PEER SUPPORT WORK

Practice, Training & Implementation

Peer Support Work

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Peer Support Work: Practice, Training & Implementation

EDITED BY

DARYL MAHON

Independent Researcher, Ireland

United Kingdom – North America – Japan – India – Malaysia – China

Emerald Publishing Limited
Emerald Publishing, Floor 5, Northspring, 21-23 Wellington Street, Leeds LS1 4DL

First edition 2024

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British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN: 978-1-83753-019-9 (Print)
ISBN: 978-1-83753-018-2 (Online)
ISBN: 978-1-83753-020-5 (Epub)

INVESTOR IN PEOPLE

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About the Editor

Daryl Mahon has 15 years working experience across human services as practitioner, manager, researcher and in academia. Daryl also lectures across a variety of academic areas, and uses research informed curriculum. He is an active early stage researcher, and has a range of publications, including academic textbooks and journal articles in the area of human and social sciences, including peer support, servant leadership, trauma and psychotherapy processes and outcomes. In addition to editing the book, Daryl authored three chapters, and co-authored two other chapters.

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About the Contributors

David Breakspear spent most of his life trapped in a vicious cycle of crisis and crime, however, it was through his roles he covered in prison, such as Shannon Trust mentor, listener and education mentor that he managed to break free of that cycle. David now dedicates his time in using his lived experience to influence reform to the policies and procedures of the criminal justice system. Since 2020, David has been a member of the Lived Experience Team at the charity Revolving Doors and in April 2023 he was taken on there as a peer mentor.

Cennis Chikezie is currently an Academic Associate Tutor with Open Training College (OTC), Dublin. He has extensive experience in social care service, having worked in the capacity of deputy team leader and social care leader, respectively, in both Adult and Children Residential Services. Cennis also has a fulltime key role in Crosscare Homeless Service, where he is hugely contributing towards improving the health, well-being and stability of individuals and their families. He obtained BA in Professional Social Care and BA (Honours) in Contemporary Disability Studies both from OTC. He also obtained Diploma in Social Studies from ARLT International Foundation, the Hague, the Netherlands, and Diploma in Quality Management from ATU/GMIT, Galway. In addition, Cennis holds BSc (Honours) in Agricultural Science and Education, as well as MEd in Education Administration and Planning, from University of Nigeria and University of Calabar, respectively.

Anthony Cusack is a professionally qualified and CORU registered Social Worker having attained a First Class Honours in the Professional Master of Social Work degree from University College Dublin. Anthony attained a first class honours in Social Policy and Sociology Bachelor of Social Science degree and also completed a Level 7 in Diploma Community Drug and Alcohol Work. Upon qualifying as a social worker, Anthony worked with CLAN (Cross Links and Advice Network), and Dublin City Council where he developed a keen interest in housing policy, homelessness, addiction and trauma.

Paul Duff (MSc) has over 12 years' experience working across homeless, addiction and recovery services. My experience of recovery is both lived and professional, giving me insight from both perspectives. This has helped in the writing of the chapter on peer training, as a professional delivering training and having a level of personal understanding for people on the journey to being a recovery coach. From dealing with stigma and how we internalise it and how it can be a barrier

and how to overcome such barriers for people moving forward on a journey of recovery. It's worth noting the role of education and how for some, like me, it is an important component of building on a person's recovery capital.

Martha Griffin is employed as an Expert by Experience, Assistant Professor in Mental Health in Dublin City University and Chair of the Certificate in Peer Support Programme in Mental Health and a Peer Educator with the Dublin North, North East Recovery College. As well as having lived experience in mental health, Martha works from a human rights and community development perspective. Martha is a team member of Mad in Ireland.

Margaret Harty graduated from TUS Athlone with a first class honours degree in a four year Bachelor of Arts (Hons) Social Care practice course. Currently Margaret is completing a Masters in Social Work at Maynooth University. She is extremely passionate about growth and change whilst having a sense of equality and diversity especially within the Travelling community. Some aspects of her work involve advocating on behalf of the Travelling community mainly in terms of their education. This is done through the delivery of workshops for Traveller and Roma students on accessing third level education.

