



Accommodating a travelling **life**

## **TRAINER CURRICULUM**

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CARITAS  
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# Introduction

## ACCOMMODATING A TRAVELING LIFE (ATL)

The ATL project is framed within the priority of offering integrative responses to those people who lack a stable home.

People who are forced to live on the streets face a myriad of difficulties and barriers. Although for a part of society they are simply invisible, there are those who criminalize them, who subject them to exploitation and abuse. They not only lack access to housing but also to numerous other basic goods and services, recognized as human rights, such as health or education. The life of a homeless person is the harshest example of social exclusion in Western society today. It is a heterogeneous group made by people with their own reality and personal history. In addition, they have to deal very often with other problems such as untreated mental illness, addictions or immigrant status with communication problems.

Persons that work with homeless people know that gaining and maintaining the trust of a homeless person who has been in this situation for a long time is one of the most difficult and at the same time key steps in the intervention process with this group. It is very common for these people to reject any offer of help that has as its objective their social reintegration, that is, that goes beyond a small economic aid to satisfy their immediate needs.

To help organizations in the sector to conduct more effective interventions, the ATL project proposes to adapt the peer support methodology to work with homeless people. Thanks to the creation of the figure of Journey Certified Supporter – a peer supporter with experience of having lived on the street, advanced in their recovery process and trained in the ATL methodology – it will be possible to offer innovative responses to the needs of the homeless group. The ATL methodology proposes a set of tools that will help peer supporters to value their life experience and use it to help people who are in the initial phase of their recovery process to get out of a situation of extreme vulnerability and social exclusion. On the other hand, the ATL training program will prepare professionals in the sector to offer tailored support and carry out interventions in coordination with peer supporters. The ATL methodology also incorporates the restorative justice model with the aim of contributing to the reestablishment of social ties and thus favoring social rehabilitation. The recovery of homeless people will be approached from a respectful approach, based on the establishment of a dialogue, which does not judge or criticize.

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# UNIT 1: INTRODUCTION TO PEER SUPPORT

## 1.1 Introduction

In this unit, we will introduce the concept of peer support and will specify which form of peer support ATL training focuses on. We will introduce the purposes and values of peer support. We will take a closer look at the figure of the peer support agent, considering his core functions and responsibilities. We will discuss the importance of mutual confidentiality to a professionalized peer support building a peer relationship of trust. Additionally, we will consider the impact that helping others may have on the Peer Support Agent.

## 1.2 Learning objectives

In this unit the learners will

- Develop an understanding of peer support
- Learn the principles of peer support
- Recognize that there are several types of peer support
- Learn about the role of a peer supporter
- Learn to identify the responsibilities of a peer supporter
- Understand the importance of secrecy and confidentiality in the work of a peer support agent

## 1.3 Introduction to peer support

### What is peer support?

Peers can be defined as a group of people who belong to the same societal group based on a specific characteristic, i.e. age, background, abilities, or social status. Equally, we can talk about peers as of the participants in a determined activity, carried out in a group: a workshop, an association for a social cause...

Peer support is generally understood when two or more people with similar life experience form a relationship in order to offer each other support, especially if one (or more) individuals is facing a challenging situation (Peer2peer vocational training course, 2015). Providing a strict definition of peer support is a challenging task, primarily because one of the defining features of peer support is its flexibility and adaptability to suit the needs of the people it serves. This is why diverse forms of peer support have surged over time and co-exist nowadays.

Probably, its' most common form is the one offered by mutual support and self-help groups, which is also the origin of an organized peer support practice. A more recent form of peer support delivery is the one offered by Peer Support Workers, employed at professional facilities and services - a more formal way of peer support organization and delivery.

In terms of the numbers of people involved, peer support can take place in a larger group, where several (or all) members seek support and offer support to the others, at the same time. In this case,

the exchange of support is multilateral and it is easier to maintain a relative balance between support given and received. Another form of peer support is the one involving only two individuals at a time, in which usually one individual takes up the role of a mentor who supports his peer on his way to recovery from difficult circumstances.

The present training program focuses on the formalized type of peer support delivered by specialized Peer Support Workers, taking place between two individuals.

To date, peer support has been used primarily to assist individuals struggling with mental health challenges and those affected by substance abuse. The use of this methodology in the context of other social and individual problems has been limited. In particular, with regard to the people affected by homelessness, we did not find any training programs available. Likewise, we found little information about ongoing peer support programs for this collective. It does not necessarily mean that they do not exist at all; likely, the peer support has taken place in a rather informal context between people with shared experience of homelessness. This is a conclusion that we have reached based on a documentary research and focus groups and interviews with professionals and service users affected by lack of stable housing.

In view of the above, with this training program, we would like to set the foundations that will allow to kick-start a more formal and structured peer support practice available for persons struggling with homelessness.

## **Purpose of peer support**

The general objective of peer support is to help a person navigate her way through challenging situation/circumstances, which can be of very different nature. For that purpose, peer support looks forward to establishing a dialogue, sharing information, challenging, and encouraging each other.

In order to understand the purpose and the nature of peer support, it is fundamental to realize that it is not supposed to provide ready-made answers and solutions. Most of the times, the personal answers are to be found, and each person has to find their way to them. Therefore, rather than giving directions, a peer supporter will accompany his peer in the process of finding his own answers, and for that, he will use his experience. Likewise, peer support does not come down to giving or receiving advice on every possible topic. Sometimes, it can be about simple acts such as talking to someone as a way to be heard and taking things off your chest.

The shared experience is the cornerstone of the peer support in the sense that someone who has been through a similar experience and has overcome the difficulties might be a right person to turn to for help for someone who is struggling to overcome similar challenges. Apart from offering support, such a person can be the best example that not only there is a way out, but also it is tangible and reachable. However, even though the peers may share experiences broadly speaking, their experiences may still differ in nature and duration. It is important to acknowledge that both the Peer and the Peer Supporter will have their personal story, their specific needs and particular traits. Having that present, there is always the opportunity to establish a mutual connection and relationship that is based upon mutual understanding, respect and sharing.

Offering advice, based on personal experience, is not the only purpose of peer support. Understanding this is essential to avoid a mistaken idea that peer support is, broadly speaking, about offering advice. Actually, many Peer Supporters report that they avoid giving advices. They do talk about their experiences and what works for them, but they leave it to the peer who receives support to decide if she wants to try out their approach.



A recent study conducted to identify critical elements of peer support within a homeless population with participation of 40 peers and professionals from organizations offering services highlights the following attributes of peer support as the most appreciated by the respondents (Barker et. al. 2019):

- Peer supporters' ability to develop strong, trusting, experience-based relationships with clients
- Peer supporters' respect for confidentiality
- Peer supporters providing emotional support
- Peer supporters being adaptable to clients' personalities and behaviors
- Peer supporters' uniqueness, their difference from professionals
- Peer supporters providing an empathic, listening ear
- Peer supporters being a bridge between clients and professional help
- Peer supporters being committed to their clients

## **Multiple disadvantages**

Peer support is addressed at helping people experiencing a particular difficulty or disadvantage, which often has a systemic impact on the person's life. It is frequent for a person to face not one but multiple disadvantages. For instance, a person in a situation of homelessness can, at the same time, be a victim of gender violence, experience mental ill health, substance misuse or other forms of disadvantage. In some cases, these disadvantages were the trigger for the situation of homelessness, in other cases they are a consequence of unstable or lack of housing. Whatever is the case, all these factors are intrinsic ingredients to the individual's present situation and exert influence on its possible developments to the point that, it might not be possible to achieve sustained recovery and social inclusion of a person experiencing homelessness if those disadvantages are not taken into account and acted on. This is why knowing which additional disadvantages a person is facing is highly relevant to designing an adequate peer support intervention that will act on these challenges.

## **Values of peer support**

(Adapted from de Peer2Peer, 2015)

### **Hope**

- The peer relationship offers a unique healing environment and powerful way of promoting hope and optimism.
- Peer workers are powerful role models and evidence of the reality of recovery.
- We are all unique individuals, with hopes, dreams and aspirations with the potential to be all that we can be.
- It is possible to learn and grow from challenges and setbacks.



## Experience

- We are all experts in our own experience.
- There are many roads to recovery and different ways of understanding and interpreting experiences.
- The sharing of experiences can be a powerful catalyst for personal change and growth.
- Peer workers use their lived experience intentionally to encourage and support recovery.

## Equity

- Peer support relationship is an equal to equal one and it embraces equally-shared power, which enables people to trust and to share their wisdom.
- The peer supporters do not express or exercise power over those they support
- Peer supporters do not diagnose or offer medical services to their peers
- Peer supporters have a responsibility to challenge stigma and discrimination encountered in their role

## Mutuality

- We are interdependent and all have something to contribute.
- Mutuality is developed through respectfully sharing ideas, learning and experiences.
- Mutuality develops through discussion and negotiation of what is helpful in the relationship.
- Everyone involved in the relationship has a responsibility for making it work.

## Empowerment (self-determination)

- Recovery is the job of each individual and the peer relationship is based on learning together.
- Empowerment happens as we draw on our strengths and abilities both individually and collectively.
- Taking risks, trying new things and moving beyond our comfort zone are essential to personal growth and change.
- Having power and control comes from identifying our own needs, making choices and taking responsibility for finding solutions.
- Supporting people to make changes is achieved through 'being with' rather than 'doing for'.

## Acceptance

- Peer relationship is about accepting the person as she is, without judgment, expectations or requirements.
- Peer relationship seeks to help the peers accept themselves as they are, taking into account that there are things about themselves that cannot be changed, which is totally fine.

## Empathy

- Empathy and compassion are at the heart of the peer relationship.
- Having compassion for others is grounded in being compassionate towards yourself.
- Empathy in peer support is the ability to understand and share the feelings of another
- The peer supporter can often feel personally identified with the experience the peer has been or is going through.



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## The Peer Support Agent

Peer Support Agent (Peer Supporter) is an individual who has been through a similar life experience to the one his Peer is living through. Now he is on an advanced stage of recovery path, sustained over

time or, perhaps, has fully recovered. He refers to his personal experience and path towards recovery in a manner that contributes to inspire a sense of hope in his peers. His life experience contributed to him acquiring specific, experiential knowledge on the particular problems and situations his peer might be currently facing.

Prior to becoming a Peer Supporter in a formalized and professionalized context, the person shall go through a specific training, in order to acquire baseline knowledge about peer support methodology and to develop further the skills needed to carry out peer support interventions.

Peer support is a practice that seeks to support individuals in producing the desired changes in their lives. This is why recovery and wellness are critical components of lived experience and, in particular, the belief in the capacity of a person to build, change and rebuild herself and her relationship with the surroundings is intrinsic to this practice.

Thus, it is highly important that the peer supporter-to-be has been working towards establishing a healthy self-relationship before resolving to help others. This embraces the following concepts:

**Self-respect** is showing respect to oneself as one does with other people and being kind to oneself.

**Self-concept** is the way in which the person sees herself, the image she has of herself, and the ability to self-identify.

**Self-acceptance** is a person's ability to accept herself the way she is. The good and the not so good traits, as well as what she can and what she cannot change.

**Self-determination** is a person's ability to make choices and manage her life. It allows her to feel that she has control over her life.

In any case, the organization preparing and/or recruiting the peer supporter shall ensure that he has reached a positive state of recovery and resiliency to support others.

## Role modelling

Social learning theory states that individuals learn by observing other people's behaviors, attitudes and the outcomes of those behaviors. Through observation the individuals decide which part of those behaviors to reproduce. When an individual looks forward to another person in order to gain inspiration or motivation to achieve a certain objective or to emulate certain attributes of that person, it takes place repeatedly over a determined period of time, we can say that the second has become a role model to the first.

Role models can be historical, cultural, celebrity, fictional, personal (family, peers) or professional. Most of us have had a role model at some point. You can have one or more role models at the same time. One individual can serve as a role model for a determined area or aspect of life or can be seen as a global role model.

One of the key functions of a peer supporter is to role model a way out and recovery from difficult life circumstances and sharing own lived experience is an important element in the process of role modelling. Experiences of peer support in the mental health services suggest that peer supporters are often seen as role models not only for the peers but also for the staff with no lived experience, since they encourage both groups to be optimistic and recovery oriented (Lawn et al., 2008).



## **Benefiting from helping others**

Research shows that helping others is not only beneficial to those who receive help but also to the helpers themselves. Having an impact on another person's life and receiving social approval leads to an improved perception of self-worth and self-efficacy. Results of surveys among individuals that provide support to others (peer support agents, volunteers) point to multiple benefits for the helpers, such as feeling appreciated, feeling important, and enhanced confidence, positive changes in self-perception, sense of identity, and personal development.

Still, we should not forget that the role of a carer may also lead to wear the individual out and to produce negative emotions such as feeling frustrated or overburdened. However, in peer support programs, the negative outcomes can be prevented and the risk reduced to a minimum if the program is correctly planned and executed, and the peer supporters undergo a specific training beforehand and are offered ongoing support during the participation in the program. In fact, research suggests that precisely the balance between offering and receiving support is what leads to an effective implementation of peer support where all the parties can benefit from this practice. This is due to the fact that receiving support himself will not only help the Peer Supporter deal with his difficult feelings but will also prevent the helper from feeling that they only give away but do not receive.

It is worth mentioning that we shouldn't confuse different concepts related to the helper receiving support— the support he may receive as a result of a reciprocal relationship with his peer or the support offered by a third person, not involved in the peer relationship, e.g. a supervisor, counselor. These forms of support do not exclude but rather complement each other, and the type of support received will be of different nature. In the Unit 3, you will find more information on the potential challenges the peer supporters may encounter and ideas on how to support them to deal with those challenges.

## **Core functions of a Peer Supporter**

El "Peer Housing Support program", promovido por la coalición The Greater Victoria Coalition to end homelessness, desarrolló el siguiente marco que recoge las cuatro funciones fundamentales del apoyo mutuo entre personas sin hogar.

Social and emotional support	Links to professional support and community resources
<ul style="list-style-type: none"> <li>• Inspire hope and a belief that there is a way out of the situation</li> <li>• Provide emotional and social support to the Peer, including listening, sharing of experiences, problem solving and coaching.</li> <li>• Procure to understand the social or emotional barriers the peer may be experiencing, that could be preventing him from progressing in their recovery journeys</li> </ul>	<ul style="list-style-type: none"> <li>• Help the Peer acknowledge the barriers and bridge the client-professional gap which might be preventing the Peer from starting (or progressing upon) his recovery journey</li> <li>• Create awareness and encouragement for Peers to reach out to/ engage in community services and resources</li> </ul>
Daily management	Ongoing support, extended over time
<ul style="list-style-type: none"> <li>• Provide assistance to manage daily life situations (suggest activities, explain new tools, help work on healthy habits, based on own experience)</li> </ul>	<ul style="list-style-type: none"> <li>• Offer a long-term personal relationship and support to help keep up the engagement in the recovery process</li> <li>• Inspire the Peers to set their own goals related to housing and recovery, and support them over time with achieving these goals</li> </ul>

## Duties and responsibilities

The Peer Housing Support Program has identified the following responsibilities of the peer supporter (Program Toolkit: Best Practices for Peer Housing Support, 2019):

- Establish positive and meaningful relationships
- Provide active listening and supports that encourage hope, responsibility, increased self-efficacy, personal empowerment and growth, and mutual understanding
- Support Peers to access social and recreational programs
- Accompany Peers to appointments when requested as a silent witness



- Support Peers in accessing and developing appropriate person-centered social networks
- Assist Peers in accessing and navigating community resources
- Encourage the Peers with achieving self-identified goals

## **Confidentiality**

Peer support specialists typically have access to sensitive information about clients' lives, which may include details about a mental condition, substance abuse, criminal activity, infectious diseases, and sexual orientation, among others. In the face of the Law, Peer Support Workers may not have the same legal duties as other professionals- social workers, case managers, psychologists- regarding the management of clients' private and confidential information. However, the organizations that promote peer support programs should ensure that Peer Support Agents are familiar with and understand the prevailing standards with regard to clients' right to privacy and confidentiality. Equally, they shall be familiar with any exceptions to these rights (for example, when sharing certain confidential information is required to prevent imminent, serious, and foreseeable harm to the clients themselves or third parties).

Another issue has to do with self-disclosure of information by both the Peer Supporter and the peer. The relationship between them has a quasi-professional nature, but it involves certain level of openness and intimacy and can give place to social activities and interactions that resemble those that take place between friends. Therefore, both parties can potentially become in possession of some very personal information about one another, on a more emotional level, which can lead to an important level of perceived vulnerability for both.

In order for both parties to feel comfortable and safe- which is a pre-requirement to building a relationship based on trust-, clear guidelines on mutual confidentiality shall be established. The two peers shall discuss this issue in detail during the first meetings to reach a common understanding. On the other hand, maintaining professional boundaries is important in the Peer Supporter role and an awareness of confidentiality aspects is an important part of this.

The general rules to follow concerning confidentiality are (Peer2Peer, 2015):

- Organizations that employ peer supporters have a responsibility to clarify how to manage confidentiality and support the Peer Workers in this regard
- People providing a service should not share information about individuals they work with unless specifically authorized to do so by the peer.
- Information within confidentiality is passed on a need-to-know basis.
- Peer supporters can be vulnerable because they share their experiences within the context of their role in helping others. They need to be in control of this and should not be forced to share anything they are uncomfortable with.
- A peer supporter could be a member of a team working with the same person. In these circumstances, information is likely to be shared and this could affect their ability to develop connections and relationships.

## Training peer support agents

In order to ensure effective implementation of a peer support program it is recommended that peers receive adequate training before starting the intervention. It must be taken into consideration that despite the importance of shared experience in peer support, the latter alone does not ensure a successful peer intervention for either of the parties- the peer that offers support or the peer that receives support.

Training can prepare peers to manage effectively various situations. Regarding the content of such training, the conclusions of a research among individuals involved in peer support initiatives conducted by Barker et al. (2019), suggest that participants didn't feel that peers getting training in strictly psychological skills was integral to peer support. The authors of the study suggest that such training should concentrate on the peer role within the given context. For instance, receiving training in how to use one's own experience to help others, how to use positive language or how to manage challenging client behavior, may help peers to play their role effectively and prevent them from responding inappropriately and/or relapsing into old behaviors. You will find more information about training peer supporters in Unit 2.

## 1.4 Further Reading

- Greater Victoria coalition to end homelessness. Peer [Housing Support. Program Toolkit](#), 2019
- Scottish Recovery Network, Fundación INTRAS et al. (2015) Peer2peer. [Vocational Training Course](#).

## UNIT 2: PEER SUPPORTER TRAINING, INVOLVEMENT AND WORKING STANDARDS

### 2.1 Introduction

Through this unit we will explore the ways peer supporters can be involved in an organization, sustainably, their place in the organogram, their profile and description and the content of the training they may need in order to better support their role as part of a multidisciplinary team. For this purpose, it is important to clarify the reason why peer support is chosen as a method of intervention, what are the values and the philosophy that inspire such interventions, formally or even informally.

*“Peer support strives for recovery and, in doing so, it considers the wellness of the whole person. Empowering relationships, engagement in meaningful activities, and an ability to experience happiness are all part of recovery. The reduction or elimination of symptoms may be an important goal, but it is only one aspect of the person’s experience.*

*The philosophy of peer support is that each individual has an innate desire to find a path towards recovery, improved health and wellbeing, and has within themselves the knowledge of what will work for them. The peer support worker supports that person as they find that inner knowledge and reignite that hopeful desire.” (Guidelines for the Practice and Training of Peer Support, 2016, page 13)*

### 2.2 Learning objectives

In this unit the learners will

- Learn how to identify the key persons who can address the need of a peer supporter in the organization
- Learn how to identify challenges and good practices
- Understand the funding mechanisms to sustain the position of a peer supporter
- Understand how to create an organogram where peer supporter position is clearly positioned
- Learn how to create a job profile and description for the Peer Support Agents in the organization

### 2.3 Peer supporters’ meaningful involvement

The peer supporter’s involvement, training and working standards very much depend on

- the type, the culture and the values of the organization that deploys them,
- the community surrounding it,
- the funding options and their sustainability
- the philosophy and values of peer support as a concept



- the profile of the peer supporters themselves that need to be identified and be included at the early stage of the recruitment process.

Thus, the involvement of the peer supporter can vary to a quite wide spectrum from the ad hoc friendly and informal involvement at the one edge of the spectrum to the structural formal one in a clinical setting at the other. Preparing the path internally at the organizational level is a first essential step to better accommodate a peer support intervention. The process of preparation will also vary depending on

- the organizational culture and philosophy
- who is suggesting it (for example: whether it comes from the case managers or the administration, the degree of influencing the decision-making process)
- our goals and the resources that will be required.

## **The organizational culture and philosophy**

According to the Mental Health Commission of Canada, “The philosophy of peer support and its values of hope, self-determination and recovery were, in part, a response to the historic prevalence of social injustice and stigma towards those with mental health challenges.” (Guidelines for the Practice and Training of Peer Support, 2016, page 34)

It is widely documented that meaningfully involving people with lived experience in the planning, delivery, and evaluation of services is crucial to creating more responsive and empowering service experiences. And this is the reason that there is a significant growing interest to involve peers in different settings and diverse organizational structures. However - within the mental health system-peers have been historically disempowered and defined by labels associated with their mental health status.

