‘It’s not just a lot of words’. A qualitative exploration of residents’ descriptions of helpful relationships in supportive housing

‘Det er ikke bare en masse ord’. En kvalitativ utforsking av beboeres beskrivelser av hjelpsomme relasjoner i bofellesskap.

Gunnhild Ruud Lindvig, Inger Beate Larsen, Alain Topor and Tore Dag Bøe

Department of Psychosocial Health, University of Agder, Kristiansand, Norway; Department of Social work, University of Stockholm, Stockholm, Sweeden

ABSTRACT

This article explores how professional relationships may be helpful from the perspective of residents in staffed supportive housing for individuals with severe mental health and/or drug problems. Using in-depth interviews, residents were individually asked to describe a helpful relationship with a self-chosen staff member, the content of the help provided by this staff member and how this help influenced their lives. Using thematic analysis, we found that the residents described mutual relationships that resembled friendships and helpful staff members who carried out a variety of doings. Four domains of doings were identified: small human gestures, filling the hours with ‘friendship’, enabling the residents to take care of their own needs and fighting on behalf of the residents to ensure rights and benefits. To some of the residents, these doings had life-changing impact. We propose that service management within relationship-based practices should be open for friendship resemblance when matching professionals and service users and make room for a diversity of doings rooted in the service users’ perceived needs.

ABSTRAKT

Denne artikkelen utforsker, fra tjenestebrukernes perspektiv, hvordan profesjonelle relasjoner kan være til hjelp i bofellesskap for mennesker med alvorlige psykiske problemer og/eller rusproblemer. Beboere ble intervjuet individuelt om sin relasjon til en selvvalgt ansatt, innholdet i hjelpen fra denne ansatte og hvordan denne hjelpen påvirket beboerens liv. Ved å bruke tematisk analyse fant vi at beboerne beskrev gjenlidelige relasjoner som lignet på vennerkap og at hjelpsomme ansatte utførte en rekke handlinger. Vi fant fire ulike typer handlinger; små menneskelige gester, initiativ til og gjennomføring av sosiale aktiviteter, hjelp til selvhjelp og kamp på vegne av beboerne for å sikre rettighetene deres. For noen av beboerne hadde disse handlingene livsforandrende effekt. Vi anbefaler at man ved fordeling av primærkontakter innen psykisk helsearbeid tilrettelegger for muligheter til å utvikle vennerkapslignende relasjoner og at det gis rom for at ansatte kan utføre et mangfold av handlinger utfra tjenestebrukernes erfarte behov.

CONTACT Gunnhild Ruud Lindvig

gunnhild.r.lindvig@uia.no
Department of Psychosocial Health, University of Agder, Postboks 422, Kristiansand 4604, Norway

© 2019 Informa UK Limited, trading as Taylor & Francis Group
Introduction

Increased interdisciplinary cooperation in new contexts

In the last few decades many countries have been through extensive mental health care system reforms with the main goal of transferring treatment and follow-up for individuals with severe mental health problems from psychiatric hospitals to the community (Fakhoury, Murray, Shepherd, & Priebe, 2002; Roos, Bjerkeset, Sandenaa, Antonsen, & Steinsbekk, 2016). In Scandinavia, this transfer process has entailed increased interdisciplinary cooperation between and within health- and social work practices, and mental health and drug abuse have to a greater or lesser degree been united as one field of practice. In Norway, new interdisciplinary joint courses on master level have been developed for social educators, occupational therapists, nurses and social workers.

The prevailing concept in these developments is the concept of recovery, which refers to a person centred shift within the mental health field in most western countries, from a medical perspective towards a focus on regaining control over one’s own life, through own efforts and with support from both one’s professional and informal network (Topor, 2001). The concept of recovery is considered to be highly relevant to most relationship-based practices. Thus, the practices of social work and mental health have become more overlapping, and a significant amount of both social and mental health services for people with severe mental health and/or drug problems are now provided in new contexts with less focus on diagnosis and treatment methods and more focus on the service user’s life as a member of society. In Scandinavia, these community-based services are mainly provided by social workers, and healthcare professionals other than psychiatrists and psychologists (Borg & Kristiansen, 2004; Davidson, Shahar, Lawless, Sells, & Tondora, 2006; Karlsson & Borg, 2017).

Despite the embedded aim of de-institutionalisation, the transfer process has caused the creation of new kinds of institutions. In Norway, it has been a stated goal of the welfare politics since the 1990s that persons with extended and complex needs should live in their own homes and be offered the necessary care and support there (Departementene, 2014; Hansen & Grodem, 2012). Nevertheless, ‘co-located staffed housing with household regulations have been more common lately’ (Departementene, 2014, p. 20). The continuation or re-emergence of institutional-like housing for people classified as having severe mental health problems is also the situation in several other countries (Fakhoury & Priebe, 2007). In this article, we explore residents’ descriptions of helpful professional relationships, to understand what might be experienced as helpful help in such an interdisciplinary community-based, yet institutional-like, housing context.

