meet your expectations?
What was most helpful?
Which forms of assistance would you like to have had but did not receive?

Specific

How satisfied are you with following aspects of your stay?	1	2	3	4	5
Accommodations					
Financial services					
The atmosphere in the group					
Supervision by your mentor					
The way you were treated by the team					
Information and explanations about procedures in the facility					
House rules					
Privacy					
Safety and security within and around the facility					

(1= very unsatisfied, 5 = very satisfied)

You may use this space to explain any of your answers in more detail:

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The future

What do you think needs to change in the care and help provided?
Do you have any other comments?

Appendix 9: About the DVD and software

About the Eight-Step Model DVD

In March 2010, the Eight-Step Model was presented at a series of national workshops about the Combating Youth Homelessness project. The workshops consisted of a PowerPoint presentation, as well as a short DVD about the method. This film was made by the Filmschool, a very special initiative in the Netherlands. The Filmschool is not an ordinary school; it is part of IrisZorg. This social service agency provides treatment and housing for people who are experiencing problems related to drugs, alcohol or gambling, as well as people who are temporarily or permanently homeless. IrisZorg has facilities at more than seventy locations in Gelderland, one of the twelve Dutch provinces. At the Filmschool, clients can take part in practical activities at a level that best suits them. Some participate simply to bring more structure into their lives, while others take formal courses so that they can learn the trade and eventually take responsibility for creating a professional product. For many clients, working on a production has been an important step on the road to a healthier lifestyle.

The Eight-Step Model DVD was made by homeless students of the Filmschool, most of them young people. It was scripted and produced by Ruud. He compiled the film based upon materials about the ESM and a commissioning meeting. With the exception of the social worker, all of the actors in the film were homeless at the time or had been in the past. Ruud presented the DVD at the national workshop in London. The entire production displays a high level of creativity and skill. The Filmschool is now working on an updated version, as the first version did not place sufficient emphasis on the method's perspective on client participation and its focus on the strengths and positive aspects of clients.

About the software

The software for the Eight-Step Model was developed by YMADA Software in 2004. Because it was originally produced before the model had been integrated into institutional registration systems, it was designed to support reporting only in relation to the fourth through the seventh practical domains. Most of the institutions that use the ESM have now integrated it into their registration systems. To support this process, MOVISIE wrote a memorandum about the options available for the various types of integration (from 'narrow' to 'broad'), as well as the advantages and limitations associated with each variant. When combining reporting and registration, an institution must always critically consider what each system is intended to achieve and the extent to which they can complement one another. Incorrect or ill-considered integration can harm the effectiveness of both.

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