Despite the diversity in the internal process that may apply in different organizational settings and types, there are certain core elements that apply for all. These include the concept of recovery embodied in a holistic perspective of a person-centered approach, where the relationship between professionals, peer supporters and homeless people is the foundation. A relationship that is built on honesty, trust, empathy, authenticity, non-judgmental approach and guards distinctively the boundaries from a directed intervention to an enabling support, mutual learning and empowerment.

“Recovery is a process through which people find ways of living meaningful lives with or without the ongoing symptoms of their condition. Helping someone recover is not just about managing symptoms, it includes helping people find a job, getting them somewhere safe to live and developing supportive relationships with family.” (Guidelines for the Practice and Training of Peer Support, 2016, page 11)

The core values in the philosophy of peer support are

- hope
- self-determination or empowerment
- equity
- mutuality
- empathy
- acceptance

- experience

For any organization planning to implement the peer support approach, in the first place, it shall be discussed internally how this philosophy and core values of peer support apply to the organization?

“When a person feels that they are truly accepted by another, as they are, then they are freed to move from there and to begin to think about how they want to change, how they want to grow, how they can become different, how they might become more of what they are capable of being.” (Gordon, 2000)

Involving peer supporters within the organization

Peer support happens in the context of human relationships where each person brings the impact of their life experience. It is increasingly used in the homeless sector formally and informally. The involvement of peer support in different moments of the recovery continuum can have a transformational impact on all the involved parties.

Essentially, preparing internally the path for a peer support involvement should clarify:

*The type of peer support: formal or informal*

*Meaningful involvement: engaging non-peer employees and peer supporters*

*Funding mechanism and its sustainability*



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## A formal or an informal involvement?

The range of peer support options of involvement begins with “informal peer support” when the peers notice the similarity of their lived experience with homeless challenges and therefore listen to and support each other. Neither is more experienced or better prepared to offer support than the other. *“Hence, the authentic nature and mutual benefit that comes from empathetic support is more identifiable”*. (Guidelines for the Practice and Training of Peer Support, 2016, page 14) Two or more people share similar challenges (either personally or in relation to loved ones) as each strives to find a path towards wellbeing. It happens naturally most of the times. Case managers of any organization can identify this type of interaction and use it without involving further resources from the organization. However, since there is no other involvement of the organization, this type of involvement may be limited in time and impact since it is based on an individual level and disrupted easily as none of the involved parties (case manager-peer supporter) has any further binding expectations.

At the continuum of the recovery spectrum is the intentional involvement of the peer support within a structured setting where peer supporters are involved either as volunteers or employees, in order to make a connection with homeless based on shared lived experience that focuses more on the emotional variances experienced than to facts and events, and offer the opportunity for a supportive, empowering, non-judgmental relationship. For this purpose, it is essential that the peer supporter learns to promote the critical aspects of hopefulness, recovery-orientation, empowerment, non-judgmental acceptance, and trust within the peer support relationship. Deciding the involvement will need the consensus of the decision makers and case managers within the organization.

A set up of a committee to decide where and how peer supporters may be initially involved has worked successfully in many organizations. This committee can consist of management members, usually constituted of an Expert by Experience (ideally a person who has recovered or is currently recovering), a financial manager and non-peer professionals involved in the case management.

Since the capacity, the operational structure and the culture of each organization are different and tailored to its priorities, not all the organizations have such a possibility structurally. It is important that the internal structure at this point is respected and followed, for instance, if the proposal of peer support involvement derives from the case managers, then the communication process within the organization should be followed appropriately to assess and implement the request. Along with the formal communication processes that should be followed, it is important to understand the informal dynamics that exist to move forward the request which can involve e.g. identifying and approaching key persons that may influence the decision-making process in practice, due to their seniority or respect they arouse within the organization.

If the proposal comes from the top of the hierarchy of the organization, then the non-peer employees should be involved in the process at an early stage. Indicatively:

- Explaining the philosophy-core values of peer support to the employees, as well as the benefits and effectiveness of peer support
- Sharing and identifying the possibility of defining and planning for the implementation of a peer support program in the organization
- Creating a channel (e.g. focus groups) through which the organization’s employees can freely express their potential concerns regarding the peer support program (professional threat, responsibility, misconceptions, time consuming engagement, stereotypes, professional or personal experiences) and address them to the extent possible



- Involve them in the creation of the peer supporter job description and necessary competencies; consult the decision of whether to engage peer supporter on a volunteer or an employment relationship basis
- Facilitate their exposure to other similar practices e.g. networking and links to other professionals that are collaborating with peer supporters and encourage the interaction
- Involvement in the recruitment of peer support agents
- Joint creation of necessary positive supportive mechanisms for the peer supporters (mentoring, supervision sessions, capacity building through training, participation in workshops or other forms of adult learning, possible performance reviews, etc.)

The involvement of the human resources department is important in the decision concerning the type of relationship (volunteer or employee), in order to provide necessary guidance

#### — If volunteer

- The recruitment processes
- Code of conduct
- Identify the frequency of service (once or more times a week) in collaboration with the case managers
- The location (meeting on or off site)
- The focal person from within the organization that the peer will report to, how they will communicate and how often: written via e-mail, report, scheduled appointments on a regular basis or on an ad hoc basis if something happens?
- Support package/insurance (health or other type of coverage that needs to be considered to better support the work of the volunteer)
- Evaluation process: Is there one for the volunteers? Do they participate in the process?
- Covering expenses: Travel expenses to and from the organization, pocket money for the expenses incurred during outreach (possibility to offer e.g. a coffee or a tea when meeting with a peer) or small emergency cash (e.g. urgent escort to a hospital).

#### — If employee

- The recruitment processes
- The code of conduct that applies for all the employees
- The position in the organogram: Who the peer supporter will be accountable to?
- The communication lines within the organization: how the Peer Support Agent and the supervisor will communicate? Written, via e-mail, orally? Will they fall in the routine communication process that exists in the organization? Is it necessary to establish a support mechanism for that? Do they need to write regular reports? How are these reports structured? Are they familiar or will they need to familiarize with the process?
- The salary scale: where in the scale the position of a Peer Support Agent is? Will any previous education or working experience be taken into consideration? Ensure equal

treatment in terms of any additional benefits the organization is offering to its employees. Considering additional accommodations may be needed and the possibility to apply to all employees in similar situation

- Evaluation process: Does the organization have an evaluation mechanism for its employees? Do they participate in the evaluation process? What are they evaluated for? Who is evaluating their performance? How?

Any form of involvement can apply depending on the organizations' available resources, needs, type and culture. However, if the organization operates based on paid staff and not on a voluntary basis, it is rather unusual not to have also paid peer support workers. Best practices, so far, indicate that for the services/organization to benefit from incorporating the peer support methodology, it is important to consider a longer term perspective of an employee position.

## Meaningful participation

Meaningful involvement of the peer supporter includes **active participation** in the decision- making processes regarding the **design, delivery and review of services**. Organizations will need to establish supportive structures- if not already established- to promote an environment capable of addressing issues of power and equity, given that meaningful participation is a requirement in the organization's policy. Creating meaningful opportunities for peers to contribute to a range of decision-making processes helps services to better respond to service users' needs. Peers' experience is expertise; peers have a unique first-hand perspective about what works well and what needs improvement.

## Point of involvement

It is important to clarify whether the peer supporter will be engaged:

- At the initial stage when e.g. approaching a rough sleeper to help build the trust towards the services or at the reception for the first admission
- During the recovery process, in collaboration with the professionals, to clarify which part of the lived experience is important to share and how

See more analysis on the potential role of the peer supporter within the organization in the Unit 4. Peer support and homelessness.

## Location

- Meeting outside, in the community or inside, at the organization's premises (it might be necessary to prepare the space for this) or both, depending on the occasion

## Engaging peer and non-peer employees

It is essential to accept a peer supporter as an equal member in a multidisciplinary team where their contribution is the lived experience per se. The way in which non-peer employees perceive the contribution of the lived experience in the case management can impact the effectiveness of the peer support. Issues of power and equity amongst peer and non-peer employees are the ones that are

reported most frequently and can harm the potential of the positive impact that the peer support involvement may have at the services. Peer supporters may be stigmatized- even unintentionally- due to their lower educational level or previous experiences. The adherence to the values of the peer support is an essential reminder for all parties involved, and dedicating time to explore further the concepts of power and equity in the professional relationship is important.

Additional ways that can support meaningful engagement are:

- Clear job description and understanding by all members involved that it can be updated if such need is identified on the way of practice. It is advised to include the peer supporters in this process of adaptation.
- Safe environment to identify prejudices and stereotypes and discuss constructive ways to overcome those that may burden the working environment
- Mutual agreement on the code of conduct (ANNEX 3)
- Clarity on the day-to-day duties and responsibilities: minor issues that may happen on a day-to-day basis need to be resolved on-time, respecting the communication lines within the organization. Repeatedly remaining unresolved, minor issues may grow into greater issues that may hammer the relationship between peer supporters and other employees.
- Clarity regarding the conflict resolution mechanism within the organization (publicly or anonymously)

## **Funding Mechanisms–Sustainability**

When planning the involvement of peer supporters, it is important to consider the financial means the organization will provide for this purpose in a longer-term perspective, taking into account the time and the effort that will be needed to reach the results. Involvement in the payroll, capacity building and personal growth or other additional benefits should be taken into consideration. Existing funding mechanisms via co-funded programmes, as for e.g. EU Structural Funds, can include in their budget actions conducted by peer supporters. Public organizations usually have a state budget, and the process and timeframe may differ. Depending on the organization's nature, private funding can be used for internal training and capacity building, or medical and legal support as they are usually for short term and clearly focused objectives.

The ANNEX 4 contains an organizational readiness assessment tool which can help you to quickly address the necessary questions when considering incorporating a peer support approach.

## **Recruiting the peer supporter**

Having clarified the type of involvement and the role will help profiling the peer supporter that the organization needs. Certain personal characteristics are commonly identified across the existing literature, and these are:

- Lived experience: having experienced homelessness personally is the core element, regardless of its duration. Depending on the profile of the organization and its' clients, the lived experience may cover other issues (e.g. drug addiction, mental health, chronic health problems).
- Recovery: being on an advanced stage of recovery or having recovered completely from homelessness is also essential for a formal involvement.

- Communication skills: interacting with and supporting others is a normal social function. The ability to connect positively with others is an essential basis to build on in peer support.

The development of a detailed job description that includes responsibilities and duties, and communication lines within the organization is also necessary and should be adjusted accordingly. A sample of a job description is provided in ANNEX 2.

Questions to discuss in the recruitment process of a peer supporter for a formal involvement indicatively include

- Motivation for the position: how he/she understands the position; how this position may affect his/her own life; what does he/she expect
- Self-awareness/resilience: what are the incidents that they felt stressed / frustrated / angry about; how did they handle them
- Previous working experience (if any): what did they learn from it; possibly useful for their work to the organization; How do they feel they can use the skills and experience they have gained.
- Educational level and training needs.
- Adaptations that may need to be taken into consideration for employment.

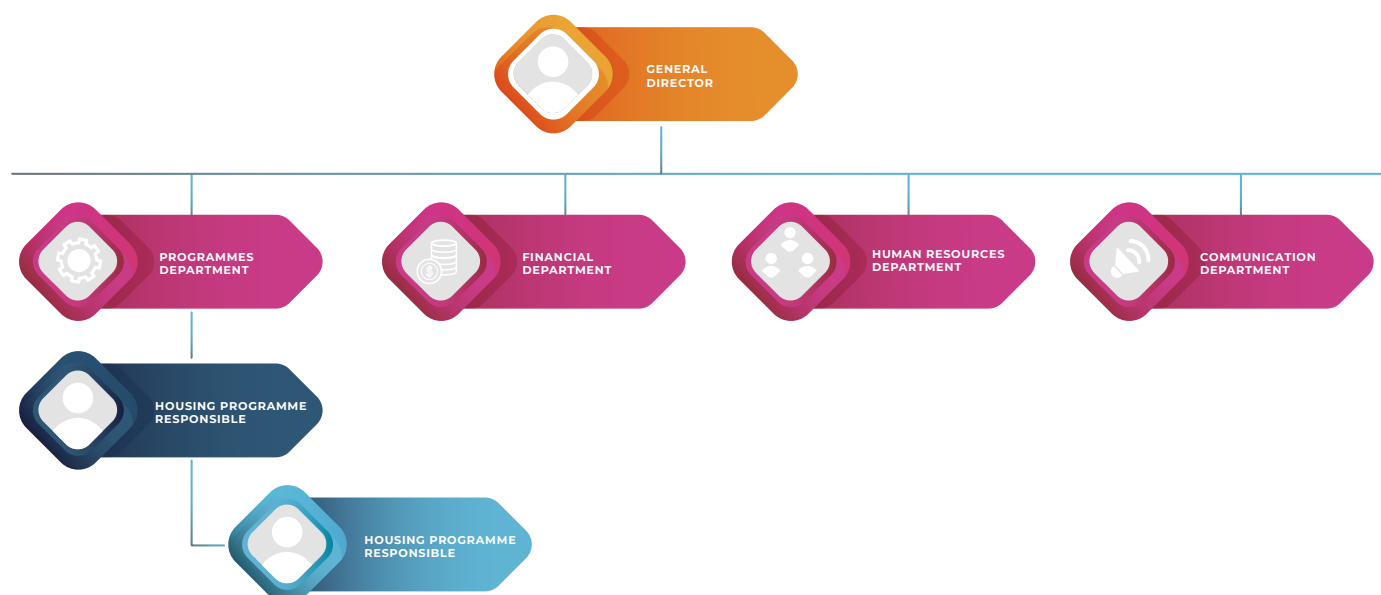
## 2.4 Further Reading

- Achara Consulting. [Peer Support Toolkit](#).
- Carter, E.W., & Kennedy, C.H. (2006). [Promoting Access to the General Curriculum Using Peer Support Strategies](#). Research and Practice for Persons with Severe Disabilities, 31, 284 - 292.
- FEANTSA. (2015). [Peer Support: A Tool for Recovery in Homelessness Services](#).
- Miler, J.A., Carver, H., Foster, R. and Parkes, T. (2020). [Provision of peer support at the intersection of homelessness and problem substance use services: A systematic 'state of the art' review](#). BMC Public Health. 20. 10.1186/s12889-020-8407-4.
- Miler, J.A., Carver, H., Foster, R. and Parkes, T. (2020). [Provision of peer support at the intersection of homelessness and problem substance use services: A systematic 'state of the art' review](#). BMC Public Health. 20. 10.1186/s12889-020-8407-4.
- Peer Positive. [Toolbook: Preparing organizations to better engage people with lived experience through equitable processes](#).
- Sunderland, K., Mishkin, W., Peer Leadership Group, Mental Health Commission of Canada. (2013). [Guidelines for the Practice and Training of Peer Support](#). Calgary, AB: Mental Health Commission of Canada.



# UNIT 2-ANNEX 1

## ORGANOGRAM (SAMPLE)





# UNIT 2-ANNEX 2

## JOB DESCRIPTION (SAMPLE)

**Job Title:** Peer Supporter

**Status:** Full-time

**Work Site:**

**Reporting Structure:** Reports to (define the hierarchical link)

Purpose of Job: The YA Peer Support Specialist will: (1) serve as an integral part of a multidisciplinary team through using his or her personal lived experience to connect with, validate, inspire, and provide support to transition homeless in reaching their goals and (2) increase community awareness of homelessness challenges and what helps homeless to cope with these challenges.

### Duties & Responsibilities:

- Assist homeless in developing self-advocacy and negotiating skills. Serve as a role model to homeless in communication, health and wellness, and conflict resolution.
- Share lived-experience story, as appropriate, to establish credibility and trust with homeless and their families (if feasible).
- Partner with the homeless and the team to identify the homeless' strengths, needs, and goals.
- Support homeless in developing specific, practical steps to reach their goals with the team.
- Support homeless in achieving goals.
- Collaborate on all support activities with the team when a homeless indicates need for and acceptance of Peer Supporter involvement.
- Assist the team in partnering with homeless to support engagement in services, articulate preferences and concerns, and identify people within their support network and new resources that will support their personal goal attainment.
- Facilitate individual and group meetings with homeless that promote sharing, learning, and growth. These meetings are designed to meet the needs of the homeless in a particular context – thus they may be manual led, unstructured topical groups, skill-based groups, or social events.
- Assist team in developing language that accurately reflects the preferences of homeless people who are considering and/or engaged in services.
- Participate in individual and group supervision, multidisciplinary consultation meetings, team meetings, agency required training, and external trainings as applicable to position.
- Trainings may include: Motivational Interviewing, Achieve My Plan! (AMP), Wellness
- Management and Recovery Action Plan (WRAP), and/or Gathering Inspiring Future Talent (GIFT).



- Participate in discussions and learning opportunities that enhance skill set and connect the Peer Supporter to peers in similar roles at different agencies.
- Engage in community outreach and education. Assist team with championing initiatives to increase homeless engagement in services. Share lived-experience as part of team outreach and education efforts.
- Document contacts/ activities per requirements of Performance Specifications for Therapeutic Mentoring.
- Job Specific Qualifications, Experience, Education & Professional Attributes:
- Possesses lived experience in effectively coping with homeless condition and a capacity to share his or her recovery story in a way that engages, inspires, and validates the experiences of other homeless.
- Ability to effectively partner with homeless and team members to support homeless engagement and outcomes; able to work collaboratively with a team.
- Possesses a desire to ensure that homeless are heard; verbally communicates and advocates in a respectful manner.
- Has made sufficient progress with education and employment in order to prepare them to successfully engage homeless and support goal attainment.
- Openness to working with a diverse homeless clientele in a sensitive and competent manner.
- Ability to effectively share information about services, resources, and homeless role and responsibilities to homeless, their self-identified support network, and caregivers.
- Ability to teach and role model communication and self-advocacy skills in a variety of settings (e.g., with informal social network, providers, organizations, courts, etc.).
- Ability and willingness to participate in and contribute to team activities including trainings, supervision, community and state-wide meetings.
- Ability to complete service documentation using agency software in a timely manner and possesses a capacity to communicate effectively and professionally through email and phone.
- Ability to travel with and/or transport persons served and travel to meetings (via public transit)

# UNIT 2-ANNEX 3

## CODE OF CONDUCT

- 1.** The primary responsibility of Certified Peer Specialists is to help people achieve what they want most in life, their own goals, needs and wants. Certified Peer Specialists will be guided by the principles of self-determination for all.
- 2.** Certified Peer Specialists will maintain high standards of personal conduct. Certified Peer Specialists will also conduct themselves in a manner that fosters their own recovery and integrity.
- 3.** Certified Peer Specialists will openly share their recovery stories, and will likewise be able to identify and describe the supports that promote their recovery.
- 4.** Certified Peer Specialists will, at all times, respect the rights and dignity of the people with whom they work.
- 5.** Certified Peer Specialists will never intimidate, threaten, harass, use undue influence, physical force, or verbal abuse, or make unwarranted promises of benefits to the individuals with whom they work.
- 6.** Certified Peer Specialists recognize that everyone is different and we all have something to learn from one another. Therefore, Certified Peer Specialists will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition or state.  
The peer role provides TAY, particularly those with limited or no post-secondary education and/or employment experiences, with a new opportunity to enter the labor force, obtain a professional job, learn transferable skills, build resumes, and network towards a self-desired career path.
- 7.** Certified Peer Specialists will advocate as a partner with those they support that they may make their own decisions in all matters when dealing with other professionals.
- 8.** Certified Peer Specialists will respect the privacy and confidentiality of those they support.
- 9.** Certified Peer Specialists will advocate for the full integration of individuals into the communities of their choice and will promote the inherent value of these individuals to those communities. Certified Peer Specialists will be directed by the knowledge that all people have the right to live in the least restrictive and least intrusive environment of their choice.
- 10.** Certified Peer Specialists will not enter into dual relationships or commitments that conflict with the interests of those they support.
- 11.** Certified Peer Specialists will never engage in sexual/intimate activities with those to whom they are currently providing support, or have worked with in a professional role in the past year.
- 12.** Certified Peer Specialists will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with the people with whom they work.
- 13.** Certified Peer Specialists will not engage in business, extend or receive loans, or accept gifts of significant value from those they support.



**14.** Certified Peer Specialists will not offer support to another when under the influence of alcohol or when impaired by any substance, whether or not it is prescribed.

**Resource:** The UMass Chan Medical School, Effectively Employing Young Adult Peer Providers: A Toolkit). Retrieved from: <https://www.umassmed.edu/TransitionsACR/publication/effectively-employing-young-adult-peer-providers---a-toolkit/>

## UNIT 2-ANNEX 4

### ORGANIZATIONAL SELF-ASSESSMENT TOOL

Preparatory Activity	Not Necessary	Need to Begin	In Progress	Completed
Leadership Establishes a Clear Vision for Transformation (in the case that the peer support program is supported and introduced by the decision-making body of the agency)				
Focus Group with Staff				
Focus Group with Participants (clients in a recovery process or those that have completed their recovery journey. Could be from othe agency as well)				
Focus Group with Members that participants trust (family or others as identified by the participants)				
Listening Session with Stakeholders (all the organizations or authorities that the agency is collaborating with already)				
Orientation for all staff				
Conduct an Agency Walk-Through				
Model Strengths-Based Language				
Reframe Staff Concerns/Perceptions				
Staff Self-Reflection Exercise				
Agency Self-Assessment (in the case the peer support program is proposed from individuals or departments that are not part of the decision-making within the agency)				
Diversity and Inclusivity Assessment				
Environmental Wellness Tool				
Clear Set of Ethical Values and Standards Created				
Identified needed resources				

Resource: PCCI\_Peer Support Toolkit, City of Philadelphia, DBHIDS with ACHARA consultation



## UNIT 3: MIXED PROFILE INTERVENTION TEAMS. SUPPORTING A PEER SUPPORTER

### 3.1 Introduction

This unit is about cooperation where professionals work with peer support agents. Focus is on how to build an equal and respectful partnership, what is the role of the professional when working with a peer supporter and which might be challenging in such cooperation. The unit also considers the importance of the entire work community for the success of peer work in an organization.

