

HOUSING AS A HUMAN RIGHT

the power of peer support work in housing

A PEER CONNECT B.C. MICRO MODULE

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CORE VALUES HIGHLIGHTED:

(For this module all of the Core Values are applicable, but we will highlight the top few here.)

- Primary: Belonging and Community
- Self-Determination

PURPOSE OF MODULE:

This module is an addition to the 16 modules on the <u>www.</u> <u>peerconnectbc.ca</u> website. This is a standalone pdf but we pull from, and build on, various modules in the online training.

Throughout this document we will refer to the following modules from the <u>peerconnectbc.ca</u> training:

- Module 3: Unpacking our biases
- Module 4: Self-determination
- Module 8:
 Healing centered connection: principles in trauma-informed care
- Module 14:
 Building personal resilience

After completing the peerconnectbc.ca modules, we saw a need for more discussion around housing within the context of peer support. So, we created this module that specifically addresses some of the issues of housing and, in the process also addresses some of the different ways peer support services are utilized within B.C..

On page 4 of this document we have included the list of Core Values that are woven throughout the module as well as the entire peerconnectbc.ca training. As you work through this module, consider how the Core Values impact services in terms of housing.

When we consider how peer support services are embedded in housing programs, it is essential that everything we do is personcentered - meaning the person needs to be in the center of their own care. This is especially important when we consider how many of the people we support have been harmed by broken systems.

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

(See the Peer Support Services in B.C. document)

- Primary: C. Diversity, Inclusion & Equity
- E. Collaboration and Ethical Practice

SYSTEMS

In this module, when we refer to systems we aren't referring to one specific organization but instead we are referring to large-scale complex social structures that steer society. A system involves a very layered web of relationships that move towards a common goal. For example, capitalism is the system that steers the economy in North America and in many other places in the world. Capitalism can benefit many people in society. On the flipside, as we explore in this module, it can also cause great harm to people who are marginalized by society.

Let's look at this definition from Open Education Sociology Dictionary:

Definition of System (noun): The interconnected relationship between individuals, groups, and institutions with shared behaviors, norms, and values that combine to form society.

Here's another example: ecology is nature's system. All the different aspects of nature come together to create ecology. In the *Self-Determination* module we refer to how the conditions, or the ecology, support someone to access their own self-determination. We can't motivate or change anyone, but we can influence the conditions so that they can practice self-determination.

When we talk about **systems change** we examine the conditions of the system that impact individuals and seek to change the conditions that cause harm. Systems change is not about changing the individual, but rather changing the set of conditions that surround the individual. Systemic change around racism involves changing the laws and practices that unfairly harm People of Colour.

We also want to encourage you to consider how you will protect yourself from burnout as you support people to navigate all things related to housing.

LEARNING OBJECTIVES:

- You will be able to explain the concept of housing as a human right.
- You will be able to differentiate between a person-centered approach and a system-centered approach.
- You will be able to identify your own "window of tolerance," and create a plan to keep yourself within it.
 - * Window of tolerance refers to the window in our zone of arousal where we are able to function and cope effectively. When we move outside the zone, we become essentially dysregulated until we are able to calm our nervous systems.
- You will be able to recognize different program areas within mental health and substance
 use services in B.C. where peer support services are embedded, with the goal of
 applying the Core Values to the work.

hope and wholeness for all

THIS IS THE OVERARCHING VALUE OF PEER SUPPORT.

CORE VALUE

Moving towards hope and wholeness for all:

ACKNOWLEDGEMENT

All human beings long to know and be known—to be seen for who we are, and deeply heard, without someone trying to fix or save us.

MUTUALITY

The peer relationship is mutual and reciprocal. Peer support breaks down hierarchies. The peer support worker and the peer equally cocreate the relationship, and both participate in boundary creation.

STRENGTH-BASED

It is more motivating to move towards something rather than away from a problem. We intentionally build on already existing strengths. We thoughtfully and purposefully move in the direction of flourishing, rather than only responding to pain and oppression.

SELE DETERMINIATION

RESPECT, DIGNITY AND EQUITY

Self-determination is the right to make one's own decisions, and the freedom from coercion. We support the facilitation and creation of an environment where people can feel free to tap into their inner motivation.

Peer support workers don't fix or save. We acknowledge and hold space for resilience and inner wisdom.

All human beings have intrinsic value. Peer support workers acknowledge that deep worth by:

- · practicing cultural humility and sensitivity
- · serving with a trauma-informed approach
- · offering generosity of assumption in communication and conflict
- mindfully addressing personal biases

Peer support is about meeting people where there are at and serving others with a knowledge of equity.

BELONGING AND COMMUNITY

Peer Support acknowledges that all human beings need to belong and be a part of a community. Peer support recognizes that many people have barriers that keep them from developing community. We actively work towards deconstructing those social blockades that prevent inclusion and acceptance. Peer support workers serve with a social justice mindset, and intentionally practice empathy, compassion & self-compassion.

We are always intentional about how curiosity and inquiry support connection, growth, learning and engagement.

This curiosity isn't fueled by personal gain but by a genuine interest in connection. We encourage curiosity while respecting the boundaries and protecting the privacy of the people we support.

CURIOSITY

We are continually curious, but not invasive, while challenging assumptions and narratives. We ask powerful questions. We offer generosity of assumption to those who think differently than we do. We know that listening and asking questions are more important than providing answers.

*Note on the meaning of the term "generosity of assumption" from the glossary of terms: Assumptions happen when we don't know the whole story, and allow our brains to fill in the blanks. Often we make negative assumptions about people or situations. Generosity of assumption means that we extend someone the most generous interpretation of their intent, actions, or words.

life application story

Dylana's story

This personal account comes from Dylana, a peer support worker in Kamloops, B.C..

"For me, home is somewhere safe where I can recharge my battery. I need a place where I can rest and recharge. Lots of times people are "housed" but they don't feel safe. That was my situation for many years. My sleep is a million times better now that I have better housing. My sense of self-worth is better too. I don't feel like an Orc (from Lord of the Rings) anymore—in that I don't live in the dark. Now I have plants and sunlight. I can cook and have friends over. Having a home I love has changed my life."

Dylana's journey to secure housing took time, and plenty of advocacy.

She moved from Vancouver to Kamloops. Living in the city no longer felt safe for her. She had decided that she wanted to completely give up using drugs. She recognized that being in the city, close to people she used to use with, made achieving her goal so much harder.

She tried living with a roommate for a while because rent was too high to manage on her own. She had to move out because she didn't feel safe.

For several months, Dylana couch surfed. She lived with different family members, but didn't have her own space. She never felt like she was home. Rental prices made finding her own space unattainable.

She got a space in a recovery program and lived there for a year. It had very strict rules and the space was tiny—hotel room sized. All she had to prepare meals was a rice cooker, hot plate, and a little fridge. Dylana is a free-spirited soul who loves movies, and she was not allowed to put up posters or decorate her space in a way that made her feel at home. There was only room for a few clothes, bedding, and a few small personal items. Dylana struggled in this housing program because it was both a harm reduction facility and a recovery facility. Her personal goal was sobriety, and she found it really challenging to stay sober when she saw her neighbours using.

After her time at the recovery program was over, she found a 100 square foot room in a supportive housing building. She only had room for a dresser, bed and a small table. Though the building was considered a supportive housing complex, they had staffing issues, so

there was very little support offered. She wasn't able to have people over. She was on the bottom floor of the building in a rough part of town. People would pound on her window when they passed by—looking for cigarettes. She was close to a major bar, so people would frequently get in fights outside her window in the middle of the night. All of this meant that she struggled with sleep, and her curtains were always closed. She lived there for 2 years and the whole time she felt like a trapped cave dweller with insomnia.

She kept advocating for a bigger, safer space. However, since she was already housed, she was not a priority. In her quest for safer housing, Dylana needed support from her doctor and from other loved ones. Advocacy was essential.

Finally she found an affordable one bedroom suite with a kitchenette. She has a much bigger living space with big windows and she's not on the bottom floor anymore! She felt glorious after moving into this new space. She is able to have furniture, cook, and she can have people over now. She feels safer in this new space, and the move is positively impacting her health because she sleeps better and can cook healthier meals for herself.

