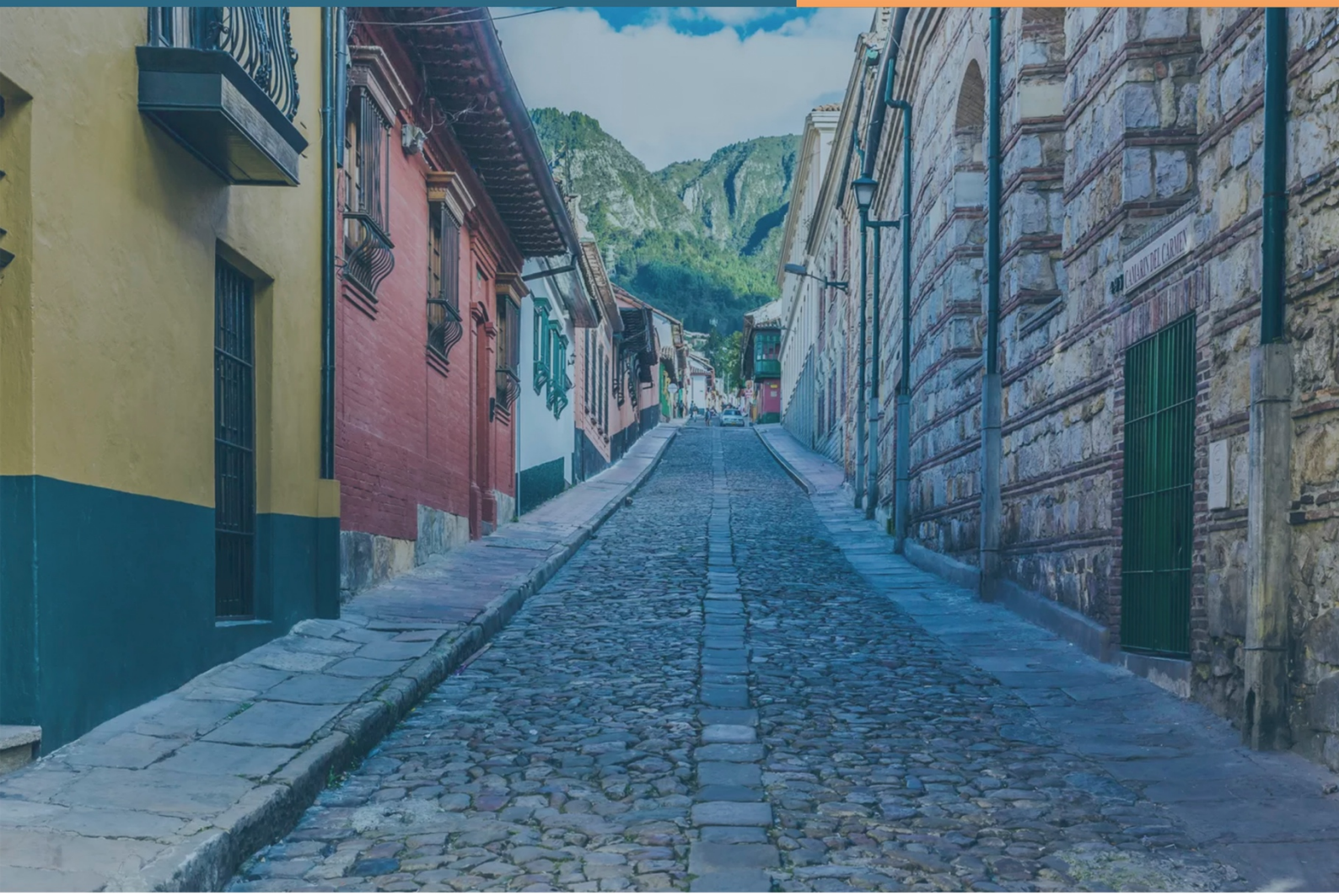
Home4Health Good Practices Report

Tackling Homelessness, Mental Health & Substances Addiction Across Europe

HOME4HEALTH



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Coordinated by: GROUP ABD Welfare and Development Association (Spain)

In partnership with: CRES CER (Portugal), HVO QUERIDO (Netherlands), Cork Simon Community (Ireland)

Acronyms

CATIE - Canadian AIDS Treatment Information Exchange, 14

EMCDDA - European Monitoring Centre for Drugs and Drug Addiction, 33

EU - European Union, 29

HCV - Hepatitis C, 14

HIV - Human Immunodeficiency Virus, 14, 29

LGTBIQ+ - Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, 21

OECD - Organisations for Economic Co-Operation and Development, 29

PTSD - Post-Traumatic Stress Disorder, 29

STI - Sexually Transmitted Infections, 28, 29

TIC - Trauma Informed Care, 28

UMEA - Municipal Unit for Employment and Autonomy, 18

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Content

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Introduction

To respond to homelessness with homelessness and its impacts, a holistic approach that takes into account the person's support needs, characteristics and behaviours is essential. Similarly, problematic substance abuse requires a multi-sectoral approach. Addressing the risk factors and causes of problematic use, combined with trauma-sensitive care, exemplifies an effective strategy. The Home4Health project aims to develop the professional skills of those working with people experiencing homelessness, identifying the essential competencies for more effective health and social care interventions at European level.

To identify the essential competencies for intervention with people experiencing homelessness, focus groups were held with professionals, including people with lived experience, and service users from the four partner organisations: ABD (Spain; https://abd.ong/), CRESCER (Portugal; https://crescer.org/), HVO Querido (Netherlands; https://hvoquerido.nl/) and Cork Simon Community (Ireland; https://www.corksimon.ie/). Data analysis resulted in 15 categories that form the basis for developing a training programme. At the same time, an analysis of the literature and the identification of organisations' best practices was carried out.

The following sections examine the key Competencies identified in the focus groups in order to provide a solid basis for developing content that strengthens professionals' skills in their interventions with the target population. Based on the Canadian Homelessness Research Network (2013) and the Mid-Willamette Valley Homeless Alliance (2024), practices are categorised as **Best, Promising or Emerging**.

- **Best Practices** are interventions proven effective through rigorous scientific research, replicated in multiple cases using methods like randomised controlled trials or systematic reviews.
- **Promising Practices** have enough evidence to demonstrate effectiveness in achieving specific goals, often using realistic reviews or case study designs.
- **Emerging Practices** are innovative interventions with potential, supported by limited or non-research-based evidence, often derived from program descriptions, reports, or opinions.

The lack of documentation on practices during their implementation makes it difficult to categorise them as best or promising, but it is possible to extract valuable insights from community practices, even without formal evidence. In the case of homelessness and harm reduction, innovation often emerges outside of traditional evidence frameworks, with lived experiences and personal stories being

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important sources of knowledge, albeit underestimated (Mandler, 2023). Involving experienced professionals in the field of homelessness is crucial to the development of innovative strategies.

For the purposes of this document we will use the designation good practices as an umbrella term, as different practices that will be explored have proven effective via different sources of evidence, including traditional evidence frameworks, such as those mentioned in best-promising-emerging categorization, as well as non-traditional, community practices based evidence. Hence, the Home4Health report identifies good practices as relevant principles, approaches and methodologies for effective interventions with people experiencing homelessness facing health problems and trauma. The practices identified in the focus groups are divided into three main areas for the development of professionals: Attitudes, Methodologies and Theoretical Frameworks, with a focus on the relationship between the client and the support professional.

Good Practices Research

1. ATTITUDES

The relationship between homeless people experiencing homelessness with complex trauma and support professionals is crucial to the success of interventions. Individual characteristics and the form of interaction significantly influence the process, with the assigned professional being a determining factor in whether treatment is continued or abandoned (Miller & Rolnick, 2002). Elements such as a counselling approach within a relational framework are decisive. In the focus groups, both professionals and users highlighted essential relational topics such as respect, empathy, support, horizontality, boundaries, responsibility and self-knowledge, which will be explored on the basis of the good practices identified.

1.1. RESPECT

Supporting homeless people experiencing homelessness requires a respectful, person-centred approach, avoiding paternalism and valuing their autonomy. It is essential to recognise the unique circumstances of each individual and prioritise their decision-making capacity. Culturally sensitive interventions avoid impositions and prejudices, valuing each person's story (Freire, 2018). Qualified teams need interpersonal skills, cultural sensitivity and solid organisation to carry out effective interventions.

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Mutual respect is fundamental, and the team must manage their own emotions so as not to project their needs onto others. This includes respecting users' difficult decisions (e.g. to persist in injected drug use, despite resulting severe health issues), and ensuring dignified support. In the person-centred approach, according to Carl Rogers, the counsellor must offer empathy, genuineness and Unconditional positive regard, creating a safe environment for the individual to explore their experiences and solve their own problems, without the feeling of being judged (Miller & Rolnick, 2002).

