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What is Peer Work?

"A peer worker provides emotional and social support to others with whom they **share a common experience**. They focus on building a mutual relationship that fosters hope and optimism. By being able to provide genuine examples of overcoming adversities in their own journeys, peer workers can **inspire empowerment and self-determination.** Peer work aims to support **recovery of a person's whole life,** inclusive of personal passions, social interactions, study and work."

"It's also about a balance of power and mutuality, not a 'helper-client' scenario."

-Orygen, The National Centre of Excellence in Youth Mental Health (AU), 2017

The Pulse on Peer Work

- 30, 000 estimated peer workers in the U.S. (Mental Health America, 2023).

In the last 20 years there has been substantial advancement and recognition of peer services, such as:

- Training, certification & competency standards (Peer Support Canada, 2023)
- New specializations beyond mental and substance use healthcare systems
- Inpatient, outpatient, digital, and community based settings
- International uptake
- Provision of support adjunctive to traditional health care workers
- Benefits to peer employees (e.g., enhanced personal growth, recovery, social support, confidence in employability) (Cyr et al., 2016; Nesta, 2015).

-Fortuna, Solomon & Rivera, 2022

The Value of Peer Work

role-model

understanding

quality

influence

programs

support

goals

self-confidence

feedback navigation

services

design

integration

crises

empathy

community

positive

bridge

safety

communication

non-judgemental

information

connections

hospitalizations

coping

recovery

credibility

trust

deliver

interpersonal

insight

hope

skills

modelling

knowledge

practical

programming

"**Despite evidence of the benefits, for both individuals and families, peer support programs have yet to receive the focus, funding, and attention needed**" (Mental Health Commission of Canada, 2023).

References:

Cyr, C., Mckee, H., O'Hagan, M., & Priest, R. (2016). Making the case for peer support. Ottawa, ON: Mental Health Commission of Canada.

David, D. H., Rowe, M., Staeheli, M., & Ponce, A. N. (2015). Safety, trust, and treatment: Mental health service delivery for women who are homeless. Women & Therapy, 38(1–2), 114–127.

Nesta. (2015). Peer support: What is it and does it work? London, United Kingdom.

Types of Peer Work

Mentor (Support)

- Partnership with client
- Offer support and encouragement re: program specific or broader life goals

Educator

- Information sharing and health promotion (educational materials, lead presentations or workshops)
- Popular in youth services

Navigator

- Community resource specialists: service navigation, referrals, and advocacy
- Health and homelessness programs

Specialist

- Broader role that may include case management, advocacy, group facilitation and other peer work activities

Mutual aid group

- Peer support groups
- Peer knowledge exchanges

-Frederick, Daley, & Zahn, 2018

Principles of the Peer Worker Role

Critical orientation
1. • See their situation from a different perspective and rename and reframe their experience (e.g., identifying structural issues)

Create a sense of community and belonging
2. • Building relationships, promoting mutual respect, being open to diversity, and incorporating elements of anti-oppressive practice

Flexible
3. • Role is open to being defined by peer workers and participants themselves based on their interests, orientations and needs

Instructive & shares mutual responsibility
4. • Aims to educate, examine, explore and discuss
   • Voluntary and shared commitment to working together

Establish & maintain safety
5. • Group roles and strategies for maintaining safety and confidentiality
   • Create spaces that feel safe and non-oppressive

Ongoing reflection & interpersonal boundaries
6. • Does not share the same formal roles and professional identities that regulate other clinical and service agency roles (e.g., self care, defining duties and processes)

-MacNeil & Mead, 2005; Frederick et al., 2018

Best Practice Recommendations

- Organizational commitment to the peer role
- Good communication and flattened hierarchy
- Tangible benefits and incentives
- Ongoing and dedicated supervision
- Focus on diversity and implement a team approach
- Understand and support the needs of peer workers
- Allow for leeway in how peer workers occupy the role
- Consider different types of peer positions
- Offer a seat at the table- involve in program design
- Promote autonomy and opportunities for leadership
- Promote self-care
- Adequate training

-Frederick et al., 2018 (pp. 252-254)

Challenges & Ethical Considerations

- Co-optation and the silencing of critical voices
- Emotional labour, triggering, & maintaining boundaries
- Conflicting loyalties (e.g., between organizational belonging and social network)
- Remuneration
- Tokenism and second-class status

-Frederick et al., 2018 (pp. 255-257)

Looking to the Future

- Promote the growth, recognition, and accessibility of peer work (Peer Support Canada, 2023).

