

3.6 PEER SUPPORT WORK TO ENHANCE SERVICES FOR YOUTH EXPERIENCING HOMELESSNESS

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INTRODUCTION

Across contexts, peer workers and peer mentors are becoming an increasingly important resource in delivering youth-focused programming for young people who are homeless or street involved. Peer work has been established across a number of practice areas, including public health, addictions, education, and community-based research. The most considerable development in the role has been within the mental health sector, where peer work is gaining increasing visibility and legitimacy as a central component of a recovery-based approach that is demonstrating positive outcomes (Nesta, 2015). While the incorporation of adult peers is relatively well established in many service sectors, youth and young adult involvement is still developing.

Peer work can encompass a number of activities, and although the role lacks a clear definition, a defining feature is the use of lived experience as a support to individuals in similar circumstances (Vandewalle et al., 2016). Within this broad conceptualization, various authors (Ansell & Insley, 2013; Ontario Centre of Excellence for Child and Youth Mental Health, 2016; Paradis, Bardy, Cummings, Athumani, & Pereira, 2012) have identified the common peer worker roles. These roles include:

- Peer mentor: partners with a client or participant and offers support and encouragement regarding program-specific goals and broader life goals;
- Peer educator: helps develop educational materials and leads educational presentations and workshops;
- Peer navigator: provides help with systems navigation (e.g., accompanying people to appointments, connecting to services, helping to fill out paperwork);
- Peer specialist: a broader role that encompasses some of the above activities and might include some case management, advocacy, and group facilitation; and
- Self-help and mutual aid group: this includes peer support groups and peer knowledge exchanges.

This chapter frames and conceptualizes the peer role and offers practical, evidence-based recommendations for incorporating peer workers into mental health–related programming and service delivery settings. It draws from the research on peer workers and peer mentoring across sectors, but also incorporates the insights of an experienced peer worker (Daley). The primary focus of this chapter is on peer work in mainstream agencies in a more formalized peer worker role. It does not include youth-led organizations or self-help and mutual aid groups.

HOMELESSNESS & THE COMPLEX INFLUENCE OF STREET-ORIENTED PEERS

As anyone working in the youth homelessness sector knows, street-oriented peers (friends and acquaintances of similar age and similar housing situation) play an important and complex role in the lives of youth who are homeless, street involved, or marginally housed. Research shows that on the street, peers are an important source of support. This support is shown to be primarily emotional, but street peers can also be a source of instrumental support in terms of offering protection and sharing resources and information about how to access services (Stablein, 2011). Street peers can also provide an important sense of belonging for a group that faces stigma, discrimination, and mistreatment. Although these peers can be a positive resource, peer relationships on the street can be plagued by mistrust and exploitation (Barker, 2014). Furthermore, some street-oriented peers facilitate substance use and involvement in risky subsistence strategies (Baron, 2013; Tompsett, Domoff, & Toro, 2013).

Connections with street-oriented peers can also play a complicated role in the process of transitioning away from homelessness. In a recent study of the exiting process, many young people felt they had to cut themselves off from their old street-based social networks because they worried about getting drawn back into past behaviours or having friends misbehave at their home, resulting in eviction. However, the choice to cut ties often resulted in feelings of loneliness, social isolation, and exclusion—feelings that can threaten housing and stability in their own right (Kidd et al., 2016).

These complex dynamics suggest that peer mentors and peer workers can play an important role in navigating some of the unique interpersonal and support needs of youth as they experience and transition away from homelessness. Various authors (Barman-

Adhikari & Rice, 2014; Christiani, Hudson, Nyamathi, Mutere, & Sweat, 2008; David, Rowe, Staeheli, & Ponce, 2015; Stewart, Reutter, Letourneau, & Makwarimba, 2009) have described how peer workers can support young people who are homeless or street involved. Peer workers can:

- Improve access to emotional support by being a source of empathy and understanding;
- Help young people imagine a place for themselves in the mainstream by acting as a bridge between the two worlds and by modelling a future away from homelessness;
- Help rebuild trust with social service agencies and mainstream institutions;
- Be a source of knowledge and practical support around particular challenges, such as exiting homelessness or maintaining good mental health; and
- Be a positive social influence and role model.

