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Peer Support: A Tool for Recovery in Homelessness Services



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Background

An increasing number of homeless services are developing peer support and peer worker roles (see definitions below). Peer support is well recognised by professionals in mental health and addiction services, where peer support has been widely used over the past few decades and considerable knowledge has emerged about the approach. Given that many individuals experiencing homelessness also often suffer from co-occurring mental health problems, substance use, and traumatic stress disorder, when developing peer support work homeless service providers can learn from research, practices, and policies used to deliver recovery-oriented care elsewhere. In this paper, we present experience and expertise regarding peer support by looking at the concepts and values underlying peer support, and by examining the difficulties and challenges involved in developing it. We will also give examples from across Europe of homeless organisations who train peers and use peer support as part of their care and support teams. Peer support is developing to different degrees in different contexts. The aim of this paper is to help FEANTSA members understand the key principles, opportunities and challenges involved in setting up peer support, in order to inform their practices.

What is peer support?

Peer support (sometimes also referred to as mutual support) is a supportive relationship between people who have a lived experience in common. For the purpose of this paper, the experience individuals have in common is homelessness. A peer support relationship can take different forms, as can a peer support role. Peer support can be formally organised by the paid staff of a homelessness organisation, or be structured more informally by clients themselves. What formally organised or informally organised peer support systems have in common is that at least one element of the support that clients receive is provided by other people with lived experience of homelessness.

Peer workers (sometimes also referred to as peer support workers) may be volunteers or paid members of staff, but what is important is that they have formal roles and work tasks which they are expected to complete at regular times and to a certain standard. They are people with lived experience of homelessness who have an employee or employee-type relationship with the organization. Peer worker roles are different from peer support roles and require different support mechanisms and systems from the host organization.

Either informal or organised peer support or peer worker roles are “based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations.”¹ Shared experience, which can often be negative or challenging to the individual, is the connecting point.

In this paper, we will focus on different forms of peer support with and by people who have personal experience of homelessness, and will bring examples of peer support from the area of health.

¹ Peer support among adults with serious mental illness: a report from the field by Davidson, Chinman, Sells and Rowe, 2006



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Key Principles for Peer Support

Uniqueness of peer support

A peer is in a unique position to offer support by virtue of relevant experience: he or she has "been there, done that" and can relate to others who are now in a similar situation.² Because of their personal experience, peer workers and/or peer supporters have expertise and real world knowledge that professional training cannot replicate.

What is the uniqueness of peer support? The literature on mental health peer work finds three basic contributions of peer support. The first is to inspire others, give them hope through self-disclosure and by being an example of recovery. The second expands on this role-modelling function, and the third aspect of peer support focuses on the how the peer relationship is based on trust, acceptance, understanding, and an empathy born of shared experience which the client receiving the peer support finds easier to share than they might do with a professional who has never 'been there'. When it provides support that involves these three aspects, peer support has also been found to increase participants' sense of hope and control and their ability to effect changes in their lives, to increase their self-care, their sense of belonging in the community and satisfaction with various aspects of their life, and to reduce recipients' levels of depression and psychosis.³

Peer support is of central importance in the recovery movement. Recovery does not refer to a certain type of service or intervention, but rather to "what people in recovery themselves do to facilitate their own recoveries".⁴ Involving clients and being person-centered is of central importance to recovery-oriented services. Peer work fits into a number of broader transitions that have been taking place within homeless services over the past decades and which are still ongoing. The user empowerment movement in social services means that a growing number of homeless services try to move from doing things "to" people towards doing things "with" people. In addition, there has been an expansion in the range of homeless services with a growing emphasis on "ending" people's experience of homelessness and enabling them to be included in society through housing, employment, social networks etc. This contrasts with the historically predominant focus on "managing" episodes of homelessness through emergency intervention. FEANTSA has elaborated the concept of housing-led services, which focus on preventing loss of housing and helping homeless people access and maintain housing, with support as required. These broad evolutions within the sector have created more space for principles of respect, autonomy, dignity, consumer choice, recovery and hope. Peer support is one of the core elements of the Housing First model. Many Housing First projects across Europe have used peer support and have found that relating to clients based on shared experience is of unparalleled value.

Participation is Key

Participation is a way of working that empowers people to participate in decisions and action that affect their lives. It is based on the conviction that people have the right to have a say in the way that services they use are set up and run, and that people at social or economic disadvantage often face barriers to influencing decision making.⁵ Participation is important and a useful way to recruit peer support volunteers, but participation and peer support are not the same thing. Participation means involving clients in the day-to-day

² There is sometimes confusion over who is a peer support worker and who is not. It is often used as an added title, because it is part of a trend, but it can be stigmatizing as well. It should be used when it is fundamentally necessary for the work to disclose the lived experience.

