ATL

Accommodating a travelling **life**

JCS MANUAL

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UNIT 1: INTRODUCTION TO THE TRAINING

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 discuss the purposes of peer support, the importance of the shared experience, and the concept of multiple disadvantages. We will consider the values that underpin peer support— hope, experience, authenticity, responsibility and empowerment.

What is peer support?

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.

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. The present manual focuses on the formalized type of peer support, taking place between two individuals, delivered by a specialized Peer Support Worker who takes up the role of a mentor who supports his Peer on his way to recovery from difficult circumstances.

Purposes 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 time, the personal answers are to be found, and each person has to find their way to them. Therefore, rather than giving directions, a Peer Support Agent 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 has worked for them, but they leave it to the peer who receives support to

decide if they want to try out the Peer Supporter's approach. In other words, the Peer Supporter shall remain open minded and accept that the Peer might not follow their approach to dealing with determined situations and might want to find their own ways instead.

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 the lack of stable 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 acting on these challenges.

Values of Peer Support[1]

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.

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1   Adapted from Peer2peer, 2015

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

- 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

Worksheets

- Unit 1. Worksheet 1: How I dealt with…
- Unit 1. Worksheet 2: Is it working?

Worksheet:

HOW I DEALT WITH

Think of a concrete problem/difficult situation you had to solve at some point in the past. It could have to do with anything— a family issue, health issue, romantic relationship, work... Once you have selected a situation, try to answer the questions below with relation to it.

What did you think when the situation happened? How did you feel about it?

What did you do about it when it happened?

Did you need help to solve/ overcome the situation?

Who helped you to overcome it? What did they do to help?

What did you learn from that situation that was useful?

What are your feelings about that situation today?

Worksheet: IS IT WORKING?

Fill in the table with the states of mind from the box below

Increased confidence

Increased feeling of self-determination

Increased comfort

Sustained lack of other resources to cope

Improved self-evaluation

Acquiring additional resources to cope

Development and sharing of skills

Increased sense of dependence

Sense of equality

Feeling of powerlessness

Sense of belonging/ shared identity

Increased sense of inferiority

Worsened self-evaluation

Increased feeling of failure

Sustained lack of competence/skills

Increased distress

LOOKS LIKE IT'S WORKING!	SOMETHING IS WRONG...

Can you think of any other states of mind that could indicate whether peer support is working or not? Write them down.

Self-assessment Unit 1

*Now that we have finished this Unit, you're ready to assess your learning and understanding of its contents. Please, rate each proposed statement with a score from 1 to 5, **where 1 means "not at all" and 5 means "definitely yes"**.*

Please, reflect upon your answers and be sincere. Hand the filled self-assessment sheet to the facilitator

ASSESSMENT EXERCISE	1	2	3	4	5
1. I know what peer support is					
2. I understand the purposes of peer support					
3. I can name the values of peer support					
4. I understand the role of shared experience in peer support					
5. I understand the role of equity in peer support					
6. I can explain the role of hope in peer support					
7. I can explain the concept of multiple disadvantages					
8. I can explain what empowerment means in the context of peer support					

UNIT 2: DELVING DEEPER INTO THE FIGURE OF THE PEER SUPPORT AGENT

In this unit, we will focus on the figure of the Peer Support Agent. We consider the pre-requirement for the Peer Supporter-to-be to have reached an important level of recovery and have been working towards a healthy self-relationship. We will consider the Peer Supporter as a figure that role models recovery and values of peer support. We will discuss the aspects of secrecy and confidentiality in the peer relationship.

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 toward recovery in a manner that contributes to inspiring a sense of hope in his peers. His life experience contributed to him acquiring specific, experiential knowledge on the particular problems and situations that can be of help to his Peer.

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 so is 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.

Prior to becoming a Peer Supporter in a formalized and professionalized context, the person shall go through 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.

Role modelling

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, and it takes place repeatedly over a determined period of time, we can say that the second is 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 modeling (you will learn more about sharing lived experience in Unit 6).

Benefiting from helping others

Research shows that helping others is not only beneficial to those who receive help but also to those who offer help. 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 and important, developing enhanced confidence, improved self-perception, and a sense of identity.

Still, the role of a "helper" may also lead to wearing the individual out and produce feelings of frustration or overburden. To prevent this from happening, the future Peer Supporters shall undergo specific training beforehand and be offered ongoing support from a supervisor or a counselor at the organization that promotes the program. In fact, research suggests that the balance between offering and receiving support leads to the effective implementation of peer support, where all the parties can benefit from this practice. This is due to the fact that receiving support 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.

Principles that shall guide you in your role as a Peer Supporter [2]

- Respect the individual needs and recognize the importance of an individual approach to recovery.

- Honor and respect where your Peers are in their own unique journey of recovery recognizing that the focus is on the process and not just the end result.

- Facilitate the self-determination and the empowerment of your Peers to take an active role in their recovery and wellbeing.

- Recognize that the goals, values and beliefs of your Peers may not be the same as your own.

- Be collaborative in building equal, open and trusting relationships with your Peers.

- Share your lived experiences in a manner that demonstrates compassionate understanding and inspires hope for recovery.

- Ensure that the knowledge gained from your personal experience is used in a manner that contributes to the well-being of the peer and that the relationship is always peer-focused.

- Maintain mutually agreed upon limits and boundaries in the peer support relationship.

- Respect external limits and boundaries within the context of your role as a peer supporter.

- Practice self-care, monitor their own well-being and are aware of their own needs, as well as promote self-care for their peers.

- Play an active role in connecting your Peers to other resources and fostering them being open to seek help when needed.

- Be collaborative with community partners, service providers and other stakeholders.

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2   National Certification Handbook, 2016

Confidentiality

Peer Support Workers typically have access to sensitive information about the Peers' lives, which may include details about a mental condition, substance abuse, criminal activity, infectious diseases, and sexual orientation, among others. On the other hand, the relationship between a Peer Supporter and a Peer involves a certain level of openness and intimacy. It can give place to social activities and interactions resembling those taking place between friends, and usually leads to self-disclosure of information by both the Peer Supporter and the Peer.

This is why it is essential for the Peer Supporter to know and understand the prevailing standards with regard to the Peers' right to privacy and confidentiality. Additionally, clear guidelines on mutual confidentiality shall be established between the Peer Supporter and the Peer, so that both may feel comfortable and safe— which is a pre-requirement to building a relationship based on trust.

The general considerations you should follow concerning confidentiality:

• Discuss this issue in detail during the first meetings with your Peer to reach a common understanding.

• Do not share information about your Peer with 3rd persons unless your Peer specifically authorizes you to do so.

• Pass confidential information only on a "need to know" basis, that is to say when the information you are sharing is essential to grant the well-being of the Peer, and prevent serious and foreseeable harm to the Peer himself or third parties.

• As a Peer Supporter you will share your experiences of recovery within the context of your role in helping your Peer. Remember that you are the one in control of what and how you share, and you have the right to refuse to share anything you are uncomfortable with.

• It may happen that you are a member of a team within your organization that works with the same person. In these circumstances, information is likely to be shared and this could affect your ability to develop connections and relationships.

Also, remember that the organization that manages the peer support service has the responsibility to instruct you on how to manage confidentiality and offer you ongoing support in this regard.

WORKSHEETS UNIT 2

• Unit 2. Worsheet 1: "My role model"

• Unit 2. Worsheet 2: Me as a role model

• Unit 2. Worsheet 3: "La confidencialidad"

Worksheet:

MY ROLE MODEL

Think of a person that was (or still is) a role model to you. It can be a person that has somehow influenced your recovery from homelessness but not necessarily.

What did that person do to role model certain behaviors/ attitudes/ achievements to you? Was she aware of the fact that she was a role model to you? Think about her characteristics/ attitudes that encouraged you to follow her example. Write them down.

Worksheet:

ME AS A ROLE MODEL

Consider how you could interact with a peer (a person you support) to model each of the peer support values stated below.

VALUE	ROLE MODELLING
HOPE	
EXPERIENCE	
EQUITY	
MUTUALITY	
EMPOWERMENT	
ACCEPTANCE	
EMPATHY	

Worksheet:

CONFIDENTIALITY

Some of the situations described below represent a breach of the right to secrecy and confidentiality. Can you determine which? Discuss it with the rest of the group.

SITUATION	DESCRIPTION	PERSONS INVOLVED
Access to a shelter	Name the residents by name	Staff, the person who's named, the rest of the clients/residents who can hear the name of the person
Police agents intervening at the entrance to a shelter	The police ask for someone who stays at the shelter	Exchange of information between the police and the staff only
Police agents intervening inside of the shelter	The police ask for someone who stays at the shelter	Exchange of information between the police and the staff. The other residents can hear the name of the person the police is searching for.
Intervention of healthcare services	The intervention takes place in a room for common use at the shelter.	Medical staff, shelter staff, the person who is attended, the rest of the inhabitants present in the room.
Intervention of healthcare services	The intervention takes place in the room of the person, and no other residents nor staff are present.	Medical staff and the person who is attended
List with personal data of residents that are left in places where they can be seen by other people	The list can be seen by other residents	Staff and other clients at the shelter
Intervention with a client in a private space	Intervention in a private room, behind a closed door	Staff member (or a peer supporter) and the client

SITUATION	DESCRIPTION	PERSONS INVOLVED
Intervention with a client in a common space	Intervention with a client in a common space where other residents and staff members can hear what's said	Staff member (or a peer supporter), the client, other residents
Intervention over the phone with other professionals in a private space	Referring a case or managing a procedure with other professionals	The professionals involved in the conversation (or a peer supporter)
Intervention over the phone with other professionals in a space for common use	Referring a case or managing a procedure with other professionals in which a conversation can be heard by third persons	The professionals involved in the conversation (or a peer supporter) and the other people present in the room
A complaint about another client in a private space	A user complains about another client to the staff member in a private room	The client who makes the complaint, the client who is the subject of the complaint, the staff
A complaint about another client in a space for common use	A user complains about another client to the staff member in a room where there are more people (residents)	The client who makes the complaint, the staff, other residents who do not participate in the complaint but can hear the conversation
Personal documents of a client being seen by third persons	Personal documents are placed in places where third persons can see them	The staff, the owner of the documents, other clients

Self-assessment Unit 2

Now that we have finished this Unit, you're ready to assess your learning and understanding of its contents. Please, rate each proposed statement with a score from 1 to 5, **where 1 means "not at all" and 5 means "definitely yes"**.

Please, reflect upon your answers and be sincere. Hand the filled self-assessment sheet to the facilitator.

ASSESSMENT EXERCISE	1	2	3	4	5
1. I have a good understanding of the figure of a peer supporter.					
2. I understand the importance of a healthy self-relationship as a prerequisite to helping others.					
3. I know what a role model is and I can explain how a peer supporter can take up this role.					
4. I can explain why helping others can be beneficial to the person who offers the help.					
5. I am aware that helping others implies dealing with difficult feelings and I understand why it is important to monitor one's own well-being as a peer supporter.					
6. I can tell the principles that shall guide a peer supporter in their work.					
7. I understand why confidentiality is of utmost importance in peer support.					
8. I am aware of the general considerations concerning confidentiality to follow in the work as a peer supporter.					

UNIT 3: PEER SUPPORT AND HOMELESSNESS

In this unit, we will discuss the root causes of homelessness and the ways it affects people's lives. We will also discuss the ways a peer supporter can help the peer in their recovery journey.

What is Homelessness?

So far, homelessness has been perceived as a personal responsibility, an issue of cumulative mistakes or a choice, contributing to homeless people feeling guilty, worthless and frustrated. However, the recent financial crisis has led more and more people to the edge of social tissue. It made us realize that uncertainty can knock at anyone's door. It also proved that people who tend to consider themselves as "untouchables" are at risk of experiencing a devastating condition related to the worsening of their housing situation, sometimes facing a risk of eviction, or having to share a place with many more or even sleep rough. Thus, the discussion is now on how to end homelessness and how to stop having people living in undignified conditions in a more systemic and effective manner. Strongly related to poverty and inequalities which are also rising, homelessness is one of the many aspects of a multifaceted social problem. This is why the EU countries recently adopted the Lisbon Declaration on the European Platform on Homelessness, the first-ever attempt to design, develop and implement a common policy on homelessness in the European Union.

Who is considered homeless?

According to the ETHOS typology developed by FEANTSA homeless is someone who

- Sleeps roughly or in emergency shelters (roofless)

- Lives in a homeless shelter (houseless)

- Lives in insecure housing conditions (at risk of eviction, domestic violence, threatened with severe exclusion due to insecure tenancies)

- Lives in inadequate housing conditions (in an overcrowded apartment, or without electricity or running water, on illegal campsites, in unfit housing)

Homelessness is an extreme form of poverty and poverty results from the existing inequalities in the distribution of wealth. More specific examples are linked with policies that lead to

- Lack of affordable accommodation

- Low wages

- Irregular work

- Precarious welfare policies or lack of them

- Lack of adequate safety net of people experiencing poverty and housing exclusion

Homelessness is affecting the lives of hundreds of thousands of people. It is estimated that almost 700.000 people all over Europe are living rough or in emergency shelters, while more than 4 million are considered as homeless[3,4].

3 https://www.europarl.europa.eu/doceo/document/B-9-2020-0363_EN.html
4 https://www.feantsa.org/en/be-fair-europe-campaign/background

How can I help as a peer supporter?

Your contribution to the recovery journey of a peer is essential

- You can offer useful support, encouragement, hope, and perhaps mentorship to others facing situations similar to the ones you have faced, endured, and overcome

- You can support the service providers to better understand the complex issues a homeless person has to go through when willing to recover

- You can support a homeless person in developing trust towards the existing services and requesting support

- You can respect their wishes and pace because you understand that the recovery journey has different moments, and we are all unique in our ways to cope with it

- You can share what you already know in a way that does not insult or stigmatize

- You may have your own ideas on how else to support and you could discuss it with a partner service provider

- You have been there; you have done that

Where can I do it?

You can contribute in your own way depending on your will, understanding and availability

- becoming a volunteer in a peer network working with homeless people

- becoming a volunteer at an organization attending homeless people

- seeking employment at an organization attending homeless people

- becoming an advocate of the rights of homeless

Self-assessment Unit 3

Now that we have finished this Unit, you're ready to assess your learning and understanding of its contents. Please, rate each proposed statement with a score from 1 to 5, **where 1 means "not at all" and 5 means "definitely yes".**

Please, reflect upon your answers and be sincere. Hand the filled self-assessment sheet to the facilitator.

ASSESSMENT EXERCISE	1	2	3	4	5
1. I am aware of the main causes of homelessness					
2. I can identify and discuss various stereotypes / prejudices related to homelessness					
3. I can explain the main homeless' rights according to the most important global declarations and charters of rights					
4. I feel that I could participate in a discussion on homeless' discrimination providing insights and arguments based not only on my own experience					
5. I've strengthened my ability to identify situations when it may be necessary to cross the boundaries					
6. I feel more capable of crossing boundaries in case needed					
7. I believe I have the capacity to identify and discuss referral scenarios in accordance with the needs of my peers					
8. The information I learned in this Unit will help me handle the main set of duties related to the role of the peer supporter of homeless persons					

UNIT 4: MENTAL HEALTH AND RECOVERY

Mental illness affects the person in his entirety (thinking, feeling, behavior and mood). It impacts deeply daily life and often influences the ability to be part of a healthy relationship.

In mental health it is important to accept that "recovery" can be reached without "care". The "Mental health recovery approach" highlights the importance to give to the patient the role of the main actor in the process to regain control over their lives and emotions. The objective is to provide tools and opportunities to deal with their mental condition in a healthy way.

In this unit we will talk about:

- Basic mental illnesses: description of the main conditions, some symptoms, some of the types for each condition and a direct testimony of a person suffering from that distress

- Substance abuse.

- Ways to maintain your own mental health.

Basic Mental Illnesses and their effect on functioning

Data shows that prevalence of common mental health problems is over twice as high among the homeless population compared to general population, while the probability of developing psychosis can be from 4 to 15 times higher for people affected by social marginalization. Given the great importance of mental health in the quality of life of an individual, it is fundamental to keep in mind the differences between various mental illnesses to fully understand the needs of each case and to develop an accurate plan of recovery for each person.

Although a peer supporter isn't directly involved in the treatment of said mental health conditions, learning how to distinguish the various mental illnesses is crucial to approach the clients in the right way. By understanding the mental health status of marginalized individuals it is possible to calibrate the accompaniment the peer may need in function of their condition. Also, for those clients that present symptoms of a mental condition but haven't been diagnosed and are not receiving treatment, the role of the peer supporter might be in helping the homeless services/health services detect the problem in the person, by informing a mental health professional.

Anxiety disorders

Anxiety is a common experience for all but for those with anxiety disorder, it becomes an everyday worry and fear and this symptom gets worse day by day and becomes a barrier to a healthy life and relationships.

Some of the symptoms include:

- Restlessness

- Muscle tension

- Sudden and repeated attacks of intense fear

Some of the types of anxiety disorder include:

- Generalized anxiety disorder

- Panic disorder

- Phobias

"…For me, being at home makes things worse, because it is when I am alone that the bad thoughts creep in and the panic starts. I have no distractions or escape from the negative thoughts, so I become overwhelmed easily…"

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD disorder is a developmental disorder defined by inattention (trouble staying on task, listening); disorganization (losing materials); hyperactivity-impulsivity (fidgeting, difficulty staying seated or waiting).

