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Enriching lives, opening minds.

CARING COMPASS



**Empowering Support
Persons in Social Sphere**

Part I

Handbook for Support Persons



**Practical and supportive material for people
working as support persons or in similar roles.**



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PART ONE

This handbook is a practical tool for the daily work of support persons. Here you will find a clear description of roles, work stages and simple tools that will help you build a trusting relationship, set goals, take small steps and collaborate with your network.

*The handbook is based on the project's target groups and focuses primarily on working **with people with coping difficulties, new immigrants and children with special needs** (and their families). At the same time, the principles and working methods are also transferable to other situations where a person needs consistent, person-centred and boundary-setting support – for example, changes in living and working arrangements, studies, starting work, addiction or mental health concerns, care responsibilities or unstable living arrangements.*

*Although the handbook is aimed at support persons, it is also well suited **for mentors, business advisors and innovation network mentors**, as well as other **advisors and volunteers who work with people** and whose role combines practical support, motivation and staying by the person's side. Many mentoring and entrepreneurship programmes focus not only on the idea or project, but also on the person behind it – and this is where the work of support persons (clear boundaries, supporting motivation, the logic of small steps, self-care and safe cooperation with the network) is directly applicable.*

The handbook does not replace legislation, internal organisational rules or job descriptions, nor does it replace professional guidance, peer consultation or reflection with colleagues. The handbook supports these: it helps to keep the work framework clear, to recognise boundaries and to make your work easier, safer and more effective in everyday situations.



DEAR READER!

This two-part handbook has been created as part of the Erasmus+ strategic cooperation project **CARING COMPASS: Empowering Social Support Workers** to support the quality and consistency of support services across Europe, both in the daily work of support workers and in the organisation of services.

The material is intended for use in service design, peer support worker training, induction of new peer support workers and staff, and as a 'desk handbook' for everyday work, which can be referred to in complex situations.

The support person service is a form of personal support that helps people take small steps towards greater independence and better coping skills. A support person creates a trusting and clearly defined relationship, helps to map out the situation, formulate goals and identify the next realistic steps. A support person reflects, encourages and supports decision-making, but does not make decisions for the person or replace specialists. If necessary, the support person helps to find and use appropriate services and communicate with the network with the person's informed consent. Support work focuses on the person's dignity, self-determination and safety.

The handbook emphasises that high-quality support work always works in two directions. On the one hand, the support person needs a clear role, skills and boundaries: how to support without taking over, how to maintain confidentiality, how to act safely in crisis situations and how to recognise when it is necessary to involve specialists. On the other hand, the support person needs the support of the organisation: well-thought-out service organisation, realistic work arrangements and workload, safe working channels, coordination, guidance and regular self-assessment (e.g. supervision/peer consultation). If the organisation creates a clear framework for the support person and the support person operates within professional boundaries, the support is also safer and more effective for the person.

The handbook is written in such a way that it can be used flexibly. The chapters are structured so that they can be read independently and are also suitable for downloading and sharing as separate materials (e.g. ethics of support work, building trust, digital ethics, maintaining boundaries). We recommend using the handbook in parallel with other internal documents of the organisation (service description, job descriptions, reporting forms, etc.) and adapting it to the specific characteristics of your target groups and work organisation – while maintaining the ethical principles and role boundaries of support work.

The handbook helps to create a common language between support persons, coordinators and cooperation partners. A shared understanding of roles, boundaries and working methods reduces misunderstandings, prevents burnout and supports people on their journey towards a more stable, independent and community-involved life.





Brief introduction to the Caring Compass project

CARING COMPASS: Empowering Support Persons in the Social Sector is an Erasmus+ cooperation project that brings together organisations from Estonia, Latvia, Sweden, France and Italy. The aim of the project is to strengthen the capacity of support persons and organisations providing support services so that target groups can receive better targeted and higher quality support.

The Caring Compass project consists of several interrelated work packages, the results of which support each other and create a unified framework for the development of support services:

- **Cross-national study.** The study collected data on the needs, expectations and good practices of support persons and organisations providing support services in five countries (Estonia, Latvia, Sweden, Italy and France). The results of the study formed the basis for the following outputs.
- **Training programme and methodological materials for trainers.** As part of the project, a training programme for support persons and methodological materials for support person trainers were developed to support the acquisition of the knowledge and skills necessary for the work of support persons. The training is based on the results of an international study, can be adapted to the needs of different target groups and countries, and the training modules can also be used separately.
- **Support person service handbook.** This handbook consists of two parts: **one for support persons** and **one for organisations providing support person services**. Both parts are based on research and training materials and provide a clear framework for planning, organising and carrying out day-to-day client work in support services.
- **Toolbox for support persons.** The toolbox contains interactive tools for the daily work of support persons (e.g. worksheets, exercises, plans and other tools) that can be used in conjunction with the training programme and handbook. The aim is to make the work of support persons with clients more systematic, goal-oriented and practical.

The handbook aims to bring together the results of these work packages to provide a clear and practical framework for designing and developing support services: tools, examples, guidelines and checklists to help plan, implement and evaluate services for different target groups.

The handbook consists of two complementary parts.

Part I is intended for the support person's daily work. Here you will find explanations of the role and boundaries of a support person, principles of communication and self-regulation, techniques for meetings, the basics of digital ethics, and practical guidelines on how to support people in setting goals and taking small steps.

Part II is intended for organisations – service providers and organisations that organise support services (including coordinators and managers). Here you will find frameworks for the purpose and added value of the service, roles and responsibilities, quality management principles, solutions for training and supporting support persons (including supervision/peer consultation), and cooperation and documentation agreements.

These two parts work best together: the professionalism and boundaries of support persons require organisational support (clear role description, guidance, supervision, secure working channels), and the organisation's service management requires the practical perspective of support persons (what actually works in meetings and networking). It is therefore advisable to use Part I and Part II in parallel – for example, in training sessions where support persons and coordinators discuss the same principles from different perspectives.

When using the handbook, we also recommend referring to the results of other work packages, browsing the cross-national study, reading the training plan and methodological materials intended for trainers, and familiarising yourself with the practical tools aimed at support persons. This will ensure that the organisation's goals for training support persons and organising the service, as well as the practical daily work of support persons, form a coherent whole.

We hope that this handbook will give you confidence, clarity and practical tools for your work as a support person. Let it be your compass, helping you stay on course and find the next small step to take, even when the situation is difficult. Stay strong and keep your spirits up in developing and implementing support services – every small step that helps a person cope better and participate in the community is important.



Key terms

We use the following terms in this handbook. We also use the same terms in the handbook for support persons so that support persons and organisations have a common understanding of the terms.

SUPPORT PERSON

A support person is a trained supporter who establishes a trusting and clearly defined relationship with the client, helps to map out the situation, formulate realistic goals and plan small, achievable steps to achieve them. A support person:

- encourages, reflects and helps the person navigate the systems;
- refers them to appropriate services and specialists when necessary;
- does not do things for the client or take on the role of a therapist, social worker, doctor or lawyer;
- does not lend money, offer housekeeping or childcare services, or use their car to regularly drive the client around.

The aim of the support person's work is to increase the person's independence and reduce their dependence on services, not to create a new long-term dependent relationship.

SUPPORT PERSON SERVICE

The support person service is a targeted and time-limited service in which the support person assists the client in coping with everyday life, whether the focus is on getting to work, starting a business, maintaining mental health, recovering from addiction, adapting to a new country, or other everyday tasks such as caring for relatives or children.

A SUPPORT PERSON SERVICE PROVIDER (OR ORGANISER) IS AN ORGANISATION that is responsible for the design, organisation and quality of the service. This could be, for example:

- a non-governmental organisation or social enterprise,
- a local government unit,
- a welfare or rehabilitation institution,
- an educational or adult education institution.

The tasks of a support service provider include:

- defining the objectives, target groups and conditions of the service;
- recruiting, training and supporting support persons;
- ensuring work organisation and documentation (including data protection and security);
- creating and maintaining a partnership network with other institutions;
- monitoring and evaluating the impact and quality of the service and making changes where necessary.

CLIENT / SUPPORTED PERSON

The terms 'client' and 'supported person' are used synonymously in this handbook. We use them to refer to people who:

- belong to the target group of the support person service (e.g. people with mental health problems, people coping with addiction, new immigrants, children with special needs, etc.);
- have agreed to support services (e.g. as a mandatory, recommended or voluntary measure, through a written or verbal agreement);
- is working with the support person to improve their coping skills and quality of life.

It is important that the client is not merely a recipient of assistance, but a partner – their experience, goals and decisions are the starting point for the work.

TARGET GROUP

The target group is a group of people who share broader commonalities and for whom the support person service is designed.

The Caring Compass project focuses primarily on:

- adults who have difficulty coping with everyday life;
- people who are unemployed or experiencing difficulties in finding work;
- people with mental health issues;
people with addiction problems;
- immigrants and refugees;
- children and young people, including children with special needs.

It is the responsibility of each local authority or organisation to specify the target group they are working with (e.g. 'long-term unemployed people aged 55+', 'NEET young people', 'parents with addiction problems', elderly people, etc.).



SUPERVISION

Supervision is a work-related counselling process that focuses on the mutual influence and interaction between the support person, their work tasks and the employer. Supervision focuses on:

- work-related feelings and dilemmas,
- role boundaries and responsibilities,
- preventing burnout,
- maintaining the quality of work.

Supervision is not about “complaining about problems”, but rather a safe place to make sense of experiences and seek professional solutions. Supervision is led by a professional supervisor from the . Supervision can be either individual or group supervision.



COVISION, or peer consultation

Peer consultation is a regular, structured meeting of people doing similar work, where participants analyse and discuss work-related situations, using their experience, knowledge and skills. Covision systematically seeks solutions to complex cases, works through the personal experiences of participants, analyses the factors that influenced the situation, and develops possible solution strategies.

A good support service system is usually based on both supervision and peer consultation.

NETWORK AND PARTNERS

A network is a group of organisations and professionals with whom support services are provided and developed. This may include, for example:

- local government and social workers;
- the unemployment insurance fund, educational institutions, youth centres;
- health and mental health services;
- other NGOs and community groups.

Partners are those network members with whom clear agreements have been made (e.g. information sharing, roles, contact persons, crisis procedures). A well-functioning network helps the support person:

- not to “do everything alone”;
- find a suitable service or solution for the client more quickly;
- share responsibility and information in a secure manner.

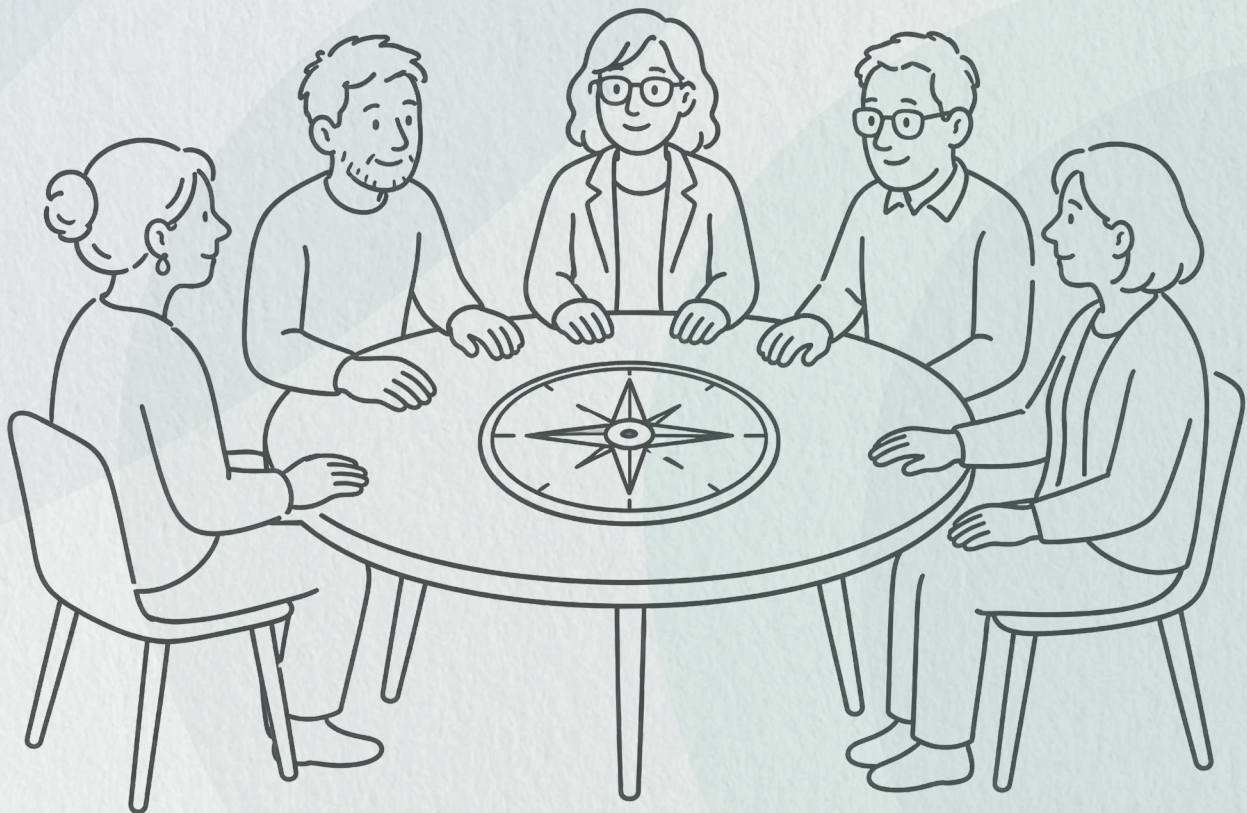




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1. WHO IS A SUPPORT PERSON?

A support person supports, motivates and empowers people belonging to different risk groups. In this book, we focus on working **with people experiencing coping difficulties, new immigrants and children with special needs.**

In the social field, a support person is a trained supporter who establishes a trusting and defined relationship with the client in order to map out the situation, formulate achievable goals and plan small steps to achieve them. **They reflect, encourage and, if necessary, connect the client with appropriate services or specialists.** Support persons do not do things for the client or replace therapists, social workers or lawyers. **The goal of a support person is to increase a person's independence and autonomy from the social system.**

The support person can also support clients who are interested in **entrepreneurship** (including social or environmental entrepreneurship) **as a possible path towards greater independence and positive impact.** In this context, the support person helps to create space for self-reflection: to explore motivations and values and to identify strengths that are important in the early stages of entrepreneurship (e.g. initiative, creativity, consistency). The role of the support person is not to give business advice or 'develop business ideas', but to help the young person think through whether **entrepreneurship is suitable for their goals and life situation.**

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After more than 25 years in international companies, I decided to take a step back and give my time to those who need it. I am no longer driven by commercial goals, but by the desire to be useful – modestly and honestly. I don't always have all the answers, but I am ready to listen. And to share my experience so that it is easier for people to take their next step.