IMPLEMENTATION CONSIDERATIONS

VALUE OF THE PEER ROLE FOR ORGANIZATIONS

Research on the work of peer workers across sectors shows that peer workers have a unique and positive impact on organizations and programming. In particular, research (Cyr, Mckee, O'Hagan, & Priest, 2016; David et al., 2015; Nesta, 2015) highlights the following contributions peer workers can make:

- Forge quick connections with clients, which program staff without lived experience might have difficulty making, particularly among hard-to-serve individuals;
- Enhance the credibility of programming among a population that can be mistrustful of service providers and programming interventions;
- Help create a non-judgemental space within agencies and programming;
- Serve as a crucial resource in designing and delivering programs based on their lived experience;
- Help clients imagine new roles for themselves and develop new goals through a positive feedback process. For example, having a good relationship with a peer mentor may inspire a client to pursue peer work, and in pursuit of that goal, the client may engage more with recovery;
- Support specific populations with unique experiences or that are particularly marginalized (e.g., LGBTQ2S, mothers, people who use substances);
- Offer a non-judgemental and safe ear;

- Promote hope and recovery;
- Provide information and insight based on their own experiences with navigating program goals or in their own progress through recovery;
- Facilitate improved interpersonal and communication skills;
- Support the creation of community within the organization or program, and reduce social isolation;
- Improve clients' self-confidence;
- Help shape organizations by informing and influencing funding decisions and the direction of services;
- Improve coping skills and quality of life, and reduce crises and hospitalization; and
- Improve clients' knowledge about services.

VALUE OF THE PEER ROLE FOR THE WORKER

Another important way to think of the peer worker role is as a means through which peer workers support themselves in their own recovery process and goals. Research with adult peer workers finds that this work can lead to improvements in self-confidence, self-esteem, confidence in employability, improvements in self-advocacy, and reduced stigmatization (Ansell & Insley, 2013; Cyr et al., 2016; Nesta, 2015). There is little comparable research with youth peer workers, but similar benefits could be anticipated.

Peer workers can also be motivated by knowledge transfer and the opportunity to gain transferable skills. Further, their involvement can help them regain trust in social service staff and the larger system; they benefit directly from employment, but also feel empowered by having a say in programming. Inclusion in decision making can help restore or boost peer workers' confidence in themselves because they feel valued and are encouraged to engage with the program even more.

This positive cycle of involvement can also encourage peer workers to further invest in their own recovery and goal attainment. In addition to being there to support others, they are continuing their own learning process.

Involvement with the programming team can also help peer workers build key employment skills:

- They learn and develop skills around workplace culture and professionalism, but in a more supportive and understanding environment.
- They learn about and practise how to establish a healthy work–life balance and to effectively self-advocate within an employment context.
- They gain confidence around personal challenges (e.g., panic attacks, learning disabilities, social phobias) that may be interfering with the pursuit of broader employment opportunities. For example, in a supportive environment, the challenge or condition becomes secondary to employment and the peer worker is more likely to build confidence.
- A supportive environment and relationships within the peer worker team and other staff help limit negative ruminations and encourage open communication of issues. The nature of the work gives peers the opportunity to step back when personal setbacks are an issue.

RECOMMENDATIONS FOR PEER WORK

PRINCIPLES OF THE PEER WORKER ROLE

Since the nature and form of peer work varies, so does the tone and philosophy supporting the work. However, there have been attempts within the mental health sector to distill core principles integral to peer work. MacNeil and Mead's (2005) research on adult peer workers in a mental health context is widely cited. Below we provide an adapted version of the seven principles they identify:

- Peer work has a critical orientation that helps clients and participants see their situation from a different perspective and rename and reframe their experience (e.g., identifying structural issues, recognizing a common experience, creating self-awareness around personal patterns and choices).
- Peer work focuses on creating a sense of community and belonging (e.g., building relationships; promoting mutual respect, acceptance, and support; being open to diversity; incorporating elements of anti-oppressive practice).

- Peer work is more flexible than other clinical, youth worker, or social worker roles and is open to being defined by peer workers and participants themselves around their interests, orientations, and needs.
- Peer work is instructive and aims to educate, examine, explore, and discuss.
- Peer work involves mutual responsibility (e.g., a flattened hierarchy between peer workers and participants; a more mutual and less top-down approach to establishing group activities and approaches; a voluntary and shared commitment to working together).
- Peer work takes a sophisticated approach to establishing and maintaining safety (e.g., time is spent developing group rules and strategies for maintaining safety and confidentiality; an effort is made to create spaces that feel safe and non-oppressive to all participants).
- Peer work involves ongoing reflection on and attention to interpersonal boundaries because it is not structured by the same formal rules and professional identities that regulate other clinical and service agency roles (e.g., clear and ongoing discussion of when and how peer workers can be contacted; rules and processes for maintaining confidentiality; actively reflecting on how much of their personal story to share; self-care as a clear component of peer work).