Dylana recently took the peer support training. She recognizes that she would have benefited from receiving peer support services as she struggled to find stable housing, but at that time there were no peer services available. Now she is looking at ways she can provide peer support in her community.

a pathway to hope

A roadmap for making mental health and addictions care better for people in British Columbia

The B.C. Peer Support training came out of a commitment the B.C. Government made to improve mental health and addictions care in A Pathway to Hope, a strategy that was released in 2019. The Ministry of Mental Health and Addictions recognized the issues faced by people in B.C. requiring support. Increasing peer support services is a recommendation scattered throughout the strategy. The strategy also references a need to increase housing supports for British Columbians.

The following excerpts are from A Pathway to Hope:

Our I0-year goal: All British Columbians experience and maintain physical, spiritual, mental and emotional well-being and thrive in the communities in which they live, learn, work and play.

...At its heart will always be the commitment to providing mental health and substance use services where every door is the right door, and people can ask once and get help fast. British Columbians need and deserve to... get help early, close to home and free from judgment and discrimination.

Know that as a peer support worker, you get to be one of those "right doors." This doesn't mean that you need to carry the weight of fixing anything for anyone, but know that the role you play in this work is an important one!

From the B.C. Government News release titled Training resources to improve quality of mental health and substance use services:

British Columbians seeking mental health and substance use supports will have better access to quality services with the introduction of consistent, high-quality training resources for peer support workers throughout the province.

To address the lack of peer support training resources as identified by academics, peer support workers and community organizations, the Province provided \$1 million in 2019 to BCcampus to lead the work on developing the Provincial Peer Support Worker Training Curriculum and Standards of Practice.

housing as a human right

housing in B.C.

Many people in B.C. are struggling to find safe and affordable housing. As inflation and the cost of living goes up in our province, housing and rental costs continue to soar. The majority of British Columbians are impacted by the housing crisis in some way; however, people without sustainable income are most at risk of not having adequate housing. This affects the majority of people we support who struggle with mental health and substance use issues.

Let's reflect back to the concept of "intersectionality" covered in the Social Determinants of Health module, coined by Kimberle Crenshaw:

Today the term has grown and is generally used to illustrate overlapping types of oppression and discrimination such as gender, race, age, class, socioeconomic status, physical or mental ability, gender or sexual identity, religion and ethnicity. It's a way for us to examine how a person or group's experience of various intersecting identities reflects the larger systems of power and oppression within society.

When we consider intersectionality and the culture of our capitalistic society, it's understandable that people experiencing poverty due to issues related to mental illness and or substance use challenges are more likely to experience insecure housing. We explore some of these issues (issues such as poverty, disability, social support, racism, gender stigma, etc.) in greater detail in Module 9: *Social Determinants of Health*.

It's important to remember that many of those experiencing homelessness may have deep-seated trauma from abuse or neglect experienced in early childhood, whether it be in their family home or from the foster care system. In Module 8: Healing Centered Connection: Principles in Trauma-Informed Care, we explore systemic trauma and how it affects individuals. Some unhoused people may have sustained harm from places such as shelters, institutions, or prisons. Others may have experienced vulnerability in varied housing situations such as supportive housing or group homes, or single room occupancies (SRO) that provide little to no support. Those with insecure housing who couch surf or have other unstable housing can also experience harm. Often these experiences can add more trauma on top of pre-existing childhood trauma, leading many people to become deeply distrustful of offers for services.

*It's important to note that not all of the programs and services mentioned above are harmful. Quality of services depends greatly on various conditions, such as funding amounts, staffing, and organizational oversight of the program.

Article 25 from the United Nations Universal Declaration of Human Rights (1948) states:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Canada introduced The National Housing Strategy (NHS) on November 22, 2017.

The following excerpt is from the National Housing Strategy Act:

Housing Policy Declaration

- 4 It is declared to be the housing policy of the Government of Canada to
- (a) recognize that the right to adequate housing is a fundamental human right affirmed in international law;
- (b) recognize that housing is essential to the inherent dignity and well-being of the person and to building sustainable and inclusive communities;
- (c) support improved housing outcomes for the people of Canada; and
- (d) further the progressive realization of the right to adequate housing as recognized in the International Covenant on Economic, Social and Cultural Rights.

Yet here we are.

The 2020/21 Report on Homeless Counts in B.C. identified 8,665 individuals experiencing homelessness. This doesn't include people living in substandard housing.

As a peer support worker you will likely find yourself surrounded by housing issues as you work with people. This can be potentially retraumatizing if you have experienced or are experiencing insecure housing.

In this module we want to support you as you navigate these difficult issues.

- We will refer to the core values and how you can apply them in housing situations
- We will look at different programs where peer support workers are employed and how they relate to housing
- When working within an issue that is so pervasive and systemic in nature, we especially
 want to encourage you to be aware of your limitations and to know when you need to
 step back and take care of yourself.

belonging and community

Let's look at Belonging and Community from the Core Values:

Peer Support acknowledges that all human beings need to belong and be a part of a community. Peer support recognizes that many people have barriers that keep them from developing community. We actively work towards deconstructing those social blockades that prevent inclusion and acceptance. Peer support workers serve with a social justice mindset, and intentionally practice empathy, compassion & self-compassion.

Because we believe this value of Belonging and Community is so important for our well-being, we will refer to this core value throughout the module. Consider how you can frame the issue of housing from the foundation of belonging and community.

FOR REFLECTION:
How do you think the core value of belonging and community relates to housing?
Do you personally feel a connection to your neighbours? Why or why not?
Can you think of a time when you felt connected to your community? What led to that?
What is within the scope of your role as a peer support worker in terms of supporting someone to find housing? What is outside the scope of your role?

interconnection

In the Module 1: *The Foundations* we covered the importance of interconnection. Let's look back at what we mean by interconnection and we can apply it to housing.

From the Foundations module:

Interconnection is about balancing the needs of self with acknowledgment that we are also a part of something greater than ourselves. What we choose to do individually has an impact on the whole. We can only flourish when we feel a sense of belonging and connection with others. Community and connection is important to our well-being just as eating nutrient-rich foods benefits our bodies and minds. None of us can have a healthy existence living fully isolated.

We live in a time where many people feel disconnected from a sense of community. Many aspects of society have moved us away from connection and shared experiences. Folks living in supportive housing often feel isolated from one another, even though they live in close proximity. This can be especially difficult for those who may have come from more connected and vibrant communities like tent encampments, small towns, and Indigenous reservations.

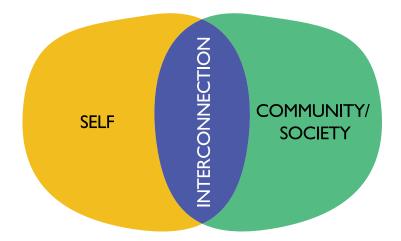
The opportunity for neighbourly chit-chat has decreased in recent decades. As a society we are less exposed to people who are economically, politically or socially different from us . Gentrification has displaced many people and, in the process, increased homelessness. It also fuels an expectation or ideal for everything to be the same. In general, society seems to have become less tolerant of diversity within our cities and towns.

*Gentrification definition from Merriam-Webster dictionary: a process in which a poor area (as of a city) experiences an influx of middle-class or wealthy people who renovate and rebuild homes and businesses and which often results in an increase in property values and the displacement of earlier, usually poorer residents.

Yourdictionary.com defines hyper-individualism as "A tendency for people to act in a highly individual way, without regard to society."

