Proximity Health

supporting **health** of people in homelessness condition

Proximity Health Guidelines

Contents

1. General description of the project

Proximity Health is an Erasmus K2 project started in the midst of the Covid19 pandemic.

At that time, a series of measures were adopted to contain the spread of the coronavirus, such as lockdown and social distancing, measures which, although not entirely homogeneous and synchronous, were applied in all European countries and beyond. During those months the social life of our territories was turned upside down, changing habits, use of the public spaces, times and relationships. As organizations that deal with homelessness, we were at that time (and we continue to be) witnessing the greater vulnerability of homeless people, noting how Covid19 crysis puts homeless people at additional risk, as they disproportionally suffer poor health and lack access to hygiene and health care. We are and we were trying to respond promptly by adapting our interventions to the emergency context.

The Covid-19 pandemic has forced social workers to adapt their methods of providing support and assistance to individuals and communities. The pandemic created challenges regarding staff shortages, high workload and the closure or restriction of operations. Social work organizations must plan for how continuity in treatment and support can be ensured and, in many cases, the daily work must be changed.

We decided to undertake Proximity Health precisely in that moment of enormous criticality, to start a necessary comparison and exchange of best practices between European organizations that deal with street health, in order to be able to produce a process of shared discussion, exchange of experiences and points of view that could enrich our ability to design, implement and evaluate proximity and low-threshold health interventions aimed at people living in conditions of homelessness, in order to improve our tool-box, to initiate meaningful relationships between organizations and strengthen their respective networks on the subject.

The organizations involved are **CAT Cooperativa Sociale (Italy), Infirmiers De Rue (Belgium), PRAKSIS (Greece) and SAMU Social (Romania).**

During the duration of the project (1st of September 2020-31st of August 2023) 6 online meetings were undertaken, 4 Blended Mobility (exchanges in the four countries lasting 5 days each), 3 Transnational Meetings, the Proximity Health Guidelines, a site and an indefinite (but very high!) number of emails, phone calls, chats, shared drives and other work tools that have allowed us to share, follow and evaluate the work in a shared and remote way.

2. Implementing organizations

■ CAT Cooperativa Sociale (Italy)
CAT Social Cooperative is a third-sector organization whose aim is to promote social work's core values. We believe that our work's operational and professional aspects also imply an involvement in 'public ethical' issues. Our Cooperative's objective is to work as a partner in the promotion of effective social policies by listening to requests for legality, justice and active citizenship, made by socially weak and marginalized groups or by other groups – such as the youth – who represent an often-undervalued resource.

We are defined by the innovative interventions that we carry out in the field of services focused on the individual, from planning to production stage. This is thanks to the constant attention that we pay to changes in society and continuous staff training. A significant portion of society possesses a high level education, degrees and specialization diplomas, and a high percentage of these are women.

■ Infirmiers De Rue (Belgium)
Street Nurses is a psycho-medical-social organisation that strives to get homeless people off the streets in a lasting way, focusing primarily on the most vulnerable. We work according to a proven method, which starts with the restoration of hygiene and self-esteem, and the development of talents.

Our action is aimed at structural and sustainable solutions: we seek to bring homeless people back into housing on a long-term basis by finding or creating housing adapted to their needs and by offering our patients appropriate psycho-medico-social follow-up.

To achieve our mission, we also carry out training, awareness-raising and mobilization activities for citizens, as well as for political, economic and community leaders.

■ PRAKSIS (Greece)
PRAKSIS is a humanitarian, independent, not for profit, non – governmental Association. PRAKSIS plans and implements projects of humanitarian and medical nature as well as informative campaigns on public health issues (STDs, Hep, HIV/AIDS), throughout the Greek territory. The main goal is the eradication of social and economic exclusion of vulnerable social groups and the defense of their rights.

