

After Homelessness: Support worker's report – Holly Anderson

This report is written in order to summarize the support worker's role for the project, to provide observations, insight, and recommendations in general. This report will provide a summary of the workshop, the rehearsal process and the run itself. It will then conclude with a summary of things to consider, if this type of project were to be entertained again.

As a way of introduction, it needs to be understood that this project was filled with internal crisis (I understand more so than other Headline projects) and often the role focused on crisis management and intervention. The project was designed for (and attracted) a wide variety of individuals who had experienced homelessness and the mental health issues that often coincide. Addiction was an active issue for many of the participants, and all were in a variety of stages of health and healing. Although I fundamentally support the philosophy of the project that it is crucial that the experiences of homelessness (and after homelessness) be told by those that have this experience directly, it made for a process that was often dominated by the very issues that the participants were fighting to overcome. The director, and company in general, did a fantastic job of walking with the participants through this journey, providing at times ultimate unconditional support.

Workshop:

The workshop brought 17 participants, and 6 cast members through a process that was designed to identify the issues, barriers and struggles associated with 'After Homelessness'. For some of the participants, it was the first time they had been given an opportunity to talk about these experiences and have them validated, and understood. The process used a variety of theatre tools in the form of games and exercises and invited participants to connect these with the experiences of homelessness, after homelessness and the transition in between. This was a very intense week, especially as it progressed and reached different layers of participants' experiences.

The role of the support person during this period was debriefing, offering coping strategies, and generally to provide informal support and encouragement. For many participants, they did not necessarily have intact, well-developed internal coping strategies to manage the emotional work they were engaged in. I think the support worker's presence in the workshop added to the overall feelings of safety, permission to take risks, and supportive atmosphere.

All workshop participants were paid for their involvement and also fed a continental breakfast and nutritious, catered lunch every day of the workshop. An innovative decision was made by Headlines to offer the participants partial payment (\$100) upfront, in recognition of them living in extreme poverty, and the rest (\$500) near the end of the workshop. Pay cheques were a chronically difficult area to navigate throughout the project and often offered participants too much temptation to manage. Although I appreciate, and support, the concept that the participants needed cash upfront, it was also

disruptive to the project and resulted in at two participants leaving on the first day, and others struggling to complete the workshop. Although the model is one of empowerment, and accepting individuals where they are at, it prevented further insight from being given at the workshop stage.

Rehearsal process:

The cast left the workshop experience with some great insight into their peer's experiences, and an eagerness to delve into the project. Despite issues arising in their own lives, the cast was clearly committed to this project and its outcomes.

This process, however, was marked by cast members struggling with addiction, with dual diagnosis, and general chaotic lifestyle issues. In week two of this process, the director had to make a decision to let two cast members go for the sake of the project, a difficult but necessary decision. These two individuals were the two that utilized the support worker the least and were resistant to problem solving their disruptive behaviours, issues with pay cheques, and issues around attendance. The rest of the cast supported these decisions although became increasingly concerned about the outcome of the losing two cast members well into the process.

During the rehearsal, mental health issues also became more apparent and disruptive, and supporting these individuals was an ongoing challenging task. A lot of the support worker's role was concrete tasks such as providing transportation, supporting people to get settled in new housing, and supporting general life errands in order for the cast to focus during the rehearsal process. However, a large part of the role was also supporting the director in crisis management, and generally supporting the cast through an emotional process.

The untreated mental health issues (combined with addiction) of one cast member dominated a lot of the rehearsal process and was often disruptive and beyond management. Any strategies put in place by this worker or the director was blatantly disregarded, and his behaviour often bordered on abusive. This cast member took a lot of time up in rehearsal, delaying the process, and creating a challenging working environment for us and the other cast members.

I am aware that in the interview process through which participants and cast members were selected, Headlines asked if there were any mental health issues that they should be aware of if the individual was going to do the project. This was part of a larger conversation with potential participants/cast members about the realities of engaging in what was always going to be an emotional process. This particular cast member had acknowledged that he had had issues, but that at this current time there were none.

As a preventative measure, in retrospect, I would recommend that a mandatory 'intake' be completed with the support worker to gain some background history of each person to understand upfront what issues they were struggling with and how best to support them.

This 'intake' would include honest information about current addictions, previous and current mental health diagnosis, and a clear picture of support people in their life. Although the target population often lives in chaos and instability, I often asked myself during this part of the process if we should have had an expectation that those with mental health issues were accepting recommended treatment, or medication, in order to be part of the project. My hesitancy in making this a firm recommendation is that I am aware that this may create another barrier for individuals to access positive experiences in their life. However, I think in some ways, it is an unrealistic goal for those with untreated mental health issues to participate fully in a project that is intense in its time commitment and emotional commitment.

The play:

Through a very intense rehearsal period, that had, as explained above, its fair share of crises, the majority of the cast worked very hard showing great commitment to creating and performing a very powerful piece of work. They required very little support by this stage, and had gained confidence and pride in the work they had created. Addiction and mental health, however, remained strongly in the forefront for some cast members, and potentially disrupted the run.