³ Peer support among persons with severe mental illnesses : a review of evidence and experience

⁴ Recovery and Homeless Services : New Directions for Services

⁵ Participation Toolkit, FEANTSA



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running of services, or in setting plans or policies. Peer support refers specifically to involving people with lived experience in providing support to other homeless people in their recovery journey.

A peer research project was conducted by people with experience of homelessness with the objective of informing currently homeless people of the critical success factors that have enabled people to successfully move on from homelessness.⁶ Twenty-one out of twenty-five (84%) formerly homeless people specifically mentioned that having the perspective of peers was a critical factor in them escaping homelessness. They cited both peer support through formal channels such as peer mentor schemes, or more informally from people they knew on the streets or in hostels.

Many participants also said that participating in client involvement initiatives was important, both as a means of developing oneself but also to fulfil a sense of duty to give back. Participation in the processes of service delivery promotes empowerment, increases opportunities for peer support, increases hope and contributes to creating person-centered recovery-oriented services.

Peer Support Works

Although there has been limited research into the effectiveness of peer support in the field of homelessness, the few studies that have been carried out so far show the positive impact of peer support and benefits for service users, peer workers and both homelessness and health services.⁷

Benefits to Peers

Peers who take on peer support roles can feel empowered; have greater confidence and a more positive sense of identity. Being employed as a peer worker or taking on a less formal support role is generally seen as a positive and safe way to move towards employability and thus resume a key social role.

Benefits to Service Users

Service users supported by peers often feel that there is someone who can relate to and understand their experiences and therefore is able to engage with them in a non-judgmental and less threatening way. Peers can challenge service users more than other staff members can. Recent research by Groundswell showed that service users are keen to be challenged more and those who have been through similar experiences have the authority and are more in a position to do so than other staff are.⁸ Social skills can be enhanced through peer support and isolation can be reduced. Peer support may also be beneficial for people settling into permanent housing, in terms of helping them re-integrate into their community.

⁶ Escape Plan by Groundswell

⁷ Effectiveness of a peer-support community in addiction recovery: participation as intervention

⁸ Groundswell: Homeless Peer Health Activity



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Benefits to Services

When a homelessness organisation successfully integrates peers into its service delivery, they can bring an added value because clients build up a trusting relationship sooner, which facilitates a quicker intervention and better outcomes. Peer support programmes can also reduce the strain on staff by providing additional ways of supporting clients and therefore enhancing the service; for example, peer support can be used for accompaniment, helping other service users to attend medical and other appointments, relieving pressure on staff who often do not have the time or are not numerous enough (because someone has to stay in the hostel or day centre) to carry out these roles.

Good Value for Money

There is evidence that use of peer support has strong potential to deliver good value for money while simultaneously delivering a wide range of health and social benefits. Research shows that peer support within mental health services can be effective in engaging people into care and act as a bridge between clients and staff.⁹ Peer support can also be useful in decreasing rates of hospitalisation and use of emergency rooms and days spent in hospitals for persons with histories of multiple hospitalisation. Peer support also generated positive outcomes in terms of reduced substance use among persons with co-occurring substance use disorders. Analyses of costs and savings show that adding peer support schemes to existing mental health teams may result in overall cost savings and that the financial benefits of peer support may substantially outweigh its costs.¹⁰

Challenges for Implementing Peer Support

There is potential for the benefits of peer support to become restricted by a number of challenges. These challenges have to be fully considered and addressed in order for organisations to develop a successful peer support service. As discussed above, participation is a key component of peer support. If organisations involve clients meaningfully in planning and delivery of peer support, it can help them to think through the challenges of peer support with the clients themselves.

Support

Inevitably, there will be times when providing support touches on personally difficult experiences and the person providing peer support may need intensive support themselves. It is important that the self-esteem and mental health of the person providing peer support is maintained, and that support is available and tailored to their needs. Stress related to peer work, however, should not be over-emphasised. It is an argument often used by professionals for limiting the use of peer work, while in reality it is not an issue for most people providing peer support.¹¹

Confidentiality

Confidentiality is often something that organisations find challenging when working with peer support – how much do they share

⁹ A review of the literature on peer support in mental health services, in: Journal of Mental Health, August, 2011

¹⁰ Peer support in mental health care: is it good value for money? In: Trachtenberg et al, 2013

¹¹ http://recoverydevon.co.uk/download/Peer_specialist_roles.pdf



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their files and information? What sort of record-keeping, if any, do they expect from those providing peer support? Should those providing peer support attend care planning meetings? It is important to develop clear policies and procedures and provide appropriate training for the peer supporter workers and to all support staff on how to protect the confidentiality of their clients.