Hyper-individualism (combined with the issues we looked at above) has also had a significant impact on the level of empathy and compassion people have for others. This is especially true for those who are struggling with issues related to social determinants of health. In a hyper-individualistic society, if everything is going well for someone individually, it's rare that they will have much opportunity to even notice the suffering of others. And if they do notice, there can be a "pull yourself up by your bootstraps" attitude.

well-being is optimal when we focus on interconnection



In her Psychology Today article *No, Empathy Isn't a Universal Value*, Sara Konrath Ph.D. writes,

...our study found that on average, more individualistic cultures scored lower on empathy. Individualism involves seeing oneself as distinct and separate from others, with a priority on showcasing one's uniqueness and valuing self-expression. It is possible that when people are focused on being separate and unique, this can sometimes obscure the commonalities that we share, which could impair our willingness or ability to feel compassion for others and to imagine what it is like to be them. (2017)

The Ministry of Loneliness was founded in England in 2017 after an investigation discovered that an average of 14% of the population was suffering with severe loneliness (the numbers were much higher with elderly people, and those with disabilities). In 2021, Statistics Canada released a report that reflected similar numbers:

More than I in I0 people aged I5 and older said that they always or often felt lonely when asked in the Canadian Social Survey for August and September 2021. In comparison, 3 in I0 said they sometimes felt lonely and 5 in I0 said that they rarely or never felt this way. Furthermore, the survey results revealed that those who were frequently lonely reported poorer mental health and lower levels of overall life satisfaction than those who were lonely less often.

From this we can infer that capitalism and hyper-individualism contribute to many problems within our society including phenomena like widespread loneliness, as well as the current housing crisis. International law states that housing is a human right, yet there is

little being done to shift the culture of our society to change this trend and uphold this right. This leaves us stuck in a state of inertia.

The very concept of peer support is radical. It defies the social norms that are embedded in our society today. The problems we face as a society, including the housing crisis, run very deep and are fueled by the very systems that make the current version of our society function. It will take decades to see major shifts.

BUT, know that the whole basis of peer support is grounded on the principle of interconnection. Even if it feels like you aren't doing anything to shift the tide, know that you are. The fact that the peer support role exists is hope that we can begin to see some changes in our communities, especially in regards to how we treat the marginalized people in our society. Supporting one person in their journey to secure housing is a big deal! Remember that there will always be ripple effects from every little thing you do to support people.

You have an impact!

what is home?

Housing and the concept of home are different. As we explored in the Life Application Story above, being housed isn't the same as feeling safe and comfortable at home.

Housing is often difficult to secure. The goal is often just getting a roof over one's head. Since the need for housing is so vast, from a systemic perspective there isn't a consideration about the quality of housing. When the goal is simply checking off a box that someone is "housed," people often live in substandard housing.

Let's look at a scenario. Tony is an elderly man who has been unhoused for 4 years. With support from his social worker he secured housing in a tiny one room suite. Tony only has room for a bed, a mini fridge, and a hot plate. Tony has had hip problems for many years, and was finally able to get surgery. When he was released from the hospital he was told that he needed to do daily exercises to support his healing. The problem was that Tony had no space in his home to do the exercises. Because he was considered "housed" there was an assumption made that his housing would be up to a certain standard, but it wasn't. Tony wasn't able to do his exercises, and as a result the hip surgery didn't work.

There is so much more to creating a home than simply having a roof over one's head.

Let's look at the idea of what makes a home.

What does home mean to you?

Let's unpack this a little by reflecting on some of the principles of self-determination and trauma-informed care:

SAFETY & PREDICTABILITY:

Reflect back to the *Trauma-informed care* module, where we spoke about the parasympathetic nervous system. It is a part of the autonomic nervous system that is responsible for conservation and restoration. The sympathetic nervous system is responsible for preparing the body for emergency situations. Both systems can't be engaged at the same time, and if we live too much of the time with our sympathetic system activated, our bodies don't get enough rest or opportunity to heal - this can lead to physical and mental health issues. As we relate this to housing and what it means to be safe in our home, this means that each of us needs a place

where we can go for stretches of time where our parasympathetic nervous system can take priority.

In Module 1: The Foundations, we cover the topic of uncertainty in depth.

Uncertainty is scary. Growth and learning requires us to step out of our comfort zone and into uncertainty. This discomfort is necessary for growth. However, when we are actively engaging in growth, we must take breaks in safe and predictable spaces. Growth can only really happen if we have that safe space to go back to for rest. Again, if our stress response doesn't have a chance to rest, we will move into overwhelm very quickly and it will affect our mental and physical health.

All this means that home must feel safe and predictable.

CHOICE AND AUTONOMY:

Choice and autonomy are key components of both self-determination and trauma-informed care. Let's start this section by reflecting on a few ideas we covered in the Self-Determination module.

FOR REFLECTION:

Look back to the Self-Determination module and, more specifically, Self-Determination Theory by Deci and Ryan. Why do you think choice is an important thing to consider in terms of creating a home?

Empowerment, Voice, and Choice is one of SAMHSA's six principles of trauma-informed care.. Why do you think choice and autonomy are important things to consider in terms of housing and home?

Choice and autonomy are synonymous with freedom. Most of us feel at home in a place where we feel safe and comfortable, and have the freedom to make our own choices. Choices around how to decorate, what to eat, when to sleep, wake, and shower, who we want to invite in and who we would rather not enter our space. There is a sense of freedom that washes over us when we walk in the door of our home, take our coat off, and along with it the worries of the day, eat a snack, put our feet up, choose to have a nap, read a book or watch a show.

Choice and autonomy shows up in many areas, like the freedom to decide what we want to eat and when we want to eat it. Many people who are unhoused or live in supportive housing don't have those same freedoms. Their choice and autonomy have been taken away, either because of poverty or due to an overabundance of rules and regulations.

CONSIDER YOUR OWN SITUATION.
What does "home" mean to you? How do you know when you are home? What are your specific needs around space and home?
Have you ever lived somewhere that did not feel like home? Why or why not?
What was it about the space that didn't feel home-y to you?
We must consider these ideas when our role includes visiting people's homes—whether they

We must consider these ideas when our role includes visiting people's homes—whether they live in supportive housing or independently in the community. We must always remember that we are guests in someone's home and that means we mustn't come in and tell people what to do. It is essential that we respect their space. Sometimes we might find ourselves working in a supportive housing situation where there are many rules and a lack of choice for people who live there. In those cases we may find ourselves advocating for more safety, predictability, choice, and autonomy for the people who live there.

Have you been in a situation where you have had to advocate for someone's safety, predictability, choice, and autonomy in a housing situation? How did that feel? What were the results of your advocacy?

person-centered approach

When a system takes a person-centered approach, it recognizes that each person served is the expert on themselves. Each individual is at the center of their own care, rather than others making all the decisions for them.



From the peerconnectbc.ca website document called Peer Support Services in B.C.: An Overview (2020):

A trend within mental health and substance use services in recent years is standardization of services. At its best standardization means people will be able to receive consistent, quality care wherever they live in the province. However, the downside is that people can tend to be treated with a "one size fits all" approach. Consistency, quality of care, safety, availability of service, accountability are all very important for mental health and substance use services.

Standardization of many parts of service is very important. Peer support programs may follow some of these standardized practices as well. However, amidst the efficiency of this kind of standardized service, it is absolutely essential that the support we provide is person-centred.

It is imperative that each person within peer support programs is supported as a unique individual who is coming to the table with their own personalized set of strengths and needs. The systems that peer support tends to operate within, including mental health and addictions systems, are vast. In systems that big, there is potential for people to fall through the cracks. As a result, peer support workers can find themselves supporting people to navigate through some challenging grey areas. It is essential that we keep flexibility and maneuverability as values in the role of the peer support worker. (*Cusick*)

FOR REFLECTION:

What do you think are some benefits of a standardized approach?

Think of some examples that you know of where a "one size fits all" approach caused harm to someone. What happened?

In 2015, with some funding from Health Canada, the Mental Health Commission of Canada (MHCC) released the *Guidelines for Recovery-Oriented Practice*. Its purpose is to guide agencies to provide more recovery-oriented mental health and substance use services. We'll take a look at one of these guidelines, but first let's define the term holistic, as suggested by the MHCC.

The Guidelines list the following as aspects of a "holistic" approach:

- I. Respecting the whole person
- 2. Responding to everyone's mental health needs
- 3. Acknowledging all the factors that affect mental health
- 4. Striving for an integrated journey of recovery
- 5. Ensuring that organizations and systems are fully recovery-oriented
- 6. Engaging all of society

Guideline 2A: Recovery is Person-First and Holistic

CORE PRINCIPLES:

- Each person is a unique individual with the right to determine their own path towards mental health and well-being.
- Recovery is an individual process care and services are tailored to people's preferences, life circumstances and aspirations and are integrated with their community of supports.
- Everyone's mental health and well-being is affected by multiple intersecting factors

 biological, psychological, social and economic, as well as family context and cultural background, personal values and spiritual beliefs.

