

## Good Practice: GR GP4

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## "Non-formal Education for the Homeless"

Main features of the GP programme:

Type of programme	Type of organisation	Field of practice for organisation	Programme scope	Programme duration	Programme occurrence/frequency	Type of funding for GP
Non-formal adult education	NGO, social support services, municipality	Education, social support	Local	12 hrs daily	Continuous since 2014	100% funded by the municipality

Adult Education as a Means to Active Participatory Citizenship (EduMAP) is a Horizon 2020 research project focusing on adult education among young adults at risk of social exclusion. Particular attention is paid to educational policies and practices needed to foster active citizenship among vulnerable young people.

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## 1. What – Focus (theme, orientation)

This programme consists a part of a broader municipal network of social structures to combat poverty. The main target is the prevention of youth marginalisation, the elaboration of policies which defend youth rights and the active social support towards disadvantaged young people. The programme assists mainly young people who live in conditions of homelessness and it operates daily from 9 am to 9 pm, in a specially designed area, offering social services and basic education, bathroom and laundry facilities. Guests have access to primary healthcare as well.

## 2. For whom – Target group(s)

Homeless young men and women aged 18-25.

## 3. Requirements and access

Homeless young men and women are welcomed daily with no strings attached. The centre is open 12 hours daily. All participants are registered to the centre and must dwell anywhere within the city limits.

## 4. Elements of good practice

The purpose of this programme is to create an educational life skills programme, which includes structured activities for working with homeless youth in order to provide them with the necessary knowledge and tools to improve leisure engagement, healthy coping, and vital activities of daily living skills in the hopes of easing community reintegration and preventing future homelessness.

The most positive responses indicated that social and cultural activities are, arguably, as much about health as many clinical interventions. The point was made that these activities can address aspects of health and well-being that traditional health interventions do not focus on, for example self-esteem and communication issues. A key theme was the role that such activities have in enabling engagement with service providers, such as clinicians, through enhanced self-worth and self-expression.

All activities are planned ad-hoc based on participants' needs. According to the educators who are all volunteers in order to complete the activities several steps are taken, beginning with a needs assessment. Conducting the needs assessment establishes that youth homelessness is an area of need in itself. Methods and techniques also vary based on the type of activity. The most commonly used are brainstorming, because it combines a relaxed, informal approach to problem solving with lateral thinking. It encourages people to come up with thoughts and ideas that can, at first, seem a bit crazy. According to one educator brainstorming is the most popular method used because it provides a free and open environment that encourages everyone to participate. Quirky ideas are welcomed and built upon, and all participants are encouraged to contribute fully, helping them develop a rich array of creative solutions. Another method is the fish-bowl because it is a strategy for

organizing medium- to large-group discussions. Participants are separated into an inner and outer circle. In the inner circle, or fishbowl, participants have a discussion; those in the outer circle listen to the discussion and take notes. This method is also very popular among participants because according to one educator is an engaging and student-centred strategy that builds comprehension of more complex problems while developing group discussion skills. In the inner circle -or "fishbowl"- the participants practice responding to multiple viewpoints. Observations from those in the outer circle provide insight into what makes for effective small-group discussions. Additionally another educator suggested that this technique can be used to explore the ideas of membership, identity, belonging and shared experiences. The structure lends itself well to discussions of complex texts and to challenging topics of cross-cultural significance. By providing all the participants both a speaking and listening role and a stake in the discussion, fishbowl can help build an inclusive and supportive learning environment. The observation aspect of the activity allows them to identify appropriate ways to participate in discussions. If used on a consistent basis, fishbowl discussions can establish boundaries and norms critical to anti-bias communication. Another method used is the open-space learning, an umbrella term that covers a 'workshop model' of teaching and learning. According to one educator it includes, but is not limited to enactive, kinaesthetic and experiential learning; and Simulation/role play. Open-space learning includes any kind of learning in which the participants engage with their own physicality in a workshop environment. Open-space learning helps participants to develop and enhance 'soft skills' in areas such as responsibility, sociability, self-esteem and self-management.

