



# **Providing Effective Support in Front Line Social Services**

**A Peer Written Guide**

**Produced by the Victoria Cool Aid**

**Society Peer Advisory Group**

**September 2018**

*For all those who access Cool Aid services, past and present*

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## Introduction and Acknowledgments

As members of the Peer Advisory Group we are excited to start, as an ongoing process, to communicate what we consider the best paths to wellness for some of the most vulnerable folks in our society. For experienced staff, this guide is intended as a reminder and refresher of good professional practice, and hopefully contains some new perspectives not considered previously. For new frontline staff, these shared experiences will be beneficial in understanding ways to promote and sustain positive and meaningful relationship with clients. This guide is divided into two sections. The first examines common client challenges and staff responses to potentially disruptive behaviour, and the second examines the process of building trust and rapport between client and staff member.

This experienced advisory group draws from a wide spectrum of folks in our community that have sought, at times, front-line social service support. Often, clients drew upon their memories of personal challenges to try and provide insight to their inner lives. This project was assembled through bi-weekly meetings between members of the advisory group with the assistance of a Cool Aid staff member, and the information, advice, and opinions provided within have therefore been a result of analyzing and reflecting on first-hand experiences.

Solutions to client challenges can be emotionally straining and deeply subjective. The authors of this guide do not present any of the following information as hard and fast rules, but rather perspectives to keep in mind while carrying out professional tasks. At times, the information or advice contained within may strain or conflict with what is currently considered professional 'best practice'. We encourage the reader to embrace the task of reconciling the disparity between what those with lived experience of service use see as important and what service providers see as important. We hope you will find this guide useful.

### *Victoria Cool Aid Society Peer Advisory Group*

This document was assembled by individuals who live and work on the un-ceded territories of the Songhees, Esquimalt, and WSÁNEĆ peoples.

**Author Credits:** The Victoria Cool Aid Society Peer Advisory Group is a collection of peers with lived experience of accessing front-line social service supports that provide feedback and advice to the organization on a variety of projects. They meet bi-weekly to discuss topics, attend educational events, and work on special projects such as this guide.

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## Supporting Clients Facing Challenges

### Introduction

This section details some common challenges that clients of frontline social services may face. In each sub-section, members of the Peer Advisory Group have shared multiple thoughts about what they've seen be effective in the past in supporting and managing these challenges for others and for themselves.

### Anger Management

Outbursts of anger are common to witness in front-line social service work. However, these outbursts are not always on purpose, and instead might be a result of various underlying factors. First of all, it's important to understand the prevalence of head injuries, mental health concerns, institutional experiences (i.e. prison, foster care, etc.), and trauma in the homeless and street-involved population. All of these factors make a big difference in how people respond to requests, ultimatums, stress, and other similar problems. Take some time to try and understand each client as a unique individual and learn the best way to approach each one.

When dealing with clients who are upset or angry, the most common suggestion from the Peer Advisory Group is to try *to not take anything personally*. Clients often have so much going on in their lives that they may not be able to express themselves without getting frustrated or upset. A staff member might unintentionally end up being a trigger for past

trauma, or they are the closest available person to whom a client can safely vent. Below, advisory group members have shared strategies that they have seen be useful in avoiding negative interactions.

- ❖ Do your best to stay calm and model appropriate behaviour. Be conscious of body posture that may come across as aggressive (i.e. crossed arms, standing over someone smaller, etc.).
- ❖ It can be very hard to calm down in a busy environment. Where possible, offer the client a quiet space to talk or to gather his/her thoughts. He/she will calm down much faster than if left in a crowded, noisy place.
- ❖ Try not to appear dismissive of a client's challenges. Statements such as: "You need to calm down." or "You need to be quiet." can escalate a situation instead. "Need" statements put pressure on clients and highlight the imbalance of power between staff and clients. Use phrasing that shows that you are listening to them, that you want to help, and that you respect them. "I/we" statements, such as, "I/we would really like to help you, but it's important to me that I/we discuss this with you in a more private place." show empathy to someone in distress.
- ❖ Try to avoid giving ultimatums except as a last resort. They will almost always escalate the situation. Individuals with experiences

of prison or who have had many negative interactions with authority figures might also respond very poorly to ultimatums. Therefore, try leading with neutral or disarming questions before presenting clients with your requests. For example, asking clients to explain their understanding of the conflict first. It is also helpful to remind clients about rules if relevant, or explain how they are affecting others around them.