Let's look at the definition of Self-determination from our Core Values:

Self-determination is the right to make one's own decisions, and the freedom from coercion. We support the facilitation and creation of an environment where people can feel free to tap into their inner motivation. Peer support workers don't fix or save. We acknowledge and hold space for resilience and inner wisdom.

FOR REFLECTION:
Considering the core value of self-determination, what are some important things to consider when you are advocating for someone to secure housing?
What are some ways we can make supportive housing situations more person-centered?

the struggles that come when we support people to access adequate housing

Working within organizations that are affected by broken systems can be extremely exhausting. Constantly facing barriers and hurdles can certainly take a toll on one's own mental health. It is very important that we remind ourselves that transforming systems will take decades, perhaps even generations. We must prepare ourselves accordingly. Imagine a track and field athlete training for a sprint and showing up on race day only to find out they have accidentally registered for a marathon. It's unlikely this athlete will have the training to sustain a race that long, unless they have trained and are both physically and emotionally prepared for it. A marathon is a different ball of wax than a 100 meter sprint, and requires a much different approach. As silly as this might sound, many people get into this kind of advocacy work expecting it to be a sprint, desiring results right away, without the tools to pace themselves and avoid burnout.

In this section we want to acknowledge some of the barriers you may face as you support people with housing issues. We also want to share some tips on how to pace yourself as you work with people on housing issues.

It's also important to acknowledge that peer support workers often find themselves in a position where they are the bridge between the people they are supporting and the management of the organization or facility where the person they are supporting lives. Some organizations have embedded the concept of "Nothing About Us Without Us" into their management styles, and others haven't. As someone coming to the table with lived experience, we want to acknowledge that it can be really difficult to be that bridge.

*Nothing About Us Without Us is a term born out of the disability movement. It means that people with lived/living experience must be involved in all aspects of an organization—everything from the board and policy creation to management and leadership.

Please note that there is an Employer's course on the peerconnectbc.ca website. It addresses the need for management to work alongside the peers working within their organization. Please feel free to share this course with your organization, if they haven't heard of it already.

You can access it here: https://peerconnectbc.ca/courses/employers-guide/

what is within my control? what is outside my control?

Many peer support workers have expressed frustration and anger when they try to shift something systemic that feels immovable in the short term. Changing a system can feel like scaling Mt. Everest. Part of pacing ourselves so that it is possible to stay the course without burning out, is to identify what is within our immediate control and what is outside our control. Knowing this can support you to better manage your stress levels when challenges come your way. It can be very helpful to go over this with your peer support team, since discussing it can help create a broader perspective, and also advocating collectively can be more effective than advocating as an individual.

Let's explore this more with an exercise. Think of a topic that impacts your role as a peer support worker. Perhaps this is a situation that has many layers, some workable and some that, due to systemic reasons, are far outside your control. In this exercise you will look at this situation from a few different perspectives.

Example: Supporting someone to access short-term housing.

- First notice what part of the situation is within your control I can learn what resources are available in my community. I can learn about the policies and protocols needed to access those services.
- Secondly, what part of the situation is completely outside of your control?
 Since I don't oversee the provincial budget, creation of new housing programs is well outside of my control. I can't change the specific protocols for accessing housing services.
- Thirdly, what do you have some influence over?
 I can use my voice to protest conditions that prevent people from accessing short-term housing. I can join a local housing coalition to join with others to try to steer community change.

WITHIN MY CONTROL

Knowing what you have influence over can support you to target your efforts effectively and to calm your nervous system.

Using the graphic below to create a list of areas that are within your sphere of influence.

I HAVE SOME INFLUENCE

Sometimes it may seem that we have no control when, in fact, we may be able to influence decisions in some way. This can happen through various forms of advocacy, protests, and partnerships with other agencies. We likely don't have full control, but we can still use our voices to do what we can to influence change.

Use the graphic below to create a list of areas that you have some influence over.

COMPLETELY OUTSIDE MY CONTROL

We can expend much energy fighting a fight that is impossible to win. We can't control the actions of others—this includes some decisions that are made by lawmakers and funders. When we work within a broken system there is much that is outside of our grasp. Accepting what we cannot change will support us to target our energy and efforts in a way that will have the most effective impact and change.

Use the graphic below to create a list of areas that are completely outside your control.

what is within my control?

WITHIN MY CONTROL

Write a list of things that you CAN do to support people to secure housing

I HAVE SOME

Though I don't have direct influence over these things, I can fight for change in these areas:

COMPLETELY OUTSIDE MY CONTROL

The following list are systemic issues that are outside of my control. As much as I wish I could, I cannot influence these things:

We reference the following article in Module 14: *Building Resilience*, where we cover burnout. We thought it would be good to reference it here as well.

In his Greater Good UC Berkeley article called *Just One Thing:* Be at Peace with the Pain of Others (2014), **Dr. Rick Hanson says the following in regard to supporting others and doing advocacy work within our limitations:**

Do what you can—and know that you have done it, which brings a peace. And then, face the facts of your limitations, another source of peace.

He continues:

When you recognize this truth, it is strangely calming. You still care about the other person and you do what you can, but you see that this pain and its causes are a tiny part of a larger and mostly impersonal whole.

This recognition of the whole—the whole of one person's life, of the past emerging into the present, of the natural world, of physical reality altogether—tends to settle down the neural networks in the top middle of the brain that ruminate and agitate. It also tends to activate and strengthen neural networks on the sides of the brain that support spacious mindfulness, staying in the present, taking life less personally—and with those changes come a growing sense of peace.

Module 14: Building Resilience also covers many other topics that you can use to support your own well-being as you do this work. Without intentional attention to our own self-care, we can be at a greater risk for burnout.

Consider looking back at the following topics from that module, as we aren't able to reprint it here:

- · Redefining self-care
- My well-being inventory
- Self-compassion
- Managing stress and overwhelm
- · Working through big feelings
- WRAP and wellness tools
- Protection from vicarious trauma, secondary trauma, and retraumatization

FOR REFLECTION:

What do you want to commit to focus on in terms of supporting your well-being?

small-scale change

As we covered earlier in this module, the idea of achieving large-scale change for an issue as pervasive as the housing crisis is overwhelming. It feels much more manageable when we break off little bits at a time to focus on. When a challenge comes up, we can ask ourselves, "What is attainable and within reach right now? What can I do, and what do I need to let go of?"

Remember: If you support someone at any point in their journey to find housing, that is a big deal! When you have a chance to impact one life, it makes a real difference. The ripples from the support you offer will always spread further than you can see.

For example: The fact that this peer support training actually exists is evidence that small steps can add up to something huge. In 1997,

when one of the first formal government-funded peer programs began here in B.C., there was so much resistance from the clinical community to involving people with lived/living experiences in client care. Slowly, one step at a time, the movement grew. People started to see the incremental and profound changes that came from individuals having access to peer services around the world. The healthcare environment has changed so significantly over the last 25+ years that the B.C. government put significant resources into building these training resources you are accessing right now, along with a commitment to grow peer services in B.C..

A movement always starts with a few people with a common purpose, making little steps that move towards a powerful change.