Some of the symptoms can include:

- Inattention or hyperactivity

- Deficits in social interaction and communication

- Learning deficits in areas of reading, writing, and mathematics

Some of examples of other neurodevelopmental disorders include:

- Autism spectrum disorder (ASD)

- Learning disorders

"Every time I sat down at the computer I got up again soon after, the empty Word document a shameful testament to my lack of focus. Some days I didn't make it to my desk. It felt as if my thoughts were written down on Post-it notes, hundreds of Post-it notes that were swirling around in a giant wind tunnel. I was in the wind tunnel too, frantically grabbing at each slip of paper." (The Times, Bloodworth, 2021)

Bipolar Disorder

Bipolar disorder causes a person's mood, energy, and ability to think coherently to change dramatically. Persons with this kind of disorder have extreme changes of mood in a continual sequence of high and low. Some of them can experience a long time symptom-free. In some cases, many years can pass between episodes.

Some of the symptoms can include:

- Mania or hypomania, such as periods of excessive activity and energy

- Episodes of depressive symptoms

- Mood swings

Some of the types of bipolar disorders are:

- Anxiety disorders

- Some impulse control disorders

"Imagine yourself getting drunk, but without any alcohol. You feel lighter, more confident in your speech, and more adventurous than normal. As it progresses, your judgment begins to cloud. You overestimate yourself. Strangers are suddenly friends. Reality begins shifting – you start perceiving things you didn't perceive before... I barely slept or ate. I shifted between feeling extremely scared to aggressive, overly sexual or outgoing... I stopped looking after my body, believing that I could not die... What followed a few months after ... Depression crept into my consciousness and steadily took the life from me. I felt insecure, worthless, silent and numb. A burden to everybody around me. Suicide was a recurrent topic in my thoughts."

Depression

Depressive disorders, often known as clinical depression, are characterized by a persistent sense of hopelessness and despair. It may become difficult to keep up with normal daily life activities (eating, sleeping, working, and enjoying friends and hobbies) as a result of this.

Some of the symptoms may include:

- Chronic fatigue and lack of energy

- Loss of interest or pleasure in activities that the person used to enjoy before

- Insomnia or hypersomnia (excessive sleeping) almost every day

- Trouble concentrating, indecisiveness

Some of the common depressive disorders include:

- Major Depressive Disorder

- Seasonal Affective Disorder

- Postpartum Depression

"The quality of my life has deteriorated in recent years as a result of the tremendous amount of effort and struggle required to go through so many tasks... I need to get out and do things, like go to concerts or school events, or attend meetings, and some of those things are quite difficult to motivate oneself to get up and go. It was difficult for me to even get out of bed to go for a stroll, despite the fact that walking is one of my favorite activities."

Personality Disorder

Personality disorders generate substantial issues and restrictions in relationships, social activities, employment, and school, because individuals with personality disorders have trouble perceiving and

relating to circumstances and people.

Some of the symptoms are:

- Persistent lying, stealing, creating false identities, conning others
- Unstable and intense relationships
- Failure to recognize others' needs and feelings

Some of the types of personality disorders are:

- Borderline personality disorder
- Antisocial personality disorder
- Narcissistic personality disorder

"Then on Monday, I awoke feeling anything but. I was depressed, but also anxious and perplexed. I was tired and antsy, wanting to do everything and nothing at the same time; I wanted to talk to my friends and be alone".

Post-Traumatic Stress Disorder (PTSD)

PTSD can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, sexual assault, war/combat or something similar.

Some of the symptoms are:

- Re-experiencing symptom
- Avoidance symptom
- Cognition and mood symptoms

Some of the types are:

- Post-traumatic stress syndrome
- Acute stress disorder
- Adjustment disorders

"I couldn't close my eyes for months following the incident without seeing my assailant's face. I was plagued with dreams and horrible flashbacks. I was unable to sleep alone in my residence for four years following the incident. I double-checked all of the windows, doors, and locks with an obsessive vigilance."

Schizophrenia and other psychotic disorders

Psychotic disorders are serious illnesses that affects thoughts and perceptions and make it hard for someone to recognize what is real and what isn't.

Some of the common symptoms are:

- Delusions
- Hallucinations
- Disorganized thinking and speech

Some of the types of psychotic disorders are:

- Schizophrenia
- Delusional disorder

"When I hear voices, umm, that prevent me from going about my daily business, I'm distracted with the voices"; "...the voices, how they've affected my life, uh, simply day to day living essentially... Going out, getting out, and doing stuff, umm, just uh, "I daren't go out now, ideas in my mind are making me think evil things;" "I daren't go out now, thoughts in my head are making me think bad things; When there are a lot of people around, I become nervous."

Substance-abuse and addiction

Evidence of decreased control, social impairment, hazardous use, and pharmacological criteria are used to diagnose a drug addiction disorder.

Some of the symptoms include:

- Craving the substance
- Withdrawal from friends and family
- Sudden changes in behavior
- Engaging in risky behaviors
- Developing a tolerance, which leads to increasing the dose
- Experiencing withdrawal symptoms after stopping

Some substances that have been found related to addictive disorders are alcohol, cannabis, opioids, cocaine, tobacco, …

An example of addictive behavioral disorder is gambling disorder.

"What I initially believed was heroin turned out to be fentanyl. Something I wasn't aware of. I liked it; I didn't feel useless or in agony, and I felt loved by this substance rather than by others. This was by far the sickest and most poisonous relationship I've ever been in. I was addicted since day one. Since that first time I smoked a joint. But I thought this was the life. This is the way to live. This was the connection I had longed for. Nothing stood in between myself and the relationship."

What is mental health recovery?

It is important to realize that recovery doesn't suppose a cure. To recover means to be able to create and live a fulfilling and meaningful life, and to contribute to your community even when the mental health difficulties persist.

Recovery encompasses the person's entire life, not just their symptoms. It involves:

- finding hope; being optimistic about the future; believing in oneself; having a sense of personal agency;

- having a sense of purpose; finding a meaning in life, despite the illness;

- building healthy relationships;

- gaining independence.

Recovery may cover five stages

- Moratorium – a period of retreat marked by a profound sense of loss and hopelessness;

- Awareness – realizing that all is not lost and that a full life is attainable;

- Planning - assessing strengths and shortcomings in terms of recovery and beginning to work on improving recovery abilities;

- Rebuilding – actively working toward a positive identity, setting meaningful goals, and taking control of one's life;

- Growth – a good quality of life includes feelings of well-being, control and autonomy, a positive self-perception, a sense of belonging, participation in pleasurable and meaningful activities, and an optimistic outlook on the future.

Feelings of well-being, control and autonomy, a positive self-perception, a sense of belonging, involvement in pleasant and meaningful activities, and a hopeful outlook on the future all contribute to a high quality of life. Of course, negative feelings are to be expected as a normal part of the process of change. They should not be considered drawbacks as they are inevitable in the long journey to recover from mental health problems. They can emerge from the progressive shift in self-consciousness, when re-evaluating past choices, and are also very frequent when battling substance-related addictions that can be related to the mental conditions of the individual.

Being homeless is challenging and dangerous. Because of that, homeless people tend to be diffident or withdrawn when approached. Earning their trust is hard work but is a fundamental step in the recovery process. Professionals won't be able to involve the homeless person in recovering from their condition if the client doesn't trust them. Peer supporters can play a key role in this delicate process, especially at the beginning. Having similar background stories and knowing the struggles of living in poverty, are strong points when it comes to creating a positive relationship between homeless people and members of the Social Services staff. Sharing these common experiences makes it easier to break the ice and can make the person feel more comfortable expressing their needs and opening up about their life stories. By practicing active listening, peer supporters can build a trustful and meaningful connection with the clients, which will eventually make them feel understood and safe while facing the changes that are part of the recovery process (we will learn more about active listening and other communication techniques in the unit Communication).

Worksheets

Unit 4. Worksheet 1: Mental conditions

Worksheet:

MENTAL CONDITIONS

Think of some of the common symptoms of mental illnesses written in the table below. Write them down.

CONDITION	SYMPTOM
Anxiety disorder	
Attention Deficit Hyperactivity Disorder	
Bipolar disorder	
Depression	
Personality Disorder	
Post-Traumatic Stress Disorder	
Schizophrenia and other psychotic disorders	
Addiction and substance abuse	

Self-assessment Unit 4

Now that we have finished this Unit, you're ready to assess your learning and understanding of its contents. Please, rate each proposed statement with a score from 1 to 5, **where 1 means "not at all" and 5 means "definitely yes"**.

Please, reflect upon your answers and be sincere. Hand the filled self-assessment sheet to the facilitator.

ASSESSMENT EXERCISE	1	2	3	4	5
1. I know the effect on functioning caused by mental illnesses					
2. I have a basic understanding of main mental illnesses and their symptoms					
3. I can explain what differentiates substance abuse from substance addiction					
4. I can explain the difference between recovery and cure					
5. I know what the recovery process involves					
6. I can name and explain the five stages of the recovery process					
7. I understand how peer supporter's figure can be of help in the recovery of a homeless person struggling with their mental health					

UNIT 5: TRAUMA AND HOMELESSNESS

Through this unit, you will learn the basics about trauma and how it affects a person's functional ability, health, and quality of life. You will learn what is trauma and about different trauma types. You will become acquainted with the Window of Tolerance and learn about the symptoms of trauma. This unit will help you increase your understanding of homelessness as a traumatic event and gives you tools for working with traumatized people. You will understand how experiences of violence can be causes of trauma.

What is trauma?

A traumatic crisis is a sudden, surprising, and unusually powerful event that would cause suffering to anyone. Traumatization occurs when a person simply does not find ways to protect herself from the pain caused by a traumatic event. Mental pain is simply too much, and events lock into the mind and body. In addition to the traumatic event happening to oneself, witnessing another person experience trauma can also be traumatic.

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 trauma experiences.

EXAMPLES OF TRAUMA	
TYPE 1	**TYPE 2**
• Severe illness or injury	• Childhood emotional abuse
• Violent or secual assault	• Domestic violence
• Mugging or robbery	• Emotional neglect and attachment trauma
• Being a victim of or witness to violence	• Abandonment
• Witnessing a terrorist attack, a natural disaster, etc.	• Verbal abuse
• Road accident	• Coercion
• Military combat incident	• Domestic physical abuse
• Hospitalization and psychiatric hospitalization	• Long term misdiagnosis of a health problem
• Childbirth	• Bullying at home, at school or at work setting
• Medical trauma	• Emotional and sexual abuse
• Post suicide attempt trauma	• Physical neglect
• Life threatening illness or diagnosis	• Overly strict upbringing

Traumatic experiences are specific to the human psyche because they are stored in memory unlike everyday events. When a person finds herself in a highly stressful situation, her body secretes the so 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.

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, difficulties in trust, hallucinations, depression and fatigue. Of the many different symptoms, we have chosen the following to focus on arousal regulation problems.

1. Arousal regulation problems and Window of Tolerance

2. Difficulties in interpersonal relationships

3. Emotional detachment

4. Addictions and self-destructive behavior

1. Arousal regulation problems and Window of Tolerance

Arousal regulation problems are very typical symptoms of trauma. In hypoaroused state, the parasympathetic nervous system responds to the traumatic experience with paralysis. This condition may be confused with depression. A constant state of hypoarousal can easily lead to isolation and prolongation of paralysis. Feelings of emptiness, exhaustion, lack of thoughts, slowness, and impaired functioning can make life isolated. Human functioning is greatly reduced.

Contrarily, in the state of hyperarousal, the fight or flight mode is activated by sympathetic nervous system— 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. 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.

WINDOW OF TOLERANCE
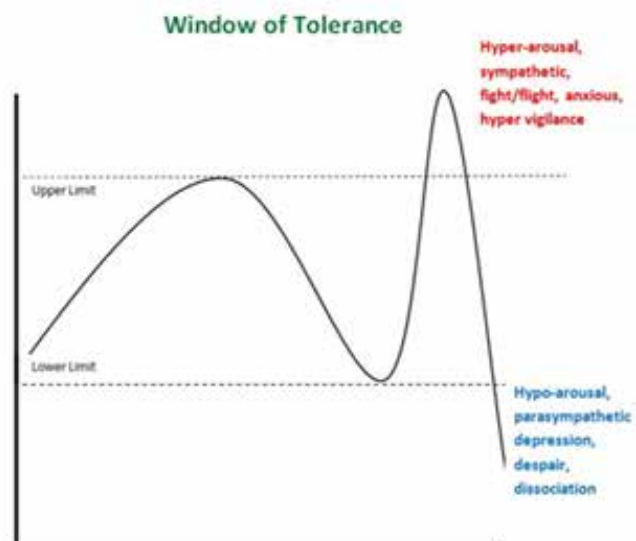
2. Difficulties in interpersonal relationships

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.

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.

4. Addictive and self-destructive behavior

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

Relation between homelessness and trauma

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

2. Trauma often happens when you are homeless, for example by being a victim of an attack, sexual assault or any other violent event. People can also be re-traumatized by services that leave them feeling powerless and controlled; for example, if they lack privacy and are being challenged in demanding ways.

3. Homelessness itself can be considered trauma 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".

Homelessness and violence

Homeless people experience violence. The violence faced by homeless women is particularly diverse. In the UK, as many as 95 percent of homeless women have experienced physical violence and 80 percent 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 own childhood. Experiencing domestic violence 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

Worksheets

- Unit 5. Worksheet 1: ¿What is trauma?
- Unit 5. Worksheet 2: Window of tolerance

Worksheet:

WHAT IS TRAUMA?

World cafe. Main points of discussion summarized

Table A: *Type 1 trauma (i.e. single traumatic events)*
What kind of individual traumatic situations can a person face in their life?

Table B: *Type 2 trauma (i.e. recurrent, prolonged traumatic experiences)*
What kind of events are these?

Table C: *What kind of traumatic events can be associated with homelessness (Before or during homelessness)?*

WINDOW OF TOLERANCE

THE WINDOW OF TOLERANCE

Hyper arousal, fight/flight,

anxious, hypervigilance

Upper limit

Optimal state

Lower limit

Hypo arousal, depression,

despair, dissociation

In what situations do you feel hyper-arousal? How does the body feel then?

What helps you calm down?

In what situations do you feel hypo-arousal? How does the body feel then?

What helps you to optimize your energy level?

Self-assessment Unit 5

Now that we have finished this Unit, you're ready to assess your learning and understanding of its contents. Please, rate each proposed statement with a score from 1 to 5, **where 1 means "not at all" and 5 means "definitely yes"**.

Please, reflect upon your answers and be sincere. Hand the filled self-assessment sheet to the facilitator.

ASSESSMENT EXERCISE	1	2	3	4	5
1. I know what is trauma.					
2. I understand what can cause trauma.					
3. I understand how trauma can affect human functioning.					
4. I have a better understanding of my own history and any traumatic events that may have happened to me.					
5. I understand how changes in a person's arousal regulation affect their behavior and ability to function.					
6. I understand how traumatic events increase the risk of homelessness.					
7. I recognize different forms of violence.					
8. I feel more prepared to work with persons who have suffered a trauma.					

UNIT 6: USING OWN LIFE EXPERIENCE TO HELP OTHERS

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 will help you to connect with your peers. Equally, learning about your experiences can assist your peers in finding their own ways to the changes in their life. In this unit, you will learn about aspects that will help you and your peer to make the most out of experience sharing and others that you shall avoid.

The fact that you are participating in the JCS Training Program, means that you are attracted by the idea of supporting other people that are going through challenging life situations similar to those you once have been through yourself, and you want to prepare for that.

No matter the wishes and motivation, for some people it takes some time and practice for to become comfortable sharing their experience. This is why, this training- the information and the exercises contained- has for purpose to help you feel at ease in the role of a peer who shares. However, this has to be seen as a process, and you shall be the one who sets the pace at which you might be willing to disclose different aspects of your story. The way they are planned, most of the activities permit you to choose what to talk about from the wide range of personal experiences. In fact, what you chose to talk about doesn't have to be connected with your experience of homelessness. Remember that you are the one in control of the situation and of your story, and free to decide what aspects of it you want to share at each point.

Before you share your lived experience

Peer workers are expected to role model hope and recovery within the peer relationship

- Peer support agents are evidence of the reality of recovery

- They are evidence that people can learn and grow from challenges and setbacks

- They are evidence that we all have hopes, dreams, and aspirations and can work towards and live out our potential.

- This offers something for people to aspire to.

However, there is a need to be careful about sharing of lived experience

- Sharing your story isn't a purpose in itself. The purpose is to inspire hope, show empathy and mutuality, and not to share your story.

- Your recovery story and what helped you may help others as well but may not be helpful for everyone.

- Avoid generalizing your experiences. Instead, procure to refer to yourself when sharing by using first person pronouns (I, me, my, mine…), e.g. This helped me…; In my case this worked…; My experience with…; My situation…

- Avoid communicating details that could prejudice or trigger your peer.

