O U T R E A C H

aptitude - method - practice

draft

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1. INTRODUCTION : Why this Pillar

PILLAR definition :

- A pillar is a tall **solid structure**, which is usually used **to support** part of a building. *(Collins Dictionary)*
- Person, something whose presence, the activity is essential to the existence of an organization, an institution… individual people. *(in figurative way Larousse Dict.)*

Two are the characteristics of Pillar: 1) function: **support** ; 2) quality : **essential** support.

OUTREACH definition :

- *Outreach is programmes and schemes **try to find people** who need help or advice rather than waiting for those people to come and ask for help. (Dictionary Collins)*
- *Bringing medical or other services to people at home or to where they spend time (Dict. Cambridge)*
- *Outreach is an* **activity of providing services** *to any populations* **who might not otherwise have access to those services**. *A key component of outreach is that the groups providing it are not stationary, but mobile; in other words they are meeting those in need of outreach services at the locations where those in need are.*
  (From Wikipedia encyclopaedia)

Outreach more than a specific pillar is *connecting element* that transversally insure stability and synergy between the different pillars that provides the fundamental support (in services) and at the same time it makes and facilitates the communication and coordination between the services from inside (institutions…) to outside (streets …) and vice versa.

In these divers definitions of outreach we find these specific points :

1. **to find, to meet, to listen people** *who need help*
2. **to understand and to provide assistance** *for people in basic needs*
3. **to build bridges** *with social & health services in order to promote and facilitate access and sustainability for progressive recovery .*

"Outreach" over and above being a work method and a daily practice, is an **aptitude to open up**, **attention and to be available** for people who live on the margins of society and who do not have access to the health and social services which are otherwise available.

Concerning translation of 'outreach' : it's not easy to find an interesting letteral translation of the word *'outreach'* in other languages. In French language we find that the attention is especially focused in : *'aller vers…* (to tend towards) and *aller à la rencontre* (to go meeting), that better express the 'aptitude' of outreach .

In the past the attention of outreach initiatives - frequently organised by charity associations was more focused on the **provide assistance** and on the **needs** , resuming the charitable practices that distribute food - blankets to those who permanently live in the street, frequently with mental health disturbs. These practices reflects in particular the aims and modalities of outreach practices about thirty years ago when even the homeless on the street were considered circumscribed episodes of extreme and individual poverty.

2. MAIN IDEAS WE WANT TO HIGLIGHT

A. **Outreach is at first an attitude***: from inside, to outside, for meet people.*

It's a style of interventions, a way, a professional and humanistic style of joining the people we visit.

In a certain sense it is to operate permanently that *"Copernican revolution"* that shifts the centre of gravity from the service and from the professional to the other, which is not only a complex set of needs, but in the first a wounded person in his dignity.

Move towards *otherness* and *diversity* means to be open, available, attentive to the other person.

It is a change of paradigm, we try to offer the services in a setting which is as close as we can to the persons reality.

It's a way of adapting the existing services to people which will either have difficulties accessing the services or will not use them due to several reasons. It's a style of delivering services, a way in which we do it.

Outreach before being a modality of daily practice and of mobile units offering services, it's a question of aptitude, of openness and availability towards the other, of attention to the other.

Outreach: to promote another aptitude in the relation with the '*patent – client – person:* from the attitude of *waiting inside* the services, where the professional workers receiving people coming with needs, problems and with the demand of help, *to go outside* where they are : the streets, the shelters, the squats, the home ….

Outreach: *to go meeting* - mobile units – work of street : are an essential part of the same world and principle: *'deinstitutionalization'* - to leave, to go out of the globalizing institution, that transforms the helping relationship into permanent and increased dependence rather than into a person's re-capacitation, recovery of vulnerable person.

Outreach: *reaching out to people,* this is first and foremost an *aptitude for proximity,* a presence that brings together the ability to be available and **to listen**, with a partnership working **approach,** that uses all the tools and resources available.

Outreach as daily practice : it **is a mode of intervention mobile**, which goes to the person where she is (street, home, elsewhere...) in order to facilitate the access to social and health services .