The programme is set-up for youth to engage in educational and extracurricular opportunities like making crafts, and practicing photography during approximately one hour of the two-hour period. The remaining time is spent "hanging out"- allowing the youth a safe space to talk to mentors (volunteers/staff), play pool or football, talk about their days and eat dinner together. As positive relationships have been shown to increase the resources available for residents to begin and sustain recovery, staff can take action to support this process. Educational and supporting staff (clinicians, psychologists, employment counsellors) recognise the impact of professional relationship with residents and use opportunities to talk. They also encourage and support residents to establish and sustain positive social networks by providing therapeutic support and skills training to aid development of relationships. They further support residents to identify and build upon their positive and reliable relationships and consider ways of increasing access to information and communication technologies e.g. Skype, online social networks.

This programme is externally evaluated. The axes (besides cost benefit) used for the evaluation were the following:

- 1) socialization,
- 2) psycho-kinetic functioning,

- 3) independent adult living skills,
- 4) quality of life,
- 5) housing stability.

Data is collected every three months with short questionnaires given to the VYAs and short interviews from the educators and supporting staff. Some of the criteria for evaluation include the following:

- Improvements in housing sustainment for potentially and formerly homeless people (ending or preventing rooflessness and houselessness).
- Improvements in managing the support needs of formerly and potentially homeless people that might undermine housing sustainment (including mental health, problematic drug and alcohol use and access to social supports).
- Improvements in social integration to help prevent homelessness or repeat homelessness (including economic integration).
- Evidence of cost benefits from homelessness services or strategies (including cost offsets through generating savings for health, criminal justice and emergency accommodation services).

## 5. Perceived challenges

According to some VYAs, the challenges are visible even for someone who visits the centre for the first time. The educators agree to this position and add that different challenges emerge as the programme progresses. Some of these challenges relate to the fact that a number of homeless youth participants are significantly more susceptible to physical health ailments due to their prolonged exposure to the elements in all seasons, performing personal hygiene routines in public spaces, eating in overcrowded public shelters, and being on their feet for long periods. These factors place them at a greater risk for physical illnesses such as hypothermia, upper respiratory tract infections, tuberculosis, feet wounds, fungal infections, and lice/scabies infestations. Compromised health can also have an impact on one's ability to obtain and maintain work according to another educator, even for a person who is young. For young people with growing bodies, inadequate nutrition becomes a problem. Substance use becomes a problem for anyone when it impairs one's ability to carry out daily tasks, maintain relationships, and obtain and retain a job. For some homeless youth in the centre, higher rates of substance use and addictions can be traced to their response to the challenges of life on the streets. Having to deal with depression, trauma, violence, unresolved issues from their past, and in many cases, emerging mental illness – which leads many to greater risk-taking behaviours and the tendency to self-medicate with illicit drugs. For some, substance use is the outcome of the struggle to survive.

## 6. Testimonials

(Prostitution is) incredibly degrading - I became a serious alcoholic and drug addict because of it. Because it was so degrading it was my only way of dealing with it and that's why I don't do it anymore, both jobs, stripping and escorting. I was always incredibly high or incredibly drunk or both and ended up in the detox. I wouldn't do it again, it was a bad time in my life and I didn't care about myself or anybody else. I figured I was going to end up dead".

"mixing with non-users you see a different way of life, you may get a chance - contacts into jobs".

"when I went to the dancing group, in the break the people next to me shared their food with me... they didn't know I was homeless though, they just saw I didn't have food and shared it".

## 7. More Information

EduMAP project's publications:

[Books and articles](#)

Academic publications that address key themes of the EduMAP project

[Deliverables and reports](#)

EduMAP's official deliverables, related reports and publications

[Good practice cases](#)

Key features from 40 'good practice' cases from 20 countries

[Working papers](#)

A selection of findings from desk and field research in 20 European countries

[Other resources](#)

Other types of resources made for the project (illustrations, comics etc.)