Clarification of terminology and housing context

In the current literature on mental health supported accommodation, there is a wide variation in both service structure and terminology. Across 400 articles Gustafsson (in Mcpherson, Krotofil, & Killaspy, 2018) identified 307 unique terms for supported accommodation. A recently developed classification system, The Simple Taxonomy for Supported Accommodation (STAX-SA) (Mcpherson et al., 2018), divides mental health supported accommodation into five types. The housing studied in this article fitted the description of Type 1: (a) staff on-site, (b) high support, (c) limited emphasis on moving on, and (d) congregate setting. Additionally, all the housing units were publicly funded and run, and their target groups were individuals classified as having severe mental health and/or drug problems. All the residents lived in separate, fully equipped apartments with ordinary tenancy agreements with the local authorities. Locations varied from ordinary housing areas to more solitary areas, and the organisation varied from one or two buildings containing all the apartments, shared recreation rooms and staff facilities, to congregate individual houses containing one apartment each, with separate buildings containing shared recreation rooms and staff facilities. There were no overarching housing programmes, but various kinds of individual support and follow-up were provided, and for some of the residents the aim was to develop skills to live in
more independent settings with, or without, follow-up support. We found the term ‘staffed supportive housing’ most suitable for the housing arrangements studied in this article.

As healthcare and support in this context of supportive housing is complex (therapeutic, social, economic, medical, practical, etc.) and provided by persons from different professions, we chose the term ‘professional relationship’ to cover all relationships between residents and staff members.

### Helpful professional relationships

The ‘recovery shift’ in mental health, together with the increase in community-based care has generated recovery-focused research on professional relationships and outcomes in vocational rehabilitation (Catty et al., 2011) and case management (De Leeuw, Van Meijel, Grypdonck, & Kroon, 2012; Howgego, Yellowlees, Owen, Meldrum, & Dark, 2003), and on service users’ experiences of professional relationships in several contexts of community-based mental health care (Andersson, 2016; Borg & Kristiansen, 2004; Brekke, Lien, & Biong, 2018; Kidd, Davidson, & McKenzie, 2017; Ljungberg, Denhov, & Topor, 2015; Topor, Bøe, and Larsen (2018); Topor & Denhov, 2015).

In short, this ‘recovery research’ emphasises the importance of a strong alliance and mutual trust and respect as significant relationship qualities. Service users put emphasis on a supportive social climate and friendship resemblance, exemplified by professionals showing interest in their individuality and a natural willingness to transcend the boundaries of the professional relationship, for instance by self-disclosure. Additionally, small things, seemingly casual events, can have a powerful impact on the service users’ well-being and development. As well as being recognised as fellow human beings, having someone to be with and talk to about difficulties and being someone that matters to the professional, service users also appreciate practical help. Interestingly, most findings are common throughout the ‘recovery research’ and are not linked to specific diagnoses or other distinctive features of individual problems. Further, the findings are in accordance with several studies on more or less traditional relationship-based social work contexts (see for instance Beredsford, Croft, & Adshead, 2008). To the best of our knowledge, the current body of qualitative research exploring the professional relationships when health care and support is provided in people’s own homes, does not cover community-based staffed supportive housing. There are descriptions of staff-resident relationships among the findings of several studies focusing on service users’ general experiences with various types of community-based accommodations (Krotofil, McPherson, & Killaspy, 2018; Sandhu et al., 2017), but considering in-depth explorations of helpful professional relationships in staffed supportive housing, there is still a knowledge gap to fill. Residents in staffed supportive housing have, in most cases, more severe functional problems than users of services provided in ordinary homes, and the context of staffed housing is marked by distinctive characteristics, being both a supplier of welfare services and the service user’s home. To build a knowledge base for service development within supportive housing which includes experience-based knowledge, qualitative explorations of residents’ experiences with professionals in staffed supportive housing are required.

### Aims and research questions

This study is part of a broader study on professional relationships in staffed supportive housing. The aim of the present study was to explore helpful professional relationships (meaning assessed to be helpful by residents) from the perspective of residents. The main purpose was to contribute to the knowledge base for service development within supportive housing for persons with severe mental health and/or drug problems. The research questions were: (1) How do residents in supportive housing describe helpful professional relationships? (2) What do they perceive as helpful help from staff members? (3) How does this help influence their lives?
Methods

As we wanted to explore individuals’ first-hand descriptions of lived experiences, we chose individual in-dept interviews for data production, and we strived for a phenomenological approach. For instance, we asked ‘what do you miss?’ instead of ‘how could your life be better?’ to catch descriptions of experiences rather than reflections from an analytical perspective. Further, we use the term ‘data production’ because we, in line with Brinkmann and Kvale (2015), believe that qualitative data is not something existing ‘out there’ that you can simply ‘collect’. We acknowledge that the process of putting lived experiences into words, is influenced by the interaction between interviewer and interviewee.