Main aspects for engaging in a respectful interaction in the frame of a supporting intervention, one should consider:

- Acknowledgment of the individual's full dignity, as their right and ability of making their own choices, hence valuing and promoting personal agency and autonomy, avoiding any paternalism; Accurate empathy, as defined by Rogers (Miller & Rollnick, 2022), involves reflective listening, in order to understand the person's feelings and perspectives without judging, criticising, or blaming, allowing to amplify the person's own experiencing and meaning, without imposing the counsellor's own material);
- Genuineness or congruence, meaning that the support worker is genuine and real, as well as integrated and authentic in the interaction with the other person. This enables the building of a trustful relationship and the feeling of being valued, promoting self-esteem and trust in one's own judgement;
- Non-possessive warmth or unconditional positive regard, is a caring attitude that has no conditions of worth attached to it (Mate, 2018), which creates a context of no judgement and full acceptance of the other, setting a warmth tone in the relationship, allowing the individual to feel safe and to open up freely;
- To engage in a clear communication, preventing misleading expectations from taking place;
- To develop cultural sensitivity, for a more comprehensive understanding of the person and their specific circumstances which may play a role in their experiences and decisions;
- To develop creative thinking and problem-solving skills;
- Ensuring a holistic approach, where people are offered support in all areas of life, as it allows them to build the capacity they need to succeed in life. This is also related to the person centred approach, where the focus is on the person and their needs rather than the condition they're in.

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1.2. EMPATHY

Empathetic relationships, highlighted by professionals and services users, are based on respect, autonomy and understanding. Professionals must act honestly, avoid judgement, invest time in interactions and seek creative solutions. It is important to differentiate between empathy and total identification of one's personal experience with the experience of another, bearing in mind that professionals are there to support and explain, not to make decisions.

An empathic, client-centred counselling style, essential in Motivational Interviewing for instance, involves reflective listening and accurate empathy, as described by Carl Rogers (Miller & Rollnick, 2002). Accurate empathy is a critical condition for change, implying acceptance without endorsing all of the other person's actions. Listening with respect and understanding the individual's perspectives allows them to feel accepted, which is fundamental for change. Research shows that the counsellor's empathy is a significant factor in the client's response to treatment, creating a relationship of trust and supporting self-esteem, thus facilitating the process of change.

Empathy is the ability of understanding the other person's experience (Kohut, quoted in Tatarsky & Kellog, 2010), which includes an intellectual understanding but an affective resonance as well, enabling the support worker to imagine what the person is experiencing.

1.3. SUPPORT

Support is based on trust and connection between staff and service participants, alleviating feelings of loneliness and anguish, which are essential for deepening communication and establishing a relationship of trust. This support encompasses psychological, emotional and family aspects, where strong relationships can reduce substance use.

Trust and connection are essential for the therapeutic alliance, which can promote recovery by creating a safe environment, reducing anxiety and encouraging self-reflection (Tatarsky & Kellog, 2010). This alliance helps individuals to identify feelings and needs, as well as develop self-regulation and self-management skills.

"The therapeutic alliance is the ability to work purposefully together in agreement about goals, tasks, and quality of the bond." (Tatarsky & Kellog, 2010, p.124). This aligns with harm reduction principles, which emphasize starting from the client's current situation and supporting their goals. A collaborative approach that focuses on shared objectives can strengthen the therapeutic alliance and create a "right fit" (Tatarsky, 2003), centering the intervention on the individual's experiences and identifying goals that are meaningful to them.

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1.4. HORIZONTALITY

A horizontal approach to communication is key to building a solid relationship between staff and service participants, as it sets clear expectations and minimises discomfort. The use of simple, accessible language promotes a deeper connection. Flexibility and transparency in supporting each beneficiary are essential, respecting their individual needs.

Horizontality is in line with the principles of Harm Reduction, facilitating the exploration of contexts and experiences and intensifying trust, mutual help and partnership (Instituto da Droga e da Toxicodependência, 2009). This person-centred approach, which values informal contact, is crucial for establishing relationships, especially with people experiencing homelessness, recognising and integrating their lived experiences. Despite the challenges, this approach has the potential for more effective and empowering solutions.

1.5. BOUNDARIES

Boundaries are essential for defining roles and guaranteeing professional support, but they can be challenging due to the relationship between professionals and users. Clear communication is crucial to establishing these boundaries, avoiding ambiguity.

In addition, professionals should have personal boundaries that help them distance themselves from emotionally impacting situations, recognising the difficulties that arise when working in the same community. In addition, attention must be paid to those who, by remaining in their community of drug users, may have an accumulated risk of being retraumatised or triggered (Mason, 2006). Countertransference, which refers to the transfer of feelings from the professional to the client, must be managed to strengthen the therapeutic alliance (Tatarsky & Kellog, 2010).

Society often treats people who misuse substances in a stigmatising way, which can affect professionals and lead to negative reactions. This approach is harmful and underlines the importance of Harm Reduction as a therapeutic method that aims to destigmatise people who misuse substances and promote constructive treatment.

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Good practices related to Boundaries in the supporting relation, may include:

- Personal psychotherapy and/or continuous supervision, to promote one's self-knowledge and the ability to identify counter transferential reactions that may eventually be unknown;
- Developing effective communication skills (such as assertiveness, empathy, clarity);
- Provision and/or engagement in differentiated spaces and activities for distinct areas of life to be lived with fulfilment;
- Provision of flexible boundaries and discussion, between peer workers and at an agency level, around expectations and limits of these boundaries, as well as clear policies in the context of harm reduction and peer work (Mason, 2006).
- Expectation management is essential in the relationships between service participants, support workers, and professionals, including the specific circumstances of peer workers. It is important to balance flexibility in boundaries with clarity regarding existing guidelines, ensuring a healthy and effective work environment.

1.6. RESPONSIBILITY

In the care system, professionals recognise that they have responsibility for service participants, but it is essential to understand that not everything that happens in their lives is under their control. Separating this responsibility is crucial to avoid staff burnout and allow access to regular supervision, promoting reflection on work practices and supporting staff resilience.

This concept is linked to self-care, because while the organisation should offer support, professionals also need to take responsibility for their own well-being. It is therefore important that they carry out their work with organisational support that encourages critical and reflective thinking.

1.7. SELF-KNOWLEDGE

It is crucial that professionals know themselves and recognise their limits, respecting their own work rhythm and the need for breaks. This involves reflecting on personal prejudices, which, if not identified, can negatively affect treatment. This reflection must be ongoing in order to recognise how these biases influence their practice.

Access to personal psychotherapy and ongoing supervision is relevant for promoting self-knowledge, helping professionals to identify countertransference reactions. It is important to have realistic expectations about performance, both on the part of professionals and their supervisors, in harm reduction and peer work contexts (Mason, 2006). Good practice includes clearly articulated policies on performance expectations, boundaries, drug use and the kind of support a professional can expect from their supervisor.

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2. METHODOLOGIES

In this section will be explored methodologies of intervention that constitute good practices relevant for the categories emerged in the focus groups: advocacy, knowledge, communication, basic living conditions, teamwork, self-care, peer-work. Methodologies that also emerge as good practices related to housing and intervention with hidden/specific populations are explored.

2.1. ADVOCACY

Effective advocacy requires the formulation of objectives and strategies based on a contextual analysis, including steps and long-term intermediate goals. In community work, there is a tendency to prioritise quick solutions to urgent cases, which can lead to a lack of reflection on the structural causes of problems. As a result, advocacy efforts often lack a strategic focus and function in an ad hoc manner.

To implement an advocacy strategy, cooperation between organisations is essential, encompassing both horizontal (between local organisations) and vertical (between local and national levels) relationships. A clear definition of important concepts, such as homelessness, is fundamental for consistent decisions. Organisations must engage with policymakers, develop strategic plans, empower people with lived experience and collaborate across sectors. Understanding the challenges of the target group and raising awareness among health and social professionals is the first step towards improving care for this group.

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GOOD PRACTICE EXAMPLE

"Make friends with your funder.

