



**Peer Support in homelessness: the outcomes of the Erasmus+ Project  
Accommodating a Travelling Life (ATL)**



Co-funded by the  
Erasmus+ Programme  
of the European Union

## **Peer Support in homelessness: the outcomes of the Erasmus+ Project**

### **Accommodating a Travelling Life (ATL)**

*Kauan Juliano Cangussu<sup>1</sup>*

*Daria Smolyanska<sup>2</sup>*

#### **Abstract**

*This paper draws on evidence from an Erasmus+ funded project, Accommodating a Travelling Life (ATL), which aimed at training people that experienced homelessness to act as peer support workers in professional settings. The project was carried out over two years (between 2020-2022) by a consortium of organizations from six countries: Spain, Greece, Poland, Italy, Finland and the United Kingdom. The project partners jointly developed a tailor-made training model based mostly on the peer support methodology and on the values and principles of restorative justice, elements analyzed in the first chapter of this paper. The second chapter addresses the organization and the results of the pilot training conducted with persons with first-hand experience of homelessness and professionals working with this collective, with special attention to the participants' assessment of the training.*

#### **I. Introduction: homelessness in the European Union.**

---

<sup>1</sup> Master in Human Rights and Multi-level Governance at the University of Padua (Italy). Bachelor of Laws at the Federal University of Parana (Brazil). Independent lawyer and project assistant at Fundación Intrás.

<sup>2</sup> Master in Marketing and Commerce at the Centre of Social Studies (Spain), and Bachelor in Public Management at the Complutense University of Madrid (Spain). Project manager at Fundación Intrás.

Millions of people around the world lack access to adequate housing to live and build their lives. Denied this basic human right<sup>3</sup>, these people are economically deprived, more vulnerable to health disorders<sup>4</sup>, and face what the Organisation for Economic Co-operation and Development (OECD, 2020) qualifies as the **worst form of social exclusion**<sup>5</sup>. Not surprisingly, in several societies, data shows that they face a much higher mortality rate than the rest of the population<sup>6</sup>.

Despite the high levels of economic and social development of European Union countries, homelessness is still endemic among them and presents no foreseeable end. It is currently not easy to measure and compare with precision the number of homeless people in each country, since many different data collection methodologies are adopted and not all states conduct regular surveys (O'Sullivan et al., 2020; Pleace, 2016). Moreover, state practice and legislation diverge on how they define homelessness, hampering the comparative analysis of the data available.

Nonetheless, there are references at European level that seek to offer a common denominator for research and policy. The European Federation of National Organisations Working with the Homeless (FEANTSA) proposed a common typology in 2004, which has been replicated in many fora dealing with homelessness. They proposed a definition, inspired by European states' practices and norms, that structures the concept of a decent housing in the three elements: physical (an

---

<sup>3</sup> Article 11 (1) of the International Covenant on Economic, Social and Cultural Rights and article 25 of the Universal Declaration of Human Rights guarantee to everyone the right to an adequate housing. A United Nations Human Rights Council Special Rapporteur on the Right to Adequate Housing has been working since 2000 to guarantee, promote, and implement this right, repeatedly evaluating the states' policies and making recommendations. For more information on human rights and homelessness, see: <https://www.ohchr.org/en/special-procedures/sr-housing/homelessness-and-human-rights>

<sup>4</sup> Research indicates that homeless people are more vulnerable to a number of diseases, among them: "mental illness, substance abuse, sexually transmitted diseases and other health disorders (Cha, 2013), (Hwang, 2000)

<sup>5</sup> (OECD, 2020) <https://www.oecd.org/social/soc/homelessness-policy-brief-2020.pdf>

<sup>6</sup> A study in France found that there is a difference of 30 to 35 years between the average age of death of the homeless and the general population (Cha, 2013). Similar research concluded that there is a gap of 17.5 years in Poland (Romazko et al, 2017), and three times higher mortality rates among men and six times higher among women in Dublin (Ivers et al, 2017)

adequate dwelling where a person exercises exclusive possession), social (where she maintains privacy and personal relations) and legal (a valid and stable title of occupation). Homelessness is understood as being deprived of these three elements and, thus, it is not only limited to situations of rooflessness (a person living rough or in emergency accommodations)<sup>7</sup>. An individual in a situation of houselessness<sup>8</sup>, insecure housing<sup>9</sup>, or inadequate housing<sup>10</sup> might also be considered homeless<sup>11</sup>.