From new professional aptitude to new daily practice : go where they are .

In reality, the specialization and the qualified organization of both social and health services, rather than facilitating access to services, have made access more difficult and problematic, creating insurmountable barriers especially for people whose complexity of needs turn them away from services, leaving them in a state of abandonment on the street.

Outreach as a daily practice : does **not a compulsive methods** to move away from the street or to impose cures and treatments, but in the relationship of trust It is aimed to move away from the exclusion form of life to inclusive and participation citizenship.

Outreach is first and foremost an aptitude that is fundamentally based on the centrality of the person, (person centered) attention to person: going towards, going to meet.

Reaching out requires **time and attention** to the person as an individual.

The primary aim is not to reduce the number of homeless people in the streets and not to force immediate solutions (except in cases of emergency), ***but rather the idea is to make contact, to offer, to suggest, to support, while respecting the person.***

At same time it's urgent the question : what is the relation between ***deinstitutionalisation*** and the **increasing number** of homeless mentally ill people permanently leaving on the streets ?

Deinstitutionalisation not means de-hospitalisation, but focus attention (care) and health services (cure) in the community . To cure and to care in community , become many time: ***to be assisted long time*** in the emergency shelters or in other similar services

Deinstitutionalization means to enable and facilitate people to live his *autonomy* - more than *independently* - life (nobody is a island…), where and how it can, but with possible and necessary community support.

But when for deinstitutionalization means simply or primarily to free hospital beds to *rationalize – reduce* without predisposing viable alternative and innovating , the consequences can be summarized in *abandonment and loneliness* of the individual and the family and - moreover - with a wasting of resources as well human as economic.

Outreach must play a **mediating role between the inside and the outside**, both at the institutional level, at the individual, personal level and at the community services:
building a bridge between inside and outside – services institution and street people.

The phenomenon of the homeless and more particularly of the roofless ones in the last twenty years has been really transformed, both : with regard to the numerical increase of population long term living on the streets and with the regard to the diversity and complexity of the needs, grafted on the most relevant need, underlying all others, that of mental health

Consequently, this structural phenomenon of society has become a priority at the level of social and health policies and consequently also the outreach projects and initiatives acquired more important dimensions regarding the investments in resources and in professional workers.

Outreach can be time consuming and can require a bigger and holistic investment, not being as efficient as traditional service delivery, but is more dynamic and flexible and with a great accessibility potential, also facilitating a specific rapport with the client, user patient, which can promote and improve the adherence to any given care plan.

B. Outreach as daily practice : *from a voluntary and solidarity initiative to institutionalized and programmed project.*

For several years already in the various capital cities of Europe, different charity associations and organisations, offer services to rough sleepers, through the work of volunteers, who regularly visit the places where homeless people tend to stay, in order to offer help, assistance and solidarity.

The common denominator among these past (but also present) initiatives was the assistance in basic need and **the contact and meeting** with those people who ask for nothing and expect nothing from society and its institutions.

But more and more the professional people working in social and health field was particularly involved in this kind of practice, changing progressively the aptitude in the daily practice exercise : to *leave the inside and to go outside.*

In order to be present where they are, it's need abandoning the totally planned and well ordered comfort waiting the people with the request and needs in the institutional services, but to go to the discovery of the other person, before his needs and problems ... get out of their convictions in order to be really available to listen and understand that a person who can express himself only in that way.

Evidently this movement **by inside** *(services..)* **to outside** (*where they are* …) include more than a simple practice of mobile units for intervention, it's more than an innovative kind of intervention with mobile units, it's a new relationship attitude.

Going towards, *going to meet…* means meeting at first the person, recognizing and respecting his dignity, whatever the existential conditions in which the person leaving at that moment, means listening and understanding his voice, which also speaks through his wounds, in order to adapt the answer to the explicit or implicit demand of help and solidarity. Motivated by solidarity, by civic commitment and professional challenge these volunteers and professionals go around streets and stations in order to get in touch with those people '*invisible and sometimes too visible*', with the aim of being present, of establish or restore contacts and provide – when possible and accepted – the basic services.
Going toward means too promote the reverse and active process: from the street to services

In the exercise of this new practice, although one frequently talks about it, there is still a risk: lack of co-working between the different modes of outreach and services offered, with the risk of repetition, fragmentation, disqualification.