- You need to use lived experience and your story constructively and thoughtfully.

How to share lived experience (your story) intentionally

- Seek to discover common ground – ask questions and listen to your peer.

- Remember that sharing your story in small, well-targeted segments, often has more impact than telling it all at once. Listen to your peer, and use your knowledge and intuition to determine the best time to tell determined parts of your story.

- Recognize that each person is unique – each person's experience reflects what they have come to know because of where they have been

- Try to keep your story balanced and authentic. Procure to avoid both, exaggerate positivity and exaggerate negativity.

- Focus on the parts of your story that inspire hope, self-determination and empowerment

- Avoid giving direct advice or telling your peer what to do.

What do we need to think about when sharing lived experience?

- It is about learning and re-naming of experiences – encouraging each other to re-evaluate what we know and we make sense of our experiences.

- Accept people for who they are. They are looking for validation not fixing. This is where peer support should be focused.

- Find out about your peer – his preferences, needs etc. – before sharing to ensure that what you share is relevant, appropriate.

- Remember that you as a peer worker are in a mutual relationship – walking alongside, learning from each other – your story will not have all the answers.

Focus on the relationship and nurture it, as a strong basis for sharing experiences and mutual learning and growth.

- Understand that you and those people you are in a peer relationship with will have limits and boundaries and these can change over time. Be mindful of this.

- Peer workers do not have all the answers. They have lived experience, which they can use intentionally to support people to make sense of their experiences and take control of their recovery.

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 own experiences. Involving survivors (experts by experience) 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. The satisfaction experts get from contributing, boosts their confidence, creates a sense of pride and self-worth and keeps them motivated. It can be powerful for experts to recognize that their actions and their words are being listened to and their contributions can have a positive effect.

However, for this approach to work there must be a true intention and commitment of the structures in charge of the services towards including different stakeholders in the process, which requires certain efforts and persistence to build and maintain an appropriate framework for that. 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 changing the system or adapting its response to certain social problems.

The external and internal pressures experts may feel to fix issues in the system they faced themselves can push them to take on more responsibility than they can deal with. Unless due care is taken in supporting experts as they participate in systems change, the repeated telling of their story can become a trigger for flashbacks or even relapse from recovery pathways.

> **"You feel like you're involved and you're part of something. You feel like you're having your input into changes in the future. It just makes you feel great in yourself. Yes, it does. It just gives you so much self-motivation."**
>
> **Expert (Community Fund, 2020)**

Worksheets

- Unit 6. Worksheet 1: Letter to myself
- Unit 6. Worksheet 2: Experience sharing role play

Worksheet :

LETTER TO MYSELF

Look back at the challenges you overcame at some point in your life. It can be anything— from the relatively small challenges to the most complex ones. You may concentrate on one particular challenge or may choose to make reference to several. Think about your strengths of character that played role in overcoming these challenges.

Next thing, write a short letter in which you congratulate yourself for rising above hardships, and point out to strengths that led you to fight those difficulties

Worksheet:

EXPERIENCE SHARING ROLE PLAY

Together with another colleague, role play a conversation between a peer supporter and a peer, based on the situations below.

As a peer supporter, you might be asked to share your experience in relation to situations similar the ones below. It may happen that you don't have a direct, first person experience with some of these situations; however, you will be able to understand the stance of the person and offer your insight to your peer.

1	Mike doesn't feel comfortable with the setting at the shelter. He doesn't know how to talk about it to the staff. Instead, he just leaves and sleeps rough for a few days. During these days, he usually gets back to drinking.
2	Saul hasn't been in touch with family members for a few years. He would like to reach out to them but he's hesitant and doesn't know how to do it.
3	Laura is considering taking a VET course but he finds it hard to decide an area.
4	Alicia is living in a private an apartment for the first time in two years. You live alone. A social worker from a local organization pays you a visit almost every day. Out of that you don't have anything to fill your days with. You feel lonely.
5	Kevin has been told that he could sign up for a housing program. However, it has multiple requirements. This is why the social workers have been all around him to manage a number of documents and paperwork. They accompany you him to administration offices. He feels uncomfortable. It seems to him that others take decisions for him.
6	Helen has been offered a job. She is supposed to start the trial period next week. She feels extremely nervous and insecure because it has been quite a long time since she last worked and she feel an important pressure to be able to keep this job.
7	Marta had been living with her partner who often mistreated her and she moved out. Now, she is living at a women's shelter and attends a VET program. Over the last two weeks she has been missing the classes repeatedly and it seems that she had restarted a relationship with the ex-boyfriend who abused her.
8	Frank has started a job recently. He has already received several payments but he hasn't been able to save any money. It looks like he spends the money he gets in just a few days after he gets paid.

9	Rebecca has been living in the street for the last couple of years. She never goes to the shelter. She doesn't want to engage with any services because she doesn't want no one's compassion, which only makes her feel ashamed.
10	There is one person Robert had been close to once, but they argued and broke the friendship... He still feels sorry because that person was very important to him. He would like to get in touch with that person to tell her that he's sorry but he's ashamed and fears rejection.

UNIT 7: EMPOWERING PEER RELATIONSHIPS

Peer support is a crucial tool for assisting people in transitioning to more safe patterns of behavior, allowing them to cope more effectively with distress and emotional difficulties. One of the pillars of peer support is building a meaningful relationship. In this unit, we will learn that a peer relationship is based on mutual exchange and aims to empower the peer instead of solving his problems. We will consider the balance of power and the roles the peer and the peer supporter take. We will also discuss the importance of setting clear boundaries to help the peer supporter reach a balanced and safe relationship, in which they feel comfortable.

Aspects to consider to create a positive peer relationship

It can't be denied that in any relationship people influence each other. In the peer relationship, it is your role as a peer supporter to maintain an open attitude that will encourage the relationship with your peer.

It is obvious that no one is entirely free of prejudices; however, as a peer supporter, you shall try to adopt an objective point of view and avoid stereotyping. Try to be objective and avoid situations in which your peer might feel accused. Adapt a listening and empathetic attitude, and avoid making judgments. Always intend to consider the situation and the perspective of the other party to try to understand their motivations. If you are able to describe and understand the behavior of the other, its consequences on his life and the relationship between you without judging him, you can face criticism and difficult topics with ease. Not only that, you'll also develop more empathy for others while you do it. That's because often it's the judgments we make that distance us from other people and derail communication. If you learn to express yourself effectively you will avoid this problem (For more information on the topic of communication, please see unit 9). Instead of judging try to ask yourself "what makes this person act this way?". Asking yourself this question will allow you to approach the person from a more objective and empathetic perspective. That is because you're going to shift your focus to the reasons that make the person act in a certain way, instead of focusing on your interpretation and reaction to that behavior. The latter means putting the person- and not yourself- in the center of the problem, and searching for solutions addressed at improving the situation of the person. This attitude will also help you not to take personally conflicts or unpleasant situations that might take place between you and your peer.

In a peer relationship, you must also pay attention to emotions — both yours and those of others. Try to think of the last argument that you witnessed that led to a conflict. Maybe you've noticed that when the emotions at stake are too intense, sometimes there's no way back. Humans, when emotionally activated, tend to react like animals: we attack or escape. For this reason, it is necessary to be able to regulate emotions. If you feel emotionally activated yourself, interrupt the conversation for a while, leave the room or talk to someone about your feelings. While at work, discussing the situation with your colleagues might help you to face your emotional reaction.

Mutuality and empowerment

Peer support is a mutual support relationship in which people who have had similar life experiences provide one another assistance, especially while they go through difficult times in their lives. The function of a peer supporter includes building mutually empowering connections, as well as exchanging experiences in a way that encourages hope, optimism and positive attitudes.

Peer supporters' role is by no means to provide their peer with ready-made solutions. Rather than that, they will procure to put their experience, knowledge and skills at the service of the peer, who is the real "lead actor" of the relationship.

The peer relationship rests on the idea that the peer supporters, thanks to sharing a similar experience, can empathize and help their peers to face their problems, however, it is the peer who is a bearer of potential and resources to change his own situation. The peer supporter shall be open and prepared to build an equal and reciprocal relationship. It is essential that the peer who receives support feels the full presence, involvement and confidence of the peer supporter.

While building your peer to peer relationship, keep in mind the following:

Authenticity. Within the relationship there must be an authentic ego; not a personage built in a professional way and deputy to play that role. It is the authentic humanity of the peer supporter that is involved and as such that has to enter into the relational game that concerns and involves it.

No to trivialize. In a peer relationship, you shall be careful not to trivialize the feelings and opinions of others. Precisely because they are important to the other, they remain important and relevant; and they must be treated as such.

Willing to get in the game. The relationship is something that always puts our fullest humanity to a test and therefore, assumes the hypothesis of individual change in its base. It means that to be really immersed in the relational game we have to be willing to "get wet" and be put to a test; be willing to enter into a constant process of change and growth.

Peer support is a method of helping individuals focus on what they have going for them rather than what they don't have. It recognizes the individual as a full person rather than just a problem, encouraging resilience and a stronger capacity to cope with adversity. As a peer supporter, you can use your personal experience to help the person to develop:

- **Control:** what happens largely depends on the individual's attitudes. With a correct attitude, one can come to the head of the most difficult situations using own personal resources

- **Tolerance to frustration:** things can go wrong, but you don't have to be discouraged right away. The world is a place where all can happen, failures, unforeseen incidents and relapse are part of the game. It is possible to recover from a setback.

- **Restructuring:** there is something positive even in the most difficult situations. For instance, they can teach you something valuable for the future. and from which you can start again. In the face of an unexpected event or a failure, show your peer that you understand their disappointment and help them highlight positive elements of it in the right time.

- **Trusting attitude:** whenever a problem emerges, help the person to isolate the problem and to understand that it has specific and temporary causes, and that sooner or later, it will be solved or will pass, however painful it may be at the moment.

- **Orientation to the final objective:** always have present and remind your peer about the final goal of the path they have undertaken, help them define small commitments that will bring them closer to their goal. It will help them improve self-discipline and self-control.

Empowering peer relationship VS Helper type relationship

Empowerment is a process that aims to encourage the acquisition of power, that is, to increase the possibility of individuals and groups to actively control their lives through the best use of their current and potentially acquired resources. Your experience gives you a great opportunity to be in direct contact with the person. Use it to encourage and support their empowerment.

In an empowering peer relationship, you should avoid directing the person's actions. Your task is not to direct, but to create the conditions for development. Your objectives can be, among others:

- Creating a climate of confidence that encourages the meetings

- Facilitating self-exploration

- Fostering autonomy

- Offering support in the decision-making process by explaining or clarifying the situation, existing options, and possible consequences

- Finding solutions together

Although often it is easier to show how to do something instead of offering tools so that the person can find her own way to do it, we must be aware that this attitude creates a situation in which the person that receives help develops a dependence on that help, and doesn't learn how to cover her needs autonomously.

Power, choice and control in peer relationships

Gaining control of one's own life implies the ability to choose 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 a 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.

Understanding and maintaining boundaries in formalized peer support

As a peer supporter, you have some common experiences with the people you will work with and this is one of the most useful tools that will help you bond with your clients. Having this in mind, and in order to make the peer relationship work, managing boundaries is very important. At the same time could be also a big risk to your well-being if you are not able in defining clear boundaries.

You will provide important services to your peers, which will imply:

- Use the personal experience of recovery as a tool;

- Present recovery information;

- Provide information about mental health and substance use disorder resources;

- Assist in identifying and supporting consumers in crisis;

- Facilitate self-direction and goal setting;

- Communicate effectively with other treatment providers; create an environment of respect with peers;

- Encourage peers to construct their own recovery and wellness plans.

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 mental or emotional confines, 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 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, a 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 relationship 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.

Worksheets

- Unit 7. Handout 1. Drama Triangle
- Unit 7. Worksheet 1. My strategy to build a meaningful relationship
- Unit 7. Worksheet 2. Characteristics of a peer support agent
- Unit 7. Worksheet 3. Boundary exploration
- Unit 7. Worksheet 4. Healthy relationships
- Unit 7. Worksheet 5. Maintaining healthy relationships

HANDOUT: DRAMA TRIANGLE

To describe dysfunctional social interactions, a transactional analyst Stephen Karpman has created a model called "Drama Triangle" where he distinguished three different roles: Victim, Rescuer and Persecutor. Knowing this scheme can help you identify in which direction your or your collaborator's and client's roles are going, and adapt your actions to be more effective.

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 unfavorable 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). 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 for the sake of the Victims and attempting to spare them from harm. They feel blameworthy for standing by while individuals drown. Rescuers have the great purpose of saving others and consider it essential. They come up short figuring 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, and 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 change the Drama Triangle in its relative positive model, called the Empowerment Triangle.

In the Empowerment Triangle Victims transform themselves into **Creators**, who focus on outcomes, rather than problems. Creators focus on objectives instead of problems. They clarify their objectives and take responsibility to achieve wanted outcomes.

Rescuers change their role to **Coaches**, who are careful and trust in the Creators. They work for the empowerment of the Creators, and they work with them to reach the objective. Coaches do not solve the problems; they help and coach the Creators in finding their solutions.

Persecutors become **Challengers**, who show the creator the limits they can overcome. They think Creators are capable of making progress by taking action and making progress, they stimulate instead of criticizing or blaming.

Worksheet:

MY STRATEGY TO BUILD MEANINGFUL RELATIONSHIPS

Describe how you can show a genuine interest in the others .

Describe a situation in which you tried to get people interested in you

In which ways you could stimulate others to speak about themselves. Can you describe some techniques about an active listening?

Imagine someone having an opposite point of view than you about something very important to you. How can you show him your perspective without being judgmental and critical?

Worksheet:

CHARACTERISTICS OF A PEER SUPPORT AGENT

Which of your personal characteristics might be important to the person you are supporting?

◯ empathy	◯ patience
◯ credibility	◯ mediation skills
◯ trustworthiness skills	◯ conflict management
◯ organizational skills experience	◯ homeless
◯ ability to cooperate experience	◯ mental health
◯ problem solving	◯ services knowledge
◯ humour	◯ welcoming attitude

Describe your own specific characteristic you think can help you in building a positive peer relationship

- Write down characteristics you would want in a peer when looking to form a relationship

1. ....
2. ....
3. ....
4. ....

- Write down characteristics that you DO NOT want a peer to possess when looking to form a peer relationship

1. ....
2. ....
3. ....
4. ....

Put in the dartboard the characteristics wanted in a peer supporter in order of importance (in the center the more important ones)
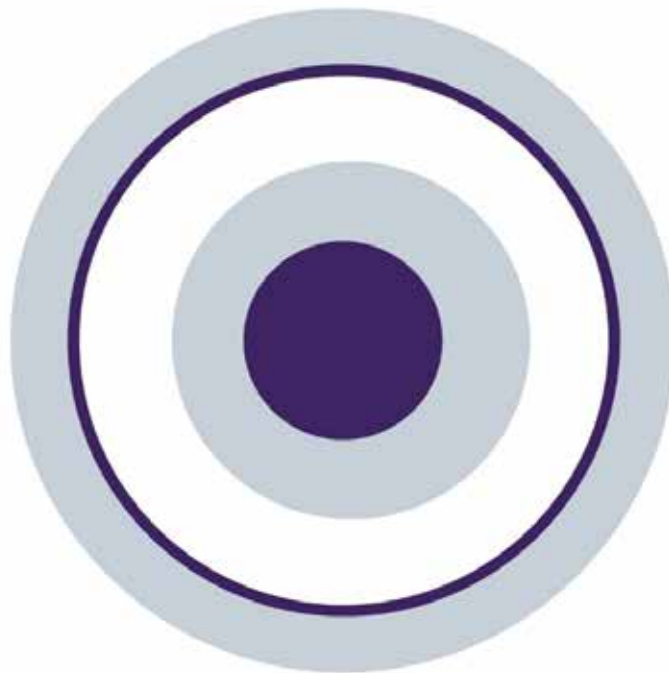
Worksheet:

BOUNDARY EXPLORATION

Consider the following strategies for identifying your personal boundaries:

A. Identify your limits – Clarifying what your emotional, mental, physical, spiritual limits are. Do this by paying attention to yourself and noticing what you can tolerate and accept as well as what makes you feel uncomfortable and stressed.

B. Pay attention to your feelings – Notice the three key feelings that are often cues that you need to set boundaries: 1) discomfort; 2) resentment; 3) guilt. If a particular situation, person, or area of your life makes you feel uncomfortable, resentful, or guilty, these are important cues that boundaries may need to be set or re-assessed.

C. Give yourself permission to set boundaries – when you fear how a person will respond if you set or enforce boundaries, reaffirm to yourself that you do indeed have this right.

D. Consider your environment – your environment can either support your setting boundaries or present obstacles to it.

Using the strategies listed above as a starting place, complete the "Boundary Exploration" table below. Imagine a peer relationship, with someone you know, in your workplace and fill in the following table trying to clarify the level of your boundaries:

Boundary Category	Porous	Rigid	Healthy	Other
Physical Boundaries				
Mental Boundaries				
Emotional Boundaries				
Material Boundaries				
Time Boundaries				

Take a moment to imagine what it will be like when you begin to establish healthy boundaries with this person. If your boundaries are too rigid, that might mean you need to open up. If they're porous, it may mean you shall set limits and say "no".