In fact, most EU states officially recognize some of these aspects as homelessness. However, it varies between countries and no official EU definition exists. Attempts to census the situation of the European street population need to delimit on what definition to rely on, especially if they rely on data produced by the member countries. The European Statistical Office (EUROSTAT, 2018) optional survey, conducted within twelve European Union countries in 2018, presented that at least 4% of their residents had been homeless at least once in their lives. 3% of respondents had to live temporarily in someone else's house, and 1% declared having slept rough or in emergency and temporary accommodations. FEANTSA and the Abbé Pierre Foundation estimated that in 2019 at least 700,000 people were sleeping rough or in emergency/temporary/ accommodation on any given night in the European Union<sup>12</sup>, an increase of 70% in comparison to a similar estimation undertaken ten years before (Serme-Morin; Coupechoux, 2022).

---

<sup>7</sup> Amore, K., Baker, M. and Howden-Chapman, P. (2011) 'The ETHOS Definition and Classification of Homelessness: An Analysis', 5(2),

<sup>8</sup> Sleeping in a temporary place as an institution or a shelter, without a clear place to go after.

<sup>9</sup> Staying in a place with severe instability due to risk of eviction, insecure tenancy or domestic violence. Also includes sleeping temporary at a friend or relative house

<sup>10</sup> Living in a unfit housing for the local standards, in extreme overcrowded places, or in caravans on illegal campsites

<sup>11</sup> Some European countries, as XX, XX, XX categorise people in such conditions as homeless, while others understand them to be 'at risk' of becoming homeless. European Commission. Directorate General for Employment, Social Affairs and Inclusion. and European Social Policy Network (ESPN). (2019) *Fighting homelessness and housing exclusion in Europe: a study of national policies*. LU: Publications Office. Available at: <https://data.europa.eu/doi/10.2767/624509> (Accessed: 7 November 2022).

<sup>12</sup> Estimation based on research carried out through simultaneous counts of people who were sleeping on the streets and in shelters on specific nights of the year in various European cities.



In conclusion, despite the difficulty of obtaining updated data and comparable methodologies, serious evidence points out that housing exclusion is a serious social issue in all member states. Responding to these circumstances, European authorities and representatives of the member countries launched in 2021 the European Platform On Combating Homelessness, proclaiming the shared goal of ending homelessness across the European Union<sup>13</sup>. Encompassing different initiatives, it aims to boost mutual learning for practitioners and policy-makers, contribute to harnessing EU funding possibilities, strengthen the evidence, and disseminate and promote good practices.

It is in this spirit that this article intends to analyze the progress and partial results of an Erasmus+ Project aiming to develop new practices for the social integration of this sector of the population. The Accommodating a Travelling Life (ATL) project, implemented between September 2020 and November 2022, involved five European organizations. Together they developed a training course to train people with homelessness experience to act as peer supporters, and for social service workers to be able to train and accommodate them in their organizations.

## **II. Accommodating a Travelling Life (ATL): the project theoretical framework.**

Accommodating a Travelling Life (ATL) is a project funded by the Erasmus+ Programme<sup>14</sup> of the European Union. Coordinated by Fundación INTRAS (Spain), the

---

<sup>13</sup> More information on the European Platform On Combating Homelessness is available at: <https://ec.europa.eu/social/main.jsp?catId=1550&langId=en&preview=cHJldkVtcGxQb3J0YWwhMjAxMjAyMTVwcmV2aWV3>