Concertation and collaboration, can insure effectiveness to all different outreach initiatives offering services to homeless people.

The collaboration is at the base of the success of the diversified initiatives and outreach projects that, apart from the traditional ones go to the meeting of the person, often are currently more and more specific and qualified by the type of population served:

- homeless permanently in the streets
- homeless and mentally ill people
- drugs addicts
- undocumented migrants
- ….

C. Outreach as co-working action and method : *individual relation and collective project*

In order to establish an interpersonal relationship, which allows and facilitates mutual knowledge and trust, between those who go to the fight and those who welcome, personalize the intervention means to privilege the individual relationship while knowing that it is simple and supported by a collective and multidisciplinary project.

Some fundamental characteristics provide the practice with a greater likelihood of success:

- **Coordination and concertation** : What is needed is a high-level system of coordination, whose methodology is based on concertation, with strategies that involve policy-makers and decision-makers in their development. In order to avoid that the field of interventions becomes a place of competition between associations, of piecemeal and repetitive interventions the risk that self excludes and that they become elements of disturb and consequent refusal by the person in Need D I help, of incoherent proposals.
- **Respect of the person:** the respect of dignity, of alterity, of the other it's at base in order to meet the other, to listen and to understanding.
  Respect of his personal space, though on the street and his time. It is often noted that the refusal is not so much in relation with the person interlocutor or the proposed aid, how much of the disturbance that is received due to times, and the ways not always respectful of the person in the approach.

- **Meet the person first,** Which means recognizing and respecting his dignity, whatever the existential conditions in which the person is at that moment, and even if it is obvious-that in degrading conditions and absolute-will be through the response to the basic needs that will respond step by step to the person's question . Listening and understanding his voice in order to adapt the response As much as possible to the analyzed demand
- **Attention to voice and express or not need :** More than simply a way of working that uses mobile tools, outreach is above all an unconditional ability to reach out and to listen to those people who no longer ask for anything from anyone. It is an aptitude for openness - towards homeless people living in the street - but also towards other actors and service providers.
- **Coordination - Co-working - networking :** What is needed is a high-level system of coordination between all different Organisation and Associations working on the street . Concertation is at base of all kind collaboration , with strategies that involve policy-makers and decision-makers in order to insure not only assistant and charity services but especially social inclusion opportunities .
  Networking and cooperation should be seen as essential by all street services and teams. There is a need to tighten the network, even at the informal level. The tasks and objectives should be clearly defined in order for them to be shared out within a flexible and adaptable network.

3. TO HIGLIGHT DIFFICULTIES WE MIGHT EXPECT

In this paragraph we set out and highlight only some of the difficulties that are most frequently encountered in one or the other intervention and that is the task of the whole team in the meetings of evaluation and Intervision, to discuss, analyze and try to propose more adequate runways of solution:

In relation with the homeless:

- **'Assistentialism':** the attention of street workers risks focuses frequently on immediate and urgent need, with the risk of repeating assistance gestures, increasingly the establishment of a chronic dependency, without minimally addressing the root causes of exclusion.
- **Reduction in**to social emergency services : emergency cold/winter and hot/ summer, repetitive in its recurring, without addressing factors and causes of need.
  It is fundamental the direct implication on the ground also of health services workers, often absent from an active presence on the street
- **Refusal** expressed by people in the street: this is probably the most important difficulty that we find frequently compared: refusal to meet, refusal of speech, refusal of services, even basic ones. Enough to justify compulsive interventions?
  Surely if it is at risk the safety of the person, even if an intense work of Team can put away from extreme interventions.
- **Urban makeup, cleaning** the street: is an increasingly frequent and sneaky risk to which frequently push local administrators, operators and urban police: it is advisable to contact the services of the street operators to ' clean the streets of visible symptoms of social exclusion'...
- **Widespread fear and distrust** of others and above all those who have administrative and police power
- **Barriers to personal access to homeless on the street :** stereotypes & stigmatization *and le regard des autres (the look of the others…)* are a very important barrier in order to establish a very and interpersonal conact and meeting with people in the streets .