- More research and guidance to policymakers and program leaders on how to maximize the benefits of peer support programs (Mental Health Commission of Canada, 2023).

- Peer workers help contribute to a more supportive society (Mental Health Commission of Canada, 2023).

Peer Navigation Project

2018 – 2024

A mixed methods implementation science study of peer navigators to increase street connected youths' access to HIV prevention, testing, and treatment in Canada and Kenya

Visit Our Website

https://pnpstudy.net

# Collaborators

Funded by:

Overview
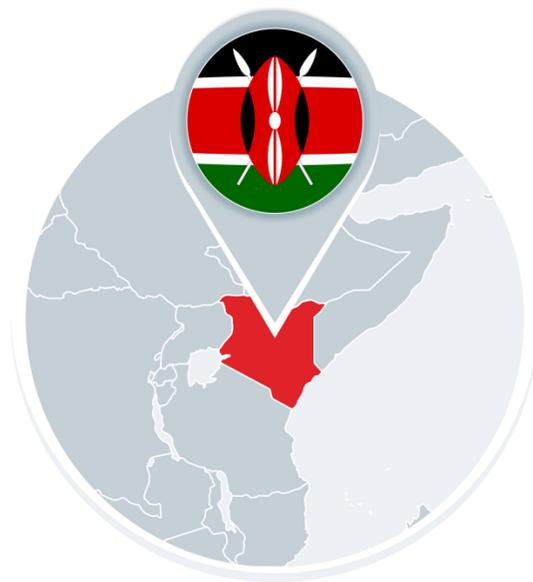
- Collaborative research project between researchers and community partners

- Explore and evaluate the use of peer supports for street connected youths access to HIV and AIDS prevention, testing and treatment

- Canadian sites: London, Toronto, Vancouver

- Kenyan sites: Eldoret, Huruma, Kitale

- Host organizations provide full-time paid employment to the Peer Navigators.
  - Health clinics
  - Housing support organizations
  - Community health organizations

Project Phases

Phase 1: Assessment

- Assess the acceptability and appropriateness of the PN intervention at different study sites
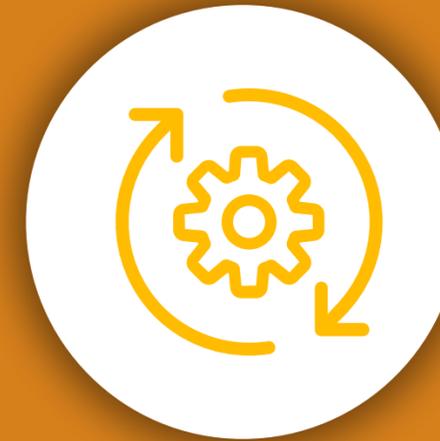
Phase 2: Implementation

- Evaluating whether the PN intervention is feasible, satisfactory, ethical, equitable and sustainable across all sites.

Who

Peer Navigator (PN):

- Shares identities and lived experience
- Offers service navigation, referrals and emotional support
- Mid 20's
- Lived experience of homelessness
- Vancouver in Toronto: 2SLGBTQ+

Street connected youth (SCY):

- Diverse
- May intersect with several key populations in the HIV response
- Expeirence multiple barriers to HIV care
- Inclusion criteria:
  - unhoused or housing insecure,
  - 16-29 years old,
  - Toronto and Vancouver: 2SLGBTQ+

Key Aspects of the PN Role
London, ON

- A wide range of duties including education and support to SCY living with or at risk for HIV

- Advocate, mentor, educate, counsel and assist in problem-solving with clients

- Provide supportive care, counselling, coaching and street-level outreach

- Arrange, link, navigate, escort and accompany SCY as necessary to health and social services, including HIV testing, and treatment.

SCY Research Engagement

- Peer Navigators in each site collect data with consenting youth participants

- London data (August 2021-August 2023):

  - 33 youth
  - 238 follow up encounters
  - Average age: 22.5 years
  - 33% completed high school
  - 88% were receiving government assistance at enrollment

SCY

- Emergency shelters (n=16)
- With friends or family (n=6)
- Transitional housing (n=5)
- Rented house (n=3)
- Intimate partner's home (n=2)
- Street or park (n=1)