Find out who sits on funding boards and make friends with them. Invite them to your project, introduce them to peer workers and clients." (Mason, 2006, p. 14)

Topics to be targeted in terms of drug policy	Advocacy activities, in which different NGOs could have different advocacy roles
• Decriminalisation/Depenalisation/ Alternatives to coercive sanctions; • Harm reduction funding/access to harm reduction; • National/urban drug strategies; • Discrimination in the public health and social care system; • Abuse in the name of treatment • Harm reduction in prisons • Meaningful involvement of civil society • Reality-based drug education/ prevention • Innovative harm reduction programs: drug checking, drug consumption rooms, naloxone, etc.	• Community organising; • Activism: awareness-raising, public education; • Coalition building; • Advising/counselling decision-makers; • Mainstream/social media campaigning; • Training; • Strategic litigation; • Grassroot lobbying; • Direct lobbying.

Sarosi (2020)

Typologies like ETHOS, developed by FEANTSA, are adequate tools to properly categorize homelessness situations, helping to advocate for specific needs. According to Amore et al. (2011), definitions created by governmental agencies often minimize the affected population and focus primarily on those visible to the public.

In this context, it is notable to mention FEANTSA also created a toolkit for developing an integrated strategy to tackle homelessness, in their posted handbook "Ending Homelessness, a Handbook for Policy Makers", there exploring effective approaches to reach the 5 goals to end homelessness:

1. No one sleeping rough
2. No one living in emergency accommodation for longer than an emergency lasts
3. No one living in transitional accommodation than what is required for successful move-on
4. No one leaving an institution without housing options
5. No young people facing homelessness as a result of the transition to independent living

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2.2. KNOWLEDGE

In terms of technical knowledge, some models should be highlighted because of their profound impact on the framework of drug use:

The **Relapse Prevention Model** (Marlatt and Gordon): emphasises that both immediate determinants, such as high-risk situations, and covert antecedents, such as urges and desires, can lead to relapse. The model offers specific and comprehensive intervention strategies, allowing professionals and clients to tackle each stage of the relapse process.

Motivational Interviewing (Miller and Rollnick, 2002): this person-centred approach helps clients discover their inner motivation for positive change. Structured with clear guidelines, it emphasises everyone's potential to change, with professionals acting as facilitators. Focused on the client's strengths, it promotes self-efficacy and sees ambivalence as natural, avoiding judgement. Resistance is interpreted as a form of communication and an opportunity for collaboration, preventing the professional from assuming the role of expert.

Integrative Harm Reduction Psychotherapy (Tatarsky & Kellogg, 2010): emphasises that risky behaviours, such as drug use, must be understood considering the person in their socio-cultural context. The aim is to identify the psychological, biological and social factors that contribute to addiction, clarifying the different meanings of substance use and adapting the psychotherapeutic process to the specific needs of each client.

The **Harm Reduction Approach to Hoarding** (Thompkins, 2015): uses practical strategies to mitigate the harmful consequences of severe accumulation, a behaviour that can threaten housing stability in vulnerable populations. This approach is crucial because hoarding can affect the community, generating negative reactions from homeowners and neighbours.

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In terms of theoretical knowledge, the experts from Home4Health partner associations identified the following list:

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2.3. COMMUNICATION

Clear and precise communication is essential to promote significant social change, especially in the care of people experiencing homelessness. Improving communication between service providers and these individuals is fundamental, as is strengthening communication between departments to meet their needs in a comprehensive way. The study 'Best Practices in Harm Reduction Peer Projects' (Mason, 2006) highlights the importance of open and respectful communication to avoid incorrect assumptions and minimise conflicts. In addition, the European Union Drugs Agency has developed a manual on **health risk communication strategies** that can be applied in this context, helping to inform and guide about risks such as HIV, hepatitis and overdose, as recommended by the World Health Organisation (2018)

Health Risk Communication Strategies for Drug Checking Services **(EMCDDA, 2023, pp. 27-28) manual resumes a series of principles important to adhere to when developing messages about health risks:**

- Messages are simple, specific, prioritised, and certain.
- Messages are accurate and based on robust evidence and intelligence.
- Communications contain sufficient information to motivate people to act.
- Visual stimuli to illustrate recommended concepts and actions.
- References to organisations and communicators that are credible and trusted by target audiences.
- Easy-to-understand language with concrete terms rather than ambiguous phrases.
- Alerts to be backed up by other resources with more detailed or supporting information, as audiences look to confirm, qualify, and understand the content of an alert.
- Core messages are consistent across stakeholders.

SafeLink Alberta's Best Practices for Supporting People Who Use Substances toolkit (2023) emphasises the importance of understanding the stories and realities of people who use substances, providing services in a non-judgmental way and with minimal barriers. This includes promoting **reflective listening**, which is crucial for motivating change (Miller & Rollnick, 2002). The Canadian AIDS Treatment Information Exchange (CATIE) (2022) lists supportive practices for service providers, such as maintaining open body language, creating a welcoming environment, protecting confidentiality, ensuring consistency in policies and procedures, taking time for difficult conversations and assessing biases related to race, gender, sexual orientation, mental health, disability and drug use.

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GOOD PRACTICE EXAMPLE

HVO-Querido

Mirror yourself card game

This card game is designed for clients and social workers to play together. Each card features a characteristic, and the game can be played in various ways to identify personal qualities and challenges. It serves as a valuable tool for self-discovery and building connections, fostering a horizontal relationship between social workers and clients. The game encourages meaningful conversations, whether brief or in-depth, about the insights gained during play, making it a simple yet effective way to engage in beautiful discussions.

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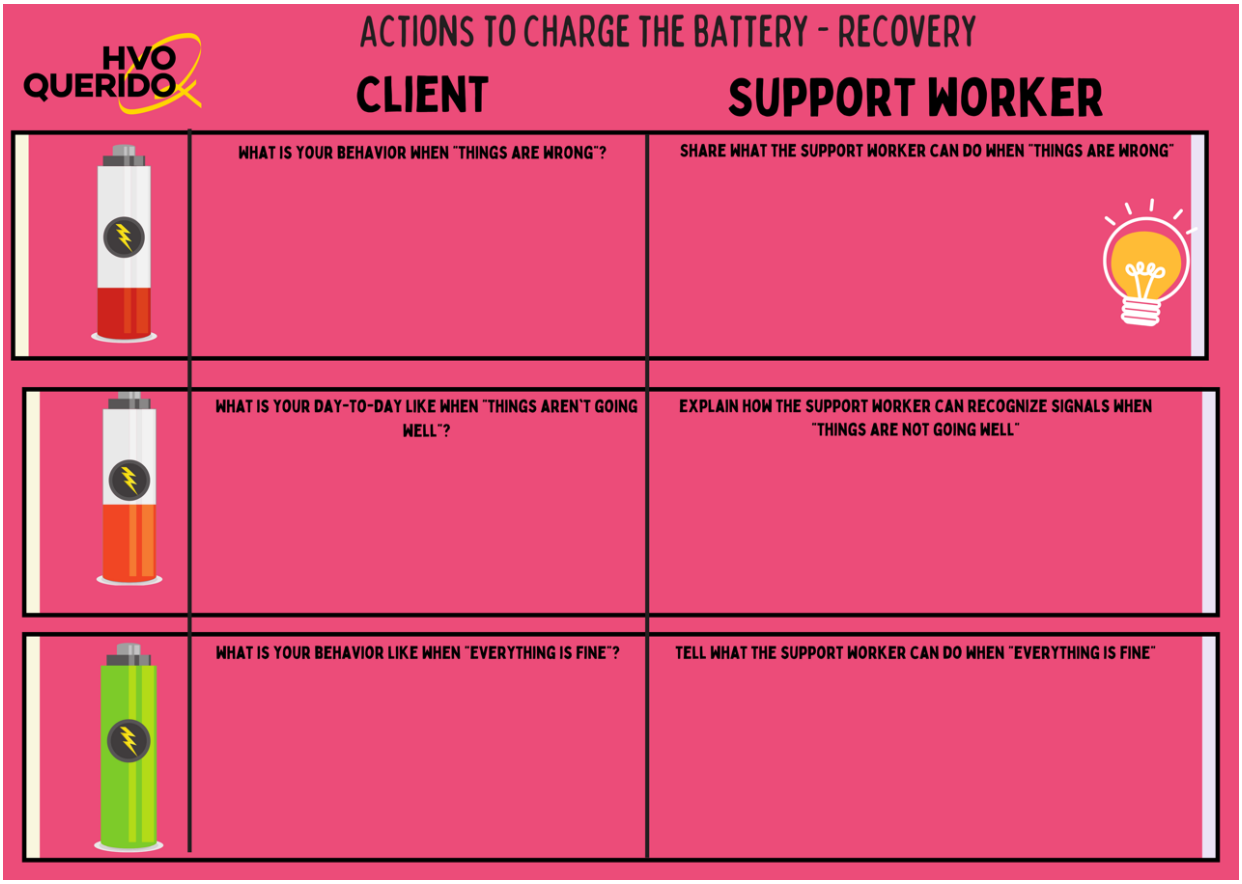
Battery

This tool acts as a mini prevention plan for clients and social workers, offering a visual aid to identify when situations are going wrong, slightly off, or well. It also facilitates discussions on how the social worker can provide support, simplifying the process compared to traditional lengthy plans.