In relation with workers :

- **Discouragement of street workers** : when everything has been tried, but in the end it is the death in the street that seems to have the last word and put an end to every intervention.
- **Barriers to access of services :** more and more difficult find people leaving in the street to have access to social and health services, in reason of Organisation, time, welcome, special conditions, all kind of individual and institutional barrier
- **Competition and individualism of Associations** : It is a real risk fueled mainly by participation in tenders, which instead of encouraging aggregation, reinforces individualism, accentuating the specific identity of each individual Organisation.
- **Lack of reciprocity** in giving and receiving: l though at first glance the street operators are seen as those who offer and distribute the basic goods, in each meeting there is the component reciprocity even if immediately is not perceived: to give-even if more difficult discernment-run In some ways also a receiving.
- **Time and urgency** in emergency situations : are every time present in daily intervention.

In conclusion: rights of the individual and rights of the community sometimes seem to be opposed. A good work on the net between the social and health workers , the public and the private, surely - if careful - can receive useful indications from the street, in order to offer to the people on the street adequate, coherent and efficacy answers.

4. GOOD PRACTICES TO FACE THOSE DIFFCULTIES

- **Coordination, concertation, collaboration** are the three fundamental elements behind a network that in the work of outreach finds its most significant expression.
  A concertation table, normally organized by the administrative manager who manages the institutional projects, where to be promoted to ensure with the participation of professionals both in the social and health sector, belonging to Public organizations that private associations and for the most possible integrated answers.
  Together, but each according to their role and function, difficulties can be overcome, proposed initiatives and promoted projects of reintegration and inclusion.
  There are many good practices in different European cities: it's important multiply the exchanges.
- **Outreach steps in daily practice :** In very schematic way - we would like to introduce here some common steps and procedures, similar in different outreaching practices.
  First of all : in order to realize co-working and multidisciplinary synergies try to involve more of various services and associations in this project and correlates initiatives .

Interventions

1. **Concerning case report** *(call for people abandoned in the street…)*
   - Collection of all possible information before to program the intervention and first contacts; to program agenda of interventions and of evaluation meetings.
   - To constitute a multidisciplinary team composed of : coordinator, workers in social & health sectors, salary & volunteer workers
   - To program interventions and to assign the ' *case* ' to a member of team who could be the referent (some times will be useful 2 referents…)

2. **Concerning intervention outside** to meet and directly have a first short evaluation
    - Evaluation meeting in order to evaluate needs and interventions; at the first meetig will be followed regularly, where will discuss the evolution and evaluation of the interventions
    - To establish informal contacts with other actors concerned by this case
    - Take contact with family and social contest
    - To promote meetings with the citizens in the street (bar, restaurants…)
3. **Concerning recovery / inclusion project** : to organize regular meeting for evaluation of social and/or health reintegration, housing project according to the person.
4. **Concerning compulsory health treatment** – if and when very necessary and important
    - to involve the team in discussion about exceptional urgency and poitive effects
    - to prepare outside (in the street with patient) inside (in health service)
    - to accompany during the entire period of hospitalization
    - at the same time prepare exit in alternative inclusive center (individual or communitarian)
    - to accompany in long term reinsertion program
    -

These are just some suggestions that I give from everyday experience but that can certainly be enriched by other multiple daily experiences in different European countries.

N.B.: It would be useful to require each partner to submit a good practice in outreach, responding to common form.

Project UDENFOR does outreach work on local and regional plan in Copenhagen and other parts of Denmark in following fields: homelessness, drug abuse and mentally ill people together with other marginalised groups in Denmark.

Project UDENFOR is a non-profit organisation registered in the City of Copenhagen, Denmark in 1999. Our objects are :

1. an improvement in the conditions of the socially rejected in our society by identifying and documenting factors which result in socially rejection in order to prevent any further effects her of
2. to spread knowledge of such factors and spreading knowledge of preventing people from being rejected and ways improving conditions for those already rejected.
3. to develop new methods for working with severe exclude persons.
4. to try directly, through practical work to improve the conditions of the people already socially rejected.

