To promote Dignity and Wellbeing, guaranteeing accessibility - quality - sustainability of social / health services for person"  September 25th
The Charter of Fundamental Rights - 7 December 2000

of the European Union (CFR) enshrines certain political, social and economic rights for EU citizens and residents into EU law.

- **PREAMBLE**  
  the Union is founded on the indivisible, universal values of human dignity, freedom, equality and solidarity; it is based on the principles of democracy and the rule of law....

- **DIGNITY**  
  **Art. 1 Human dignity** - Human dignity is inviolable. It must be respected and protected.
  
  **Art. 2 Right to life** - Everyone has the right to life....

- **INTEGRATION**  
  **Art. 26** : Integration of persons with disabilities: EU recognizes and respects the right of persons with disabilities to benefit from measures designed to ensure their independence, social & occupational, integration & participation in the community life.
Poverty - as slavery - isn’t the fatality question. Overcoming poverty is not a gesture of charity (to provide help for needs...), but this is an act of justice. It is the protection of a fundamental human right the RIGHT to DIGNITY and to Well-being . (N. Mandela)

Everyone has the RIGHT to the best available mental health services within the health and social welfare systems. (U.N. Resol: 46/119, 1.1, 1991)

Human dignity is inviolable. It must be respected and protected...! (Charter Fundamental Right UE 2000)

→ no DIGNITY without RIGHT
→ no MENTAL HEALTH without Dignity

→ no RIGHT without ACCESS to rights, resources & services

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Our Vision

- PERSON - people exist when is voice is heard and understood

- DIGNITY & RESPECT: *a decent society or a civilized society is one whose institutions do not humiliate the people under their authority and whose citizens do not humiliate one another*  
  Avishai Margalit

- Between cure and care:
  accessibility & flexibility – quality & sustainability
Target: People living permanently in extreme poverty conditions, connected with serious health and mental health problems, without adequate assistance

- Homeless people living in the streets - shelters - squats ..., 
- Elderly people living alone, in abandoned conditions, as invisible homeless at home. 
- Undocumented migrants, without a residence permit that cannot access social and health services.
SPECIFICS OBJECTIVES

- **Heightening of awareness** for all civic society through adequate information with media

- **Networking:** improving synergies and opportunities of working together, workers of health & social sector, public & private

- **Education & training:** permanent & continuum, promoting exchanges and evaluation

- **Research / action**

- **Lobbying and advocacy**
GENERAL OBJECTIVES

- Improve physical, mental and social WELL-BEING
- Promote respect of human RIGHT & DIGNITY
- Promote DIGNITY & WELL-BEING for people living in extreme social and health poverty
- Facilitate ACCESS to citizenship rights, to social and health services
- Promote INCLUSION: participation & solidarity with a special attention for homeless
Clochard died, the Mayor: "He had refused medical assistance..."

We are saddened by the death of the clochard ...

It is a death that generates suffering throughout the city and in the Administration.....

As an Administration we have activated a network composed of Municipal Mobil Units, private social units and the Red Cross. A network that operates throughout the city by day and by night, providing assistance, meals and hot drinks, blankets...

The attempt of coordinated intervention, however, was not possible: Franco I., this is his name, refused medical assistance, clothes and blankets replacement. This is the most dramatic aspect of a difficult job that does not always allow us to assist the homeless as we would like, especially since we are often faced with the refusal of help offered....
DIGNITY and WELL-BEING

WHY homeless people living permanently in the street seem to refuse all of institutional service?

- When a person has lost everything it is still in the street as the own house... understanding?

- We have proposed all the services and the person has refused everything, what else to do? ...

HOME-less → family-less → job-less → HEALTH-less → self-esteem-less → HOPE-less

- When the body speaks through his silence and his wounds: who will listen and hear before intervening?
- When the solution of complex situations seems impossible: how to listen for a deepest
- When a person has lost everything it is still in the street as the own house...
POVERTY INCREASING in European countries: monetary poverty, material deprivation and low work intensity, (cf. EUROSTAT* Statistics Explained)


HOMELESS NUMBER INCREASING in EU more than 4 million (ex. Study in UK reveals that 3,569 people were found sleeping rough on any given night in England in 2015, an increase of 30% per cent on the previous year - CRISIS estimation


AVERAGE OF MENTALLY ILLNESS is between 3-4/10 homeless living in permanent way in the streets are mentally illness (cf. St Mungo’s report, Stop the Scandal)
Homeless living in severe & chronic **social – physical – psychical** precariousness are a symptom of the **malaise of our society** and a permanent injury

- to democracy,
- to fundamental rights
- to social cohesion and solidarity.

They are almost a provocation & challenge, for those who are working in this social and Health/MH field and for responsible of the polis and citizens.
DIGNITY and WELL-BEING
EXCHANGE and INTER-VISION PROGRAM

concerning the interventions and the pathways for homeless people in extreme poverty conditions and with mental health problems.

