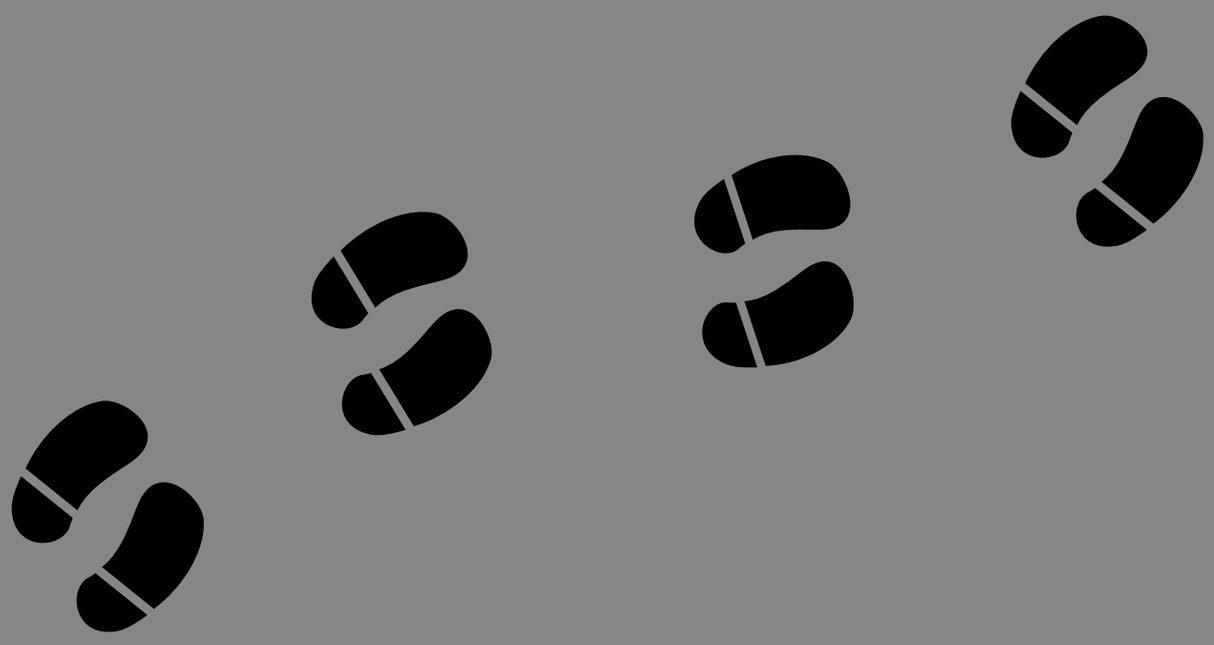
WALKING IN THEIR SHOES.....



DEVELOPING HELPING SKILLS FOR COMMUNITY VOLUNTEERS DEDICATED TO HOMELESS PERSONS WITH PSYCHOSOCIAL DISABILITY

ISWAR SANKALPA, KOLKATA, INDIA

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"There is Equity in Philanthrophy"
Sarbani Das Roy

INTRODUCTION

The census of India in 2011 reports that there are 1.77 million homeless persons across India – defined as 'houseless population', i.e. those who don't live in 'structures with a roof'. The urban homeless population is estimated to be 9.38 lakhs. However, the National Advisory Council (NAC) reports that these figures are likely to be underestimated given that this is a highly invisible population – both for the society and the government. Due to the lack of any government issued identifying markers, this invisibility becomes further compounded leading to ultimate neglect.

Various factors lead to and contribute to this continuing homelessness – structural factors like lack of affordable housing, inadequate income supports and individual factors which increase vulnerability – one of them being mental illness which works in conjunction with other non-conducive elements which renders a person homeless. Being a homeless person means being open to discrimination, and marginalization, in addition to having no access to any govt services, ultimately being bereft of a life with dignity.

Community Care for the mentally *dis-eased* has sought to redefine the concept of mental health and care by giving up (at least to a large extent) on custodial treatment and the method of segregating patients from the community. Instead it has laid stress on de-institutionalization and de-centralization by promoting community participation in the development of mental health services.

However the process of deinstitutionalization needs extensive social networking and a build up of services such as comprehensive, integrated and continuous care to many who are either homeless or have spent days in imprisonment. Community Mental Health services range from temporary hospitalization to case management to crisis intervention to day-treatment and supportive living arrangements. We see a paradigm shift in the move from institutional cure to community care.