- ❖ Know when to disengage if a situation is unsafe or unmanageable. If necessary, take breaks when exposed to anger to avoid internalizing it and getting caught up in someone else's emotional outburst.
- ❖ Recognize your own role in creating conflict and plan appropriately. For example, confrontations with angry clients where they are left frustrated can mean that they then take out or pass on their anger to other individuals nearby. Even after an incident appears resolved, it's important to keep a close eye on potentially vulnerable clients nearby to make sure they are safe.
- ❖ Be aware that overall levels of anger and conflict in the community change over time. The prevalence of stress or conflict is often affected by events like income assistance cheque issue day, community events, holidays, police presence, and other factors. Adjust your work plan to accommodate for expected disturbances.
- ❖ If you suspect that a client has a preferred language other than English (i.e. French, ASL, Spanish, etc.), it is easier to connect

with someone in distress when using the language with which they are most familiar.

## Intoxication

Depending on your role, you may be speaking regularly with clients who are under the influence of a variety of substances. Members of the Peer Advisory Group's most common suggestion is that you do everything you can to not patronize a person or act judgmental of their behaviour, as substance users are already subject to judgment from society on a daily basis. They are extremely sensitive toward the stigma directed their way as a result.

Substance use is often a symptom of underlying trauma or unresolved problems. As with outbursts of anger, there are likely a lot of things going on behind the scenes of which you are unaware. Advisory group members report that staff members and health professionals often focus on resolving the symptom of substance use rather than addressing the underlying causes of substance use. This can feel like judgement rather than assistance.

Furthermore, even if you are experienced or knowledgeable about substance use, not all levels and types of intoxication are the same, and not everyone reacts the same to each substance. Many substances also affect the mental health of an individual in a unique way, or medication may interact with substances to create unexpected results. Below, advisory group members provide some general tips for assisting other clients in a state of intoxication, as well as some basic information about recognizing the effects of various substances.

- ❖ Remember that individuals with substance addictions are often subject to medical emergencies related to their drug use – for example, involuntary heroin withdrawals or overdoses. Don't underestimate the stress that these incidents may put on a client, and how that might change their behaviour. At minimum, learn to recognize the effects of an opioid overdose, and train yourself in how to use naloxone to reverse it.
- ❖ Avoid making assumptions about a client's substance use, even if you are experienced. Always allow for clients to self-disclose use before initiating conversations about it.
- ❖ Be clear and direct about requests and consequences, including if the police are going to be called. Similar to dealing with anger, it is best to avoid leading with ultimatums if possible, but clarity should take priority in these situations. Arguing with folks who are intoxicated is generally regarded by advisory group members as a futile effort. Wait until they are sober to have follow-up conversations about appropriate behaviour.
- ❖ Almost every substance can make it harder for the user to control their emotions in some way. As a result, be ready for explosions of anger, sadness, joy, or excitement in response to various triggers.
- ❖ Some substances, alcohol especially, can cause the user to fixate on a minor annoyance (for example, control of the TV remote). As argument is generally futile, consider redirecting attention to another topic rather than confronting the individual

### ***Know Your Substances in 60 Seconds***

**Alcohol:** Heavy alcohol intoxication generally presents as belligerence, unpredictable outbursts, increased volume, loss of control of emotions, loss of balance, and loss of memory (“black outs”). Alcohol withdrawal symptoms can be life-threatening and include seizures and heart attacks.

**Common Names:** Booze, hooch, juice, and brand names of alcohol (i.e. Lucky, Jack, etc).

**Opiates:** Heavy opiate intoxication can cause deadly overdoses, low energy, slow reactions and sleep (“nodding off”), and in a minority of users twitching and rocking. It is common to lose track of time when intoxicated. Withdrawal symptoms are painful and sometimes life-threatening.

**Common Names:** Dope, pants, down, smack, “H” (for heroin), juice (for methadone), and Oxy (for Oxycodone).

**Stimulants:** Heavy stimulant intoxication generally presents as uncontrolled twitching, dancing, paranoia, mania, insomnia, and sometimes psychosis. Sleep deprivation and inability to concentrate on any single task or manage one's space and belongings (“flailing”) are a common symptom of regular stimulant use.