<sup>14</sup> The Erasmus+ is a European Union programme to support education, youth, training and sport. The current programme covers the years 2021-2027 and has as one of its focuses the promotion of social inclusion across Europe. The ATL Project is financed as a Key Two Action program, focused on promoting the development of innovative practices with the cooperation among organisations. (Source: <https://erasmus-plus.ec.europa.eu/>). A research on the Erasmus+ Database (source: <https://erasmus-plus.ec.europa.eu/projects>) indicates that there are still very few projects targeting homelessness.

project was developed with the collaboration of five other partner organizations: Deaconess Foundation (Finland), Society of Social Psychiatry P. Sakellaropoulos (Greece), Caritas Warsaw (Poland), SMES (Italy), and Restorative Justice for All International Institute (United Kingdom). All organizations work directly with homeless people, with the exception of the British partner, dedicated to promoting the practices and values of restorative justice.

The main objective of the project was to develop and apply a training program to enable people with lived experience of homelessness at an advanced stage of reintegration to act as peer supporters. At the end of the course, the learners receive the title of Journey Certified Supporters (JCSs), certifying they were trained to act as peer supporters in homelessness services. Concomitantly, a specific program targeting professionals working in civil society organizations prepared them to implement the course as trainers, and to employ and collaborate with peer support workers in their organizations. Therefore, the project has three target groups: homeless or formerly homeless that undergo the training to become JCSs, homelessness services workers, and homeless people who can benefit from the JCSs support.

The planning and implementation of the project was carried out jointly by a multidisciplinary team of professionals, who held regular meetings over the two years of project duration and developed the training model together. As concrete outputs, the project produced two handbooks, one for the training of the JCSs and another for preparing trainers, and a serious game to assess the participants' learning. In the first half of 2022, the five partner organizations working with homeless people conducted two pilot trainings, for trainers and peer supporters, and collected their feedback on the courses.

In this chapter, we analyze the theoretical framework that guided the training's core structure and content. In the following chapter, we describe the learners' handbook structure and content and comment on the results of the pilot training, particularly the learners' assessment.

The theoretical core of the training focuses on two concepts: peer support and restorative justice. The first is an approach that has developed in the field of mental health to give clients a leading role as active players in their own recovery and the recovery of their peers. The second, on the other hand, brings together alternative conflict resolution practices to the punitive approach of criminal justice.

The choice of these approaches is not by chance. Fundacion Intrac, the lead partner, employs peer support workers in its mental health services and was engaged in the European project Peer2Peer<sup>15</sup>, which created a vocational course for the training of peer support workers in mental health services<sup>16</sup>. Likewise, the Deaconess Foundation stands out for employing “experts by experience”, a practice that is still not widespread in European services supporting homeless people. On the other hand, the Restorative Justice for All International Institute, as its name denotes, has for purpose the promotion of restorative justice as its main activity.

Both approaches, despite being seldom used in services devoted to combating homelessness, have the potential to be employed in the field. Peer support and restorative justice mostly comprise practices that were developed for harnessing the potency of mutual support and better managing conflicts. They are practical knowledge that can be employed in various settings. It is important to provide an

---

<sup>15</sup> The project was funded by the now defunct Leonardo da Vinci programme, a sub-programme of the Lifelong Learning Programme 2007–2013 . After 2014, the initiatives previously covered by these programmes were incorporated into the Erasmus+ Programme 2014-2020. Currently the Erasmus+ Programme 2021-2027 is in force.

<sup>16</sup> The project intellectual outputs are available at: <http://p2p.intrac.es/>.

overview of what is meant by each expression, its historical origin and the academic literature that seeks to identify its main principles, values and practices.

The peer support methodology has been used with success in mental health services for some decades. The employment of peer workers followed the emergence of a new paradigm of intervention within the mental health care system in the 1970s, often referred to as the deinstitutionalization movement. The deinstitutionalization focused on the social integration of people with mental disabilities within their families and communities, opposing their segregation in institutions. Their reintegration was followed by a demystification of widespread prejudices attached to them (Campos et al., 2016), and an appreciation of the role they could play as active subjects in their own recovery and that of their peers.