✓ 1st Phase D-&-WB: (2014-2016) “why a number of homeless people permanently living on the street, on in shelter and squat give the impression of refusing any kind of institutional support? From Warsaw start our pathway to Athens, Copenhagen, Brussels, : 50 Profiles of these homeless

✓ 2nd Phase D-&-WB: (2016-2019) “Practical approaches to working with homeless People with mental Health” Erasmus + Project: with colleagues of Lisbon, Warsaw, Brussels, Copenhagen, Florence, Athens, Barcelona, Dublin

✓ 3rd Phase D-&-WB: (2020-2022) Exchanges and study visits concerning evaluation of accessibility & congruence between needs and services offered and proposed.
4th PILLARS: Social – Health – Housing - Recovery: TOGETHER

1. **WHY** some homeless people - with mental health problems - rough sleeping in permanent way or in emergency centres & squats - frequently - giving the impression to refuse any institutional offer of assistance and integration?

2. **HOW** these services to person contributing to DIGNITY (rights) promotion and to WELL-BEING (psychic – physic – social)?

**OUTREACH**: a person exists when his voice is heard and understood
The man Exist
When his voice Is Heard
and Understood

Un homme existe lorsque sa voix est écoutée.
OUT-REACHING

Attitude first and Method & Practice

aller vers (to tend towards) - aller à la rencontre (to go meeting)
fundamental in every kind of human and professional relationship

Definition: It is to provide services to any population which might not otherwise have access to those services. (Wikipedia encyclopedia) Charitable institutions have, for centuries, offered basic help – food, shelter, clothing - to people living on the streets. During the 1980s many of these organisations reorganised and offered more specialised services to people in this kind of need.

Outreach is an attitude: More than a work method and a daily practice, it is an attitude to be open to, to pay attention to and to be available for people who do not have access to health and social services. An outreach service is offered:
- Where the person lives, or spends their time.
- Which adapts to problems with accessibility or misconceptions.
- Where the professional does not wait for the client to request the service but, instead, goes out to offer the service...
- Which is, as much as possible, deinstitutionalised and offered on a person to person basis.
- Were to work in partnership: worker & person, not in hierarchical way, facilitating inter-relations ...
- Where outreach working is seen as the normal rather than as the exception.
- Where accessibility is seen as more important than specialisation.
- In which the first priority is to establish a person-to-person helping relationship, time and resources are allocated for this. help, or treatment are seen purely as for social inclusion, NOT to satisfy political or bureaucratic aims.

synthesis: To find, to meet, & engage ... To identify, evaluate & provide assistance ... To build bridges between outside & inside,
OUT-REACHING
the attitude transform the practice
from a voluntary and solidarity initiative to institutionalized and programmed project?

- **TO LEAVE ...**, the supposed know, heir predictable, **to get out of ...**, organised (perhaps comfortable) environments of office, institution..., where to work is planned...,
- **TO MEET PERSON** : **to become present** in more spontaneous ways in other people's space...
- **TO HAVE NEW APPROACH** inter-person: **to be present - to meet - to hear - to feel - to respect & to exchange ...**
  the **mentality** – perhaps – it is easier to change than the **attitude** of “professional samaritan...” in front to **miserable needy** in need of any help, but who demand in the first respect, feeling before acting...
- **The NEEDS** : multiplicity & complexity Homeless people tend to have needs in multiple domains at a single point of time, which reinforce each other – **so no one service can act effectively**.
- **THE INTERVENTION** : **collaboration & coordination** is absolutely essential for an outreach model to work effectively.
- **THE RISKS** : In order to avoid **competition** between services, **repetition** of same service ..., **assistentialisme** ... (assistanat...) only consultation among organizations working in this sector can reduce them, if not avoid them

In SYNTHESIS in order to establish an interpersonal relationship, one must:

1. **Respect the person**: their dignity, their right to be different, their right to be heard by you, of their space & their time.
2. **Meet the person**: **to tend towards...**, **to go meeting ...** which means going into their territory, whether it is familiar to you are not whether it is pleasant or not.
3. **To be open**: to consider all possibilities, both in terms of the individual, but also in terms of other significant actors and service providers.
OUT-REACHING

DIFFICULTIES FREQUENTLY ENCOUNTERED

In relation to homeless people

- **TO LEAVE** ... , the supposed know, heir predictable, **to get out of** ... , organised (perhaps comfortable) environments of office, institution..., where to work is planned...

- **EMERGENCY**: Actions which focus on immediate and urgent need, without tackling underlying issue...
  - Permanent risk of chronic dependency of this kind of services without having the chance to improve their situation.
  - Repeated attendance at social or health emergency without addressing the underlying causes for the individual.

- **REFUSAL OF** ?... : services ?... to meet ?... or to speak ?... or other ?....

- **URBAN HYGIENE**: cleaning city at all level ... Interventions, usually by police or cleaning services, to remove homeless people from certain areas without improving their predicament.