### 3.2 Learning objectives

In this unit the learners will

- Learn how a good cooperation is born
- Understand the relationship and interaction between the professionals and the peer support agents
- Learn about the authority and responsibility of the professionals
- Learn about their own growth as professionals
- Understand the role of a peer supporter as a part of a multidisciplinary team
- Understand the benefits of cooperation when working with homeless people

### 3.3 Cooperation between professionals and peer support agents

When professional begins to co-operate with a peer support agent, both the professionals and the whole work community must prepare for the co-operation. Central to the development of peer support is the real effort to make the co-operation meaningful to all parties. The necessary financial and human resources shall be secured before commencing operations. Sufficient time should be set aside for the planning of joint intervention and the peer supporters to be should be involved at this stage.

Smooth collaboration between professionals and a peer support agents from different starting points is not a matter of course. The basic precondition for successful cooperation is that both, professionals and peer supporters, have a genuine desire to work together towards common objectives, support and learn from each other. In order to make this collaboration successful from the perspective of all agents involved— clients, professionals, peers support agents—enough time must be allocated to build a common understanding of the goals, contents and methods of the work. Setting clearly defined common goals brings a sense of purpose and security to work, as everyone has a clear understanding of what is being pursued. There should also be a space for discussion between the staff involved about their own personal values and the value base of the organization and consideration on how these values are reflected in working with homeless clients. The job descriptions and definition of tasks of professionals and peer support agents should be done at an early stage and it should be ensured that everyone's tasks correspond to their skills, training and experience.

## Expectations of the peer supporter

- The professionals are present and available
- Peer supporter is genuinely included in the team and is given the opportunity to participate in different tasks
- The peer receives ongoing support to work through the difficulties he may encounter in his daily tasks
- Mutual trust that allows for open discussion
- Peer support agent can honestly tell a professional about their own life situation and possible difficulties in it
- The work is flexible- and so are the professionals working with the peer- and can be adapted to the current life situation of the peer support agent
- Mutual chemistry and humour
- Professionals “interprets” professional language technicalities to the peer support agent if he’s not familiar with them
- Professionals help the peer supporter to network with other peer support agents
- The peer has access to work counselling by a coach/mentor who will help them deal with difficult cases, affront emotions aroused by challenging situations or circumstances, etc

## Interaction

When working together, the relationship between professionals and peer support agent is very important. It is important that they work towards developing the so-called mutual chemistry so that all parties can feel at ease working together, and peer support agents can feel free to be themselves.

A fruitful cooperation requires trust. Within a working team, getting to know each other step by step and familiarizing with the work tasks together promotes the building of trust. In addition to trust, peer support agents see humor and professionals’ openness as important things to increase interaction. It is important for a peer support agent that the other professionals share some information from their own life as well. However, such openness can challenge professionals, especially if they are used to work in teams where little private information is shared.

It is important for the professionals to think in advance about their own preconceptions. For instance, do they perceive the peer support agent more as client or as a co-worker? Can a peer support agent be both, a client and a co-worker?

Peer support agents who are hired by organizations that once served them may become colleagues of their former service providers. They may work together closely as a team or, at least, participate in joint staff meetings or events occasionally. Practical experience shows that these interactions may work perfectly well, yet they may also complicate boundaries because of the shift from the status of client to the status of former client and colleague. Particular challenges can arise if former clients who become peer support agent require services again from this very same organization. An eventual double role of the peer support agent requires discussing it openly at the beginning of the collaboration, so that both parties can express their wishes, fears and set common rules. It is also understandable that peer support agent may want to keep their personal life and work separate, at any stake. In this case, the



organization shall make sure that none of the team of co-workers are in a therapeutic relationship with the peer supporter in question.

Starting collaboration with a peer supporter raises questions in professionals. What can the professionals discuss with the peer support agent when conducting a joint intervention or supporting the peer support agent in their functions? Can professionals share their own feelings of frustration or insecurity? Would it be considered openness and transparency or a burden for the peer support agent? Since part of the role of a professional is to support the peer supporter on the job, it is convenient that the professionals also have their own support network of fellow professionals and/or a supervisor to help them deal with certain situations and solve certain dilemmas.

## **Authority and responsibilities**

Professionals can learn a lot from peer supporters but it requires that they understand that they have no obligation to be always right because of their professional status. This requires professional self-confidence for the professionals to be able to welcome feedback from peer supporters. Professionals should also have compassion for themselves and the members of their team. Everyone makes mistakes sometimes and it is not always possible to do the job as well as one would expect to do. Communicating this to a peer supporter is important so that they can understand the different situations they will face when working with professionals.

The professionals must be able to renounce their professional power to some extent. It won't be possible to do without the professionals constantly monitoring and reflecting on their own ways of working and asking the peer supporter for feedback. In practice, this means that, despite the responsibilities and obligations of professionals collaborating with peer supporters, the latter can work independently, make decisions and take on different job roles. The better the professionals in the team know the peer supporter, the easier the division of responsibilities and tasks will be. Giving responsibility and tasks is always done based on individual situation and in collaboration with the peer in question.

If the peer supporters are not given enough responsibility, they may find themselves useless and irrelevant to action. They may also feel untrustworthy. Contrarily, if they are given too much responsibility, there is a risk of burnout. Peer may not always recognize or measure their resources adequately. Enthusiasm is usually great at the start of work and peer supporters may want to work more than they can handle. Many peer support agents also feel that they have to prove to professionals that they are able to work, and therefore do more than they can handle. This is why it's important that the professionals from the team look out for the well-being of the peer and, if necessary, limit his working hours and work tasks.

## **Professional growth**

When working with homeless people, the social professionals are experts in their field. Expertise manifests itself as a professional solves difficult situations and overcomes challenges combining theoretical knowledge with practical experience. Usually, the professionals do not have to consider on which theory their solution or action is based, but the theory and practice are intertwined. Professional identity includes values and ethical dimensions of work, as well as goals and beliefs. The notion of what the professional feels and belongs to and what he considers important in his work deepens his professional identity.



When working with peer support agents- who have a first-hand, experiential, and in-depth expertise-, individual knowledge and skills of both parties combine and create a new basis of expertise. Shared expertise is especially needed in field work where issues are delicate and challenges complex. Often, professionals have not experienced the same things in first-person as someone who experienced homelessness. With help from peer workers, professionals can understand better the reasons that lead to homelessness, which helps them to plan interventions and allocate resources in a more effective way. At its best, professionals can learn alternative perspectives and empathy from a peer support agent, which will broaden their resources to attend most vulnerable clients.

A professionals' support network is a good way for professionals to develop their skills. Practicing interaction skills, conducting dialogues and deeper understanding of both inclusion and community develops the capacity of professionals to work with peer support agents. Knowledge about trauma, substance abuse and mental health work is also useful. Experience proves that trainings carried out between professionals and peer supporters are particularly useful, as they give a chance for both groups to mutually broaden and deepen their expertise.



PHOTOGRAPHY: pexels-mart-production-7550294.jpg

## **Peer supporter as a part of work community**

Peer support agents have the right to receive on-the-job training so that they know what is expected of them. If this is not done, it is possible that the role of the peer supporter in the organization will be unclear to both the peer and the professionals, leading to misunderstandings and the peer worker not receiving sufficient support. At the very beginning, it shall be made clear what are the responsibilities of the professionals in the team with regards to the peer supporter and in what situations the peer supporter can contact a supervisor if necessary. It is important that all the employees at the organization are familiar with the figure of peer supporters and commit to supporting their integration in the organization, even if the latter don't form part of their working team/department. This will help the peer support agents feel comfortable at work.

In a mixed working team, where professionals work hand in hand with peer supporters, there is a risk that the a professional might develop a role similar to that of a supervisor in relation to a peer supporter, while he hasn't been appointed to such a role. Even though, in matters related to the



technical aspects of the work, the role of the professionals can be guiding, it is a good idea to point a person of reference in the organization whom the peer supporter shall contact if there are challenges with any of the professionals they cooperate with. However, experts by experience themselves believe that the best way to prevent problems is for the organization to be well prepared and genuinely interested in working with peers.

<p><b>What the management an organization should take into consideration when planning to involve peer support workers/ experts by experience</b></p>	<ul style="list-style-type: none"> <li>• Preparation of the staff for inclusion of peers in the work community e.g. by informing them about aims, input and the added value the engagement of peer support workers brings to the organization.</li> <li>• Support and supervision of the management are essential for strengthening the peer support worker's self-confidence in their skills and expertise, and the support workers and experts by experience must be able to trust that the management backs them up whenever is needed.</li> <li>• Offering peer support workers an opportunity to get training and/or otherwise ensure that they will be provided with adequate information and tools to carry out the job.</li> </ul>	<ul style="list-style-type: none"> <li>• To relieve and avoid work-related stress, management needs to assure adequate supervision (desirably hired from outside of the organization).</li> <li>• Constant dialogue between other peer support workers, supervisors and the rest of the staff can prevent misunderstandings, improve work atmosphere and thus, it a key to successful teamwork.</li> <li>• Management should have a comprehensive interest in the life history of peer support workers/experts by experience as they use their lived experience as a</li> <li>• central tool in their work.</li> </ul>
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## **Benefits of peer support in work with homeless people**

In work with homeless people, service users benefit when professionals and peer support agents work together. Peer supporter can identify with the client's situation and can assess what kind of services could meet the client's needs best. The professionals, in turn, are able to tell about the available services and how they could benefit the client. The peer supporter knows the concrete shortcomings of the service system from the point of view of a user, which professionals do not always recognize. Being able to identify these shortcomings helps professionals in successful case management. The language of the service providers can sometimes be difficult for those who experience homelessness. The presence of a peer supporter can be useful to facilitate a common understanding between the client and the service provider. A peer supporter may also find it easier to articulate client's feelings and needs, especially if the client's life situation is chaotic. A dual role of a peer supporter as both

a fellow traveler and a services attendant is important to many peers. Additionally, the division of work can reduce the workload of the professionals and release resources for, e.g. a simultaneous coordination of the service paths of several clients.

Cooperation between professional and peer support agent brings equality to the encounter between the client and the professionals. In homelessness work, the interaction relationship is built on an appreciative encounter, where trust is created as a mutual feeling. Trust is a basic condition for clients to dare to tell about their situation, to be heard and to receive the help they need. Peer supporter's presence often serves as a kind of a bridge between the clients and the professionals to meet professionals. Also, the fact that the client sees a peer supporter and a professional working smoothly together increases the confidence that it is possible to get help from the service system. Working together, peer support agents and professionals can get a more comprehensive view of the client's situation. The peer supporter is able to pay attention to details the professional may not notice, such as nonverbal communication. Additionally, the client is also likely to share with the peer supporter information they wouldn't share with a professional.



PHOTOGRAPHY: pexels-thirdman-5256816.jpg

One of the most important benefits of cooperation is how peer support creates hope and reduces the client's feeling of shame because of their situation. When hope ignites in a client, he begins to work to promote his own well-being. Minimizing shame and stigma is also important. In work with homeless women in particular, it is known that feeling ashamed of own situation is one of the most significant reasons why a woman does not turn for help.

With own professional skills, professionals are likely to help a peer supporter uphold faith in cases when the situation of a client seems hopeless. However, situations do not always seem difficult only to peer supporters, hopelessness can also catch on to professionals. In these situations, the peer supporters and the example of their recovery process can help professionals keep up the hope. The benefit is bilateral— the peer supporters and the professionals empower each other mutually. For a



professional, this increases confidence in their own skills as a professional and has a positive effect on well-being at work.

For a real example of collaboration between a social professional and an expert by experience in a Finnish project called NEA, supporting young women experiencing homelessness, watch this video:

[NEA-hankkeen päätösvideo - YouTube](#)

### 3.4 Further reading

- Budapest Methodological Centre of Social Policy and Its Institutions. (2018). [Guide for professionals in housing support](#).
- Meriluoto. (2019). [Making experts-by-experience – Governmental ethnography of participatory initiatives in Finnish social welfare organisations](#). Universidad de Jyväskylä.





PHOTOGRAPHY: [amir-hosseini-Wg5Vhqdr5qU-unsplash.jpg](#)

## UNIT 4: PEER SUPPORT AND HOMELESSNESS

### 4.1 Introduction

*“Peer support is not scripted. It does not follow steps. It is about relationship. It comes from the heart through insight and knowledge gained from experience”.*

Wendy Mishkin, Peer Support Consultant, BCSS Victoria

Through this unit we will explore the different roles that peer supporters can have when involved in the recovery process of the homeless. Through the existing literature, we can observe an increasing awareness of the positive impact that the peer support involvement can have in the recovery from homelessness. It also acknowledges the challenges that come along with it and explores recommendations that work so to better support peers in their effort to gain the control of their lives positively. The journey is continuous, and often may need adjustments in an ever-changing environment. The necessary adjustments should form part of the everyday practice.

### 4.2 Learning objectives

In this unit the learners will

- Understand the different roles a Peer Support Agent can have in the process of recovery from homelessness.
- Understand the challenges related with the involvement of peer support during the process.
- Identify ways that are enabling the peer support involvement to maintain an igniting and transformational role in the recovery process

### 4.3 Peer supporter's role and challenges

*“People who are homeless usually represent individuals who have the most complex issues that often cause breakdown in relationships with family, friends, and support service alike. The experience of homelessness subjects a person to isolation and feelings of worthlessness, which can lead to depression and loneliness. This is important, as research has found that social support is vital to health— a weak or non-existent social tie is a risk factor for death, comparable to smoking” (Barker et al., 2018).*

1. The increasing involvement of peers in the homeless sector is evident through the increased primary research in the field that is taking place notably the last years. (Miler et al., 2020) Most of it comes from the United States, Canada and Australia, and the concern of transferability is well addressed given different context, access and legislation in housing, health system, criminal justice, welfare benefits. Additionally, the lack of a globally accepted definition of homelessness supposes a difficulty when comparing best practices. Taking all these into consideration, we select here the lessons learnt so far that have the potential to commonly apply to different settings and can inform practitioners, administrators, and decision and policy makers so to adjust accordingly where necessary.

The role of Peer Support Agents in the homeless sector can vary and may include one or a combination of the following:

- 1.** Role model/mentor in different moments of the recovery process
- 2.** Breaking the boundaries
- 3.** Individualized treatment
- 4.** Social Support
- 5.** Advocacy

In more advanced settings with a history of involvement of peer supporters the role of a peer supporter may expand to:

- 1.** Providing services and/or training
- 2.** Supervising other peer workers
- 3.** Developing tools
- 4.** Administering programs or agencies
- 5.** Educating the public and policymakers

In all these roles the philosophy and values of peer support are at the core of the intervention: the ways that the lived experience of a peer authentically, trustfully, respectfully can inspire hope and influence positively and mutually a transformational process during the journey of the recovery.

The role of the professionals or non-peer staff is not substituted or threatened by the peer supporters. They complement each other to reach a common goal as a team. Concrete arrangements (as for example the meeting place of the peers on or off site), systematic meetings of the multidisciplinary team to discuss the case plan, the specific objectives as they have been agreed with the homeless and the progress on their achievement, all done in a simple, understandable language, can help clarifying the grey zones that can easily appear in the daily practice.

## **Role model/Mentor**

The peer supporter focuses on the emotional aspects of the lived experience rather than the facts. They have been there, and they have survived, so they are a proof that there is a way. *“I know what you mean. I have been there!”* There is an authentic empathy in the process that inspires hope and mobilizes the peer into taking action. Ability to share their own story in their own words and to describe its milestones is essential. The value of self-determination is a core one at this role: people are free to choose their way to recovery even if, in certain cases, there may be pitfalls, the process is slow or does not seem to progress. This role can apply at different moments of the recovery process:

- During the initial approach (first contacts), to create a feeling of trust towards the available support resources and help the peer into the essential stage of realizing the potential of recovery and requesting support towards this direction.
- During the recovery process, encouraging the peer to persist in their effort to recover. During the process there may be a relapse or other difficulties that seem to burden the path of recovery. At this point, the Peer Support Agent may share their own experiences and methods that were

helpful for them. This sharing shall have for objective to enable the peer to understand their own strengths.

## **Breaking the boundaries**

“If it’s very important, I do cross boundaries sometimes... we’ve crossed so many boundaries just to get this person, you know... thinking that, otherwise something more serious would have happened... you know what I mean. At least I know I’ve actually helped someone.” –Timothy

There is plenty of challenges when the Peer Support Agent needs to combine in a successful and effective way trust, a fundamental element of a peer relationship, together with their own well-being and safety as an absolute priority. Since the peer supporters are confronted with this dilemma, they may need to cross boundaries in certain occasions. Generally, the peer supporter will make decisions regarding boundaries based on a case-by-case judgment. This is a matter of appropriate training, experience, skills and personal mentality; however, this may cause significant stress that is often overlooked, not always recognized by professionals or the organizations and should be taken into consideration when arranging support for the peers.



FOTOGRAFIA: eric-ward-akT1bnnuMMk-unsplash.jpg

## **Individualized treatment**

Homeless people usually have health problems- caused or aggravated due to precarious living conditions- that may need a daily management, adherence to medication and follow up. Peer supporter can support the implementation of a treatment plan, the set-up of reminders that work for the peer or assist with DOT (Directly Observed Treatment) if necessary. In a clinical setting, a peer supporter may also be part of the treatment as part of the multidisciplinary team.



## Social circle reconstruction

Reestablishing connection with family, friends or significant others, or simply establishing connections with the community where they live is an essential part of the recovery process. Having gone this part of the journey or being on its way, the peer supporter can shade light on how this can be done. Discrimination and stigma are the challenges to overcome in a relationship of mutuality, in a non-judgmental manner.

## Social support

Having experienced the existing barriers, especially when dealing with the bureaucracy at the social benefit system, the peer supporter can provide adequate information and tips to facilitate access to it. Knowing when to ask for help and whom to address is an essential step.

## Advocacy

During the 2014 Canadian Alliance to End Homelessness conference in Vancouver, a group of individuals, including both peer supporters and professionals, came together with a common goal: to ensure that individuals with lived experience received equitable representation from service providers, researchers, policy makers, and others, so that they can better understand and tackle the problem of homelessness. Perhaps the best example that exists of advocacy is the principle paper produced by the Lived Experience Advisory Council of Peers in Canada during this 2014 conference. The title “Nothing about us without us” includes seven core guiding principles when planning to end homelessness involving peers and explains why it is important to do so (see the full reference in the section *Further Reading*). These are:

- 1.** Bring the perspective of the lived experience to the forefront
- 2.** Include those with lived experience at all levels of the organization
- 3.** Value the lived experience time and provide appropriate supports
- 4.** Challenge stigma, confront oppression and promote dignity
- 5.** Recognize the expertise of the lived experience and engage them in the decision making
- 6.** Work together towards the lived experience equitable representation
- 7.** Build authentic relationships between people with and without lived experience

Peer supporters bring in the advocacy process the strongest evidence: speaking through the lived experience, they can provide a living example of the existing gaps in the system, the existing attitude, what helps and what doesn't, as well as enforce the recommendations for policy change. It can include all the different levels of the recovery journey, starting from the initial approach until the necessary policy changes to bridge potential existing gaps. Creating formal groups (e.g., peer associations) that have a legitimate space in the different platforms of policy making can also improve access to recovery for many people.



Other roles, as described above, e.g., leading a peer group, or developing resources, may be encouraged in an organizational environment that promotes personal growth, capacity building and provides career opportunities to its human resources, both employees and volunteers.