**Common Names:** Side, jib, tech, crystal, ice, shard, and crank (for Crystal Meth); coke, blow, crack, and rock (for Cocaine and Crack Cocaine).

**Hallucinogens:** Heavy hallucinogenic intoxication can cause psychosis, trances, sporadic erratic behaviour and long periods of silence and inactivity. Particularly heavy intoxication can cause nausea and a severely altered sense of space and time.

**Common Names:** Molly, “X”, candy, and “E” (for Ecstasy); Acid, “L”, and Lucy (for LSD); weed, pot, hash, and bud (for Marijuana); shrooms, caps, and magic mushrooms (for Mushrooms).

causing a disruption when managing these situations.

- ❖ When supporting individuals using substances, encourage them to find a safe environment to use or recover. Encourage clients to not use substances alone. If no one else is available, offer to check up on clients using substances yourself to ensure their safety.
- ❖ Do your best to be up-to-date on current trends in drug use (for example, the Fentanyl crisis). Try and make sure this information is available publicly for clients to access on their own time. Connect with local substance user advocacy groups and make use of their experience and insight.
- ❖ Finally, clients are used to having their intoxication viewed negatively, even by support workers. When talking with clients try and offer some words of positive reinforcement about healthy steps they may have taken recently in advance of any requests or negative comments you might have.

## Mental Health Concerns

Mental health concerns are very common to encounter in front-line social services. First of all, the advisory group members request that front-line staff remember that clients are the *best* experts in their own lives. They are the only ones who can truly know what they are experiencing. Unless you are a mental health professional, group members suggest avoiding making any attempts to diagnose a client, possibly incorrectly associating a symptom with

a particular disorder. Instead, front-line staff members are most effective when helping clients articulate their experiences better so that others, including mental health professionals, can understand what they are experiencing.

Following are some general tips related to managing mental health challenges, followed by specific tips for handling some common symptoms resulting from mental health concerns.

- ❖ Ask lots of questions and avoid assumptions as much as possible. Find out how to best support someone through conversation. Before providing information or offering advice, ask to make sure a client is okay with you sharing your knowledge or opinion.
- ❖ Don't assume a client's knowledge of a particular service. (Acronyms especially). Some clients are extremely literate in the services available and others not at all, even if they've lived in the area for years.
- ❖ Avoid dropping tons of knowledge or advice on clients. A deluge of information about services is likely to overwhelm someone.
- ❖ Mental health challenges for one client often have effects on other clients in the vicinity, creating anger, frustration, and often causing bystanders to enter the conflict. It is important to take ownership of the situation and try to avoid a 'dogpile' where bystanders take out their frustration on a single individual. However, when speaking to bystanders avoid talking about

the individual in crisis in a negative way (for example, “they have a problem and you need to let me deal with it”). Instead, just let clients know that you are in the middle of supporting someone, and that their cooperation will help get the situation resolved sooner.

- ❖ Take advantage of mental health resources in the community. Research available groups and supports and share them with clients if they have expressed an interest in receiving more support.

## Psychosis

Members of the advisory group observe that the most important thing to remember when assisting another client in a state of psychosis is to not challenge a client’s lived experiences – for example, saying that the psychoses that a client is experiencing “aren’t real”. Even in the event that you successfully convince a client that they are in a state of psychosis, you may then have to deal with the fallout of a client coming to terms with their mental health challenges! It is possible to challenge a small part of psychoses if it is necessary to assist someone in seeking help (for example, if psychoses involve you or a fellow staff member, you may wish to assure a client that you are not a threat to them).

Some psychoses may be very realistic sounding, plausible, and hard to identify at first, so a good strategy when uncertain is to take everything seriously. Clients in a state of psychosis often don’t have a lot of people they can trust, so having someone around who is willing to offer

help without either reinforcing or denying their experiences is important. Advisory group members observe that front-line staff members commonly take repetitive psychoses less seriously as time passes. As a result, please try to be consistently supportive in each instance of psychosis and develop strategies to ensure that a client’s dignity is maintained.