What are some specific actions you can take to redefine your boundaries?

How do you think the other person will respond to these changes?

How do you think your life/job will be different once you've established healthy boundaries?

Worksheet:

HEALTHY RELATIONSHIPS

Reflect and write down your thoughts on the key points introduced during the session, at the end write two words to summarize your thoughts for each topic:

1. Accept responsibility

2. Be reliable

3. Forgive

4. Listen

5. Communicate your needs

6. Mind your tongue

7. Accept

8. Regularly evaluate your relationships

Worksheet:

MAINTAINING HEALTHY RELATIONSHIPS

Describe the strategies you chose with your colleague to maintain a healthy relationship

Describe in a few words what happened in your one-minute skit

Self-assessment Unit 7

Now that we have finished this Unit, you're ready to assess your learning and understanding of its contents. Please, rate each proposed statement with a score from 1 to 5, **where 1 means "not at all" and 5 means "definitely yes"**.

Please, reflect upon your answers and be sincere. Hand the filled self-assessment sheet to the facilitator.

ASSESSMENT EXERCISE	1	2	3	4	5
1. I can identify and explain the aspects that underpin a peer relationship					
2. I can explain what differentiates an empowering peer relationship from a helper-type relationship					
3. I know what are the main aspects to build a positive peer relationship					
4. I know what are the main aspects to build a positive peer relationship					
5. I know what empowerment means in the context of a peer relationship					
6. I understand the value of power, choice and control in peer relationships					
7. I understand the importance of maintaining boundaries in peer relationships					

UNIT 8. CREATING, MAINTAINING AND REPAIRING SOCIAL TIES

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 some key concepts relating to Restorative Justice. Secondly, it will further explore the concept of mediation, and the role of mediators in navigating a conflict. Finally, a real-life example of restorative justice practices will be presented. The case of *"Community Safety Casework Team"* will present an example of how to combat conflicts that may arise in communities affected by homelessness and how to heal the divisions that exist between communities and individuals.

Key Concepts

Restorative Justice: Restorative Justice is a process whereby a conflict between a victim and a perpetrator is attempted to be resolved by encouraging dialogue, compassion and understanding of each other's position. The process is always done with the consent of the victim. Restorative Justice is a practice that is not only used in criminal incidents but also in everyday incidents and conflicts, aiming at giving everyone an equal chance to have their voice heard.

Community healing: Building a framework within a community that leads to openness, tolerance and trust. The aim is to achieve reconciliation within a community through a number of methods.

Defining relationships: Setting out what constitutes a positive relationship and a negative relationship. Establishing what behavioral patterns indicate whether a relationship is positive or negative.

Reframing conflicts: Gaining an understanding of how the conflict has arisen by speaking with all the people that are involved in the conflict. Understanding the roots of how the conflict arose and looking at the conflict from different perspectives can help to begin the healing process.

Mediation and growth: Acting as the mediator in a situation and trying to bring about resolutions between people involved in a conflict, helps bring about an understanding of where each person is coming from and can bring about a resolution to the conflict by helping each person understand each other.

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.

Restorative Justice: Introduction

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. This approach differs from the more common system of punitive justice. Punitive justice is a methodology that believes in punishment as a method to change the behavior of individuals by punishing criminals so that they do not offend again. Instead, Restorative Justice seeks to help the victim find closure over the events that occurred, as well as involve the perpetrator in the healing process. Restorative Justice aims to help the victim, the perpetrator, and the community by promoting understanding and compassion.

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 incidents are not criminal in nature, they can still represent a conflict and cause harm. Therefore, 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**. Practices such as mediation and group healing are usually employed.

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. Each application of mediation practices is defined by the participants, conflict and dialogue that needs to take place.

The process of initiating a restorative mediation can broadly be based on 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?

Restorative Justice: Examples in Practice

Community Safety Casework Team – 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 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 break down 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.

- The residents took part in the process that sought to prevent further harm in their community, instead of punishing the individual.

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.

Worksheets

- Unit 8. Worksheet 1: Defining relationships

- Unit 8. Worksheet 2: Reframing previous conflict

- Unit 8. Worksheet 3: Mediation and Growth

Worksheet:

DEFINING RELATIONSHIPS

In this activity, you will explore what constitutes **positive relationships** and **negative relationships.**

Think about these questions:

- What makes a relationship positive?
- What makes a relationship negative?
- How does a negative/positive relationship make you feel?
- What do you need for a relationship to be "positive" for you?

Write down the key characteristics for each:

Positive relationships	Negative relationships

Write down the final definition for **Positive relationship**

Write down the final definition for **Negative relationship**

Worksheet:

REFRAMING PREVIOUS CONFLICT

Please, read this case scenario and discuss it with the rest of the group. Use the following questions to guide the discussion.

CASE SCENARIO

Knife incident

INCIDENT INFORMATION

Derrick is a 30-year-old homeless man who recently brought a switchblade knife to the shelter where he sleeps at night and threatened another shelter resident (Taylor) with it. Taylor was extremely frightened, and he is now scared to come back to the shelter. The shelter staff decided to hold a conference with both residents to talk about the incident.

TAYLOR – Student threatened (Victim)

Taylor is also homeless, and he goes to the shelter to sleep every night. He is calm and everyone there seems to like him. Taylor has always disliked Derrick because he is impulsive, aggressive and always seems to be in trouble. The day before the knife incident, Taylor made fun of Derrick in front of other residents for acting so immaturely and being unable to control himself.

On the day of the incident, Derrick pulled up a switchblade knife in front of Taylor and told him: "Make fun of me again and you will regret it". This incident made Taylor feel extremely scared and vulnerable. He is afraid to come back to the shelter since he doesn't see it as a safe space anymore.

DERRICK – Person who did harm (Offender)

Derrick is a 30 year-old man who became homeless 2 years ago. He has been struggling to find accommodation and a stable job. His mental health has been severely affected because of this situation, and he knows that his behaviour has been altered by becoming more irritable and impulsive.

Derrick doesn't feel supported by the shelter staff, and he doesn't want them or the other residents to know about his struggles with mental health. Derrick felt really offended by Taylor's comments labelling him as immature, and he decided to bring the knife to the shelter to regain his respect. He never intended to actually hurt Taylor, but he wanted to scare him off. Derrick doesn't think the incident was such a big deal and is angry at the shelter staff for letting Taylor make fun of him in the first place.

Consider these questions when discussing the case scenario:

HARM COMMITTED:

- What harm has been done? How has the perpetrator affected the victim?
- How can the victim make the perpetrator truly understand the impact of the harm he has done?
- How can this be communicated without laying blame, but increasing understanding?

MOTIVATIONS:

- What caused the perpetrator to act like this?
- Can I understand their motivations even if I disagree with them?
- What are the different points of view of the conflict?

HEALING:

- How can they both process and accept the wrong that has been done?
- How can we involve the perpetrator in the healing process?
- What does the victim want from the perpetrator in order to heal?

RECONCILIATION:

- What do the victim and the offender need in order to reconcile?
- What commitments can the perpetrator and victim agree on, to ensure this doesn't happen again?
- What can the shelter management/staff do in order to help the reconciliation?

Worksheet:

MEDIATION AND GROWTH

CASE SCENARIO 1

Intrafamilial theft

INCIDENT INFORMATION

Sara, a 21-year-old girl, stole her stepmother's credit card and used it to withdraw £200. By the time her stepmother (Michelle) discovered the theft, Sara had spent the money on drugs, which she consumed with her friends. Michelle was extremely upset, and when she confronted Sara about the theft, Sara yelled at her and even insulted her. Michelle was extremely angry about Sara's behaviour, and the theft was the last incident she was willing to take after continued bad behaviour. She decided to call the police to report the theft and kicked Sara out of their home. At this point, Sara found herself sleeping rough on the streets. It was decided that a group conference would be held to deal with the incident.

MICHELLE – Step-mother (Victim)

Michelle is Sara's stepmother. She married Sara's father a year ago, and both Sara and her father moved to live with her in a different town. She knows that Sara has had difficulties adjusting to her new town and family dynamics, but she thinks that it is Sara's responsibility to get used to the changes since she is old enough.

Sara is still extremely rude to Michelle and has verbally abused her on several occasions. Moreover, Sara's drug consumption has significantly increased this past year. Even though Michelle and Sara's father have tried to talk with her, she refuses to change her behaviour and habits. Michelle is concerned that the situation has gotten way out of hand, she is tired of Sara's attitude and she feels that she deserves her respect. Michelle kicked Sara out of the home because she thinks that she has to start taking responsibility for her own life and decisions.

SARA – Step-daughter (Offender)

Sara is 21 years old. Her mother died 3 years ago, and her father re-married Michelle last year. She admits to stealing the credit card and spending all the money on drugs. She knows it was a bad thing to do, however, she's still mad at Michelle for driving her father away from her previous family and for making her move to a different town.

Sara misses her old life and her mother. She was referred to a psychologist 2 months ago because she was diagnosed with depression. She blames Michelle for trying to replace her mother, and she feels that she is not doing anything to understand her and all the changes that she has brought to her life. Sara now finds herself sleeping on the streets or temporarily sleeping at her friends' places. She doesn't know how to get out of this situation.

CASE SCENARIO 2

Fire incident

INCIDENT INFORMATION

Joseph is a 64 years-old man who is homeless and has been living in an abandoned trailer for some years. To cook, Joseph usually heats up food using alcohol in a can as a stove. The incident occurred one day when Joseph left the can unattended for some time and the flames spread causing a fire. Joseph tried to stop the flames from spreading outside the trailer, however, the heat burnt his arms. He then went to the main street to ask for help, and the fire department was called. The fire was extinguished on time, and there was no further damage to the nearby buildings. However, the neighbours got really scared because of the incident, and are afraid another fire might happen in the future.

COMMUNITY (Victim)

In this case, the community is represented by some neighbours who live close to the burnt trailer. The neighbours expressed that the incident made them feel very scared since they saw the fire approaching and were concerned for their safety.

They consider that Joseph should have been more careful and responsible for his actions since he put other lives at risk. Besides, they are also worried that another fire might occur since Joseph still uses the same cooking method.

The community is understanding of Joseph's situation and doesn't think he should be sent to prison however they don't want a similar incident to happen again.

JOSEPH – Homeless man (Offender)

Joseph is an old man who has been homeless for 6 years. He had been living in the abandoned trailer for long enough to consider it his home. The fire incident caused him great emotional distress since he lost all his belongings and his home (the only space where he felt relatively safe). Moreover, he now feels more isolated and unwelcome in the community than ever before.

He feels responsible and guilty for having put his neighbour's lives at risk. He understands their concerns about preventing similar incidents in the future, however, he doesn't think that he could realistically change his cooking method. He has been using this method for years since he doesn't have the means to cook in a different way.

MADE-UP CASE SCENARIO

INCIDENT INFORMATION

VICTIM

OFFENDER

Self-assessment Unit 8

Now that we have finished this Unit, you're ready to assess your learning and understanding of its contents. Please, rate each proposed statement with a score from 1 to 5, **where 1 means "not at all" and 5 means "definitely yes".**

Please, reflect upon your answers and be sincere. Hand the filled self-assessment sheet to the facilitator.

ASSESSMENT EXERCISE	1	2	3	4	5
1. I understand the basic concepts of Restorative Justice					
2. I understand how Restorative Justice can be used in the context of homelessness					
3. I understand the key concepts and practices of Mediation					
4. I can identify cases in which Mediation could be used to solve a conflict					
5. I can identify the key aspects of positive and negative relationships					
6. I understand how mediation can lead to reconciliation and building positive relationships					
7. I can explain how Restorative Justice practices can benefit the greater community affected by a conflict					
8. I understand the role of a mediator in a conflict					
9. I can explain the general steps that a mediation process should include					

UNIT 9: COMMUNICATION

Have you ever spoken and been unheard? Listened and understood little? Certainly, you have experienced difficulties communicating with others more than once. The art of communication is the key to understanding and being understood. It is a skill that can be learned. Just learn the techniques for effective listening to quickly experience the positive effects on the conversation. The following unit is an invitation to explore the secrets of communication. The exercises included will help you better understand the people you are going to support.

Communication – more than words

Consider the statement "*Communication— more than words*". Think about how people communicate with each other. Just with words? Or maybe with gestures as well? What about their expressions? Do they show emotions? What about their appearance, their clothes? How does a baby communicate his needs to the mother? It can't talk, after all.

You already know the answer: communication is not limited to words and having a conversation. The diagram below shows how interpersonal communication divides into verbal and non-verbal.

INTERPERSONAL COMMUNICATION

VERBAL
Oral
Direct or indirect (i.e. telephone conversation)
Written

NONVERBAL
Body Languagel
i.e. facial expression, gestures, mutual distance
Outfit
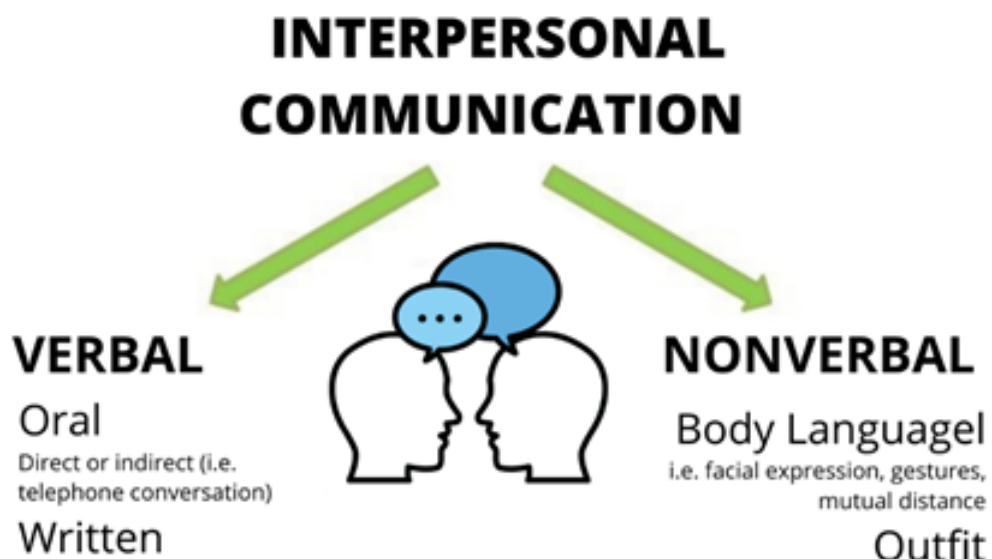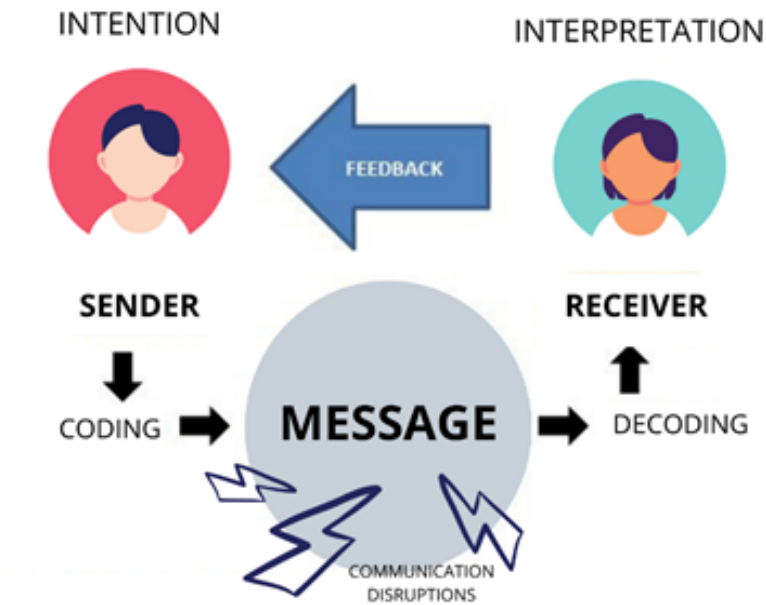
In order to communicate effectively, the sender (the person who starts the communication) expresses their intention in a way they believe, the recipient will understand. They have to consider the characteristics/abilities of the recipient, otherwise, they will not be understood. An important factor in good communication is the level of background noise. The sender's speech can be quick and slurred. The sounds of the surrounding may drown out the voices of speakers, or one of the parties may be hard of hearing. Likewise, darkness can make certain gestures or facial expressions go unnoticed.

Behaviors conducive to effective communication

Understanding verbal and non-verbal communication is very important because it helps us build relationships with people. It is important to get acquainted with behaviors conducive to effective communication.

Active listening is about turning all your attention towards your interlocutor and what they are saying. It involves keeping eye contact, adopting an open body posture, gently encouraging the speaker to continue speaking. Active listening is about being ready and willing to understand the other person and showing it. It sends to the speaker a message of interest, acceptance, respect, cordiality and warmth.