An interview guide was developed by the first author and discussed with both the co-authors and a reference group consisting of two staff members, two former residents and one close relative to a former resident in staffed supportive housing.

Recruiting and data production

The process of recruiting residents to be interviewed started with a meeting between the first author and the leadership responsible for the public health and care service development in the impact area of this study, followed by a presentation of the project for leaders from all the local public funded supportive housing units. Then, the project was presented in ordinary local staff meetings. In housing units with resident meetings, the project was presented directly to the residents by the first author. In the remaining housing units, the staff was asked to inform the residents and arrange a meeting with the first author whenever someone wanted to participate or wanted more information. The participants were informed that they would be individually interviewed about their experiences of helpful and non-helpful elements in their supportive housing. They would be asked in particular to describe a self-chosen staff member perceived as especially helpful. They were also informed that they would be asked for permission for the interviewer to present the given descriptions to the described member of staff in a later individual interview with the staff.

The interviews were conducted by the first author, who also transcribed them verbatim from audio recording. Further, she extracted all descriptions concerning the helpful staff member, the helpful help provided by this staff and how the resident’s life was affected by this help. The text extracts were collated and condensed into a text composition, which she brought back to the respective resident in a second interview with the purpose of having it amended and verified by the resident. The process of extracting and condensing text for the compositions naturally involved some initial interpretation. Thus, the study’s validity and reliability were strengthened by the residents’ verification of the compositions. In the second interview, the resident was also asked to give a final consent to the interviewer concerning the intended presentation of the composition in a later staff interview. (The staff interviews constitute the data set for a separate study; Lindvig, Larsen, Topor, & Bøe, 2019).

Seven residents in four supportive housing units volunteered to participate. Two of the residents chose to describe two staff members each. Thus, nine ‘helpful staff member compositions’ were constructed, and these nine compositions constituted the data set for this study. The interviews lasted from 20–90 min. The compositions ranged from 165 to 872 words. The interviewed residents were three women and four men aged between 22 and 54. They described five female and four male staff members aged 24–56. All combinations of same gender and different gender between resident and staff member were represented. All the residents were classified as having severe mental health and/or drug problems. However, no specific information on these matters was collected. We find the diagnoses or severity of drug abuse to be irrelevant due to the aim of the study; to produce knowledge about individual experiences of receiving help in the context of professional relationships within staffed supportive housing. Further, this is in line with the previous relationship research which indicates that the perceived helpful aspects of professional relationships are not connected
to specific features of the service users’ diagnoses or severity of problems. Moreover, none of the interviewees related the perceived help to specific features of their health or drug problems in any way that minimise the transferability of the findings to similar contexts. When reaching the number of seven residents, we assessed the attained range of transferable knowledge to be both fruitful and manageable.

**Thematic analysis**

The analysis was based on Braun and Clarke (2006) six phases of thematic analysis. As the studied phenomenon was an under-researched area where the participants’ views were not known, the first author decided to provide a rich description of the entire data set rather than a detailed account of one particular aspect (Braun & Clarke, p. 83). To get a broad overview of the content for this matter, an initial concept-driven coding was carried out in accordance with the research questions. Thus, the text was classified and collated under the following three main categories: (1) Helpful relationship characteristics, (2) Helpful help and (3) Influence on life.

From this point onwards, the approach was data-driven with the purpose of identifying themes on a semantic level. All authors each read through the data set several times and looked for anything surprising or obvious, recurrent or contrasting, anything that made one nod in agreement or wonder, smile or cry. Efforts were made to catch what was most significant to the informants themselves. Codes were formulated and assigned to potential themes that were checked and adjusted in relation to the coded extracts and to the entire data set, and the first author developed a thematic map of the analysis. Definitions and names for each theme were generated and thoroughly discussed several times with all authors before final adjustments were made.

**Findings**

The analysis resulted in one main theme for each of the main categories: (1) Air of mutuality (helpful relationship characteristics), (2) Not just words (helpful help) and (3) Life-changing impact (influence on life). Several subthemes were identified within each main theme.

**Air of mutuality**

The relationships between the residents and the helpful staff members appeared to be marked by mutuality whether one spoke about recognition and trust, performing social activities or just spending time together, and even when facing disagreements.

**Mutual recognition**

The residents experienced that the helpful staff members were able to recognise them and understand them better than other staff members. This could result from the staff members’ ability to understand and empathise with the resident despite the resident’s shyness:

I’m a bit hard to grasp sometimes. But those who know me, like Liz, she can tell from my behaviour if something is wrong.

Or it could be that the staff member was able to relate to the resident’s problems because of similar life experiences, which he disclosed to the resident:

But he has told me … he had a shitty past too, you know. So, he is familiar with many of the contexts I talk about. Thus, he knows, in a way, how … how things are then. […] Yes, it’s just … I just feel that he in a way is … we understand one another better.