Move on

Thought also needs to be given to how the peer support worker/volunteer moves on: the aim is not to create roles that maintain clients in the homelessness sector forever, but this requires thought already from the beginning on how people progress from peer support roles to paid work in the field or elsewhere.

Costs

Some forms of peer support rely on the voluntary activity of people with lived experience of homelessness. It is important to note that even voluntary or informal-type peer support is not cost-free: clients providing support to other clients will require support themselves, training and/or mentoring and will need their costs covered.

Case Studies

- Peer Support

Some examples of peer support practices include befriending, one-to-one peer mentoring support, facilitating and delivering self-management courses, leading self-help groups, etc.

Case study: "Ten Times Better" is a peer support group made up of hostel residents in London that meet one hour a week, for ten weeks, to set incremental weekly goals that they all try to achieve. At the first session, clients generally make what would be viewed as small commitments, but they are very important since they not only build a sense of self-belief and motivation that leads to bigger achievements, but they also generate a culture of peer support outside the meetings as people are more aware of what each other is trying to achieve.

- Peer Support Workers

According to the definitions set out above, all 3 peer examples described below are of peer workers; volunteers working within a particular organisation using their experiences and skills to support their peers, as per the service (aims/goals/objectives) being delivered by the organisation. It is a much more formal arrangement than peer support. Each example is illustrated with a case study of a peer support worker role in the area of homeless health.

- Peer Support Workers in Housing First

Housing chronically homeless people who experience homelessness repeatedly or continuously for long periods of time and have complex support needs can be very challenging. One of the key difficulties can be to find and engage these individuals in a way that



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builds trust, respect and mutual understanding. To achieve this, lived experience is very useful, allowing peer support to engage the person and to build trust more quickly than may happen with a paid professional. Housing First services aim to support people to maintain their housing and to achieve positive change in their lives. As mentors and role models, peer workers can provide invaluable support, show from their own lives that it is possible to exit homelessness, and also warn against pitfalls.

Case study: Turning Point Scotland

The inclusion of peer support workers in the staff team has been widely regarded as a key strength of several Housing First projects. Turning Point Scotland provides one case study. Their 'shared histories' (of homelessness and substance misuse) have served to break down perceived barriers regarding the potential risks of being 'judged' and have enhanced service users' motivation toward recovery:

"They've [the staff have] been great. A few of them know where I'm coming from 'cause they've been users themselves. They're not bullshitting you. From my point of view, that makes a difference. They've been there, they've done it all ... It gives that wee sense of saying like 'I could do that', you know what I mean?" (Male service user in 30s).

Case study: Barcelona City Council

Barcelona City Council has defined, in its experimental Housing First project, the peer worker as a professional that must be present and integrated in the professional teams, with a defined minimum of hours per week of professional activity. The tasks defined are: "(...) as an expert, the peer worker may contribute with his/her personal experience to support the residents, acting as mediator between residents and technical professionals" and: "the professional profile for the Housing First project may consider special skills regarding empathy and relationship and community conflict mediation and resolution." The project also states that every resident in the Housing First project will decide who will be his/her reference professional. That means that the social worker, the social integration worker or the peer worker may be designated as the referential contact person between the resident and the whole professional team.

- Peer Health Educators

Peer Health education uses the principle of authenticity of message and the 'special relationship' between peers the most strongly. Peer health education involves peers describing their experience of a health issue, the barriers they faced in addressing that issue, what treatment was like for them, and by virtue of being here to tell others about it, the impact the health issue has had.¹²

Case study: TB Peer Educators

Since 2008, Find&Treat, a pan-London multi-disciplinary TB outreach team¹³ has been recruiting former TB patients with experience of homelessness (and/or drug/alcohol dependence) to work as peers. Peers use their experience and skills to raise awareness of TB and promote and increase uptake of radiological screening among their peer group (people using homeless and/or drug and alcohol treatment services). Peers attend screening sessions with Find&Treat's mobile X-ray unit (MXU),¹⁴ speak to other homelessness service users about the importance of having chest screening and support patients that find it difficult to engage with TB treatment. They also share their personal experience about having TB with homelessness staff and TB health staff, which in turn helps them to

¹² Groundswell: Homeless Peer Health Activity

¹³ www.findandtreat.com

¹⁴ The Mobile X-ray Unit screens more than 10,000 people per year at over 250 different venues in London.