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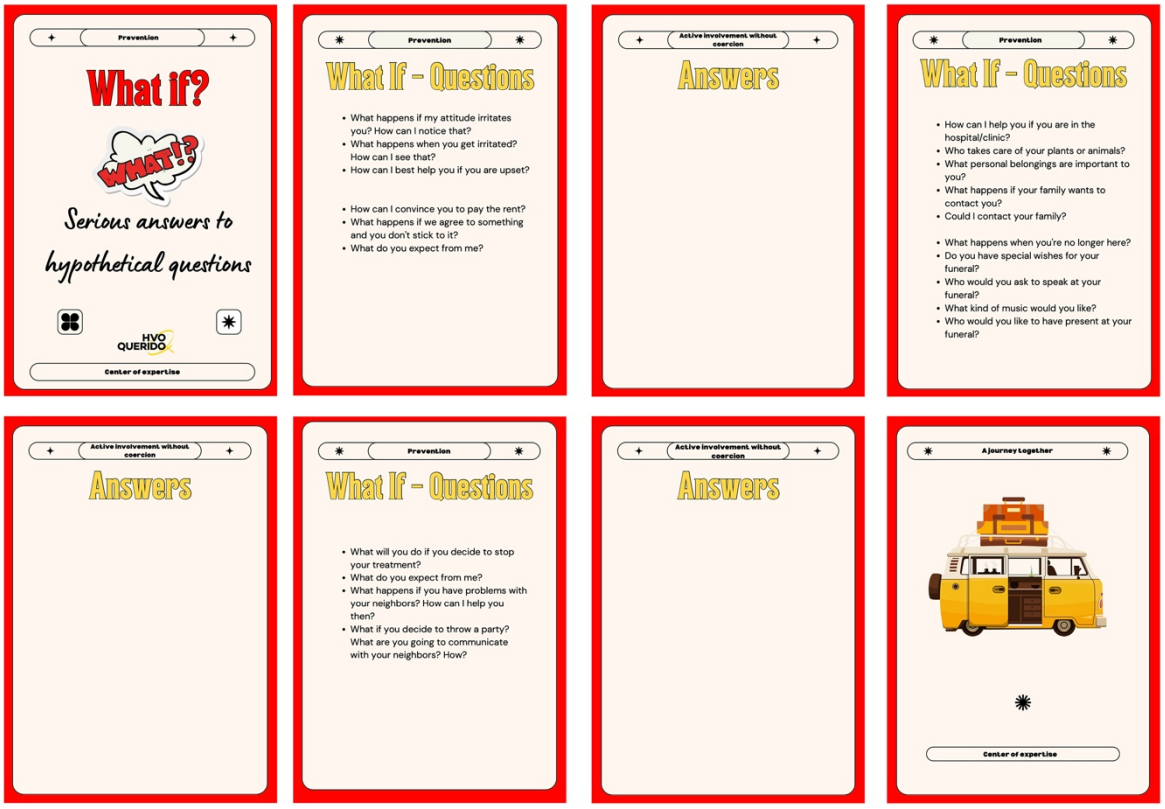
What if?!

This tool is for clients and social workers as a prevention resource to identify signs of imbalance. It includes a booklet with questions about future situations, useful after a client receives their Housing First home. Questions can be addressed at each appointment, aligning with the Housing First principle of "activity involvement without coercion," covering topics like funeral invitations and pet care during hospital stays.



2.4. BASIC LIVING CONDITIONS

Most harm reduction programmes go beyond the exchange of aseptic material, addressing needs such as housing, counselling, medical care, hygiene, food and transport, which is crucial to their success (Mason, 2006). People experiencing homelessness face denial of the right to housing and difficulties accessing healthcare, often compounded by judgement and language barriers. These factors, along with education and employment, are essential for social integration and must be addressed with a focus on autonomy and personal growth.

The physical and mental health of staff is also fundamental to effective intervention and long-term quality of life, and it is important to offer psychological support, opportunities to share experiences, better pay and a favourable working environment.

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One of the main barriers to leaving homelessness is the difficulty in finding and keeping a job. Good practice therefore includes support services for educational and professional integration, with low-threshold employability projects adapted to this vulnerable population. These initiatives are based on harm reduction and person-centred approaches aimed at empowering individuals towards autonomy and professional reintegration.

GOOD PRACTICE EXAMPLES

CORK SIMON COMMUNITY

The Social, Integration and Participation service, previously known as Employment and Training, was established in 2009 to address barriers to employment and training for individuals experiencing homelessness. Over the years, it has expanded to support clients in overcoming challenges like limited access to social housing and benefits. The service offers specific training programs such as Safe Pass, Manual Handling, and First Aid, while connecting clients to educational opportunities and collaborating with organisations like ETB as Educational Training Board (ETB) and Good Shepherd Services (GSS). It also partners with local employers to facilitate work placements, focusing on mentoring and job coaching.

CRESCER

The Municipal Unit for Employment and Autonomy (UMEA) is a project designed to facilitate the housing integration of individuals experiencing homelessness who are either working or in paid training. With 15 vacancies, the program aims to promote residents' autonomy and transition to independent housing over a six-month period. During this time, participants receive support from a technical team and develop essential skills in economic management, labour market inclusion, household management, and access to social and health services.

É UM RESTAURANTE is a social business and one of CRESCER's employability projects aimed at improving the quality of life for individuals experiencing or who have experienced homelessness in Lisbon. Its primary objective is to create job opportunities and facilitate long-term labour market integration for beneficiaries by providing them with the necessary tools for inclusion.

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2.5. TEAMWORK

The notion of teamwork is fundamental to interdisciplinary collaboration in social interventions. A team with clear goals, regular feedback, administrative support and strong leadership increases the effectiveness of the approach adopted by promoting mutual support between members. This dynamic not only eases the mental burden, but also improves decision-making and support for beneficiaries. Professionals emphasise the importance of trust and exchanging perceptions, seeking feedback for effective interventions. Teamwork, active listening and reflection on mental health are essential qualities, and moments dedicated to team building create a supportive environment, allowing workers to share experiences and discuss cases.

GOOD PRACTICE EXAMPLE

HVO-Querido

The Ten Community Working Arrangements, established in 2017 and updated in 2020, outline a collaboration among caregivers, housing corporations, and the municipality to support vulnerable individuals transitioning to independent living. These arrangements apply to all vulnerable groups in integrated housing, emphasizing the right to a pleasant environment and including a joint nuisance protocol. Training on these arrangements offers tools for participants to explore the underlying theory.

CORK SIMON COMMUNITY

The Case Management manual, developed in 2012, addresses the issue of service users having to complete multiple forms without a unified protocol for service collaboration. This led to repeated paperwork and the loss of important data as information did not transfer between services. The manual promotes teamwork by providing a comprehensive document for case managers, encouraging transparency among all parties involved.

2.6. SELF-CARE

In social work, the accumulation of work and burnout reveal the need for a change in perspective, where self-care is essential for the well-being and sustainability of the profession. Professionals recognise the importance of a more humanised approach, aimed at preserving mental, physical and emotional health. Self-care must be both an individual responsibility and promoted structurally, becoming part of the organisational culture. Meetings that encourage sharing and mutual care are crucial to avoiding loneliness among carers.

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GOOD PRACTICE EXAMPLE

HVO-Querido

The Centre of Expertise at HVO-Querido developed the Profiles method to understand the natural styles of social workers, recognising that each professional has a unique approach within the Housing First framework. It identifies six profiles: carer, conflict avoider, teacher, mediator, official, and creative, highlighting their strengths and challenges. Clients can choose their social worker based on these profiles, promoting choice and control. If needed, social workers can explore other profiles, and switching professionals may be beneficial if a better fit is found.

2.7. PEER WORK

Social inclusion provides community re-engagement and positive relationships, emphasising the importance of integrating people who have experienced homelessness into leadership roles in service agencies. Peer support promotes a sense of belonging and facilitates connections, while harm reduction emphasises the role of peers in changing behaviour. However, lived experience must be accompanied by personal characteristics and professional training to ensure respectful interventions. Peer education encompasses various approaches, from informal participation to project management, with different levels of involvement. Employees with more stable lives tend to be more successful in their roles, making self-care and basic living conditions essential to improving their skills and performance at work.