The ‘one another’ in the previous quote, was a recurring formulation among the residents’ relationship descriptions. Residents and staff members recognised, understood and trusted one another.
**Close to friendship**

When residents described doing social activities together or just spending time with the staff members, the relationships appeared to resemble friendships. The ‘close to friendship’-character could have to do with type of activities, ‘good chemistry’ or the relationship’s durability. Social activities included going to the cinema or going shopping, doing exercise and even travelling abroad together:

> It is that he joins in and takes the initiative to do things and comes up with ideas like going to Sweden and stuff, and yes, having ideas like going to the cinema and going to Denmark and that’s something I like about him. […] He’s a bit like a buddy.

> ‘Good chemistry’ could be described as mutual identification and being relaxed in each other’s company:

> I think it’s good chemistry and … we are quite alike. In general, like … when it comes to humour … talking … life experience … different things. Then we both come here and then … we get a grip, we can talk. […] He’s very, like … easy to talk with.

The relationships’ durability was revealed when residents described having disagreements with their staff members:

> But we can also disagree and have discussions. But we’ll always be friends again.

> Even if they used words like ‘friend’ and ‘buddy’, it was clear to the residents that the relationship had its professional limitations. One described it this way:

> So, it’s not a proper friendship when they have the job that they have, so … They have certain limitations about how far they are permitted to … yes, how to put it …

> Despite this awareness, the residents still assumed that the relationship had some personal value for the respective staff member. However, they didn’t go into detail about these assumptions.

**Not just words**

A phenomenon that appeared to be significant to the residents was a conviction about the helpful staff member’s genuine desire to help. This conviction was built on explicit statements about this desire which was lived up to by a human approach, a positive attitude when asked for help and a determination to act and do whatever was needed to improve the resident’s life or to prevent it from getting worse.

**Being genuine**

According to the residents, the helpful staff members expressed a genuine desire to help, both by radiating kindness and by declaring this desire in plain words:

> She works from her heart. She cares. You can feel it when you talk with her. When she arrives and when she leaves. Like, you can feel that she works from all her heart, she does everything she can to find … [solutions]. Yes, you can feel it.

> But there is something different about him. Firstly, there is kindness in him. I realised that the first time he spoke to me.

> From the first time we met, she has wanted to help me. She told me so, anyway. […] From the first day she worked here, she’s meant a lot to me. And since that day, it’s just been like that.

> Thus, the staff members’ concern and care were experienced as genuine, and this genuineness was often already perceived by the resident in the first encounter.
**Being human**

Closely related to this described genuineness, there were descriptions of the staff members as standing out from less helpful staff members by talking to and socialising with the resident in a more human way. This human approach ranged from small gestures, like saying ‘Hello’ or ‘Good morning’ in a positive tone, to the way of approaching a request for action or change:

Yes, and she is very, like, human, like: ‘Well, well, you Tilda, you will do the dishes. You don’t have to do it at once. You’ve got the whole evening’. A bit like that.

It seemed like this approach contrasted with a feeling of being told what to do by an authority figure.

**Helping by doing**

Martin is someone who makes things happen. It’s not just a lot of words. He puts it into practice.

A striking phenomenon in the dataset was the apparent significance of the staff members as *doers*. The qualities of being genuine and being human, were reflected in a wide range of ‘doings’ to improve the residents’ life-situations. The above quote concerned initiating and participating in social activities. Examples of a more practical kind of doing were running to a storage room to find curtains when a resident expressed a wish for them or taking a phone call to a resident’s GP to arrange what the resident thought was a more suitable distribution of medication. Another example concerned resolving economic issues:

He helped me get rid of my debt incredibly fast. I had a bank loan. […] And suddenly Chris comes and says: “You are out of debt”.

The helpful staff members seemed to stand out from other staff members as more willing to stretch themselves. This was especially underlined in descriptions of some staff members’ fight to ensure the resident’s rights, such as social benefits and facilities:

She’s my advocate. She has been that these last years. […] There have been a lot of people in my life, saying that they wanted to help me, but it has just been empty words. […] Liz came into my life as something new. I’ve never had such a helper before.

The residents realised that staff members stretched themselves a lot when fighting for the resident’s rights. Still, even small doings, like saying ‘good morning’ or providing a resident with curtains, was described as valued doings.

**Life-changing impact**

Describing the helpful staff members’ impact on their lives, the residents’ gratitude to the staff members was obvious. Staff members were given credit for the residents’ increased well-being, strengthened ability to help themselves, and improved life situations.

**Increased well-being and self-care**

Residents experienced improved mental, as well as physical, health. For example, this was ascribed to spending time with the staff member and doing activities instead of just watching TV or doing nothing:

I’m feeling better mentally because of him and the things we do […] Yes, cause nobody else takes any initiative.

To this resident, the days could be very long, and filling the hours with social company was of great importance to his mental well-being. Increased well-being was also related to increased self-care made possible by improved theoretical and practical knowledge, for example about eating habits and exercise. Furthermore, increased self-care could be strongly connected to the staff
member’s caring for the resident. One resident explicitly gave the staff member credit for making him able to love himself.