BEST PRACTICE RECOMMENDATIONS

In line with the principles outlined above, the research and practice literature identify best practice recommendations for realizing the full benefits and opportunities of the peer worker role (David et al., 2015; Ontario Centre of Excellence for Child and Youth Mental Health, 2016; Petosa & Smith, 2014; Salzer, 2002; Vandewalle et al., 2016). The following section outlines best practice recommendations.

Make an organizational commitment to the peer worker role. There needs to be knowledge, understanding, and appreciation of the peer role across all levels of an organization. This involves training other staff on the nature and values of the peer role and providing opportunities for the group as a whole to get to know one another. Furthermore, staff in senior positions must model respect for the peer role. This will be a particular challenge in larger organizations, where special attention needs to be given to how the peer role will be integrated and acknowledged within the organization.

Use good communication and a flattened hierarchy. Peer work benefits from good communication and a flattened hierarchy among clinical staff and peer workers. This means fully including peer workers and mentors within the organization and at the decision-making table.

Provide tangible benefits and incentives. Organizations should attach clear and tangible benefits to the peer worker role for both paid and volunteer positions. These benefits and incentives should be as concrete and specific as possible (e.g., training opportunities, transit passes, employment references, free activities; avoid vague offerings like “work experience”). The tension between volunteer and paid positions is discussed in a later section.

Provide ongoing and dedicated supervision. Peer workers need a dedicated supervisor who can provide ongoing supervision and support. This supervisor can also help peers with their own pathways and goals by supporting them and connecting them to opportunities outside of the organization.

Focus on diversity and implement a team approach. Peer workers in the field recommend more than one peer within a program to ensure opportunities for mutual support within the peer worker role. Also, research shows that when the peer worker role involves one-on-one mentorship, pairings are most effective when participants and peers are matched on shared backgrounds and interests. For these reasons (and others), organizations should aim for diversity in their peer workers; this diversity should reflect the full diversity of the clientele.

Understand and support the needs of peer workers. Given that peer workers are often still on their own path toward stability and recovery, organizations need to understand their needs and how best to support them (e.g., transportation, challenges in their own lives, accessibility, contingency plans if a peer worker needs to step back from the role). This consideration also extends to hiring practices and the barrier that policies like mandatory criminal record checks might pose for some peer workers.

Allow for leeway in how peer workers occupy the role. Being flexible means tailoring roles and responsibilities to where the peer worker is at and allowing some autonomy and flexibility in how the role gets carried out.

Consider different types of peer positions. Organizations should consider different levels of peer work to incorporate individuals with different skill and commitment levels. This also allows for upward mobility and a scaffolding of responsibilities and skills.

Offer a seat at the table. Organizations should provide ongoing opportunities for peer workers to be involved in program design and to provide meaningful input on the direction and structure of programming.

Promote autonomy and opportunities for leadership. The peer role should be structured to provide autonomy and opportunities for leadership, and to allow peers to shape how their role is carried out and defined. A peer position is meant to honour and recognize the value of lived experience; micro-management and lack of autonomy work against this value.

Promote self-care. Self-care plans are a good way to support peers in their role. These plans allow peer workers to identify their needs and develop strategies (with support of their supervisor) that help them care for their own needs and stay well.

Adequate training is a key aspect of supporting peer workers and ensuring their successful integration into an organization and its programming. This training should be structured to provide maximum benefit to youth peer workers, and the tone of delivery should value and respect the peer worker. One way to provide maximum benefit is to arrange for peer workers to access formalized and credentialed training outside the organization that will assist with future opportunities. Suggested training topics include:

- Role overview and orientation to the organization;
- Anti-oppression;
- Mental health, including the social determinants of mental health;
- Details of the specific program the peer worker is part of and program-specific training (e.g., community arts, advocacy, counselling);
- Building rapport;
- Maintaining boundaries and establishing rules for contact and use of social media;
- Privacy and confidentiality;
- Providing positive reinforcement and constructive criticism; and
- Planning for the end of the client's time in the program.

CAUTIONS & ETHICAL CONSIDERATIONS FOR PEER WORK

The peer role is complex because the relationship with the client is somewhere between friend and service provider. Much of the value and impact of peer work can be attributed to this unique position, but there are also risks that organizations need to consider. Many tensions and concerns have been raised by peer workers themselves and by those within the consumer/survivor and Mad-identified¹ communities (Paradis et al., 2012; Vandewalle et al., 2016; Voronka, 2016, 2017). These complex issues do not necessarily have straightforward answers. This section identifies some of these tensions and concerns and encourages agencies and peer workers to engage in open dialogue to address them.