The homeless persons with mental illness represents a sector that is doubly handicapped and doubly marginalized. On the one hand, mental illness deprives them at times of the capacity to take care of themselves and on the other hand, absence of family and home deprives them of care and access to medical help. Current mental health policy of India depends heavily on the family to initiate and maintain health service utilization. Others, i.e. the homeless are left to the mercy of police and judiciary. The combined ineptitude and heavy workload of these sectors leave the needy in a very poor state indeed. Moreover, these approaches render uprooting and forced institutionalization of these people inevitable.

In this context, *Naya Daur*'s immediate aim is to offer a modicum of civil decency and medical help to the urban homeless persons with psychosocial disabilities. Our long term goal is to evolve a culturally sensitive mental health curriculum and service that is focused on community care.

THE CORE CONCEPTS

Some key concepts on which our work is based

(i) We do not believe in uprooting and institutionalization of people in the name of medical service. That is neither dignified nor cost effective and renders restitution and rehabilitation much more difficult.

(ii) Even homeless people have their sense of belongingness. Belongingness to their particular corner of the pavement, to the few tattered cloths and tidbits they possess, to the similar pavement dwelling neighbors. We respect their sense of belongingness.

(iii) We believe intervention, medical or otherwise, should be at the minimum level with minimum disruption of a person's ongoing life. Therefore we try to provide support and care as much as desired and accepted by the person concerned, while trying not to subsume her/his self under the rubric of modern psychiatric discourse.

(iv)We try to mobilize neighbors and local community resources towards the caretaking of the ill through awareness camps and small training workshops. Local resources in the form of food, clothing and shelter are mobilized through these interactions.

(v) We try to elicit and understand 'the meaning of madness' in the context of the local culture; We *help them develop the most important quality of 'empathy' in th**eir encounter with a 'stranger with strange behavio**r.'*

In the long run we hope to generate an alternative model of understanding mental distress as well as care-giving – alternative to what is being taught and

We believe a different concept of mind – its health, its pathology – born out of community experiences, perceptions and understandings can then help evolve a more viable notion of community care in the field of mental health.

Taking off from such conceptions, we wish to give shape to a community care curriculum and teach it as part of training to practitioners and the community stakeholders to help them develop the most important quality of 'empathy' in their encounter of the 'other' in the form of a stranger with strange behavior. The attempt is to facilitate the understanding of the person beyond the disease.

The 3 domains on which the model stands are :

1. Reorganization of the power equation and care pathways, within existing systems, that puts the onus of accepting care well within the domain of the recipient.

2. Creation and embedding of a proxy care giving structure around the client built through civil society volunteerism.

3. Regaining Social Capital is the priority which enhances the 'relationship resources' of the "nowhere person' which s/he can mobilise for his/her personal goal and improve his/her social position.

Based on these domains, the training of the voluntary caregiver aims at developing empathy for the care-seeker, understanding of their difficulties and taking responsibility like a proxy family of the last human on practiced in hospitals and extension clinics.

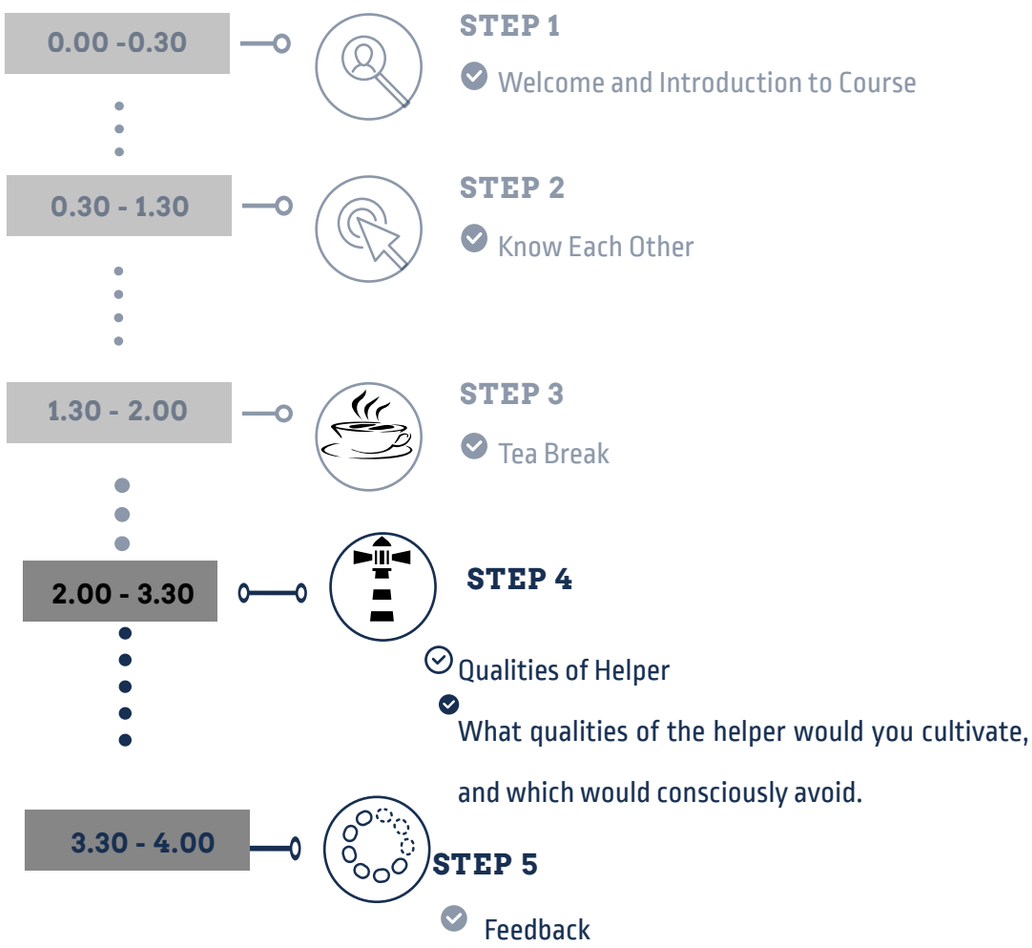
the streets.