Its value has become more widely recognized in recent decades, part of a tendency of recognising the value of involving mental health service clients in the planning and provision of recovery services. Symbolically, a World Health Organisation (1989) document, produced within the framework of the “Mental Health Programme’s Initiative of Support to People Disabled by Mental Illness”, has promoted the increasingly active involvement of customers<sup>17</sup> in the provision of services. Peer support is an outstanding modality of such involvement, which has stood out for its results.

A term that is unavoidably open, which can refer to any form of support between people in similar situations, peer support has been elaborated in various ways by the scientific literature. Gartner and Reisman (1982) defined it as emotional support provided by people with similar mental health conditions aimed at bringing a particular social or personal change. Mead, Hilton, and Curtis (2001) presented a more

---

<sup>17</sup> As the document points out, “consumers” and “clients” are terms preferred by the literature and institutions that work with mental health in the English-speaking world, where they have a meaning that emphasises the protagonism of people with mental disabilities who seek care. In other languages, such terms may be overlooked for having a less positive connotation (World Health Organisation, 1989)



substantial definition, emphasizing that it is a system of mutual support, qualified by the observance of some principles, e.g., respect, shared responsibility and mutual agreement. There is a clearly prescriptive and qualitative connotation in the latter definition, which seeks to analyze and at the same time promote ethical principles and values honed by practice.

These core principles ensure that the peer support relationship - even when provided in a formal way - is based on mutual support, and not just assistance. It thus favors the client's autonomy, ensuring that peer support is not constrained as mere advice, but as a process of empowerment where the exchange of experiences contributes to empowering people to believe in themselves, take responsibility, and find ways to rebuild their lives. (Mead et al, 2001). For that to happen, the peer relationship tries to base itself on mutual understanding, respect, and sharing.

Nothing prevents peer support from being used among homeless people, a practice that most probably often happens informally or in homeless social movements<sup>18</sup>. There are already a few successful examples of its use in institutions<sup>19</sup>, such as the Deaconess Foundation. When planning the ATL Project, prior research conducted by the partners concluded that there was no open source training available for the peer supporters in the field, justifying their effort in collectively creating one, tailored specifically for homeless people. It was also noted within the project that many homeless people face mental health issues and can benefit from the knowledge gained in the use of peer support in mental health care.

Restorative justice as well developed primarily as practices, and has values and principles that guide it that are very similar to those that qualify peer support. The

---

<sup>18</sup> It is noteworthy that there are several homeless people movements in different countries, which end up functioning as mutual support networks between peers focused not only on individual recovery, but also on the collective struggle for public housing policies.

<sup>19</sup> A recent study conducted to identify critical elements of peer support within a homeless population with participation of 40 peers and professionals from organisations offering services highlights the following attributes of peer support as the most appreciated by the respondents (Barker et. al. 2019)

term<sup>20</sup> has been disseminated in the past five decades to refer to forms of conflict resolutions (criminal or not) opposed to the punitive approach of the Western criminal systems. Its prestige worldwide led to its active promotion by resolutions of the Economic and Social Council of the United Nations (ECOSOC), in particular the Resolution 2002/12. Its texts present the basic terms and principles related to restorative justice and recommend its application to all United Nations member states<sup>21</sup>.

Although for the last few years restorative justice programs have been spread in several criminal justice systems, their applications are not limited to criminal conflicts. Howard Zehr (1992), a key reference on Restorative Justice Studies, is emphatic in pointing out other settings in which it can be applied. Restorative justice is an approach to conflict that focuses on repairing and preventing harm and can be used in any sort of conflict. It has as a core principle, giving all parties of conflict voice and power, welcoming the victims and offenders. The victims' needs and concerns are heard, and offenders are invited to take responsibility for their deeds and to reflect on what led to them (Zehr, 2002). Restoring harmed social relations between individuals and communities is one of the purposes of Restorative Justice practices, moving away from the understanding that justice would be the retribution for the harm caused (Zehr, 1990).