## Manic or Hyperactive Behaviour

Members of the advisory group report that when they are experiencing manic or hyperactive states, they are often treated like unruly children. They suggest that this is very counter-productive as it makes them feel like they don’t want to cooperate with the authority figure. However, this does not mean that clients would not like support when they are in these states. For example, if a client is in a manic state and ‘flailing’, they may need help organizing their space and recognizing the effects of their behaviour, but don’t need to be told to “clean it up or you have to leave!”. Interacting with clients in these states may take a lot of time and energy, or even feel futile, but group members feel it is worthwhile for staff to be persistent and consistent in their support regardless.

Sometimes, clients have seen that even the most experienced staff members can’t handle some disturbances caused by hyperactive or manic behaviour. Therefore, set reasonable limits to your efforts to work with clients if you feel it is unproductive. As these disturbances often affect bystanders, group members request that staff let other clients know that



they've tried to resolve the situation and what is happening next (i.e. "we've tried resolving the situation, but you'll have to wait while we get some more support.").

Group members also note that when they are manic they usually don't get enough sleep. You may wish to talk them and ensure that they remember to rest. Individuals in a state of mania also often lose track of their belongings due to difficulty concentrating on a single task, so it is also helpful to ensure that they have stored their money and valuables in a safe place, or to assist them in doing this.

Just like with intoxication, a focus on positive moments is also requested by clients. Often mental health is viewed through a negative lens where staff's only interaction with it is when problematic behaviour is happening. It's very important to have staff members point out positive behaviour in spite of mental health obstacles and engage in positive reinforcement as well (for example, an individual who regularly experiences bouts of mania successfully containing a project to a single table rather than the entire room.)

## Depression

A large number of clients accessing supportive housing or front-line services self-report as depressed. Group members report that depression causes them to be far more easily overwhelmed, sensitive to noise and light, and experience large fluctuations in their appetite. Furthermore, members identified that one of the most relevant symptoms of depression in

their lives that front-line workers should be aware of is self-isolation; this can compound some of the effects of depression overtime without the support of neighbours, staff, and friends.

Therefore, clients request that staff take into account the fact that depression is a long-term symptom or disorder for many folks, and that sustained support is needed over a long period of time to make a difference even though little outward progress may be seen. For example, a client may greatly appreciate being invited to events, even if they are usually unable to attend due to low energy levels or anxiety.

Staff members should also take into account the link between chronic depression and suicide. Please seek out education about suicide intervention practices and recognize the various stages of suicidal thought. Group members observe that is important to not treat every conversation about suicidal thoughts as the only chance to convince a client to seek help. You are unlikely to either "save" or irreparably harm someone in a single conversation, and members feel it is more important that staff members are consistently open, welcoming, and encouraging over a long period of time.

## Paranoia

A member of the groups' biggest request is that front-line staff doesn't assume that reluctance to use or access a service is a sign of paranoia. Clients often have good reasons to avoid going to certain places, such as past trauma, fear, or

lack of mobility. A refusal to use a certain service does not mean that clients do not still want help.

As with instances of psychosis, staff members are unlikely to convince an individual experiencing paranoia that what they are going through is not real. As a result, group members suggest that staff members do their best to accommodate the needs of the individual in-the-moment by finding them a safe place to recover, and having calm and straightforward conversations with them about what else they might need to feel safe.

### Anxiety or Panic Attacks

As a rule of thumb, many clients that you may work with will have had traumatic experiences that can create a lot of anxiety in their lives. Therefore, keeping the following tips in mind may help when assisting a client experiencing a panic attack or severe anxiety.

First, it is important to always ask before touching a client, and always respect when clients say “no”. Unexpected contact is reported by group members as a massive trigger for anxiety. Similarly, avoid making sudden loud noises or quick movements, such as running around the building, where possible.

Group members report that when experiencing a panic attack they often struggle to get their breathing under control. To assist with this, a staff member may offer a glass of water, model calm and slow breathing, and ensure that the individual has enough space around them to

not feel crowded. It may take a long time for a client to recover from a panic attack, so remember to regularly check-in on a client’s wellbeing if you are called away.

### Hoarding and Hygiene

Hoarding is a symptom commonly encountered in supportive housing and shelters alike. Clients sharing their experiences with hoarding note that there are many good reasons that clients may hoard, stemming from past trauma and life experiences to obsessive compulsive disorders. Recovering from hoarding can therefore be a long process that can be deeply emotional for the client. Some clients may simply have never learned in their life how to clean a home to the satisfaction of a landlord.