■ SAMU Social (Romania)
SamusocialdinRomânia, has been providing assistance to homeless adults in the city of Bucharest since 2004. The organization is part of the international network Samu Social, created in 1998 with the mission to support the development of Samu Socials in big cities around the world, according to the samusocial values, key principles and working method. All Samu Socials share a common charter based on the following values:

- **Dignity:** A moral status inherent in the existence of every human being. No force, no situation should allow anyone to be deprived of this dimension, of this manifestation of humanity. Everything should be done, at all times, to preserve maintain and guarantee it.
- **Solidarity:** Sanitary and social institutions, protection mechanisms, compassionate impulses and natural empathy exist in order to share, as a duty, the concern for others and to try to help them in all circumstances, to the extent permitted by individual and collective possibilities.
- **Citizenship:** The manifestation of the rights and duties of each person evolving in the society to which they belong. It is guaranteed by universal human rights.

3. Objectives

This project has the following objectives:

1. Increase and improve the wealth of knowledge of the organizations involved and their respective teams, to improve the planning, implementation and evaluation of proximity and low-threshold interventions aimed at people experiencing homelessness

2. Foster exchanges between operators to improve professional skills, increase motivation and personal satisfaction in one's daily work

3. Produce guidelines that can be used to improve the work of teams and organizations

4. Forge new and significant relationships between European organizations and strengthen their respective networks on the issue of street health, low threshold and homelessness to improve the impact capacity of their actions in terms of the right to health

4. Mobilities

Proximity Health has carried out four blended mobilities and three transnational meetings. Given the context of the period 1 September 2020 until April 2022, which saw the alternation of restrictive measures in the various European countries and a strong instability of the rules governing mobility between European countries, in the first period the project adapted to the situation, realizing in addition to project management meetings, also online meetings for the presentation of the participating realities, deepening in particular the institutional, administrative and social-health frameworks of the countries involved and the analysis of the context, the territories and the social dynamics in which the organizations operate.

As soon as it was possible to plan safely in person (end of April 2022) we organized the first face-to-face meeting, establishing a mobility calendar that would allow us to visit each of the organizations involved with mixed teams.

During the blended mobilities we have the possibility to:

- Understand the local contexts in Greece, Italy, Romania and Belgium regarding social exclusion and the situation of homeless people;
- To have access to a European network of experts in the field of social, medical, harm reduction and social housing services available for people living on the street;
- To get to know new intervention models in the field of health services, intervention models that have proven effective in the countries from which the partners in the project come;
- To learn new methodological elements in working directly with homeless people in terms of providing medical services;
- To know successful models and examples of good practices regarding the provision of medical services to homeless people.
- To identify and discuss key points that represent the outcome of a multidisciplinary exchange, which included the different points of view of the organizations involved, ensuring the participation in discussions and evaluations of a high number of workers and a valid tool for future collaborations and planning.

5. Key points

5.1 Housing is a health determinant

Adapted housing is a basic human need, as it influences different health determinants, so rehousing should remain a priority for all teams caring for the health of homeless people.

If tangible aspects as adequate sleep, protection from weather conditions, hygiene, storage of medication, food and nutrition represents well-established health determinants, other less tangible aspects are poorly recognized as social determinants of health. If health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, an adequate housing as a determinant relationship with well-being.

The social, psychological and cultural value of home is more than the material object of housing offering sites of safety and control, autonomy, intimacy, a base for socialization, empowerment, health behavior and medical compliance.

Adapted housing supposes a housing that matches with the needs and the capacities of the person, in order to have a maximal autonomy in the best living conditions (ex: it's not necessary an individual housing solution).

5.2 Need of a multi-disciplinary team

Working in a multidisciplinary team promotes collaboration and coordination among professionals such as peers, doctors, nurses, outreach workers, psychologists, cultural mediators/interpreters social staff etc. This collaboration allows for the integration of different perspectives and approaches, leading to more comprehensive and holistic care for clients.

Furthermore, a multidisciplinary team can offer a wider range of services and resources, as each member brings their own unique knowledge, skills, and connections to the table. This can result in more comprehensive and well-rounded interventions, as the team can draw on various resources and support systems to meet the diverse needs of clients.

In addition, working in a multidisciplinary team can enhance decision-making and problem-solving. When professionals from different disciplines come together, they can pool their expertise to analyze problems from different angles and develop more creative and effective solutions. Through collaborative problem-solving, the team can also identify and address any biases or limitations in their own thinking, leading to improved outcomes for clients.