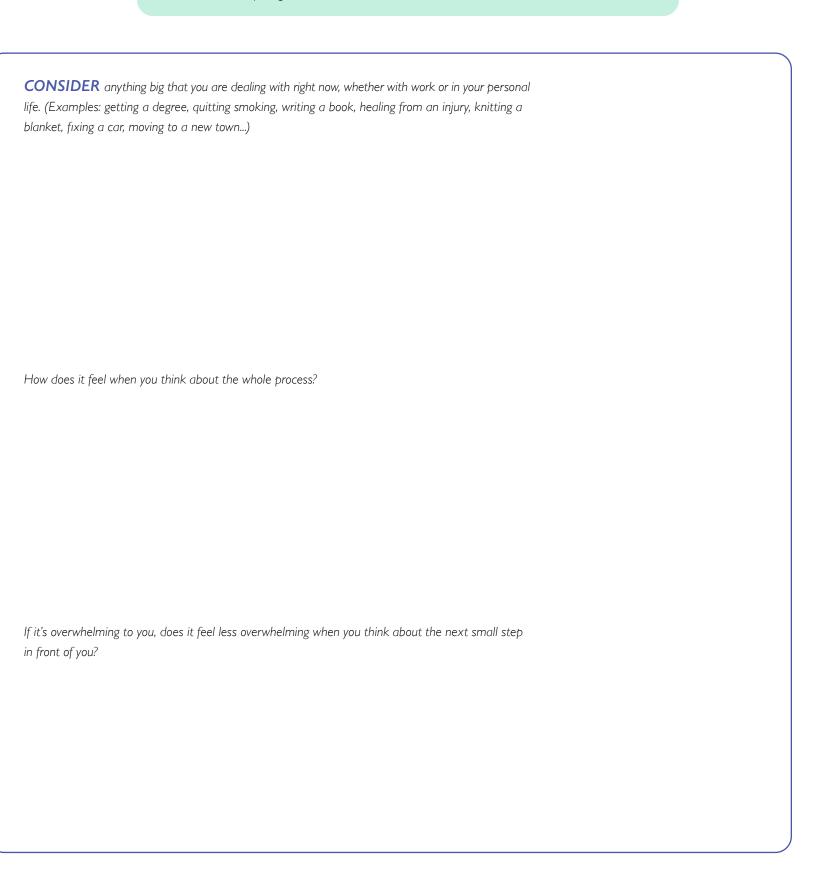
FOR REFLECTION:

Think of someone or something that inspires you. Can you pinpoint some small, early steps that led to this moment of inspiration?

What are some small steps that brought you to this point in time (engaging in this training, or peer services in general)?

All you need to think about is the next right step. That's it. Notice what is accessible right now. Don't worry about all the miles ahead of you. The only way to get there is taking one tiny movement forward at a time. Eventually it adds up.

And celebrate as you go!



boundaries

when you have been hurt by the system you now work in

As a peer supporter working within systems, you may have experienced, or may be currently experiencing, housing challenges yourself. This can make the task of supporting someone to secure housing quite upsetting.

In this work it's always important to be aware of your own personal limits. Remember you don't have to be the hero. You are obviously the hero of your own story, and in turn everyone else is the hero of theirs. You get to come alongside them and play an amazing supporting role in their story, along with many others they encounter along the way. You don't have to fix or save anyone. When we support people with self-determination in mind, we don't take on the role of the rescuer. Instead, we shine a light on the other person's strength and wisdom, and we do what we can to support them to be the hero of their story.

asking for more support

Knowing what is within the scope of your role is essential. It is important to have conversations with your supervisors about role expectations. Be aware of your job description, and also be familiar with your program's policy and procedure manuals.

Keep the following in mind:

- If you ever feel out of your depth, ask for support. Sometimes we might need to pass a task off to someone else. Other times we might just need a different perspective.
- Open communication with your supervisor is essential.
- If you work in a peer program that runs in conjunction with a health authority, you might find yourself working together with a clinician as you support people. This kind of approach is the case in Assertive Community Treatment teams, tertiary mental health facilities, or peer programs that are offered within a mental health center. Not all peer programs run this way. Many are fully independent of any type of clinical oversight. However, if you are working within a more clinical program, it is important to work as a team, and maintain the clinical support that has been set up by your organization. This may mean that you have a different perspective based on your lived experience. Sharing that perspective with your team is really important.
- Be aware of local and provincial resources that the people you support might need to access. Perhaps have a document in your workplace that you can add resources to as you discover them.
- Connect with other peer support workers who are doing similar
 work. Regular staff meetings are important. If you have access
 to a community of practice (which means gathering with people
 doing similar work, to share and learn from each other), consider
 joining! If you can't find one in your area, you could look into
 starting one with some colleagues. Many peer support workers
 who are part of a community of practice report that connecting
 with other peers in this way greatly benefits their work.

FOR REFLECTION:
How do you feel about asking for extra support? Is it something that is easy or difficult for you?
How will you know that it's time to ask for extra support?
·
my window of tolerance

In Module 14: Building Resilience, we cover the topic of our "window of tolerance." The following section comes from that module.

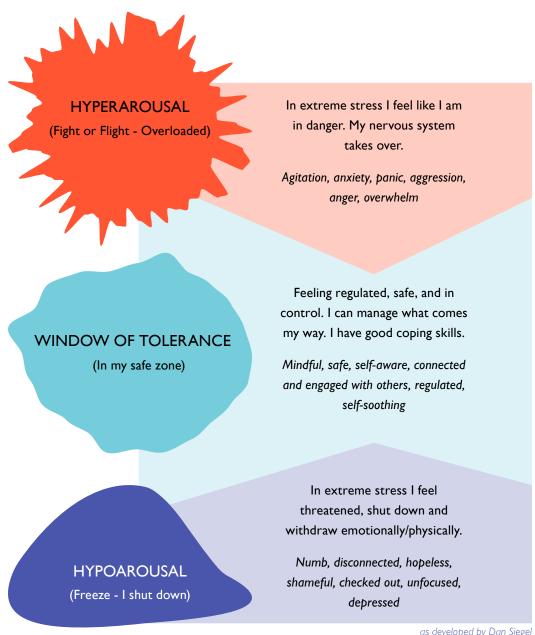
When we speak about our window of tolerance, we must refer to the learning we did around the nervous system in the Trauma-Informed Care module. When our sympathetic nervous system is engaged, that is when our stress hormones are activated. When this system is engaged for longer periods of time, it is a stress on our overall health and well-being.

Trauma expert Dr. Dan Seigel coined the term "window of tolerance." It refers to the window in our zone of arousal where we are able to function and cope effectively. When we move outside the zone, we become essentially dysregulated until we are able to calm our nervous systems.

Stress and stimulation within the window of tolerance can be motivating and healthy. Getting used to a little bit of activation can support us to take risks and sit with discomfort that is necessary for growth.

Developing self-awareness is essential to living within our window of tolerance. This means that we need to notice what it feels like when we are pushing closer to the outside edge of the window and into hyperarousal. It is easy to get into a "crisis mode" mindset and feel

pressure to push through no matter what! When we do this without stopping to notice what is going on with us, we are essentially ignoring our body's signs that it is too much for us; consistently ignoring these signs can lead to problems with our mental and physical health.



as developed by Dan Siegel

This means that we must regularly do an inventory of where we are emotionally, so that we know when we are pushing outside of our window of tolerance. Increasing our awareness of what moves you outside your window of tolerance will support you to avoid burnout.

As we have talked about, the sympathetic nervous system is designed to protect us in an emergency. It's ok if it is activated once in a while, as that's its purpose. It becomes problematic when we are in a state of hyperarousal all the time. It may happen so often that we get used to it! Spend a good amount of time reflecting about this topic, because recognizing when you're experiencing excessive stress is very important. How will you know when it's too much? When you notice that it is too much, what can you do to support yourself?

hope

Hope and wholeness for all is our overarching core value. Remembering this is essential to peer support. Hope is why we do what we do. However, when we are faced with so much tragedy, dysfunction and sadness it can be easy to lose sight of hope.

Pat Deegan speaks about hope and uncertainty in the article Hope and Recovery: Part 2:

To be hopeful means to stand in the present moment and to embrace the uncertainty of the future. Not one can predict who will and will not recover. No one can posit* a certain future because the future is, by definition, uncertain and ambiguous. All we can authentically do is to stand with two feet in the present and to face the ambiguous, uncertain future with hope...Hope is not hope if its object is known. (Clark 2013) *posit means: to assume or affirm the existence of something.

Your role is not to be a cheerleader, because you don't know what someone's outcome will be. You may be working with people who are unhoused and know that there is nothing you can do to change their situation. That is an incredibly hard truth to hold onto. It hurts to know that people are suffering and to feel like there is nothing you can do to change it.