In terms of peer work, The Crack Users Project, a community capacity-building initiative developed by Street Health and Regent Park Community Health Centre (Toronto, Canada), summarizes a set of best practices for peer integration (Mason, 2006). In short, findings suggest the following:

- To consider alternative terms to “peer”, accounting for what facilitates professional credibility, higher wage payment, and reduced stigma;
- Employ a variety of peer positions, varying thresholds, and levels of commitment, which allows people to try on different roles depending on their current situation.
- Involve users in program design, not just delivery, where they can identify their own specific needs and tasks, increasing the probability of program success.
- Provide flexible boundaries and clear policies instead of traditional strict boundaries, which are not adaptable to harm reduction and peer work context. The discussion around policies, boundaries limits, and expectations should occur with each peer worker and at an agency level. Provide adequate supervision and supportive leadership.

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- Educate the board and staff about harm reduction and the value of peer work, ensuring genuine commitment in a truly peer integration.
- Consider all the implications of peer involvement, including the positive (at societal, organisational, and individual level) as the negative (at individual level) that could occur. Provide support for any unintended consequences challenging and potentially negative.
- Consider the social determinants of health, taking care of basic needs. Stability in live areas such as housing is related to more successful involvement in harm reduction work.
- Provide training instead of assuming that lived experience is sufficient to take a peer role. This training should be tailored to the specific role that is taken.
- Target the broader community, advocating for the change of policies and procedures that violate or are unsupportive of the rights of peers and clients and the implementation of others that tackled the reduction of drug-related risks and harm
- Choose quality over quantity, maintaining the focus on how is done as much as on what is done. Service providers should be welcoming, patient, non-judgmental, flexible, and supportive.
- Guarantee peers pay equity. It is important to reward peers both financially and with a sense of accomplishment.
- Develop an agency space where people feel comfortable, safe, and respected.

GOOD PRACTICE EXAMPLE

Metzineres

Shelter Environments for Women who Use Drugs Surviving Violence (WUDSV) is Catalonia's first harm reduction program exclusively for women, addressing multiple vulnerabilities such as homelessness, age, functional diversity, migration, LGTBIQ+ identity, sex work, incarceration, and health issues. Involving female substance users in developing and evaluating initiatives enriches services by providing vital insights into their needs and substance use dynamics, enhancing the effectiveness of care programs.

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2.8. HOUSING

2.8.1. HOUSING FIRST

Housing First is a model created in the US in the 1990s by Sam Tsemberis, of Pathways Housing First, and has since spread to Canada and several countries in Europe and around the world. Internationally recognised, this evidence-based model offers immediate access to a home of their own for people experiencing homelessness and long-time users of shelters, without requiring preconditions such as abstinence or psychiatric treatment. Housing is independent and open-ended and is accompanied by a multidisciplinary team that provides recovery-oriented community support. Studies show that Housing First is effective in eradicating homelessness, helping 8 out of 10 people, and offers better value for money compared to emergency shelters (Tsemberis, 2010; Polvere et al., 2014). Participants often experience significant improvements in various areas of life, such as reduced substance use, better adherence to treatment, reconnection with family members and strengthening their support networks.

GOOD PRACTICE EXAMPLE

CRESCER

The É UMA CASA, Lisboa Housing First program, launched by CRESCER in Lisbon in 2013, has grown from 7 to 140 homes over 10 years, achieving a success rate of 90% success rate – meaning these people do not return to homelessness situation. This success is largely due to systematic advocacy by CRESCER and Housing First residents, aimed at enhancing living conditions and promoting social inclusion for chronically homeless individuals, including those with mental disorders, substance abuse, poverty, marginalisation, social stigma, and complex trauma.

2.8.2. RAPID RE-HOUSING

Rapid Re-Housing is an intervention model inspired by Housing First, focused on helping people and families in situations of episodic or transitory homelessness to quickly access permanent housing in the community, with or without minimum preconditions. The programme offers a personalised, time-limited package of support (usually six months), which can include financial assistance for rent and moving expenses, help with finding housing and other services tailored to the specific needs of each family. Case management accompanies housing stabilisation and helps connect with resources that improve well-being, safety, health, social services and employment opportunities, allowing service participants to sustain their housing payments after financial assistance. As with Housing First, case management should be client-driven and respect self-determination, working as a form of secondary prevention to prevent individuals and families from entering difficult social cycles and mitigating the negative effects of long-term homelessness.

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GOOD PRACTICE EXAMPLES

CORK SIMON COMMUNITY

The intervention promotes collaboration with agencies to expedite housing applications, typically taking up to 12 weeks. In six months, three individuals secured permanent housing through this role in an emergency shelter, while 15 others received support from the Homelessness Action Team to connect with housing providers. This initiative has improved relationships with housing agencies and local authorities and has empowered participants to navigate housing options more effectively.

CRESCER

The Municipal Employment and Autonomy Unit, run by CRESCER since July 2024, is based on the rapid re-housing methodology and aims to integrate people facing homelessness for the first time and for a short period (less than a month) into a shared house with individualised rooms and support from a specialised team. This approach constitutes a form of secondary prevention, seeking to prevent these people from entering homelessness response loops that are more difficult to get out of.

2.8.3. DIVERSION

Diversion is an intervention designed to quickly help individuals and families who have recently become homeless, preventing them from entering the social emergency system. This client-focused and intensive approach immediately seeks to find alternative housing solutions to shelters, offering services to stabilise housing or facilitate the transition to permanent housing. The aim is to prevent or delay entry into emergency shelters by identifying safe alternatives based on the resources available to individuals and families, rather than relying on homelessness response systems. It is a collaborative service, provided by skilled workers who use creative and flexible solutions, including financial assistance, to facilitate the transition to safe housing.

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GOOD PRACTICE EXAMPLE

CORK SIMON COMMUNITY

Diversion was introduced to the Cork Simon Community emergency service in 2023. This intervention takes place between the time a person becomes homeless and entry into the emergency accommodation system. The aim is to delay or prevent the individual from entering a shelter by identifying safe alternatives and facilitating access to them. Diversion is a late-stage homelessness prevention measure, differing from traditional prevention programmes in that it takes place after homelessness, at the first contact with homelessness services.

2.9. HIDDEN/SPECIFIC POPULATIONS

To combat homelessness, an integrated strategy with comprehensive interventions and a person-centred approach is essential. It is crucial that services address the specific needs of vulnerable sub-populations such as migrants, youth, women and LGBTQ+ individuals, who face additional challenges due to characteristics that expose them to trauma and violence. Discrimination and a lack of cultural sensitivity in services make it difficult for them to navigate the systems that are essential to stabilising their lives.

Racialised women and people of gender diversity face additional barriers, such as access to affordable housing and legal aid. Families experiencing homelessness have specific needs and may require additional care. Youth experiencing homelessness also have unique needs, since many leave homes under adult responsibility and have a history in child protective services. Therefore, interventions for this population should be distinct from those for adults, recognising the complexity of their situations and the need for personalised and coordinated services.

GOOD PRACTICE EXAMPLE

ABD

Programme of Early Intervention with people with substance addiction in a Situation of Social Emergency

aims to guarantee the basic rights of people in conditions of vulnerability and social suffering. Focused on excluded and stigmatised populations, the programme seeks to improve the quality of life of these individuals by reducing barriers to accessing services and improving care strategies through low-threshold interventions. The approach is based on guaranteeing the human rights of people who use drugs and involves local actions that promote responsibility and care, making it a harm reduction

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programme. Its measures include active recruitment strategies for 'hidden' populations and emergency services that meet the basic needs of people with substance addiction.

Integral Residential Centre La Galena

The **Shelter for Homeless Individuals Who Use Illegal Substances and/or Alcohol** offers support to 70 people in highly vulnerable situations, including men, women and victims of gender-based violence. With facilities such as accommodation, healthcare and supervised consumption, the specialised team promotes harm reduction and implements gender protocols, carrying out monthly training and external monitoring to guarantee the quality of care.

Varranca is a Housing First social housing project aimed at people over 18 with a history of homelessness and active substance use. After a year in a Social Hotel, residents receive support to stabilise their lives, in adapted homes for up to two people, promoting coexistence and preventing emergency interventions. Both services are designed with a feminist and intercultural perspective, aiming to combat exclusion and stigma, especially among female substance users.

3. THEORETICAL FRAMEWORKS

The next section of the report will look at various theoretical frameworks relevant to professionals working with people experiencing homelessness, including the transtheoretical model, the humanistic person-centred approach and harm reduction. After reflecting on essential attitudes and values in the field, the section will examine the conceptual foundations and their potential to enhance interventions and improve outcomes for people experiencing homelessness.