**Strengthened self-development and empowerment**

The staff-member for whom the capability of ‘deep understanding’ of the resident was connected to his own sharing of difficult life experiences, had also shared with the resident his own self-development strategies. By adopting them, the resident’s self-development increased, and he felt more capable of taking care of himself in the future:

> What Peter has done … it helps, because now I know exercises which I can do at home … for instance. Related to … what I can do to get a better … that … it can help me; my back, body and soul, right? And dietary advice, right, that can help me a lot too, related to how I’m feeling about myself … Diet and breathing mean a lot … Breathing and posture and everything influence how you feel.

Residents also ascribed strengthened self-development to helpful staff members’ ability to help them help themselves by a step-by-step approach:

> And he arranged for me to get dinner five days a week from the kitchen service. He helped me get started. Yes, I didn’t know anything about where to call or stuff. I have social phobia. So, just being on the phone—I’ve improved a lot in recent years. So, I’ve been making the call myself … this last time to change the menu and stuff. […] I asked Chris to call the last time, because he’d called the first time. ‘Can’t you do it yourself this time’, he said. ‘Yes, if you sit here’. ‘Yes, of course’. ‘Because I might need help with something’. ‘Yes, I’m not going anywhere’, he says, ‘but it is a good thing if you can do it yourself’. And so, I did. […] It’s ok. Because that’s what … that’s how you get go-ahead spirit.

This gentle mix of pushing and supporting was contrasted by descriptions of a rougher path to self-development:

> She could also be direct and tell me to shape up. For instance, she could say: “Pull yourself together, Henry, you can’t go on like this!” She put me up against the wall and demanded a lot of me. I call it tough love. It helped me to accomplish dentist appointments and stuff.

Even though this ‘tough love’-approach was not necessarily preferred by other residents, it obviously worked for this individual. He appreciated that the staff member made him accountable, and he felt empowered by it.

**Improved life-situation**

The supportive housing environment was described both as the worst place ever and the best place ever to live. While there were residents grateful to a staff member for advocating for a more suitable place to live, others were deeply grateful to the helpful staff member for the possibility to live in their current location. For instance, the staff member could be credited for taking the person into the house in the first place and trusting in ones capability of living there, or sometimes the staff member got credit for preventing eviction:

> But Ninni, she is … she goes on … yes, she … without her, things would have been a lot harder anyway. […] Yes, I would probably have lost my apartment while I was in prison. Six months is the most you can get covered for, and I had a seven-month sentence.

An improvement in situation from living with drug addiction to living a life free of drugs was ascribed to a staff member’s constant follow-up and persistent advocating for change in living conditions:

> Without her I would never be sitting here clean and sober. […] The help from her has given me a better life … so much better … because of her.

In addition to life situation improvements, this resident’s living conditions were about to change radically as, thanks to his staff members’ effort, he would soon be moving on to a situation of greater independence in a more common apartment. For others, who had been homeless or experienced
rougher conditions in temporary housing, being accepted into the respective housing itself meant a better life. One resident’s experience of being ‘taken in’ after being interviewed by a specific staff member even led her to credit that staff member for saving her life:

But I’m not sure [I’d been taken in] if it was one of the other persons. I can’t be a hundred percent sure if they would have liked me as a person. No, no, I can’t be sure. So, it’s because of him … because he did the interview that I’m here.

*Where would you be then, if you weren’t living here?*

I would have been under there [points to the ground and starts crying].

*You would have been dead?*

[She nods.] He saved me from a rougher environment where nobody cared.

Thus, concerning the perceived influence on life, the residents’ descriptions ranged from less boredom in one end to a matter of life and death in the other.

**Discussion**

This collection of thick first-hand descriptions across the entire data set makes possible a diversity of relevant perspectives and discussions. However, we chose to highlight the findings most congruent to previous studies; the aspects of friendship resemblance, and the discovery that most complements previous studies; the significance of *doings*.

**Friendship resemblance: common relationship characteristics**

One could use the recurring concept of ‘friendship resemblance’ to sum up most of the helpful relationship characteristics described in this study; mutuality, genuine care, willingness to help, trust and humanity. Taking into account the accordance with previous relationship-focused studies (Krotofil et al., 2018; Ljungberg et al., 2015), as well as the fact that these aspects are common in most significant human relationships, these findings should not be surprising. Still, they challenge the traditional idea of professionality within professional helping relationships (Fredwall & Larsen, 2018; Terkelsen & Larsen, 2016). Moreover, it challenges current trends which emphasise measurement and risk reduction (Murphy, Duggan, & Joseph, 2013) which represents a reductionist understanding of human behaviour and narrowly conceived bureaucratic responses to complex problems (Ruch, 2005).