Repairing the harm caused on the victim is thus central for restorative justice. The people involved in the conflict (victim, aggressor and community) become protagonists of the healing. Several techniques, such as mediations, might be used,

---

<sup>20</sup> The term was first used by Albert Eglash, in a presentation at the 1975 First International Symposium on Restitution, and quite diffused by Howard Zehr conferences and books in the following decades. However, they are not the inventors of the practices and principles of what is understood today as restorative justice, since they are presented in conflict resolution strategies used since ancient times by different societies.

<sup>21</sup> In the same year, a decision of the Council of the European Union created the "European Network of National Contact Points for Restorative Justice" seeking its diffusion throughout the EU. Its text is available at: [eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52002IG1008%2801%29](http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52002IG1008%2801%29)

but the central core of Restorative Justice are its principles: non-dominance, no party can surpass the other, their empowerment as protagonists of the deliberations, isonomic treatment, active listening to all the parties, the prohibition of demeaning or degrading sanctions, and voluntariness.

Homelessness is often permeated by a wide number of conflicts. They might be what caused someone to be homeless, or a consequence of that situation. Frequently, homeless people carry multiple disadvantages that make them even more susceptible to creating new conflicts, of being victims and offenders. Restorative justice promises paths for healing and preventing further damage, integrating homeless people into the communities that surround them, restoring (or appeasing) their family and friendship ties, and harnessing healthy relationships.

## **II. The drafting of the training materials and its pilot**

The training planning kicked off with the collection of field data. Focus groups were organized with homeless people and professionals from the organizations<sup>22</sup>, focussing on four macro areas: social, health, housing, and recovery. Participants were asked to propose changes in the homeless services and suggestions of practical cases to be used in the training. Among the various issues raised were complaints about the lack of networking between social services, their staff neglecting and not understanding homeless people's needs, and their poor working conditions (high staff turnover, lack of training, high workload, etc)<sup>23</sup>.

The partner organizations incorporated such insights in the training program and conceived that the potential peer supporters could instigate positive changes in the services. The training program, a learner's, and a trainer's handbooks were

---

<sup>22</sup> The Deaconess Foundation also consulted its "Experts from Experience", people that have experienced homelessness and are working as peers supporters.

<sup>23</sup> For an overview of the results of the focal groups, refer to the ATL Project Newsletter, n. 1. [https://www.atl-project.eu/wp-content/uploads/2021/03/VF\\_ATL-Newsletter1\\_-EN.pdf](https://www.atl-project.eu/wp-content/uploads/2021/03/VF_ATL-Newsletter1_-EN.pdf)

collectively written by a group of professionals from the six partner organizations between 2020 and 2021. In order to have a grasp of the training content, a brief overview of the peer supporters' handbook, its structure and content is displayed below. Starting from its structure, the handbook is composed of twelve units, each addressing a particular topic:

Unit one	➤ Introduction To The Training
Unit two	➤ Delving Deeper Into The Figure Of The Peer Support Agent
Unit three	➤ Peer Support And Homelessness
Unit four	➤ Mental Health And Recovery
Unit five	➤ Trauma And Homelessness
Unit six	➤ Using Own Life Experience To Help Others
Unit seven	➤ Empowering Peer Relationships
Unit eight	➤ Creating, Maintaining And Repairing Social Ties
Unit nine	➤ Communication
Unit ten	➤ Working With Professionals
Unit eleven	➤ Self-Care And Well-Being At Work
Unit twelve	➤ Peer Support Networks

Its content is interdisciplinary and guided by a practical-oriented approach. Its structure outlines it: more than half of each unit comprises practical activities. In the last unit, twelve homeless people's stories at different stages of their recovery are presented, in which the learners are asked to reflect on how they would act if they were their peer support agents. We will briefly describe the contents of each chapter.

The first unit introduces the basic concepts of the training, in particular, the purposes and key values of peer support, while the second delves into the role of peer supporter, role modelling and issues concerning confidentiality. Unit three specifically presents roles peer supporters might perform with homeless people, e.g. as workers, volunteers, or rights advocates. Moreover, it presents the ETHOS typology to illustrate different sorts of Homeless situations and experiences.