The **Transtheoretical Model – Stages of Change**, developed by Prochaska, DiClemente, & NorCross (1992), addresses changing personal behaviour patterns, while helping to frame the experience of the person and their moment of life. There are 6 stages to this progression, although typically people might recycle through these stages several times before effective changes happen. There are: precontemplation; contemplation; preparation; action; maintenance; relapse.

The **humanistic, person-centred approach** requires professionals to understand the history, experiences and personal meanings of each individual. People are experts in their own lives, living in unique ecosystems formed by their histories, relationships, identities and aspirations. The aim is to recognise and value the individuality of each journey and perspective.

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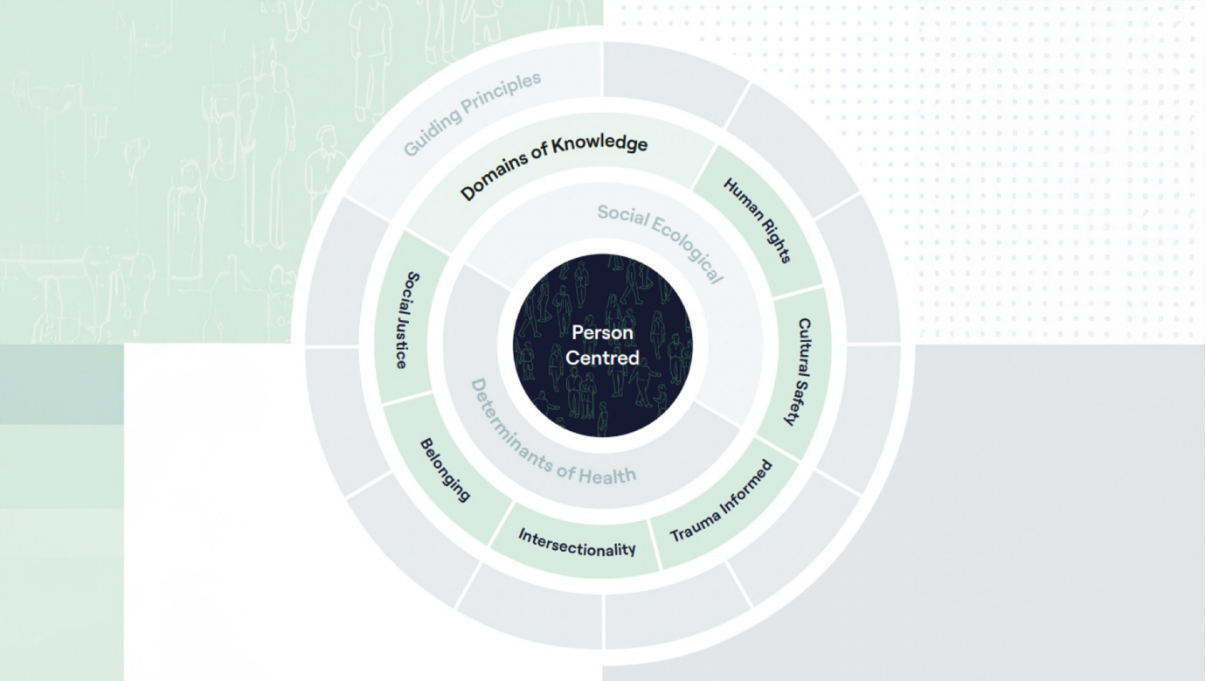

(Font: Council to Homeless Person: Person-Centred Practice Guide)

Harm reduction focuses on prioritizing lives and supporting individuals who are not ready for total abstinence, aiming to minimise the negative effects of substance addiction in a non-judgmental way. It integrates evidence-based practices, such as counselling and therapy, to empower individuals to regain control and achieve sustainable recovery. This approach encompasses strategies ranging from safer consumption to abstinence, meeting people who use substances where they are and considering the conditions of use. Harm reduction is valuable for maintaining barrier-free shelters and can be applied to a variety of challenges faced by individuals in vulnerable situations, dealing with structural inequalities such as poverty and discrimination. Although it emerged in the context of addictions, its application extends to other areas where people's basic rights are not guaranteed.

The NGO - Harm Reduction International explains the concept through the goals they set to ensure their intervention has harm reduction as a conceptual base:

1. Keep people alive and encourage positive change in their lives;
2. Reduce the harms of drug laws and policy;
3. Offer alternatives to approaches that seek to prevent or end drug use;

"Harm reduction is grounded in principles of justice and human rights. It focuses on making positive changes and working directly with people without judging, coercing, discriminating or requiring them to stop using substances as a precondition for receiving support. Although it originated in the field of addictions, today the social justice approach allows its applicability in other fields where people do not have their basic rights guaranteed." (in Harm Reduction International: https://hri.global/what-is-harm-reduction/)

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GOOD PRACTICE EXAMPLES

ABD

Alcohol Maintenance Program was launched during the COVID19 pandemic and is Barcelona's first program of this kind, located in an emergency residential space. The general objective of PMOH is to reduce the health, social and structural damage associated with problematic alcohol use. This is how they seek to replace a problematic consumption pattern, in order to:

- Reduce the risks and harms associated with alcohol abuse.
- Increase the quality of life of program users.
- Raise awareness among people who participate in the program about the risks and harms associated with alcohol consumption.

A good part of the good functioning of the program is due to the fact that within the same centre their basic needs have been covered and the medical, psychological and social care offered to them.
The project design was continually evaluated and modified accordingly, also taking into account the new needs and demands of users that arose as it progressed.

CRESCER

REACH_U is a program that provides on-site antibody and RNA testing, along with nursing and peer-based outreach. It engages individuals in settings like abandoned houses and open drug scenes, offering health education, screening, and treatment for those reluctant to access traditional health services. This decentralised model allows for screenings and medication provision without hospital visits, improving adherence and promoting micro-elimination of the virus. Partnerships with public hospitals enhance the program's effectiveness, and peer support is key for encouraging treatment adherence and positive behaviour changes.

3.1. GENDER AND INTERSECTIONALITY

Intersectionality is a crucial perspective to integrate into the training of professionals working with vulnerable populations, as it helps to challenge androcentric models of intervention and to understand how different forms of discrimination and exclusion intersect, resulting in complex inequalities (Crenshaw, 2002). This approach offers a framework for developing more effective and adapted responses to the diverse sub-populations affected by homelessness.

Women, in particular, face specific obstacles, such as domestic violence, which often contributes to housing instability. Data from the Department for Levelling Up, Housing, and Communities (DLUHC)

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from 2022-23 indicates that domestic abuse is the second leading cause of stable homelessness for families, with a third of homeless women reporting that this violence influenced their homelessness. Recognising these nuances allows professionals to develop interventions that are sensitive to women's needs, taking into account factors such as gender-based violence and structural inequalities that hinder their access to safe housing. Below are some challenges for this group:

Issues	Description	Consequences
Sexual and Reproductive Health	Lack of access to contraceptives, sexual health screening, antenatal care and support for sexually transmitted infections (STIs).	Untreated infections, unwanted pregnancies and maternal health complications.
Limited access to menstrual products and services	Difficulty in purchasing menstrual products and lack of access to restrooms.	Lack of hygiene, infections, and overall poor health
Separation from children	Lack of support such as housing or resources for parents.	Institutionalisation of children, trauma from separation, mental health issues such as depression, anxiety, and PTSD
Gender Based Violence	Homeless women are at a higher risk of sexual, physical, and domestic violence.	Sexual assault, physical violence, and psychological trauma.
Particular Mental Health Issues	Exacerbated by violence, lack of support, and poor hygiene.	Severe mental health problems, such as depression, anxiety, and difficulties accessing care due to stigma

Another social category which should be considered from an intersectional standpoint are **migrant people**. Here are some of the struggles this subpopulation has to face when experiencing homelessness:

- **Lack of Legal Status and Documentation:** obstacles to accessing bureaucratic and administrative services and housing, lack of documentation leads to constant fear of deportation, preventing people from seeking help from authorities or organisations.
- **Language Barriers:** not knowing the language is not only an obstacle to acquire and understand most services, it also makes it difficult to express their wants and needs.
- **Cultural Differences and Discrimination:** can make it difficult for migrants to access services, especially when their needs and experiences are ignored by service providers. They may suffer discrimination based on ethnicity, religion or nationality, which generates fear and mistrust, further complicating their integration and access to essential resources.
- **Trauma and Mental Health Issues:** trauma stemming from their migration experiences, such as fleeing conflict, violence or family separation. This compounded stress, along with the

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challenges of homelessness, can result in significant mental health problems, including depression, PTSD and anxiety.