Embedded in the friendship resemblance is also the aspect of personal match; something is often ‘just right’ already in the first encounter. Considering how the participants in this study described the first time they met the respective helpful staff member, we suggest that the first encounter can be crucial, and that the experience of genuineness might be the most important ingredient in it. On these grounds one could ask if relationship-building-models, like McMullin’s 4 Stage Relationship Model (McMullin, 2017), might possibly defeat its own end by replacing genuineness with trained skills. At the same time, one could argue that genuineness is in any case limited within relationship-based helping contexts where policy and services are defining the parameters of tasks the helpers are to carry out. According to Murphy et al. (2013) it’s impossible to escape the instrumental nature of the helping relationship in these contexts. In accordance with the concept of recovery, the supportive housing in this study was in fact a helping context with a person-centred approach, meaning it was up to the residents to define aims, or even if they wanted to make changes in their lives at all. Thus, the professional relationships were not means to an end defined by the professionals, the service management or policy statements.
The significance of doings

Within all the main themes, the residents’ descriptions comprise stories of concrete doings carried out by the staff members, ranging from initiating and participating in social activities, sharing their own life experience, and making simple phone calls, to more substantive tasks like taking care of debt, fighting the system to keep benefits and advocating for better living conditions.

The significance of doings does not appear to be as distinct among descriptions of helpful professionals in previous research. The main themes such as ‘conveying hope, sharing power, being available when needed and being open regarding the diverse nature of what people find to be helpful’ (Borg & Kristiansen, 2004), ‘going beyond the traditional boundaries of the professional role’ (Borg & Kristiansen, 2004; Topor & Denhov, 2015), ‘showing interest in the individuality, genuine concern and respect for the person’s integrity’ (Andersson, 2016) and ‘building trust through hopefulness, loving concern, commitment, direct honesty, expectation, action and courage’ (Brekke et al., 2018) could give the impression that previous findings about helpful professionals mainly show service users’ preferences and attitudes regarding the professionals’ being, and that might be the case. Nevertheless, several of those descriptions naturally comprise what we here define as doings. For instance, ‘going beyond the traditional boundaries of the professional role’ is exemplified by ‘sharing personal stories and experiences’ and ‘lending the service user private money’. Apparently, this personal act of sharing or lending money is highly valued precisely because it represents a willingness to go beyond traditional boundaries. The service user experiences the sharing or moneylending as being treated like an equal human being. One wonders what aspect of the act is of greatest significance; the potential usefulness or the experienced equality? Thus, even though previous research seems to encompass doings, the main focus of the service users and/or the researchers has apparently not been on the doings per se, but on how doings as well as ways of being express and are experienced as human aspects such as equality, respect, love, care, mutuality, honesty and so on. This might have to do with previous studies being more focused on the characteristics of helpful relationships and the personal attributes of professionals, than how helpful relationships influence the lives of the service users. The prior focus might also have been shaped by the fact that relationship research began within the context of psychotherapy (Gelso, 2014).

Four domains of doings and their influence

Amongst the findings of this study, four domains of doings can be identified. The first domain concerns ‘small’ human gestures like expressing genuineness, greeting with a ‘god morning’, providing the resident with curtains and appealing for action in a ‘more human’ way. The second domain is about filling the hours with friendship. According to the residents, the days could feel very long and empty, and the residents didn’t necessarily have any friends among their fellow residents. As well as the valuable experience of friendship resemblance when socialising with the staff member, taking the initiative to do exercise, go for a walk, go to the cinema or even take a trip abroad could mean a lot to the residents’ well-being, just by providing activities to fill the hours. Enabling the residents to take care of their own needs constitutes a third domain. Both the ‘doing for’ and the ‘doing with’ in the described step-by-step approach, and the yelling in the ‘tough love’ approach provided self-development and empowerment, as did the staff member’s sharing of their own problems and self-development strategies. The fourth domain concerns the staff members’ advocating for and fighting on behalf of the residents. Residents reported that both securing statutory rights and achieving changes in living conditions, such as moving out from the supportive housing to get a better situation, were impossible without a staff member’s willingness to use all available means to put pressure on the local authorities.

Conclusions and implications for practice, policy and further research

This study highlights that common friendship characteristics appreciated by service users in a variety of relationship-based practices within social work and mental health contexts may also be significant
to residents in the multidisciplinary practice of staffed supportive housing within mental health and drug abuse. Actually, the feature of being a helping context were the service users define their own needs and aims seems to facilitate a genuineness in the professionals which is ousted by instrumentality in contexts where aims and tasks are determined by politics, service managements or the professionals.

Further, in this particular housing context, with no overarching housing programme defining the professionals’ tasks, this study identifies four domains of doings. According to the findings, both doing nice things to a resident, doing social activities with a resident, doing a practical task for a resident (before encouraging her to do it herself) and doing a wholehearted effort on behalf of a resident when needed could have a life-changing impact on the resident. We propose that there might be an interrelationship between the room for genuineness and the ‘success’ of the doings. The ‘close to friendship’-relationship seems to foster a fruitful collaboration with a joint aim of improving the resident’s life. We suggest that this conclusion should inspire policymakers within relationship-based practices to make room for genuineness and doings rooted in the perceived needs of the service user.