The following units focus on mental health issues and their relations with homelessness. Unit four offers an overview of the most common mental illnesses, raising learners' awareness of their main conditions, symptoms, and personal testimonies. It presents an up-to-date discussion on what recovery means, and how peer support might be part of it. Unit five brings a discussion on types of trauma and violence.

Then, the handbook starts addressing the daily practice of peer support. Unit seven addresses the “peer relationship”, highlighting the importance of setting boundaries, mutuality, and peer empowerment. Unit eight presents tools for managing social conflicts affecting people facing homelessness. It is based on the principles of restorative justice, showing how it is applied to mediation and a series of real-life conflicts involving homelessness. The next unit elaborates on effective communication techniques such as active listening, and assertive and non-judgmental attitudes.

The next unit focuses on the routine of a peer supporter at a professional setting, such as their relations with co-workers and practices for personal self-care and well-being. The last unit introduces the notion of peer networks, debating their widespread presence in our societies and the potential they can have for peer supporters for exchanges and collective rights, and policy advocacy.

The training was piloted in 2022 by five partner organizations that offer services to homeless people. Each of them organized trainings for two target groups. One for

professionals working with homeless people, to enable them to train peer support workers and to incorporate them into organizations' organigram. The other for people with lived experience of homelessness, training them to act as peer supporters.

The trainings for professionals took place between January and May of 2022. Each organization freely adapted it to its conditions and to their learners' needs. Thus, the number and format of the meetings varied from three to eight and in total twenty-seven sessions were held, a medium of 5,4 per partner. Some trainings were organized in blended mode, with online sessions, due to covid-19 restrictions. Of the 73 professionals that completed the training, 25 attended most sessions online<sup>24</sup>.

At the end of the course, the professionals answered a questionnaire with open-ended and closed-ended questions. The open-ended questions were meant to evaluate the course as a whole and the relevance of each unit. The second part of the questionnaire, in which they had to rate each unit from 1 to 5, was aimed at evaluating a series of indicators to compare the pilot results at all organizations and obtain an accurate global evaluation of the training. Four of the five organizations undertake it, and the final average score was 4,26 (the minimum average was 3,87 and the maximum 4,55).

There was a generally positive reception of the topic among professionals, and much enthusiasm for integrating peer support workers into organizations. Learners acknowledged that informal initiatives to engage people with lived experience on the work often happened on an informal basis, but mostly only on an *ad hoc* basis. There was little knowledge about formal initiatives of integrating peer support workers as part of the organisation chart.

Regarding the structure, there was a general perception that the course should have an even more practical focus. As far as time was concerned, there was a balance

---

<sup>24</sup> Most of Society of Social Psychiatry P. Sakellaropoulos and SMES training sessions were held online



between opposing opinions: some felt that there was too little time to delve into relevant issues, while others thought that it was difficult to adapt so many sessions to the work routine of a social worker. There were suggestions that its implementation on the job could be more effective, giving more time for learning and reflection on the contents.

The trainings with potential peer support workers were held between March 2022 and November 2022. In total sixty-five participants attended the training sessions and fifty-six completed the training. When choosing the participants, the partners privileged former or current clients who were already in an advanced stage of recovery or living completely autonomously. The organizations running homeless shelters pointed out the difficulty of mobilizing clients to take part in a medium-term activity, since there is a high turnover of clients and paid work offers are privileged. Fundacion Intrass and Society of Social Psychiatry P. Sakellariopoulos organized more than one training group to reach the target number of participants.

As a general rule, twelve sessions were held, one per unit, with a few trainers holding one or two extra sessions. There was a general impression among those who completed the course that there was a lack of time for in-depth content and discussions. The nine participants who did not complete the course mainly claimed that they prioritized job opportunities and personal issues.