- **Lack of Literature and Studies:** There is insufficient comprehensive and comparable data on homelessness among migrants in OECD and EU countries.

In addition to these general challenges, there are different cross-country approaches to data collection that are specific to the case of migrants – notably relating to asylum seekers and refugees.

Another specific subpopulation is the **young people** who face their own challenges when experiencing homelessness. Youth experiencing homelessness faces particular obstacles, regarding their situation such as:

- **Mental Health Issues:** Homelessness often leads to mental health problems or exacerbates them. Young runaways are at greater risk, as they are more likely to suffer from depression and post-traumatic stress disorder than their peers. Self-harm and suicide attempts are prevalent, with suicide being the leading cause of death among street youth.
- **Substance Abuse**: Unaccompanied youths frequently turn to substance use to cope with the stress of their unstable living conditions, exhibiting significantly higher rates of use for substances like marijuana and crack cocaine than their peers in the general population.
- **Criminal Activity and Victimisation:** Homeless unaccompanied youth often resort to criminal activities for survival, such as theft, drug dealing, and sex work. It's crucial to view these individuals as needing support rather than labelling them as criminals.
- **Unsafe Sexual Practices:** Unaccompanied young people often resort to 'survival sex' to meet basic needs, which increases pregnancy rates compared to the general population. There is a greater risk of contracting HIV and other sexually transmitted infections, resulting in serious health problems, including death.
- **Barriers to Education and Employment:** Barriers such as school attendance policies, credit requirements, residency and guardianship rules, lack of proper records, and transportation issues disrupt education and hinder normal socialisation for unaccompanied youth.

Another demography worth mentioning regarding gender and intersectionality is the **LGBTQ+** community, which requires specialised intervention and care. Ensuring that LGBTIQ+ service users feel welcome in a service can be done in a variety of ways.

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- **Challenge Discrimination**: Staff should be equipped and encouraged to address homophobia, biphobia, and transphobia in any form. These challenges should be immediate and consistent.
- **Use Inclusive Language/ Respect Preferred Terminology**: Avoid making assumptions about gender and use gender-neutral pronouns such as 'they' when appropriate.
- **Specialist Support for Trans Service Users**: Transgender individuals face significant discrimination in healthcare, employment, and housing. Partnering with specialised advisory and training services is crucial for implementing best practices in these sectors.
- **Representation Matters**: Recruit LGBTIQ+ individuals for frontline positions. Seeing LGBTIQ+ staff can empower LGBTIQ+ service users to feel seen and supported.

Some aspects undoubtedly relate to **male gender socialisation** and its associated privileges will also impact their relationships with women if they are addressed and questioned with them. Some of the essentials include:

- **Violence in Public Spaces:** Homeless men are at risk of physical violence in public, including assaults and theft, which severely impacts their mental health and survival strategies. The constant danger in these environments makes it challenging for them to feel safe.
- **Taboo of Men's Sexual Work:** This taboo leads to a lack of targeted support or outreach for men engaged in sex work, making them more vulnerable to exploitation, sexually transmitted infection (STIs), and further marginalization;
- **Self-care/ Mental Health:** Homeless men often face pressure from society to conform to masculine norms, which discourages them from seeking help for their health and well-being, which further deteriorates their physical and mental health.

3.2. TRAUMA INFORMED CARE

Trauma Informed Care (TIC) offers a compassionate approach that allows clients to engage with services that recognise their trauma history, promoting a greater sense of safety and preventing serious consequences of traumatic stress. It is crucial that counsellors are aware of trauma-related symptoms, as their own experiences can be triggered by clients' accounts. They should integrate interventions that address trauma into treatment plans, help clients create safety nets and refer for further assessments when necessary.

The entire treatment team should realise that traumatic stress symptoms should not prevent access to mental health or substance abuse treatment. Treatment plans should address comorbidity, such as managing trauma symptoms in substance abuse treatment, which can improve the chances of

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recovery and reduce the risk of relapse. The three main elements of this approach must be considered for maximum treatment effectiveness:

1) **Realising the prevalence of trauma:** Traumas increase the risk of developing mental health problems such as anxiety, depression and PTSD, as well as more serious conditions such as schizophrenia. Childhood trauma is linked to adverse psychiatric outcomes in adulthood and can impair social, cognitive and emotional development. Ignoring the trauma, rather than processing it, can lead to more severe negative impacts on mental health.

2) **Recognizing how trauma affects all individuals involved**: Promoting awareness of trauma, including among employees, fosters inclusivity and understanding.

3) **Responding by putting this knowledge into practice.** Reactions to traumatic stress vary in severity and are determined by factors such as the nature of the trauma, personal history, individual characteristics, developmental factors, socio-cultural attributes and available resources.

The trauma-informed care model asks, 'What happened to you?' instead of 'What's wrong with you?'. This approach considers the full context of the patient's life, including past traumas, and can improve engagement and health outcomes.

A **trauma-informed organisation** is characterised by four main elements: understanding the widespread impact of trauma and recognising potential pathways to recovery; identifying the signs and symptoms of trauma in everyone involved in the system; incorporating trauma knowledge into policies, procedures and practices; and actively working to prevent re-traumatisation. This approach also benefits the well-being of providers and staff, reducing unnecessary healthcare costs and improving the efficiency of services in the health and social care sectors.

GOOD PRACTICE EXAMPLE

CORK SIMON COMMUNITY

Here's an example of a good practice to tackle on this problematic : Cork and Simon Community developed a foundation course, following a review of services to see if CSC was trauma informed, in order to ensure all staff were aware of the impact of trauma and how It may hinder an individual's ability to move forward, making it essential to understand and address the trauma in order to provide effective support.

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Conclusion

In summary, this scientific and literary review focused on the practice of working with people experiencing homelessness, addressing its obstacles, objectives and effective ways of intervening and supporting people with complex health and trauma issues. The analysis of the main categories identified in the focus groups held by the Home4Health project organisations, together with the exploration of various sources of information, highlighted that the difficulties faced by professionals are cross-cutting, interdisciplinary and complex, requiring a wealth of knowledge and experience.

In addition, the research aims to contribute to the goal of ending and preventing homelessness, emphasising the need to destigmatise this issue by approaching it as a social problem and not just as an issue affecting a specific group. The main roadblocks to intervention identified include a lack of government funding and inadequate separation between intervention approaches for the different sub-populations affected, which have distinct needs. It is therefore crucial that organisations strengthen the multi-discipline of the team and prioritise diversity. Addressing homelessness requires a holistic approach that combines evidence-based practices, targeted interventions and continuous evaluation to adapt to emerging challenges.

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Bibliographical References

Article:

Amore, K., Baker, M. & Hoden-Chapman, P. (2011). The ETHOS Definition and Classification of Homelessness: An Analysis. *European Journal of Homelessnes*s, 27(4), pp. 19-37.

Caplan, R. (2019). "*Invisible" Parent experiences of homelessness and separation from their children in Canada*. Theses Wilfrid Laurier University.

Crenshaw, K. (2002). Documento para o encontro de especialistas em aspectos da discriminação racial relativos ao gênero. *Estudos Feministas*, 10.

European Monitoring Centre for Drugs and Drug Addiction. (2012). Social reintegration and employment: Evidence and interventions for drug users in treatment. *Publications Office of the European Union*.

Larimer, M. E., Palmer, R. S., and Marlatt, G. A. (1999). Relapse Prevention: An Overview of Marlatt's Cognitive-Behavioral Model. *Alcohol Research & Health*, 23 (2), pp 151-160

O'Campo, P. et al. (2009). Community-Based Services for Homeless Adults Experiencing Concurrent Mental Health and Substance Use Disorders: A Realist Approach to Synthesizing Evidence*. Journal of Urban Health*, 86(6).

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*(9).

Tatarsky, A. (2003). Harm reduction psychotherapy: Extending the reach of traditional substance use treatment. *Journal of Substance Abuse Treatment*, 25.

Tatarsky, A., & Kellogg, S. (2010). Integrative Harm Reduction Psychotherapy: A Case of Substance Use, Multiple Trauma, and Suicidality. *Journal of Clinical Psychology*, 66(2).

Worton, S. K. et al. (2018). Understanding Systems Change in Early Implementation of Housing First in Canadian Communities: An Examination of Facilitators/Barriers, Training/Technical Assistance, and Points of Leverage. *American Journal of Community Psychology,* 61 (1-2).

Book:

Freire,P. (2018). Pedagogia do Oprimido. Afrontamentos, 10.

Mate, G. (2018). In the Realm of Hungry Ghosts: close encounters with addiction. Vermilion.