Module 1: Understanding the Helper

Time : 4 hours

Materials: Flip Chart, Marker

Training Objective : After the session, the participant is able to connect to his/her own experiences of help seeking and relate to the expected qualities of a helper



step 1

Knowing Each Other Time: 30 min

Materials: A Ball
Explanation:

In the starting, welcome each participant to the training. Give a short appreciation speech of their great contribution to the cause of the homeless persons with psychosocial disability. Share briefly about the Organization and its journey, its philosophy.

You may also present the learning objectives of this course and the method of learning. You can explain that there are many methods of learning - such as by reading texts, listening to learned people and by introspecting to learn from one's own experience. Throughout the course we will be mostly following the 3rd process of experiential learning. In order to learn in this process we need to share our thoughts, feeling, experiences without any hesitation. The more we look within - the more we shall understand without.

After this introduce yourself and your fellow facilitators. For example you can tell something about yourself, your background and why you think empathy is important in caregiving.

step 2

Getting to know each Other Time: 60 min

Materials: Ball
Explanation:
Ask all of the participants to stand in a circle. Make sure they are not too far apart or too close together. Give one person a small ball (tennis balls work well) and ask them to throw it to someone else in the circle. The person who catches it says their name and throws it to another person who does the same. As the ball moves around the circle, everyone in the group gets to learn one another's name. The game can then go on to the person who throws the ball to someone must remember and say the other persons name before throwing. Once the names are shared, the person who receives the ball must share something based on any of the topics listed below. The person who throws the ball, then must recall the same.

Topics can be introduced in this game like :

- Say one thing you like about your work
- Describe yourself in one word
- Name your favorite film star
- Identify your biggest strength

- Identify your biggest weakness

Be sure that you remind participants to throw the ball gently so that nobody gets hurt.

step 3

step 4

Qualities of a Helper Time: 90 min

Materials: Flipchart

Explanation:

Identify Qualities of the helper. In the exercise everyone think of a personal situation in life when s/he needed help and has to identify the characteristics of the helper from whom s/he received help once in his/ her life. The good characteristics of that person, which s/he wants to imbibe in himself/ herself and one behaviour of the helper which s/he wants to change. After the exercise the participants are asked to share the characteristics of the helping relationship.

As the qualities are listed on the flipchart, the participants are requested to reflect once more on their own characteristics as a helper for the person under their care. And to reflect on qualities that they would consciously imbibe and promote in their caregiving.

step 5

Feedback Session : 30 mins

Explanation : Participants are asked to share their learning and their feelings evoked by the exercise. Unresolved conflicts, emotions surrounding helping relationships may be expressed by participants.

The facilitator needs to listen empathetically and address the emotive content of the sharing.