We learn to lean into hope by seeking out and embracing the good, even when things seem so dire. We must celebrate the good things in our lives. We must take time to experience joy and laughter. Building time for all those good things is what life is all about. It's what we are striving for in this work. Create space both at work and at home to celebrate the little things!

In your teams, get into the practice of celebrating the achievements of both teammates and the people you support! Notice the small and big wins. Notice the simple moments of delight and joy. Let those moments sink in.

That is how we turn hope into a practice. We practice hope by noticing the good things in life.

All great movements emerge as a response to injustice.

Essentially, a movement is a collective of individuals who share a sense of purpose and common cause.

Movements are born from HOPE.

A movement starts as a desire to create something better for many people, and becomes something that can actually change the world!

culture and home

Home is more than a physical space. Home is a feeling, and for many people it can have a spiritual and cultural component.

Since we are in the midst of a housing crisis, it can be easy for supporters to lose sight of the significance of home and culture. With the best of intentions, workers want to get people housed, and in the process they can lose sight of the significance of culture and spirituality. "Home" can have a deep spiritual meaning for someone, and it's essential that we honour and respect that.

Because of historical trauma, Indigenous peoples are 8 times more likely to experience homelessness than non-Indigenous people. Homeless Hub addressed *Indigenous homelessness* while referencing the Aboriginal Standing Committee on Housing and Homelessness. Let's look at what the document states:

Indigenous homelessness is a human condition that describes First Nations, Métis and Inuit individuals, families or communities lacking stable, permanent, appropriate housing, or the immediate prospect, means or ability to acquire such housing. Unlike the common colonialist definition of homelessness, Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. Importantly, Indigenous people experiencing these kinds of homelessness cannot culturally, spiritually, emotionally or physically reconnect with their Indigeneity or lost relationships (Aboriginal Standing Committee on Housing and Homelessness, 2012).

For further reference on this important issue, read Jesse Thistle's work, 12 Dimensions of Indigenous Homelessness. Jesse is Métis-Cree, from Prince Albert, Saskatchewan, and is a person with lived experience.

When supporting people in any kind of housing situation, it is essential that we consider and reflect on the significance of the land, family networks and connection to culture.

FOR REFLECTION:

If you find yourself working in a supportive housing situation, how do you think these principles can be integrated into services?

Have you ever been in a situation where you have felt displaced? If so, how did it affect your well-being?
What can we do to make sure we honour the cultural and spiritual needs of people we support, while working within the confines of a broken system?
Let's also consider the depth of what cultural safety means. The following is an excerpt from What is Culturally Safe Indigenous Housing? (pp 11-12), a piece by Celeste Hayward in Visions Journal: Cultural safety has nothing to do with understanding the unique culture of the "other." It is not about making sure a lobby has Indigenous art. It delves deeper into physical, emotional, mental and spiritual understandingsCultural safety is making sure your organization is trauma-informed. Cultural safety is thinking about how the administrative and data aspects of services are delivered to the personAm I paying attention to the power imbalance? Cultural safety is questioning and rethinking "common sense," then

and data aspects of services are delivered to the person...Am I paying attention to the power imbalance? Cultural safety is questioning and rethinking "common sense," ther changing interactions and expectations of how people will behave in service delivery...

Culturally safe housing creates a connection to home; a place where you belong; a place

that shows who you are, where you come from and where you connect; and a place you feel ownership over. Not ownership in the sense of property, but in the sense of belonging and care. (2022)

recognizing biases

As we have covered throughout the curriculum, categorizing and judging comes with being human. We create opportunities to move closer to objectivity (although we can never be fully objective) when we recognize that we judge and then intentionally choose to seek out other perspectives.

*For further reference see Module 3: Categories and Containers: Unpacking Our Biases				
FOR REFLECTION:				
Knowing what you know about assumptions, biases, and judgement, what do you think are some ways they can get in the way of someone getting support with housing?				
There can be a one-size-fits-all approach to housing. Do you think this kind of approach can cause staff to be less aware of their biases? Why or why not?				
What can we do to challenge biases that come up in terms of housing?				

Tony has been working as a peer support worker for 3 years. He recently got a part-time position working in a supportive housing facility. Most of the time he focuses on building relationships with the residents. He often meets one-to-one with people when they need support, and sometimes he organizes evening activities like movie or games nights.

There have recently been changes to the policies and procedures of the facility where Tony works, and he is now required to do regular room checks. Tony hates that part of his job; because before he got his current apartment, he lived in a similar type of housing situation and found the room checks to be invasive and unfair. He is very uncomfortable that he now has to perform these checks that he had found so demeaning.

Tony has noticed that some of the other people working on his team have strong opinions about how people should clean and take care of their spaces. The room checks reflect these opinions. He is required to give people feedback when he does checks. People are told to make their beds and clean up. The program calls this "lifeskills training." He finds it very frustrating, as he feels that unless someone is unsafe (such as being careless with candles), they should be able to make their own choices about how they keep their space. However, he is the only one on his team who seems to have a problem with how they manage room checks. He doesn't know what to do, because otherwise he really loves his job.

What are the biases in this scenario?		
What are Tony's options as far as addressing this situation?		
What are some ways Tony can advocate for the residents?		
	2	
What do you notice about self-determination in this scenario	(
		j

some things we can do to bring awareness to our implicit biases

The following comes from the Unpacking our Biases module:

"To have a biased belief often means to us that we are bad people. So many of us hold that. Those protections keep it out of our awareness or the risk is that we see ourselves as bad."

~Kate Lingren (Clinical Social Worker & Activist)

- Understand the nature of biases. Dig into why they exist (as we have already covered within this training).
- Notice when we have strong reactions.
- Make unconscious biases conscious: talk about them.
- Continue to build self-awareness.
- Let go of shame, as it can keep us stuck in our biases when we get defensive. Instead, keep ourselves accountable to change and shift our biases.
- Get curious.
- Seek out people who are different from you. Spend time in communities that are different from yours.
- Seek out information that supports you to stretch your beliefs. Don't only seek out information that is aligned with your pre-existing beliefs (confirmation bias).
- Don't fall into stereotype-based thinking, even if it seems like a silly non-issue. Be cautious about jokes that put people into stereotypes.
- Seek out people who defy stereotypes.

program options for peer support workers

In B.C., there are many program options that employ peer support workers and are connected to housing in some way. In this section, we will provide a brief overview of some of these programs. We encourage you to consider how the core values and principles we have outlined throughout this peer support training will impact your work. Since this work is broad and vast, keep in mind that we won't be able to cover everything here.

As with any role or profession, there are different ways peers are utilized in organizations. Some peers work full-time, some part-time. Some are hired as employees, some are contractors, and others are volunteers.

One commonality for peer support workers in all of these programs is that it is so important to be aware of local community resources. Many teams have a list of resources that they are always updating. Because funding can fluctuate, resources can change. This list must be fluid and adapt as resources change.

With any of the programs we are going to highlight in this section, it's important for peer support workers to have Naloxone training. Many peer support workers have been in emergency overdose situations and have had to administer Naloxone.

Note: If you are doing this training independently online, and you want to be hired as a peer support worker, you might consider connecting with a local organization to see if you can set up a practicum for yourself. This is something that you will have to arrange yourself, as there is no staffing to oversee a practicum through the online training.

APPLICATION OF SELF-DETERMINATION AND A PERSON-CENTERED APPROACH

When our work is rooted in the core value of self-determination, people are supported to make their own choices, determine their own goals, and get in the driver's seat of their own lives. When we serve with self-determination in mind, we support people to establish a sense of autonomy and control that has likely been lost through so much struggle and pain. A person-centered approach addresses each person's unique needs, preferences, and strengths. All of these things are taken into account when designing services and supports, ensuring that services are built on the core values of respect, dignity, and equity.

working with people who are experiencing

homelessness

There are many organizations that hire peer support workers to provide outreach to unhoused people. You may provide community outreach or work at a shelter or meal center.

You will likely find yourself working on a team, as working with a partner is important for safety reasons.

Providing outreach means that you will be visiting community camps, providing harm reduction supplies, and giving out food and water. Some organizations provide other needed supplies for people living unhoused.