CO-OPTATION & THE SILENCING OF CRITICAL VOICES

One tension at the heart of the peer role is the peer worker's ability to speak honestly and critically about the role. Some peer workers have felt silenced in their work—that they are being asked to modify their own narrative to fit with the perspective of the agency with which they are working. A related issue involves the tension around ownership. If peer workers are being asked to share their stories on behalf of an agency, who owns that story and how much control does the agency have over the telling of that story? Also, more practically, if peer workers use their experience and insight to generate educational or supporting materials, who owns those materials and who has the right to change or modify them?

There are no easy answers. The best approach to addressing these issues of voice and ownership is to have open discussions with peer workers. In thinking about the issues, it is useful to reflect on the core principles discussed at the beginning of this chapter, which emphasize the valuing of the peer worker role and the need for peer workers to have some autonomy in occupying and defining their role. These values suggest that organizations that want to leverage personal experiences to improve programming are responsible for ensuring that peers retain control over how that experience is used and shared.

¹ Mad-identified refers to individuals aligned with the Mad Pride movement, which is a political movement of service users and survivors of the mental health system and their allies. The movement is focused on challenging the stigmatization, medicalization, and criminalization of madness.

EMOTIONAL LABOUR, TRIGGERING, & MAINTAINING BOUNDARIES

Another tension at the centre of the peer worker role is the emotional labour that comes with regularly supporting others and sharing one's personal (often traumatic) experiences. This feature of the work requires unique consideration and support. In particular, it requires opportunities for peer workers to debrief and discuss the role's challenges as they emerge. It also requires clear discussions about maintaining boundaries and self-care.

CONFLICTING LOYALTIES

Another issue that some peer workers have described arises through the inevitable association between peers and the agencies with which they work. This association can alienate peer workers from their existing social networks or can complicate these relationships because they are perceived to have become "part of the system," rather than being an independent voice in the system.

REMUNERATION

Agencies often operate on a limited budget, which makes volunteer peer work seem like a good solution for low-cost programming support. The consensus in the literature, however, is that every effort should be made to pay peer workers. This compensation should reflect the value of the role and the duties involved (i.e., equal pay for equal work). When there is no budget to pay peer workers, volunteer positions may be an option. Built into these positions should be as many benefits and perks as possible (e.g., free meals, transit passes, access to training, reference letters, mentorship, free event tickets). The position should never cost volunteers anything, particularly when they themselves are marginalized individuals.

Organizations should also consider how remuneration might affect financial support peer workers currently receive from government because this assistance may depend on income. Moreover, some peers might not have a bank account. In these situations, gift cards or honoraria may be a good option. Whatever the case, compensation should be clearly discussed and documented alongside expectations for the peer role.

A final caution: agencies should be careful that a peer worker position does not trap individuals in precarious, low-paid work. They should make every effort to hire peer workers into full-time, permanent positions. This might mean modifying hiring practices to reflect that lived experience is as valuable as educational credentials.

TOKENISM & SECOND-CLASS STATUS

A common concern that peer workers raise is being hired in a token role and having second-class status within the organization. Peer workers have reported not being allowed to use the staff washroom or not being invited to staff parties. The peer worker role must be valued across all levels of the organization. Peer workers may also experience lack of respect and challenges to their legitimacy when carrying out their duties outside of their organization. They should discuss these issues with their supervisor, and agencies should be prepared to advocate on behalf of their peer workers.

CONCLUSION

This chapter has described the value of peer work, summarized best practice recommendations for the peer worker role, and highlighted cautions related to this role. The research and practice literature show that peer workers have the potential to make significant contributions to organizations and programming, but that the uniqueness of the role requires special consideration and support.

RESOURCES

Youth helping youth: Fostering peer support as part of the youth mental health service continuum (Canadian Mental Health Association, B.C. Division, 2007)
www.cmha.bc.ca/wp-content/uploads/2016/07/YouthHelpingYouth.pdf

Youth peer support in a mental health context (Ontario Centre of Excellence for Child and Youth Mental Health, 2016)
www.excellenceforchildandyouth.ca/sites/default/files/eib_attach/Youth_Peer_Support_FINAL_June2016.pdf

Youth peer-to-peer support: A review of the literature (Report prepared for Youth MOVE National, 2013)

www.youthmovenational.org/images/downloads/YouthPeertoPeerLiteratureReviewFINAL.pdf