## Challenges

In the “State-of-the-Art Review” (2019) the challenges that are registered more frequently through quite a significant number of research studies (62 in total) from the involvement of a peer supporter in the homeless or other sectors are grouped in five key themes:

1. **Authenticity:** Formalizing the role of a peer supporter or moving further in the recovery journey appears to create issues of questioning the authentic input by the peer supporters themselves. Addressing peer supporters’ needs to wellbeing and development is essential.
2. **Vulnerability:** Peer supporters are at risk of being exposed to traumatic experiences or grief, stigmatized within the working force of the organization, labeled by their lived experience, or relapsing due to other issues. This is why it is essential that a set of accommodating strategies, flexibility and support mechanisms are established within the organization prior to involving the peer supporters.
3. **Boundaries:** Overwhelming responsibilities, more than a peer could or should handle- which in practical terms may mean the change of role from a user to service provider- can create stress or discomfort to the peer supporter. The dilemma of where, when and how to draw the line is an added challenge throughout the intervention. For instance, setting boundaries while the role requires self-disclosure or making judgement calls while maintaining mutuality in the relationship with the peer or previous community’ members, might be challenging and require advanced interpersonal skills. The peer worker might, on occasions, need support and supervision from other professionals to manage some of these aspects soundly.
4. **Stigma:** Lacking support within the organization or feeling discriminated leads to weakening of the peer supporters’ position and what they can bring in the services. Some researches discuss the stereotypes amongst non-peer employees and different ways to cope with them. The preparation of the ground in the organization to accept peer supporters in the working force beforehand can alter this type of challenges.
5. **Lack of Recognition of the peer supporter:** Challenges in this sense are related with:
  - The way peers are matched (e.g., if matched based on typical criteria as gender or language and not on their lived experiences).
  - Their position within the organization (being a volunteer or an employee) and lack of equal access to benefits as non-peer employees (as for example insurance, salary according to the salary scale, other employee benefits available for the non-peer employees at the organization).
  - Lack of possibilities for personal and career growth within the organization
  - Being perceived as a threat by the non-peer professionals

Best practices around the globe, where peer supporters’ impact had positive results, addressed these challenges using different strategies or their combination

- **Preparation of the organization before deploying the peer support service:** practitioners and decision makers discuss and agree- so there is a consensus- on the peer involvement and their expectations. Setting support mechanisms such as training for the employees, setting up systematic clinical supervision, multidisciplinary team meetings where peers are involved as team members, regardless of if their position is formal or informal, are essential. Defining accommodating strategies to support potential relapse or other needs that burden the peer support whether covering transport or providing a lawyer when necessary are essential. Considering flexible schemes so to allow peer supporters to include other obligations e.g. attending therapy has proven effective in successful peer supporter's interventions.
- **When involved in the organization:** create an environment where peer supporters can freely express themselves (publicly or anonymously), revise the job description if necessary, organize regular team meetings or supervision and provide possibilities for personal growth and development as for the rest of employees.

#### 4.4 Further reading

- Barker, S., Maguire, N. (2017). [\*Experts by Experience: Peer Support and its Use with the Homeless, Community Ment Health\*](#)
- Crisis UK. (2021). [\*#Health now: Understanding homeless health inequality in Birmingham\*](#).
- Lived Experience Advisory Council (2016). [\*Nothing about us without us: Seven principles for leadership and inclusion of people with lived experience of homelessness\*](#). Toronto: The Homeless Hub Press.
- Miler, J.A., Carver, H., Foster, R. et al. (2020). [\*Provision of peer support at the intersection of homelessness and problem substance use services: a systematic 'state of the art' review\*](#). BMC Public Health 20, 641.
- Tookey et al. (2018). [\*From client to co-worker: a case study of the transition to peer work within a multidisciplinary hepatitis c treatment team in Toronto, Canada\*](#). Harm Reduction Journal.

## UNIT 5. MENTAL HEALTH AND RECOVERY

### 5.1 Introduction

Given the high prevalence of mental illness, substance use, and trauma histories among people who are homeless, in this Unit we examine perspectives based on the recovery approach, as a first step towards establishing the need to integrate these orientations into the homeless assistance network.

In mental health, recovery is considered as a process of reclaiming a satisfying life even within the limitations of a mental illness. A review of the literature on mental health recovery identifies a broad range of elements associated with recovery, including person- centred values, hope, increased agency, self-determination, meaning, purpose, awareness, and potentiality.

Nowadays, in the homelessness field, there is a growing trend toward approaches that support client's choice, empowerment, and recovery: the promising outcomes of recovery-based approaches, could in fact offer a unifying vision for systems of care within the homeless assistance area.

### 5.2 Learning objectives

In this unit the learners will

- Learn about the interrelation between mental illness and homelessness
- Familiarize themselves with the premises and principles of the Recovery Approach
- Learn the cornerstones of recovery according to the CHIME model: Connectedness, Hope, Identity, Meaning and Empowerment
- Understand the relationship between the Medical Model and the Recovery Model
- Learn to apply the Recovery Approach in treating homeless people.

### 5.3 Mental health and recovery

#### Interrelation between Mental Illness and Homelessness

Compared to the general population, homeless and vulnerably housed people have shown to suffer more commonly of mental health problems. According to Crisis UK, the incidence of common mental disorders is over twice as high in socially marginalized individuals, while psychosis have been found to be 4-15 times more frequent in homeless people. Their risk to die is nearly 5 times higher in comparison with the general population of the same age. In a recent survey of homeless services in England (2019), it has been highlighted how more than two third of the clients of the homeless services are suffering mental disease, many of them undiagnosed.

In many cases mental illnesses played a relevant role in the life stories of those who have lost their housing. Furthermore, considering the stressful condition of homelessness, mental health represents a critical element in determining the capability of an individual to achieve stability in their housing which, if attained, would help to decrease the severity of their mental problems in the long run.

Women appear to be more susceptible to experience some risk factors for both mental illness and homelessness, such as physical and sexual violence as a child, to a greater extent than men. Mental health problems seem to be higher in homeless women (in particular deliberate self-harm and suicidal ideation). Also marginalized black and minority ethnic groups (BME), refugees and asylum seekers show a higher incidence of mental illnesses when compared to the general homeless population.

Here, we consider three main factors underlying the risk of homelessness: poverty, disaffiliation, and personal vulnerability. Marginalized individuals are less able to sustain employment, which implies lower economic power. Delusional thinking reduces the social network that homeless people can rely on, withdrawing them from potential coping resources that are much needed in difficult times. Also, mental conditions have a negative effect on a person's judgement, compromising his/her ability to think clearly and face adversities.

The complex relationship between mental illnesses and homelessness can lead to an exacerbation of several negative emotional states such as fear, anxiety, depression which are related to a higher risk of substance and alcohol abuse.

Those who suffer from mental conditions tend to be homeless for longer period of times, progressively losing more and more contact with family and friends. The role of proper community and social services is even more relevant considering cases of people suffering from severe mental health problems, who over-represent those experiencing homelessness once they are released from hospitals and jails.



PHOTOGRAPHY:francisco-moreno-wuo8KnyCm4I-unsplash.jpgEl modelo de recuperación

## The Recovery Approach

Dealing with mental health problems is difficult due to the large number of individual variables involved in their development. In the last decade the recovery approach has proven to be effective because of its person-centered perspective. Recovery approach is based on two simple premises:

1. It is possible to recover from a mental health condition.
2. The most effective recovery is patient-directed.



The model takes a holistic view of a person's life. Recovery from mental disorders and/or substance use disorders is "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." (Lyon S., 2020)

Four dimensions are considered to support recovery:

- **Health:** In order to manage or recover from mental illness, people must make choices that support both their physical and mental well-being.
- **Home:** People need a safe and stable place to live.
- **Purpose:** Meaningful daily routines such as school, work, family, and community participation are important during the recovery process and for maintaining wellness.
- **Community:** Supportive social relationships provide people with the love, emotional availability, and respect that they need to survive and thrive.

(Lyon S., 2020)

In the recovery-based approach, the social life of an individual is considered crucial to determine the negative effects of mental disorders and substance abuse. Having supportive and care relationships improve the ability to deal with symptoms of their illness and facilitate recovery. In this process, health professionals, such as psychologists, psychiatrists, and doctors, can provide support to a certain degree, but their intervention can benefit greatly from a positive social interaction in the homeless person's life. Support groups and community organizations can also play an important role in recovering from mental disorders allowing the person to share his/her experience with other people in need for support.

We shouldn't forget the importance of housing in recovery from mental health issues. Adequate and stable housing allows the person to feel safe, thus greatly reducing stress and other risk factors that can lead to developing mental health issues or aggravating pre-existing ones. Having access to a decent personal space increases one's perception of stability, while also providing opportunities to develop sense of responsibility for maintaining the place in a good condition.

According to ten guiding principles, recovery:

- Emerges from hope
- Is person-driven
- Occurs through many pathways
- Is holistic
- Is supported by peers and allies
- Is supported through relationships and social networks
- Is culturally based and influenced
- Is supported by addressing trauma
- Involves individual, family, and community strengths and responsibility
- Is based on respect

(Substance Abuse and Mental Health Services Administration, SAMHSA, 2012)

One of the major strengths of the recovery model is that it focuses on individuals' skills and abilities rather than on their deficits and pathologies. It increases trust in the individual and allows them to know their own life experience and to become the main actor in the treatment.

Accepting and eventually embracing individual limitations is part of the recovery process, by identifying their weaknesses individuals can focus on the supports they need to dampen the symptoms of their mental health problems. Developing this kind of consciousness helps them to adopt resilient strategies to face their condition, and then to integrate them into their daily life. Acceptance leads to empowerment, choice, self-determination, and community integration, improving the individuals' ability to mobilize useful resources for managing their symptoms thus increasing their likelihood of success.

## Cornerstones of Recovery: CHIME

CHIME is an acronym of Connectedness, Hope & optimism, Identity, Meaning & purpose and Empowerment.

- **Connectedness and supportive relationships**

Having meaningful and mutual positive relationships plays a decisive role in boosting one's motivation and confidence to achieve success. Family and friends can help a recovering person to believe in his/her abilities to change, while also providing motivation to do so. Also, sharing personal life stories with other members of the community that are facing similar challenges (for example battling with substance abuse/dependency) can bring them together to motivate one another through a peer support mechanism. Community groups (such as Alcoholics Anonymous) can also play an important part providing a non-judgmental space to share one's feelings and emotions associated with the recovery process. After the recovery, older members of these groups can act as role-models, providing guidance and representing the desired arrival point of the journey that other members are enduring. Although one-way helping relationships can lead to a "charity" mechanism which would be detrimental to the recovery process, healthy, mutual, and balanced support relationships are fundamental in establishing a positive social environment that can increase one's chances to succeed in his recovery process.

- **Hope**

This is one of the most important components that influence one's motivation to face the changes involved in the recovery process. It is more than optimism; it is a belief that the person has to be able to get through setbacks and uncertainty to reach his/her final goal. It may emerge progressively during the recovery after a certain turning point, and it must be strong enough to resist moments of despair. It involves trust in oneself abilities to bear failures, risk and further hurt.

- **Identidad**

Another important element is the recovery of a durable sense of self, which could have been lost or taken away in the socially marginalized individuals. One way to regain sense of self is called "positive withdrawal"; based on a research review it implies regulating social involvement and negotiating public space in order to move towards others only when it feels safe and meaningful. By nurturing personal psychological space its possible to develop a broad sense of self, understanding oneself interests, spirituality and so on. This process helps building the sense of social belonging and is generally





facilitated by experiences of interpersonal acceptance and mutuality, on the other hand it has to face the barrage of overt and covert messages that come from the broader social context. When an individual is ready for change a process of grieving is initiated, acceptance of the past and building confidence in the ability to move on to a new identity of self may implicate dealing with negative emotions such as grief, despair, and anger.

- **Formation of healthy coping strategies and meaningful internal schema**

Healthy coping strategies are said to be a crucial element in the recovery process. Medications or psychotherapy can be useful in dampening adverse symptoms of mental illnesses, but they have their downsides too. A well-informed patient should know what they are, what are the advantages provided by such medications and why the medical experts think that prescriptions they gave is the best fit for the person's life journey. A better understanding of these therapies can help developing consciousness about oneself internal traits and emotional mechanisms, leading to a more accurate knowledge of self. Developing coping strategies and problem-solving skills may require the person to become his/her own expert, so to identify key stress points and possible strategies to adopt in response to adversities. Understanding internal self-structure and functioning can help building a sense of meaning and overall purpose which is said to be important to sustain the recovery process. This may lead to the recovery or development of a social or work role, and can also involve renewing, finding or embracing a guiding philosophy, religion, politics or culture. By postmodern perspective this can be described as "developing a narrative".

- **Empowerment and building a secure base**

Appropriate living conditions, sufficient economic power, freedom from violence, and access to healthcare have been proposed as important tools to empower a person in the long process of recovery. Combined with self-determination, Empowerment is said to be fundamental in recovery by reducing the social and psychological effects of stress and trauma.

Women's Empowerment Theory suggests that recovery from mental illness, substance abuse, and trauma requires helping survivors understanding their rights to increase their capacity in making autonomous choices. This means developing the confidence for independent assertive decision making and help-seeking which translates into proper medication and active self-care practices. Another important part of empowerment is achieving social inclusion and overcoming challenging social stigma and prejudice about mental illnesses. Advocates of Women's Empowerment Theory argue it is important to recognize that a recovering person's view of self is perpetuated by stereotypes and combating those narratives. Empowerment according to this logic requires reframing a survivor's view of self and the world. In practice, empowerment and building a secure base require mutually supportive relationships between survivors and service providers, identifying a survivor's existing strengths, and an awareness of the survivor's trauma and cultural context (Francis East, J., & Roll, S. J. 2015).

## **The Recovery Model VS the Medical Model**

The recovery model for people with mental illness is opposite to the medical model.

The medical model posits that mental disorders have physiological causes and, until the mid-seventies, many practitioners believed that patients with mental health conditions were doomed to live with their illness forever. This belief particularly affected people with schizophrenia, schizoaffective disorder and bipolar disorder and the focus was strictly on the use of medications for treatment.



The hallmark principle of the recovery approach is instead the belief that people can recover from mental illness to lead full, satisfying lives: it took two decades for this basic belief to gain traction in the medical community. Patients have played an important role in developing this person-centred perspective by expressing their interest in being actively involved in their own treatment. Through patients lived experiences, they showed that by receiving the proper supports they could live active lives in the community. This historical shift in the intervention approach reflects the second basic pillar of the recovery model: the most lasting change happens when the patient directs it.

Even if the medical and the recovery model often appears to be in contrast with one another, researchers suggest that they should be considered complementarily when planning an intervention. The physiological information that emerges from the medical approach must be taken in account to better assess the medical needs on a patient, while involving him/her in first person allows the treatment to be person-centred and thus more effective.

Empirical data gathered by medical research are fundamental to define the appropriate treatments a patient must endure; this has to combine with the personal empowerment and peer support provided by the recovery model to better cope with illnesses resulting in a higher rate of success.



FOTOGRAFÍA: pexels-mental-health-america-(mha)-5543374.jpg Aplicación del modelo de recuperación en las personas sin hogar

## **Application of Recovery Approach in Homelessness**

The recovery approach is changing the treatment of mental illness, substance addiction and traumatic stress disorders. Nevertheless, this kind of approach has not been yet well integrated in the homeless services.

In the homeless services rarely is followed the recovery approach and very often they provide only care services answering the primary needs. Several actors work to provide the many services needed



to help homeless people: housing, emergency shelter, food service, employment assistance, medical care, mental health support, rehabilitation programs, and social services program, but they are often separated by different federal funding streams. The unique challenge is to construct a unified, recovery-oriented model of care across the multidisciplinary network of providers of homelessness services.

**Table 1. Guiding the Transformation of Service Systems Using Individual Recovery Principles <sup>1</sup>**

<b>Traditional Approach</b>	<b>Individual Recovery-Oriented</b>	<b>Service System Recovery</b>
Recovery may not be possible for everyone.	Recovery is possible for all.	Recovery-oriented systems transformation is possible.
Impact of trauma is not well understood in providing services to people who have histories of homelessness.	The impact of trauma plays a central role in the lives of those receiving services.	Policies, practices, and environments are adapted to accommodate the traumatic response in people receiving and providing services.
Tendency to categorize people in a fixed way: “well” or “sick”; “chronically homeless” or “engaged in services” rather than viewing their lives as a dynamic process.	Dynamic and holistic. Views people within the whole context of their lives. Recovery is a process that takes place along a continuum that is not necessarily linear.	Dynamic and holistic. Views the organization itself as organic. Adjusts policies and practices based on consumer and staff input.
Providers are the experts in the recovery process and know what is best for clients. Compliance is expected. Force and coercion may sometimes occur.	Self-determination and autonomy is encouraged with consumers as experts in their own recovery. Agencies are partners in the recovery process. Force and coercion are antithetical to recovery, undermining trust and connection, and leading to re-traumatization.	Self-determination and autonomy are encouraged among staff and they are appreciated for their expertise. Focus on decreasing power imbalances and acting in collaborative ways. Policies seek to eliminate coercive practices and reduce re-traumatization within the workplace.
Diagnostically driven, symptom-focused.	Strengths-focused, valuing skills and abilities.	Agency strength-focused, values all staff for abilities, skills, and expertise.
Not particularly open to public review.	Information sharing leads to choice, autonomy, greater self-determination, connection, and trust.	Promotes transparency and accountability at all levels by providing information openly.
Relationships are based on hierarchies and positional authority. Power sharing is limited.	Power is shared. Collaborative relationships are based on authenticity, honesty, and recognition of power imbalances.	Collaborative. Values all members of the organization as contributors to the well-being of the agency. Acknowledges power imbalances and seeks to share power when possible.

Table 1 contrasts the traditional approach (“recovery may not be possible for everyone”) with individual recovery-oriented values (“recovery is possible for all”), and envisions how individual recovery-oriented values can transform service system values, to create a new paradigm of recovery-oriented

<sup>1</sup> Source: Prescott L, Harris L. (2007). Moving Forward, together: Integrating Consumers as Colleagues in Homeless Service Design, Delivery and Evaluation. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Manuscript Submitted for Publication.

care and systems transformation (“recovery-oriented systems transformation is possible”). This table is a useful guide for translating individual recovery values for transformation of systems of care.

To integrate recovery principles into systems of care for people experiencing homelessness, one useful starting point is to focus on developing relationships that promote recovery, empowerment, hope, and person-centred values. People in recovery from mental health and substance use problems identify having a dependable and reliable person they can trust as both their most significant need and the most significant facilitator of recovery. Many individuals who have moved out of homelessness attribute their success to personal connections with others. Often, the process of rebuilding selfhood happens within the relationship to a service provider. Research suggests that outreach is a critical step toward engaging individuals who are homeless “to establish a personal connection that provides the spark for the journey back to a vital and dignified life”. Reconnecting to a viable sense of self and community is a crucial step in the recovery process for people who have experienced homelessness

Consumer integration is one concrete strategy for developing a recovery-orientation in homeless service programs. Integrating people with experiences of homelessness, mental health issues, substance use, and trauma into staff and leadership roles in programs is a necessary step toward transforming organizational culture and service delivery models. A consumer-run and consumer-staffed homeless service program fall into three categories: consumer-run services (managed and operated by a majority of consumers); consumer-partnership services (consumers deliver services in partnership with non-consumers); and consumer volunteers and employees (consumer-staffed)

Being inspired by the principles of the Recovery Approach, the integration contributes to a recovery orientation by promoting the empowerment of consumers in all stages of the process: as “recovery ambassadors,” consumer staff members serve as the embodiment of the core recovery principle: hope.

## **A successful project: The Connecticut Experience**

The state of Connecticut has been a leader in the introduction of recovery-oriented care and began its recovery initiative in 2000, before recovery came to the forefront of the national agenda. From the beginning, it was a systemic initiative aimed at transforming the system of care as one that “identifies and builds upon each individual’s assets, strengths, and areas of health and competence to support achieving a sense of mastery over his condition while regaining a meaningful, constructive sense of membership in the broader community”

The Connecticut initiative included a collaboration with Yale University’s Program for Recovery and Community Health to create a Recovery Education and Training Institute to train providers in areas such as being a recovery guide, person-centred planning, recruiting and working with peer staff, peer support, cultural competency, motivational interviewing, and other topics.

It is worth highlighting two lessons from the Connecticut experience:

The first lesson learned is that recovery does not refer to any one service, intervention, or support, but rather what people in recovery themselves do to facilitate their own recoveries. This is important because it highlights the importance of involving consumers, being person-centred, and working collaboratively with all stakeholders to develop a shared sense of what a recovery-oriented system of care should look like.

The second important lesson from Connecticut’s experience is that recovery cannot be simply “added on” to existing services, but must be an overarching goal and value integrated on a systemic level to transform and realign policies, practices, procedures, services, and supports.



These lessons provide important precedents that could help inform the adoption of a recovery orientation across the homeless assistance network.

In conclusion, empowerment of the individual in recovery is a fundamental cornerstone of the process, which is non-linear, must be strengths- based, and needs to build upon the multiple abilities of the individual. Recovery could become an overarching goal and value that could transform and realign the policies, practices, procedures, services, and supports of the homeless assistance network. These changes have the potential of improving the lives of millions of people experiencing homelessness.

## 5.4 Further reading

Sheperd et al., [\*Making Recovery a Reality\*](#), 2008





## UNIT 6: HOMELESSNESS AND TRAUMA

### 6.1 Introduction

Through this unit you will learn basics about trauma and how it affects a person's functional ability, health and quality of life. We will review the symptoms of traumatization and, in particular, how it affects arousal regulation. The unit also provides ways to optimize your own and your customer's alertness regulation. At the end of the unit, it is explained how homelessness and trauma intertwine and why violence in particular is related to trauma among homeless people.

### 6.2 Learning objectives

In this unit the learners will

- Understand what is trauma
- Learn about different types of trauma
- Become acquainted with the concept of the Window of Tolerance
- Learn about symptoms of trauma
- Acquire tools for working with traumatized people
- Understand why homelessness is a traumatic incident
- Understand how experiences of violence cause trauma

### 6.3 What is trauma?

Trauma is a damage caused by force majeure. A traumatic crisis is a sudden, surprising, and unusually powerful event that would cause suffering to anyone. Traumatization occurs when an individual simply does not find ways to protect themselves from the pain caused by a traumatic event. Mental pain is too intense, and events lock into the person's mind and body. In addition to the traumatic event happening to oneself, witnessing another person's traumatic experience can also be traumatic. Sometimes it is not about what has happened but what has been left out. An example of this is the lack of care in childhood.