Module 2: Building Empathy

Time : 3 hours

Materials: Note slips, Pen

Training Objective : After the session, the participant is able to empathise with the enormity of loss that a homeless person with psychosocial disability deals with.

step 1

Building Trust and Intimacy Time: 30 min

Materials: Flip Chart

Explanation:

Ask Participants to walk around the room, maintaining eye contact with persons they cross paths but in silence. As they move around, call out numbers, 4 or 6 or 3 and ask people to get into subgroups of that number. Give them any question to discuss amongst themselves. After they have discussed they should start walking again. Once again, a number is called out by the facilitator to form a new subgroup and discuss a new question from the list given below. Continue this till you perceive a warming up within the group and ease of sharing established.

- What was the happiest moment in your life?
- What was your unhappiest experience in life?
- What motivates you to get up in the morning?
- What do you use your money for?
- Who is the most important person in your life?
- Describe your best friend.

Completing this exercise will likely result in the participants feeling more connected and comfortable with the other participants, and help them learn how to read emotions in self/others and listen attentively.

step 2

Building Empathy with Loss Time: 90 min

Materials: Slips of paper

Explanation : In this exercise everybody is handed over 5 slips of paper. They are asked to write the names of 5 persons/objects that they feel very close to.

Then the facilitator imagined to be Fate personified takes away 2 slips, one at a time.

After every round a gap of 5 - 7 minutes should be given to reflect on how one feels without the slip. Finish the exercise by taking away all the slips.

Give time for the feelings to set in. Do not rush at all. If there is an emotional outburst, give the person space to share.

Request participants to narrate their experiences at every stage of loss. And also express their inner state as they sit now with the feeling of loss. Ask them to note the key points of their inner state.

At the end, Fate Personified gives each participant all of their 5 slip back and breaks for Tea with a smile.

step 3

step 4

Loss and The Homeless Time: 90 min

Materials: Flipchart

Explanation:
The participants were now asked to relate the losses they experienced in the last session to the experience of the homeless clients with psychosocial disability under their care. What similarities could they see in both the situations.

Jot down the points shared on the flipchart.

Give them a comprehensive picture of the losses experienced by a homeless person with psychosocial disability. The person has lost his health, his home, any educational qualification, any wealth accumulated, any property in his name or in his inheritance, his family, his friends and foes, and all his papers which give him his proof of identity, and most of all the very memory of his name, address and his identity to a treatable disorder - psychosis.

Allow participants to step in the shoes of the clients and narrate in first person the pain and anguish of a person uprooted.

step 5

Feedback Session : 30 mins

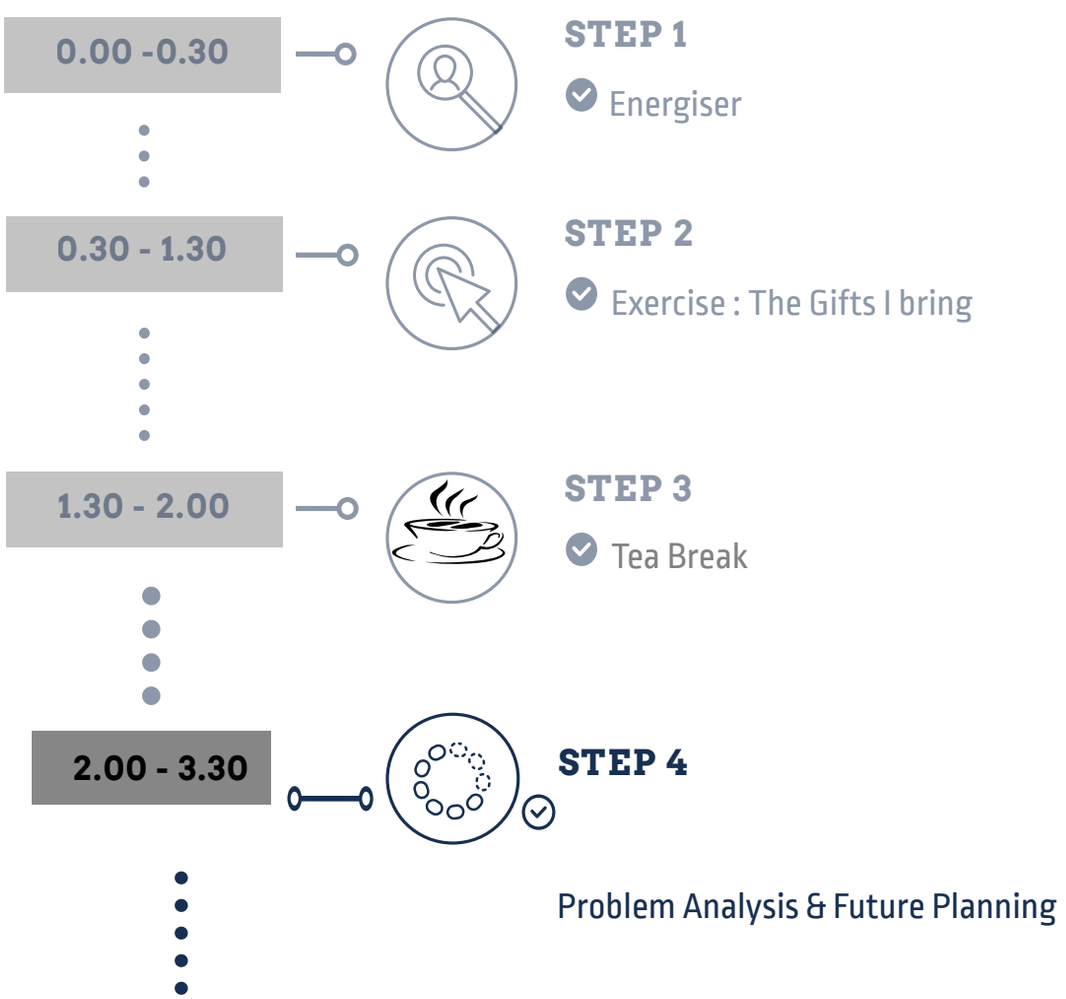
Explanation : Participants are asked to share their learning and the feelings evoked by the exercise. Residual feelings of loss from Empathy exercise may require resolution. A myriad of emotions may be expressed surrounding their relationship with the client. All of these need to be heard and held together.