Startup mentor Stefano R, Italy

If entrepreneurship is of interest, a support person can play an important bridging role, helping the client discover where there are supportive opportunities and communities – such as local incubators, green business centres, social innovation labs, youth entrepreneurship programmes, business mentors and public support/support measures. The aim is not to direct the content of the business idea, but **to ensure that the young person knows what resources are available and how to take the first small steps towards them** (e.g. finding a suitable programme, preparing questions, attending an information session).

A support person is: a confidant and guide; a motivational mirror; a network 'gatekeeper'. **A support person is not:** a rescuer, babysitter, driver, lender, therapist or lawyer; they do not take over or make decisions for the client. **A support person is like a compass** that helps you stay on course, but it is the person themselves who chooses their destination and takes the steps. **A support person works together with the client.**

	Support person	Mentor	Coach	Volunteer
Main focus	Daily coping, small steps	Field-specific development, advice	Performance and goal setting	General assistance
Method	Working together + networking	Experience-based guidance	Structured conversation (GROW, etc.)	Flexible assistance, less formal
Location	Public space, if necessary, accompanied by authorities	Conversations/ meetings	Sessions (office/online)	Depends on the activity
Documentation	Short notes, consents, privacy	Rarely formal	Session plans, agreements	Usually minimal
Limits	Clearly stated (NO money, gifts, personal services)	Ethical guidelines	Ethics, coaching boundaries	General rules for volunteers
Supervision	Coordinator, supervision	Programme support	Supervisor/ mentor coach	Volunteer coordinator
Crisis management	Escalation according to procedure	Refers	Forward	Informs the organiser

1.1 Ethics and boundaries of support work

Support work focuses on **human dignity, equality and self-determination**. Every meeting begins with respect for the person as an expert on their own life: the support worker **does not take over the decision-making process**, but supports the person in making choices and planning small steps. Regardless of the person or their background, treatment is respectful and fair. **Discrimination is excluded. Roles, boundaries and expectations** are always clarified during the work so that the relationship is trusting but clearly defined.

In support work, empowerment means that a person gains **more control over their life** – they understand their choices, participate in decisions and have access to the necessary information and resources. This requires that the support person does not ‘take over’, but helps the person **to understand the situation, consider alternatives and make appropriate decisions**. In practical terms, this may mean, for example, that the support person helps the person prepare questions for the authorities, translates the system into ‘human language’, takes the first steps together and practises independent action (e.g. making a phone call, sending a letter, going to a service). This increases **the person’s ability to act** and reduces their dependence on ‘someone else always having to take care of things’.

The relationship between the support person and the client is never “completely neutral” – the support person often has more information, experience and access to the system. Therefore, it is important to consciously monitor that power does not shift imperceptibly to the support person. Simple language choices can help: talk **about the person**, not the ‘case’; use **the client’s own words** to describe their goals; avoid labelling and ‘diagnostic’ language in situations where it is not necessary. A good guideline is to ask yourself: does my wording increase **the person’s participation and freedom of choice**, or does it make them passive ‘objects of service’? If the support person maintains a focus on self-determination through their language and attitude, this also promotes trust and cooperation.

Many support persons begin their work **based on personal experience**, without **systematic preparation in the areas of ethics and professional boundaries**. Unclear roles can lead to burnout or inappropriate client relationships.

Privacy and confidentiality are agreements that must not be violated. Support persons collect only **the minimum necessary information**. Data received from clients must always be kept secure, and information about clients may **only** be shared **with the client’s informed consent** and with agreed partners. However, there are clear **exceptions** where privacy is outweighed by safety: **direct threat** to the life and health of the client or another person, and **protection of a child**. In such cases, the support person **shall immediately notify** the responsible parties and **document** the incident briefly and factually.

Professionalism means that the support person **maintains boundaries** and **does not do** things that are not part of their role. It is permissible **to formulate goals, convey information, refer to services, maintain motivation and act together in public spaces**. It is not permitted to take on **the role of a therapist, doctor or lawyer**, provide **personal services** (lending money, gifts,

permanent childcare or housework, private car as a “taxi service”), engage in **intimate or dual relationships** (e.g. friend/landlord) or **make decisions on behalf of the client**. If the service request falls outside the scope of the role, the support person says **a clear “no”**, offers **a suitable alternative** (service, contact) and **writes down** what has been agreed.

For clients considering entrepreneurship, goals can be formulated as small, low-risk steps, such as: having one conversation with a potential client or target group, write a one-page description of the business idea, specify what social or environmental problem they want to solve, or try a very simple prototype/test solution. Such steps help to make an initially vague idea more concrete and build self-confidence through action.

Without giving business advice, a support person can also encourage an entrepreneurial mindset **by emphasising curiosity, initiative, problem-solving skills and the ability to learn from minor setbacks**. These attitudes support both personal development and the early stages of entrepreneurship, especially in social impact and green ventures, where experimentation and perseverance are important.

Time and availability are agreed upon: the frequency, duration and **working hours** of meetings are specified, “quick messages” are limited to working hours, and **an official support channel** is designated for emergencies (e.g. 112 or local crisis line, Messenger or WhatsApp). **The location** is preferably **a public space and/or a secure counselling room**; home visits take place only by agreement with the service provider. Physical contact is **voluntary and limited**, respecting the person’s boundaries and cultural background.

Digital ethics maintain privacy and trust: support work must use **work channels** (work phone, work e-mail, institutional environments) and avoid using **personal social media accounts** for client communication. No images or data may be shared without the client’s (written) consent, and screenshots are no exception.

The work of a support person is based on **cooperation and networking**. If necessary, a coordinator, social worker, healthcare professional, education specialist, the Unemployment Insurance Fund or other services are involved. **Involving** the client and their loved ones **in decisions** is valuable, not a formality. At the same time, it is the support person’s responsibility **to take care of their own well-being**: to ask for help, to use **supervision/peer consultation** and to notice signs of burnout, because **good support comes when the support person is well cared for themselves**.

If doubts arise or the situation changes, the support person’s principle is: **consult with colleagues, set boundaries, choose safety and document** – this way, the focus remains on the support person’s task, which is **to empower the person, increase their independence and ensure a safe journey**.



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Voluntary support for immigrants is important because it is based on respect and valuing people. Even small actions count: helping someone access services, ensuring that people's voices are heard, or creating a greater sense of security. It is often these small steps that give people confidence and help them get back to their everyday lives. This is when real and meaningful change occurs.

Support person Susanne, Sweden

1.2 Agreement of good will

It is worth concluding **a goodwill agreement with the client** as early as possible – usually at the beginning of the support relationship, during the first 1-2 meetings. This does not have to be a “rigid contract”, but rather a clear and humane agreement: what the support consists of, how we communicate, what the boundaries are and what we do if the situation changes or uncertainty arises. This way, both parties have the same understanding and the support can be safe and consistent.

A goodwill agreement is a common working framework in a support relationship: it makes expectations visible, protects privacy, maintains boundaries and provides a clear plan of action even in complex situations. Below is a brief explanation of why a goodwill agreement between a support person and a client is necessary

1. It articulates expectations and maintains boundaries.

A written agreement sets out **what we will and will not do**, when and where we will meet, how we will communicate and how quickly I will respond. This reduces misunderstandings and prevents **role conflicts** (e.g. childcare, money, ‘taxi service’).

2. Confirms privacy and consent rules.

The agreement explains **how information is collected and shared** to protect the client's privacy and apply the **“least necessary”** principle.

3. Protects both parties and helps resolve disputes.

If something goes wrong, it specifies **how to terminate or pause the support relationship**, what **the next steps** are and who decides (e.g. the service coordinator). This reduces personal tension and provides a clear point of reference, including the possibility of involving **a representative**.

4. It increases professionalism and trust.

The agreement helps the support person maintain **a professional relationship**: avoid dual relationships, clarify roles and consequences, and **document agreements**.

5. Creates a crisis and safety procedure.

The agreement can specify **exceptions to privacy** (threat to life/health, child protection) and **how to act in a crisis**. This gives the support person **the right and obligation** to act, rather than remaining in a grey area.

6. Helps manage digital communication and data protection.

The agreement specifies **work channels** (work phone/e-mail), excludes personal social media, and sets **file and password hygiene rules**.

7. Supports client self-determination and involvement.

A written agreement **sets out the objectives, roles and responsibilities** so that people make **informed** choices and understand the impact of the service.

8. Ensures consistency and sustainability of work.

If the support person changes, the new employee has **a clear starting point**: what has been agreed upon, what worked and what did not. This keeps the client in the process and reduces the risk of discontinuation.

1.3 Digital ethics – a short guide for support persons

Digital ethics are important because support services are based on trust, and small choices made in digital channels (where and how to communicate, what to save, who to forward to) can very quickly affect a person's privacy and sense of security. Clear digital rules help maintain confidentiality, prevent misunderstandings and cross-border situations, and ensure that the support worker's work is protected and professional online – just as it is in face-to-face meetings.

Important principles.

- **Privacy and data minimisation.** I only collect and share **the minimum amount of** information **necessary**.
- **Security before convenience.** I always choose **a secure channel** (even if it is slower).
- **Transparency and consent.** I explain **why** the information is needed and ask for **written consent** before sharing it.

Communication channels.

- I use **my work phone, work email and the organisation's approved platforms**.
- I keep communication **during working hours**; in case of a crisis, I direct people to the official help channel (e.g. 112).
- **I do not use personal social media accounts** for customer communication; I do not accept FB/IG "friend requests".



Messages and instant messaging.

- I respond **during working hours (unless otherwise agreed)**; I avoid “spreading conversations” across different channels.
- **I do not share** sensitive information in instant messages unless encryption is clear.

Photos, sounds, videos.

- **I do not photograph or record** clients or meetings **without written consent**.
- If an image/sound is necessary for an application, I send it **via a secure channel** and **delete it** in accordance with the procedure.
- **I do not share** client-related content on social media.

Files and devices.

- I store documents **in a secure environment provided by the organisation** (not in my personal cloud).
- I use **strong passwords** and **two-step verification**; I do not share passwords.

Access and sharing.

- Sharing is based **on the need-to-know principle**.
- I note down **what** I have shared, **with whom and why**.
- If a partner “asks for a little more data”, I ask: **is there consent? Is it absolutely necessary?**

Remote meetings.

- I use **a secure platform** (password, waiting room, recording prohibited unless agreed).
- I confirm **privacy** with the client (can anyone else hear them?) and **agreements** (no recording).

AI and translation tools.

- **I do not enter personal data** into public AI/translation systems. If necessary, I make the text anonymous and explain to the client what I am using it for.

Errors and violations.

- If something goes wrong (wrong addressee, suspected leak), I **immediately notify** the service coordinator/IT support, **limit the damage** (cancel access, request deletion) and **document** the incident.

Support work focuses on **human dignity, equality and self-determination**. Support persons treat everyone with respect, do not make decisions for them, but help them to clarify their choices and plan **the next small steps**. At the beginning and during the course of the work, **the role, boundaries and expectations** are made **clear in a transparent manner** so that the relationship is trusting and well-defined. **Privacy and confidentiality** are maintained: only the minimum necessary information is collected, information is shared only **with informed consent** and through secure channels; in dangerous situations, **safety** is prioritised and those responsible are notified, and the incident **is documented**. The support person maintains **professional boundaries** (does not lend money, accept gifts, offer childcare or ‘taxi services’, or use personal social media accounts for client communication) and avoids **dual relationships**. The working method is **empowering, not substitutive**: reflecting, setting goals, mediating information and making **smooth transitions** to services, but not taking over the role of a therapist, doctor or lawyer. Support **work** is **collaborative and network-based**: coordinators, social workers, healthcare professionals, educators and employment services are involved as needed, following the **“need-to-know”** principle and taking **brief notes** of each meeting. Digital hygiene involves using **work channels**, protecting passwords and access, and avoiding sharing data/images without permission. The sustainability of the work is maintained through **self-care and professional development**: supervision/peer consultation, continuous learning and noticing early signs of stress. **This keeps the focus on the support person guiding and supporting, while the person chooses and moves forward – they hold the compass of their own life in their hands.**



Think and discuss!

1) Late-night cry for help on WhatsApp

Situation. It is 10:47 p.m. The client writes: “I can’t take it anymore. Everything is pointless.”

Ask yourself. Is there **an immediate danger**? What are the agreed working hours? What is **the crisis channel**?

Good. I will respond in the morning during working hours.

Better. I send a text message right away: “As there are signs **of a crisis**, call 112/the crisis line. I will contact you in the morning.”

Best. I will call now, assess the danger (ask directly: “Do you have **plans** to harm yourself?”), refer them to 112/the crisis centre, **inform the coordinator** and **document everything** (facts, times, referrals).

2) “Can you lend me €50?”

Situation. At the end of the meeting, the client asks for a loan.

Ask. What do **the boundaries** say? What are the alternatives?

Good. I say “no”.

Better. I say “no” and offer options (subsistence allowance, local government social worker, debt counsellor).

Best. I say “**no**” **calmly and clearly**, explain **the ethical rules**, and agree **on** a course of action: “Let’s book an appointment with a debt counsellor now.” **I document this.**

3) “Take the child to nursery.”

Situation. The client asks for help taking the child to and from nursery.

Ask. Is this the job of a support person? What service covers this need?

Good. I refuse.

Better. I refuse and provide contact details (childcare service).

Best. I refuse, **set boundaries**, make **a smooth transition** (we call together, fill out the application), write down **the next step**.

4) At the doctor’s appointment, “speak for me”

Situation. The client wants you to explain on their behalf.

Ask How can I maintain **self-determination**?

Good. I refuse and let the client speak.

Better. I encourage the client to speak for themselves; if necessary, **I reflect** and help them **formulate questions**.

Best. We agree on **roles** before the appointment (“I will help you remember your questions; you do the talking.”), then we **summarise** and **take notes** afterwards.

5) Cultural differences and touching others

Situation. The client wants to hug me to show their gratitude.

Ask. What is **safe** and **culturally sensitive**?