Trauma is an escape and concealment in nature: the traumatized persons typically seek to avoid and deny what has happened and experience shame and guilt. Severity or level of trauma is affected by the intensity and duration of the event, frequency, unpredictability, uncontrollability. The accumulation of stressors, lack of care and social support, and emotional abuse also predispose to trauma. It is also known that women are more affected by trauma than men.

Usually, the trauma is activated regardless of the will and causes the person who experiences it a deep anxiety and a feeling of not being able to control their own body or mind. Triggers are closely related to the cause of trauma. There are stimuli that trigger a traumatic experience or memory. These stimuli can be anything: a smell, a sound, a look from another person, the way someone touches you, or a particular event.

If the brain is exposed to intense stress during childhood permanent nervous changes can occur. This means that a traumatized person is more prone to experience stress than a person who hasn't been exposed to traumatizing events. Stress also activates a more physically emergency state. Therefore, a traumatized person may have difficulty regulating their own feelings and even small things may derail normal life.

EXAMPLES OF TRAUMA	
TYPE 1	TYPE 2
<ul style="list-style-type: none"> <li>Severe illness or injury</li> <li>Violento or sexual assault</li> <li>Mugging or robbery</li> <li>Being a victimo or witness to violence</li> <li>Witnessing a terrorist attack, a natural disaster, etc.</li> <li>Road accident</li> <li>Militaru combat incident</li> <li>Hospitalisation and psychiatric hospitalisation</li> <li>Childbirth</li> <li>Medical trauma</li> <li>Post suicide attempt trauma</li> <li>Life threatening illness or diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>Childhood emotional abuse</li> <li>Domestic violence</li> <li>Emotional neglect and attachment trauma</li> <li>Abandonment</li> <li>Verbal abuse</li> <li>Coercion</li> <li>Domestic physical abuse</li> <li>Long term misdiagnosis or a health problema</li> <li>Bullying at home or school or in a work environment</li> <li>Emotional and sexual abuse</li> <li>Physical neglect</li> <li>Overly strict upbringing sometimes religious</li> </ul>

Trauma can be divided into two groups:

**Type 1** refers to single-incident traumas which are unexpected and come out of the blue.

**Type 2** refers to complex trauma which may have been experienced during childhood or early stages of development. Type 2 trauma also develops from repetitive and long-lasting traumatic experiences.

### What does trauma do to a person?

In general, a healthy person believes that the world is good, life is purposeful, and people are valuable. A traumatic event threatens a person's belief system. A shocking event can even crush the belief system because it happens unpredictably and haphazardly. The illusion of invulnerability disappears and the person loses the sense of control.

Traumatic experiences are specific to the human psyche because they are stored in memory unlike everyday events. When an individual finds himself in a highly stressful situation, his body secretes endogenous hormones called stress hormones that reinforce the memory of a traumatic situation. Traumatic memories are recorded, at least in part, in a non-linguistic form as images, smells, emotions,

and sounds. In a traumatic crisis, it is a matter of loss: the loss of one's health, one's loved one, one's lifestyle, or the meaning of life. It is therefore natural that a crisis can cause feelings of sadness, guilt, hopelessness and shame. Facing a traumatic crisis requires a lot of mental resources and physical endurance.

## Trauma symptoms

Trauma symptoms may include physical, mental or social symptoms of almost any kind, as well as symptoms related to affect regulation. Symptoms can be for example attention deficits, absent-mindedness, blackouts, addictions, panic attacks, eating disorders, physical pain and numbness, tendency to mistrust, hallucinations, depression and fatigue. Considering this diversity, it is unsurprising that trauma patients get multiple varying psychiatric diagnoses on the way. Trauma and its symptoms affect human functioning extensively. Of the many different symptoms, we have chosen the following to focus on: 1. arousal regulation problems, 2. difficulties in interpersonal relationships, 3. emotions and detachment, 4. addictions and self-destructive behavior.

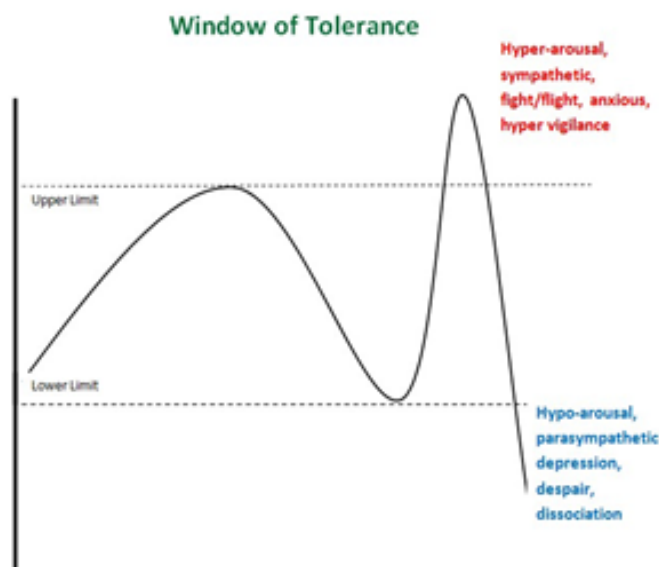
### 1. Arousal regulation problems

Arousal regulation problems are very typical symptoms of trauma. Understanding them is very important when meeting a person with traumatic experiences. It is good to remember that the professional's arousal regulation also varies and it is important that the professional is in optimistic arousal during meetings with the clients.

### WINDOW OF TOLERANCE

Window of tolerance is a term used to describe the zone of arousal in which a person is able to function most effectively. When people are within this zone they are typically able to readily receive, process and integrate information and otherwise respond to the demands of everyday life without much difficulty. This optimal window was first named as such by Dan Siegel.

### WINDOW OF TOLERANCE





In the hypoaroused state the parasympathetic nervous system is preparing for a potential death, and the body prepares to play dead. A constant state of hypoarousal can easily lead to isolation and prolongation of paralysis. A functional means of controlling hypoarousal in a triggering situation would be activating the body and anchoring in the present moment. Feelings of emptiness, exhaustion, lack of thoughts, sluggishness and decreased functional capacity may make life isolated. Life goes on in “slow motion”. Hypoarousal as a trauma mechanism is related to the narrowing of consciousness, in response to situations that have been overpowering for the person, sometimes already in their childhood. For someone unfamiliar with trauma, hypoarousal behavior may appear to be a lack of motivation, which in turn may affect the cooperation between the homeless person and the service provider.

For example, in childhood, paralysis may develop as a coping strategy in overwhelming situations, where submission is the only chance of minimizing harm. Paralysis as a trauma symptom is usually a childhood survival strategy, turning into a counterproductive symptom in adulthood, while the conditions and environment have changed. As a reaction to trauma, hiding under a blanket may look like inappropriate in adulthood but is regarded as the only “sensible” strategy or in fact an automatized pattern of the nervous system by the parts that remain in the trauma reality.

The opposite of hypoarousal is hyperarousal, where the state of fight or flight is activated by sympathetic nervous system. In the state of hyperarousal, breathing and heart rate are increased, senses are sharpened, and the body is prepared to run. Many traumatized individuals live in a state of constant tension. A reminder of trauma may lead to a difficult and anxious state of mind, which can be hard to get out of, understand or describe. Symptoms may include: chronic anxiety, difficulty falling or staying asleep, difficulty concentrating, irritability, anger and angry outbursts, panic attacks and being constantly on guard for threats.

Many who have worked with people who have experienced homelessness will certainly recognize a client who suddenly becomes nervous and agitated, and may want to leave the place. This does not mean that the professional necessarily did anything wrong. Something in a meeting, such as the professional’s voice or an uncomfortable meeting place for a client, can trigger a trauma memory. A sudden reaction may surprise both the professional and the client and the client may be misinterpreted as prickly and violent.

## 2. Difficulties in interpersonal relationships

In their relationships, traumatized individuals often face many challenges and complexities. These complexities are related to the lack of experience of reliable and secure relationships. They simply haven’t had a chance in life to learn how normal relationships work, how to stand for themselves and disagree with others sometimes, how to listen and be heard, how to apologize and to forgive, and go on after together.

Fundamentally, what relationship complexities are all about, is trust that has been broken or almost destroyed. The childhood environment of a traumatized individual has required constant vigilance, threat detection and fear of the worst. The traumatized person seeks to anticipate threat and danger and, as a result, easily finds those things in the gestures, expressions and words of others all the time. Because of traumatization, normal abilities in detecting threat and danger may have become so distorted that we are not able to discern people that are safe for us from those who are not. This course of interpretation easily leads to isolation and withdrawal from relationships, which eventually pushes other people even farther away.

Acquiring new interpersonal skills demand great activeness and introspection concerning one’s own contributions, so that one can begin to improve the quality of their relationships and get a chance

for compensatory experiences. The patterns of thought and action can be explored together with safe people. In general, it is possible to think that, usually, people have good intentions. Because the nervous system works faster than the brain, the skill of apologizing is an adept one.

### 3. Emotions and detachment

Many traumatized people describe losing touch with their own feelings. Frequently, emotional detachment may be linked to describing traumatic events, or some other consciously or unconsciously stressful situation. For others, detachment is something normal in their everyday lives. They have isolated emotions somewhere outside their awareness, so that feelings can't activate properly in everyday life, no matter how natural that would be.

Some people feel like their life is nothing but strong emotions and find themselves swinging from one extreme to another. For some, emotions are completely lacking. Alternatively, some may fall into a state of no emotion, and in the next instant, become extremely emotional. More slight or intermediate emotions may be difficult to recognize.

The threat-detecting autonomic nervous system of a traumatized individual is operating faster than the conscious mind, so that responses to various situations— e.g. regarding other people— are not always appropriate.

*"Often, when things go over my head, I turn perfectly calm. I analyze and talk about what happened, smiling, and I talk about myself and my experiences in a detached way, like there was a wall between, no emotional contact. It doesn't affect me, there is no me, although I know it's my life."*



PHOTOGRAPHY:pexels-serkan-göktay-66757.jpg

### 4. Addictive and self-destructive behavior

Emotional trauma can lead to various addictions. In other words, addictions may be rooted in experiences of outsidership, detachment, and disconnectedness, for which one is striving to find a solution. Looking for solution, the addict is getting caught in activities or substances that produce

pleasure, excitement, relief, fulfilment. Addiction may show as dependence on alcohol or drugs, pornography, food, or gambling, or as well to some kind of activity or work. Addiction may be seen as an attempt to fix or alleviate an early trauma, whether unconscious or identified.

Self-destructiveness comes in many forms, including repeating traumatic events, numbing one's emotions or escaping from self. Often, the idea in experiencing pain is to avoid some emotion or traumatic memory that would be even more painful. However irrational it seems, for the system, these malicious and angry thoughts are well-meaning. During some overpowering conditions in one's life, the self-destructive part has served in protecting the other parts by hurting oneself. However, in adult life, there is a much larger range of coping mechanisms available. In recovery, it is important for the individual to practice protecting himself and all his parts by using alternative non-destructive strategies.

In many cases, substance use is associated with homelessness, but of course not always. Even if a person did not have a substance abuse problem before homelessness, experiencing homelessness can be such a hard experience that a person tries to combat bad feelings by using intoxicants. For a person that has learned to escape her own trauma memories with intoxicants, recovery can be difficult. After sobriety, trauma experiences come back to mind and they can be difficult to face. In a situation like this, a person needs specialized help.

Tools that can be used in work with people who have experienced trauma:

- Psychoeducation (Providing information and understanding concerning a mental disorder. Information about trauma helps to manage the symptoms, and with knowledge, a person can understand their inner world better.)
- Creative methods (music, arts, etc.)
- Breathing and relaxation exercises
- Make sure that basic human needs (food, sleep, economic income, etc.) are fulfilled as well as possible

Helpful aspects when organizing and running an appointment with a client who have experienced trauma:

- Let the client choose the time and the place for appointment
- Explain how much time has been set aside for the meeting and what will be discussed. In the end, make a summary of the important things discussed/agreed upon.
- Keep a clock and a calendar in a visible place during appointments so that the client can be more time-oriented
- Make sure that the client can leave if necessary and inform him about it
- Offer the client to hold something in their hands, e.g. coffee cup, stress ball
- Memory support (sticky notes, dictating important things to your phone, support person)
- Carefully prepare for meetings with the client so that he does not have to tell many times about difficult things and situations
- Take a break between client appointments so that your own arousal is optimal



## Trauma and homelessness are interlinked

Traumatizing experiences can be an important factor in many people's pathway to homelessness. People who become homeless are likely to have experienced some form of trauma, often in childhood. Approximately an 85% of those in touch with criminal justice, substance misuse and homelessness services have experienced trauma as children.

Trauma often happens when the person is already homeless, for example by being a victim of an attack, sexual assault or any other violent event. People can also be re-traumatised by services that leave them feeling powerless and controlled; for example, if they lack privacy and are not sufficiently involved in decision making related to aspects that affect them as a service user.

Homelessness itself can be considered a traumatic experience in multiple ways. Often the loss of a home together with the loss of family connections and social roles can be traumatic. This is because "like other traumas, becoming homeless frequently renders people unable to control their daily lives".

## Violence and homelessness

Homeless people experience violence. The violence faced by homeless women is particularly diverse. In the UK, as many as 95 per cent of homeless women have experienced physical violence and 80 per cent have experienced sexual violence. The figures can be expected to be similar in other countries. The experiences of violence and exploitation of many women have begun in their childhood. A domestic violence experience is common among youth, single adults, and families who become homeless. For many, it is the immediate cause of their homelessness.

"Domestic Violence can be defined as physical, sexual or psychological harm by a current/former partner or spouse as well as by other family members, or by a partner's family members. DV can take many forms, including physical injuries, abuse and rape or mental cruelty in the form of bullying, insults or harassment. Very often, domestic violence is a combination of physical, sexual and/or emotional abuse. This type of violence can occur among heterosexual or LGBTQ2S couples and does not require sexual intimacy."

There are various forms of violence:

- **Physical violence:** shoving, punching, kicking, pulling the hair, hitting the head, scratching, tearing, shaking, using a firearm or edged weapon, threatening with physical violence.

*"I often sleep, with someone else, because sleeping alone is dangerous. I have been beaten many times while all my stuff has been robbed. But I have sometimes been violent myself. There are jungle laws on the street. - Man 49 years old"*

- **Psychological violence:** subjugation, criticism, name-calling, disdain, control, restriction of social interaction, morbid jealousy, isolation, breaking things, harming pets, or threatening with any of the above or suicide.

*"Now, afterwards, I have only realized what violence is all about. Throughout homelessness, I was called names by both, other homeless and passers-by. Then, I was in the clutches of one gang for a moment. If I didn't steal for them, they threatened to kill my dog". Woman after 8 years of homelessness*

- **Sexual violence:** rape, attempted rape, coercion into various forms of sexual activity or sexual intercourse, threatening with sexual violence, sexual debasement, forcing into pornography, prohibiting use of contraception, forcing an abortion, restricting sexual self-determination.

*“Being a homeless woman is not safe. I’m used to being touched even if I don’t want to. Sometimes I’ve got a place to sleep from some men. They often demand sex for it. A few times I have agreed because I was afraid I would be raped. Now I understand it was rape”. Woman 26 years old*

- **Financial violence:** preventing independent use of money, preventing participation in financial decision-making or forcing the handing over of own money to another person, threatening with financial violence or blackmail.

*“I never had money. I had to give the social benefits to my spouse and he gave me a little money if I needed anything. He also had my ID, which he often lost. My social worker didn’t understand why I often needed a new ID. He thought I was careless and lost it myself”. Young woman*

- **Stalking:** repeated unwanted contacts, spreading false information, destroying property, intimidation, following, spying, theft and misuse of personal data.

*“I am now in a shelter with my children. We are homeless because we cannot go back to our own home. My husband is violent and is stalking me. We have been waiting for a new home for a long time, but it is difficult to find. We need to move to another city and we cannot live in an apartment that is on the first floor because I don’t feel safe there. My social worker does not understand this”. Mother of two kids*

- **Abuse or negligence:** leaving a child, elderly person or disabled person without care, help or treatment in situations when the victim depended on them, harming another person with drugs, intoxicants, chemicals or solvents.

*“When I was a child my parents left me home alone for days. They had a substance abuse problem. I had to go to a foster home and started using drugs myself. I have not been able to take care of my own children. I gave them away because I don’t want them to experience same things I did”. Woman 44 years old, 5 years of being homelessness”*

- **Cultural or religious violence:** forcing compliance with a religious conviction, threat of violence or use of violence with references to religion or to culture as justification, e.g. honor violence, threats rooted in religion.

*“My family was very religious and we lived in a small locality. I have known since I was very young that I am gay. When I told my parents about it, they considered me sick. I was not accepted into my own religious community and had to move away from home, to a bigger city. I was alone and I didn’t know anyone. I started drinking alcohol, my studies were interrupted and I ended up homeless”. Man 39 years old*



## 6.4 Further reading

- Gonzalez A. [IHDCYH Talks] [\*Adverse Childhood Experiences \(ACEs\): Impact on brain, body and behaviour.\*](#)
- McCrory E. [Anna Freud NCCF] [\*Childhood Trauma and the Brain\*](#) | UK Trauma Council.
- NHS Education for Scotland. [Positive Steps] [\*Opening Doors Trauma Informed Practice for the Workforce.\*](#)
- The Finnish Association for Trauma and Dissociation. (2018). Trauma symptoms – Causes, effects and management. Accessible en: [\*https://www.disso.fi/wp-content/uploads/2019/11/Symptoms-of-Trauma-Dissociation.pdf\*](https://www.disso.fi/wp-content/uploads/2019/11/Symptoms-of-Trauma-Dissociation.pdf)

## UNIT 7: CREATING, MAINTAINING AND REPAIRING SOCIAL TIES. CONNECTING WITH THE COMMUNITY.

### 7.1 Introduction

This module will look at restorative justice as a concept dealing with the broad range of conflicts that fall under the title of community-based conflict. It will firstly examine what restorative justice is and its justification regarding homelessness. Secondly, it will explore the real-world application of restorative justice in combatting conflicts that arise as a result of homelessness and how to heal the divisions that exist between communities and individuals.

### 7.2 Learning objectives

In this unit the learners will

- Learn the main concepts and principles behind restorative justice
- Explore how restorative justice can be applied to the criminal justice system
- Understand how restorative justice can play a role in healing familial relationships and conflicts
- Learn how restorative justice can be applied to homelessness
- Become familiar with

### 7.3 What is Restorative Justice

In its essence, restorative justice is an approach to justice that aims to bring together the victim and perpetrator involved in a crime or dispute in order to restore the harm done. When applied to the criminal justice system, the victim and the offender will hold meetings, often supervised by police officers or social workers who will act as mediators in the discussion. The aim of these meetings is to discuss the motivations of the perpetrator, the harm caused to the victim and what can be done to aid the healing process going forward.

The restorative justice approach differs from the more common system of punitive justice. Punitive justice is a methodology that believes in punishment as a method to change individuals' behavior through deterring crime in the first place, or by punishing criminals so severely that they do not offend again. While punitive justice must exist in one form or another to deter the most heinous of crimes, it does little to heal the fractures that are created by the crime or address its root causes. Restorative justice within the criminal justice system seeks to help the victim find closure over the events occurred, as well as involving the perpetrator in the healing process, rather than ostracizing them from the community they are a part of. It is important to note that the restorative justice methodology cannot be applied to every case, and it must be approached with the victim's full cooperation and knowledge of the process. While the process aims to help the victim, the perpetrator, and the community, the needs of the victim must come first.

Outside of the criminal justice system, the application of restorative justice becomes more complex. This is because, in daily life relational conflicts, there often isn't a clear division between a victim and





an offender. However, even if conflicts don't meet the threshold to be prosecuted in criminal courts or are simply not criminal in nature, they can still represent conflict. Thus, restorative justice can play a key role in these circumstances since the conflict can still be addressed and resolved, outside of the criminal justice system. Restorative justice theory dictates that all involved parties have an equal right to fairness, dignity, respect, and to be heard. Therefore, practices such as mediation and group healing are usually employed. These practices will be explored further in the unit.

The goal of applying restorative justice in these instances is to redistribute power by ensuring that all parties leave the session feeling as though their voices have been heard and their grievances addressed. Moreover, a clear plan will be drawn between the parties, establishing how to keep progressing further. These processes do not seek to attribute blame, but to explore motivations and causes of actions, while looking for solutions on how to move forward.

Nevertheless, as it happens with most theoretical approaches, restorative justice can also have its limitations. Restorative justice relies on being able to establish an open dialogue between the perpetrator and the victim, or the community, when they have caused harm. However, in the most damaging and toxic relationships, this dialogue cannot be established since it may expose the victim to further harm. This is especially evident in previously violent relationships, in which any attempt at re-engaging the victim with the perpetrator should be addressed on a case-by-case basis and handled very sensitively by experienced professionals, such as mediators and support figures. In situations such as these, it may be possible to explore opening a dialogue between the victim and their community in order to build social ties and give them a support network. Alternatively, in cases where the victim does not feel comfortable meeting with the perpetrator, the perpetrator can be introduced to the community, in order for them to understand the harm that they have caused, and work to prevent it from happening again. This will aid with the reintegration of the perpetrator back into the community, and hopefully prevent the likelihood of reoffending.