To get a more expansive picture of the possible significance of doings and its relationship with genuineness, we propose that studies should be carried out with a focus on the possibilities for, and significance of, genuineness and doings in different contexts of relationship-based helping contexts.

Ethics

The study was submitted to The Norwegian Centre for Research Data and was recommended to be carried out (Case No. 50668). It was emphasised to the participants that all participation was voluntary, that they could withdraw for any reason at any point until the analysis was ready to be published, and that whether the resident participated or not, or chose to withdraw, this would not in any way affect the resident’s housing conditions or any other public service the resident might receive. It was also emphasised that all data would be anonymised. Written consent was obtained from all participants, and all identifying details were removed before data was shown to the reference group. The group members also signed a declaration of confidentiality.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by The Norwegian Counsel for Mental Health and founded by The Norwegian Extra Foundation for Health and Rehabilitation under [grant number 2017FO143232].

Notes on contributors

Gunnhild Ruud Lindvig is a PhD candidate at the Department of Psychosocial Health, University of Agder. She’s currently working on her thesis about helpful relationships in community-based supportive housing.

Professor Inger Beate Larsen is a lecturer at The University of Agder. Her main field of research is community mental health work and the meaning of materiality and places (everyday objects, architecture, environment, landscapes). She is interested in the new institutional landscapes, and she manages the research group An Including Society.

Professor Alain Topor is a Senior Lecturer at the University of Agder and Lecturer at the University of Stockholm. His fields of research are the practice of helping professionals with people with severe mental health problems and the social conditions (economy, housing, relationships, social capital) in the construction and development of, and recovery from, mental health problems.
Tore Dag Bøe is an assistant professor at the University of Agder. His special field of research is dialogical approaches to mental health and social work (dialogism and network-oriented approaches), and he manages the research group Dialogical Practices.

References

Andersson, G. (2016). What makes supportive relationships supportive? The social climate in supported housing for people with psychiatric disabilities. *Social Work in Mental Health, 14*(5), 509–529. doi:10.1080/15332985.2016.1148094

Beredsford, P., Croft, S., & Adshead, L. (2008) ‘We don’t see her as a social worker’: A service user case study of the importance of the social worker relationship and humanity. *British Journal of Social Work, 38*(7), 1388–1407.

Borg, M., & Kristiansen, K. (2004). Recovery-oriented professionals: Helping relationships in mental health services. *Journal of Mental Health, 13*(5), 493–505.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. doi:10.1191/147808706ep063oa

Brekke, E., Lien, L., & Biong, S. (2018). Experiences of professional helping relations by persons with co-occurring mental health and substance use disorders. *International Journal of Mental Health and Addiction, 16*(1), 53–65. doi:10.1007/s11469-017-9780-9

Brinkmann, S., & Kvale, S. (2015). *Interviews. Learning the craft of qualitative research Interviewing* (3rd ed.). Thousand Oaks, CA: Sage.

Catty, J., White, S., Koletsi, M., Becker, T., Fioritti, A., Kalkan, R., & Burns, T. (2011). Therapeutic relationships in vocational rehabilitation: Predicting good relationships for people with psychosis. *Psychiatry Research, 187*(1-2), 68–73. doi:10.1016/j.psychres.2010.10.018

Davidson, L., Shahar, G., Lawless, M. S., Sells, D., & Tondora, J. (2006). Play, pleasure, and other positive life events: “Non—specific” factors in recovery from mental illness? *Interpersonal and Biological Processes, 69*(2), 151–163. doi:10.1521/psyc.2006.69.2.151

De Leeuw, M., Van Meijel, B., Grypdonck, M., & Kroon, H. (2012). The quality of the working alliance between chronic psychiatric patients and their case managers: Process and outcomes. *Journal of Psychiatric and Mental Health Nursing, 19*(1), 1–7. doi:10.1111/j.1365-2850.2011.01741.x

Departementene. (2014). *Bolig for velferd: nasjonal strategi for boligsosialt arbeid* (2014–2020). Retrieved from https://www.regjeringen.no/globalassets/upload/krd/rapporter/fafo-rapport.pdf.

Fakhoury, W., Murray, A., Shepherd, G., & Priebe, S. (2002). Research in supported housing. *Social Psychiatry and Psychiatric Epidemiology, 37*(7), 301–315. doi:10.1007/s00127-002-0549-4

Fakhoury, W., & Priebe, S. (2007). Deinstitutionalization and reinstitutionalization: Major changes in the provision of mental healthcare. *Psychiatry, 68*(8), 313–316. doi:10.1016/j.mprpsych.2007.05.008

Fredwall, T. E., & Larsen, I. B. (2018). Textbook descriptions of people with psychosis - some ethical aspects. *Nursing Ethics, doi:10.1177/0969733017753742*

Gelso, C. (2014). A tripartite model of the therapeutic relationship: Theory, research, and practice. *Psychotherapy Research, 24*(2), 117–131. doi:10.1080/10503307.2013.845920

Hansen, I. L. S., & Grødem, A. S. (2012). Samlokaliserte boliger og store bofellesskap. Perspektiver og erfaringer i kommunene. (2012:48). Retrieved from https://www.regjeringen.no/globalassets/upload/krd/rapporter/fafo-rapport.pdf.