Liam MacGabhann has been working as a mental health practitioner, community activist, researcher and educator for over 30 years. Much of his collaborative work centres around people reconciling their own experiences, perceptions and practices with other people/groups associated with mental health and using different approaches to improve these at individual, group, organisational and community level. Examples of relevant areas include where people have extraordinary experiences and beliefs; when people are disenfranchised by society and community; and in the area of Trauma and responses to traumatic events. Approaches include cooperative learning, participative action, open dialogue and systemic family constellations work. Since 2002 Liam has been actively involved in pushing the agenda for active participation of people with self experience and family members in practice transformative educational programmes, for example, the Certificate, Peer Support Working in Mental Health. Although Liam has his own lived experience of trauma and mental health issues personally and as a family member, he has been privileged in education, professional training and monetary reward and has thus far, never felt disenfranchised, disempowered or beholden to statutory services on his healing journey. From his personal philosophical perspective on what constitutes 'Expert by Experience, through Lived Experience', he does not identify as 'Expert by Experience'. He identifies more with 'Radical Professional' (sometimes referred to as Ally) in service to the inclusion of all citizens in self-determination of their lives amidst health and social care systems, wherever he has that opportunity.

Michael John Norton is a Recovery and Engagement Programme Lead with the Health Service Executive Office of Mental Health Engagement and Recovery and a Part Time Lecturer with University College Cork. In his role, Michael John has responsibility for the implementation of recovery-oriented practice within Irish mental health services. He is involved in the development of peer support workers

in the said service. He is also module co-ordinator for a module exploring mental health policy and practice with University College Cork. He has also spent the last few years being an advocate for mental health and is involved in numerous working groups nationally and internationally looking at areas such as co-production, family recovery and trauma. He also is an early career researcher who's research interests include peer support, co-production, mental health and recovery.

Chris O'Donnell has a background in music and languages and majored in Slavonic studies in university. She later went on to do the peer support course in DCU and her expertise lies in lived experience of homelessness and mental health distress. She currently works in homelessness and peer support.

Osas Iyamu Usideme is originally from Nigeria and works as an Intercultural Health Advocate with the Intercultural Health Hub in Waterford & South Tipperary Community Youth Services. Her work is primarily with Asylum Seekers and Refugees in Direct Provision Centres and the broader community within the Southeast region. Osas came to Ireland in 2003 as an Asylum Seeker. She began life in a Direct Provision Centre herself, giving her first-hand experience of the health issues that arise for other displaced people like her. Osas became a Community Knowledge Worker working with people in Direct Provision centres focusing on mental health and well-being. On receiving her status in Ireland, Osas sought to go back into full-time education. However, because of her status in the country, she was not entitled to initial grants privilege. Her resilience and commitment have enabled her to eventually achieve a Degree in Psychology with Waterford Institute of Technology and a Master's Degree in Applied Psychology in Mental Health with Ulster University, Derry. Osas is a respected advocate and speaker of health and human rights for other displaced women and families today.

Mark Wright is coordinating the Recovery Academy Ireland within the Cork/ Kerry region. His role as a professional practitioner is to advocate, support and guide people who are in addiction, recovery and homelessness while engaging within the peer support role. Mark is in recovery over nine years and has been through multiple services both in addiction and recovery. He coordinates multiple programmes, support groups, educational pathways and fitness groups bringing his lived experience as a peer, knowledge around different services and sectors to the participants that engage with the service.

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Preface

Like all books, it started with an idea. To write a book from a lived experience perspective. In setting out to do this, I first drew on my personal lived experience, of drug addiction, prison, homelessness and trauma. However, it has been many years since I have worked in a peer or lived experience role, and so it quickly became apparent that I needed to involve others. Once this decision was made, I committed to involving as many people from different backgrounds and experiences as possible. It was challenging to do this. I leaned on all my connections and networks, and in many ways I became not just an author, but took on the role of peer mentor.

Lived experience is a concept of increasing interest to those who make policy and commission services within health and social care systems. One way to incorporate this experience into service delivery is through the use of peer support workers. Peers provide support across a wide variety of services, and do so from a place of compassion and experiential knowledge. I am extremely proud that this book includes, for the very first time, a mix of peer support workers in a variety of different settings. The diversity of topics and people provides rich and interesting chapters.

In the first part of the book, I introduce the idea of peer work and some of the outcomes associated with this emerging profession. Part 1 provides chapters on peer work in mental health, homelessness, substance use and prison settings. Part 2 is based around ethnicity; we have chapters from those with lived experience of being refuges/asylum seekers, and from a member of the Irish Traveller community. The final section of the book, part 3 explores common themes in peer work, the supervision and education of peers and how systems of care can begin to think about implementing peer support workers.