Good. I refuse if I feel uncomfortable.

Better. I explain that we prefer **verbal thanks/a handshake** (if appropriate).

Best. I make **a prior agreement** – “physical contact only by agreement and rarely”; I reflect feelings, I maintain boundaries.

6) Partner asks for “a little more information”

Situation. A cooperation partner asks for detailed background information.

Ask. Is there **consent**? Is it appropriate to share the information?

Good. I ask the client for permission.

Better. I explain to the client **why** the information is needed and ask for **written consent** with the exact content.

Best. I only share **the necessary part** via a secure channel; **I document** to whom, what and why the information was disclosed.

7) Unlimited communication

Situation. The customer sends dozens of messages a day.

Question. What is **the limit of availability**?

Good. I respond during working hours and specifically.

Better. Set **a rule** (e.g. one summary reply per day), teach prioritisation.

Best. Agree on **a written communication framework** (emergency channel, working hours, response time), **monitor** and **adjust**.

Now that the role, boundaries and working framework are in place, we can move on to the most important “tool” in support work – relationships. Even the best tools will not work if the person does not feel safe with you. The next chapter focuses on how trust is built and how to maintain it.



2. BUILDING A TRUSTING RELATIONSHIP

Why is the relationship central to support work?

The core of support work is not methods, tests or worksheets, **but the relationship between the person and the support worker**. Newer recovery-based and trauma-informed approaches unanimously describe that no technique can “make” change happen – **change occurs in a safe, respectful relationship** where a person feels cared for and involved.

Without a trusting relationship, a successful support relationship is not possible. Even **the best advice or a well-thought-out action plan will not help** if the person does not feel safe enough with you to speak honestly, try new things or admit to setbacks. The same conclusion emerges from studies of “common factors” in psychotherapy as well as from recommendations in social work and recovery-based practice – **outcomes are predicted primarily by the quality of the relationship**, not by specific technical steps. The previous chapter discussed **the values, role and boundaries** of a support person. All of this creates a framework for what a support person does, what they do not do, and what attitudes they bring to their work. In this chapter, we will look at **how this framework ‘comes to life’ in the support relationship** – what kind of feeling the support person’s presence gives to the person and how this becomes a collaborative relationship that truly supports change in the client’s life.

The CARE methodology and **presence-based approach** (Baart, Wilken et al.) articulate this very clearly: good care and support begin with a ‘present relationship’ – being there for someone in such a way that they feel noticed, valued and taken seriously as a person.

Trust is built over time through small actions. Studies in Estonia and elsewhere show that for young people and adults who have had difficult experiences, **a consistent protective factor is a stable, trustworthy adult** with whom they can talk and from whom they can ask for help.

Studies on trauma-informed foster care emphasise that security and trust are not created by one ‘big conversation’, but **by many small, consistent actions**:

- you show up when you said you would;
- you explain clearly what is going to happen and why;
- you do not punish honesty;
- remain calm and respectful even in tense situations.

International frameworks for trauma-informed approaches express a similar idea: trust is built when a person experiences **safety, transparency, choice, collaboration and empowerment** – principles often referred to as the five or six pillars of trauma-informed practice.

You can think of trust as **a small 'savings account'**: every time you show up for a previously agreed meeting, send an explanatory message or give an honest 'I don't know, but I'll look into it', you are making a small deposit. Conflicts, delays or ill-considered comments are withdrawals. The account does not have to be perfect – what matters is that the overall picture is positive.

The relationship is a collaboration, not a rescue operation. Recovery-based frameworks and motivational interviewing emphasise that **the helper does not make changes for the person**, but supports their own motivation, choices and responsibility.



For the support person, this means that

- the person is not a 'project' or a 'problem to be solved', but a partner with whom to seek solutions;
- the support person does not take over responsibility for the person's life, but helps them **to take more responsibility themselves**;
- the relationship is not based on gratitude ("I help you, so you have to..."), but **on clear agreements and mutual respect**.

The CARE methodology describes the same idea in its own language: support is not provided "from the top down", but **in a collaborative relationship where both parties are as equal as possible and set goals together**. Studies of common factors confirm that it is precisely this kind of **partnership** – where a person feels that they are being listened to, taken into account and have a say in decisions – that explains much of why the support relationship is effective in the first place.

A secure relationship is especially important for people who have experienced trauma. Trauma-informed social work and care is based on the understanding that **many people in need of help have had some kind of harmful or traumatic experience in their past** – childhood abuse, neglect, war, addiction, prolonged poverty or something else.

This does not mean that the support person has to 'treat' the trauma, but it does mean that the relationship must:

- reduce the risk of re-traumatisation and shame;
- prevent abuse of power ("I know, you don't know");
- create the experience that **a safe, consistent and respectful relationship with an adult is possible**.

In developing trauma-informed foster care and life skills training in Estonia, it has been emphasised that the “opposite” of trauma is not only a safe environment, but also **a stable, trusting relationship with a caregiver or support person**, where the child or young person is helped to make sense of their story and is given a voice.

Summaries of Scandinavian and Scottish trauma-informed frameworks say the same thing: trauma-informed practice seeks to create the opposite conditions to trauma – **safety, predictability, trust, choice, cooperation and restoration of influence**.

No technique works if the relationship is broken. Studies of psychotherapy and counselling show quite consistently that **outcomes are closely related to the quality of the relationship**, even when comparing very different approaches. Some reviews conclude that much of the change is related to so-called common factors – alliance, hope, agreed goals, and the experience of being taken seriously – rather than specific techniques.

This does not mean that skills and tools are not important. Rather, it means that:

- **skills only come into play when the relationship is strong;**
- in a tense or distrustful relationship, even the best advice can seem accusatory, intrusive or ‘not for me’;
- In a safe relationship, even a very simple question (“What would help you take a small step this week?”) can set in motion a journey that truly changes a person’s life.



Studies on the implementation of recovery-based practices and the Recovery Guide (a **recovery-based tool developed in Sweden**, used primarily in the field of mental health) emphasise that intervention works when people experience **a collaborative, respectful and consistent relationship with professionals**, not just a new tool.

2.1 The principle of presence

”

I am motivated when people realise that they are no less capable than others. One mentee had a lot of self-doubt at the beginning. After weeks of conversations, she confidently gave her first presentation during an international study trip. Seeing this, I thought: this is exactly why I do this job.

Youth mentor Brigitte, France

The CARE methodology’s principle of presence: relationship as ‘being together’ helps to articulate very well in support work *what kind* of relationship we actually want to create.

The theory of presence (Andries Baart et al.) describes professional “presence” as a way of being with someone in such a way that you:

- are truly present – not just “doing your job”;
- stay with the person even when the situation is confusing, slow or “difficult to solve”;
- take their daily life, stories and dignity seriously

The CARE article “The relationship as the heart of good care” states that good support consists of four basic pillars: **connecting, understanding, ensuring and strengthening** – and all of these are based first and foremost **on human presence and the quality of the relationship**.

In the daily practice of a support person, the principle of presence means, for example, that:

- you do not rush to ‘solve the problem’ right away, but first give space to the person’s story;
- you are attentive to small signs (tiredness, anxious look, silence) and adjust your pace;
- you do not disappear “when things get complicated”, but stay by their side, while maintaining clear boundaries;
- you show that the person “counts” even if they do not take “good steps” as quickly as the projects or system require.

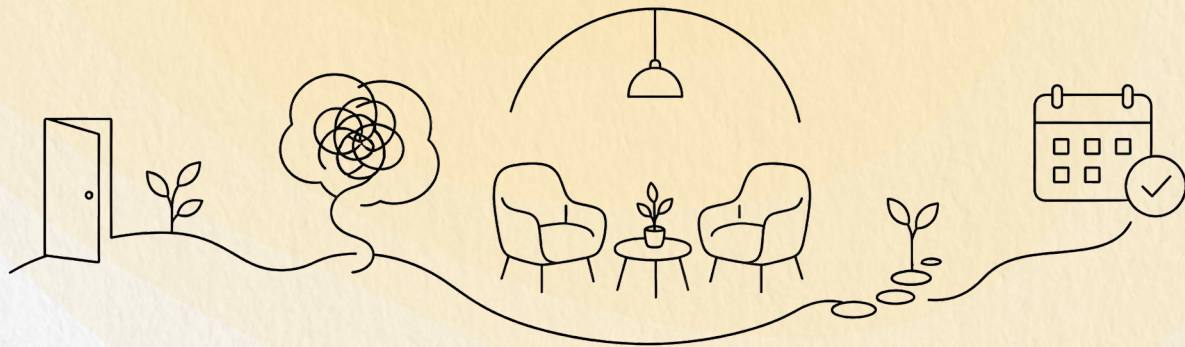
It is precisely this kind of presence that creates the foundation for trust: the experience that someone is consistently by my side, not just in my life for a short time “within the framework of a project”.

Putting the ideas from the previous chapter and this one together, a complete picture of support work emerges:

- **values** (respect, fairness, confidentiality) provide guidance on *the kind of* relationship we want to create;
- **role** (support person, not therapist, saviour or “best friend”) determines the framework within which this relationship takes place;
- **boundaries** (frequency of meetings, communication channels, topics) create a safe structure where both parties know what to rely on;
- **relationship and presence** are what fill the framework with life – how a person actually feels when they come to you.

Within this framework, the relationship can be one of **cooperation, rather than confusion or power struggle**. In the following subsections, we will get more practical: active listening and empathy, verbal and non-verbal communication skills, trauma-informed and culturally sensitive communication, balancing power relations, and how to **consciously start, maintain, and end a relationship with dignity**.





2.2.1 First meeting

The first meeting is often where a person forms their impression: is this place safe, will I be listened to, and is this support really for me? A good meeting does not have to be “perfect”, but it should be **clear and calmly conducted**. If you need a simple framework, keep these four steps in mind.

First, establish **contact and explain the purpose of the meeting**: introduce yourself and your role, agree on the duration of the meeting and the principles of privacy (what you will keep confidential and in what cases you will have to pass on information).

Secondly, **map** the path: let the person describe in their own words what brought them here and what is most important to them right now; help them organise their thoughts by asking clarifying questions and reflecting back to them.

Thirdly, move on to **the goal and the next small step**: choose one topic to start with and formulate a specific, achievable step that the person can actually take. Fourthly, **summarise and agree on the next steps**: summarise what has been agreed in 2-3 sentences and agree on the time and channel of communication for the next meeting (how and when to get in touch). This structure helps to keep the meeting focused without making the person feel like they are being ‘interrogated’.

2.2 The support person as a communicator: role and boundaries

A support person is primarily **a communicator** – someone who listens, asks questions, explains, helps to make sense of things and maintain focus. All this takes place within a relationship that has clear boundaries and a clear division of roles. If the role and boundaries are unclear, the relationship becomes insecure: the support person may end up in the role of a ‘rescuer’, the person may become overly dependent or feel that they have to ‘repay’ the support person in some way. (Brown, 2018; Norcross & Wampold, 2011)

A good starting point is to think of the support person as **a partner, mirror and compass**, not a therapist, saviour or “best friend”.

The role of the support person in communication is to:

- **To listen and reflect**, not to immediately offer solutions. The motivational interviewing framework emphasises that change is supported when the person themselves talks about their reasons and goals, while the helper helps them to articulate their thoughts more clearly, rather than convincing them of ‘what they should do’ (Miller & Rollnick, 2013).
- **Help to formulate goals and small steps** that the person themselves considers important. This is in line with the principles of “collaboration and autonomy” described in both counselling and trauma-informed approaches: the person is the expert on their own life; the support person helps them to make better use of their knowledge and experience (SAMHSA, 2014; Deci & Ryan, 2008).
- **Create a safe communication environment** where confusion, pauses, and conflicting feelings are allowed. Studies show that a safe, non-judgmental atmosphere creates the conditions for people to feel comfortable talking honestly about uncomfortable topics (Rogers, 1957; Norcross & Wampold, 2011).
- **Maintain focus and boundaries** so that support does not become a restrictive ‘friendship’, which exhausts the support person and can also cause confusion for the person being supported. In a professional relationship, it is important that roles, expectations and boundaries are clearly defined and adhered to (Brown, 2018; Zur, 2007).

The role of the support person *is not to*:

- to take responsibility for a person’s life, decisions or feelings;
- to solve all practical tasks for the person (e.g. filling in all forms themselves);
- be available 24/7 for ‘all concerns’;
- to provide therapy or treatment for which they are not trained.

The support person inevitably has **more power** than the person being supported:

- they have access to systems, information and contacts;
- they can be the “gatekeeper” to services and opportunities;
- they have the support of an institution or project.

Power in itself is not bad, but it must be handled consciously. The literature on relationships and counselling emphasises that acknowledging power differences and transparency reduce the risk of the relationship becoming manipulative or promoting dependency (Brown, 2018; Herman, 2015; Zur, 2007).

A support person can balance power by:

- **frames decisions as ‘doing things together’** rather than dictating them.
E.g.: “Let’s look at the options together” vs “You have to do this”.
- **explains what they are doing and why.**
E.g.: “I am asking you these questions because we need to fill out an application and they want to know about your situation. If anything seems too personal, please let me know and we can talk about it.”
- **Gives choices** whenever possible.
E.g.: “Would you like us to go to the office together, or would you like to try it yourself and I’ll help you prepare?”
- **Avoids the traditional “rescuer role”** – does not take all decisions and actions upon themselves, even if it seems quick and efficient.
The rescuer role may bring short-term relief, but in the long run it weakens a person’s self-efficacy and increases their dependence on the support person (Karpman, 1968; Brown, 2018).

A trusting relationship is the central “tool” of support work: change does not come from individual techniques, but from a safe, respectful and consistent relationship where a person feels noticed and has a say in decisions. Trust is built through small actions – keeping promises, transparency, a calm tone and honesty create a foundation where a person dares to try new things and talk about setbacks. A support relationship is a collaboration, not a rescue operation: the support person supports the person’s motivation and self-efficacy, maintains clear roles and boundaries, and also takes into account the power relationship.

The principle of presence helps to consciously maintain this relationship: the support person does not rush to solve problems, but stays by the person’s side, notices small signals and adjusts their pace – while maintaining professional boundaries.

A trusting relationship creates a space where people dare to speak, ask for help and try new things. In the next chapter, we will move on to the practical side of these principles: communication techniques that help you listen, ask questions and reflect in a way that makes the person feel safe, gain clarity of thought and take the next small steps towards their goals.



