On 12, 13 and 14 of December 2022, FEANTSA in collaboration with No Fixed Abode (Finland), Depaul (Ireland) and Neunerhaus (Vienna) hosted a **Webinar series on Peer Support in Homelessness & Health Settings.**

The 3days-activity was addressed to service providers working to improve access to healthcare for people experiencing homelessness by involving peer workers in the process. Professionals and medical doctors have also joined.

Each day has focused on specific topics: **day one, 12 December** the presentations focused on Learning the basic knowledge about Peer Support in Homelessness & access to Health Settings for people facing homelessness.

- See presentation of Sanna Tiivola, Executive manager No Fixed Abode (*The initiation of the peer work within No Fixed Abode and how it functions currently*)
- See presentation of Dermot Murphy, Director of Services and Development Depaul Ireland *(The initiation of the peer work within Depaul, how it was mainstreamed and how it received funding to develop)*
- See presentation of the Depaul Ireland peers about the importance of peer work, its challenges and benefits and how it works in practice.
- See presentation of Daniel Hoey Focus Ireland about how to engage and develop peer work in connection to research

Day two, 13 December presented Insights into peer support in health settings, with a particular presentation focusing on Peer support in COVID19.

- **neunerhaus Vienna,** Christopher Labenbacher, neunerhaus health centre and Barbara Berner, neunerhaus Peer Campus *(This presentation illustrated how peers from neunerhaus work to improve access to health for people experiencing homelessness within the health centre from Vienna).*
- **Depaul Ireland,** Niamh Thornton, Senior Manager of Peer advocacy program and Rachel McMahon, Deputy Manager Homeless Health Peer Advocacy Programme *(This presentation informed about means to build advocacy projects with involvement of people with homelessness experience – access presentation here.)*
- **Find & Treat,** Dr Al Story *(Presentation on the PEERS support work with blanketing Covid 19 vaccinations in London carrying out more than 12,000 vaccinations.)*

Day three, 14 December - the discussants went into specific health related topics and presented about how to engage with Peer support to overcome substance addictions. On the last day we also heard from three medical doctors who have collaborated in different health projects with peer workers and explained about their experiences.

- See the presentation of **Dr Daniel Roca (Barcelona)** *on the situation in Barcelona and how the homelessness service providers are working with the medical college to encourage more focus on health among people experiencing homelessness, including developing peer work in health settings.*
- See the presentation of **Dr Henrik Thiesen** (**Copenhagen City Social Services)** *on the work in Denmark with conducting outreach together with peers from the Drug Users Academy to offer support for hepatitis, HIV and naloxone use).*

Why is peer work important?

- Peer workers are present in a variety of settings from support in housing first programmes, research projects or projects aimed at facilitating access to health services.
- Peers have a huge role to play in helping people to navigate the health system. This support can start in other settings as well. When having conversations with people about their everyday life the health issues will organically come up.
- Peers bring an expertise which plays a huge role in making services across the board more accessible to people who need them.
- Peers have an impact in the provision of homelessness support services on three different levels: on the individual, of course, but also on the team and the cooperation partners.
- Peers working on the inside are able to better teach the system how to understand the precarious lives of people which will improve access to services.
- Common ground.
- Motivation and inspiration to service users.
- Easier to build relationships.
- Been through similar situations and mutual understanding.
- Bridge between doctors, service users and service.

What is Peer Research?

- Peer research is a methodology
- Developed from the traditions of Action Research, Participatory Action Research (PAR), Empowerment Research
- Research cannot be done on others; people can only carry out research on themselves
- Research "with" people, rather than "on" people
- Emancipatory process which helps people challenge and remove themselves from unjust social structures

FOCUS Ireland
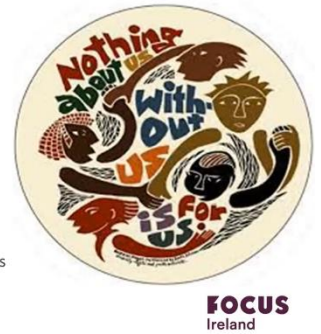
How to conduct peer work?