From a personal perspective, working in a multidisciplinary team can also provide opportunities for professional growth and development. By working closely with professionals from different disciplines, social workers can broaden their knowledge base, enhance their skills, and gain new perspectives on their practice. This exposure to different ways of thinking and working can lead to personal and professional growth, as well as increased innovation and creativity in their approach to client care.

Overall, working in a multidisciplinary team offers numerous benefits for social workers and their clients. It allows for a comprehensive and holistic approach to assessment and intervention, promotes collaboration and coordination among professionals, enhances decision-making and problem-solving, and fosters professional growth and development.

5.3 Expert by experience: peer supporter role recognition

The role of an expert by experience or peer supporter is increasingly recognized and valued in the field of mental health and social services. This role involves individuals who have personal experience of a specific mental health condition, addiction, or other challenging life circumstance, and who use their lived experience to support and assist others who are going through similar situations.

Recognition of the expert by experience/peer supporter role is important because:

■**Empowerment and validation:** Peer support provides individuals with a sense of empowerment, as they gain a voice and recognition for their personal experiences. This recognition helps to validate their experiences, making them feel heard and understood by others who have been through similar struggles.

■**Building trust and rapport:** Peer supporters are often able to create a strong sense of trust and rapport with individuals they support, as they have a shared understanding and empathy for the challenges faced. This can help individuals feel more comfortable discussing their experiences and seeking help.

■**Unique perspective and insight:** Experts by experience/peer supporters bring a unique perspective and insight to the support services they provide. Their personal experiences enable them to offer practical advice, share coping strategies, and provide hope and encouragement to others who may be feeling hopeless or overwhelmed.

- **Role modeling and inspiration:** Peer supporters serve as positive role models, showing others that recovery and personal growth are possible. Seeing someone who has successfully navigated similar challenges can provide inspiration and motivation for individuals to take steps towards their own recovery journey.

- **Enhancing treatment and support services:** The inclusion of experts by experience/peer supporters in mental health and social service programs can enhance the overall effectiveness and quality of care. Their presence adds an extra dimension of support and empathy, complementing traditional treatment approaches and promoting a recovery-oriented culture.

To fully recognize and support the role of experts by experience/peer supporters, it is important to provide appropriate training, supervision, and on-going support for these individuals. In addition, their contributions should be valued and respected within the broader mental health and social service workforce, through opportunities for professional development, career advancement, and peer support networks.

5.4 Inclusion: guaranteeing access to health services avoiding discrimination and stigma

Inclusion and guaranteeing access to health services for everybody, regardless of their background or identity, is an essential aspect of achieving equitable healthcare. Discriminatory actions create barriers to access, leading to disparities in health outcomes among different populations.

To ensure inclusion and equal access, it is crucial to provide low-threshold services. Low-threshold services refer to health services that have minimal requirements and are easily accessible to all individuals. These services should be designed to provide to the specific needs of diverse communities, including those who face social, economic, or cultural barriers to healthcare.

Here are some key strategies to promote inclusion and ensure low-threshold services:

- **Eliminate discriminatory practices:** Develop policies and guidelines that explicitly prohibit discrimination in healthcare. Educate healthcare providers about the importance of equitable access and the consequences of discriminatory behaviors.

- **Culturally competent care:** Offer culturally sensitive healthcare services that respect and embrace the cultural beliefs, practices, and languages of diverse populations. This involves training healthcare professionals to understand and respond to the specific needs of different communities.

- **Outreach and education:** Implement community outreach programs to increase awareness about available health services and educate individuals on their rights and entitlements. Utilize culturally appropriate communication methods, such as community health workers, language interpreters, or translated materials.

- **Non-judgmental care:** Provide prompt and non-judgmental care to all individuals seeking health services. Implement strategies to address biases and stigmatizing attitudes.

Overall, the inclusion and guarantee of access to health services without discriminatory actions require a comprehensive approach involving policy changes, training programs, community engagement, and the provision of low-threshold services. By prioritizing equity, diverse populations can receive the care they need, resulting in improved health outcomes for all.

5.5 Take the time and leave space

It is essential to invest time in building relationships with the beneficiaries in order to establish trust and create a safe and supportive environment.