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3. COMMUNICATION TECHNIQUES

In this chapter, we will focus on two practical principles that help support persons maintain a safe and cooperative relationship in everyday conversations. First, we will look at active listening – how to listen, ask questions and reflect in a way that gives the person clarity, makes them feel taken seriously and encourages them to talk about even difficult topics. Active listening is not a “trick”, but a set of attitudes and simple techniques that support the development of trust and help the person to formulate their next steps themselves.

Secondly, we introduce the CARE methodology. CARE is not strictly a communication technique, but a rehabilitation methodology that helps to understand a person’s situation holistically and set goals in different areas of life. Here, we use the principles of CARE as a practical guide: how to stay focused, how to take small steps, and how to support people in a way that increases their autonomy and self-efficacy. Together, active listening and the CARE framework form a clear “toolkit” that you can rely on both in initial meetings and in more complex situations.

3.1 Active listening

Active listening is one of the most important skills in support work. It means that you do not “wait for your turn to speak”, but try to really understand what the person is experiencing, thinking and needing – and let them know that you understand.

Simply put, active listening is:

- **attention** (I am present, not doing anything else);
- **interest** (I want to understand, not immediately correct);
- **reflection** (I show in words and body language that I have understood);
- **verification** (I ask if I have understood correctly).

If you want to use active listening on a daily basis, consider four simple response types. **Clarification** helps when something is unclear or missing (“Am I correct in understanding that the most difficult thing is...?”). **Rephrasing** means repeating the person’s thoughts in your own words – briefly and carefully (“I understand that you currently have too many things on your plate...”). **Reflecting feelings** reveals the emotional side without amplifying or diminishing it (“It seems that this causes you both concern and fatigue at the same time.”). **Summarising** ties the conversation together and helps to take the next step (“To sum up, the most important thing is..., and the next small step could be...”). These four responses keep the conversation flowing in a cooperative rhythm: the person feels heard, gains clarity, and the journey becomes more concrete, step by step.

Below, the same skill is broken down into three stages: the relationship begins, the relationship continues, the relationship ends.

Active listening at the beginning of a relationship: “I want to really get to know you”

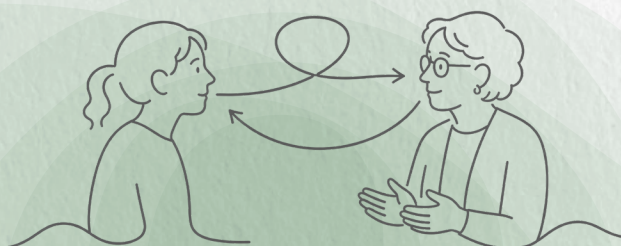
The purpose of the first few meetings is not to “get through the programme quickly”, but **to really get to know the person**. Active listening helps to create a sense of security: “I am not being judged here, they just want to understand me”.

What does a support person do?

- **Creates space for talking.**
 - ◇ Chooses a place with sufficient privacy.
 - ◇ Starts with a simple, open question: “Tell me a little about yourself – how did you end up here?” “What has been on your mind lately?”
- **Shows that they are listening.**
 - ◇ Maintains eye contact (as much as the person feels comfortable with).
 - ◇ Nods, does not interrupt;
 - ◇ Use small verbal cues: “mh-mh”, “I’m listening”, “go on”.
- **Reflects the main message in their own words.**
 - ◇ “If I heard you correctly, then... (e.g. “you are tired and worried about work right now”).”
 - ◇ “It seems that this has been wearing you down for a long time?”
- **Uses “safe open questions”.**
 - ◇ “What was the most difficult thing for you?”
 - ◇ “What has helped you cope so far?”
 - ◇ “What do you expect most from me right now?”

What should a support person avoid doing during the first meeting?

- Does not immediately start “diagnosing the problem” (“ah, you have a time management problem”);
- Do not rush to offer solutions (“let’s do this so that you can immediately...”).
- Do not probe too deeply into difficult experiences unless the person brings them up themselves.



A small practical framework for the support person for the first meeting:

1. Ask about their story.
2. Listen without interruption for 5–10 minutes.
3. Reflect: “I hear that... Have I understood correctly?”
4. Ask: “Is there anything that hasn’t been said yet, but is important to you?”
5. Only then move on to agreements and goals.

Active listening in maintaining relationships: “I don’t just listen at the beginning”

Many relationships start with good attention, but in our daily routine we slip back into rushing and giving advice. **Active listening** helps maintain the relationship **even in the midst of everyday activities**.

The beginning of a meeting: “check-in” listening

- Start with a short but genuinely interested question:
 - ◊ “How was your week?”
 - ◊ “What’s on your mind right now?”

Listen and reflect before reminding them of their “homework” or previous agreements.

When talking about progress:

- listen to **what exactly helped**:
 - ◊ “What made it possible for you?”
 - ◊ “What does it say about you that you were able to do that?”
- Reinforce: reflect on both the action **and the strength**:
 - ◊ “You made the call yourself and didn’t wait for someone else to do it – that’s a brave step.”



When talking about setbacks or “failures”:

- don't rush to motivate them (“next time will be better”), but listen:
 - ◊ “What happened? What made it so difficult?”
- Reflect on the feeling, not just the behaviour:
 - ◊ “You seem disappointed in yourself and maybe a little ashamed?”
- Help them move from self-blame to learning:
 - ◊ “If you look back on this as an observer, not a judge, what can you take away from it?”

Active listening during conflicts or tensions

When misunderstandings arise (e.g. someone says, “You said that...” or comes to a meeting in a bad mood), the first tool is still listening:

- “Tell me, what is bothering you the most right now?”
- “I want to understand where this feeling comes from. What happened from your point of view?”
- Reflection before explanation:
 - ◊ “Okay, I hear that my tardiness gave you the impression that it wasn't important. That wasn't my intention, but I understand that's how it seemed.”

Only after reflection does it make sense to explain or remind the other person of boundaries. If a person does not feel heard, they will go on the defensive and will not hear your explanation.

Active listening when ending a relationship: “I hear how this affects you”

Ending a relationship is often a difficult topic – both for the support person and the person being supported. Active listening helps to turn the ending **into a gentle conversation rather than an abrupt break**.

Before ending the relationship (a few meetings earlier):

- “Our time together is slowly coming to an end. How do you feel about that?”
- “Is there anything you would definitely like to discuss or clarify before we end?”
- Listen to their joy, relief, sadness or fear. Do not belittle them (“oh, you'll be fine”), but reflect:
 - ◊ “You are proud of your changes and at the same time worried about whether you can continue on your own – that is a very understandable combination.”

During the final conversation:

Use listening to **look back on the journey together:**

- “When you think about our first meeting – what has changed since then?”
- “What are three things you notice about yourself that you are happy with?”
- “What was most helpful to you in our collaboration?”

Summarise:

- “I hear that it has been important that I have listened to you, done things with you and not pushed my own plans. That is valuable feedback for me too.”

After the final meeting:

If possible, ask for permission for a short follow-up interview (e.g. 1-3 months later by phone or email) and make it clear that this is not a check-up, but an expression of interest. Again, the key word is listening:

- “How have things been going for you in the meantime?”
- “Is there anything we did that has helped you now?”

This gives the person the feeling that the relationship did not end abruptly, but that they are still seen as a person, not just a project.

Small tools for the support person: useful phrases and what to avoid

Useful phrases that support active listening:

- *“Help me understand better...”*
- *“Tell me a little more about that...”*
- *“When you say __, what does that mean to you?”*
- *“I hear that you feel both ___ and ___ at the same time – is that description accurate?”*
- *“Am I right in understanding that...?”*



Phrases to avoid (or leave for the second phase):

- “Why did you do that?” (replace with: “What influenced your decision?”)
- “You shouldn’t feel that way.” (Replace with: “It’s understandable that you feel that way.”)
- “I told you...” (replace with: “We discussed this option earlier – let’s see if it sounds different now.”)
- “It’s okay, it will pass.” (replace with: “This seems to be quite difficult for you right now. What upsets you the most here?”)

Self-control questions for the support person

At the end of the meeting, you can briefly ask yourself:

- Did I **listen more** than I spoke?
- Did I **reflect the person’s thoughts and feelings** in my words, rather than just nodding?
- Did I **make sure I understood correctly**, or did I make assumptions?
- Did the person leave the meeting feeling that they were listened to and taken seriously?

If you can answer ‘yes’ to at least some of these questions, you have already done something very important for the relationship – at the beginning, in the middle and at the end.



“

When I worked with an autistic client whose speech was not yet developed, I often had to guess what he needed, and he responded to my suggestions with his reactions. At one point, however, something very important happened: for the first time, he said very clearly what he wanted at that moment. I no longer had to predict or ‘guess’. It was a short sentence, but a huge step in his communication.

Support person Raimonds, Latvia

3.2 Mapping areas of life with the client using the CARE methodology

One way to build a trusting relationship and get to know a person's life better is **to map their personal profile, or areas of life, based on the CARE methodology**. This provides a clear but flexible framework for the conversation: we talk about their life in a specific order, rather than everything at once and all mixed up.

According to the CARE model, a person's life consists of several interrelated areas:

place of residence (home), work, learning/education, leisure and recreation (hobbies), physical and mental health, self-care, social relationships, and meaning in life. Mapping can be done:

- **across several areas of life at once** – e.g. during a longer initial meeting;
- **one area at a time** – if the person's focus is clearly on one topic (e.g. work or health) or if trust is still developing.

It is important that this is not just a 'questionnaire' but **a calm conversation** in which the support person is truly present and listening. According to the methodology, the aim is to identify the person's strengths and opportunities (skills, relationships, resources) that can **already be relied on**; what previous **positive experiences** show that change is possible; and what **the person's own wishes and values** are – not just what the system expects.

Why is it so important to talk about strengths and past successes?

- It helps **to reduce shame and self-blame**. The person does not feel that their life is being 'trashed', but experiences that they are also seen as someone with skills and experience.
- This **raises hope** – when we remember that 'there have been better times', we feel that change is possible again.
- It gives the support person information about **what already works**: what strategies, people, places or conditions have been helpful in the past.
- This helps to understand **what is behind the desire** – i.e. what real need or value motivates the person (security, belonging, recognition, autonomy, peace).



How can we understand what lies behind a person's desire?

People often say something general: "I want a normal job," "I want my own flat," "I want friends." From the CARE methodology perspective, it is important to examine: **Why this particular thing? What need does it satisfy for this person?**

When you, as a support person, understand what is behind the client's wish, you can:

- better support **their real needs** (e.g. a sense of security, belonging, recognition, freedom);
- avoid a situation where you are both chasing a solution that does not actually appeal to the person;
- help the person **think more clearly about** what they are actually looking for.

Some examples:

Person: "I want my own flat."

Support person: "If you had your own flat, what would be different for you?"

Person: "I could close the door behind me and no one would interfere."

Here, it becomes clear that the desire is not just for real estate, but for **security and autonomy** – the need for space, privacy and control.

Person: "I would like a normal job."

Support person: "What does 'normal job' mean to you?" "What would be most important to you – money, a fixed schedule, good colleagues?"

The desire may be for **stability, social contacts and self-esteem** – not just a good 'job'. Once the support person has understood what lies behind the desire, they can ask: "If we can't find the ideal option right away, what would be a small step in the right direction? What would give you a little bit of the same feeling?"

The same logic can be applied to relationships, learning or health. For example, on the subject of relationships:

Person: "I would like to have more friends."

Support person: "When you say 'more friends' – what would that mean for you on a daily basis?"

Person: "To have someone to have coffee with sometimes, and not have to think about everything on my own."

Here we can see that behind the wish is a desire for **belonging and sharing** – a need to feel important to someone and not be alone with one's thoughts. The support person can explore further:

"Do you miss having one or two trusted people, or do you miss being in a group more? What would be a small step in that direction – is there someone you could write to or invite for coffee right now?"

When it comes to learning and education, a person may say:

Person: “I would like to go back to school.”

Support person: “When you think ‘back to school’ – what attracts you most about it?”

Person: “I’d like to finally get some kind of certificate and feel that I haven’t given up.”

The focus here is not only on the diploma, but also on **self-affirmation and self-respect** – the desire to experience that they can see something through to the end and are ‘equal to others’. The support person can ask: “If graduating from school seems like a big step right now, what would be the first small step that would give you a little bit of that feeling – for example, a shorter course, one subject, some practical training?”

You can also explore needs in relation to health:

Person: “I would like to have better health.”

Support person: “When you say ‘better health’, what do you want most – more energy, less pain, more restful sleep?”

Person: “I would like to be able to play with my children without getting exhausted.”

Here, the desire is **to be a present and active parent**, not some abstract notion of ‘health’. This helps to find a small step that is meaningful to the person: “What would be the first small change that would help you move in that direction – for example, one extra walk a week, a discussion with your GP, or better planned breaks?”

Such conversations help the support person not only to “write down what the client wants”, but also **to understand their wishes more deeply**. Once it is clear what is behind the desire, it is easier to find **small, achievable steps** together that move towards the same need – even if the ideal solution cannot be found immediately.

Once you have discussed the areas:

1. Review together what scores and keywords were assigned to each area.
2. Ask: “When you look at this picture, which area is currently the most important for you to work on?” “Is there another area that you would like to make your second priority?”
3. Formulate 1-2 small and realistic goals based on the person’s own wishes and what lies behind those wishes.
4. At the end, reflect: “I hear that the most important thing for you right now is... and behind that is a desire to feel... Does that sound right?”

A small tool: progress monitoring questions (after every couple of meetings)

To ensure that goals do not remain “on paper”, it is worth reviewing the agreed steps regularly. These questions help to identify whether we are moving closer to the goal and what needs to be changed if necessary:

- How close do you feel you are to your goal right now (e.g. on a scale of 0–10)?
- Is the initial goal still **relevant and achievable** in light of new information and experience?



- What would be **the next small sign** that things are moving in the right direction?
- What exactly helped us move forward in the last period (what worked)?
- What hindered or slowed things down (what didn't work) – and why?
- Do we need to change **the pace, tempo, support or involve someone** (network/service)?
- What can stay the same because it really supports you?
- If we change the plan, what would be **the next small step**?

These questions keep the focus **on learning and adapting**, not blaming – and help avoid a situation where the service 'just runs out of time'.

”

Before receiving support services, the client stayed at home, had harmful habits and was afraid to go out. During the service, he began attending a day centre, socialising and doing everyday things more independently. Gradually, he learned to go to the shop and use public transport on his own – previously, someone always accompanied him. The biggest step was that he started working under the guidance of a mentor and now goes to work independently, with only telephone support if necessary.

