



# Peer support Housing First



Supporting recovery  
Ending homelessness

Joining forces - two entities challenging the tradition



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# Housing First in the City of Stockholm

2010 project

2016 permanent unit within the social services

Intensive case management and individual apartments within the public housing companies

Based on the concept that having a home is a human right and a secure base for recovery

Support based on principals like recovery, harm reduction, self determination and participant driven support

140 service users /tenants (Largest in Sweden)

20 case managers, case load of 8 service users

Peer support

## Target group:

Long term homelessness, comorbidity substance abuse – psychiatric and somatic

Often failed the traditional supported housing /staircase model



# Stellan Sjöberg







Peer support

2016 project, permanent 2023

Collaboration between the city and NSPH, a network for user and relatives associations

A relatively unknown thing in Sweden

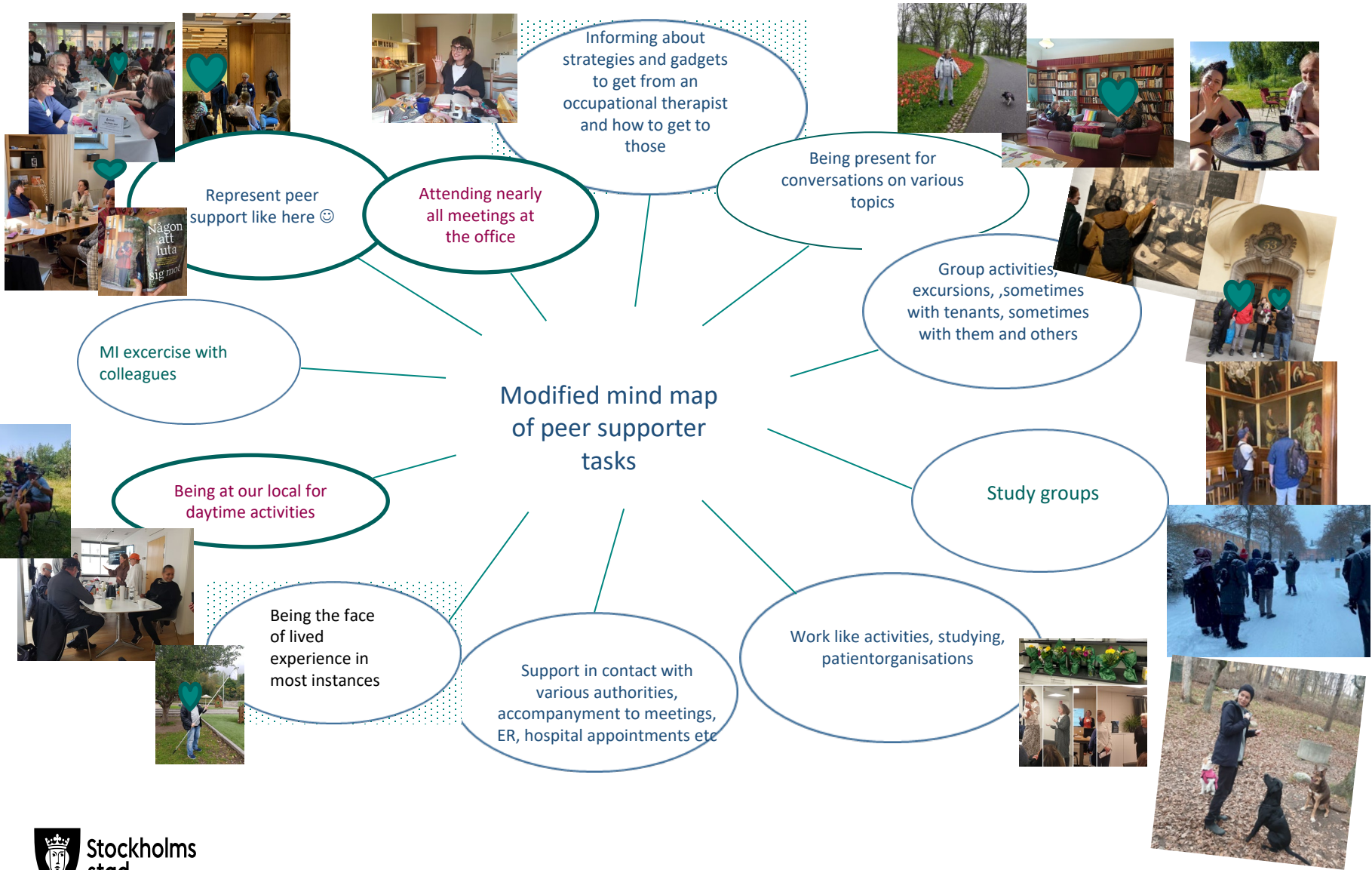
The use of experiential knowledge in general is not well developed within social services or in Housing First

In the original Housing first model, peer support workers were included in the multi professional teams

An opportunity to strengthen support in Housing First with recovery oriented peer support, and also a way of strengthening model fidelity

**Both Peer support and Housing First challenge traditional methods and approaches and demand a system change**





## In conclusion

Peer support, with its holistic and recovery oriented approach, represents a paradigm shift along the lines of providing people who are not “housing ready” with a home and support, as in Housing First.

Our experience is that peer support brings significant benefits to service users, workplaces, and the overall system.

Since there’s a national strategy to strengthen Housing First nationwide, shouldn’t peer support be included in this or have it’s own national strategy ?

### Sam Tsemberis:

“The housing first program has it’s origins in a profound commitment to peer support”

The introduction of new methods, especially those challenging traditional ones, requires persistence, long-term and dedication.





# Questions?



## Obstacles

So, what about obstacles? Firstly, the peer support workers selected, trained and employed by NSPH aren't primarily former substance users nor having a lived experience of homelessness, so the identification/mirroring criteria isn't perfectly matched within Housing First.

On the other hand, we've noticed that having been in an "underdog position", having experienced exclusion, and having similar ways of functioning (due to for example neurodivergent conditions) goes a long way concerning identification, language, being a carrier of hope and a role model.

Another difficulty within our unit has been that the peers and the tenants don't have an arena to meet naturally so they are put into contact through case manager's "match making". Case managers have a heavy workload, so maybe it's understandable that they forget about or choose not to prioritize the resource they have in their peer support colleagues.

Perhaps there's a difference in how well the case managers have embraced peer support and how comfortable they are introducing this competence. Having that gate keeper gap presents a problem, since not all tenants get the same opportunity to get in touch with the peer supporters.

Tenants often being in quite a chaotic situation is another challenge since attending to acute matters become the focus and the peer workers don't get the chance to use their specific competence in recovery and ways to live a more fulfilling life.

There are areas for development, for ex the anchoring and the introduction of Peer Support in the different workplaces. The role descriptions, the importance of proper training and guidance, the need for collegial support among peer supporters

## **Evaluations of the peer support project**

The peer support project was evaluated three times 2017- 2020. The overall assessment from the evaluations is that it brings significant benefits to service users, workplaces, and the overall system/structure. The difference in how people talk about mental health issues and service users is among the first things you notice, even before seeing benefits for service users.

Peer support is also described as contributing to an increased user perspective, heightened competence within workplaces, less stigma and self-stigma. Employing staff members who are transparent about their lived experience is one step towards mending the gap between service users and staff and also between the inadequate divisions within healthcare and social services.

Areas for development were identified, particularly in the anchoring and the introduction of Peer Support in the different workplaces. The evaluation also highlighted issues such as role descriptions, the importance of proper training, the need for collegial support among peer supporters and the difficulties of being torn between an employer and a workplace. The conclusion of the evaluation was a strong recommendation for peer support to continue in the city,