- **GENERALIZED FEAR AND MISTRUST** (homelessness) vis-à-vis all types of authority, especially due to negative past experiences.
OUT-REACHING

DIFFICULTIES FREQUENTLY ENCOUNTERED

In RELATION WITH WORKERS:

1. **Discouragement**: In spite of trying everything, the homeless person refuse, or disappears or dies.

2. **Barriers to access**: individual and institutional barriers - clinic opening hours, physical accessibility etc.

3. **Competition and individualism** of NGOs and statutory services: tendering culture discourages collaboration and encourages organisational self-aggrandisment especially if in reason of application for budget

4. **Lack of reciprocity** in giving and receiving:

5. **Time and urgency** limit options for more permanent solutions.

6. **Stigmatisation** of homeless people on the street: they can be seen as unhelpable – or as not deserving of help. whether it is pleasant or not.

7. **Frequent discharge of political responsibility** in charity associations ...

8. **Growing intolerance on the part of citizens** towards those who are increasingly perceived as mentally ill or criminals or sluggish exploiters ...
OUT-REACHING

SOLUTIONS

- COORDINATION AND COLLABORATION: Networking and cooperation are essential, both at organisational level and in each individual case.

- SPECIFIC OUTREACH PRACTICES

  INTERVENTIONS
  
  A. Concerning ‘case’ report (call for people abandoned in the street...)
     - Collection *(or not ?...)* of all possible information before to plan any intervention or first contact.
     - To constitute a multidisciplinary team composed of: coordinator, workers in social & health sectors, salary & volunteer workers
     - To program interventions and to assign the 'case' to a member of team who could be the referent (some times will be useful 2 referents...)

  B. Concerning ‘intervention’ outside to meet and directly have a first short evaluation
     - Evaluation meeting in order to evaluate needs and interventions; at the first meeting will be followed regularly, where will discuss the evolution and evaluation of the interventions

  C. Concerning ‘recovery / inclusion project’: to organize regular meetings to the progress of social and/or health reintegration.
OUT-REACHING
HEALTH and MENTAL HEALTH

ROLES OF HEALTHCARE WORKERS IN STREET WORK:

- nurses: Attend to: hygiene, care, motivation of the patient, evaluation of gravity of medical problems, vulnerability, contact with the medical staff (hospital, gp,...), and “translation of medical language” between staff and patients, follow-up of the treatments and medical appointments, support to the patients in their journey for treatment.

- medical doctor (gp): probably only occasionally useful tasks and fields of action: to create a contact with the patient; to give a clinical advice in non-urgent cases.

- psychiatrist: occasionally useful tasks and fields of action: to create contact with the patient; to establish a psychiatric diagnosis; to facilitate uptake in psychiatric institutions.

- psychologist: probably limited specific usefulness, due to the work conditions in the street. tasks and fields of action: to create contact with the patient; to establish a psychological diagnosis; coaching of the team in their daily work with the patient.

- social workers: necessary for access to healthcare and contacts with the social services.

ROLES & COLLABORATION OF VOLUNTEERS (professionals or not ...) it’s absolutely fundamental
TOPICS THAT REQUIRE SPECIAL ATTENTION IN OUTREACH PRACTICE

- **RESPECT**: the first for each people and for each diversity ... in needs & desires
- **Time**: to adapt the time to individual rhymes of person..
- **Patience**: because impossible to achieve the rapid results..., to have the patience to wait.
- **Trust in the other and credibility**: must be cultivated.
- **Self-esteem** ... to support and **resilience**: ‘it’s possible’!
- **Support all positive experiences**: of desire, of pleasure, of new action plan ...
- **Timing**: the right time to... make contact is when the homeless person wishes it...
- **Try again and again** ... Find open again .. Daring: You may have to do uncomfortable things – such as approaching a person who rejects contact, and to return after being rejected.
- **Supervision**: Individual and institutional... regular & fundamental support to prevent any form of burnout.
- **Inter-vision**: discussion, analysis and peer evaluation, has two advantages: open to the other's point of view, promotes team knowledge and cohesion.
ACHILLES HEEL - WOOND - TRAUMA

1. **VULNERABILITY**: Each person is born with an 'Achilles' heel but not all of them remain fatally injured during their lives.

2. Superficial injury, accidental, immediately medicated, quickly healed...

3. Deep wounds, which have affected fundamental functions, which will heal more hardly, leaving a permanent fragility

4. Visible wounds (taken in care by rapid, repeated and prolonged interventions)

5. Invisible wounds, not recognized, not taken in charge (but which condition in an important way)

6. Recovery / re-establishment: rapid and definitive or slow and provisional return to a ‘normal’ state of health, mind, capacity (resilience)

7. **TRAUMA**: We all use the word “trauma” in every day language to mean a highly stressful event that seriously disturbs or even blocks a person's ability to cope with life's events
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FIRST HOME ...

Where to welcome...
support ...
share...
hope ...
recognize ...
include...

HOME ... FIRST!