Activity instructor Vaira, Latvia



3.3 When the client is not ready to cooperate

In practice, every support person encounters situations where the client does not come to agreed meetings, does not answer calls, consistently says “I don’t know” or “there’s no point”, does agreed things “half-heartedly” or simply seems indifferent. It is often said that the client is not willing to cooperate. Newer approaches to social work recommend changing this language: usually, the problem is not that the person is a “difficult client”, but that **the service and system are too distant, threatening or untrustworthy in their view.**

Research on social work and trauma-informed approaches describes several typical reasons why a person is unwilling or unable to cooperate: previous bad experiences with officials, shame and guilt that make them avoid meetings, fear of losing control (e.g. children, support, place of residence), the impact of mental health or addiction, but also simply the fact that **someone else has ‘appointed’ a support person, not the person themselves.**

In terms of motivation, ‘resistance’ is discussed as **a natural part of ambivalence**: if we push for change that a person is not ready for, it is entirely to be expected that they will defend the status quo. Trauma-informed approaches add to this the idea that “non-engagement” can be **a learned survival strategy** – if the system has hurt you in the past, avoidance or passivity is a way to protect yourself.

As a support person, we must remember that this is not malicious defiance against me as a supporter, but a sign that the person is in pain, afraid, or finds it difficult to trust me.

If a person is not ready to cooperate or is wavering between “I want to” and “I don’t want to”, **the spirit of motivational interviewing (MI)** will help you stay on track. At its core are three attitudes: **cooperation** (we think together, I do not ‘persuade’), **autonomy** (the decision remains with the person; your role is to increase clarity and choices) and **elicitation** (you do not ‘put motivation in’, but help the person find their own reasons and resources). This approach reduces resistance and supports the person in articulating what is truly important to them.

Two simple scale questions (0–10) are a practical tool that take the pressure off and give the conversation focus. **Importance scale**: “How important is it for you that this situation changes / that you take the next step? Where are you on a scale of 0–10?” **Confidence scale**: “How confident are you that you could actually take this step? Where are you on a scale of 0–10?” Then ask a guiding follow-up question: “Why not a lower number?” (this brings out existing strengths) and “What would need to happen for the number to go up by one?” (this helps to find a realistic next step).



What can a support person do?

1. Change the language in your head: 'difficult to engage' rather than 'lazy' or 'ungrateful'.

Labels such as "he can't be bothered" or "he sabotages everything" automatically put us on the defensive and make us harsher. Studies show that when professionals label people as "hard to reach", the question **of what the service itself could do to be more accessible and safer** is overlooked.

You can consciously replace your thoughts:

- "He is completely uncooperative" → "He is currently very ambivalent and that is why he is keeping his distance."
- "He doesn't care" → "It seems that nothing we offer is meaningful to him at the moment, or it is too painful for him to engage with this topic."

This does not mean that all behaviours are okay, but that **we do not make the person themselves the problem**, but rather look for obstacles together.

2. Ask what the person is really holding back from

The logic of motivational interviewing says that when someone says "no", it is worth exploring **what they are saying "yes" to** – what this "no" is actually protecting.

Examples of questions:

- "If you say you don't want to talk about it right now, what is it that you want to keep or protect for yourself?"
- "What are you most afraid of if we continue?"
- "Have you had any previous experiences with assistance and services that left a bad taste in your mouth? What happened there?"



Often, the answer will be something like: "You won't help anyway," "Everyone promises and nothing happens," "They'll take my children away," "They'll make me look stupid." This is **information** about **their experience with the system**, not just their attitude towards you.

3. Give them choices and a voice, even in small matters

Trauma-informed and person-centred practice emphasises that a sense of security grows when people are not simply put on a "plan of action" but are given **a voice and choices**, even if they are small (where to start, what pace to move at, where to meet).

Examples:

- “As we think about the next step, which would you prefer: should we call together, or should I send you the information in writing so you can try it yourself?”
- “Would you rather we start with home, work or health today?”
- “If what the official is asking for seems completely absurd to you, what would be a ‘less absurd’ option in your view that we could still try?”

Even small choices weaken the feeling that a person is ‘trapped in the system’ – and increase the likelihood that they will do something at all.

4. Be honest about the obligation and offer partnership at the same time

Guidelines for working with clients referred to services on a ‘mandatory basis’ recommend **not pretending that everything is voluntary** when it is not (e.g. child protection, probation, unemployment insurance fund requirements). It is better **to honestly state the limits and at the same time offer partnership**:

- “It is true that if we do not take these steps at all, officials may make decisions without your input. I cannot change that. What I can do is help you understand as best as possible what you have a say in and how to use that say.”
- “We both have a responsibility: you to participate to some extent, and me to be honest and understandable. I can’t force you to want to do something, but I can be there for you when you decide what you want to do.”

This kind of honesty builds trust: the person does not feel that they are being deceived by pressure hidden behind “friendly talk”.

5. Notice even small signs of cooperation

Studies on people in difficult situations who need support emphasise that involvement often begins **with small, subtle steps**: a person’s presence, a single reply to a message, a single question, a small gesture of trust.

As a support person, you can consciously tune in:

- “They came – that’s already cooperation.”
- “They said ‘no’, but stayed in the room – that’s dialogue.”
- “They said two more sentences today than last time – that’s progress.”

It is **also** worth **articulating** these micro-steps **to the person themselves**:

- “I noticed that you came today even though it was difficult for you – that shows that this topic is important to you after all.”
- “You said that you don’t want to do this – that honesty is important information for me, not a problem.”

Small practical tips for the support person

- **Do not take silence or sudden irritation as a personal attack.** Ask yourself: "What story or experiences might they have that cause them to react this way?"
- **Keep your pace slower.** If you feel like you want to "drag them along", it is often a sign that you are rushing more than the person can keep up with.
- **Ask yourself three mini-questions regularly:**
 1. "What is most important to you right now for us to succeed?"
 2. "What bothers you the most about our collaboration?"
 3. "What would help you find a little more motivation?"
- **Remember to take care of yourself.** Working with "difficult" clients is exhausting – use the self-care section of the same chapter and, if necessary, discuss these cases in supervision.

This way, your focus will shift from looking for the "problem person" **to the nuances of relationships and the system**, and you will have more room to notice those moments when the person does open up a little – even if it seems on the surface that there is "no cooperation".

If the client is not (yet) ready to cooperate, the support person can draw up **a simple support plan based on their own observations**, which will help maintain focus and consistency even in unstable situations. The support plan is not about 'deciding for the client', but rather **a framework for the support person's work**: what needs are currently visible, what are realistic short-term goals, what are the next small steps, and who else (network, family members, specialists) can provide support if necessary. The plan can be implemented to the extent that the information allows and supplemented over time – especially after brief contacts, interrupted meetings or when the client re-establishes contact.

In practice, a short form is suitable for this, in which **the following** is written down: **what the client currently feels they need in their life, what they want to achieve (goal), what the support person does to provide support, what others do, and comments.**

The support plan helps to maintain focus, boundaries and security, and to clarify when to involve other services or take a break so that cooperation can be restored at the person's pace.



3.4 Communication in conflict situations: how to stay on the side of the relationship

Conflict does not mean that the relationship is over – on the contrary, **tensions and differences of opinion are a normal part of any real relationship**. The question is not whether conflicts arise, but *how* the support person deals with them. The CARE mindset does not view conflict **as a ‘broken client’, but as a moment when something very important is at stake for the person** – often related to security, control, dignity or belonging.

A good goal for a support person is: *“In a conflict, I don’t fight against the client, but stand with them beside the problem.”*

In a conflict situation, keep in mind a few simple but very important rules:

- **Listen before you explain:** when a person is angry or disappointed, arguing with facts will not help. First, they need to feel *that they are being heard*.
- **Look for the “message behind the feeling”:** “You don’t care!”, “You’re all the same!”, “This is useless!” – these statements often express disappointment, fear or helplessness, not an objective assessment of your work.
- **Keep your cool – do not get carried away by your emotions:** remember, “This is not an attack on you as a person, it is their pain.” This will help you avoid going on the defensive.
- **Respect boundaries and safety.** Conflict does not give anyone the right to insult, humiliate or be violent. If the conversation becomes dangerous, it is your job to stop the situation and choose a safer way to continue the conversation.

Here is a simple step-by-step “plan” you can use in a conflict situation.

1) Stop and breathe

Before responding, take a short break:

- take a deep breath;
- remember that you are not obliged to respond within the first 2 seconds;
- if necessary, say: “Let me gather my thoughts, I want to respond in a way that shows I understand you.”

2) Describe the situation

Describe the situation calmly, without judgement:

- “I can see that you are very upset right now.”
- “This topic evokes strong feelings in you.”
- “It seems we have reached a point where we see things very differently.”
- This helps both parties realise *that this is a conflict*, not a “bad person”.

3) Listen and ask: “What is most important to you here?”

Let the person talk about *what is really bothering them*:

- “Help me understand what is making you most angry/sad right now.”
- “What was the limit for you, the point at which you felt that enough was enough?”
- “When you say ‘it’s no use’, what do you mean? What is really hurting you?”

Do not interrupt. Nod, use short affirmations: “I’m listening”, “go on”.

4) Reflect both the content and the feeling

Before you explain anything, repeat what you have heard in your own words:

- “Okay, I hear that when I was late last time, it felt like a sign that you weren’t being taken seriously. And that hurt a lot.”
- “You say you’re tired of having to repeat your story over and over again and it feels like no one is really doing anything about it.”

You can add a check-in question: “Have I understood correctly?” “Is there anything else that’s important that I haven’t mentioned?”

5) Take responsibility where it really lies

If you have done something wrong (been late, communicated unclearly, promised too much), **say so:**

- “You’re right – I should have let you know earlier that I wouldn’t be able to meet that day. I apologise for leaving you in the dark.”
- “I understand that it was a bad experience for you to be sent back and forth several times. It would have been my job to explain it better.”

Taking responsibility does not mean that *everything* is your fault, but wherever possible, show that you are willing to take your share of the blame. This will increase trust.



6) Set and communicate boundaries calmly

When someone raises their voice, insults you, or demands something that is unrealistic, it is your job to maintain boundaries:

- “I want to listen to you and help you, but I can’t do that if we’re shouting at each other.”
- “I can support you as a support person, but I cannot promise to make decisions for officials.”
- “I can’t promise that everything will be okay, but I can promise that I won’t leave you alone to navigate this system.”

It is important that boundaries are **calm and clear**, not punitive.

7) Find the next small step together or agree on a break

Once the emotion has subsided a little, ask:

- “What do you need from me most right now – more information, a specific step, or just for me to be there and listen?”
- “Do you want to continue this topic now, or take a break and come back to it at our next meeting?”

Sometimes the best solution is: “That’s enough for today, we’ll come back to it when we’re both calmer.”

Examples from real conversations

Example 1: “You don’t care!”

Person: “You don’t care at all! You’re just ticking the box that you’ve done the meeting!”

Support person: “I hear that you feel you are not being taken seriously (reflection). What made you feel that way? At what point did it seem that I was not listening to you?”

(person explains the situation)

Support person: “Thank you for saying that. I can see that this is important to you. I was late last time and didn’t explain why sufficiently. That was my mistake and I apologise (taking responsibility). I would like us to agree on how to better resolve such situations in the future – what would help you feel that you are being taken seriously?”

or

Example 2: “It’s no use at all, you’re all the same!”

Person: “This is completely useless! You’re all the same, you make promises and nothing changes!”

Support person: “You are very disappointed and it seems that this is not the first time this has happened (reflection). What hurts you the most – is it that things are moving slowly, or that you feel you are not being listened to?”

(the person talks about previous experiences with officials)

Support person: “I understand that you have had very bad experiences with the system. I can’t change everything, but I can be the person who helps you make sense of the information and steps you need to take, and I won’t disappear. Would it be worth anything to you if I could at least support you in this regard?”

Conflicts also affect the support person. After a difficult conversation, ask yourself:

- Do I need someone to discuss this with (colleague, supervisor)?
- What did I learn about this person – what is their ‘sore spot’ that caused them to react this way?
- What did I learn about myself – what triggered me the most?

The idea of trauma-informed work is not to “always be perfect and calm”, but to be ready to notice your mistakes, acknowledge them and learn from them. This also builds trust – the person sees that the support person is not pretending to be perfect, but is ready to truly commit to the relationship.

When a person has this sense of security, they can start to talk more, experiment and share their setbacks. That is why we are moving on to communication techniques – so that you have handy ways to maintain this safe space. Communication techniques provide structure, but their impact always depends on the context – a person’s background, culture, experiences and current abilities. In the next chapter, we will look at how to apply the same principles with more vulnerable target groups so that the support remains safe, dignified and realistic.



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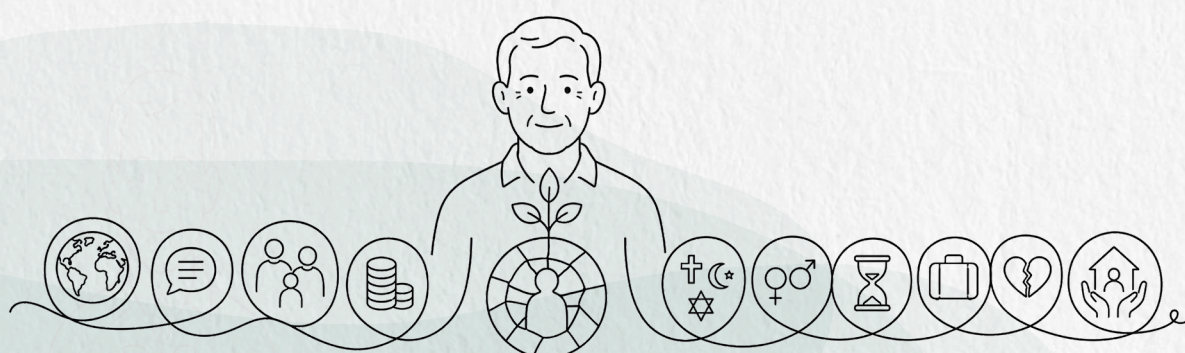
4. WORKING WITH DIFFERENT AND VULNERABLE TARGET GROUPS

As a support person, you will meet people whose stories cannot be summed up with the single word 'client'. Some are young people who have repeatedly dropped out of school; some are single parents living in long-term poverty; some are Ukrainian war refugees whose lives have been torn apart; some are growing up in foster care; some are living with mental health issues or addiction; some have experienced violence or exclusion because of their ethnicity, religion or sexual identity. European and international documents refer to **them** as '**vulnerable groups**' – people who are at greater risk of poverty, exclusion and health problems than the average population.