The activities of Project UDENFOR shall reflect the view that there has always been many different approaches by professionals depending on there educational background.

Infirmiers de rue (Street nurses).

A medical non-profit working on outreach to and rehousing of the most vulnerable homeless people of the streets of Brussels.

The organization has developed a specific approach based mainly on hygiene, medical care, and the valorization of the ressources and the talent of the people.

Teams of two nurses, go in the street to meet homeless people, sensitize them to the importance of hygiene for well-being and inclusion, and help them, step by step, in the process to recover a good hygiene.

At the same time they respond to demands around medical care, treating people on the spot when needed, but trying as much as possible to bring them back to « normal » medical structures, and helping them to get enough confidence to get back by themselves.

During their contacts with the people, a lot of attention is paid to actively discover their talents, ressources and desires, in order to stimulate self-esteem and put people back in a positive dynamic.

Trainings are given regularly to professionals, around the importance to work on hygiene, how to speak about it, and how to do it. Basically the trainings aim at having the professionals see hygiene as the usefull tool it is, in their work, rather than an obstacle.

ASL Roma.1 Mental Health Service : *Integrated intervention group for Homeless with mental health desease*

For a few years, after witnessing to the impotence of our services faced with the help requests concerning homeless persons with severe psychiatric desease (mainly channelled in an indirect way by citizens of the neighborhood or by other public institutions ...) a specific working group has been set up. This group is located at the Public Mental Health Service in Ponte Milvio (Rome), and is composed by volunteers from both religious associations (S. Egidio, Don Di Liegro, S. Francesco parish) citizens on a personal basis, Municipal Police, stakeholders handling shelters for homeless (S. Teresa di Calcutta nuns), operators of the Social Operative Room (SOS) of the Town hall in Rome and two psychiatric clinics.
In that way it is possible to activate resources and paths for subjects that have been abandoned for years in an extreme psychopathological condition, often risking their life.
This group is not a "service", rather a "network" that connects the various services abounding in this field, but totally disconnected and working in a self-referential way, thus intended to fail.
The concept underlying the project is infact that a single service is not sufficient to entirely reactivate a life process, that has been suspended as a result of severe traumatic experiences.

The Intervention.

The intervention is extremely simple and does not require additional economic investments out of each organization's budget, nevertheless it produces unexpected results than had at first been assumed. In most of the cases, with an organized program and the coordination of all the competences, we managed to reconnect to their original situations (very often their families...) people lost for years in a no man's land, whereas the social context was impotent. We verified how, despite appearances, we mainly deal with structurally "healthy subjects" who have reacted pathologically to the traumatic events of their life path (especially when they are migrants).
In terms of the clinical intervention, our project intends to reactivate connections with the emotional context of belonging, which these subjects have traumatically interrupted. In our experience, it are rarely talking about schizophrenic patients, but rather of persons suffering from severe Post-Traumatic Disorders which in the right conditions, may recover good living conditions even in a short time. Over the years, even through our participation in the activities of some European scientific organizations (above all SMES-EUROPA) we have collected and described many clinical cases (some published on the SMES-EUROPA website and in some articles for specialized journal).

The intervention project foresees:

1. Detection of homeless with severe psychiatric problems in our municipality;
2. Psychiatrist, social workers and volunteers' interventions to meet the person where he leaves and establish a first contact;
3. Offer of social and health assistance at the Mental Health Service or in the place where the patient lives;
4. Research and contacts with the patient's network. If possible, we invite relatives to meet the patient;
5. If the patient does not accept any help and is life is in danger, together with the hospital's psychiatric ward we organize, a compulsory admission;
6. Through the volunteers' assistance we manage the hospitalization period and plan a transfer in external residential situations (hostels, residences for migrants or return to the family). If the psychopathological conditions remain severe, there may be a transfer to a psychiatric clinic that collaborates with our group;
7. While the patient is hosted at the residential structures, contacts with the family of origin are activated. Mainly for migrants, the repatration project is always shared with the family.
8. The success of the interventions we have dealt with is nearly total. The main obstacle is the impossibility to reconnect the persons to their life network, particularly to the family, but in these cases (only two at the moment) patients are still guests of public or voluntary residential structures.