This book is based on our collective experiences, and while I endeavoured to include as many voices as possible, it remains that the chapters in this book are not representative of all peers or lived experiences. With this in mind, we hope that we provide the reader with an insightful journey into the many areas where lived experience is brought to life through peer support.

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Acknowledgements

This book is dedicated to Christine O'Donnell who sadly passed away shortly after submitting her contribution to the book. Chris co-authored a chapter on peer work in homelessness settings.

To Katy Lumsden, for your continued support and proof reading. Thank you.

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Part 1

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Chapter 1

Peer Support Work: A Brief Introduction

Daryl Mahon

Independent Researcher, Ireland

Abstract

Lived experience has increasingly been incorporated into service delivery across health and social care settings. One of the methods used to do this is through the provision of peer support work. While many people will have lived experience of an issue, condition and may even work in services, peers are markedly different insofar as they are employed specifically because they are using this lived experience to explicitly inform their way of providing an intervention. As we will see throughout this book, peers are not a homogenous group; however, they do use some of the same processes to engage and offer support to people with a variety of health and social vulnerabilities. This chapter contextualises these issues before delving into further chapters authored and co-authored by those with lived experience across multiple areas of peer support work.

Keywords: Peers; peers support; history of peer work; peer work outcomes; different types of peer support

Chapter Learning Outcomes

(1) Understand the role of peers.
(2) Assess the contribution of peers to systems of care.

Introduction

This introduction chapter will briefly position peer support work as a trans-discipline approach; it will outline what peer work is, who is considered a peer and what it is that peers do.

Peer Support Work, 3–8
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doi:10.1108/978-1-83753-018-220241001

In short, this chapter speaks to the philosophical underpinnings of peer support. The aim of this chapter is to position and contextualise the peer approach in a broad sense.

As the authors will describe throughout the chapters in this book, peer work often developed due to dissatisfaction with the current services available with a need for a more human rights and recovery-orientated approaches. Peers often emerge not by design but out of necessity where mainstream services, policy and approaches do not meet the needs of an individual, or group of individuals, in a sufficient way. Peer work is often driven by grassroots movements, designed to give voice to certain experiences that leave people marginalised and very often feeling stigmatised and discriminated against.

When there is no one else to listen and help change the status quo, then those suffering must rely on each other, and provide supports to one another. This often begins on the fringes, and has been controversial in many cases, seen as a threat to some, and as a joke to others. Peers have experienced lots of resistance in the systems that they operate in. Slowly this is beginning to change, but it is not without challenges (Mahon, 2023b). Some of the most significant players in changing the hearts and minds of the status quo are peers themselves. Frontline grassroots movements have huge potential when speaking as a unified voice. By bringing together a heterogenous group of people with lived experience working across various health and social care settings, this book is adding to the increasing call for peer work to be legitimised by those who hold the power.

Who Is a Peer and What Do They Do?

Peer support involves a relational and mutual exchange of practical and emotional support based on a shared understanding of a specific type of lived experience, respect for autonomy and empowerment (Burke et al., 2019; Mahon, 2022; Mead et al., 2001). These processes are generally the ingredients found in peer support work regardless of the field of practice where peers are working. Said another way, the principles, practices and ingredients of peer work are trans-theoretical in nature and span across the various environments where peers offer support. For example, hope and self-determination over one's life, and the use of lived experience knowledge are essential ingredients (Repper & Carter, 2011; Solomon, 2004), as is the concept of shared responsibility (Chien et al., 2019; Lloyd-Evans et al., 2014; Mead & MacNeil, 2006). Regardless of whether a peer is working in mental health, substance use, or other settings such as homelessness, or justice involved; while the content and wider legislative and regulatory environment may be somewhat different, the philosophy of the peer remains consistent in their practices. Ultimately, whether the peer is working to support some type of condition experience, or ethnicity, the underlying process involved is the use of experiential knowledge to help manage the distressing experience of others. Peer workers are increasingly being used to support those with experience of being refugees, and with those who identify as Irish Traveller, an ethnic minority in Ireland.