At the same time, both the Council of Europe and social work guidelines warn against these categories becoming **labels that erase a person's individuality**. A 'vulnerable group' is not an identity, but a description of the environment and risks surrounding a person. Intercultural competence frameworks emphasise that each person comes to a support person **with** their own unique 'mosaic': ethnicity and language, family culture, class, religion, gender and age, but also life experiences – migration, trauma, poverty, care, discrimination.

Against this backdrop, there is increasing talk of **intercultural competence** and a **culturally sensitive, learning-oriented attitude**. Intercultural competence means the ability to notice differences, deal with them, and learn from them in a way that preserves respect and dialogue—not "us vs. them." A culturally sensitive, learning-oriented attitude adds an important nuance to this: the support person does not approach the individual as a "cultural expert," but as someone who is prepared to listen, ask questions, and check their own assumptions. This mindset sees culturally sensitive work not as a one-time training, but as an **ongoing process of self-reflection and dialogue** – I will never know everything completely, but I can become more attentive, more open to learning, and more careful about my prejudices when interacting with each person.

Another important layer is **trauma**. Recent reviews show that when working with vulnerable groups, trauma is the norm rather than the exception: war and exile, childhood violence, sexual abuse, growing up in care, repeated rejection, racism and poverty leave deep scars on the nervous system and sense of trust. This is why many countries have adopted **trauma-informed practice frameworks** that describe six core principles: safety, reliability, choice, collaboration, empowerment, and cultural and historical awareness.



Trauma awareness in support work does not mean that the support person starts to provide therapy or ‘treat trauma’. Rather, it means that **the entire approach – how you start the meeting, what questions you ask, how you explain boundaries – is designed so that it does not repeat the person’s previous experiences of helplessness and loss of control**. A trauma-informed approach asks, *“What has happened to you?”* and *“What do you need to feel a little safer?”*, rather than just *“What is wrong with you?”*.

Interculturalism and trauma awareness come together in a very practical way in everyday support work. For example, a refugee family may need explanations about the laws of their new country (the intercultural part) and at the same time it is important that no one pressures them to talk about what they went through on their journey (the trauma-informed part). When working with a young Roma person, one must take into account community agreements, previous experiences of discrimination and the young person’s own search for identity. An LGBTQ+ young person may seem ‘integrated’ at first glance, but at the same time

experience strong rejection in their religious community or family. No checklist can cover all these stories – the main tool of a support person is **a flexible, culturally sensitive and trauma-informed relationship** that helps the person feel: *“I am not being pigeonholed, I am not being reduced to my diagnosis or passport, but I am being taken seriously in all my complexity”*.

The following sub-sections grow out of this logic:

- in the first, we look at how to maintain **culturally sensitive communication** – so that you do not ignore cultural differences, but also do not reduce the person to a stereotype;
- in the second, we will look at what **a trauma-sensitive approach** means – how to organise meetings and conversations in a way that fosters a sense of security rather than reopening old wounds.

These are not two separate ‘boxes’ that you use depending on the situation. In practice, they are intertwined with almost every client: intercultural awareness helps you see *where* a person is and what kind of world they live in; trauma awareness helps you communicate with them *in a* way that does not make their world even more difficult.



4.1 Culturally sensitive communication: 5 principles for support persons

Culturally sensitive communication does not mean that a support person must know ‘all the customs of all nationalities by heart’. European intercultural competence frameworks emphasise the ability **to notice differences, maintain respect and be prepared to adjust one’s assumptions** – this is intercultural competence.

Alongside this, a **learning-oriented attitude** is also important: the specialist does not see themselves as an expert on another person’s culture or background, but is prepared to listen, ask questions, learn, and adjust their initial assumptions when needed.

For a support person, this means that every encounter centres on the question: *“How can I communicate in such a way that the person feels seen with their real background, but not pigeonholed?”*

1. Ask, don’t assume.

Instead of thinking, ‘That’s definitely how it is in their culture’, ask: ‘How are these things usually decided in your family – individually or together with the family?’ ‘Is

there anything I should know about your religion or customs so that I don’t accidentally cross any boundaries?’

This way, you treat the person as an authority over their own life, rather than relying on stereotypes.

2. Admit when you don’t know.

A culturally sensitive, learning-oriented attitude means being willing to say:

“I’m not very familiar with your background. Help me out – what is most important to you about this topic?” This is more trustworthy than appearing to be an expert who knows everything.

3. Look through the prism of power relations.

A support person is always, in a sense, ‘on the side of the system’: you have more information, access to documents, better language skills. Democratic and intercultural competence frameworks emphasise that this is precisely why it is particularly important to maintain partnership, not superiority, in language and body language.

- Calmly explain your role (“I am not an official, I am here to help you understand the system better”).
- Ask whether the way you speak seems supportive or pressuring to the person.



4. Adapt your language and the amount of information you provide.

In a new country or a difficult situation, 'official language' can be very tiring, even for locals.

- Speak in as simple Estonian/English/etc. as possible, avoiding excessive jargon.
- Break information down into smaller pieces.
- Check understanding with the question: "How would you say that in your own words?" rather than "Did you understand?".

5. Approach cultural differences with curiosity, not judgement.

Some people speak louder, are often late, avoid eye contact or smile when talking about difficult topics. Intercultural communication principles remind us not to immediately conclude that someone is "rude", "careless" or "superficial". Instead, ask calmly and respectfully what this behaviour means for the person, or how you can communicate in a way that works for both of you. You can say:

- "I notice that you tend to smile when we talk about difficult things. How do you experience this yourself?"
- "We agreed on 10 o'clock, but for you it seems to be more of a range. Let's talk about how to arrange it so that it works for both of us."

In practical terms, a culturally sensitive attitude helps you avoid **two extremes**:

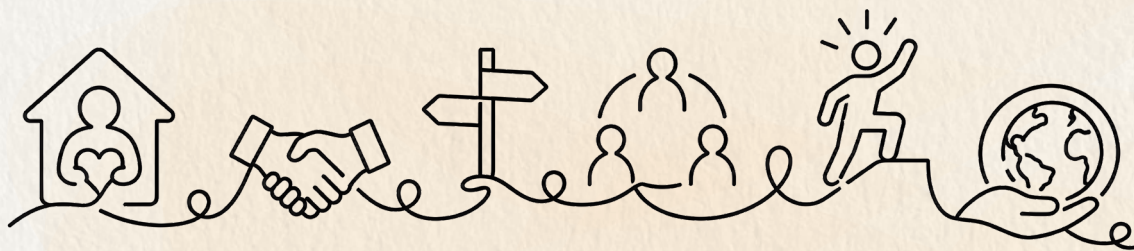
- on the one hand, "I don't see culture at all, everyone is just an individual" (which ignores real experiences such as racism, colonial history, war);
- on the other hand, "your culture is like that", which reduces a person to a cliché



4.2 Trauma-sensitive approach: 5 principles for support persons

When working with vulnerable groups, exposure to trauma is the rule rather than the exception: war, displacement, childhood violence, sexual abuse, care and detention institutions, racism, long-term poverty. European and international guidelines on trauma-informed practice emphasise that the support system must not ignore these experiences, as **unsuccessful contact can mean ‘yet another instance of things being done to me rather than with me’**. Trauma-informed approaches (e.g. the UK’s ‘working definition of trauma-informed practice’, the TIPS project, Nordic and Canadian guidelines) describe a similar core: safety, trust, choice, collaboration, empowerment and cultural/historical sensitivity.

Internationally, 5-6 basic principles are often used (safety, trust, choice, collaboration, empowerment, cultural sensitivity). Below is an adapted “support person version” – five practical principles.



1. Safety first (both external and internal).

For someone who has experienced trauma, even an innocent phrase or sound can trigger a strong reaction. Safety means:

- clear agreements (time, place, duration of the meeting);
- a calm tone, no sudden changes;
- allowing the person to choose where they sit, whether the door is open or closed;
- being aware that the person may need to take a break or leave the room if necessary.

2. Trust and transparency: no “surprises” behind their back.

People who have had the experience of things being done to them *without consulting them* are particularly sensitive to concealment.

- Explain at the outset what you are doing, why you are asking, and what you are writing down.
- If something changes (e.g. the service will not continue), communicate this as early and honestly as possible.
- If you make a mistake, admit it and apologise.

Trauma-informed practice emphasises that transparency **reduces re-traumatisation**.

3. Choice and control: give the person back the wheel whenever possible.

Loss of control is often central to the experience of trauma. A trauma-informed approach recommends finding areas where the person can make even small decisions: pace, topics, next steps. For example:

- “Would you rather start with home, work or health today?”
- “If this topic is too difficult right now, we can leave it aside for the time being – what would be a safer place for you to start?”

4. Cooperation, not “I know better”.

When working with traumatised people, **partnership** is particularly important, not a “fix it” approach. In practice, this means the following:

- ask for regular feedback (“how does our collaboration feel to you right now?”, “what is not working here?”);
- do not assume that you know exactly what is “best” for the person – they are the expert on their own life;
- make decisions “by talking it through together”, not just by explaining what you have already decided.

5. Empowerment and recognising strengths.

Trauma does not erase a person’s strengths – often these are even at a very high level (survival, intelligence, humour).

- Ask: “What has kept you going during the most difficult moments so far?”, “What do you value about yourself?”;
- Notice and verbalise small steps (“You came here today even though it was difficult; that says a lot about your strength”).
- Help the person see that they are not just a “victim” but also an actor with choices and influence.

A trauma-sensitive approach protects two parties at once:

- the person – so that they do not have to experience helplessness, shame and loss of control again with you;
- yourself – because when you understand **why** someone sometimes reacts strongly or “irrationally, but according to the logic of survival”, it is easier not to take everything personally and not to fall into the trap of overload yourself.

CASE STUDY

Case study: an adult with mental health problems

MARIA (38) lives in a small town. She suffers from severe depression and anxiety disorder, has been on sick leave several times and has also been treated as an inpatient in a psychiatric ward. As a child, Maria grew up in a family where “feelings were not discussed” and where the saying “strong people can cope on their own” was common. There have been alcohol problems in the family, but this is not talked about.

A social worker referred Maria to a support person through the project so that she would not remain completely at home and would receive support in returning to work. Maria herself feels ambivalent about all this – grateful one moment, angry the next.

First meeting with the support person:

Support person Robert prepares for the meeting by reading the preliminary information: “severe depression, repeatedly on sick leave, low motivation, wants help returning to work”. Robert plans to immediately start working on a specific “return plan” together.

During the meeting, Maria is quiet and gives short answers. She keeps her arms crossed over her chest and tends to look out of the window. Robert tries to break the ice and asks a series of questions:

- “What is your goal for next month?”
- “What steps do you think you should take?”
- “Have you thought about when you will return to work?”

Maria replies: “I don’t know... I don’t see anything changing,” and finally: “It doesn’t matter, everyone has already made up their minds anyway.” When Robert tries to encourage her (“But you did well to at least come!”), Maria smiles tensely and says, “Yes, I’ll try to think of something,” but at the end of the meeting she says, “I don’t know if I’ll come next time.”

- Robert leaves with the feeling that the meeting “didn’t go well”:
- “She’s not cooperating,”
- “She doesn’t say anything,”
- “How can I help if she doesn’t want to?”



What actually happened?

When Robert later discusses the case in supervision, the supervisor helps him focus on two layers: **cultural meanings** and **traumatic experiences**.

1. Cultural background and attitudes:

- Maria has grown up in an environment where mental health issues are considered a “weakness” and asking for help is shameful.
- She feels that in a small town, “everyone knows everyone” – a diagnosis of mental health problems carries the risk of people talking about her.
- Being referred to the service by her employer makes her feel that she has no control over the situation (“they decided that I need help”).

2. Traumatic experience and crisis of confidence:

- Inpatient hospital treatment was very difficult for Maria – she feels that decisions have been made about her in the past without her input (“they just put me in the ward”).
- In her experience, help means loss of control and judgement (“experts will see if I am sick enough or good enough”).

Robert notices that his own style during the meeting was quite “results- and plan-oriented”: immediate goals, steps, returning to work. For Maria, this reduced her sense of security – she was not yet ready to make plans for the future; first, she needed **a place where someone would allow her to be as tired as she was**.

ANALYSIS ACCORDING TO THE 5+5 PRINCIPLES

Culturally sensitive communication

Ask, don’t assume. Robert assumed that since Maria had come to the service, she was ready to set goals right away. A culturally sensitive approach would have first explored:

- “How do you feel about your employer referring you here?”
- “When you think about ‘mental health support’, what feelings do you associate with it?”

This would have opened up the topic of the stigma surrounding mental health and the experience of being referred to services.

Honest “not knowing” and checking assumptions. Robert could have phrased it as:

“I’m used to talking about goals in this kind of service, but I don’t know if that’s right for you. Help me understand what you’re capable of right now – do you just want to talk or do you want to sort out a few small things?”

This would have given Maria permission to say, “I can’t make plans right now,” without feeling ungrateful.

Power relations

Since she was referred to the service by her employer, Maria perceives Robert as part of the “system”. A culturally sensitive and power-aware step would have been to clearly distinguish: “I am not your boss or doctor. My role is rather to be there so that you don’t have to think about all this alone. You decide what we talk about and at what pace we move forward.”

This would reduce the risk of Maria seeing Robert as yet another controller.

Language and amount of information

“What are your goals and steps?” sounds like a very big and distant question to someone who can barely get out of bed. It would have been easier and more manageable to ask:

- “What is one thing that would make your day a little easier?”
- “Is there anything you would like me to explain to your employer?”

Curiosity vs judgement

At first, Robert interpreted Maria’s silence and the phrase “there’s no point” as a lack of motivation. It would have been more culturally sensitive to say:

“When you say ‘there’s no point’, is it more fatigue, disappointment from previous experiences, or something else? What is behind that statement?”

This would have given room for the experience “no one has really helped me before”, not just “I can’t be bothered”.

Trauma-sensitive approach

Security. It would have been safer for Maria if the beginning of the meeting had focused on clarifying the framework and expectations rather than the results:

- “We don’t have to decide anything today. We can just map out how you are doing right now and leave the plan for next time.”