Principles of active listening:

1. Try to see the situation from the other person's point of view.

2. Show your genuine interest.

3. Allow the other to express themselves and don't interrupt.

4. Don't jump to conclusions.

5. Check whether you have understood the information given correctly (paraphrasing).

6. Separate what was said from what you would like to hear.

7. Concentrate on the content of the conversation.

8. Use body language freely.

9. Be patient.

Techniques helpful in active listening:

Paraphrase – repeat with your own words what – in your understanding – the other person has said. To be sure what they mean. You may use the phrases: - You said that...; - If I understand correctly …

Clarification – summarize what the other person has said. To be sure that you have the same conclusions. You may use the phrases: - I understand that...; - From what you say, I conclude that ...

Reflection – describe what you see in the words and behaviour of the interlocutor. To assure them of your empathy and understanding. You may use the phrases: - I can see that you are upset...; - Your hands are shaking…

Constructive feedback – respond frankly to the other person's behaviour, appearance etc. Use I-messages – speak of yourself – instead of judging the other i.e. speaking of him/her (You-messages). You are partners, there is no hierarchy between the two of you.

Assertiveness

The underlying attitude for active listening and its techniques should be peer support agent's assertiveness, which is treating oneself and the peer with – possibly – the same kind of respect. Respecting one's own and the other's dignity and rights. This is important in contact with homeless persons who, owing to the difficulties and pressures they are subject to, often adopt manipulative, aggressive or submissive attitudes. 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.

Do the active listening exercise at your leisure for several days before filling in the worksheet.

Communication barriers

It is our responsibility to get rid, as much as we can, of the things that prevent us from understanding and being understood by the people under our care. These are the so-called communication barriers.

Remember also that in any conversation, however, limited to the available contact level (for example, with a person experiencing a psychotic episode), we always have 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 ourselves, between us and the other person, and perhaps even within the other person. Sometimes we have to accept that nothing else can be achieved in the conversation at a certain point. At least we can part from the interlocutor without the feeling of frustration and leave them not worse than before.

Faulty ways of addressing the other person in conversation:

Inadequate language

Use simple words. Form simple messages. Don't talk too fast. Too much information will prevent your interlocutor from remembering enough. Make sure that your words don't hurt on account of the social, ethnic, cultural or any other background of the other side.

Taking someone's problems lightly, showing distraction

Don't seem to take interlocutor lightly. Calming down the other person usually backfires. It's hard to find a person who, having spoken of their difficult experiences and emotions, is receptive to the message of the "*Take it easy*" kind. The same applies to the attempts at distracting the other from their problems. Phrases like "*Think about something positive*", "Do you think only you have problems?" have rarely any meaningful effect.

Judgment, moralizing, labeling

Don't label, don't "box" your interlocutor. They are a living person who escapes simplistic definitions. Just calling someone "homeless" can have a very negative effect. Generally, implying in any way another person's „abnormality" or „inferiority", will thwart any meaningful communication. A judgemental, moralizing attitude has no place in support agent's functioning. Relationship and communication are built only between peers who mutually perceive themselves as such. It is not to say that difficult issues should be omitted but the exchange should be factual and always rooted in a fundamental respect for the other person. A judgmental attitude is normally perceived as offensive and offense arouses aggression.

Ordering, threatening

Do not order or threaten the other. Statements like: "Do it, no discussion.", "*Now you will do as I tell you*", "*You do it or…*" are humiliating and in most cases will be met with open or hidden resistance.

Giving advice, teaching

Keep your advice for the other at a digestible level. Remember, no one is an expert on other people's lives. Over-giving advice makes the recipient feel misunderstood and manipulated. Avoid excessive use of phrases such as "*I think you should do that…*" or "*My advice is…*"

Suggestions for contact with difficult interlocutors

In contact with the so-called "difficult client"- e.g. a person struggling with mental health issues, behavioral problems or addiction- it is most advisable to turn for help to a professional therapist, psychologist or psychiatrist.

On the other hand, there are simple, humane ways of approaching a person, which may bring about— little by little— some good change. Gestures, like offering a coffee, water, a sandwich, a cigarette, offering some little practical help or just quietly accompanying the person, are the beginning of communication. Try to surround your interlocutor with kindness and understanding. The conversation is ultimately not about achieving some definite goal. Sharing positive energy may mean more than that.

Worksheets

- Unit 9. Worksheet 1: What is communication - associations
- Unit 9. Worksheet 2: Active listening
- Unit 9. Worksheet 3: Communication barriers

Worksheet:

WHAT IS COMMUNICATION – ASSOCIATIONS

Below, write all the associations you have with the word communication. Write as many as possible.

These can be objects, concepts, ideas, situations, …

Worksheet:

ACTIVE LISTENING

Choose a person with whom you would like to establish a better relationship. For several days engage in real and active listening. At the end of the day, write down your observations. Was it easy to implement active listening techniques? Can the relationship become better thanks to careful conversation?

Write down your observations:

Worksheet:

COMMUNICATION BARRIERS

Think about what bothers you when talking to another person. What are your communication barriers? What makes it difficult for you to communicate effectively?

Examples: I cannot talk when the other person is yelling at me. I can't talk to the person who swears. I can't talk when there's noise around.

Self-assessment Unit 9

Now that we have finished this Unit, you're ready to assess your learning and understanding of its contents. Please, rate each proposed statement with a score from 1 to 5, **where 1 means "not at all" and 5 means "definitely yes"**.

Please, reflect upon your answers and be sincere. Hand the filled self-assessment sheet to the facilitator.

ASSESSMENT EXERCISE	1	2	3	4	5
1. I understand the importance of communication in interpersonal relationships					
2. I know the various ways people use to communicate with each other, other than verbal					
3. I know what fosters effective communication					
4. I can describe the attitude and behavior of an active listener					
5. I know how to send a message to my interlocutor to let him know that I listen to him attentively					
6. I know what it means to be assertive					
7. I know what attitudes and behaviors hamper effective communication					

UNIT 10: WORKING WITH PROFESSIONALS

This unit is about cooperation where a peer worker and professionals work together. Focus is on how to build equal and respectful partnership and on the roles of the peer support agents and the professionals. The unit also considers the type of support the peer workers can expect from the professionals and how to handle challenges that may arise from this cooperation.

When working together as a team, the relationship with co-workers is very important. Cooperation requires trust. While the peer supporter's working tool is their own experience, the peer supporter doesn't have to reveal everything about their life to fellow professionals. It may seem important that the professionals are also open to share something about their own life. This be challenging for some professionals, especially if they are not used to working with peer supporters. It is important that a peer support agent is able to share it with the fellow professionals if he's having some particular difficulties that affect their work. This way, the professionals will be able to help and e.g. reallocate tasks if necessary.

Professional status brings responsibilities and obligations for professionals. Despite this, the peer support agents can also work independently, make decisions and take on different job roles. The better the professionals know peer supporter, the easier the division of responsibilities and tasks will be. Responsibility and tasks shall always be assigned individually, following a reasoned thinking, and taking into account the wishes and the strengths of the peer supporter. Usually, the peer support agents will get more complex tasks as their collaboration progresses and they get more experienced. At a certain point, an experienced peer supporter and a professional can, to a large extent, perform similar tasks.

It is the responsibility of the professionals to take care for the work as a whole, for example that the work with all clients proceeds as planned. It is also the professional's job to support peer support agents in their work, look out for their well-being at work and enable the peer supporters to develop their skills on the job.

Expectations from professionals towards peers

- Stable life situation in relation to peer supporter's own recovery
- Reliability
- Peer supporter's motivation and commitment to work together
- Readiness to talk about difficulties
- Courage to ask for help and advice if needed
- Ability to work independently

What to expect?

Peer support agents have the right to receive an on-the-job training so that they know what is expected of them. Work tasks and responsibilities shall be agreed in detail with the professionals. It's also good to sort out whom to contact if peer supporter encounters any problems with their co-workers. Experienced peer supporters say that the best way to prevent problems is that the organization and the professionals do their best to prepare for it before starting collaboration with peer support workers.

Therefore, you have the right to expect this from an organization you'll work with.

When working together as a team, the relationship with co-workers is very important. Cooperation requires trust. While the peer supporter's working tool is their own experience, the peer supporter doesn't have to reveal everything about their life to fellow professionals. It may seem important that the professionals are also open to share something about their own life. This be challenging for some professionals, especially if they are not used to working with peer supporters. It is important that a peer support agent is able to share it with the fellow professionals if he's having some particular difficulties that affect their work. This way, the professionals will be able to help and e.g. reallocate tasks if necessary.

Professional status brings responsibilities and obligations for professionals. Despite this, the peer support agents can also work independently, make decisions and take on different job roles. The better the professionals know peer supporter, the easier the division of responsibilities and tasks will be. Responsibility and tasks shall always be assigned individually, following a reasoned thinking, and taking into account the wishes and the strengths of the peer supporter. Usually, the peer support agents will get more complex tasks as their collaboration progresses and they get more experienced. At a certain point, an experienced peer supporter and a professional can, to a large extent, perform similar tasks.

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Things that might feel difficult to a peer supporter

- Getting used to work routine
- How to regulate own privacy
- Professionals might have doubts about peers working with clients
- Difficulty to understanding the language of professionals (technicalities, professional slang)
- Past difficulties may come to mind
- The peer supporter may meet people who they don´t want to part of their life anymore
- Not getting enough support from a professional of reference/ the organization

"Challenging situations are bound to arise, if not for you then for some other peer supporter you may know. For me it has been important that I have had a chance to talk about these situations to other peer support agents. They have encouraged me to speak up. Professionals in my team have supported me when I have been mistreated by other professionals. It made me feel safe. There can also be challenges with your own team members. In those cases, help has been sought from a supervisor. In the project where I worked, supervisor regularly met our team members. This made it much easier to talk because it was part of the work routine.

I also learned to understand that it is ok to face challenges when you are working. We all have different personalities and with some people you just create better connection. If possible, I put my personal

feelings aside. But it is worth facing everything, even if it feels difficult. Then, small things don't grow into big things. When I was using intoxication, I learned to keep up appearances and now I'm learning to get away from them. Peer support work, is point in life to learn this skill. It's not always easy to talk things out, but I recommend it. Usually all the issues are resolved."

– Peer support agent, 33 years old

Worksheets

- Unit 10. Worksheet 1: Collaboration with professionals. SWOT analysis

- Unit 10. Worksheet 2: What kind of co-worker do I want ?

Worksheet:

COLLABORATION WITH PROFESSIONALS. SWOT ANALYSIS

STRENGHTS What are the strengths of a collaboration between professionals and peer supporters work together? What kind of knowledge and skills do they have when working together?		**WEAKNESS:** What kind of challenges and weaknesses there can be between professional and peer supporter
	SWOT	
OPPORTUNITIES What opportunities cooperation between professionals and peer supporter provides for the work with clients? How can the client benefit from it?		**THREATS** What external threats can be to a successful cooperation? (e.g. other professionals, resources)

STRENGHTS	WEAKNESS
OPPORTUNITIES	THREATS

Worksheet:

WHAT KIND OF A COWORKER DO I WANT TO BE?

Choose the five most important characteristics that describe the kind of co-worker you want to be, by writing ME next to them. Then choose 5 characteristics that you would like your co-worker to have, by writing CW next to them.

Active	Cooperative	Happy	Peaceful
Admirable	Creative	Hardworking	Polite
Adventurous	Curious	Helpful	Reliable
Agreeable	Dedicated	Honest	Respectful
Appreciative	Easy-going	Hopeful	Responsible
Benevolent	Educated	Humble	Self-disciplined
Brave	Enthusiastic	Intelligent	Selfless
Capable	Ethical	Inventive	Sincere
Caring	Exciting	Kind	Skillful
Charming	Extraordinary	Loving	Strong
Cheerful	Fair	Loyal	Thoughtful
Clear-headed	Focused	Neat	Trustworthy
Clever	Forgiving	Nice	Understanding
Compassionate	Friendly	Optimistic	Unselfish
Confident	Good-natured	Organized	Wise

Self-assessment Unit 10

Now that we have finished this Unit, you're ready to assess your learning and understanding of its contents. Please, rate each proposed statement with a score from 1 to 5, **where 1 means "not at all" and 5 means "definitely yes***".*

Please, reflect upon your answers and be sincere. Hand the filled self-assessment sheet to the facilitator.

ASSESSMENT EXERCISE	1	2	3	4	5
1. I understand how clients can benefit when peer supporters and professionals provide a service jointly.					
2. I recognize my role as a peer supporter while working with professionals.					
3. I can identify the responsibilities of a professional with relation to a peer supporter.					
4. I have an idea of how to build good cooperation with professionals.					
5. I am aware of the challenges that can arise when working together with professionals.					
6. I know what kind of support I am entitled to receive from professionals and the organization as a peer support agent.					
7. I know what to do and who to ask for help if I encounter challenges when working with professionals.					
8. I feel ready to work with professionals while offering peer support services.					

UNIT 11: SELF-CARE AND WELL-BEING AT WORK

One of the most important things you can do is to invest in yourself, in your own health, in satisfying your needs, in your well-being. It may seem selfish, but it is not. In fact, taking proper care of yourself is the best you can do for those around you, as well. You will have the strength to be there for them and you will have the practical knowledge to advise them on how they may take better care of themselves.

Basic 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.

Taking care of oneself means being good - but not lax - to oneself in the mental, physical and spiritual sphere.

A Peer Support Agent helps people experiencing homelessness out of a genuine desire to be a companion on their way to full independence and responsibility for their own lives. This important task requires the support a**gent to be an example of a person who knows how to take care of themselves.**

Self-knowledge and self-distance

Self-knowledge is important

Isn't it obvious that before you are fully ready to start working with other people, you should get to know yourself first? If you are not well aware of your habits, thoughts, attitudes, strengths and weaknesses, you won't be able to help others in an informed and conscious way.

Understand your mind in a web of negative beliefs

Did you know that what you think and what you believe have influence on your future? What beliefs do you have about yourself? What beliefs do you have about your future role as a Peer Support Agent? Our mind often generates beliefs and thoughts that do not serve us well but rather block the development of our potential. Look at these examples of negative beliefs: "*This work is leading nowhere* ", "*People do not like the way I am* ", "*I'm not good enough for that*", "*They cannot be helped*". If you start examining your thoughts carefully, you may find out that such negative beliefs are recurrent in your mind and determine the way you behave. Being aware of these beliefs and behaviors opens up the possibility of change, just by looking at yourself and the world in a more positive way. Beliefs are like a software that guides our thoughts, emotions, decisions and actions. Every now and then, we may need to upgrade this software.

Each of us has a different set of beliefs. The sources of our beliefs are our parents, the environment we have lived in. Unsupportive beliefs will always hold us back, so it's worth working on them on a regular basis to see ourselves and the world in a way that pushes us forward. The most effective way to work with negative beliefs is to constantly remind ourselves that beliefs are only our thoughts that can be changed. Try to turn negative beliefs into positive ones by redirecting your thinking. Also, every time you get into a negative belief/thought, ask yourself questions about the truthfulness of these beliefs/thoughts.

In search of the balance

The Circle of Life

A person can divide her life into various areas: her relationships (family, partner), work, social relations, health, personal development, etc. These areas should be kept in appropriate balance. If, for example, by devoting ourselves to excess work, we forget about rest, or when we devote ourselves to the family and forget about our own development, or when we neglect our professional responsibilities because of recurrent the family issues— we are disturbing the balance. 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, partner, 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 condition for achieving balance in life is the awareness of what areas our life consists of and what is their importance".

Daily self-care strategy

You probably know what is it like to go to bed with your head full of racing thoughts, when you wish you didn't worry, but worry nonetheless, when you cannot get yourself to sleep and get up in the morning tired only to be on the brink of falling asleep at your workplace, where your full attention is required. Loss of balance in our lives leads to disorganization. It is not true we cannot help it, though the process may be slow. Here are some tips on the small changes you can bring in to take better care of yourself and be better equipped to affront everyday life issues as well as exceptional challenges.

- ### 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 managenet

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.

• Taking care of relationships

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.

- ### Developing interests

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.

Worksheets

- Unit 11. Worksheet 1: What is self-care?

- Unit 11. Worksheet 2: Caring for yourself is knowing yourself and accepting yourself

- Unit 11. Worksheet 3: The Cake of Life

- Unit 11. Worksheet 4: Self-care plan

Worksheet:

WHAT IS SELF-CARE

What do you associate with the notion of taking care of yourself? Write down any words, thoughts, situations, and behaviors that come to your mind.

Worksheet:

CARING FOR YOURSELF IS KNOWING YOURSELF AND ACCEPTING YOURSELF

Exercise 1

Complete the sentences. The answers will help you get to know yourself better.

I like the most ...

I am most proud of ...

My dream is ...

I can definitely ...

I am definitely ...

I definitely have ...

Exercise 2

List 5 negative beliefs that are limiting you. Consider how these limiting beliefs affect your life.

For example:

1. *People are bad, unreliable, and lying.*
2. *The world is cruel.*
3. *I will never be able to achieve anything in my life.*
4. *People keep cheating on me.*
5. *I will never meet my dream partner.*

Your negative beliefs:

1.

2.

3.

4.

5.

Convert one of your negative beliefs into a positive belief. Then write this positive sentence 20 times.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.

How are you feeling now?

Worksheet: THE CIRCLE OF LIFE

Step 1.

Name each piece of the "cake" with one area of your life.

Below you can see the areas in which people are typically present. They are the most common, but yours may be different.