It is not enough to simply clean a place for someone who is a hoarder, and if it’s done without permission this may even make the problem worse. It’s important for staff to avoid getting frustrated with perceived backsliding and lack of progress and focus on consistent positive reinforcement for clients taking steps to improve their situation.

Poor hygiene is also a common occurrence amongst users of front-line services. This is often not by choice, so it isn’t always a symptom of a mental health concern. Group members report that these conversations can be very embarrassing for the individual in question, so please have conversations about hygiene in private and in a supportive manner. Some individuals may be unaware that their hygiene is affecting others around them.

## Building Trust and Safe Environments

### Introduction

This section deals with miscellaneous interactions that may be related or unrelated to a client's challenges. "Building Trust" addresses the actions that group members feel will build and sustain rapport between staff and clients, and "Building Safe Environments" refers to actions that staff members and organizations can take to reduce the likelihood of conflict and increase the number of positive interactions with clients.

### Building Trust

Trust is a very important part of a strong professional relationship between staff and clients, but it is easily broken. Group members observe that achieving complete trust with clients is very unrealistic as the power imbalance between staff and client prevents truly equal exchanges. A staff member's responsibility to equally enforce rules and support other clients often takes priority over a single client's concerns or preferences. Group members report being very aware of this dynamic during their past interactions with front-line social service staff and as a result even friendly interactions can turn sour quickly if staff members don't keep their power and information advantage over clients in mind.

It is possible to build strong rapport with clients, and hence create trust from clients that staff will listen to their concerns fairly, calmly, and respectfully. However, it takes a lot of

work. Here are some tips from group members as to what has worked to build and keep trust with them in the past.

- ❖ Avoid gossip within earshot of clients. Be open about who you are obligated to share information with before clients tell you their experiences. Where possible, respect requests for confidentiality if the information is not critical or life-threatening.
- ❖ Being transparent about rules is particularly important for clients, as their knowledge of the rules is often far more limited than a staff member's knowledge of the rules. Sometimes, it can appear to clients as if a rule has been made up on the spot if they've never heard about it before.
- ❖ Avoid staying cooped up in an office, as it can make clients feel like you are afraid of them.
- ❖ Make an effort to learn everyone's names as soon as possible.
- ❖ Never underestimate the knowledge or skill of clients. Many clients have a wealth of knowledge from past careers and life experiences that are valuable to their peers.
- ❖ Understand the importance of belongings to those with an experience of homelessness. Many clients have lost everything they own. Some have lost belongings multiple times. As a result, items that staff might think are unimportant may

have great personal or sentimental value. It's not just 'stuff'.

- ❖ You have to work with what you get, especially in crisis. Be accepting, welcoming, and remain non-judgmental. Group members want to know that staff members will be effective in any emergency. They find that over-reliance on rules and protocol appears ineffective in rapidly evolving situations.
- ❖ Be authentic - have real conversations with clients and express interest in their lives. Be genial but remain professional. Know your boundaries and stick to them. Group members suggest that you keep details of your personal life private unless absolutely relevant.
- ❖ Be honest – avoid cover-ups.
  - Group members agree that one of the fastest ways to lose trust is to be caught in a lie or a half-truth. We all make mistakes, so own up to them.
  - Don't promise something you can't deliver. It is okay to not know something or not be able to help with something, and it's better to say that than misrepresent your capacity to help.
- ❖ React with appropriate seriousness: if clients see something as a big problem, they want to be taken seriously even if you disagree with their assessment of the situation.
- ❖ Be willing to meet someone halfway! Even minor compromises can go a long way towards making someone feel respected.

- ❖ Don't fraternize with people that don't belong in the building (for example, friends or strangers). Clients report that seeing staff members on their phones, chatting with friends or on social media when they are in crisis makes them feel disrespected.
- ❖ Avoid favouritism among tenants. Make an effort to treat all tenants equally. Try to ensure that consequences are evenly applied, and if not, that the discrepancy be clearly explained.
- ❖ Focus on providing positive rewards and activities to build people up as opposed to negative enforcement. Recognize clients for the positive contributions they make to their community. Create small events that provide uplifting memories for clients.

### Building Safe Environments

Group members also have a number of observations from their lived experience about what staff members should look for when developing a service or trying to create a safe space for clients to access. The suggestions below may seem incomplete, but they try to capture the most important factors that staff members should take into account.