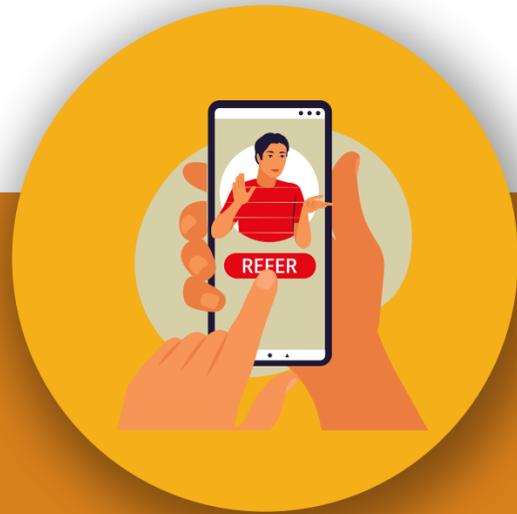76% of participants have been living on the street for 2+ years

| Gender	Sexuality
3 cisgender men 3 transgender men 22 cisgender women 1 two-spirit person 2 gender fluid people 1 non-binary person	11 straight/heterosexual people 9 bisexual people 2 questioning person 1 asexual person 8 pansexual people 1 demisexual person 1 gay person

PN Activities

Referrals

- Over 80% of participant encounters with the PN received a referral and often accompaniment to the service location
    - HIV and sexual health
    - Physical and mental health
    - Social service
    - Other holistic referrals
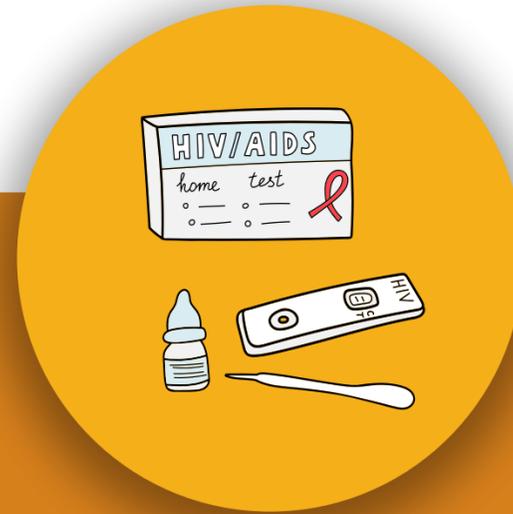
HIV testing

- 76% of SCY had been tested at time of enrollment:
    - 20% living with HIV
    - 72% HIV negative
    - 8% did not know status
- 100% of participants who were HIV-negative or did not know their HIV status were willing to get tested with the assistance of the PN

HIV care

- Among the 5 SCY who are living with HIV, all were currently involved in HIV care and taking antiretroviral medications at baseline.
- 50% reported an undetectable viral load at their last viral load test.
- The PN completed 77 follow-up encounters with these 5 SCY.

1.5 Year Evaluation

100%

SCY:

- My interactions with the PN have been helpful
- The PN has increased my knowledge of HIV/AIDS
- I feel safe with the PN

100%

HCP's & CS:

- The PN is providing a useful service for SCY
- I feel comfortable referring SCY to the PN
- The PN has increased SCY access to HIV prevention, testing, & treatment

1.5 Year Evaluation

Community Integration

"Again, I honestly don't really know about a lot of other [HIV] services in the community. I feel like that says a lot though if Jenna's the one that I know about. I just think she's more accessible. And yeah, I'd have to do a Google search if someone was asking about that specifically."   –CS-L-1

Relationships

"There's really a lot of trust that they've [SCY] built with her [PN], which is so great because when she builds that relationship that can spill over to add to a relationship with a nurse, and then the physician, and then the whole healthcare system, which ultimately, in my mind, for a lot of these folks is a great end goal."   –HCP-L-3

Unique Role

"She is actually there to help me when I'm in a crisis, when I have nobody else to talk to about having HIV and stuff like that. And she has a lot of knowledge on that stuff, where more, like a nurse doesn't have that."

–SCY-L-1

"Within the ways of understanding what I'm going through, most workers I have are like, "I don't get it." And it's like, dude, well if I have to sit here and spell it out for you, there's no point fighting anymore. It's just going to take a lot of my time that I don't need to take up. And she's [PN] already knowledgeable about it and knows the risks of stuff, and she seems to know really what you need to work on. Even just by talking to her once she seems to know what you need. But she'll have a thousand things already ready for me, by the time I'm done my conversations, of where I can go and get the services of help for different, and other things, so she's really, really helpful."

-SCY-L-4

Looking to the Future

- Overwhelming positive feedback

- Fills a service void

- Provides life-altering and life-saving support to clients

- Given that research is a time-limited process, our first and key recommendation is to consider opportunities for funding the PN as a permanent role

Thank You
For Your Participation

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