While the extant literature has an ever-increasing body of research in various areas of peer work, evidence synthesis is the gold standard for making sense of research and policy decisions with regards to this field of practice. On this note, the literature points to various reviews demonstrating a host of outcomes across different metrics. However, from a methodological point of view, the type of research given priority is often quantitative randomised control trials. While often considered the gold standard, especially in the medical model (Mahon, 2023a), it becomes more difficult to use this method for assessing the effectiveness of peer work, simply because not all outcomes fit neatly into a controllable variable that can be manipulated in a study.

Peer support often has different titles, and the role can be described differently depending on how it is being conceptualised, and who is doing the conceptualisation. This can, and does present problems, especially in the literature where research likes to pack things neatly into boxes to study phenomena. However, the research tends to operationalise peer support in various ways. The first of these, mutual support groups are based on reciprocity and mutual helping. Mutual self-help groups are often based on one person having more experience than those being helped, and delivered voluntary (e.g. fellowship groups). The second type of peer support, peer support services, is provided in services and is unidirectional, with a defined peer providing support separate from, or in addition to, standard care. Finally, peer-provided service is where standard care is delivered by those with lived experience of the service being provided: there is no difference in the role, other than it is delivered by a peer. For example, hiring case managers or counsellors with lived experience of a given condition, experience or ethnicity.

More recently, services provided exclusively by peers have emerged, where the entire service is delivered by those with lived experience, including in the management structures. As such, the peer role can encompass peer work, advocacy coaching/mentoring, case management or outreach work, in addition to providing assertive community engagement, or providing social support programmes. The services peers provide occur in the community and inpatient settings. They are delivered through group work, 1-1 mentoring/coaching and technology-based interventions. Some interventions have defined protocols, for example, Wellness and Recovery Action Planning, or certain peer models where fidelity measures are available; while others are based on various psychosocial approaches such as case management, psychoeducation and skills-based training.

Types of Outcomes Reported On

Previous systematic review and meta-analyses have provided evidence for peer support with perinatal depression (Huang et al., 2020), depression (Bryan & Arkowitz, 2015) or with what are often considered serious and 'enduring' mental health difficulties (Chien et al., 2019; Fuhr et al., 2014). A more recent meta-analysis assessing the effectiveness of peer support work across various mental health issues concluded that peers not only impact outcomes such as hope

and recovery but impact on clinical outcomes such as symptoms too (Smit et al., 2022).

For example, previous meta-analysis (Eddie et al., 2019) in the substance use sector reports that peers contribute to reduced substance use and relapse rates, while improving relationships between treatment providers and service users, increased retention in treatment and overall satisfaction by service users. Similarly, a systematic review of peer support in homeless services found that peers impacted outcomes such as quality of life, substance use and social supports (Barker & Maguire, 2017). In Ireland, peers are increasingly being used in Housing First homelessness services. Peers working with justice-impacted individuals in prison have demonstrated that peer education interventions are effective at reducing risky behaviours, and that peer support services are acceptable within the prison environment and have a positive effect on recipients (Bagnall et al., 2015).

Mahon (2022) provides initial evidence from a scoping review that peers working with refugees positively impact outcomes such as resettlement, acculturation and emotional support. These findings were later validated with a qualitative study examining the implementation of peer support work across various fields in Ireland (Mahon, 2023b); however, implementation barriers still present various challenges. Peer support is also increasingly used with Irish Travellers, an ethnic minority in Ireland who suffer some of the worst stigma and discrimination of all those discussed in this book.

White et al. (2020) examined peer support delivered as a one-to-one intervention, finding support for psychosocial outcomes. Peer support has also been assessed as delivered in group settings in substance use (Tracy & Wallace, 2016) and in mental health settings (Lyons et al., 2021). Other studies examined the cost benefit of peer support (Bagnall et al., 2015; Huang et al., 2020; Smit et al., 2022), and the relative benefit of peer support measured against other non-peer paraprofessionals (Bellamy et al., 2017); and where peers are part of the treatment team in mental health, no differences are found when compared to a team made up exclusively of other professionals (Pitt et al., 2013).

Conclusion

Peer support work is a valuable and value-added approach that can be used to support people from various backgrounds and with different conditions, experiences and identities. Peers can provide hope, offer guidance and empower people with whom they identify due to these shared characteristics. Peer support workers can reach into communities that professional services may find it hard to access; they can speak the same language and understand the issues at hand from an experiential perspective. This often helps the service user feel safe and understood in systems of care that often make people feel powerless.

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