Module 3: Building Commitment

Time : 4 hours

Materials: Note slips, Pen

Training Objective : After the session, the participant will be able to have clarity regarding their commitment to the voluntary role and take ownership in the planning of the way forward.



step 1

Energiser ; Who am I Time: 30

Materials : Paper and pen

Explanation :

Ask Participants to write something unique, strange or unexpected about themselves on a slip of paper.

Then, put the pieces of paper into a box and mix them around. Pull from the box and read each fact. Allow the team to try and guess who wrote it.

After they guess, ask the participant who wrote the fact to identify themselves and give any further context if necessary.

This could be a great way to get to know surprising new things about each other. This exercise can also end with a reference to the vast unknown life of a homeless person with psychosocial disability whose chronological history is missing. You may also ask participants to accept snippets of unknown information of his/her life in the same spirit as the game today.

step 2

The Gifts I bring Time: 60 min

Materials: Flipchart. coloured pens

Explanation:

Start the session with a 10 minutes deep breathing exercise, which heightens awareness of breath and the self. In a calm and relaxed state of mind get onto the Gift exercise.

Part I : In the exercise all participants are provided with a chart paper and asked to draw the gifts

(emotional, cognitive, physical, social and spiritual) that they posses.

Part II : After the participants finish drawing all the resources they posses, they are requested to think of what of their own gifts can they bring for care giving of the homeless person with psychosocial disability.

Part III : At the end each participant is requested to formulate a statement of commitment to use his/ her power. The participant writes it down and says it aloud to the group. The rest of the participants will be asked to chorus - " So Be It" to every Commitment stated in the room.

step 3

step 4

Future Forward

Time: 90 min

Materials: Flipchart

Explanation:

Voluntary Caregivers face many challenges in their practice of caregiving in the community. Thus this session is devoted to understand those and to analyse them to find appropriate solutions.

The participants were divided into two groups. First they were asked to write the problems/ challenges that they face with their clients and with the community.

Secondly they were asked to collectively find solutions to each of their problems/ Challenges.

Thirdly, the groups needed to make a presentation of their Analysis.

Lastly : A discussion on **future planning- how will the persons under care /programme be sustained in the absence of Iswar Sankalpa**. The two teams would end the session by presenting two comprehensive plans as per their asessment.

step 5

Feedback Session : 30 mins

Explanation : Participants are asked to share their learning and the feelings evoked by the training session . Every participant is thanked for taking on their social responsibility with diligence and compassion.

ISWAR SANKALPA

When you are **homeless** and can barely clothe your body,
you have only your dignity
to remind you that you are **human**
You are **vulnerable** –
socially, physically, emotionally.
When you are **mentally ill –**
you lose your sense of self,
other human beings shun you.
You are **alone –**
socially, physically, emotionally.
When are you are homeless and mentally ill**,**
the world turns its back on you.
You do not exist.
Period.
This is the reason for Us being here –
Towards Building a Society that CARES

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