Homelessness is a dehumanizing experience.

The fact that homelessness is such a problem today indicates that society is failing certain people. It can be easier to put the blame on the individual experiencing homelessness than it is for society to recognize the systemic problems that are leading to increased homelessness.

As a peer support worker, you have the profound and life-giving opportunity to meet unhoused people exactly where they are at. While keeping the core values in mind, you can support them as full equals—equals who are experiencing more barriers to having their basic needs met. As someone with lived/living experience, you likely understand how fine the line is between being housed and not.

For many unhoused people there often exists a "street community," which can be both supportive and safe. Some people report having a sense of family and home on the streets, where people are known to look out for and support each other. They also report this sense of community can be lost when they find housing. However, this isn't the case for everyone. There are many challenges including theft, violence, and unsafe relationships that affect people living within street communities.

We may also work with people who are not living in camps on the street, but may be couch surfing or crashing with friends. This is called "hidden homelessness." Homeless hub defines it this way:

According to the Canadian Definition of Homelessness, the "hidden homelessness" population falls under the category of "provisionally accommodated." It refers specifically to people who live "temporarily with others but without guarantee of continued residency or immediate prospects for accessing permanent housing." Often known as "couch surfing," this describes people who are staying with relatives, friends, neighbours or strangers because they have no other option. They generally are not paying rent and it is not a sustainable long-term living arrangement but they do not have the ability to secure their own permanent housing immediately or in the near future.

FOR REFLECTION:

What systemic issues do you feel impact the prevalence of homelessness?

How can we begin to address those issues as a society?

HOUSING FIRST

This is an evidence-based approach developed in the 1990s by Canadian psychologist Sam Tsemberis and his not-for-profit organization Pathways to Housing in New York. Simply put, housing first means that people must have their basic needs, such as shelter and food, met before they can deal with deeper issues related to mental health and/or addictions.

Listed below are the five core principles of the Housing First approach as shared on the *Homeless Hub* website:

- Immediate access to permanent housing with no housing readiness requirements.
- Consumer choice and self-determination. Housing First is a rightsbased, client-centred approach that emphasizes client choice in terms of housing and supports.
- Recovery orientation. Housing First practice is not simply focused on meeting basic client needs, but on supporting recovery.
- Individualized and client-driven supports. A client-driven approach recognizes that individuals are unique, and so are their needs.
- Social and community integration.

HOPE

The people we are supporting may be affected by their housing situation in many different ways. It's so important to remember that even when people don't have secure housing, there is still so much connection that can happen within communities. Many people have learned ways to support each other, feel a sense of "home" and support, even if they don't have secure housing.

"The strength of our communities has grown without the normal walls and structures of society - resiliency bound together with compassionate conversation, support for our neighbours and warmth for those experiencing challenges."

~Natalie Miller, PSW in Victoria, B.C.

FOR REFLECTION:

Respect, dignity, and equity are core values of peer support. In your role as a peer support worker, how would you apply the core values to people you serve who are unhoused?

Many people who are unhoused experience stigma and discrimination. The public can tend to see homelessness as an identity rather than an experience. What systemic changes do you think would help the public to see the humanity in people who are experiencing homelessness?

Do some research: What are some local community resources that you should be aware of in your community, as you support those who are unhoused?

supportive housing

According to the B.C. housing website, the goal is to provide subsidized housing with onsite supports to single adults, seniors and people with disabilities at risk of or experiencing homelessness. Most often, supportive housing programs are time-limited.

The on-site supports can include staffing, food provision, or perhaps a safe injection site in a harm reduction building. Some supportive housing programs offer medical support. Some might offer life skills or employment skills training. However, supportive housing sites are not standardized in the support they provide, so services often vary depending on the contracted agency.

Many supportive housing programs have built peer support services into their paradigms. This means that peer support workers who are a part of these teams work closely with community and clinical staff. Programs that are built on a foundation of person-first, recovery-oriented, psychosocial rehabilitation will likely serve with values similar to the B.C. Peer Support Core Values (as listed at the front of this module). However, not all programs will serve with this approach.

As a staff person, regardless of the culture of your organization, you can do whatever you can to choose to serve with a person-centered approach.

FOR REFLECTION:

What are some things you can do to serve people with a person-centered approach in a supportive housing situation?

DEALING WITH PROGRAM RULES

Most guidelines or rules are created for a reason. If there isn't a clear reason for a particular rule, then it's likely time for a program to reconsider that rule. As a peer support worker you might find yourself advocating for changing rules that seem arbitrary. Advocating for change doesn't mean that you will see the change happen, but without advocacy, change is much less likely. A person-centered "nothing about us without us" approach would actively involve people who use a service in the creation of its policies, guidelines or rules.

Flexibility, nuance, and congruence are important when creating rules that are tied to people's homes. For example, if there is a "no visitors" rule (because of potential safety issues), and the program values belonging and connection, then the rule isn't in alignment with those

values. Is there a way to adjust or modify the rule so that the program can provide safety while also supporting connection and belonging?

Sometimes when people don't know the context or reason behind a particular guideline or rule, there is a lot of pushback. When we soften the language of "rules," and develop understanding around why a rule is needed, we can better support people.

If you are interested in exploring this topic more, check out the "Victoria Declaration," a document that explores complex power relations within governance. You can find it on Homeless Hub:

https://www.homelesshub.ca/blog/transforming-relationships-and-systems-through-victoria-declaration

FOR REFLECTION:

What will you do if you are asked to enforce a rule? Does enforcing it feel outside the scope of the peer support role?

SELF-DETERMINATION

In peer support, we recognize the importance of self-determination in someone's well-being. This means that each person needs some degree of choice and autonomy. That can be hard for people living in supportive housing, where everything - from what to eat to how someone decorates their space - is regulated and monitored. When working in supportive housing, we must be constantly reassessing to make sure we are offering as much choice and autonomy as possible for the program to function and be sustainable.

long-term housing

Many housing options for individuals are time-limited. The ultimate goal is always to support people to find secure stable, long-term housing in the community. However, the cost of housing is so high and increasing; as of early 2023 the shelter portion of the provincial persons with disability (PWD) payment isn't enough to cover the full cost of rent. This means that stable long-term housing usually requires employment.

MUTUALITY

In some cases you may be working with someone who has secured long-term housing, and is living independently. It may be within your role to support someone to keep their long-term housing through skill-building around tasks of daily living. However, all peer support programs have different policies and procedures around visits in a client's home, so know what your organization allows before supporting someone in their home. It may be outside of your scope to be supporting people with issues related to housing (example: cooking or cleaning).

Depending on what your role is, you might find yourself supporting someone as they navigate tasks related to keeping up their home. We must always remember the core value of mutuality when supporting someone with tasks related to maintaining a home. Peer support should always be grounded in relationship and mutuality. The priority of peer support is always building the relationship. This means that if you are supporting someone with tasks related to their living situation, consider how you can be building your relationship as you do them.

As we have covered in Module 2: Peer Support and Wholeness, the role of a peer support worker is different from that of a clinician or a community support worker. Staying peer is essential, and working together on something with the spirit of mutuality is key to staying within the parameters of peer support. If the person you are working with needs support with cooking, perhaps you can take a community cooking class together.

FOR REFLECTION:

How can you maintain mutuality and stay focussed on relationship building when supporting someone with a task related to housing?

What can you do to make sure that your work doesn't become overly task-focussed?

SMALL SPACES

Living in small spaces can be really hard for people. With the cost of housing today, it's highly likely that people who find housing will be also dealing with living in a small space. Perhaps you might be dealing with a similar obstacle. In that case, together with the person you are supporting, you might want to seek out resources that provide guidance on how to optimize small living spaces.

ROOMMATES

Sustainable long-term housing often means that people need to share a living space in order to make the cost more accessible. This can be another challenge when navigating housing, especially if conflicts or communication difficulties arise, as they often do. As a peer support worker, you might find yourself supporting someone who is dealing with challenges that come with having roommates.

FOR REFLECTION:

What are some tools from the B.C. Peer Support Curriculum that you can use to support someone who is dealing with roommate challenges?