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work more effectively with homeless people. Peer educators who act as mediators between TB staff and clients play a crucial role in strengthening TB control among people that other services cannot reach.

A piece of research aimed at understanding the contribution of TB peer educators to TB control concluded that TB educators are an underused and potentially cost-effective resource to strengthen TB control since they have a unique insight into the social dimension of TB and this can make them highly effective advocates, supporting people to access services, complete treatment and to address the wider determinants of the disease.

Peers are volunteers. Peers are recruited, supported, and trained by Groundswell, a service-user led organisation. They receive ongoing support from a peer coordinator and are provided with expenses (for travel, food and mobile phone top-ups). Peers attend training programmes and can progress towards gaining further voluntary experience and paid employment.

A peer education approach provides an authentic voice of experience that homeless people are more able to relate to. Peer educators, with first-hand experience of having TB, accessing services and taking treatment, have a unique and invaluable insight.

“The best is having the person who has already had it. They know, they know the beginning of symptoms, they know what treatment you need to get, they know where you should go and get it” (Service user)

“The peers are much more confident than staff in the reasons for needing to get screened, and are able to articulate this in a succinct and non-alarming way.” (Hostel Manager)

“A peer is someone who feels it and knows it” (TB Peer)

- Peer Health Advocates

Health advocates are best placed to enable patients to access health services that they need and are entitled to. They promote the rights of patients. Advocacy works particularly well with a peer approach because it is about doing what it is the client wants to do. It is led by the client and, therefore, puts the responsibility with the client, while supporting them. It does not assume specialist knowledge of the subject or area of support (i.e. health issue) and so can be performed by people who are truly alongside the client.¹⁵

Case study: Care Navigators

Pathway is a project that supports and cares for homeless patients in hospital and upon discharge. It is a model of integrated healthcare for homeless people, which puts the patient at the centre of their own care pathway and aims to transform health outcomes for homeless people. The addition of a care navigator to the original team of a specialist doctor and a dedicated homeless

¹⁵ Groundswell : Homeless Peer Health Activity

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health nurse has extended the impact of their service. A Care Navigator is a paid member of staff and a person with personal experience of homelessness. They are trained to befriend, support, challenge and mentor homeless patients in hospital, helping them navigate the hospital environment, and supporting the homeless health nurse practitioners. The Care Navigator particularly builds a relationship with the patient, initially ensuring basic needs such as clothing, books, or pay cards for access to television, phone and Internet while in hospital, but also help patients following their discharge from hospital, helping them keep their appointments with detoxification services, with social workers, benefits staff, hostel key workers, street outreach teams, mental health services and many others. As trained, paid Pathway employees, Care Navigators are also role models for homeless patients and can also challenge stigma and negative attitudes among health professionals towards homeless people.

Josie is the Pathway Senior Care Navigator at University College London Hospitals (UCLH). She had been volunteering as a TB peer with Find&Treat for several years. In 2012, after a training period, Josie became Pathway's first full time Care Navigator (now Senior Care Navigator) working with homeless patients at UCLH. Josie helps patients with basic needs, benefits claims, housing advice and personal support. She accompanies patients out of the hospital at discharge and visits and supports some of the most vulnerable patients in the community. *"I think because of my past, most of the patients I see have been in similar situations to me and so I can relate to them and them to me, more than a regular nurse or doctor. What I like most about the peer work is the variety of stuff I get to do and the different people I meet and being part of the team."* Josie has become a central part of the UCLH hospital team. As Senior Care Navigator, Josie trains and supervises new Care Navigators.

Recommendations

- Enable professional development and system change so that services are recovery-oriented and work with peer support.
- Promote peer support and raise awareness about it for policymakers and practitioners in specialist and in mainstream services.
- Collect data on peer support initiatives and develop resources where information and examples are available.
- Support organisations to recognise the difference between peer support and peer workers, and to provide training and support mechanisms appropriate to the kind of peer work they want to put in place.
- Recognise that participation is a good basis for initiating peer support schemes and for recruiting peer support volunteers.
- Recognise peer support as an incremental process with achievable goals. Some services may be very far away from having peer support and could start by organising discussions on peer support and exploring informal forms. Others might be more advanced.

Conclusion

There is a need for shift in service delivery models in the homeless sector to adopting a system-wide recovery-oriented approach. The implementation of a recovery-oriented model of care in homeless services and systems should start with the recognition of the important role of peer support in the delivery of homeless services to their peers. This paper has shown the added value that peer support can play as a tool in the recovery process.



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