- **Actively listen:** Take the time to actively listen to the beneficiaries' needs, concerns, and aspirations. This demonstrates that you value their perspectives and are genuinely interested in their well-being.

- **Show empathy:** Empathy is crucial in social work. It helps to understand the beneficiaries' feelings and experiences, which can enhance the effectiveness of your support. Show compassion, understanding, and validate their emotions.

- **Respect cultural diversity:** Recognize and respect the diversity of the beneficiaries' cultural backgrounds, beliefs, and values. It is essential to approach each individual with cultural sensitivity and avoid judgment or stereotypes.

- **Create a non-judgmental space:** Establish an environment where beneficiaries feel safe expressing themselves without fear of judgment or repercussions. Encourage open dialogue and create opportunities for them to share their thoughts and feelings freely.

- **Collaborative decision-making:** Involve beneficiaries in decision-making processes that directly affect them. This gives them a sense of ownership and control over their lives and fosters a partnership approach to problem-solving.

- **Be patient:** Building relationships takes time, and each beneficiary may have their own timeframe for opening up and trusting others. Be patient and allow them to progress at their own pace.

- **Maintain confidentiality:** Respect the trust placed in you by keeping all personal information shared by beneficiaries confidential. This confidentiality is essential in building trust and ensures a safe space for them to share openly without fear of their privacy being compromised.

- **Reflect on your own biases and limitations**: Regularly reflect on your personal biases or limitations that may affect your relationships with beneficiaries. Be open to learning and growing, seeking supervision or training when necessary.

Building relationships with beneficiaries is an ongoing process that requires time, effort, and a commitment to understanding their unique experiences and challenges. By doing so, you can create a solid foundation for effective outreach work.

5.6 Staff care, wellbeing of the staff and prevention of the burn out

It is essential to prioritize staff care and wellbeing in order to prevent burnout and maintain a healthy work environment. Here are some key considerations to achieve a balance between staff care and emergencies, while preventing overload:

- **Establish a supportive culture:** Foster a positive work culture that promotes open communication, collaboration, and mutual support among team members. Encourage employees to express their concerns and provide feedback.

- **Training and development opportunities:** Provide opportunities for employees to enhance their skills and knowledge through training programs and career development initiatives. Investing in their professional growth can contribute to their overall wellbeing and job satisfaction.

- **Regular check-ins and feedback:** Conduct regular check-ins with employees to understand their workload, identify potential bottlenecks, and address any concerns they may have. Provide constructive feedback and recognize their efforts to boost motivation.

- **Encourage breaks and rest:** Promote the importance of taking regular breaks throughout the workday. Encourage employees to step away from their desk, stretch, and engage in short relaxation activities to recharge and stay focused.

- **Empower team leaders:** Equip team leaders with the authority and responsibility to prioritize staff care. Encourage them to actively monitor the wellbeing of their team members and provide necessary support or adjustments when needed.

Staff care and wellbeing should be seen as a collective responsibility shared by all members of the organization, not solely the coordinator. By prioritizing staff care, organizations can create a healthier and more sustainable work environment, leading to increased productivity and job satisfaction.

5.7 Focus on positive objectives and positive results

Focusing on positive achievements, objectives, and results can greatly contribute to personal and professional growth as it increase confidence. By emphasizing positive results, individuals boost their self-confidence. Recognizing their accomplishments, regardless of their size, can enhance self-belief.

- **Collaboration and Teamwork:** Emphasizing positive achievements and objectives encourages collaboration and teamwork. By highlighting the strengths and accomplishments of team members, it creates a supportive and uplifting environment. This fosters cooperation, trust, and the willingness to work together towards positive results.

- **Continuous Improvement:** Concentrating on positive achievements and results helps individuals identify areas of success and replicate them effectively. Additionally, it enables individuals to spot areas that require improvement. By analyzing both positive and negative aspects, individuals can develop strategies to enhance their performance and achieve better results.

- **Well-being:** Focusing on positivity and celebrating achievements contributes to overall well-being and happiness. Acknowledging personal growth and accomplishments fosters a positive mindset, leading to higher levels of satisfaction, contentment, and a positive outlook on life.