This would reduce the pressure and the feeling of being “judged”.

Transparency. Given his previous experience in the psychiatric ward, it would be important to clarify at the outset what Robert does and does not do:

- “I am not writing any decisions here about your medical record, work capacity or treatment plan. If I write anything, it is more so that you and others (e.g. your employer) have a better understanding of what you need.”

This would help to avoid the fear that every word will be turned into a “diagnosis”.

Choice and control. Robert could have given Maria choices right from the start:

- “Is it okay with you if we just decide how often and where we will meet for the first time?”
- “Would you rather talk today about what tires you the most, or what keeps you going?”

This would give Maria the opportunity to decide for herself how deep she wants to go.

Cooperation. Instead of coming up with a ready-made idea of “returning to work within the next month”, Robert could ask:

- “When do you think it would be appropriate to bring up the topic of work? Is it too far off at the moment?”
- “What would be good cooperation between me and your employer – what do you want me to say on your behalf and what definitely not?”

This would make Maria a co-author of her own story, rather than an object to be decided upon.

Empowerment and noticing strengths. At the end of the meeting, Robert said: “But you did well to come.” To Maria, this sounded rather hollow. It would have been more trauma-informed and empowering to say:

- “I can see how little energy you have right now – and yet you came anyway. That tells me that you still have hope somewhere, even if you don’t feel it yourself right now.”

Here, the effort is described honestly (not sugar-coated), but Maria is seen as more than just a “difficult client”.

WHAT CAN YOU LEARN FROM THIS CASE?

As a support person, you will probably encounter such situations repeatedly – especially with clients who have mental health issues. Maria’s story helps you clarify some important rules for yourself:

- **Silence or “non-cooperation” does not automatically mean that a person does not want to cooperate.**

The next time someone is uncommunicative and dismissive, ask yourself: *“What could be behind this – shame, a bad experience with the support system, fear of diagnosis or job loss, trauma?”*

This will prevent you from jumping to the conclusion that ‘they can’t be bothered’.

- **At the first meeting, the most important thing is the relationship, not the plan.**

You don’t have to make a ‘return to work plan’ or a detailed action plan on the first visit. It is often much more important for the person to experience:

“This is a place where I can be who I am right now.”

A safe framework (who I am, what I do, what my role is not) is already a big job.

- **Always ask questions using the person's own words, don't fill in the blanks.**

Very simple questions reveal a lot:

- ◇ "What does this service mean to you?"
- ◇ "What do you hope for most?"
- ◇ "What are you most afraid of?"

This way, you are not relying solely on the text of the cover letter, but you understand what is really going on.

- **You have the right to say, "I realise I went too fast."**

This does not diminish your professionalism – on the contrary, it increases trust. When you admit that the first time was too plan-oriented, it sends a signal to the person: *"I am not just being processed, I am being taken into account."*

- **The goal is not a 'big breakthrough', but small steps of trust.**

If the next time a person says two more sentences than the last time, that is already progress. In culture- and trauma-informed work, it is precisely these micro-steps that your work is based on.

Start with the relationship, explore meanings, don't rush with your plan, and consider small moments of trust as real progress!

Working with vulnerable target groups often requires more presence, patience and emotional resources than we initially think. In order for support to be consistent and professional, the support person must also be able to take care of themselves – otherwise, providing help becomes a burden. The next chapter focuses on self-care, compassion fatigue and burnout prevention.



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5. HOW TO BE A SUPPORTIVE MENTOR?

SELF-CARE AND BURNOUT PREVENTION

Support work is **emotionally demanding**: you listen to difficult stories, help people navigate systems, maintain boundaries and at the same time try to be warm and trustworthy. It is work that inevitably **depletes your inner resources**.

The latest handbooks in Estonia and Europe clearly emphasise that **self-care is not a 'personal luxury', but part of the job and an ethical obligation** – without it, support workers cannot maintain relationships or provide quality support.

Various studies among social workers and volunteers show very high levels of burnout, secondary trauma and compassion fatigue – often more than half of respondents report significant exhaustion and mental health risks. This means that self-care, resilience and boundary setting are not 'soft topics', but **prerequisites for work ability and high-quality support services**.

Below, we explain the concepts on which we will later build practical skills: self-care, resilience, burnout and compassion fatigue.



5.1 Self-care as part of work, not a private pleasure

”

This job keeps me going because I get to guide others through challenges that I have experienced myself. One important moment was when a mentee said that our conversations helped her make a difficult decision – choosing which master's programme to accept. Knowing that I played a small part in her growth is very valuable. To cope with work stress, I consciously set boundaries

Mentor François, France

Estonian social work ethics materials state clearly: **self-care ensures that social workers/support persons can continue in their profession**. Self-care means consistently taking care of both mental and physical health and consciously maintaining boundaries between work and other aspects of life.

Similarly, the self-care guidelines for community leaders compiled by the University of Tartu emphasise that one of the cornerstones of positive mental health is **resilience** – thanks to this, people are better able to cope with uncertain situations and do not break down at the first setback.

In practical terms, self-care for a support person means:

- *preventive choices* (sleep, food, exercise, rest, hobbies);
- *setting boundaries* (working hours vs free time, saying 'no', role boundaries);
- *reflection and contemplation* (what I experience, what triggers me);
- *seeking support* (colleagues, supervision, specialists if necessary).

Recent reviews of social workers' self-care emphasise that **self-care is a skill that must be learned and consciously practised**, not just "a good plan if there is time left over".

Resilience: flexible endurance, not heroism

Estonian mental health guidelines define resilience as **the ability to recover from stressful situations and view them as learning opportunities or experiences**, rather than personal failures.

A resilient support person is not someone who "puts up with everything" and suppresses their feelings, but someone who:

- **notices their own stress,**
- **knows how to ask for help and distinguish between their own feelings and those of the client,**
- **adjusts their work** when they see that resources are running low.

Studies conducted among social service managers and employees in Latvia show that resilience is directly linked to **lower burnout and higher job satisfaction**, especially when supported by team cohesion and regular supervision.

Resilience in support work means, among other things:

- **a realistic self-image** ("I am not a superhero, I am a person in a professional role");
- **the ability to allow oneself to take a break without feeling guilty;**
- **a willingness to learn from experience** ("what can I learn from this about myself?" rather than "why did I fail again?");
- **a work culture** where talking about difficulties is not a sign of weakness, but part of professionalism.



5.2 Burnout: when your inner strength fades

”

"I am motivated by quiet moments of trust and very practical results: when a person learns to navigate a complex system, accesses healthcare or finds housing. These successes – big or small – give me the strength to keep going. I maintain my motivation through continuous learning and cooperation with colleagues. And what helps most is hearing from people themselves how support changes their everyday lives."

Support person Ulrika, Sweden

Burnout is often described as **the result of chronic work-related stress** that has not been adequately addressed for a long time. Typical signs of burnout are:

- **emotional exhaustion** – feeling "I can't take it anymore", feeling drained;
- **cynicism or distancing from clients** – growing irritation and indifference;
- **decline in performance** – feeling that nothing I do is good enough.

Burnout is not just a "weakness of the individual", but often **the result of work organisation and value conflicts**: excessive workload, lack of support, contradictions between professional values and actual work. International studies conducted among social workers (including in Latvia, the USA and Northern Europe) show that the risk of burnout is particularly high among those who: work **with clients with high emotional needs** (violence, addiction, trauma); feel that they have to **"juggle two balls"** – being responsible for both the well-being of the client and the limitations of the system; do not receive sufficient supervision or support from colleagues. From a theoretical point of view, it is important to understand that

burnout prevention is not just about "learning to relax better", but **about learning to recognise warning signs, setting boundaries and seeking structural support** (team, manager, coordinator, colleagues).





5.3 Compassion fatigue: when empathy wears you down

Compassion fatigue describes a state in which **constant exposure to other people's suffering and intense empathy gradually become exhausting** – the person seems to 'wear out' from compassion.

A study by Swedish clinical psychologists and a recent review of compassion fatigue among social workers show that: it is **common among helpers**, especially those who hear many difficult life stories; it can manifest itself in emotional exhaustion or numbness ("I don't feel anything anymore"); it is associated with previous trauma, excessive responsibility and lack of supervision.

Compassion fatigue differs from burnout in that it is **directly related to the emotional burden of contact with clients** – it is like a side effect of 'carrying another's pain'. It often goes hand in hand with secondary traumatic stress (when other people's stories start to haunt you, inability to sleep, etc.). Of course, strong empathy is **a great tool**, but without self-care and boundaries, it can become dangerous. Therefore, compassion fatigue does not mean that "there is something wrong with you", but that **the system often lacks support mechanisms**, and you need to consciously learn to protect yourself through empathy (boundaries, reflection, occasional "cooling down" rituals).

5.4 Support persons at the centre of the system: bureaucracy, limitations and realistic impact

“

One of my most meaningful success stories was when a client finally got their flat. I helped them prepare documents, communicate with authorities and clarify legal issues. I also helped with practical steps related to the purchase and improving their living conditions. It was a long process, but step by step it became understandable and achievable for the client.

Support person Ieva, Latvia

In addition to dealing with people's stories and emotional burdens, support persons are also exhausted by **bureaucracy** – forms, reports, portals, endless e-mails, "please add another certificate". Support persons often feel like they **are caught between the client and the system**: on the one hand, there is the person with their needs and hopes, and on the other, there are rules, documents, reports, deadlines and rigid decisions that the support person has no control over. Heavy bureaucracy, constant reforms and a "reporting culture" are among the key risk factors for burnout and leaving work.

Part of the support worker's role is **to help the client understand and navigate the system**, but it is equally important to understand one's own limits: the support worker is not a ministry, an official or a 'system repair unit'. If you try to overturn every unfair decision or rule as your personal mission, burnout is almost guaranteed.

First, clarify for yourself what you have influence over and what you do not.

You can: help people understand rules and processes; fill out forms with them and help them prepare for meetings; provide feedback through your organisation if a requirement is unreasonable. However, you do not control the law, all decisions or budgets. If you find yourself thinking about burnout, ask yourself, 'Is this within my sphere of influence or not?' If not, your role is to be **an interpreter and companion**, not a super-minister.

Second, talk to the client honestly about bureaucracy, but not hopelessly.

You could say, for example, 'The rules are indeed rigid, and I cannot change them. I can help you understand what is possible within them and be by your side when decisions are made.' This maintains trust: the person does not feel that you are "playing along" with the system against them, but that you are standing together in front of the same confusing machinery.

Thirdly, manage the rhythm of bureaucracy yourself. Instead of reacting to every little thing:

- concentrate your paperwork at specific times (e.g. twice a week);
- keep a simple overview of what has been done and what is pending, so that you don't have the thought "I'm sure I've missed something" spinning around in your head;
- agree with yourself that not every email needs an immediate response.

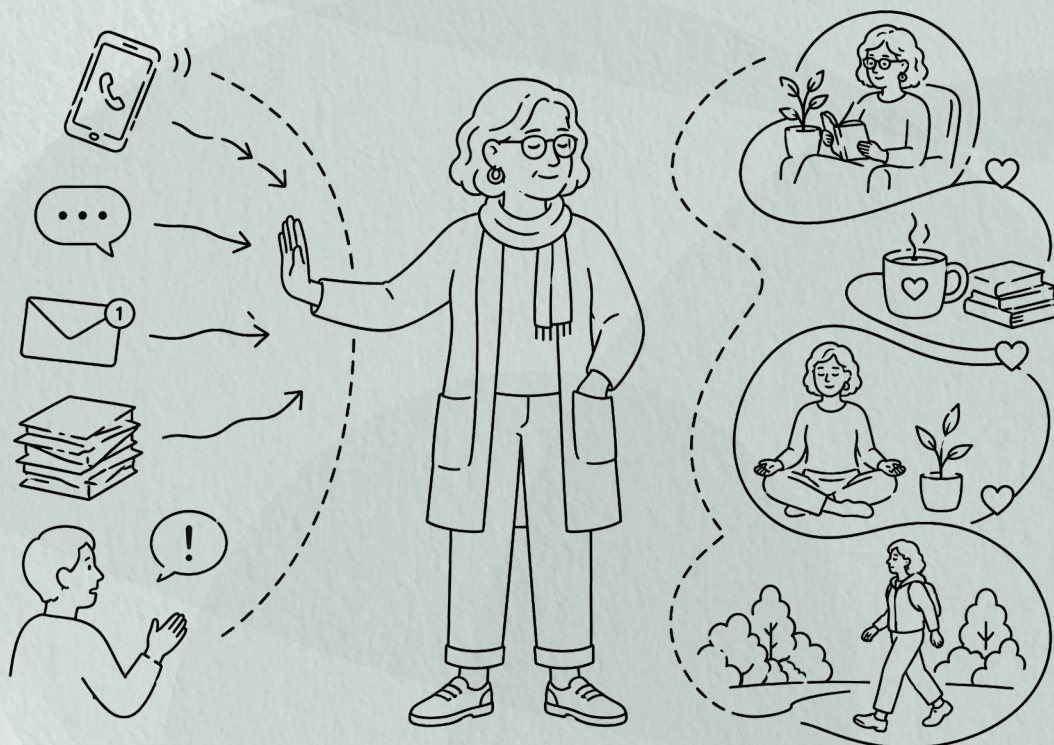
Fourthly, do not take every 'no' as a personal failure.

A decision on an application usually says more about the system and criteria than about you or the value of the client. A good phrase to say to yourself and the client is: 'We did the best we could together, given the rules and time constraints. This 'no' does not mean that you are less valuable or that our efforts were worthless.' If such 'no's start to haunt you for a long time, it is a signal that you need to discuss the issue with your supervisor or a colleague – not take it home with you.

Fifth, look for allies. Bureaucracy is not just your concern. Once a quarter, ask your team: "What burdens us the most?" and "Is there anything we can do together to make things easier – document forms, clearer work instructions, checklists?". Sharing tips reduces the feeling that you are alone against the system.

And finally: **allow yourself to be a "good enough" support person, not a perfect system wizard.**

The heart of your work is still your relationship with people; bureaucracy is just a path you have to walk together sometimes. If you keep that in mind, it will be easier not to lose yourself among the endless forms.