REFERENCES

- Ansell, D. I., & Inslley, S. E. (2013). *Youth peer-to-peer support: A review of the literature*. Elizabeth City, NC: Youth MOVE National. Retrieved from www.youthmovenational.org/images/downloads/YouthPeertoPeerLiteratureReviewFINAL.pdf
- Barker, J. (2014). Alone together: The strategies of autonomy and relatedness in the lives of homeless youth. *Journal of Youth Studies, 17*, 763–777.
- Barman-Adhikari, A., & Rice, E. (2014). Social networks as the context for understanding employment services utilization among homeless youth. *Evaluation and Program Planning, 45*, 90–101.
- Baron, S. W. (2013). Why street youth become involved in crime. In S. Gaetz, B. O'Grady, K. Buccieri, J. Karabanow, & A. Marsolais (Eds.), *Youth homelessness in Canada: Implications for policy and practice* (pp. 353–368). Toronto, ON: Canadian Homelessness Research Network Press. Retrieved from www.homelesshub.ca/sites/default/files/YouthHomelessnessweb.pdf
- Christiani, A., Hudson, A. L., Nyamathi, A., Mutere, M., & Sweat, J. (2008). Attitudes of homeless and drug-using youth regarding barriers and facilitators in delivery of quality and culturally sensitive health care. *Journal of Child and Adolescent Psychiatric Nursing, 21*, 154–163.
- Cyr, C., Mckee, H., O'Hagan, M., & Priest, R. (2016). *Making the case for peer support*. Ottawa, ON: Mental Health Commission of Canada. Retrieved from www.mentalhealthcommission.ca/sites/default/files/2016-07/MHCC_Making_the_Case_for_Peer_Support_2016_Eng.pdf
- 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.
- Kidd, S. A., Frederick, T. J., Karabanow, J., Hughes, J., Naylor, T., & Barbic, S. (2016). A mixed methods study of recently homeless youth efforts to sustain housing and stability. *Child & Adolescent Social Work, 32*, 395–492.
- MacNeil, C., & Mead, S. (2005). A narrative approach to developing standards for trauma-informed peer support. *American Journal of Evaluation, 26*, 231–244.
- Nesta. (2015). *Peer support: What is it and does it work?* London, United Kingdom: Author. Retrieved from www.nesta.org.uk/sites/default/files/peer_support_-_what_is_it_and_does_it_work.pdf
- Ontario Centre of Excellence for Child and Youth Mental Health. (2016). *Youth peer support in a mental health context*. Ottawa, ON: Author. Retrieved from www.excellenceforchildandyouth.ca/sites/default/files/resource/EIS_Youth_Peer_Support.pdf
- Paradis, E., Bardy, S., Cummings Diaz, P., Athumani, F., & Pereira, I. (2012). *We're not asking, we're telling: An inventory of practices promoting the dignity, autonomy, and self-determination of women and families facing homelessness*. Toronto, ON: Canadian Homelessness Research Network Press. Retrieved from Homeless Hub website: http://homelesshub.ca/sites/default/files/goodpractice_report.pdf
- Petosa, R. L., & Smith, L. H. (2014). Peer-mentoring for health behavior change: A systematic review. *American Journal of Health Education, 45*, 351–357.
- Salzer, M. S. (2002). *Best practice guidelines for consumer delivered services*. Bloomington, IL: Chestnut Health Systems.
- Stablein, T. (2011). Helping friends and the homeless milieu: Social capital and the utility of street peers. *Journal of Contemporary Ethnography, 40*, 290–317.
- Stewart, M., Reutter, L., Letourneau, N., & Makwarimba, E. (2009). A support intervention to promote health and coping among homeless youths. *Canadian Journal of Nursing Research, 41*(2), 54–77.
- Tompsett, C. J., Domoff, S. E., & Toro, P. A. (2013). Peer substance use and homelessness predicting substance abuse from adolescence through early adulthood. *American Journal of Community Psychology, 51*, 520–529.
- Vandewalle, J., Debysier, B., Beecman, D., Vandecasteele, T., Van Hecke, A., & Verhaeghe, S. (2016). Peer workers'

- perceptions and experiences of barriers to implementation of peer-worker roles in mental health services: A literature review. *International Journal of Nursing Studies*, 60, 234–250.
- Voronka, J. (2016). The politics of “people with lived experience”: Experiential authority and the risks of strategic essentialism. *Philosophy, Psychiatry & Psychology*, 23, 189–201.
- Voronka, J. (2017). Turning mad knowledge into affective labor: The case of the peer support worker. *American Quarterly*, 69, 333–338.
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