- Avoid tokenism – recognise expertise of peer workers and allow for involvement in all stages of projects.
- Keep a long-term, sustainable view on projects that people can work on.
- Ensure the equal treatment of peers with other employees and participants of the organization – co-production and co-ownership of work should be named.
- Offering peer support workers opportunities to get training and/or otherwise ensure that they will be provided with adequate information and tools to carry out the job.
- Planning and flexibility are key. Ensure supervision, debriefs, check-ins and chats are made available.
- Keep an eye on the role of the professional – to be flexible and adaptable, to be consistent and committed.
- Ensure that peer support workers voices will be heard in staff meetings, and they will not be left out of joint decision making, and welcome peers into the team.
- Consult with peers on how to make your services more peer service friendly.
- Lived experience and learnt experience should work on the same line.

#asunnottomuus
#vvary

Vva ry

No Fixed Abode NGO
Vailla vakinaista asuntoa ry

"Housing is a basic human and social right, and its absence cannot be accepted under any circumstances."

What is it like to access health care when experiencing homelessness?

- Homelessness and health go very much hand in hand. People experiencing homelessness have always find it hard to access health care services: health care is a rigid system, inflexible which expects people living in their own personal crisis to become the flexible element needed for that engagement to happen. Since this does not happen, it has become the responsibility of the third sector organisations to provide with support. This means that people experiencing homelessness receive a second-class service which is also associated with a lot of stigma.
- Stigma is keeping people away from the mainstream health service.
- The system expects people to change, when it should make more efforts to understand people. There is a lack of training in the academic medical training to teach professionals about homelessness, poverty or social exclusion.
- When people experiencing homelessness try to access health care and rejection happens repeatedly on different reasons, chances are that they are not going to engage again with the system. Not until they hit rock bottom and they need emergency care and become a hospital patient or worse, when they are only in need of palliative care.
- From a health perspective, the idea of sitting in a building and waiting for people to come to you is one of the barriers itself.

Issues that people with homelessness experience face when trying to access health care

2. Not understanding the challenges they are facing.

'I don't have a next of kin'- HHPA service user

'The Doctors don't respect me, and they discriminate against me' – *HHPA Service user from the travelling community.*

You can't understand me

Can be divided into

a) *External to the persons:*

- Administrative ('If you don't want a homeless person to use your services, get them to fill in a form.'); appointments; waiting time and long queues.
- Rules of services – be careful when applying them; the presence or absence of information – information needs to be made available with consideration for people from foreign countries (language).
- Attitudinal barriers - stigma and discrimination are huge. Harsh attitudes in the medical system towards people using drugs since it is criminalised.

b) *Internalised barriers* (here the peers have an important role because they know how to work with these barriers):

- Fatalism ('If you think you're going to die young then why bother treating the disease')
- Denial cognitions or deferral to the future cognition ('I'll be fine, I'll do it next month.')
- Presumption of discrimination – internalised because often is proved to be real.
- Internalised blame.
- Survival priorities.

Medical point of view

- An initial feeling that 'I know that I know nothing' – lack of information about the reality of homeless people, about harm reduction. There is also a lack of coordination between services and units in the medical system.
- It takes time for the mainstream system to accept new projects involving people with lived experience.
- How to make medical services for people experiencing homelessness effective – increase accessibility; create a solid relationship based on trust and credibility. Leave the medical offices and go more to the field and meet people, offer services on the street. Work with multidisciplinary teams.
- Looking at innovative ways of making treatment more accessible.
- Working with peers has allowed to build trust relationships and improve treatments, follow up on treatment as well as the level of appointments take up.
- Social inclusion team in the hospital (example from Dublin) – it gives the advantage that the team focuses to make hospitals more inclusive, therefore they work on reducing stigma towards marginalised groups.
- Reduced costs – involving peers in health settings it will lead to improved health outcomes and consequently savings in the costs.