PHOTOGRAPHY: beth-macdonald-mbND4xtrIVY-unsplash.jpg



## The link between homelessness and crime

Due to the very nature of homelessness and the difficulties resulting from it, many individuals get stuck in a cycle where their very existence becomes inherently illegal. This is exemplified by legislation restricting those facing unstable housing from residing in certain public locations, such as parks, shop fronts or subway stations. In some countries where these legislations are applied, it can result in the authorities physically removing homeless people from those specific locations where they were settled. Besides the clear dehumanization of homeless people resulting from such acts, the main consequence of these policies is the removal of individuals from their usual location and support networks, which prevents them from accessing organizations that may offer them support.

In these instances, simply existing as a homeless person becomes illegal, which creates a hostile environment for those living on the streets, as well as creating a negative relationship between these people and the communities where they live.

By criminalizing the existence of those experiencing homelessness, it only increases the likelihood that homeless people will turn to criminal activities to survive. By breaking down the relationship between communities and those who live on the edge of society, these policies end up causing more damage to individuals and to communities, rather than protecting them and establishing a peaceful and safe environment for all. There are examples of good practices that have sought to address the issues with criminalizing the homeless, and they are discussed in the section “Restorative Justice: Examples in Practice” below.

## Restorative Justice: Mediation

Mediation is a practice that aims to establish a dialogue between groups or individuals that are in conflict, in order to achieve reconciliation. Its strengths lie in the parties cooperating in joint problem solving, while addressing the fears, concerns and needs of both parties, in order to find a way forward. This can often be referred to as a form of conflict resolution. It is difficult to narrow the definition of mediation further, since each application is defined by the participants, the conflict and the dialogue that needs to take place.

The process of initiating a restorative mediation can broadly be based around five simple questions that open the door to an in-depth and multi-faceted discussion. These are:

- What happened?
- Who has been impacted?
- What can we do to make it better?
- Who else has a stake in this conflict? (i.e., the wider community)
- Which were the motivations?

There are some debates that focus on where the line is drawn between restorative justice and mediation. Some views argue that restorative justice needs to have a clear victim and offender while mediation exists when the conflict is not as clear. As it has been previously discussed, we do not agree with this position, since mediation can be approached from a restorative justice standpoint, adopting the principles of an equal right to fairness, dignity, respect, and to be heard. For the practice to be



considered restorative in our eyes, the mediation must not focus on attributing blame, but rather on acknowledging that past events occurred and establishing a course of action that will benefit all parties.

Another key aspect of a restorative mediation is to address the power imbalance that many damaged or broken relationships present. This is addressed since some relationships break apart due to one party exerting their power over another. This power can represent physical power, monetary power, or emotional abuse, among others. Restorative mediation aims to address these disparities and balance the power more evenly between the parties.

Monetary power can be used as an example: redistributing monetary power does not only mean equally distributing wealth between two groups, but rather addressing the influence and power that money may have on the parties. This means that the mediator and the affected parties must work on finding a mechanism that would prevent the powerful party from exerting their control in the future. This should also allow the weaker party to have some recourse that they could use to inform the powerful party when they are displaying damaging tendencies. At very least, the mediation process should communicate to the powerful that their actions are damaging and hurtful, with the less powerful party being able to communicate the impact this has on them.

## **Restorative Justice: Group Healing and the Circle Processes**

“Group healing” and the “circle processes” address similar questions as those used in mediation (what happened, who has been impacted, what can we do to make amends, who else has a stake in the conflict, and what motivated the actions). However, while mediation focuses on arbitrating over conflicts between small groups, group healing and circle processes aim to allow for the formation of positive relationships outside of those immediately involved in the conflict.

These processes allow for a group of individuals that are connected by similar experiences or are part of similar communities to create positive bonds. They come together and share their experiences, honoring each other’s right to be heard. While speaking, each participant cannot be interrupted, since these are spaces of reflection and consideration, not for judgment or questions. The process itself is led by a professional who may guide the discussion and introduce topics. However, the discussions are mostly based on the expression of the participant’s experiences, rather than very specific topics. The right to not participate in the discussion and simply engage as an active listener is key to this process, since different individuals may need their time to feel comfortable opening up.

## **Restorative Justice: Examples in Practice**

### **Community Safety Casework Team (CSCT) – Brighton and Hove City Council**

#### **Case outline:**

- CSCT was called to a supported accommodation project after the manager of the project noticed that one resident had been acting in an abusive way to other residents, as well as engaging in antisocial behavior.
- This behavior had been gradually worsening for 6 months prior to the intervention from the CSCT.
- The resident then met a new group of people who began using the housing project as a space where to consume and sell drugs. This situation caused conflict with the other residents and staff.

### **The solution:**

- The CSCT invited to all the residents and staff to a restorative circle. This gave each member of the project a space where to express their feelings freely. The purpose of this circle was to breakdown the existing social hierarchies and to give all participants equal prominence in the discussion.
- By using the circle, each member of the project was able to identify the problems that they perceived, and each person played a part in drawing up a plan to move forward.
- Instead of punishment for the individual, they took part of the process that sought to prevent further harm in their community.
- The significance:
- This is an intervention method that can be applied to individuals that are struggling once they find temporary housing
- People moving from the streets to housing may have trouble adjusting to a world with concrete norms and regulations – this presents a system that can be proposed to housing projects or hostel staff to address issues before the individual is banned from returning to the center.

### **7.4 Further reading**

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## UNIT 8: USING OWN LIFE EXPERIENCE TO HELP OTHERS

### 8.1 Introduction

Shared personal experiences are a key element of peer-based programs and services, in terms of its' contribution to establishing the peer relationship. Similar life experiences help to “open doors” and “build bridges” between the peer supporters and the peers. Equally, reflecting upon own lived experience and creating narratives of past events can assist the peer in looking at the past- and the present- from a different perspective, attributing certain events a different meaning and finding his way to the changes in his own life. However, if we want to make the most out of it and keep the practice secure for both the peer supporter and the peer, all parties involved- including the professionals involved in the services organization and supervision- shall be well aware of those aspects will be helpful to achieve these objectives and those that shall be avoided.

### 8.2 Learning objectives

In this unit the learners will

- Learn the potential benefits of sharing lived experience
- Consider the difficulties to sharing experience
- Familiarize themselves with the mechanisms of role modelling in peer support
- Understand the value of own lived experience in peer support
- Familiarize themselves with the ways in which peer supporter can create meaning and restructure autobiography
- Familiarize themselves with aspects relevant to sharing experience effectively

### 8.3 Sharing personal experience

#### Identifying and expressing own strengths

It is demonstrated that interventions which help identify and develop strengths of the individual result in improved wellbeing. Generally, people who are aware of their strengths, are more likely to use them consciously in determined situations and are more likely to progress towards their goals. Based on that, researchers in the field of homelessness have proposed that adopting a strength orientation and helping the individuals build adequate self-perceptions in interventions with individuals experiencing homelessness can widen their pathways out of homelessness.

In his research, Roger Tweed (Tweed et al., 2012) reports that formerly homeless people interviewed informed that strength recognition (e.g. realizing that their self-worth or realizing that they had something to offer) contributed to their escape from homelessness. The study concluded that, in spite of their marginalized positions in the society, the vast majority of people experiencing homelessness perceives their personal strengths. At the same time, it detected that individuals who experienced longer periods of homelessness have more difficulties in identifying their personal strengths.

This evidence makes us think that encouraging strengths recognition is an important aspect to address, when working with people who are homeless. To make this work more targeted, it is interesting to orient the intervention at those strengths that tend to predominate among people experiencing homelessness. Researchers identified a number of strengths that were most frequently reported by homeless or formerly homeless people in interviews (Tweed at al.).

Coping skills	Motivation	Perseverance	Self-sufficiency
Care for others	Spirituality	Interpersonal skills	Technical job skills
Courage	Kindness	Social intelligence	Authenticity

Most of the above strengths relate to those listed in the VIA (Values in Action) classification, developed by Peterson C. and Seligman M.E.P. It includes 24 different strengths of character and has been used effectively in a wide range of cross-cultural research. The [scientific survey](#) is available for free, in more than 20 languages, on the website of Institute on Character.

### Peer support and lived experience

There is no doubt that sharing personal experiences is a key element of peer-based programs and services, in terms of its’ contribution to building the peer relationship. Similar life experiences help to “open doors” and “build bridges” between the peer supporters and the peers. However, there are other benefits of sharing lived experience (Psych Hub, 2021):

- Inspire hope by showing that there are solutions and ways out even from the most difficult situations, and people with problems similar to ours have found them
- Contribute to make the peer feel less ashamed of his situation which, in turn, can lead to more motivation to look for solutions or help (or accept help that’s being offered)
- One of the best ways to promote empowerment and contribute to combating stigma
- Can reduce the possibility of relapse
- Helping others as a powerful tool to help oneself

### Drawbacks and difficulties to sharing experience

Lived experiences told in first person can inspire hope and encouragement in those who are going through a rough patch at the present time. However, for those who are sharing them it can be very difficult, especially when it comes to personal experiences related to struggle, loss or pain. Often these are the most painful memories of a person’s life and she can be still struggling with difficult emotions while remembering them. The reluctance to sharing can have other motivations, such as fear of being judged, feeling ashamed of past circumstances, unwillingness to disclose own fragility, distrust towards a person or a group one is supposed to share with.

Usually, it takes some time and practice for the people to become comfortable sharing their experience. This is why, while conducting the training for peer support agents, it is recommendable to take little steps at a time and be careful not to pressure the prospective peer supporters to share intimate parts of their stories, since this is something that shall come from them. The participants shall feel that they are in control of the situation and free to decide what aspects their stories they want to share at each point. Especially in the beginning of the program, when the group isn't well established and familiar with each other, the level of "expected" intimacy shall be cautious. For this purpose, it is recommendable to be flexible while designing exercises and giving assignments to the participants. For instance, if you ask the participants to reflect upon their past experiences, you shall be careful to leave them the liberty to choose which experiences or events to bring up.

### **Lived experience label**

Peer supporters- and experts by experience in general- at some point may get a feeling that their whole identity reduces to the 'lived experience' label, and their opinion is valued only because of this. In order to prevent this situation, it is important that professionals who work with a peer supporter are aware that he is more than his experience and has other aptitudes to contribute to the common project. These professionals shall be careful to avoid making reference exclusively to the aspect of lived experience. Instead, they might try to take little actions to help the peer supporter discover or reaffirm his other competences and skills. These could be, for instance, consulting the peer supporters on issues not strictly related to first-hand experience, occasionally commenting on the peer supporter being good at something...



PHOTOGRAPHY: priscilla-du-preez-F9DFuJoS9EU-unsplash.jpg

### **Sharing experience effectively**

To be effective, the process of sharing experiences has to be well thought of and carefully executed. Below are some fundamental considerations to make this work.

#### **Reject one-size-fits-all approach**

It is essential to understand that no two experiences are the same— there are always multiple factors that add numerous shades and variations. Similarly, one has to be aware that, even though the situation might be similar, the needs and expectations of two different people don't have to be the same. Indeed, something that worked for one person could work for another but it doesn't necessarily have to.

### Intention and action sustained over time

The change is possible only when there is a steady intention accompanied by action on behalf of the peer that receives help, and both are sustained over time. The understanding of these factors is a "must" for the program to succeed and therefore, the peer supporters shall not forget to convey it while sharing their experience.

### Intentional experience sharing

The peer supporters don't transmit bits of their experience randomly. They analyze and define the purpose of sharing particular bits of experience at different stages of their intervention as a way to ensure that they share aspects of their story that can be actually helpful to the peer. Usually, it will be a logical consequence of the mutual interaction between the peer and the peer support agent, e.g. upon request from the peer or upon having detected a particular need of the peer, based on his behavior or account.

The objective of sharing experiences is to inspire hope, provide ideas for coping, discuss alternative solutions... however, sometimes a person might not be prepared for certain developments as of yet, or it might not be the right time for it and, what was initially intended to help, could result in an additional challenge or a prejudice. This is why the peer supporters shall try to avoid sharing aspects at risk of resulting problematic or evoke prejudice to certain solutions or services.

### Keep it down-to-earth

Sharing of experiences is meant to allow the people to connect to each through their biography. For that purpose, the story that is told has to be relatable. In practice, that means trying to find a balance between describing the harshness of their experiences, exaggerate positivity of truly difficult situations

### The peer is the one to decide

Peer support shall be a tool to guide the peer in making his own decisions and to strengthen his sense of self. By no means should it be seen as a way of influencing the peers' decisions. This is why a peer supporter shall avoid telling his peer what to do or even giving direct advice about actions to be taken. If he chooses to inform the peer about his experience, it is to offer him an expanded perspective and help him feel that he's not alone in this.

### The language matters

The language the peer supporter uses is highly important as it is a conductor that will get the message through. When used correctly it will help underpin the aspects exposed above. It is desirable for the peer to use modal verbs of probability- may, might, could...- and avoid modal verbs expressing certainty, such as will, must, can't...

## Lack of common understanding of lived experience

Homelessness is a complex phenomenon that can affect people from different backgrounds, ethnic origin, religious beliefs, sexual orientation, and social-economic status. Additionally, lack of stable





housing often goes together with other circumstances and problems such as a physical or mental health problem; physical, sexual or emotional abuse; diverse types of trauma; addictions; communication difficulties...

Now, imagine that the peer supporter and the peer assigned to work together share the lived experience of homelessness but, outside of that, their background and experience is considerably different.

In the first place, all parties shall understand that it can be difficult to reach an ideal level of parallelism in lived experience between two people in the context of peer support. There will be peer relationships where the level of shared experience is extremely high and there will be others where there is a general context of shared experience (in our case— having experienced homelessness) but many differences can be observed. Certainly, it might be easier to connect and find common ground in the first case; however, sharing an overall context of experiences will be enough for the people to connect provided that the peer supporter has the ability to empathize with the peer and understand his specific circumstances.



PHOTOGRAPHY: priscilla-du-preez-3gAiajAfjXI-unsplash.jpg

## Sharing lived experience at other levels

Sharing lived experience with peers is not the only way to make a contribution to the community and help others with one's own experiences. Involving survivors into the planning, implementing and evaluating services is an excellent way of bringing in different perspectives which can greatly improve the chances of services to meet the needs of the users and achieving overall objectives of a program at stake. Undoubtedly, any effort in this direction, has to be built upon an understanding of the value of the lived experience and its' potential when it comes to services design, changing the system or adapting its response to certain social challenges. Additionally, for this approach to work there must be a true intention and commitment of the structures in charge towards including different stakeholders in the process, which requires certain efforts and persistence to build and maintain an appropriate framework for that. Another important aspect is that, in case the participation in a determined program is on a one-time basis, it is essential that the experts by experience receive sufficient information on the purpose and implications of the activity beforehand and on the impact of their contributions afterwards. This will help them to be clear about what their role is and will contribute to them feel heartened and encourage them to keep contributing with their experience in the future.

## UNIT 9: PEER RELATIONSHIP

### 9.1 Introduction

Most people experiencing homelessness demonstrate insecure relationship styles due to insecurity during times of distress in childhood, which lessened resilience during stressful events and caused emotional problems and poor adjustment.

An essential element of growth and development for people with insecure relationship styles is the undertaking of alternative ways of relating to others and controlling emotions. Peer support is an effective way to help people with mental challenges shift towards more secure modes of behavior, where they can deal more positively with distress (Jewels Rhode, 2014).

Peer supporters can foster this process of recovery by building a positive relationship with their client. Having common backgrounds implies not only understanding the struggles one has to go through during the recovery process, but also inspiring hope for those who are just beginning their journey towards a more stable and socially integrated life. Acting as role-models, peer supporters can represent an arrival point, while also providing support to achieve recovery. In the first stages of the relationship, peer supporters can act as icebreakers and, by actively listening to the requests and life narrative of their clients, they can make them feel understood, facilitating their engagement and building a sense of trust towards the social services' staff. By sharing their own story, peer supporters can provide a helpful reference to those who might feel lost or overwhelmed by the number of challenges they'll have to endure along their way to recovery. Building a positive relationship is also useful to the social services professionals who can benefit from the information gathered by peer supporters to better calibrate the plan of intervention.

### 9.2 Learning objectives

In this unit the learners will

- Learn about the positive components of peer relationship such as mutuality and empowerment
- Understand the differences between helper type relationship and empowering peer relationship
- Familiarize themselves with the concepts of power, choice and control in peer relationships

### 9.3 Mutuality and empowerment

Through the development of formalized peer support roles, people with lived experience are trained and employed to support others. An important aspect of mutuality is the capacity to engage in interpersonal conflict in a way that honors the connection as well as the possible discrepancies. Without the capacity to engage in growth-promoting conflict, authenticity — and thus genuine mutuality — is compromised. The capacity to accept vulnerability in each person and the ability to maintain oneself open to influence are essential in the peer relationship.

On the other side, empowerment is a social process that helps people gain control over their own lives. It is a process that fosters power (that is, the capacity to implement) in people, for use in their



own lives, their communities, and their society, by acting on issues that they define as important for their lives.

Peer support is commonly understood to be a relationship of mutual support where people with similar life experiences offer each other support, especially as they move through difficult or challenging experiences. Peer workers are people with personal experience who are trained and employed to work in a formalized role in support of others in recovery. The peer worker role involves developing mutually empowering relationships; sharing experiences in a mode that inspires hope; and offering hope and support as an equal (Scottish Recovery Network, 2012).

Peer support is a strengths-based approach, which starts with what's strong, not with what's wrong, recognizing the individual as a whole person rather than only focusing on the problem. This creates a relationship which is forward looking and solution focused, and one which generates hope, all the time promoting resilience and a strengthened ability to cope with difficulty (Jewels Rhode, 2014).

## **Helper type relationship VS an empowering peer relationship**

Although peers can play a fundamental role in recovery, they should focus on empowering the client instead of acting as problem-solvers for their peers. The latter mechanism is part of what is called a "helper type relationship", which can be detrimental to the recovery process because it takes the responsibility away from the client, reducing their self-efficacy and the control they have on their lives. Peer supporters should work towards building an "empowering peer relationship", which seeks equipping their clients with the tools helpful for recovering. Only this will allow the clients to overcome their fears and gain confidence in their ability to face change and embrace a different way of dealing with their problems.

Mowbray defines an ample role for Peer Support Workers: "peer support relationships can challenge unacknowledged stigma, discrimination, bias and emphasize full community inclusion over a singular focus on symptom management whilst instilling hope for recovery by role modeling that recovery is possible, helping service users sail systems and teaching successful coping strategies" (Mowbray et al, 1997, p. 398).

Empowerment is an important element of peer support as it refers to people's ability to overcome the stigma, poverty, and social isolation that reinforce cognitive deficits, emotional insecurities, and social difficulties. Participation in peer support as either a provider or a recipient, usually result in an increased sense of independence and empowerment. Consistent engagement in peer support can increase solidity in work, education and training which all allow for a sense of empowerment. Davidson et al (1999) attribute these improvements in empowerment to the shifts in the way of thinking and behaving that occur when engaging in reciprocal peer support relationships.

An important point of peer support is the sense of acceptance and real empathy that the peer gains through a sharing relationship (Davidson et al 1999). In a qualitative study exploring the peer support relationship within mental health, Coatsworth-Puspokey et al (2006) found that consumers believed the experiential knowledge provided by peer support workers created a 'comradery' and a 'bond' which made them feel that their challenges were better understood.

## **Power, choice and control in peer relationships**

Gaining control upon one's own life implies the ability of choosing between different paths. Having the opportunity of making choices on the way to recovery can feel scary, since it is often necessary to change the ways a person deals with their own problems. But being in charge of the choices also

brings the feeling of fulfillment once the goal is achieved. Starting with little objectives and moving towards bigger ones, leads to building up confidence in own abilities to reach better conditions of living and gaining sense of control of own life. Power, on the other hand, here refers to the amount of control a person has over what other people do, and that can be extremely helpful if used properly by peer supporters to help others achieve positive results. Peer supporters should use their power to help peers in making the right choices, always allowing the peers to be in charge of their changes and take responsibility for their own results.

To better achieve this goal, and to be more effective in supporting others, it is important to have a deeper understanding on how relationships work. To do so, we might consider the roles and the patterns of interaction that may emerge from a mutually empowering peer relationship. One of the authors that has described such complex phenomenon is Stephen Karpman, a transactional analyst that distinguishes three different roles in his model called the “Drama Triangle”: Victim, Rescuer and Persecutor.

**Victim:** victims frequently feel betrayed, imprisoned, powerless, and despairing. They believe they are at the mercy of the universe. They refuse to accept responsibility for their unfavourable circumstances and believe they lack the capacity to change their condition. Victims believe they are helpless or inept, and they place responsibility on the persecutors (can be other people or a particular situation or circumstance). They are continuously looking for rescuers to help them solve their problems. If the victims remain in their ‘dejected’ condition, they will be unable to make decisions, solve issues, change their present status, or feel any sense of satisfaction or accomplishment.