In summary, by focusing on positive achievements, objectives, and results, individuals can experience increased motivation, confidence, resilience, collaboration, and continuous improvement. This approach promotes overall well-being and happiness, contributing to personal and professional success.

5.8 Homeless count: the urgency of updated datasets on a European level

The lack of data concerning homelessness on a European level is a significant hurdle that needs to be overcome in order to assure stronger impact and improve project services for homeless people. EU countries has to work on a common definition, improved data collection and coherent indicators to be able to better understand and assess the extent of the problem

- **Comprehensive understanding:** Accurate and up-to-date data helps in gaining a comprehensive understanding of homelessness, including its causes, demographics, and geographic distribution. This knowledge allows policymakers and service providers to tailor interventions and services accordingly.

- **Evidence-based decision making:** Updated data provides evidence for decision-makers to develop policies and allocate resources effectively. It helps justify the need for funding, identify gaps in services, and evaluate the impact of interventions.

- **Monitoring progress:** Regularly updated data allows for monitoring the progress made in tackling homelessness over time. It helps assess the effectiveness of policies and interventions, identify successful approaches, and make adjustments if necessary.

- **Regional comparisons:** Having comparable data across European countries enables policymakers to identify best practices, learn from each other's experiences, and implement successful models in their own regions.

To ensure stronger impact and improve project services for homeless people, the following steps can be taken:

- **Standardized data collection:** Develop standardized methodologies and definitions for collecting homeless data across European countries. This ensures consistency and comparability of data.
- **Regular surveys:** Conduct regular national surveys on homelessness, preferably using consistent methodologies and timeframes. These surveys should capture important information such as demographics, causes of homelessness, length of homelessness, and service utilization.
- **Enhanced collaboration:** Encourage collaboration among European countries, organizations, and stakeholders involved in addressing homelessness. This can promote the sharing of best practices, methodologies, and data collection techniques.
- **Improved data sharing:** Establish mechanisms for sharing data at a European level, while ensuring privacy and data protection. This enables cross-country analysis and comparison, leading to a better understanding of the issue and more effective interventions.
- **Long-term commitment:** Ensure that data collection and analysis efforts are sustained over time. Homelessness is a complex issue that requires continuous monitoring and evaluation to track progress and adapt strategies accordingly.

By addressing the lack of data and promoting the collection and sharing of updated information, European countries can strengthen their response to homelessness, improve services, and ultimately make a significant impact on the lives of homeless individuals.

5.9 The role of linguistic and cultural mediator

Having linguistic cultural mediators in services for the homeless is essential to ensure effective communication, build trust, provide culturally sensitive support, facilitate access to resources, and empower individuals for a more inclusive and equitable service delivery.

Homeless individuals who have limited or no knowledge of the local language may face difficulties in expressing their needs, understanding rules and regulations, or accessing available services. Linguistic cultural mediators bridge this communication gap by serving as interpreters, enabling effective communication between service providers and homeless individuals. They ensure that essential information is properly conveyed, reducing misunderstanding and confusion.

The cultural background of homeless individuals shapes their preferences, values, and ways of understanding the world. Linguistic cultural mediators are well-versed in these cultural intricacies and can help service providers tailor their approaches accordingly. By considering cultural differences, service providers can offer more culturally sensitive and appropriate services, enhancing their effectiveness in addressing the unique needs of the homeless population.

The presence of linguistic cultural mediators promotes the principles of empowerment and inclusion in service provision for homeless individuals. By facilitating effective communication and understanding, these mediators empower homeless individuals to actively participate in decision-making processes and take charge of their lives. They help ensure that the voices and perspectives of the homeless community are heard, considered, and respected.

5.10 Ending homelessness instead of managing it!

It is a priority to keep always in mind when a project, a service or a campaign are designed or realized that the goal is the elimination of homelessness and not a better management of the phenomenon. This change of perspective allows us to act with a different perspective even in individual interventions, where sheltering and housing, even if temporary, are no longer a negotiable part to request maximum compliance from the beneficiary to a program, but the affirmation of a fundamental and non-negotiable human right.

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