OUTREACH QUESTIONNAIRE REGARDING
aptitude and approach, method and resources

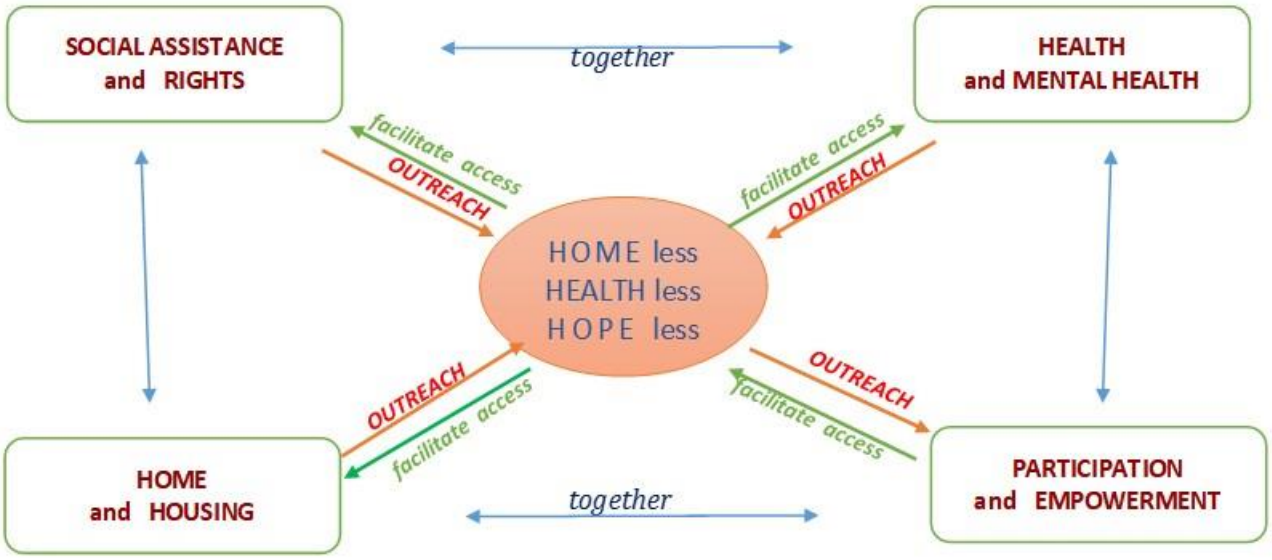
1. Motivation : what kind of basic philosophy and practical motivation, is inspiring your outreach practice ?
2. Time : how long have outreach services / practices / methods existed in your city / country? What evolution has it had - for a decade - in relation to motivation, purpose, objectives, method?
3. Target group: characteristics and specificity of your target : homeless & mentally ill ...; undocumented migrants ...; young people & addiction ...; women & minors ..., etc.
4. Number: estimate of the number of people, actually abandoned on the street, shelters, squat which in your city have absolute need of these 'proximity services outside of institution? In your perception, do you feel that number is increasing or decreasing.
5. Stakeholders and street workers : who offers the services ? professional people working in health and social field ? by public and / or private services ? volunteers ?
6. What kind of services offered ? health services..., assistance basic services: food and clothing..., legal consultations...,only the presence? ... Other ...
7. Networking : who is planning and managing outreach services in your city and how are they integrated with traditional inside services?
   Pluralism and multidisciplinary: what kind of collaboration, networking is planned and developed between organizations, institutions and service providers?
   Public and private; private and private there is the cooperation between outreach and other services? How promote and facilitate coordination, collaboration between health and social professional people, public and private services ?
8. Psychiatric services : How do you position yourself in relation to crises and psychiatric-social emergencies, especially on the streets where there are well-known chronic mental patients with no support and treatment? suggestions and proposals.
9. Evaluation: What criteria do you use to evaluate your interventions for chronic and homeless people? In Outreach practice, how do you place rights and access to services? flexibility and barriers; respect for choice and the right to freedom and privacy ?
10. Indicator / s: the budget invested, the human resources employed, a program and plan of action that objective quantity, and / or quality, are surely very significant indicators of the interest of the Public than Private to offer these people answers of assistance, and / or insertion. Do you have the opportunity to influence policy decisions with respect to street work and later reintegration work?