5.5 Support person: what kind of “mental muscle” needs to be trained?

From the above, we can conclude that a support person is someone who:

- **understands that their work is risky for their mental health** – and takes this seriously, rather than boasting that “I won’t burn out”;
- **recognises the signs of burnout and compassion fatigue** (fatigue, cynicism, hypersensitivity, numbness, sleep disturbances, frequent illness);
- **sets boundaries** – in terms of time (work time vs free time), role (support person vs ‘rescuer’) and emotions (own feelings vs client’s feelings);
- **uses reflection** – regularly thinks about what triggers them, what they need, how their story intertwines with the client’s story;
- **seeks and uses support** – colleagues, supervision, therapy if necessary, not just “coffee break chat”;
- **allows themselves to take a break without feeling guilty**, knowing that this is part of being professional.

It is important to understand that **the supporter’s health is part of helping**, not a private matter. A healthy support person means:

- a more stable and predictable relationship with the client;
- better decision-making in difficult situations;
- a lower risk of harmful actions or ill-considered reactions.



5.6 Maintaining a support person in practice: how to take care of yourself?

The theory says that self-care, boundaries and a support network are part of the support person's job. On a daily basis, however, this means making very specific choices: when do I notice that I am tired; how do I relieve stress; how do I reflect on my experiences; and how **do I dare to ask for help** without feeling like a failure.

Below are some simple tools you can use on your own or with your colleagues.

Signs that you are tired – self-assessment checklist

These are **warning signs**, not a diagnosis. If you notice them repeatedly or several at once, it is worth consciously reviewing your workload, work arrangements and support network and, if necessary, seeking help and space to recover.

Your body sends signals

- sleep is shallow, you wake up at night, your thoughts are "stuck on work";
- frequent tension in the shoulders, head, stomach;
- you often have a runny nose, headaches, back pain;
- you feel "drained" even after short working days.

Your mood and attitude change

- you are irritable – small things get on your nerves;
- you catch yourself thinking: "I don't care, let them do what they want";
- you become a "cynical joker" – your humour is only dark and about burnout;
- You avoid certain clients, calls, and emails because "I just can't handle it."

Relationships and boundaries become extreme

- either **you stick to your clients** (you are available all the time, you think about them non-stop even at home),
or
you withdraw completely ("I don't want to see anyone anymore");
- you start working more and more on "automatic mode" – you listen on the surface, but in your head you're thinking: "just get it done".



The meaning of work becomes blurred

- you ask yourself: "Does this even make a difference?";
- you do fewer and fewer things that used to bring you joy (hobbies, friends, exercise);
- you spend your weekends just recovering, not doing anything enjoyable.

Once a week, you can ask yourself:

"Is the way I feel right now just natural fatigue or a sign that I've been 'in the red' for a long time?"

5.6.1 Simple stress management techniques

Stress management does not have to be complicated. The important thing is to **do something regularly** and make sure it is realistic for your working day.

Microbreaks during the working day

3×30 seconds during the day, e.g.:

- before a difficult meeting, after a difficult meeting, before going home;
- sit down, put your feet down, take 3 slow deep breaths;
- ask yourself: "How is my body feeling right now? Where is the tension?" and imagine breathing through the tension.

It sounds trivial, but it helps the nervous system calm down a little so that you don't remain in a state of "alert" all day long.

Physical "restart"

Your brain cannot tell whether you are running away from a client or taking a conscious break from movement – but your body can. Very simple options:

- walking up and down the stairs for a moment (even 2–3 minutes);
- a quick walk around the building or in the corridor;
- stretching – arms up, shoulder circles, neck stretches.

Put **"5-minute movement break"** in your calendar once a day. This is not laziness, but mental health hygiene.



Pausing your “work cloud” before you get home

For the last 5–10 minutes before the end of the day:

1. write down **3 things** that *went well* today (or were at least okay);
2. write down **one thing** that you are consciously leaving for tomorrow’s “cloud” (e.g. one phone call, one issue that cannot be resolved today);
3. Tell yourself: ‘That’s enough for today. I’ll come back to it tomorrow.’

This way, you won’t take the whole day home with you.

5.6.2 “Three lines”: me-client-situation

If you feel that you are too deeply involved in your client’s story:

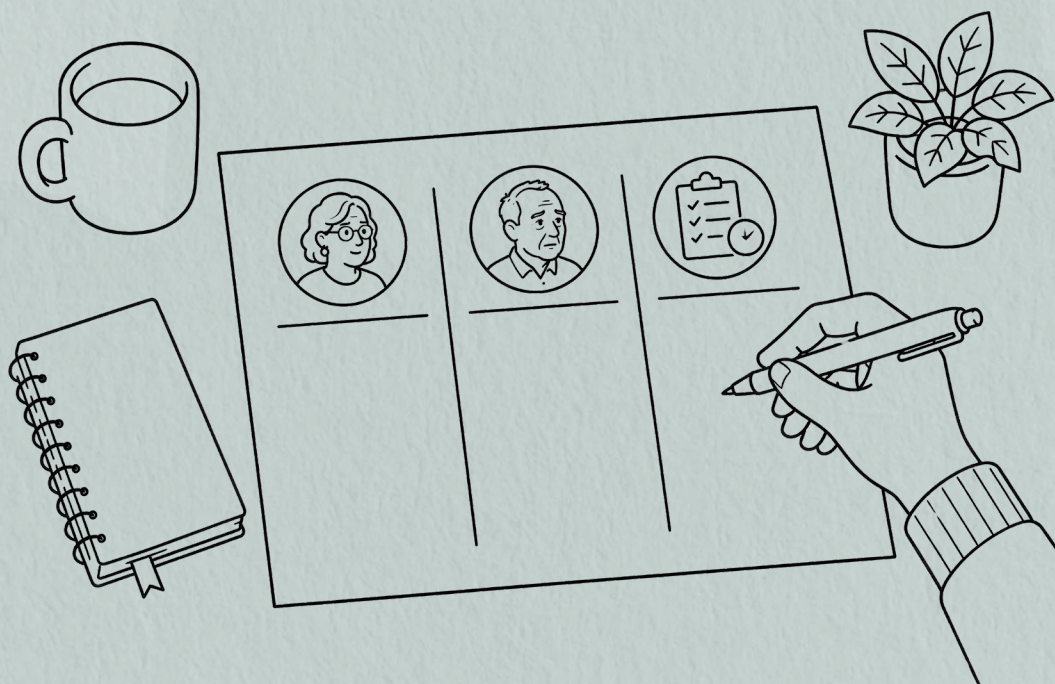
- draw three columns on a piece of paper: **me / client / situation**;
- write separately under each:
 - ◊ what *I* feel;
 - ◊ what I can assume *the client* is feeling;
 - ◊ what are *the facts of the situation* (deadlines, rules, system limitations).

This helps to distinguish between:

“This is my feeling, not the client’s”

and

“This is a limitation of the system, not my personal failure.”



5.6.3 A small gratitude exercise once a week

Write down:

- 3 things you are **grateful** for **in your work** (e.g. "I stayed calm", "I dared to apologise", "I took a day off");
- One boundary you **maintained for your own benefit** (e.g., "did not take calls after working hours," "referred a client to a service that I do not offer").



This normalises the idea that **looking after yourself is something to be proud of**, not guilty about.

How to ask for help (without feeling guilty) – and notice small joys

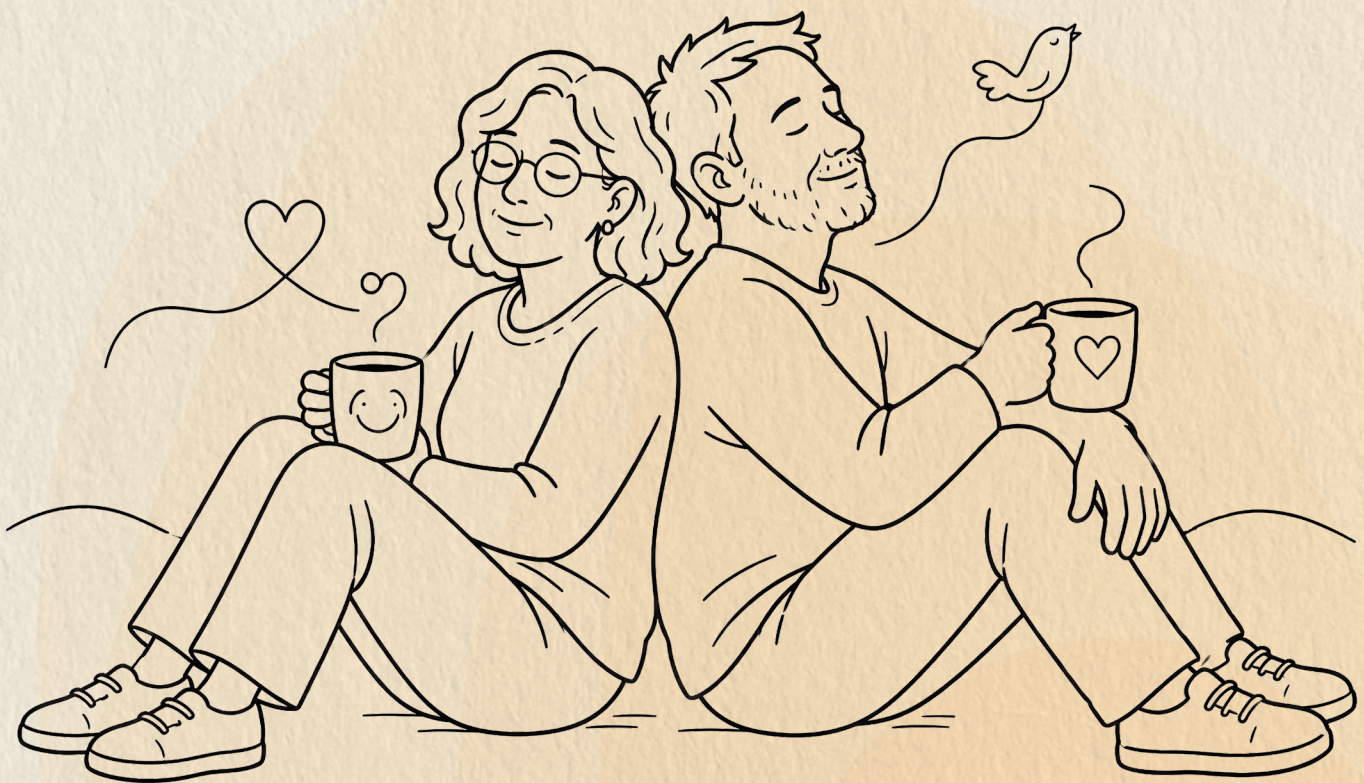
Asking for help is one of the most important skills in support work. It is very easy to think, "Others can do it, so I have to as well." In fact, the opposite is true: **asking for help is part of being professional, not a failure**. The alarm bell is not only when you can no longer go to work – the signs usually start much earlier. If you notice that you think about your clients' problems at night, you have been unusually angry or cynical in recent weeks, you subconsciously avoid certain calls or cases, or your loved ones say, "You've been talking about work and fatigue all the time lately," then "more vacation" is no longer enough. This is the moment when you really need to talk to someone.

Help can be sought on several levels. A **colleague** may be the first person with whom you can simply discuss honestly: "I have a case that is affecting me more than others. Could we sit down sometime so I can talk about it?" or "I notice that I have become impatient with this client – how do you see it from the outside?". It is worth asking **your manager or supervisor** if the issue is related to your work organisation and workload: "I would like to talk about my workload and how I feel. I am noticing signs of burnout and would like to take them seriously before they get worse," or "I need supervision/support from my colleagues because the emotional strain is affecting me greatly at the moment." If you feel that your clients' stories are strongly triggering your own past experiences, it is honest to turn to **a counsellor or therapist at**: "I work as a support person and feel that my clients' stories have started to affect me excessively – my sleep, moods, relationships. I need a place where I can unravel this professionally." Loved ones – friends, partners – can provide emotional support, but you shouldn't dump the entire burden on them; professional reflection (supervision, counselling) is where your experience can be thought through in a structured way.

The most difficult thing is often **communication with yourself**. A sense of guilt whispers: "I should be able to cope. Others have it even harder." Conscious reframing can help here. You can remind yourself: "Asking for help is part of being truly useful to my clients, not half-hearted," or ask yourself: "If my colleague came to me with the same story, would I think they were weak?" – usually the answer is no. Similarly, it helps to remember that "holidays and support are my tools, not a reward for when everything is done". If necessary, write yourself a little **"reminder"** and keep it in your notebook:

"I have the right to be tired. I have the right to seek support. This does not make me a worse support person. On the contrary, it helps me to keep going."

Part of a support person's self-care is also **the ability to notice small joys**. Just because some days were difficult does not mean that there were no good moments. At the end of the day, practise asking yourself: "What were three small things that made me happy today?" – whether it was laughing with a client, a warm sunny walk after work, support from a colleague, or saying "no" to an extra task. These small joys will not erase systemic problems or stress, but they will help you realise that you are not just tired. And the more you consciously make yourself aware of such moments, the easier it is to ask for help – because you don't see yourself as a "failed support person", but as someone who cares about the well-being of others as well as their own.



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CONCLUSION

Support work happens in everyday moments: in how you are present, how you listen, how you set boundaries, and how you help someone find their next small step. In this handbook, we have focused on what makes support work safe and effective: a trusting relationship, presence, clear roles and boundaries, ethical and digital safety, communication skills, and self-care.

If there is one key message to take away, it is this: **you do not have to 'fix' anyone's life**. Your job is to stand by the person in a structured and respectful way – supporting their autonomy, motivation and movement in small steps. If you have doubts or the situation becomes complicated, return to the basics: consult, set boundaries, choose safety and document. This keeps the focus on empowerment, not rescue.

Let this handbook be your compass in your daily work – helping you stay on course when situations are unclear and notice what is most important: dignity, agency, safety and relationships that bring about change.

Before you move on, pause for a moment and think:

- What helps me stay present and calm in difficult situations?
- What boundaries are most important for me to maintain?
- Where do I need more support – consultation with colleagues, supervision or guidance from a coordinator?
- What is one small step I can take this week to take care of myself as a professional?

High-quality support work is never the sole responsibility of the support person.

Professional boundaries, secure communication channels, a realistic workload, guidance and regular opportunities for reflection require organisational decisions and a clear service framework.

Part II of this handbook is intended for organisations that provide and coordinate support services. It focuses on how to design an ethical, sustainable and consistent service: roles and responsibilities, recruitment and training, coordination, documentation, quality management and support structures such as supervision and peer consultation. Used together, Parts I and II help to create a common language and a common direction – so that support persons can do their job well and the people receiving support experience a safe and meaningful journey.



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