An evaluation of each training unit was made using a worksheet in which the learners evaluated its content, relevance, the trainer, and the material conditions available. The participants were instructed to rate each point with a score from 1 to 5, evaluating 10 topics about each unit. A copy can be found below:

	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10	Unit 11	Unit 12
1. I found the content of the course useful												
2. I was able to (better) better understand my potential as a peer supporter												
3. I found the content quite easy to apply in my daily life												
4. I found the duration of the course appropriate												
5. I appreciated the methodology used												
6. The trainer was well informed, able to solve doubts and handle challenges												
7. The time allocated per unit is adequate												
8. I found the space used friendly/ comfortable (physical presence)												
9. The course was well organized												
10. Everything that we needed to complete the unit was available												

Four out of the five piloting organizations conducted the evaluation in most of the training sessions, and the final average score was 4,65 (averages from sessions varied between 4,46 and 4,88), indicating positive feedback on the training. However, in many sessions, the trainers were unable to fill out the table since the participants expressed difficulty understanding the formula and evaluating in numerical terms, which would render the information collected would not be reliable.

The second part of the questionnaire had five open-ended questions asking if the participants felt free to express their opinions during the training sessions, what they liked the most and least about the training, what they thought about the training materials and if they had any suggestions for improvement. This form of assessment proved more effective in gathering data on participants' perception of the training, its

units and its potential shortcomings. Moreover, every unit contained a self-assessment exercise at its end, stimulating the participants' reflection throughout the training.

The participants' answers indicate they willingly joined the tasks that involved sharing personal stories and reflecting on possible roles for a peer supporter. As a result, in fact, the implementation of activities took more time than initially planned by the trainers. There was a demand in all organizations for more time, and further training, demonstrating interest in the topic and the activity proposed. Many participants asked for more training opportunities, and possibly on-the-job training.

The units on mental health engaged the participants and received very positive feedback. Likewise, the exercises involving role-playing and practical application of the content taught were well-evaluated, especially when envisaging situations that a peer support worker would face when interacting with peers and other professionals. As mentioned above, participants asked for time for in-depth discussions on some of the topics of the course. In general, the tone of comments was very positive and time scarcity was the main shortcoming identified.

## **Conclusion**

The course was successful in engaging learners, with a high level of participation in the proposed activities. Sharing personal stories and feelings, a crucial aspect of the training, did not hinder their participation. It involved the learners and, as a consequence, made it harder for the trainers to manage the time previously programmed for each unit. Likewise, the interest in the training's main topic, preparing for the role of a peer supporter, was received positively by all participants.

The format and the materials of the training are intentionally mouldable and were perceived as such. The training units and activities can be adapted to different situations and groups. It is not only a sort of vocational training but also a tool for the

empowerment of people that experienced homelessness through a reappraisal of their past trajectories and realizing that their experience is a valuable asset for helping other people. Bolstering their professional and social integration and promoting their participation in organizations, advocacy groups and networks are the results of their empowerment.

Although the drop-outs rate was considerably low, the training would possibly get more adherence and commitment rates, if combined with a paid internship program - or similar - within homelessness services. This would address potential participants that cannot easily dedicate their time to unpaid tasks, meet the need for more practice, and improve participants' chances of employing their acquired skills professionally. For organizations, it's an opportunity for recruiting peer support workers, passing the difficulties spotted by the partners in the process of staff selection.

The participants' claim for more time and further discussions can be partially met by their involvement in peer support and homeless networks, the topic addressed in the last unit of the course. Building bridges between existing organizations and movements led by homeless people could potentially spread the peer support methodology while giving the participants opportunities to keep themselves engaged with the topic.

Lastly, the project reinforces the still underexplored potential of the Erasmus+ Programme for projects targeting homeless people's needs. There is plenty of room for projects that focus on this collective from a pan-European perspective. The multinational character of the funded projects contributes to good practices being nurtured and disseminated across the continent, and its current program foresees social inclusion as a priority area.

