

Housing First in France

Housing First, France started in 2011 in Marseille, Toulouse, and Lille and a year later in Paris in 2012.

It was decided that as part of the experimental aspect of this project that Peer Aids would be included in the multidisciplinary teams.

In December 2016, after the experimental phase of Housing First ended in France and proved successful, it was decreed by the Ministry of Social Affairs and Health that Peer Aids must be part of the multidisciplinary team when the program was adopted by the government; as a model treatment for homeless people.

The Peer Aid at Housing First

The Peer Aid in Housing First shares his or her lived experience and recovery from substance abuse and or psychiatric illnesses with the tenant. It is a way to create a bond, trust or relationship.

By sharing his or her experience and recovery from substance abuse or psychiatric illnesses the Peer Aid brings hope and empathy into the lives of the tenants. The Peer Aids insight and special relationship with the tenant can also help the team in terms of understanding the tenants' struggles by sharing their experience with them.

In Housing First Paris, we work in pairs. A Peer Aid might be paired up with the psychiatrist, social worker, nurse or generalist. Their experience often helps the medical - social team.

Often when shared, the experience of the Peer Aid helps the tenant share his own. Each Peer Aid develops his own style in terms of disclosure and carrying the message of recovery, - and hope that it is possible to reinsert oneself into society.

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Some Peer Aids disclose right away who they are, their role and lived experience. Others choose to disclose when it appears opportune.

The peer aid accompanies the tenant on his or her own path and choices, unconditionally, and often over time, to psychiatric or substance abuse help with other members of the team as well as comorbid health problems. This takes time and patience, but the Peer Aid is a strong model. The Housing First value of accepting the tenant and his or her choices - unconditionally - with Harm Reduction as a tool often leads to surprising results.

Example: (Reluctant Client)

A tenant who initially refused any form of psychiatric treatment in time with the help of the team and Peer Aids may agree in his or her journey to accept help.

The emergence of the Peer Aid in France initially ruffled many feathers in the medical social world. Nurses felt threatened and some teams reluctantly accepted the peer workers. At Housing First my experience in Paris was with a team that was prepared to receive a peer worker and open to what our role was.

My Experience as a Peer Aid

At that time, I did have to invent my role as I went along, but, having been trained in the US as a Clinical Social Worker and working in emergency rooms, hospitals and clinics. I had some experience under my belt working with the homeless. In addition, I had my own personal journey of thirty years on and off of substance abuse and a reluctant acceptance of my diagnosis as bipolar.

I started off with a very privileged upbringing but ended up shooting up heroine and crack living with my dealer in what was sometimes a crack house. So I ran the gamut before coming to Paris experiencing the French psychiatric system which was not easy, nor adapted to dual diagnosis, but I finally got sober and became stable emotionally - 11 years ago.

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The Peer Aid in France

The peer aid is a fundamental part of the multidisciplinary team but, as they say, they are still defining their roles. A group of Housing First Peer Aids in France has created a space to discuss practices and to draft a job description of what qualities a Peer Aid should have.

The challenge that peer aids, in France and at Housing First, face is the lack of a legal framework (statute). In the bureaucratic sense Peer Aids have no official status and their pay varies from one Housing First site to the next.

In 2012 the first University diploma training program for peer aids was created in Paris but did not continue until 2017 when it was resumed. It is clear, that, the value added of the Peer Aids **are** their lived experiences, but how that is measured and evaluated, is still controversial. It is also a source of controversy among Peer Aids that the training may interfere with their authenticity and become more pedagogical.

Although more training programs are evolving to legitimise the profession and the value of peer aids is undergoing a transformation with more and more job opportunities in the medical-social world, the profession is still undervalued and is still awaiting an official statute.

Example: (Hospital admission)

At Housing First, I was initially paid as a home aid and then to raise my salary they found another slot I could fit into.

At least it is stated in the Ministerial decree that Peer Aids must be part of the multidisciplinary team, a nod in the right direction. But Peer Aids still have a long way to go to raise awareness of the value of lived experience and the help that it provides to tenants in Housing First.

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