N.B.: Sharing your vision and your experience through the answers to this simple questionnaire will be a very important support to our reflexion concerninc outreach vision and practice. Thank you

" OUTREACH and TOGETHER..."

HOME-less → family-less → HEALTH-less → job-less → HOPE-less → self-esteem-less

Homeless living in severe & chronic *social – physical - psychical* precariousness are a symptom of the malaise of our society and as a permanent injury to democracy, to fundamental rights and social cohesion. They are almost a provocation & challenge, for those who are working in this social and Health/MH field and for responsible of the polis and citizens.



→ **go outside** *to meet people*

OUTREACH :

← **welcome inside** *to access services*

QUESTIONS

Concerning help refuse : why some of these people - permanently on the street and with mental health problems - *seems* to refuse any proposal of help and reintegration and - *seems* – to prefer their street?

In what way to involve the outreach workers of different sectors and services in order to promote *Dignity and Wellbeing* supporting and facilitating access to citizens services ?

5. KEYWORDS *(to make selection …)*

- Assistance - Barriers - Bridge
- Collaboration - Concertation - Competition
- Deinstitutionalization - De-hospitalization
- Dignity - Privacy - Respect
- Needs - Security - Emergency
- Inside - Outside - Time
- Institution - Pillar - Intervision
- Move towards - Patience - Presence
- Stereotypes - Stigmatization - Urban makeup

  .....

6. GLOSSARY :

- **Home:** place where people feeling well to live and grow up.
  The place of affections and emotions, of protection and security, where people is welcomed, recognized and supported,
- **Housing:** place where people can live in a quite way …
- **Homeless and mental ill people**: people suffering at same time of a psychiatric pathology connected with severe precariousness conditions that maintain and reinforce each other
- **Institutionalization:** the process that determines in the individual an increasingly important form of dependence on the institution to which it belongs
- **Psychiatric deinstitutionalization** : in the first it's a cultural process that recognizes that mental illness and psychic suffering is not essentially treated with medicament treatments in prolonged and unjustified isolation in psychiatric closed institution, but in community base with an important investment in personal and services.
  De-hospitalization have other sense: the reduction of beds in the hospital it is risk frequently to be guided by economical and interest questions , than health of people and of more vulnerable people.
- **Compulsory health treatment**: when in reason of own psychiatric pathology the person risk to become dangerous for one's own or others' safety.
  it's recommended to have with neuroleptic or other kind of intervention, for controls of the passages to the act, dangerous for the safety of itself and of others.
  To **prevent** it's the first recommendation, to prepare the hospitalization, to accompany throughout the hospitalization phase, to prepare the after hospitalization time
- **Undocumented migrants**: is a foreign-born person who doesn't have a ***legal*** right to be or remain in one specific country, but who have – as human person – all fundamental human rights recognized by Declaration of fundamental human rights.

CONCLUSION : in order to achieve the aim of each outreach project and initiative as well outreach team and workers its fundamental focus attention in this basic points:

- Outreach first aim is : **to restore reciprocal trust.**
- Outreach before being a daily practice and an intervention method, it's at first an **open aptitude, attention to other***:* going towards, going to meet and to listen the person where she are.
- Outreach as daily practice is an **outside intervention:** respectful and non-invasive, non-intrusive, which goes to the person where she is (street, home, elsewhere...) in order to listen, to understand and after to propose and offer service .
- Outreach as **intervention team** networking, co-working in interdisciplinary way, even if, in daily action, the intervention is of a single worker, burned by a multidisciplinary team.
- Outreach does **not is a compulsive intervention** that seeks to remove indecent presences from the public space or impose cures and treatments on the mentally ill, but to open doors, restore mutual trust, facilitate access to social and health services to allow each person reduced to the margins of finding herself and living in dignity and well-being in the Community.

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