## References.

Amore, K., Baker, M. and Howden-Chapman, P. (2011) **'The ETHOS Definition and Classification of Homelessness: An Analysis'**, European Journal of Homelessness, 5(2), pp. 19-37.

Campos, F. et al. (2016) **'Practical guidelines for peer support programmes for mental health problems'**, Revista de Psiquiatría y Salud Mental (English Edition), 9(2), pp. 97–110. Available at: <https://doi.org/10.1016/j.rpsmen.2016.04.001>. (Accessed: 7 November 2022).

Cha, O. (2013). **"La santé des sans-abri"**. Bulletin de L'Académie Nationale de Médecine, Vol. 197/2,

European Commission. Directorate General for Employment, Social Affairs and Inclusion. and European Social Policy Network (ESPN). (2019) **Fighting homelessness and housing exclusion in Europe: a study of national policies**. LU: Publications Office. Available at: <https://data.europa.eu/doi/10.2767/624509> (Accessed: 7 November 2022).

European Commission Eurostat (2018) **'Ad-hoc Module on Material deprivation, well-being and housing difficulties'**. Available at: <https://ec.europa.eu/eurostat/web/income-and-living-conditions/data/ad-hoc-modules>

Fuller-Thompson, E. J. Hulchanski and S. Hwang (2000). **The housing/health relationship: what do we know? Reviews on environmental health**. Vol. 15/1-2, pp. 109-33.

Gartner, A J, and F Riessman. **"Self-help and mental health."** Hospital & community psychiatry vol. 33,8 (1982): 631-5. doi:10.1176/ps.33.8.631

Mead S, Hilton D, Curtis L. **Peer support: a theoretical perspective**. Psychiatr Rehabil J. 2001;25(2):134–41.

Mead S. **Defining peer support. Intentional peer support: an alternative approach.** 2003. Available at: <https://www.intentionalpeer-support.org/?v=b8a74b2fbcbb> (Accessed: 7 November 2022).

Nestor, P. Galletly C. **The employment of consumers in mental health services: politically correct tokenism or genuinely useful?** Australas Psychiatry, 16 (2008), pp. 344-347.

Hulchanski, E. J., Hwang, S. (2000). **The housing/health relationship: what do we know? Reviews on environmental health. Vol. 15/1-2, pp. 109-33.**

O'Sullivan, E., Pleace, N., Busch-Geertsema, V. and M. Filipovič Hrast (2020) **Distorting Tendencies in Understanding Homelessness in Europe**, European Journal of Homelessness 14(3) pp.121-147

OECD (2020), **'Better data and policies to fight homelessness in the OECD'**, Policy Brief on Affordable Housing, OECD, Paris, available at: <http://oe.cd/homelessness-2020>. (Accessed: 7 November 2022).

Pleace, N. (2016) **Excluded by Definition: The Under-representation of Women in European Homelessness Statistics**, in: P. Mayock and J. Bretherton (Eds.) Women's Homelessness in Europe pp.105-125. (London: Palgrave Macmillan).

Romaszko, J. et al. (2017). **"Mortality among the homeless: causes and meteorological relationships"**. PloS one, vol. 12/12, p. e0189938

Serme-Morin, C. and Coupechoux, S. (eds) (2022) **Seventh Overview of Housing Exclusion in Europe 2022**. FEANTSA, Abbé Pierre Foundation.

<https://www.feantsa.org/en/report/2022/06/30/?bcParent=27>

World Health Organization. Division of Mental Health & WHO Initiative of Support to People Disabled by Mental Illness. (1989). **Consumer involvement in mental health and rehabilitation services.** World Health Organization.  
<https://apps.who.int/iris/handle/10665/62368>



Zehr, Howard. **Changing Lenses: A New Focus for Crime and Justice**. Scottsdale, PA: Herald Press, 1990

Zehr, Howard. **The Little Book of Restorative Justice**. Intercourse, PA: Good Books, 2002.



The support of the European Commission for the production of this publication does not constitute the endorsement of the contents, which reflect only the views of the authors. The Commission is not responsible for the use that may be given to the information contained in the post.