The Circle of life

Health

Social life and entertainment

Relationship, love

Work and career

Personal development

Spirituality

Finances

Family and friends

The Circle of life

Step 2.

On a scale from 1 to 10 (where 1 is near the center of the cake, and 10 on its edge), mark the degree to which you feel satisfied with that particular area of your life, e.g. if you feel satisfaction at level 7 in the area of health, draw a line above half the circle.

Step 3.

Look at your Cake of Life and answer the following questions:

1. What are your conclusions looking at your Circle of Life?

2. Which area is most important to you today and why?

3. In what areas of life would you like to raise the level of your satisfaction?

4. Think about how you could take care of yourself in these areas, what could you do?

Plan at least one activity in each area that will help you raise your level of life satisfaction.

Worksheet: SELF-CARE PLAN

Exercise 1

Try to recall all the tasks you have to do in the next few days/ weeks, e.g., visiting a doctor, calling a friend I haven't talked to for a long time, meeting with a friend/relative, delivering an overdue report at work…, then sort according to the matrix below.

	URGENT	NOT URGENT
IMPORTANT	• •	• •
NOT IMPORTANT	• •	• •

Exercise 2

Create your own self-care plan. Write what you will do. In what way? How often?

For example*, I will go for a walk in the park twice a week.*

You can include the reason to do this, e.g*. I will go for a walk in the park twice a week because it will help me clear my mind or distract me from the daily burdens, or I will go for a walk in the park twice a week because it will help me be more active.*

INDIVIDUAL PLAN FOR TAKING CARE OF MYSELF

Self-assessment Unit 11

Now that we have finished this Unit, you're ready to assess your learning and understanding of its contents. Please, rate each proposed statement with a score from 1 to 5, **where 1 means "not at all" and 5 means "definitely yes"**.

Please, reflect upon your answers and be sincere. Hand the filled self-assessment sheet to the facilitator.

ASSESSMENT EXERCISE	1	2	3	4	5
1. I know in what spheres we should take care of ourselves					
2. I can tell how our negative beliefs weigh on our self-esteem and work					
3. I can give examples of negative beliefs that influence our lives					
4. I am well aware of which areas of my life are the most important to me					
5. I am aware of which is my current level of satisfaction in the areas important to me					
6. I know what steps I can take to take care of myself in everyday life					
7. I have made some commitments to take care of myself in everyday life					

UNIT 12 : PEER SUPPORT NETWORKS

In this unit, we will discuss what a network is, its importance and the different ways it can be used when working as a peer supporter. How we can become part of a network, or create one.

What is a network?

A network is a group of individuals, organizations, or agencies that interacts, collaborates, and advocates for a specific purpose or set of purposes. For example, we all grow up in a kind of a network consisting of

- Family
- Friends
- Institutions (e.g. schools or shelters for children)

A **peer support network** is where people get together as equals to provide support to each other because of similar experiences or circumstances in their life. Such kinds of networks are not only related to recovery, e.g., a self-help group of pregnant women, a group of persons who want to quit smoking, a group of accountants who discuss the new tax regulation provisions— all those are considered peer support networks.

We may have an informal supportive environment or create a formal one when requesting support. A formal type of networking usually is legally recognized as such and attends the rule of law and other rules that the group may identify as necessary.

Why are networks important?

Why are networks important?

The importance of networks derives from the necessity to find answers to questions we may need to answer when coping with different situations in life, challenging or not. Research consistently shows that in adulthood, homeless people frequently are affected by, among others, a lack of social networks to support or protect them[5].

Now, let us focus on the peer support network while supporting a recovery journey. These may take different forms. Indicatively:

- **Network to support the re-establishment of social connections** with family or friends, or even create new ones in the community: this is the case where peers are encouraged to reconnect with persons important to their lives in the past[6] . In case it is not possible, the effort can be focused on creating new relationships within the community, with persons they can share common interests

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[5] Munoz, Vásquez e Panadero in Levinson e Ross, 2007
[6] It's like when you have to leave a place and then you move back after many years and start to look for relatives, old friends and persons that played a role in your life.

and habits, creating a context that will cover their emotional needs and make them feel respected[7] .Simple things like sharing a meal or a chat about a book or any other subject may have a quite transformational impact.

Network to access health, housing, education, benefits, employment: such a network requires an understanding of how things work in the specific sectors, so as to access fundamental goods and services. In practice, it means you:

- Identify key persons that, in turn, can connect you with others when necessary.

- Understand which agencies or organizations do what, the kind of services they are providing, or the persons you could or should ask to cover your needs.

- Keep a record in your own way of services, names, and contacts of those who have collaborated or helped. Social media and new technology can make it easier.

- Understand whom to ask for support when things do not work well. Do not hesitate to do so.

- **Network to advocate for policy change** at different levels. From grassroots service provision to policy making, peer supporters can, better than anyone, describe what works well in a recovery journey in real-life conditions. They can also highlight in the most effective way the systemic gaps that perpetuate social exclusion. Identifying the priorities to advocate for and discovering ways to formulate powerful messages to convey on different platforms, can be an absolute strength for such a network.

Moreover, a **Network led by Peer Supporters may also:**

- Advance peer support and the peer support workforce in its country

- Connect with other peer supporters and support each other.

- Grow the members' knowledge and skills for peer support.

- Promote the value and uptake of peer support and peer support workers

A Peer Supporters' Network may act as a hub of expertise and support in peer support workforce development, offering:

- Seminars, events, training, education & mutual support,

- External supervision

- Confidential advice to peer support workers

- Tools and resources

- News and employment opportunities

- Community awareness raising

Peer support is offered across a range of walks of life, experiences, and identities. It often happens

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[7] It's like when you have to move to another place with nobody you know, where you need to organize your life and build a new social circle.

informally between people in our communities. A Peer Support Network is a key resource for people offering peer support in everyday life as well as in volunteer roles.

> The organizations through which you received- or still receive- services essential for you, have in most of cases already formed an active network where they participate. What about you?

Becoming a member of a network or creating one

To join a network requires you to make yourself available to share your knowledge and to be willing to learn from others. It requires consistency and an effort to understand how things work in different contexts or settings, exchanging ideas, experience, or expertise in topics of common interest, e.g., when trying to access fundamental goods or services or advocating. It also requires a follow-up on how the circumstances and the context evolve and change like, for example, it happened with the pandemic of covid 19 where much of what we knew changed literally overnight.

Creating a network such as an association of peer supporters may require to:

- Connect with people with whom you share a common understanding and perception of what needs to change

- Identify people and organizations who can support the idea and help you make the practical arrangements (e.g., NGOs, City counselors, political parties, volunteers, lawyers)

- Identify the resources you may need to make it happen: your time, your experience, technical means, and other support mechanisms (e.g., personal time to invest, a communication system including at least a mobile phone, a computer or a blog, etc.)

- Detect risk factors and issues that could act as obstacles, undermining effective networking (overestimation of your power, lack of time to invest, lack of will of the political parties to open such a discussion)

- Adapt the form and the operational structure of your network according to the resources available as well as the legal provisions of your country. Try to develop a middle term plan and identify the needs to implement it

- Cooperate with professionals to gain the capacity you need (e.g., contacting a public relations company to receive advice on your future steps, related to your limitations, power and will).

Worksheets

- Unit 12. Worksheet 1. The Power of Networking

- Unit 12. Worksheet 2. Let's create a Network

Worksheet:

THE POWER OF NETWORKING

Please, write down the organizations and persons you have received assistance from, during your recovery journey, covering the folllowing topics

Topic .... (Health, Legal support, Housing, Social support)

ORGANIZATION/PERSON

Problems I had to deal with

Step 2

List (in orderly manner) the problems you faced during your recovery process, identifying what has helped to overcome the obstacles on the way and what missed

PROBLEM	WHAT DID I DO TO ADDRESS IT?

Worksheet:

LET'S CREATE A NETWORK

Step 1

Run a SWOT analysis on your peer supporters' network.

STRENGTHS	WEAKNESSES
OPPORTUNITIES	**THREATS**

Have a brief discussion about:

- How your network could help?
- How you could search for the proper scheme/structure?
- How you can identify what you need to build it?
- Necessary steps to create the network:

Self-assessment Unit 12

*Now that we have finished this Unit, you're ready to assess your learning and understanding of its contents. Please, rate each proposed statement with a score from 1 to 5, **where 1 means "not at all" and 5 means "definitely yes".***

Please, reflect upon your answers and be sincere. Hand the filled self-assessment sheet to the facilitator.

ASSESSMENT EXERCISE	1	2	3	4	5
1. I know what a network is					
2. I can identify different types of networks relevant to homeless protection and support					
3. I can explore further networking potential related to homelessness and peer support					
4. I have a notion of what advocacy for homeless is					
5. I can combine networking and advocacy and identify any possible needs of creating relevant networks					
6. I can discuss on the needs regarding the protection and support of the homeless in my country					
7. I believe I can become a part of a network related to homeless' protection and support					
8. If I identify that there is no such network in my town/region, I believe I could take an initiative of creating one					

CASE SCENARIOS

STORY OF PAUL

Paul is a 45-year-old man. His childhood was severely impacted by the drug addiction and the violence of both his parents— at the age of 12, Paul was taken into foster care.

Paul was very uncomfortable at the foster home. He had difficulties with studying and accepting rules. Soon, he started to escape from the foster home and play truant at school. He was a young boy, full of pain and anger; he did not learn how to cope with these difficult emotions.

At the age of 18, Paul moved into an apartment of his own, arranged by the Child Protection Service. He lived there for 2 years, but his psychological problems got worse over that period. Paul developed antisocial attitudes, started using drugs, and began committing crimes- he stole a car and started selling drugs. Eventually, he was sentenced to prison and lost his apartment.

After his release, the social assistance services helped him to rent a new apartment, but he continued to use drugs and break the rules. He started to accommodate his homeless friends in the apartment. Due to his neighbors' complaints, Paul was first threatened with eviction and was eventually forced to leave the apartment.

After a year of homelessness, he moved to a supported housing unit. Living there was better, although Paul continued to commit crimes and had several short prison sentences— nevertheless, he did not lose the apartment this time.

An important turning point in Paul's life was when he started dating and his spouse got pregnant. This time he wanted to make a difference for the sake of their child. His spouse also struggled with substance abuse, which is why their case was monitored by the social services office.

The child was born healthy and the man moved into his own home with his family. At home, they were supported by a family assistant and Paul tried hard to get a job, but due to his criminal history, it seemed impossible. The worsening of the family conditions led Paul and his wife to start drinking: they used to fight constantly, recreating the same environment that Paul experienced in his childhood. The couple divorced when their son was 2 years old and the Child Protection Services —considering neither of the parents capable to take proper care of the child— took the boy into foster care. This was too much for the parents and they both drifted back to the streets.

QUESTIONS FOR REFLECTION

1. What may be the barriers for the people trying to support Paul?

2. What services should be put in place to help Paul once these barriers are overcome?

3. What kind of help is needed on behalf of the professionals?

4. Which could be your role as peer support agent? How could peer support help?

5. Is there anyone else who might need to cooperate, besides the professionals and the peer supporter? In what way?

6. Considering the initial happiness that the family originally brought to Paul, can you think of any way to involve them in the healing process?

STORY OF TOMAS

Tomas (40) has been living on the streets of different Spanish towns for the last few years. Last year, he arrived in Valladolid where he became acquainted with other homeless persons and found a place to sleep nearby to the main bus station.

Tomas used to work as a construction worker. He had been married once, but he and his wife fought continuously, and the marriage broke down after a few years. After his wife left, Tomas began to drink. He developed a severe alcohol addiction and eventually lost his job.

Tomas' addiction has contributed to him losing all the contact with his relatives. At first, his parents tried to support him, but one day, during a heated argument, Tomas hit his father causing him to sustain serious injuries. Following this incident, Tomas was sent to prison for a period.

In the area which he now frequents, he has built a friendly relationship with Ana, an elderly lady living nearby. Tomas saved Ana's beloved dog from being hit by a car. She was so thankful to Tomas that she started to ask him for small favours, such as to carry her grocery bags or to walk her dog when she feels unwell. Tomas is happy to help her and he doesn't want anything in exchange but she always insists that he takes some money for his help.

Despite his addiction, Tomas is still in good physical health and is willing to go back to work. He told Ana about his previous life and his experience as a construction worker, and it turned out that her son runs a small renovation company. Ana asked her son to consider employing Tomas. The man hesitated, but he finally agreed to offer Tomas a trial period. He asked Tomas for his national ID to formalize the trial contract. However, Tomas had lost his ID and had no documents to prove his identity nor did he have contact with his family members who might have any documentation of his.

He went to the police office where the IDs are issued. In the first place, they told him that he had to make an appointment over the phone or the internet. He called the number they provided him and he was asked to indicate his national identification number which he didn't remember. As a result, he wasn't able to get an appointment.

The employer claims he cannot hire an unidentified man. Tomas doesn't know whom to turn to for help and will not accept the suggestion of Ana to try to get in contact with his family. He feels deeply ashamed and guilty because of his past behaviour and the addiction that he is still struggling with.

Having explored different avenues in order to find employment and finding failure each time, Tomas has lost what little faith he had left in being able to improve his current situation. This has caused him to increase his reliance on alcohol.

QUESTIONS FOR REFLECTION

1. What services and key persons should be put in place to help Tomas?

2. What kind of help is needed on behalf of these professionals?

3. What may be the barriers in the person(s) trying to help Tomas?

4. Which could be your role as peer support agent? How peer support could help?

5. Is there anyone else who might need to cooperate, besides the professionals and the peer supporter? In what way?

STORY OF CHLOE

Chloe was born in 1967 and she has never met her biological parents since she was given to a childcare facility at birth where she remained until she was 13. She has never attended a public primary or secondary school and was only taught handcrafts internally. As a result, she is illiterate. She was adopted when she was 13 years old by a couple that she describes as very different from each other. A very kind and sweet stepfather and quite an abusive stepmother.

Her stepfather died a couple of years after adoption and she lived with her stepmother until she was 25. In between, her stepmother got a partner who abused her sexually with her stepmother's silent approval. At 25, she met a man and they got married. He has proven to be an abusive, addictive husband with whom she had four children who are all adults now. Her mother-in-law was supporting the family financially and she was the one significantly influencing the raising of the children. She was not on good terms with Chloe.

Chloe was only working occasionally as a cleaner. She could not leave because she was afraid that she would lose her children. She had never thought of it until her husband died. This is when she left her home, leaving her children behind with her mother-in-law. The youngest of them was already attending the secondary school at that point (aged 13). She thought they would be better off with her mother-in-law.

To survive she worked as a sex worker for the following eight years until she engaged in a relationship with a new partner. The man turned out to be controlling and abusive. Eventually, Chloe left him, choosing to live on the street rather than going back to her previous job as a sex worker. While on the streets, she got connected with a neighbor that was feeding stray cats nearby her home. The neighbor helped her to find her way to the homeless shelter and she is still in contact with Chloe. Chloe is social and remains generally positive despite the long history of abuse. She has moments of withdrawal but she survives these moments. Today, she is finally sheltered in a homeless facility and her way to recovery might have finally started.

According to Chloe, her primary need is to get a home and earn a living in a way that would not make her children feel ashamed for her. Being illiterate means that she will need support to go through all the bureaucratic steps to access basic services (renew her ID, cover tax payments to access benefits etc.). It also limits the areas in which she could work. She wishes she does not have to sell sex ever again but then it is quite a challenge to get a job that could provide her sufficient income to make a living.

After being on her own for so long she has learned to survive. She seems willing to do whatever it takes, but there is still a long way to go. She seems to be consistent in what she considers important. All of her supportive environment is connected to the past in which she worked as a sex worker. Her relationship with her children is fragile. Over the years, she maintained a distant relationship with them mostly because they were feeling ashamed of her. Her stepmother has died in a home for the elderly. She has never met her biological parents.

QUESTIONS FOR REFLECTION

1. What kind of help does Chloe need that the professionals can deliver?

2. In your opinion, what services should be put in place to help Chloe deal with her problems and to start recovery?

3. Who could be the key person(s) in the intervention?

4. What could be your role as a peer support agent? How could peer support help?

STORY OF MATEO

Mateo is in his late fifties and has been homeless for 5 years. He was once married but his wife filed for a divorce because of his problems with alcohol and gambling. After that, he went back to living with his mother. He had been working as a concierge until his mother passed away. After that, his gambling and alcohol problems got totally out of control and he started spending entire nights at the casino. He was dismissed from work and, a few years after his mother's death, a creditor seized the apartment.

Since he became homeless, he became a regular at the city shelter. The staff at the shelter found him kind, eager to collaborate and help others, and tidy and organized as long as he was sober. He was on good terms with the other clients at the shelter.

Eventually, thanks to the collaboration of a local NGO and social services, Mateo was granted a monthly dependency benefit. Finally, he could afford a studio, so he started searching for a place to rent. He called several homeowners and everything seemed to run smoothly, until the day of the visit to the flat. Once the visit was over, the owners seemed to search for an excuse to deny Mateo the rent: one owner asked for a three months' deposit, another said that she changed her mind and would not rent the apartment, yet another stopped answering the phone. Finally, after an intervention of the social workers from the NGO, Mateo was able to find an apartment. However, it was placed on the outskirts of the town, far away from the day center and services Mateo had frequented up until that date. After he was housed, he attended the day center less frequently. He used to stay at home alone most of the day. Since he was housed, his former acquaintances at the shelter didn't consider him "one of them" anymore. He had no family, and had long since lost contact with people from his "prior life".

