

# **Empowering Substance Users to Train Addictions & Homelessness Staff on Best Practice**



# Background to the Project

- 2004: Poor integration of homelessness and addiction services in NI, despite very often sharing a common client group
- Need for specialised training for:
  1. homelessness staff on substance use
  2. addictions staff on homelessness

- Many/most homelessness services had abstinence as a pre-requisite for accommodation
- As a result little expertise in harm reduction and:
  1. Games of cat and mouse
  2. Revolving door of homelessness

- CHNI awarded contract in 2006 for training, delivery commenced early 2007
- Local substance users and activists: “Nothing about us without us”
- Training model of delivery became a mixed one; of professional *and* experiential expertise

# What we have done

- Recruited a community of local experts to become trainers
- **27** of these have trained local homelessness and addiction services staff

- Some courses ***co-written*** by these trainers with the CHNI lead trainer
- **1086** staff from services trained by these trainers in a varied range of courses

# Feedback from Participants

- Hugely positive about user input; ‘very relevant’ (93%) and ‘very satisfied’ (95%)
- Sharing of personal experiences complements knowledge/skills/theory part; makes it ‘real’
- Long lasting impact on their perceptions and practice

# Example of Feedback

“Vincent’s input was very frank and to the point. He really tried and succeeded to make it clear what is required from staff in homelessness/addictions settings.... what the individuals they support require from them.”



# Video Clips

1. Training example
2. Staff feedback
3. Service manager feedback

# Common Benefits to Trainers

1. Confidence (grows with experience)
2. Opportunity to advocate on behalf of peers
3. Feeling powerful: “I’m the expert now”
4. Knowledge of doing something worthwhile

# Specific Benefits

- Sense that power differential is equalised between service user and provider
- Payment reinforces equality with other experts
- Opportunity to advocate on behalf of/represent female drug users


# Specific Benefits

- Feeling good about myself
- Being able to answer questions about my past experiences so that this can help others now


# Supporting Trainers

- Not everyone needs same level and type of support to contribute effectively
- Planning; meeting team, tour premises, copies of training materials, 'mock up' of session(s)
- Timely and constructive feedback
- Gradual process sometimes

# Challenges

- Payment:  as consultants
- Winning hearts and minds more difficult if trainer behaviour reinforces –ve stereotypes
- Potential for harm if issues discussed are unresolved:  ensure safety & group confidentiality

# Further Challenges

- Recruitment of females (additional barriers)  
 e.g. times of training sometimes clash with childcare responsibilities
- Only 1 evaluation form had a –ve comment
- Duty to protect vulnerable people in a training context *versus* paternalism

# Final Challenges

- Tokenism: Avoiding 'wheeling out the drug monkey'
- 'Cherry picking' the most able, capable and vocal only to deliver training



# Future Hopes for Project

- Very positive feedback reinforces need for and effectiveness of this model of training
- Pathways to accreditation for training skills and experience
- An agency which represents all local/regional service user groups to link with

# Personal Goals

- Volunteering opportunities -> Employment -> Financial security
- Go back to college; more education
- Get recognised as an expert
- Develop as a trainer
- Become an advocate for females