Miller, W.R. & Rollnick, S. (2002). Motivational Interviewing: preparing people for change. The Guilford Press, 2.

Tompkins, M. A. (2015). Clinician's Guide to Severe Hoarding: A Harm Reduction Approach. Springer.

Tsemberis, S. (2010). Housing First: The Pathways model to end homelessness for people with mental illness and addiction. Center City, MN: Hazelden.Canadian

Report:

Building Changes (2018). Homeless to Housed in a Hurry: Extending the use of Diversion to help families exit homelessness. A Pierce County Case Study. In: https://buildingchanges.org/wp-content/uploads/2018/04/2018_DiversionCaseStudy_FINAL.pdf

Canadian Homelessness Research Network. (2013). What Works and For Whom? A Hierarchy of Evidence for Promises Practices Research. *Canadian Homelessness Research Network Press.* In: https://www.homelesshub.ca/sites/default/files/attachments/PPFramework_Part1.pdf

Centers for Disease Control and Prevention. (2023). Health equity guiding principles for inclusive communication. Retrieved from https://www.cdc.gov/healthcommunication/health-equity.html

Centre for Homelessness Impact. (2024). What works, evidence notes: Domestic abuse and homelessness: Evidence from across the world on solutions to homelessness. In: https://cdn.prod.websitefiles.com/646dd81ef095aa13072c44e0/662fb9f8d8ff22b085c18389_CHI_Domestic_Abuse_and_Homelessness_V1.pdf

FEANTSA. (2010). Ending homelessness: A handbook for policy makers. In: https://www.feantsa.org/download/feantsa_handbook_en_final-2-15169925525089897430.pdf

FEANTSA. (2021). Aporophobia: Challenging hate crime against people experiencing homelessness in the EU. https://www.feantsa.org/public/user/Activities/events/Aporophobia_concept_note.pdf

FEANTSA. (2021). Guide for developing effective gender-responsive support and solutions for women experiencing homelessness. In: https://www.feantsa.org/public/user/Resources/resources/Guide%20supporting%20and%20solutions%20for%20women.pdf

Foundation Health and Community. (n.d). *Street Project, Erasmus +.* https://www.fsyc.org/proyectos/street-support-project-erasmus/?lang=en

Homelessness Link. (2017). Supporting LGBTIQ+ people in homelessness services: An introduction for frontline staff. https://homelesslink1b54.kxcdn.com/media/documents/Supporting_LGBTIQ_people_in_homelessness_services_June2020.pdf

HUD Exchange. (2014). *Rapid Re-Housing Brief*. https://files.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf

DIC: Núcleo de Redução de Danos. (2009). Guia de Apoio para a Intervenção em Redução de Riscos e Minimização de Danos. *Instituto da Droga e da Toxicodependência*. In: https://www.icad.pt/DocumentList/GetFile?id=480&languageId=1

Polvere, L., MacLeod, T., Macnaughton, E., Caplan, R., Piat, M., Nelson, G., Gaetz, S., & Goering, P. (2014). Canadian Housing First toolkit: The At Home/Chez Soi experience. Calgary and Toronto: Mental Health Commission of Canada and the Homeless Hub. In: https://housingfirsttoolkit.ca/wp-content/uploads/CanadianHousingFirstToolkit.pdf

Mason, K. (2006). Best Practices in Harm Reduction Peer Projects. https://www.streethealth.ca/wp-content/uploads/2023/01/best-practices-in-harm-reduction-peer-projects-spring-2007-2.pdf

Mandler, T. & Perez Gayo, R. (2023). Becoming Peer. *Correlation – European Harm Reduction Network.* In: https://correlation-net.org/wp-content/uploads/2024/01/2023_CEHN_Becoming-Peercorrected-1.pdf

Mid-Willamette Valley Homeless Alliance. (2024). Best, Promising and Emerging Practices to End Homelessness. *Oregon Housing and Community Services*. In https://mwvhomelessalliance.org/wp-content/uploads/2019/05/OHCS-Best-Practices-100318.pdf.

National Alliance to End Homelessness. (2004). Diversion: Toolkits and Training Materials. https://endhomelessness.org/resource/diversionexplainer/

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2023-1-ES01-KA220-VET-000156754

National Drug and Alcohol Research Centre. (2011). Opening doors: Enhancing youth-friendly harm reduction: A toolkit. *University of New South Wales & Access Quality International*. In: https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Toolkit%20Youth-Friendly%20Harm%20Reduction%20%28English%29.pdf

Women's National Housing & Homelessness Network, Canadian Centre for Housing Rights, & National Right to Housing Network. (2024). Rights-based, gender-sensitive national standards for emergency shelters across Canada. In: https://womenshomelessness.ca/wp-content/uploads/National-Standards-for-Emergency-Shelters-Across-Canada.pdf.

Site

Harm Reduction International https://hri.global/

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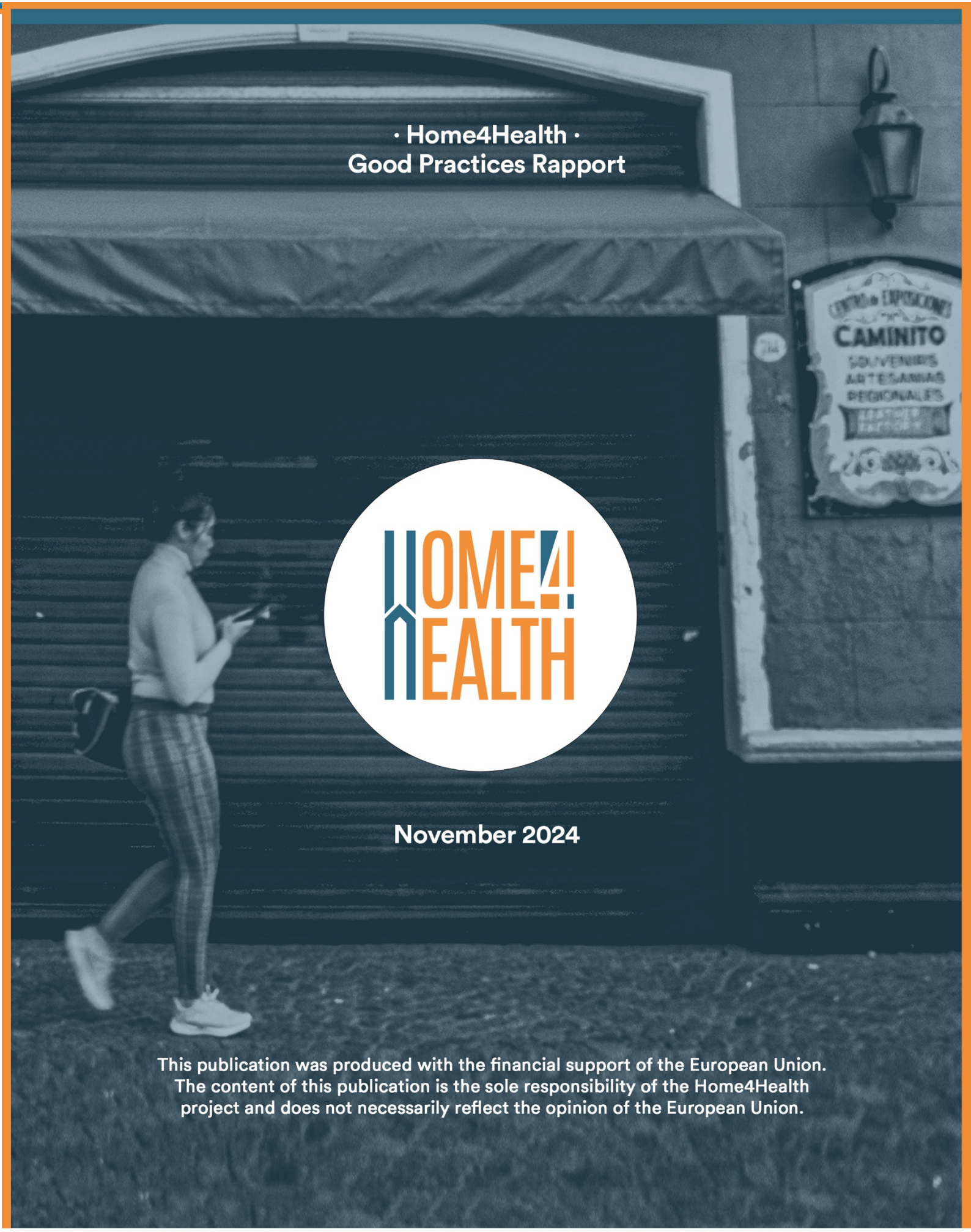

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Good Practices Rapport

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