COLLECTING

Compulsive collecting can be something that people you support may be navigating. When entering someone's home, it's very important to remember to ask permission before touching or unpacking someone's belongings. We don't know what meaning their possessions hold for them, and we must always be respectful of their space. We are a guest in their home, even if we perceive their space to be very messy and out of control. There are many potential reasons why a person might have a hard time letting go of things; we shouldn't make assumptions about what those are, or what we think someone should keep or throw away.

As we have covered in other parts of this training, we must serve with a trauma-informed approach. This approach is very important when we are supporting someone as they manage their possessions.

We don't know if some of their items are connected to grief and loss; something might look like "junk" to us, but for them it could be very meaningful.

It's also important to recognize that each person has their own preferences when it comes to how they decorate and organize their living space. Not everyone is a minimalist, and it's important to support individuals in making their own choices about their belongings and living space.

If you are ever concerned about the safety of the person you are supporting because of compulsive collecting, please reach out to your supervisor for direction and support.

OPS sites

Several supportive housing sites in B.C., guided by the principles of harm reduction, have Overdose Prevention Sites (OPS) available right in the building for residents to access. Depending on the region where you live, these sites could have different names. These spaces have a harm reduction focus and they provide a safe, dedicated space residents of the program can access when they are using drugs. These spaces are often monitored by people with lived and living experience who play a powerful role in keeping residents safe while building a sense of community and connection in the housing program.

acute care

There are several programs in B.C. that are embedded in acute care settings, where a peer support worker supports someone for a limited time as they transition from the hospital back into life at home in the community. Peer support workers who work within these programs will be working with a team of clinicians. More than some programs, people in this role will need to be aware of and up-to-date on

community resources since connecting people with these resources is one of the key aspects of the job.

As well as transitional programs, some communities will have peer support worker positions right on inpatient psychiatric wards. Sometimes the peer will offer one-to-one support, or perhaps lead workshops.

ACT (assertive community treatment)

Most communities in B.C. now have embedded ACT teams into their service paradigm. The model was adapted from an American model by the B.C. Ministry of Health in the early 2000s. All ACT teams that follow the model include peer support workers on their teams. In B.C., ACT teams are clinical in nature, and are run by health authorities rather than non-profits.

The following are paraphrased guidelines of an ACT program as outlined in the *British Columbia Program Standards for Assertive Community Treatment (ACT) Teams* (2008) document:

- ACT serves people with complex mental health and substance use needs, who have significant impairments that have gone without necessary support because of limitations within traditional mental health services.
- Services are delivered by a group of interdisciplinary staff who work together as a team
 to provide treatment, rehabilitation, and support towards goal achievement. The team is
 directed by a coordinator and a psychiatrist, and has a core group of staff from different
 specialties. ACT teams always include a peer support worker. Other staff embedded in
 ACT teams can be made up of nurses, social workers, community support workers, and
 employment specialists. Tasks are shared between all team members. People often visit
 clients in groups of two, but not always.
- ACT services are meant to be tailored to the needs of each person, and focused on relationship building.
- ACT teams are mobile and meet in the community. The goal is to support someone to find their own sustainable long-term housing, and to support people to find gainful employment.

PACT (peer assisted care team)

As of 2023, PACT is a new pilot program rolling out in B.C.. There are programs in North Vancouver, New Westminster, and Victoria, with plans to start several more in different cities throughout B.C..

The PACT model came about as a response to advocacy for alternative crisis response options for people who are in a crisis situation. The reasons people might call the PACT team vary greatly from person to person, and city to city. Anyone in the community can call about any type of crisis. Some PACT teams have reported getting calls from people who are dealing with

difficult escalated family situations. Others have reported getting calls from elderly people dealing with issues related to dementia. Sometimes PACT teams may be called out to speak with someone who has expressed suicidal ideation, or to support someone dealing with psychosis.

PACT is different from a basic crisis line, as it is based on a community outreach model. It is also different from programs like Car 87, in which a Vancouver police officer and a nurse visit a person in crisis, because the police aren't involved with PACT and the team is made up of a peer support worker and a clinician.

From the PACT website run by CMHA B.C.:

The aim of a Peer Assisted Care Team is to provide an alternative to police and shift B.C.'s crisis care to a community-based, client-centered, trauma-informed response centered on the mental health and well-being of the affected individual, their family, and their community.

Teams include 2 trained individuals: (I) trained peers (civilian/community member) with lived and living experience of mental health and/or substance use challenges and (I) mental health

professionals; both offering culturally safe and trauma-informed responses to people experiencing a mental health crisis.

CMHA B.C. (Canadian Mental Health Association British Columbia Division) is overseeing the larger budget for the PACT programs here in B.C.. Through the RFP (request for proposal) process, they will be selecting different non-profit organizations to provide PACT services in specific communities. If you are interested in keeping up with the progress of PACT in B.C., check out their website: www.cmha.bc.ca/peer-assisted-care-teams/

community resources for housing

B.C. Housing website: Learn about housing assistance and apply for affordable and subsidized housing options for individuals and families. https://www.bchousing.org/about/our-organization

Tenant programs and resources:

https://www.bchousing.org/housing-assistance/tenant-programs-resources

B.C. Housing Shelter Directory: Follow this link to find shelters anywhere in B.C..

https://smap.bchousing.org/Home/Search

B.C. Rent Bank: (From the website) "Regardless of where you live in the province, you can access a rent bank and its support services to help stabilize your rental housing during unanticipated short-term financial challenges."

https://bcrentbank.ca/

Community Housing Transformation Center: (From the website) "Our mission at the Community Housing Transformation Centre is to transform the community-housing sector in a long-lasting way. Part of this implies improving existing solutions and creating more affordable housing, tools, and shared expertise. The Centre's funds, along with other activities, support transformative non-profit housing projects." https://centre.support/about/our-work/

Greater Victoria Coalition to End Homelessness: Though this organization is based in B.C., and doesn't service the rest of the province, this page provides some great statistics on homelessness that may have application in other regions.

https://victoriahomelessness.ca/our-products/tool-box/

Homeless Hub: (From the website) "The Canadian Observatory on Homelessness is the largest national research institute devoted to homelessness in Canada. The COH is the curator of the Homeless Hub - a library of over 30,000 resources."

www.homelesshub.ca

Homeless Services of B.C.: (From the website) "The Homelessness Services Association of B.C. (HSABC) was created through the merger of Shelter Net B.C. (SNBC) and the Greater Vancouver Shelter Strategy Society (GVSS) in 2017. SNBC was established in 1999 as a provincial, grassroots movement by shelter providers who identified a need for training, networking, and development of best practice. GVSS was formed in 1998 as a regional network of Metro Vancouver organizations responding together to meet the needs of people who are homeless or at risk focused on coordination of the Extreme Weather Response program and research"

https://hsa-bc.ca/

Pacific Aids Network HIV Housing Toolkit: (From the website) "This toolkit was made as part of Positive Living, Positive Homes, a community-based research study funded by the Canadian Institutes of Health Research and co-led by the Pacific AIDS Network (PAN) and the University of Victoria. There are nine modules to build capacity, skills, and understanding."

https://paninbc.ca/welcome-to-the-hiv-housing-toolkit/

Pivot: Pivot works in partnership with communities affected by poverty and social exclusion to identify priorities and develop solutions to complex human rights issues. Our work is focused in four policy areas: police accountability, drug policy, homelessness, and sex workers' rights.

www.pivotlegal.org/our story

B.C. Government Residential Tenancy Resources:

https://www2.gov.bc.ca/gov/content/housing-tenancy/residential-tenancies

conclusion

When serving people in any aspect of housing, we must remember to always serve with a person-centered approach and with the core value of self-determination guiding everything we do. Hope and wholeness for all is the B.C. Peer Support overarching core value. We believe that wholeness can be accessible for all with the right support and resources.

The system is very broken, and can lead people to feel discouraged or hopeless. When we serve people with a foundation of hope, we can make a real difference. When we support them to find safe, sustainable housing when they are struggling with mental illness or substance use issues, it can be a powerful motivator when facing setbacks.

"We must accept finite disappointment, but never lose infinite hope."

~Martin Luther King Jr.

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