Howgego, I. M., Yellowlees, P., Owen, C., Meldrum, L., & Dark, F. (2003). The therapeutic alliance: The key to effective patient outcome? A descriptive review of the evidence in community mental health case management. *Australian and New Zealand Journal of Psychiatry, 37*(2), 169–183. doi:10.1046/j.1440-1614.2003.01131.x

Karlsson, B., & Borg, M. (2017). *Recovery: Tradisjoner, fornyelser og praksiser*. Oslo: Gyldendal akademisk.

Kidd, S. A., Davidson, L., & McKenzie, K. (2017). Common factors in community mental health Intervention: A scoping review. *Community Mental Health Journal, 53*(6), 627–637. doi:10.1007/s10597-017-0117-8

Krotofi, J., McPherson, P., & Killaspy, H. (2018). Service user experiences of specialist mental health supported accommodation: A systematic review of qualitative studies and narrative synthesis. *Health & Social Care in the Community, doi:10.1111/hsc.12570*

Lindvig, G. R., Larsen, I. B., Topor, A., & Bøe, T. D. (2019 August). ’I will never forget him’ a qualitative exploration of staff descriptions in supportive housing. Manuscript submitted for publication.

Ljungberg, A., Denhov, A., & Topor, A. (2015). The Art of helpful relationships with professionals: A Meta-ethnography of the perspective of persons with severe mental illness. *The Psychiatric Quarterly, 86*(4), 471–495. doi:10.1007/s11126-015-9347-5

McMullin, C. (2017). Building relationships in social work. A 4 stage relationship model. In McColgan, M. & McMullin, C. (Red.), *Doing relationship-based social work: A practical guide to building relationships and enabling change*. London: Jessica Kingsley Publishers. [http://web.b.ebscohost.com/ehost/ebobookview/ebbook/bmddYmtFzEx0NjAwNTNFx0FOO?sid=171c37b5-5fbd-4444-ace2-facc640169f9&dc=pdc-v-sessmgr01&sid=0&amp;format=EK&amp;id=n5&amp;id=0](http://web.b.ebscohost.com/ehost/ebobookview/ebbook/bmddYmtFzEx0NjAwNTNFx0FOO?sid=171c37b5-5fbd-4444-ace2-facc640169f9&dc=pdc-v-sessmgr01&sid=0&amp;format=EK&amp;id=n5&amp;id=0).

McPherson, P., Krotofi, J., & Killaspy, H. (2018). What works? Toward a new classification system for mental health supported accommodation services: The simple taxonomy for supported accommodation (STAX-SA). *International Journal of Environmental Research and Public Health, 15*(2), 190. doi:10.3390/ijerph15020190
Murphy, D., Duggan, M., & Joseph, S. (2013). Relationship-based social work and its compatibility with the person-centred approach: Principles versus instrumental perspectives. *British Journal of Social Work, 43*, 703–719.

Roos, E., Bjerkeset, O., Sandenaa, E., Antonsen, D. O., & Steinsbekk, A. (2016). A qualitative study of how people with severe mental illness experience living in sheltered housing with a private fully equipped apartment (report). *BMC Psychiatry, 16*(1), doi:10.1186/s12888-016-0888-4

Ruch, G. (2005). Relationship-based practice and reflective practice: Holistic approaches to contemporary child care social work. *Child and Family Social Work, 10*, 111–123.

Sandhu, S., Priebe, S., Leavey, G., Harrison, I., Krotofil, J., McPherson, P., & Killaspy, H. (2017). Intentions and experiences of effective practice in mental health specific supported accommodation services: A qualitative interview study (report). *BMC Health Services Research, 17*(1), doi:10.1186/s12913-017-2411-0

Terkelsen, T. B., & Larsen, I. B. (2016). Fear, danger and aggression in a Norwegian locked psychiatric ward: Dialogue and ethics of care as contributions to combating difficult situations. *Nursing Ethics, 23*(3), 308–317. doi:10.1177/0969733014564104

Topor, A. (2001). *Managing the contradictions: Recovery from severe mental disorders*. (PhD Thesis). Stockholm studies in social work. Stockholm, Department of social work.

Topor, A., Bøe, T. D., & Larsen, I. B. (2018). Small things, micro-affirmations and helpful professionals everyday recovery-orientated practices according to persons with mental health problems. *Community Mental Health Journal*, doi:10.1007/s10597-018-0245-9

Topor, A., & Denhov, A. (2015). Going beyond: Users’ experiences of helping professionals. *Psychosis, 7*(3), 228–236. doi:10.1080/17522439.2014.956784