From the feedback from the cast, the forum part of the evening was the most rewarding as they got to understand that people 'understood' the play and they were able to support the interveners in trying out ideas to create safe, appropriate housing. They enjoyed hearing the wealth of ideas coming from the audience and often made comments that they felt they were involved (and responsible for) something very powerful and important.

The cast showed very little anxiety regarding public performing and all seemed ready and eager to begin the run. However, this period was (as well) not without crisis. On the night before opening (preview night) one cast member (different from the one referred to above) didn't show. We later learned that he took some pills and admitted himself voluntarily to the hospital. This left the play in a state of crisis, as his role was integral to the piece. With hours before the performance, it was decided that I could step into the role as I had the play memorized and sat through every rehearsal. This was done in the moment of crisis, not wanting to cancel the production; however no one was aware that it was a long term solution.

In this process I worked closely with the hospital and with the cast member trying to determine the safety and feasibility of him re-entering the play. The difficulty was the character he played every night died quite graphically on stage. As a social worker, I questioned the therapeutic usefulness of someone with mental health vulnerabilities, who had recently expressed suicide ideation, in continuing this role. The director and I agreed that if we could determine that it was safe from his medical team and his support people, we may entertain the idea of him re-entering. However, neither was feasible, and it was too much risk to seriously entertain this idea, leaving me to complete the run.

An obvious recommendation to negate the support person stepping into the project is to have an understudy (from the target community) present throughout the rehearsal process. However, I do appreciate the format, and the importance of the characters being developed by the actors portraying them, and how this lends itself to forum theatre. Although it is difficult for me to have true perspective to this issue, I do not believe that me stepping into the role was harmful to the piece, however I do believe it was contraindicative to the nature and philosophy of the piece, i.e. created and performed by those that know homelessness. By having an understudy present this could have been negated, although I acknowledge that it wouldn't be a true representation either.¹

On two occasions, two separate cast members arrived to the performance intoxicated, one so much so that it was impossible for him to perform that night. At times, the addiction and mental health issues created conflict within the cast, often leaving them feeling a lack of trust in other cast member's commitment and ability to follow through. On several different occasions they also reacted to perceived abuse by this cast member, as his dual diagnosis issues made him very volatile and self-absorbed. This was a challenging time for all in the company, staff and cast included.

Finally, by myself stepping into the cast, the audience was also left without a support person, and there was no one for them to debrief with or share their experiences. The 'community scribe' probably stepped into this role more so, but I appreciate that this was a loss to the run.

Summery of things to consider:

I am not confident that some of the obstacles and hurdles encountered during this project could have been avoided, as I see the hurdles as a part of working with a very vulnerable, untreated population. However, here is a summery of things to consider when planning this type of project again.

1. Payment was always problematic. Although I appreciated the workshop participants being paid upfront as an acknowledgement of where they were at, this should be reconsidered in light of the pervasive addiction issues and chaotic lifestyles of the participants.

¹ I (David Diamond) am inserting a footnote here, with Holly's permission. First – how great she was in the role actually shocked everyone. She had one hour of rehearsal and it looked/sounded like it was days or weeks. Her courage and commitment in this matter was way beyond the "call of duty". We had, though, two choices at the time. One was canceling the show; the other was her stepping in. Regarding an understudy: This is so problematic. First, it would have increased our budget by almost \$4,000 – money we simply did not have. Second, one person trying to officially understudy eight roles played by six actors would need quite a lot of rehearsal time – time we did not have (and would not have without dramatically increasing rehearsal time and therefore the budget). Third, it would also put the understudy in a terrible position of hoping to get onstage at the expense of one of the actors. Fourth, I agree that in the end, it wouldn't be a true representation anyway. Holly's experience working WITH the homeless population served her and the process well, in the context of the crisis we faced.

2. It was problematic not having any history of the participants, and an understanding of the extent of their mental health and addiction issues. I believe that some kind of mandatory intake should be done with the support worker which would aid in formalizing the role, and allowing for a greater understanding of the participants needs when making crucial decisions about the feasibility of them continuing in the project, and working in a crisis intervention role. This would also aid with finding additional supports in the community, either through mental health or addictions.
3. Some consideration should be given to the use of participants with untreated mental health issues – specifically those who are off medication despite medical recommendations, and those that are self medicating excessively through the use of drugs and alcohol. I am reluctant to state outright that they should not be considered for the project, but in hindsight overall mental health stability needs to be weighted when casting for a project of this nature.
4. The use of an understudy should be reconsidered. Again, I appreciate that the difficulty of this in a project of this nature, however in this project it would have been beneficial.

In conclusion, to be part of this project was an incredible life experience, both on a personal and professional level. To be part of a project that took risks, creatively presented the realistic issues, and advocated for change using the voice of the community was incredibly rewarding. I greatly admire and respect the work of Headlines, and look forward to watching the direction of this incredible company.

**Holly Anderson,
Support person**