Mateo has been struggling to find a job. He went to several interviews referred by the NGO employment services but no one called him back. His insecurity grew and he started to get anxious about going to interviews. Eventually, he stopped going to the day center at all. He has gone back to drinking. He feels lonely. He lacks motivation to move on and every day feels harder. The walls of the apartment seem to be closing in around him but, at the same time, he has become too afraid to leave the house as he has developed an idea that the government is intending to track him down to pay for his old gambling debts. He no longer wants the social services professionals to come to his house. The apartment is in a poor condition. He often refuses to answer the phone and when he does, he has to do it in the kitchen, as he believes it to be the only place in the apartment that isn't monitored by the government.

QUESTIONS FOR REFLECTION

1. What has made Mateo come to the present situation of loneliness and social phobia, in your opinion? What could have been done in a different way?

2. What might be Mateo's needs right now?

3. Do you think Mateo is aware of his needs? If you were in his place what would you think?

4. What kind of services could help Mateo?

5. Do you think peer support could be helpful to Mateo? If so, in what way?

6. Think of an action(s) that, as a peer support agent, you could carry out to support Mateo and help him engage in the recovery process

STORY OF SANDRA

Sandra is in her early thirties. She arrived in Spain from Bulgaria 12 years ago. When she turned 18, she resolved to leave her family village, but her mother was an extremely traditional and strict woman, and she wouldn't let her daughter leave the house until she got married. Eventually, Sandra was approached by a "friend of a friend", known for working with Spanish partners. He told her he could get her a job as a waitress in Spain, at his acquaintance's restaurant. Sandra got excited about the idea since as a teenager she used to watch Spanish serials, and she always had been attracted to the idea of going to Spain. Sandra's mother was categorically against it and told her daughter that, if she resolved to leave, she might as well not come back ever again. Sandra set off to Spain to find out there was no restaurant to work at. She was taken to a "Club" on the outskirts of Valencia, where she was forced to practice prostitution. The club owners threatened, beat and violated her. To help herself get through that, Sandra started to drink and use drugs. Two years later, during a police raid at the club, she managed to escape. She couldn't take anything with her; she had no money, no documents, no telephone. Afraid of being followed, she travelled to the capital where she wandered the streets, practicing prostitution sporadically to cover her immediate needs of food and alcohol, which helped her quiet the voices in her head. She was still afraid the men from the "Club" could find her one day, which is why she never stayed for too long in one place and often moved from one town to another. She avoided other people, especially men.

One day, a passer-by found Sandra unconscious on the street. She was taken to a hospital. When she woke up, she panicked, she started shouting and fighting the hospital staff. She was delusional and believed the men from the "Club" had found her and were holding her captive, once again. Once she calmed down, she requested to leave the hospital but the doctors didn't agree to discharge her. They believed she might put her life in danger, given her condition, and resolved to medicate her to stabilize her mental health state. The pills they were giving to her made her feel sleepy and dizzy. She felt that she shouldn't take the medication because, in a moment of vulnerability like this, the men from the "Club" could get to her. That night she escaped from the hospital and went back to the street.

A couple of years after that incident, field workers from a local NGO approached Sandra. It took them a great deal of time to get her to talk to them. She seemed to be particularly distrustful towards men so the person assigned to her was a female social worker, Marta. She has been working hard to create a relationship built on trust with Sandra, but the latter didn't share anything about her past. Marta respected her client's right to privacy and didn't push her to share anything she might not be comfortable with.

Currently, on some days, Sandra seems determined to get off the street and willing to change things in her life, but on other days, she avoids Marta and other professionals or asks them not to approach her anymore. Given the intense, dramatic changes in Sandra's mood and signs of delusions, Marta believes that Sandra is most probably facing mental health challenges. She spends months trying to talk Sandra into reaching out to mental health services but her client consistently refuses to do so. Marta senses that the more she insists the more defensive Sandra gets and the higher gets the barrier between her and the professionals. Marta and her team contact a psychiatrist at a local healthcare center to tell her about Sandra's case and ask her to reach out and evaluate Sandra's condition out on the street. The doctor says that her office is open to Sandra, that she is welcome to make an appointment, but the woman has to come to her office herself as there is no option of outreach services.

At this moment, Sandra's mental condition is still unattended. Marta and her team have been working to help Sandra find social housing but they find it difficult to progress, as long as she is not in treatment.

From the point of view of the legal system, the services will not file for compulsory examination as long as Sandra doesn't suppose danger to herself or to others, that is to say, as long as there's no psychiatric report to state the opposite and/or no complaints of causing a disturbance.

QUESTIONS FOR REFLECTION

1. What may be the reasons for Sandra not wanting to turn to a doctor to assess her mental health?

2. What may Sandra need to progress with the recovery process? What kind of services could help her?

3. Do you think peer support could be helpful to Sandra? If so, in what way?

4. Think of an action(s) that, as a peer support agent, you could carry out to support Sandra and help her engage in the recovery process.

STORY OF IRINA

Irina was born in Russia 62 years ago. She moved to Finland with her family when she was 7 years old. At first, she was bullied because she didn't understand the language. After one year she learned Finnish and made some friends. When she was 10, her mother gave birth to twins. The family's life was quite normal. The mother stayed at home with the kids and the father worked hard. When Irina was 14 years old, her father died in an accident. Her mother became a single parent and their family had difficulties to make ends meet. On several occasions her mother became depressed and Irina took care of her brothers. She isolated from her peers and found comfort in her two cats.

After 3 years, Irina´s mother decided to move back to Russia. Irina wasn't familiar with Russian culture and preferred to stay in Finland. As she was studying and was almost an adult, her mother let her stay in Finland. Irina studied and became a maths teacher. She got married at the age of 27. Her marriage was happy but a cause of sadness was that they were not able to have any children. After almost three decades of marriage her husband passed away and she remained alone, with no family in Finland. She was on good terms with her brothers living in Russia but they rarely saw each other; their contact was mainly over the telephone.

Irina became a client of social services after she had been threatened with eviction from her apartment. The reason for the eviction was the poor condition and untidiness of the apartment. An unpleasant smell had been coming out of the apartment, on the stairwell for a long time. It turned out that Irina owned 8 cats and she was not able to take proper care of them. The animals were taken to the Animal Shelter. Irina protested against this and said that the cats are all she had. She behaved in a confused and aggressive manner.

Irina´s apartment was full of all sorts of objects. She had been storing newspapers for years. Dirty clothes and textiles were everywhere. Irina could not sleep in her own bed which was covered with piles of objects. Instead, she slept in an armchair. She didn't seem to care for the poor conditions of the apartment. She didn't allow anyone to clean the apartment.

Daniel, the social worker assigned to Irina's case, tried to build a relationship of trust with her, but she wasn't receptive to this help. He suspected that Irina faced mental health problems but there were no records of former mental health treatments. Nothing appointed to substance abuse.

A neighbour told Daniel that Irina´s husband had passed away a few years earlier. They didn't seem to have had many friends or relatives but seemed to enjoy their life together. He was surprised to hear that there were eight cats in Irina's apartment as he only had known about three cats. He confessed that he hadn't been seeing Irina quite as often as he had used to before.

Daniel has been trying to prevent Irina's eviction and property owner was willing to negotiate as long as the apartment was kept clean and Irina got help. Irina refused to turn to mental health services and have the apartment cleaned. Finally, the health and social services authorities considered that Irina was at imminent risk of representing danger to herself, and arranged for her to be compulsorily transferred to a psychiatric ward to get medical help. Thanks to the treatment, Irina's mental condition improved; she started to look at her situation with clarity and experienced a great shame. She returned to her apartment. Even though her physical condition is good, her survival at home seems uncertain and she forgets to take her medicine, sometimes. Irina´s brothers have promised to come to visit her as soon as possible but it might take some time. One of her neighbours checks on her once a week. Still, Irina feels lonely and depressed. She misses her husband and her cats.

QUESTIONS FOR REFLECTION

1. Why had Irina's situation got so critical?

2. What can be done so that Irina's problems don't recur and she doesn't become homeless?

3. What kind of social networks may she need?

4. What kind of services may she need?

5. Who is/are the key person/people that might help her?

6. Could she benefit from peer support? As a peer supporter, what could be your role in helping Irina?

STORY OF SOPHIE

Sophie (48) was the only child of rather aged parents. She was born with some perinatal problems. Scrupulously taken care of by her parents she has always been somewhat withdrawn, reluctant to socialize. She presented learning difficulties, but the school took little notice of it. Beset with problems at school she spent most of her time at home with her parents who took care of her needs and imbued her with useful habits concerning personal hygiene, everyday tasks like preparing food, keeping things in order. Finally, she graduated from elementary school only. She grew more and more estranged socially; her parents took her to a psychologist on several occasions. However, the advice they received was too general and, in practice, it was not heeded. No one considered psychiatric intervention as she did not meet the common criteria for psychiatric disorder, such as hearing voices, hallucinations etc.

The only peer with whom Sophie interacted in any meaningful way was her cousin Jane but they grew apart over the years. In her thirties, Sophie developed psychiatric symptoms —voices, hallucinations, sleeplessness, paranoiac thinking. She was diagnosed with schizophrenia and was prescribed medication. She received a small disability pension. Her parents made sure that she took medication, but as the years passed, they grew older and eventually, passed away. At first, Jane helped Sophie considerably with the funerary arrangements and other related issues, but over time, busy with her own life, she contacted Sophie with less frequency. Sophie led a solitary life of growing neglect and almost complete ignorance as far as social and official aspects of life were concerned. Subsisting on her small pension, she kept herself and her flat relatively orderly and clean. Occasionally, the neighbours helped her with food or small repairs. With little money at her disposal, and no professional or even basic social skills to seek employment, she ceased paying the rent for the apartment her parents left her with. The debt accumulated for years and, finally, Sophie was evicted at the age of 42. No one made any attempts at assisting her until the eviction was a reality. Only then did the municipal social service take up the case, relegating her to the homeless shelter. This was a shock to Sophie, whose medication patterns became even more irregular, aggravating her condition.

Sophie never adapted to the precarious and impersonal conditions of the shelter. Eventually, she left the shelter to fend for herself in the streets. She slept in the night busses, railway stations and park benches. She ate what people gave her or what she could buy for the little money they put into her hands. In fact, she became known to people in the neighbourhood who saw her every day. It was one of them who alarmed an NGO who started paying visits to Sophie. One of the street workers, Max, thanks to his easy, open and helpful manner, has gained Sophie's confidence and has started unravelling her health, social and personal situation. It has become obvious to him that Sophie suffers from a mental condition through the way she communicates and talks to herself. On the other hand, she seems to be in relatively good physical health, shows no signs of aggressiveness and is able to express herself rationally and objectively on certain subjects. She has a rational fear of the cold winter months. She remembers when she last took the medication and understands why it is necessary. The years of homelessness taught her to rely on herself and distrust others but, in a way, they were a continuation of the isolation of her younger years. Still, she has the all-human need of another person and is not completely cut off in her inner world. She sometimes recalls her cousin Jane, who probably lives somewhere not too far away; judging by her stated previous residence.

Throughout Sophie's life, the attempts at intervention were half-hearted and impersonal to say the least. In her early years, the school system failed to support the family. The healthcare system limited to prescribing medication but failed to offer psychological therapy or integrative/community care. The social services only offered rudimentary and temporary accommodation once Sophie had already been evicted.

It was only after six years of homelessness that Sophie was offered meaningful assistance by an agent who brought a personal relationship, human warmth, and genuine interest in her situation. Only with the help of such an agent could the doors to the various forms of assistance begin to slowly open,

since Sophie is not able to manage any bureaucratic procedures by herself. The bureaucratic hurdles have piled up and it needs time and perseverance to sort them out – the question of a valid ID, health insurance, recovering the disability pension, regulating the debt issue…

QUESTIONS FOR REFLECTION

1. What qualities and knowledge should one have and what tactics should one employ to get over the initial barrier cutting Sophie off from help?

2. What contacts would be necessary for the social assistant to procure help for Sophie?

3. Who would be the key people in the consecutive interventions in various fields?

4. What kind of help is needed on behalf of these professionals? What services should be put in place?

5. Which could be your role as peer support agent? How could peer support help?

6. Besides the professionals and the peer supporter, who else could be involved in Sophie's healing process? How would you involve this person?

STORY OF GIUSEPPE

Giuseppe is a 40-year-old man, living in Finland. He was born in a small Italian village, where he lived until the age of 20, with his mother and four sisters. His father left the family when Giuseppe was 8 years old, to look for employment in Germany so that he could sustain his family. Despite the young age, Giuseppe, in a way, became the head of family, burdened with responsibilities he was not prepared for. As a reaction, Giuseppe began to stand up to his mother refusing to follow her rules. Aged sixteen, he dropped out of school, and did gig jobs here and there to help provide for the family.

After 10 years abroad, an occupational accident forced Giuseppe's father to return home. The failure of the father's project, the financial problems, and the difficulties in setting up a new balance in the family's relationships worsened the already fragile emotional climate of the family and led to an unsustainable series of acts of domestic violence. Giuseppe decided to leave the family and his country to look for new opportunities abroad. He resolved to cut off all contacts with his family.

He travelled to England, where he worked as a waiter. His life became more regular and satisfying. Eventually, the owner of the restaurant- who appreciated Giuseppe's dedication and attitude towards the clients- decided to invest in his professional growth by training him as a chef. For the very first time in his life, Giuseppe felt valued and this encouraged him to do his very best. He, in fact, became a locally appreciated chef and, when he turned 30, he decided to open his own restaurant.

It is in this period that Giuseppe met Freia, a young Finnish woman that, shortly after, became his spouse. A year after, Freia gave birth to their first son and suffered from postpartum depression. She started abusing alcohol. Shortly after, she asked Giuseppe to move to Finland, to be closer to her family. Giuseppe agreed, hoping that their situation would improve with the help of Freia's family.

However, Freia's addiction didn't stop once in Finland, and the couple started to fight very often, among other reasons, because of Giuseppe's difficulties in finding a new job. After a few months, the couple entered a deep crisis that led to divorce. Giuseppe had to leave the apartment and, once more, his family. For a short period, he stayed with some acquaintances, while looking for a new apartment. He missed his son very much. He became depressed and started drinking. His fixed-term contract at a restaurant wasn't renewed and he struggled to find a new employment.

Giuseppe's circle of friends changed with the use of alcohol. He moved in with his new acquaintances. Soon, he ran out of savings and lacked the means to pay the rent for his room. He started to behave as he did when he was younger, back in his village, rebelling against the rules, and committing minor crimes to get money; he was caught by the police and got a criminal record.

Eventually, he got into a fight and stabbed a man which led to him going to prison. During his imprisonment, the social worker tried to help Giuseppe find an apartment, a first step before trying to rebuild the relationship with his son and, maybe, in the future, getting shared custody of his son, under the surveillance of the social assistance system.

However, the prison sentence was so short that there wasn't enough time to find an apartment and, once released from prison, Giuseppe ended up in the street and fell into deep substance abuse.

The health system together with the social system helped Giuseppe enter rehab and get sober. After his rehabilitation, he started a cohabitation in an apartment with other men who had experienced homelessness. The situation at the apartment was restless and Giuseppe's belongings were constantly stolen; he started to drink again and returned to the street.

QUESTIONS FOR REFLECTION

1. Which services or key person should be put in place in the consecutive interventions to help Giuseppe?

2. What may be the barriers in the person/s trying to support Giuseppe?

3. What kind of help is needed on behalf of these professionals?

4. Which could be your role as peer support agent? How peer support could help?

5. Giuseppe's recent trauma can be linked to the breakdown in his relationship with his new family. What can be done to achieve mutual healing for both Giuseppe and them?

STORY OF ANNA

Anna (21) has grown up in a family where space for personal freedom was hardly allowed. The family was relatively well off, with the father as the main provider. An overbearing figure, he permitted no disobedience in any aspect of life, neither from his wife nor their three children. Anna's mother was completely subordinate to her husband, seldom daring even to protect her children from the violent excesses of the father. The abuse was mostly psychological but, with Anna growing older and more rebellious, he sometimes resorted to physical abuse. Both of Anna's siblings being considerably younger, could provide little support to Anna or themselves. The mother shrank from any confrontation with the father. Anna was on her own – except perhaps for her beloved dog - and she chose to escape this situation. Her attempts at escape were a risky business. She became engaged with a group of rebellious young people, with all the implications, drugs foremost among them. Her behaviour and attitude towards her home, her responsibilities, and her father - most of all - changed dramatically. Shortly after, her furious parent threw her out of the house. Anna, 18 at the time, hoping for more opportunities and reluctant to be an object of interest to their small town community, moved to the capital city. Her first contacts were provided by her friends' back home. Soon, she found herself living in a squat with about 20 other people, many of them drug users. Her addiction deepened as she oscillated between the loneliness of the street and the often violent conditions in the squat. Occasionally, she started earning her drugs by prostitution. Her only close friend during this time was her dog who she had brought with her all the way from her family home. In time, she tried to change her unbearable life by bonding with an older man. She moved into his apartment with her dog, but conditions- tolerable for a month or two- soon became a nightmare as her partner proved to be a worse version of her father. Physical, psychological and economic abuse forced her out of his apartment. Now, she is trying to fend for herself on the street, using soup kitchens and public showers, and occasionally, a shelter but she is again on a downward trajectory marked by drugs, cold and risky companionship. In the meantime, she has even lost her dog. Her former partner makes the situation even worse by stalking her and trying to lure her back to his apartment. Aid workers from the facilities she visits try to protect her and think hard how to offer some viable option but the situation remains desperate.