- ❖ Create clear confidentiality guidelines detailing under what situations staff will record or share information with other staff members, and share these guidelines with clients.
- ❖ For clients who have no experience talking to figures in authority, create or provide access to a neutral mediator for those

wanting assistance with a meeting with authority figures, or who want to share information with a senior staff member without going through front-line staff.

- ❖ Provide clear upfront rules and expectations around violence to all clients and provide guidance to staff so that they are better able to restrict access to sites for anyone who is banned from that site. Violent behaviour often manifests as bullying or harassment, so don't just look out for physical incidents.
- ❖ Invest money in upkeep of sites; for example, regular maintenance, support, cleaning and/or training to help ensure that sites are safer and well-maintained. Clients are more likely to want to take care of a space that is clean than one that is messy.
- ❖ Try to ensure that sites are appropriately staffed for their population. Be sure that clear guidelines are shared with clients on who to call in the event of an emergency. The police are often not the first people that clients of front-line services want to see.
- ❖ Take into account that low-income populations are the most likely to be victims of theft. Provide secure and organized storage for valuables, where possible. Be clear on the rules about how long items can be kept. Err on the side of caution when throwing out belongings.
- ❖ If providing honourariums or part-time work to clients, ensure that eligibility rules for the position are clearly posted, and that

the opportunity for new clients to take on these roles is provided.

- ❖ Cameras, while a useful tool for safety, can create a variety of expectations or fears amongst clients. Inform clients what is recorded (video, audio, etc.) and where they are located if they are concealed. Group members feel that being openly transparent about all safety measures does more good than harm.
- ❖ Be aware of harassment (sexual, verbal, or physical) that happens when staff members are not present. Group members understand that it can be very hard to prove allegations of harassment when a staff member is not present to witness it. They note that it is still very important that they be believed when they report it and that they are regularly updated on the steps that staff members are taking to reduce instances of harassment.
- ❖ Finally, be aware of the unique challenges and experiences of various minorities and vulnerable populations. These include women, youth, gender and racial minorities, indigenous populations, seniors, and more. Each subset of the client population will have specific needs and benefit from special attention rather than feeling like they have to fit in to a "one-size-fits-all" model of care. This requires constant critical reflection and self-education beyond the scope of this document; it is important to evaluate who currently benefits the most from the status quo, and who could benefit from changes.

## Conclusion and Further Reading

Thank you for your care and attention in reading this document. Members of the Peer Advisory Group hope that some of the insights provided within will be useful to you in working collaboratively with clients in the future. However, don't stop with just this document – make an effort to convene your own groups of peers with lived experience within your organizations, and provide them with the resources necessary to enable them to provide effective and informed feedback.

Regards,

*Victoria Cool Aid Society Peer Advisory Group*

I am very privileged to have been able to work with a wonderful group of individuals, all of whom are passionate about improving the lives of others in their community. This has been quite a learning experience. I would like the reader to consider that the feedback you receive when reaching out to clients of your service will not always be positive, pleasant to hear, or even feel constructive. Sometimes, you may disagree vehemently with what is said.

However, before responding to that feedback, I suggest taking a moment and considering the following: how did the individual providing feedback arrive at their conclusions? Were they provided enough information prior to the feedback request? How have their experiences, positive and negative, affected how they see an issue?

I often had to remind myself that it is not the job of those who are vulnerable to fix the system; it is the job of those with power to listen, attempt to understand, and then elevate the voices of those without.

Regards,

*Nicolas Méthot, Peer Advisory Group Support Staff  
Client Engagement Facilitator for the Victoria Cool Aid Society*

For more information about the Victoria Cool Aid Society and the programs it operates, or to donate, please visit [www.coolaid.org](http://www.coolaid.org).

Other organizations directly involved with promoting the involvement of individuals with lived experience in the Greater Victoria Area include:

- The Society of Living Illicit Drug Users (SOLID) Victoria: [www.solidvictoria.org](http://www.solidvictoria.org).
- The Greater Victoria Coalition to End Homelessness: [www.victoriahomelessness.ca](http://www.victoriahomelessness.ca).
- The Aboriginal Coalition to End Homelessness: [www.aboriginalhomelessness.ca](http://www.aboriginalhomelessness.ca).