**Rescuer:** always interceding on sake of the victims and attempt to spare them from the harms. They feel blameworthy of standing by while individuals drown. Rescuers have the great purpose of saving others and consider it essential. They come up short to figure it out that by providing short-term fixes to victims, they keep them subordinate and disregard their real needs. This may be the reason why rescuers often feel tired, overburdened and unable to respond adequately as they are always engaged in the emergency of rescuing victims.

**Persecutors:** they are severe, forceful, and establish rules and limits. They have a tendency to believe that they must win at any cost. Without offering proper direction, support, or a solution to the situation, persecutors blame the victims and condemn the behavior of rescuers. They are critical and adept at spotting flaws, and they maintain order and rigidity in their management. They oppress the victims and may be a bully at times.

The roles described composed the **Drama Triangle**, a model of dysfunctional social interactions. You can work to change the Drama Triangle into a related positive model, called the **Empowerment Triangle**.

In the Empowerment Triangle Victims transform themselves into Creators, who focus on outcomes, rather than problems. Creators are focused on objectives instead of criticality. They clarify their objectives and assume responsibility to achieve the desired outcomes.

Rescuers change their role to Coaches, who care for and trust in Creators. They focus on empowering the Creators, and they work with them to help them reach their objectives. Coaches do not solve the problems; they help and coach the Creators in finding their own solutions.

Persecutors become Challengers, who show to the Creators the limits they can overcome. They think Creators are capable of making progress by taking actions and moving forward; they stimulate instead of criticizing or blaming.



PHOTOGRAPHY:priscilla-du-preez-3gAiajAfjXI-unsplash.jpg

## **Understanding and maintaining boundaries in formalized peer support**

Being part of the recovery team, peer supporters must be mindful of the role they have. Due to the importance they have in establishing a mutual and positive relationship with their clients, it is fundamental that they keep in mind that it is more beneficial to lean towards an empathetic approach more than a sympathetic one. Maintaining boundaries means keeping the right distance to make the recovering person feel understood and supported while not falling for the temptation of providing immediately whatever they might ask, which would lead to a Helper type relationship as described above. Peer supporters should aim to make the recovering person feel welcome, while keeping in mind which is their role and the resources they have at their disposal:

- use personal recovery experience as a tool;
- attend in identifying and supporting the peer in crisis;
- facilitate self-direction and goal setting;
- communicate effectively with other treatment providers;
- make an environment of respect with peers;
- encourage peers to construct and follow their own recovery and wellness plans.

All these make it necessary to discuss and have present the subject of boundaries which are bind to the person's values and fall into common categories: physical, mental, and emotional.

Most people can tell when someone raids their personal space boundary by standing too close. They may slant back, move away, or ask the other to move; they also may have different comfort levels with different individuals. People may be comfortable with their children, family, or close friends sitting close to them but their comfort level may be different with an unknown person. Many people also recognize when someone violates a mental or emotional limits, especially if it's a blatant violation—someone is disrespectful, demeaning, or raises their voice at them. It can be more complicated when the person engaging in the boundary violation is someone you are working with professionally.

Balancing the kind of the relationship between the Peer Supporter and the Peer can be challenging. An essential component of a Peer Supporter is sharing his/her lived experience. By its very nature, Peer Support relationship has more fluid boundaries compared to a traditional client-professional relationship, which can be helpful in cultivating a supportive relationship. However, maintaining a balanced personal-professional relationship can be challenging, especially if the relation between the peers becomes more of a friendship and the boundaries loosen considerably.

Another boundary issue experienced relates to different lived experiences that the Peer Supporter may have in comparison to the Peer, which doesn't have to be a problem, however if not handled adequately, could lead to unintentionally creating unrealistic expectations of recovery for the Peer. Therefore, it is important not to forget that certain aspects of the Peer's journey may not be comparable to the Peer Supporters journey.

Finally, Peer support agents who work for organizations that once served them, may now work with peers who were clients at the same time the peer support agent was a client. However, in such situations it is a good idea to ask the peer support worker if there are any reasons why they cannot work with the client. It is also possible that the client does not want to work with a peer supporter who is familiar with the services. Thus, a current client may know a great deal about the peer support agent's personal history and struggles, which could complicate their working relationship.

## 9.4 Further reading

- Barker, S. et a. (2019). [\*Expert viewpoints of peer support for people experiencing homelessness: A Q sort study\*](#). Psychological Services, 16(3), 402–414.
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- Miler, J.A., Carver, H., Foster, R. et al. (2020). [\*Provision of peer support at the intersection of homelessness and problem substance use services: a systematic ‘state of the art’ review\*](#). BMC Public Health 20, 641
- Scottish Recovery Network, Fundación INTRAS et al. (2015) Peer2peer. [\*Vocational Training Course\*](#).



## UNIT 10: COMMUNICATION

### 10.1 Introduction

The ability to communicate is a basic life skill. Effective communication allows us to satisfy basic life needs and maintain relationships with people as well as gain respect and trust of others. Ineffective communication will make us feel misunderstood and disconnected. This applies to any kind of human relationship and a peer relationship is no different. To facilitate an effective intervention- and building a positive and healthy relationship between the peers- it is important for the peer supporter to acquire and develop practical skills in this area.

### 10.2 Learning objectives

In this unit the learners will

- Increase their knowledge about interpersonal communication
- Learn the principles of active listening and acquire skills in this area
- Understand communication barriers and their impact on communication
- Get more insight into the challenges of communicating with homeless people
- Familiarize themselves with various methods of developing communication skills, e.g. motivating dialogue, solution-focused therapy

### 10.3 What is communication?

The term “communication” (Latin: *communicatio*) means connection, exchange, conversation. In relationships between people (interpersonal communication), words, gestures, and symbols are used as a carrier of information/message for the purpose of communication.

Types of communication:

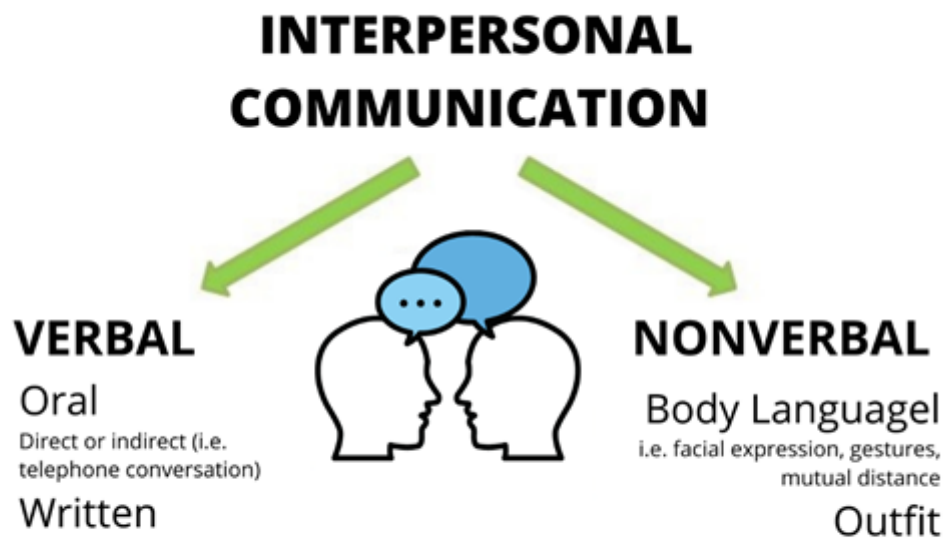
- **Verbal** (i.e. our speech, the vocabulary we use)

*It is often difficult to communicate with persons experiencing homelessness. They often speak quietly and indistinctly. Other times they are excessively loud and aggressive. The way these people communicate is associated with a constant sense of danger and/or stress under which they live.*

- **Non-verbal** (e.g. our body language)

It is normally difficult to control non-verbal signals. Even if the person isn't uttering words, his/her facial expressions, frowns, crossed legs or arms signal emotions, feelings or attitudes. Oftentimes body language is more believable than words. Non-verbal communication also applies to the way we dress and shape our image.

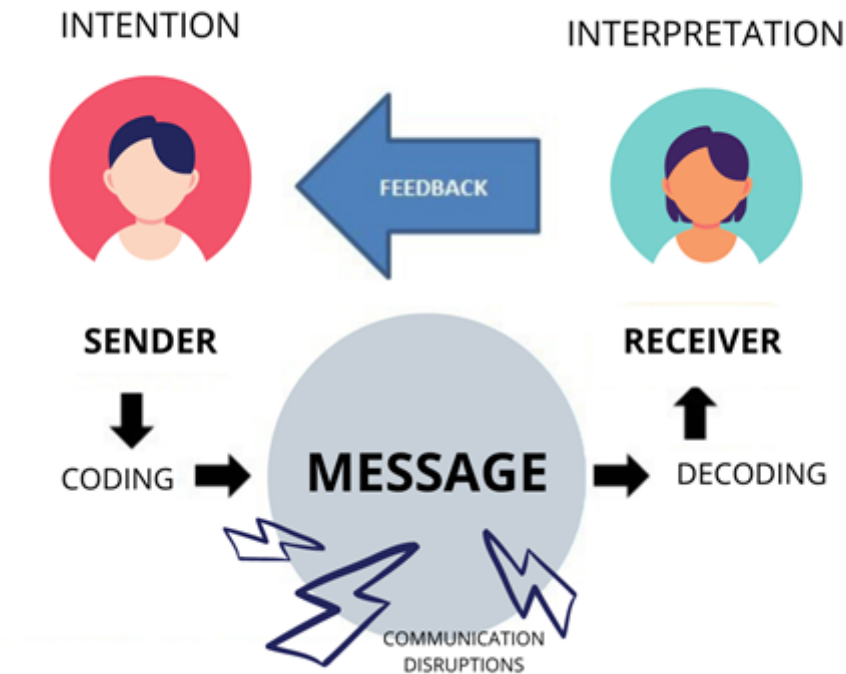




*Homeless people are often characterized by low self-esteem. Their body posture expresses insecurity, lack of basic life skills. Always remember that such persons have difficult past behind them, and the current situation often makes them feel ashamed.*

## **What is effective communication?**

We use to think that speaking is enough to be understood. This belief is often wrong. Each of us is different. We have different life experiences, education, experience different emotions, we have our own views and beliefs. We are different in terms of personality, character traits and cultural code.



In order to communicate effectively, the sender (the person who starts the communication) codes their intention using a pattern which, he/she believes, the recipient will decode. Coding must take into account the cognitive and intellectual abilities of the recipient, otherwise it will not be legible. An equally important factor in effective communication is ambient noise. These are all exterior disturbances to which the message is subject. The sender's speech can be quick and slurred. The background noises may drown out the voice or the recipient may be hard of hearing. Likewise, darkness can make certain gestures or facial expressions go unnoticed.

Communication is effective when people understand each other. In feedback, the sender receives the correct interpretation of his intention from the recipient - the correct answer to the question asked or the recipient taking specific actions in response to the message.

## Behaviors that favor effective communication

There are universal behaviors that favor and facilitate communication.

Active listening shows the interlocutor acceptance, respect, affection and warmth. It consists of focusing all attention on the interlocutor, maintaining eye contact, adopting an open body posture (no arms crossing), bending to the interlocutor, gently encouraging him to continue speaking. Active listening means taking responsibility for good information flow and for a partnership discussion.

Aspects important in a conversation: openness, readiness to understand the other party and offering any relevant help, asking questions that might be helpful.

### Principles of active listening:

- 1.** Trying to see the situation from the interlocutor's point of view.
- 2.** Showing genuine interest.
- 3.** Allowing the interlocutor to express him/her, without interrupting.
- 4.** Avoiding jumping to conclusions.
- 5.** Checking the meaning of the information conveyed (paraphrasing).
- 6.** Separating what was said from what one wants to hear.
- 7.** Concentrating on the content of the conversation.
- 8.** Using body language freely.
- 9.** Being patient.



PHOTOGRAPHY: pexels-seven-2420585.jpg



### Techniques helpful in active listening:

Paraphrase: a repetition with our own words of what – in our understanding – the other person said. Common phrases used for clarification include: *You said that...; If I understand correctly ...*

Clarification: a summary of the essential elements of the interlocutor's utterance. It enables interlocutors to make sure that they have the same conclusions from the conversation. Common phrases used for clarification include: *I understand that...; From what you say, I conclude that ...*

Reflection: describing in words the emotions, feelings we see in the words and behavior of the interlocutor. Common phrases used for clarification include: *I can see that you are upset...; Your hands are shaking...*

### Constructive feedback

Is our individual, subjective response to someone's behavior, appearance, etc. and communicated as such. It is a first-person message (I-message) – speaking of oneself - as opposed to You-message – speaking about the other. This type of message – being a non-judgmental one – does not cause conflicts and does not prompt the other person to withdraw. For people in situation of homelessness, who are sensitive to any judgments passed on them, such messages are much easier to accept. I-messages focus on facts, not on judgments, and express our feelings as distinctly ours without generalizing them and thus investing them with judgement. Constructive feedback functions between partners, while judgmental communication presupposes some hierarchy between the interlocutors.

#### **Principles of constructive feedback:**

- 1.** Informing, not criticizing.
- 2.** Taking into account our predispositions to provide proper feedback at a given moment (what is our mood, approach to a given person, the amount of time we have available for this conversation).
- 3.** Considering how the recipient will receive the feedback (what is your purpose for the message).
- 4.** Providing feedback as soon as possible after the event it relates to.
- 5.** Giving feedback a sandwich structure: 1st positive information / 2nd difficult information / 3rd positive information.
- 6.** Being specific — e.g. pointing out to what has been done right, what needs improvement, and proposing a plan for the future.
- 7.** Refraining from giving advice.
- 8.** Giving only as much information as the interlocutor is able to receive and process.
- 9.** Providing information only on what can be changed.

### Assertiveness

Is a communication skill that relies on the friendly but firm way of communicating with people, respecting their and one's own dignity and rights. Assertive communication is a message- factual, concrete, without the intention of hurting- relating to one's own feelings [the so called I-message], but treating the other person with respect. An assertive person is not solely focused on his/her rights, but always supports the other and supports assertiveness in others. This is an important skill for a

peer support agent, because people in a homeless situation - due to the difficult state of their affairs – usually adopt a manipulative, aggressive or submissive attitude.

The straightforward rule of assertiveness is:

**I am OK - I have the right to be myself. You are OK - you have the right to be yourself.**

People who are assertive:

- 1.** They talk about themselves well.
- 2.** They talk about their faults.
- 3.** They express their feelings.
- 4.** They ask for what they want or what is rightly theirs.
- 5.** They admit mistakes and apologize.
- 6.** They have no problems with saying “No”, refusing to do something.
- 7.** They accept compliments.
- 8.** They accept criticism and negative judgements.
- 9.** They are able to finalize difficult matters and conversations.
- 10.** They react in the face of difficulties experienced by others.

## **Communication barriers**

Sometimes it is not possible for people to communicate effectively, which may be a result of the factors referred to as communication barriers.

It is a peer support agent’s responsibility to become aware and get rid of - to the extent possible - these barriers. However, the first thing to remember is that without an underlying partner or peer-to-peer attitude towards the interlocutor – whatever his/her condition – any efforts to eliminate the communication barriers will lack inner content.

It is also important to remember that in any conversation, however limited the available contact level (for example, with a person suffering a psychotic episode), the peer support agent has always recourse to some kind of distance from the situation which is also recognizable by a degree of humor. The least we can gain with it, is lessening the tension within him/herself, between him/her and the other person, and perhaps within the other person. One has to accept that sometimes nothing else can be achieved in the conversation. At least one can leave without feeling frustrated and without upsetting the conversation partner.

## **Faulty ways of addressing the other person**

### Inadequate language

The way the content is presented is important: choice of words, forming clear, short messages, speaking slowly enough to be well understood, refraining from passing too much information at one time. Additionally, cultural and social sensitive areas should be considered.

### Taking someone's problems lightly, distraction

Taking the interlocutor lightly is a mistake. Trying to calm someone down should apparently have a positive effect, but it often backfires. It's hard to find a person who, having spoken of their difficult experiences and emotions, is calmed down by a message of "Take it easy" kind. The same applies to attempts at distracting the other by phrases like "Think about something positive", "Do you think only you have problems?".

### Judgment, moralizing, labeling

Just calling someone "homeless" can have very negative effect. Generally, conveying – more or less explicitly – a notion of the other person's "abnormality" or "inferiority", won't lead to any meaningful communication. Judgmental or moralizing attitude has no place in peer support agent's role. The relationship and communication can be built only on the basis of a partner, peer-to-peer relation. It is not to say that difficult issues should be omitted but the exchange should be factual and always rooted in the basic respect for the other person. Judgmental attitude is often perceived as offensive and may arouse aggression.

### Ordering, threatening

Making someone do something which we deem right, while ignoring that person's judgement and feelings creates a barrier. Statements like: "Do it, no discussion", "Now you will do as I tell you" are humiliating and, in most cases, will be met with open or hidden resistance. Threatening, just like ordering, causes a sense of humiliation and arouses fear or/and aggression.

### Giving advice, teaching

Being a good counsellor is not about delivering our solutions to someone's problems. We are not experts on other people's lives, and it is good to avoid statements like: "I think you should do that..." or "My advice is...".



PHOTOGRAPHY: priscilla-du-preez-7s3biR6HATU-unsplash.jpg

## Suggestions for contact with difficult interlocutors

When working with homeless people we encounter the so-called “difficult clients”, who will require more effort to establish communication. People who struggle with various mental health crises, addiction or intellectual disability may harbor layers upon layers of distrust in them. It is advisable then to seek help from professionals in the field: psychiatrist, addiction therapist, etc. On the other hand, there are simple, humane ways of approaching the other human which applied consistently may, little by little, bring about some good change. Gestures, like offering a coffee, water, a sandwich, a cigarette, offering some practical help or just being quietly present besides, are not only attempts at communication – they are communication itself. They build trust and trust is both, what communication aims at and what constitutes a base for any meaningful communication.



## UNIT 11: ENGAGING CLIENTS WITH THE SERVICES

### 11.1 Introduction

In general, the longer a person experiences homelessness, the more likely they are to experience substance abuse, victimization, mortality, and the harder it becomes to change their life. This highlights the importance of engaging the homeless people with services at the earliest. However, sometimes it is difficult for them to engage. In this unit we will learn about the most recurrent reasons of non- or low engagement with the services and will consider approaches and attitudes of the service providers as well as characteristics of the services that will improve the chances for a successful engagement.

### 11.2 Resultados de aprendizaje

In this unit the learners will

- Understand the reasons of low engagement of homeless populations with health and social services
- Familiarize themselves with the role the experts by experience and peer supporters can play in adapting services to the needs of the users and facilitating their engagement
- Learn the criteria for positive engagement
- Familiarize themselves with the strengths-based outreach approach

### 11.3 Engaging clients in the services

People who are homeless have multiple needs, including housing, financial assistance, physical and mental health assistance, and social support. They are vulnerable to the so called ‘tri-morbidity’, the co-occurrence of poor mental health, poor physical health, and substance abuse. These challenges may often cause or contribute to breakdowns in relationships with family, friends, as well as breakdowns in contact with support services (Miler et. al., 2020).

The term *engagement* can have different meanings; therefore, it is precise to clarify that by engagement in services we mean linking individuals to services or, more precisely: “a person that has been contacted through outreach participates in an intake process and is assigned a case manager, psychiatrist, counselor, or medical provider” (Olivet et. al., 2010). If the person responds positively, accepts the help and interacts with the staff/service providers, we may say that she has effectively engaged in the services. On the contrary, if the person refuses the help, doesn’t get involved with the services or interrupts the involvement, it means that the engagement has failed.

Lack of engagement with services is frequently seen by the public structures and service providers as a problem with the individual. However, often the problem lies with the way the service is offered or designed, for instance, with the requirements for the users to access the service, the incompatibilities between different services or responsibilities, or the way the service providers interact with the users. Low level of service engagement can also be due to the fact that the user and the service provider have different perceptions of service needs and, as a result, the services offered don’t correspond with the users’ needs.

On the other hand, we shouldn't forget the likelihood that the people experiencing homelessness will prioritize satisfying their immediate day-to-day needs over seeking other services that might not seem so necessary to them at a given moment, such as primary health care or education, which would help them in the long term.

Yet another reason for none or low engagement with the services is the perceived stigma in the service providers. This is especially true for homeless people that experience mental health issues or substance abuse. To give one example, in a research study with young homeless people with mental health issues in Australia, the participants' give accounts of generally negative experiences of health and social services providers, which made them feel stigmatized, patronized and generally made to feel unwelcome and unworthy (Darbyshire et.al., 2006).

In another study, based on interviews conducted in New York City with twenty-four individuals who had been homeless for longer than one year, the researchers found out that many homeless lacked confidence in the care and the caregivers. The interviewees believed their attention was not genuine and that it was "just a job" for the workers, which was the main declared reason why these individuals refused services. The researchers concluded that, in order to improve the engagement response, there was a need for an approach to outreach incorporating individualized attention from outreach workers, using an empathetic listening approach, adopting a non-judgmental attitude, providing greater choices, and employing formerly homeless people as outreach workers (Kryda & Compton, 2009).