Anna seems to be in good physical health but she certainly should take some basic tests. She is young but prolonged use of drugs, hard living conditions, and risky sexual contacts have certainly taken a toll on her physical health. As for her psychological state, being abused by her father resulted in an inferiority complex while her later experiences added to her helplessness and dependency in confrontation with serious life problems. She craves acceptance and safety but, at the same time, she is distrustful and fearful. There are a few people who could, perhaps, find a way to positively influence her: her two siblings (a boy of 15 and a girl of 12); and her music teacher at the secondary school being the only "system" person at the earlier stage who took notice of her problems and tried to intervene (to no avail as the father blocked any influence on the family situation). Somewhere behind the scenes is also her mother.

Anna is by no means "limited" intellectually. She has an outstanding musical gift, which was the reason why her music teacher had become interested in her situation. For the time being, there are 3 acute questions to answer. First is the stalking by her former partner. It robs Anna of the last remnants of a sense of security she may still have. Solving it doesn't look like an easy task, as the man has clearly entwined Anna's person with his own need for control and abuse; he stubbornly pursues her with requests and threats, and fights off any attempts by the other people who try to engage her. The second question is the addiction. Anna seems to be aware now that this is a road to nowhere but she is too weak to effect any change by herself. Her everyday life gives her ample reasons to try to escape in any way she could – with addiction being the easiest one. The third question is a safe, stable shelter - adequate to her needs.

QUESTIONS FOR REFLECTION

1. In your opinion, what services should be put in place to help Anna deal with her problems and to start recovery?

2. What should come first in the case of Anna: therapy focused on the abuse she suffered or addiction therapy?

3. How to support an addicted person in the process of recovery?

4. How to create the distance and safety Anna needs to start recovery?

5. Who could be instrumental in the process besides services and professionals?

6. What could be your role as a peer support agent? How peer support could help?

STORY OF LUCAS

PART 1

Lucas is in his late twenties. He says he has been living on the street for nearly 7 years now and has changed cities several times. An NGO street working team approached Lucas a few months ago, in his latest location. He has been pretty distrustful and has barely shared any personal information about himself which is why the NGO workers know little about him. He carries all his belongings- reduced to essentials that can be put in a hiking backpack and a supermarket trolley - with him everywhere. He refuses to leave them even with the professionals from the NGO. He always sleeps in an abandoned warehouse in a local park and refuses to go to the shelter.

The NGO workers suspect a mental health problem. They talk to several people that work in the area where he can usually be found, who confirm that he frequently acts as if he has had hallucinations. The workers have been trying to talk Lucas into undergoing a medical examination and turning to the shelter where he could get support to start his recovery process but he refuses to set foot there.

- What may be the reason(s) for Lucas not wanting to share information with the NGO workers?

- With this little information about him, do you believe the services can help Lucas recover?

- As a peer support agent, how would you approach Lucas and encourage him to open up and talk about his past experiences and present concerns?

PART 2

A few months passed since you and your team started to work with Lucas. He has finally started to share some more personal information with you.

It turns out that both Lucas' parents had a serious drinking problem, were violent with each other and with the kids. They were deprived of parental rights when Lucas was 7 years old and the boy went to live with his grandmother. Eventually, his grandmother died. His father was nowhere to be found and his mother had formed a new family and renounced all contact with her firstborn son. He stayed with his uncle, but their relationship was conflictive and violent.

Lucas never liked to study. It was hard for him to concentrate, the letters in the books were blurry and the teachers would always get angry with him because he would never sit still. He dropped out of middle school. Sometime after, following the counsel of a social worker, he enrolled in a gardening VET training course. He was good at it and soon he found a job. However, he still felt lonely and unhappy. When he turned 18 his uncle told him to find himself a place and move out. He spent most of his money on drugs. His mental health condition got worse as the months went by. He felt frustrated and angry. It was getting more and more difficult for him to concentrate and memorize things. He started to hear voices and that frustrated and scared him even more. At work, he turned aggressive towards his boss and colleagues and got fired. At that point, Lucas stopped leaving his apartment. He was too afraid to look for a job. The voices in his head followed him everywhere. After a few months, he got evicted from the apartment and he was left out on the street with nowhere to go.

He turned to the local homeless shelter. He didn't want to talk to anyone, not fellow users, not the professionals. He would sleep there, get up in the morning, and leave without exchanging a word with anyone and wouldn't come back until late in the evening to get directly into bed. Some of the other users were pretty aggressive towards him. They would call him "dumb". He was bullied and got robbed on several occasions. One day, Lucas was accused by a fellow user of stealing from him. Said user got

physical with him. Finally, Lucas lost control and beat up the man out of rage and helplessness. That earned him a police detention and led to him being banned from the shelter. He resolved to never go back to a shelter, not to this one and not to any other.

This happened a few years ago. Since then, Lucas moved from town to town on several occasions.

QUESTIONS FOR REFLECTION

1. What might be Lucas' needs right now?

2. Do you think Lucas is aware of his needs? If you were in his place what would you think?

3. What might help Lucas engage in and progress with the recovery process? What kind of professional services could help him?

4. Do you think peer support could be helpful for Lucas at this stage? If so, in what way?

5. Think of an action(s) that, as a peer support agent, you could carry out to support Lucas and help him engage in the recovery process.

STORY OF MARÍA

Maria, aged 26, has been homeless for two years. Shortly before becoming homeless, she came out as a transgender woman. At that time, she was living with her spouse who could not handle the fact that Maria was transgender and decided to end the relationship. Maria moved out. At first, she stayed at her parents' house, but it was difficult to live with them because her father was disrespectful about her gender identity. Following this, Maria was forced to couch-surf at her friends' homes. She faced discrimination in the rental market as a result of her being transgender. She didn't reach out to social services because she felt she wouldn't get any help from them. She knew that she'd have to explain her gender identity to the social workers and the idea of that was hard for her. She expected the social workers would call her by her old name. Additionally, she was very ashamed of being homeless.

Maria considers that her childhood was a quite happy one, even though she felt that she was different from the other boys. She has two older sisters, one of whom started using drugs during her adolescence. She asked Maria to steal from shops for her, which made Maria feel guilty and insecure. Nowadays, she and her sister talk from time to time but aren't very close— her sister still uses drugs. Maria´s other sister lives abroad and is estranged from the family, and they only get in touch once or twice a year. The only person that supports Maria in her family is her mother. Even though Maria has some friends, she often feels very lonely.

Years before, when Maria was living "in the role of a man" she spent time with acquaintances who had problems with alcohol. She didn't drink too much herself but her daily life was still far from what you could call normal. She interrupted her studies several times and, to this day, she has barely had any experience working. She has been living on the lowest income for years. She uses most of her money to pay the friends that let her stay over at their apartments.

Maria has a panic disorder, asthma and numerous allergies. Because of the lack of money, she can't always afford the food that she is not allergic to meaning she is often hungry. She is constantly tired and depressed because of her situation. Her dream is to become a librarian because she loves books and stories. She has tried to go back to school but it was difficult to keep up with the studies while being homeless. At present, Maria's latest application for social benefits remains unresolved and she has accumulated debts. She doesn´t dare to turn to the social services or health services because she is afraid of experiencing discrimination. She looks quite feminine but people on the streets still stare at her. She has been physically assaulted on multiple occasions because of her transgender identity.

Maria has tried to find an apartment, but she faces discrimination in the housing market. Her debts, coupled with her low income, make most of the apartments too expensive for her. All her belongings can fit inside one bag. She had to sell and give away most of them once she became homeless. Her mobile phone is old and doesn't work well.

Maria is very depressed and feels hopeless. She wishes she could get a job to be able to pay a higher rent, but she thinks no one will want to employ the kind of person she is– an untrained and unexperienced transgender woman. At the same time, she doesn't want to turn to the employment services because she is afraid she might be forced to do a job she doesn't want to do. She claims that, for instance, she doesn't want to work in customer service because of her manly voice.

Maria is quite shy and doesn't talk very much. She needs time to get to know a person in order to build trust before she feels safe enough to share information about herself. She seems to be a clever young woman who can express herself well. She says that officials make her so nervous she always forgets what she is told in meetings with professionals. She used to have a notebook where she wrote down this kind of information, but it was stolen.

QUESTIONS FOR REFLECTION

1. What are Maria's primary needs at this point?

2. How belonging to a gender minority is reflected on different areas of Maria's life?

3. How can support services approach Maria in a sensitive way to help build trust towards the service system?

4. How could health professionals help Maria?

5. How a peer support agent could help Maria?

STORY OF ANWAR

Anwar is a young person in his thirties, coming from Bangladesh. This is the name and the age he gave to the police while arrested at the Greek border but it couldn't be verified since he didn't carry any official documents. He arrived in Chios island irregularly. He traveled through Iran and Turkey, with a fake passport, transported by smugglers. He left his parents, four sisters and a brother back in their small village in Bangladesh.

Upon his arrival, the police placed him in a local first reception center. After he was fingerprinted, the authorities decided to deport him on administrative grounds, for illegal entry. The camp was open, so he was able to leave and move forward to Athens, with the help of his smuggler. He estimates the total cost of his travel at around 12,000 Euros. His father lent him the biggest part, while he still owes some money to his smuggler, which he pays off in monthly instalments.

Through the Internet he learned about Omonia square (the central square in Athens) which he frequented every day since he arrived in the city. Whenever he recognized his language, he approached the person and tried to engage in a conversation and tell his story; however, he could not find a place to sleep. Finally, he contacted his smuggler again, who hosted him for a period, in exchange for some money.

Assisted by the smuggler, he was offered a job in a small sewing industry in the suburbs of Athens, thanks to his experience working as a tailor back in Bangladesh. During that period, he was a victim of labor trafficking. The initial deal was 150 Euros per month net; the smuggler was to get the rest for his accommodation and food plus the debt for the travel costs. He accepted, thinking that he might still have a chance to save some money and send it to his father to pay the debt. The behavior of his employer was also extremely offensive. After a long period, managing to collect some money and to strengthen his sewing skills, he decided to leave the company. He found a new job at a bigger sewing company belonging to a lady. Sometime after, he and the owner became a couple and started living together. However, in a random police control, his fingerprints were taken, he was arrested and sent back to Chios island, since the decision for his deportation had been officially issued. He was imprisoned for six months and he was to be deported, he decided to ask for asylum as it was his only chance to stay in Greece.

For that purpose, Anwar's claimed that he had been a victim of religious persecution back in Bangladesh; being a Christian, he started dating a Muslim woman, against the will of her family, which led to them burning his family house and accusing him of kidnapping, all of which forced him to leave his village for the good of his family. Later, he admitted that he was advised to make-up the story, considering it as an easy way to get refugee status. After the interview, he got the asylum seeker card and was asked not to leave the Chios island. However, with the help of his girlfriend, he moved back to Athens. Shortly after, their relationship came to an end; he left the job and moved out of her apartment.

After that, Anwar lived in different locations, sharing houses with up to 20 persons. He struggled to find and keep a job. Eventually, he started begging. On Sundays he used to go to a local Greek Orthodox church. This is where he met a social worker who referred him to a local NGO that runs a program providing temporary housing and work placements for homeless persons.

Anwar's asylum application was rejected and he had to appeal. Thanks to a huge effort by his social worker, he has become a beneficiary of a social program. Now, he gets a monthly housing allowance of 180 Euros, and is employed as an assistant cooker, with a salary of 558 Euros net.

After almost 5 years in Greece, he can understand the language quite well, while his ability to speak is worse. He had started attending a language course offered by volunteers which was suspended due to the pandemic. He claims that his biggest fear is to move back to his country. It is not clear if he's really in danger or he fears that he'll not be able to fulfill the expectations of his family. His appeal for

the status of refugee was also rejected; nowadays the NGO that supports him referred him to another NGO that provides legal support. He still has another chance to appeal against the decision, claiming additional reasons.

For the time being, he feels insecure, for the program supporting him is coming to an end. His employer promised him that he would keep the job, but he will need to manage the costs of the rent. He still sends money to his family and pays the debt to the smuggler. On the one hand, he isn't looking for another job and he doesn't feel the need to improve his craft. He often gives the impression that his future plans do not exceed a two-month period. On the other hand, he says he wants to study at the University; he also claims that he has a Greek girlfriend. His social worker considers him very capable but also a manipulative person, not always telling the whole truth. She believes he is capable of many things in order to achieve his goals. He often says that he has not really been assisted by anybody so far.

QUESTIONS FOR REFLECTION

1. What kind of help has Anwar been offered to the date?

2. What further kind of help does Anwar need in your opinion?

3. Could you draft an intervention plan for Anwar?

4. What could be your role as a peer support agent? How could peer support help?

5. Can you identify any risk factors in the interventions you have proposed?

GLOSSARY

Peer Support Agent (Peer Supporter): a person who has experienced particularly difficult circumstances, disadvantage(s) or condition(s) and has overcome it over time or has learned to live a fulfilling life in spite of his circumstances. That he/she underwent specific training to learn to use their experiential knowledge to offer support to peers who are currently facing difficulties similar to the ones the peer supporter experienced in the past.

Peer: in general, we talk about peers when we refer to a group of people who belong to the same societal group based on a specific characteristic, i.e. age, background, abilities, or social status. In the context of this training, a person who is going through a hard period in her life due to a specific disadvantage (or multiple disadvantages) is a peer with relation to their peer support agent— the peer who offers support.

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

Role model: someone whose behaviors, attitudes, values… serve as an example for another person to follow

Confidentiality: The ethical principle or legal right that information regarding a certain person, organization (especially in a formal relationship) shall be hold secret unless the subject gives consent permitting disclosure.

Level of arousal: An overall physiological and psychological activation of the organism, varying on a continuum ranging from deep sleep to intense arousal

Hypoactivation state: A physiological state, considered as a defense mechanism, in which the body is in a continuous resting condition (relative absence of sensations, numbness of emotions, decreased ability to process cognitively, reduced physical movements).

Hyperarousal state: A physiological state in which the body experiences an abnormal state of accelerated responses to specific stimuli. Hyperarousal is manifested when we experience very intense emotions, stress or states of anxiety.

Affect regulation: Refers to the type of response we can give in specific situations depending on our emotions and their intensity.

Lived experience: Direct, personal experience of a particular issue or service. In the case of this this training, it focuses on the experience of homelessness, however it can also make reference to other experiences such as mental ill health, domestic violence, substance misuse, contact with the criminal justice system...

Expert by experience: a person who has specific expertise in a determined topic because she has lived (experienced) it in first person not as a professional or a student but as someone affected by the situation. It can be used for people who once experienced a determined situation but no longer do, or for others who are still affected by the circumstance in question.

Empowerment: It's the process by which individuals acquire abilities that strengthen a sense of self, a critical awareness of reality, and the activation of internal resources. Key elements of empowerment were identified, including access to information, ability to make choices, assertiveness, and self-esteem (Chamberlin & Schene, 1997)

Mutuality: Mutuality is a positive and interactive relationship characterized by a continuous and

reciprocal exchange.

Life Skills: A variety of planned activities that incorporate cognitive, affective, and behavioral components need to be tailored to provide peoples with techniques and coping skills to deal effectively with stressful life events prior to or concurrent with the onset of such experiences

Stigma: an attribute that is deeply discrediting'' and proposes that the stigmatized person is reduced ''from a whole and usual person to a tainted, discounted one''.

Restorative Justice: Restorative Justice is a process whereby a conflict between a victim and a perpetrator is attempted to be resolved by encouraging dialogue, compassion and understanding of each other's position. The process is always done with the consent of the victim. Restorative Justice is a practice that is not only used in criminal incidents but also in everyday incidents and conflicts, aiming at giving everyone an equal chance to have their voice heard.

Community healing: Building a framework within a community that leads to openness, tolerance and trust. The aim is to achieve reconciliation within a community through a number of methods.

Defining relationships: Setting out what constitutes a positive relationship and a negative relationship. Establishing what behavioral patterns indicate whether a relationship is positive or negative.

Reframing conflicts: Gaining an understanding of how the conflict has arisen by speaking with all the people that are involved in the conflict. Understanding the roots of how the conflict arose and looking at the conflict from different perspectives can help to begin the healing process.

Mediation and growth: Acting as the mediator in a situation and trying to bring about resolutions between people involved in a conflict, helps bring about an understanding of where each person is coming from and can bring about a resolution to the conflict by helping each person understand each other.

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.

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).

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.

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Accommodating a travelling **life**

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