## **Complexities of Multi-agency provision**

Those who do not have access to stable housing cannot be categorized only in terms of their homeless status. In fact, it is improbable for the lack of housing to be the sole cause of the person's problems. There are multiple disadvantages that add to their homelessness such as mental health issues, addiction problems, physical health issues, illegal status or criminal history. Some of the issues might have contributed to the individual becoming homeless, while others may have developed in response to their homeless situation. Related to these, each person might fall into different "categories" and might be a potential user of services and agencies from different areas of intervention. In some cases, different providers will successfully collaborate to provide the person with a complete range of services (multi-agency partnerships) but it is likely that the person might "fall out of the system" if each service assumes his needs are being addressed by someone else (Reisenberger et. al. 2010).

## **The role of a Peer Supporter in engaging clients**

The involvement of experts by experience in the process of designing and providing services can be particularly valuable. For instance, at the first stage of designing the service, they can incorporate the point of view of a service user at the core of the service design. At the stage of service evaluation, they can also help analyze the outcomes and understand which aspects of the service are likely to cause drop out or prevent people from accessing it.

Another option for an expert by experience is to take the role of a Peer Support Agent and become part of the service provision system by acting as a bridge to a service user's successful engagement with the services. At the stage of the "first contact" and "recruitment" of the users, their involvement can be particularly helpful since they might know where and how to reach people. It is also likely that it will be easier for them to build trust than it will be for staff without lived experience.



Additionally, involving experts by experience in planning and provision of services can be beneficial for the other staff employed at an organization in question. In particular, their presence seems to reinforce the understanding that homeless people are individuals with diverse needs. The frontline workers recognizing this can be particularly effective in changing the way they engage with service users (Community Fund, 2020).

## **Peer Supporter as an outreach worker**

Studies often define outreach as contacting or engaging individuals within non-office settings to services. In other words— going to where people are rather than waiting for them to seek services at a specific place. As alternative to traditional approaches to site-based social services, outreach is considered an effective strategy for identifying and engaging hidden populations- such as the homeless people- with services.

A key factor to success of outreach is the relationship between the outreach worker and the client which is an important focus itself. Building new relationships and traversing various systems of care can be difficult and stressful for a person experiencing homelessness, and one consistent helper can facilitate service engagement and continued service use. Engagement with such person can help overcome past negative experiences with others, and can plant the seed for hope, self-efficacy, and future orientation. (Slesnick & Van Hest, 2018)

While some people require many contacts with the social support worker before they are willing to engage, others may engage with them even on the first meeting, requesting help and detailing their needs. Patience in the engagement process is essential, as is the expression of unconditional positive regard.

The success of an outreach program depends greatly on the quality of the outreach worker, whose role requires high levels of social and emotional skills and intuition. They should show empathy and understanding. The workers often have a paraprofessional status and the lived experience can be an added value to the position, which makes it an interesting possibility for Peer Supporters to adopt this role.

It is recommended that outreach workers travel in pairs. Staff shall be well informed about any potential risks associated with the intervention and shall be offered specific training to identify and reduce risk.

## **What can service providers do to make engagement easier?**

Some of the most important aspects in the engagement of members of the most vulnerable groups in any service are:

- **Good atmosphere and a safe context**

The main concern for the homeless people- especially those who are not connected with services- is survival, and this means that they are in a constant state of alert and facing difficult situations associated with street life which can include physical attack, robbery, illness or arrest. To forestall these threats to engagement, it is essential to provide emotional support to the person in order to build a good atmosphere and a safe context for them to perceive that they can focus on their recovery and engage in social, educational and/or employment programs.

- **Genuine empathy, respect and acceptance**

When interviewed, homeless people make reference to feigned sympathy or pity of those who approach them but fail to actually listen to their problems or to respect and accept their wishes.

- **Non-judgmental approach**

The experience of feeling looked down at, scrutinized and judged by others, including the service providers, is often brought up in interviews with homeless persons as reasons that restrain them from engaging with services.

- **Control over the helping process**

The intervention process shall acknowledge and respect their needs as individuals, maximizing the beneficiary's control over the helping process. Involving clients in program planning will further promote their self-determination and autonomy.



PHOTOGRAPHY: dan-meyers-hluOJZjLVXc-unsplash.jpg

## **Criteria for positive engagement**

Here are some specific recommendations that will help service providers facilitate engagement:

- Developing trust takes time and repeated contact. Be patient.
- Adopt a person-centered approach, where the individual is at the center of the support they receive. At the stage of engagement, this means that we actually ask the person what their perceived needs are and what they want to achieve. Support the clients around setting and pursuing their own goals and do not insist on goals they do not share. When service providers force their goals onto the client rather than helping them set their own goals, the client is likely to disengage from the service.
- Show the client acceptance no matter what he says or does. Do not expect the client to mirror your beliefs, feelings or experience.



- Be open and honest with the client. Inform him about what happens (or is likely to happen) in the services in order to create realistic expectations.
- Offer your client accessible, clear and comprehensive information. Avoid technicalities, acronyms and jargon.
- Respect the boundaries of your clients. Respect their personal space. Be careful about inquiring personal information and make the person see that they are free to share their personal story on their own terms and respond—or not respond—to your questions.
- Adapt the types of support available to different needs. Keep in mind that the needs differ not only from one person to another, but also depending on contextual circumstances that may also change overtime.
- Adapt the practical aspects of the support to the individual needs of the person. For instance, being flexible about the location where the support takes place, adapting the frequency and the duration of the appointments to the individual needs or supporting the clients to get to a given place can facilitate the engagement process.
- Assist the clients in overcoming whatever obstacles prevent them from following the recovery program rather than punishing them when they don't fulfil their obligations (e.g. missed appointment).
- Recovery is a process with obstacles along the road. In order to foster acceptance and prevent frustration, work with the person towards reframing perceived failure.

## 11.4 Further reading

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## UNIT 12: SELF-CARE AND WELL-BEING AT WORK

### 12.1 Introduction

A peer support agent helps people experiencing homelessness, out of a genuine desire to be a companion on their way to their full independence and responsibility for their own lives. This important task requires a support agent to be in a good shape themselves and serve as an example of a person who knows how to take care of themselves.

The following chapter provides the professional with basic knowledge in the area of self-care and well-being at work together with the ways of presenting it to the future peer supporters.

### 12.2 Learning objectives

In this unit the learners will

- Learn how to conduct training in the field of self-care.
- Learn about how to get better self-knowledge
- Learn how to effectively analyze areas of one's own life in terms of satisfaction
- Acquire knowledge about the various methods of daily self-care.

### 12.3 Self-care and well-being at work

When we help other people, the boundaries between work and private life can often get blurred. For the homeless persons we are often the only people with whom they can develop a closer relationship or with whom they may have meaningful conversation. Therefore, some of them may reach out for us with no regard to the day of the week or time of the day. Modern technologies make it very easy. It is us who must set the necessary boundaries and it will be an easier task provided we have done our "homework" with regards to the self-care.

When approaching the subject of self-care, one has to get rid of stereotypes and understand that investing in oneself doesn't mean being selfish. In fact, by taking care of oneself a person will be better able to take care of other people. He/she will be in a better shape- both physically and emotionally- and will have acquired practical knowledge that will help her to guide others in their self-care.

Another important consideration is that taking care of oneself means being good but not lax to oneself in the mental, physical and spiritual sphere.

The simplest forms of everyday self-care:

**Physical sphere:** getting sufficient sleep and rest, healthy food, physical exercise, body care;

**Mental sphere:** being conscious and responsive to one's own needs and emotions, maintaining an observant attitude towards oneself – a measure of self-distance, maintaining good contact with family and friends;





**Spiritual sphere:** having a positive view of the order of things (sense of life, right and wrong, life and death etc.), contact with nature, prayer/meditation.

There is a need to find a proper balance between the above spheres. Taking care of oneself is a way of building inner peace in the midst of anxiety and rush.

## **Self-knowledge and self-distance**

Para estar preparado para trabajar con otras personas, primero hay que conocerse mejor a uno mismo. Trabajar con otras personas puede exigir mucho. Ayudar eficazmente a los demás depende en gran medida de la actitud positiva y distanciada de la persona que presta ayuda hacia sí mismo y esto requiere autoconocimiento.

## **Understanding one's own mind in a web of negative beliefs**

Beliefs about oneself, about one's work, as well as about those under one's care have powerful influence over the person's performance at work and care. The human mind often generates beliefs and thoughts that are not helpful but, to the contrary, block the individual's personal potential and, in consequence, the potential of their interactions with others. Examples include the beliefs like: "This work is leading nowhere", "People do not like the way I am", "I'm not good enough for this", "They cannot be helped". Watching one's own thoughts carefully allows one to distance oneself from negative beliefs and consequently from negative patterns of behavior. Then they can be substituted by realistic positive beliefs.

Everyone has his/her own set of negative beliefs. They originate from childhood experiences and the environment in which the person has lived. Negative beliefs are the soil on which low self-esteem thrives. A person with low self-esteem can hardly be helpful for people who are mostly troubled in the same way. Non-supportive beliefs inhibit the development of the person concerned and influence all those with whom that person comes in contact. It is worth working on these beliefs for one's own as well for other peoples' sake.

Low self-esteem and insufficient self-care concern almost all people affected by homelessness. The situation is worsened by prevalent stereotypes about homelessness. Homeless people have heard many times that they are themselves guilty of their situation. They have encountered rejection and faced failure on numerous occasions. Negative experiences, prevalent in their lives, only confirm them in their negative beliefs. They need to realize that these are beliefs, not reality, and that reality will start to change with their beliefs.

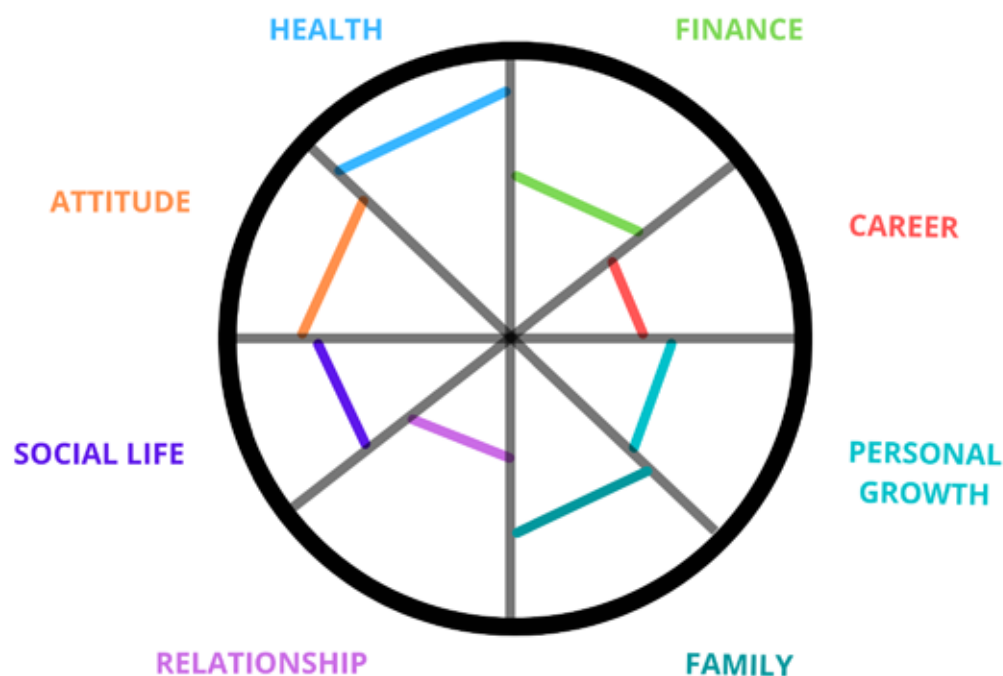
## **In search of the balance, the Circle of Life**

Life of every person has various areas, which relate to one's family life, professional life, social relations, health, personal development etc. The imbalance in life manifests itself in situations in which, for example, by devoting ourselves in excess to work we forget about rest, or when devoting ourselves to the family, we forget about our personal development and fulfillment. The condition for achieving balance in life is being aware of the areas our life consists of and the importance we give to each of them. A well-known Polish psychologist Wojciech Eichelberger compares life to a cake: "Life is like a cake, consisting of several different but deeply interconnected pieces. Each piece is an area that needs to be managed, e.g. sleep, diet, health, exercise, work, relationships, family, spiritual/personal development, passions, entertainment, relaxation. We feel the satisfaction of the self-care when we



organize these areas of life in the appropriate scale and volume, and when we have at least a decent level of satisfaction in the most important spheres.”

The Cake of Life is an interesting exercise to make the person take an honest look at the level of satisfaction in different spheres of their life. The “cake” may be different for each person; therefore, the diagram below contains only suggestions. After naming all the equal pieces of the cake, the participant marks on relevant radii the level of satisfaction in each area – starting from 1 near the middle, ending with 10 on the outer edge of the cake (see an example below). After connecting the marks in each area, a picture is created of how much of any particular piece of cake is there, and how much is lacking. The result can be an object of individual reflection and possible motivation for planning some shifts in one’s priorities for the future.



## Daily self-care strategy

Attention has been drawn in the last decades to the relationship between effectiveness at work and a satisfying personal life. Below, we present some resources that one can apply to more effectively take care of oneself— useful in everyday life and in the moments of challenge.

## Cultivating the peace of mind

Peace of mind is the basis for enjoying life and work. While many may think that reaching the state of the peace of mind is unrealistic, few can deny that there is actually much to do about it. The key is to see it as a process rather than a state. Moving ahead in such a process will surely require some courage, some insight and inner distance, some discipline and, perhaps, someone’s assistance, but it is an effort worth taking.



## Being present

It is recommendable to get acquainted with the mindfulness practice, the fundamental assumption of which is to be “here and now”. The basic practice of daily mindfulness is relatively simple— it is enough to look at everything that happens to us every day without criticism or judgment, take the reality serenely in as much as possible, and refrain from complaining which far from helping drains our energy. It is distancing oneself from stressful thoughts and emotions— acknowledging them and letting them go, without submitting to them. It is about not worrying about the past or future but focusing on the present in all its richness. It is about asking and/or reminding oneself permanently of *what is really important and what is real*.

## Cleaning up

Keeping one’s home, room and workplace tidy is an important aspect of taking care of oneself in the everyday life. Taking care of our immediate surroundings is a good first step to self-care. Surroundings can and should have a mobilizing effect on its inhabitants. In the midst of cleaning up and rearranging our spaces we should not forget to think also about our relaxation and rest.

## Working on oneself consistently

Success in life is hardly a matter of chance, but rather of one’s own work. This principle applies both to professional and personal life. By developing our internal competences, we learn to become more aware of our actions, control our level of stress, learn to say no and, generally, communicate better with other people.

## Time management

Time is one of the most precious commodities we have. It is worth learning to respect one’s own, as well as other peoples’ time. Also, it is right to expect such respect from others.

Each person has their own biological clock which marks e.g. the time they work best, the time they need to rest. Time management is also about setting breaks for meals and rest. For many people nowadays, time management is also about limiting media consumption. A practical way to manage one’s time is to keep a calendar of plans and appointments. Using the Eisenhower Matrix can be helpful (see worksheet 4).

## Taking care of health

Good health is important and so worthy of the effort to make positive changes and create positive habits. Every person needs a space and time to relax, enough sleep, a balanced diet and physical exercise.

## Cuidar las relaciones

Good relations with people are an indispensable part of a meaningful life. They are important at work, and there is no overrating them in private life. The relationships – and concretely the persons on whom they are centered - need our commitment and care. As for relationships at work it is especially important to remember that they wither in an ambience of gossip.

## Desarrollar intereses

Thanks to our interests and hobbies, we get to know our potential, develop it, learn about our possibilities. We can effectively disconnect from our work when necessary. They build our motivation and perseverance, help in social contacts. They give us satisfaction and relaxation and make us feel good about ourselves.

## Professional help

All personnel working intimately with people should take advantage of professional support. This could be some form of supervision where a neutral person helps us to get a better insight into the emerging difficulties, and in effect into ourselves. Supervision can be done in a group or individually.



PHOTOGRAPHY: joshua-woroniecki--5nwt\_aN2E0-unsplash.jpg

## The story of Ella, a Peer Support Agent

The most important and most difficult challenge for Ella was that she took her work home with her. She thought incessantly about her clients. She responded to their needs day and night, also during holidays. This resulted with time in fatigue and lower efficiency. Eventually Ella decided to introduce the following changes in her life routine:

**Family and home rituals:** Preparing and eating meals together with her family, having fun, and taking a walk in the evening turned out to be very helpful in reducing stress and physical tension. While spending time with her family, Ella responded only to the most urgent calls from work.

**Mindfulness on a daily basis:** Ella took a supervision where she obtained psychological support. She is trying to be kind and accepting to herself. She takes care to have proper meals, sleep, hygiene of the day: regular meals, sleep, relaxation.

**Interests:** Developing interests and spending time on them is an effective way of distancing oneself from work in the free time. Ella took to painting and gardening on her balcony.



## GLOSSARY

**Active listening:** involves listening with all senses, focusing all attention on the interlocutor, maintaining eye contact, adopting an open body posture, bending to the interlocutor, gently encouraging him to continue speaking.

**Assertiveness:** the quality of being self-assured and confident without being aggressive and the ability to speak up for oneself in a way that is honest and respectful. Assertiveness is based on balance. It requires being forthright about your wants and needs, while still considering the rights, needs and wants of others. When you're assertive, you are self-assured and draw power from this to get your point across firmly, fairly and with empathy (Mind Tools, How to Be Assertive).

**Case manager:** The person that helps identifying appropriate providers and facilities throughout the continuum of services, while ensuring that available resources are being used in a timely and cost-effective manner in order to obtain optimum value for both the client and the reimbursement source (<https://cmsa.org/who-we-are/what-is-a-case-manager>)

**Circle process:** A form of conflict resolution that brings together the victims, perpetrators, and all those in the immediate community that are impacted by the conflict. These can be social communities, geographical or familial.

**Constructive feedback:** our individual, subjective response to someone's behavior, appearance, etc. and communicated as such. It is a first-person message (I-message) – speaking of oneself - as opposed to You-message – speaking about the other. This type of message – being a non-judgmental one – does not cause conflicts and does not prompt the other person to withdraw.

**Directly Observed Treatment:** a method developed to better monitor the compliance of patients in the reception of the medication prescribed by a doctor in order to avoid the resistance to the drug used. Practically the patient is receiving his medication in front of a health worker or in this case on front of the peer supporter.

**Empowerment:** Key elements of empowerment were identified, including access to information, ability to make choices, assertiveness, and self-esteem (Chamberlin & Schene, 1997)

**Homeless:** Following the European definition of ETHOS (<https://www.feantsa.org/en/toolkit/2005/04/01/ethos-typology-on-homelessness-and-housing-exclusion>)

**Mediation:** A form of arbitration that seeks to resolve a dispute. This often occurs between multiple parties who belong to different sides in the conflict.

**Multi-agency provision:** when professionals and service providers from different fields work together in order to respond to the needs of an individual with complex necessities or multiple disadvantages. For instance, multi-agency provision would be the one in which health services (mental health units), social services (social workers and social educators) and the legal system (probation services) would work as a team to provide coordinated assistance to an ex-offender with mental health symptoms going through the situation of homelessness.

**Multiple disadvantages:** Occurs when a person faces more than one disadvantage at a time. For instance, a person in a situation of homelessness can, at the same time, be a victim of gender violence, experience mental ill health, substance misuse or other forms of disadvantage.

**Mutuality:** Mutuality is an emergent property that is the product of co-experiencing of therapeutic attitudinal qualities in the relationship between client and therapist (Cornelius-White et al., 2018).

**Outreach based approach:** an alternative to traditional approaches to site-based social services Outreach can be defined as contacting or engaging individuals within non-office settings to services or, in other words, going to where people are rather than waiting for them to seek services at a specific place. It is considered an effective strategy for identifying and engaging hidden populations- such as the homeless people- with services.

**Person centered social networks:** provide advice on care, reviews of physicians and methods and personal experience with a given condition. They are actively used by patients with different conditions for education, medical care advice and psychological comfort. They can receive valuable advice from other patients on self-care and what to expect in the wake of treatment.

**Positive Withdrawal:** based on a research review it implies regulating social involvement and negotiating public space in order to move towards others only when it feels safe and meaningful. By nurturing personal psychological space, it is possible to develop a broad sense of self, better understand own interests, develop own spirituality and so on.

**Punitive Justice:** A formation of justice that seeks to punish perpetrators for their crimes, with the punishment being equivalent to the crime they have committed.

**Recovery:** explore the internal strengths of a person so to support a life with or without the symptoms of an identified unpleasant situation or disorder. Each person has its own recovery mechanism acknowledging what works for them and what does not. Understanding that this process is not linear and pitfalls are part of it, is essential to recovery.

**Resilience:** ability to handle changes and stressful situations

**Restorative justice:** An approach to justice that seeks not to attribute blame or punish the perpetrator of harm, but rather to allow the victim and perpetrator to be part of a healing process where a course of action is drawn in order to allow the victim and the community to move forward.

**Self-awareness:** ability to identify stressors and triggers timely so to handle accordingly. Able to identify limits for the shake of each one in the relationship.

**Self-determination:** Self-determination is an individual's right to determine their own fate, including courses of action, treatments and supports. Ability to respect the peer's choices to recovery is an essential component of the process.

**Tri-morbidity:** a co-occurrence of a psychiatric condition, physical ill health, and substance abuse problem, characteristic to individuals who are chronically homeless.



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