Critical elements of peer-support and the identity development experienced by peer-supporters in escaping homelessness

Stephanie Barker & Dr Nick Maguire

S.L.Barker@soton.ac.uk

Peer-Support

- SAMHSA definition:
  - "Services [that] are delivered by individuals who have common life experiences with the people they are serving"
  - who "have a unique capacity to help each other based on a shared affiliation and a deep understanding"

- Social support and relationships are vital to health
  - Absent or weak social ties are risk factors for death, comparable to smoking (Holt-Lunstead et al., 2010)

"Most clients think about [current services], because they've been pushed out of, pushed out and pushed out. What's the bloody point?" –Tom

Models of Peer-Support

Mutual Support:

– Peers at same recovery level

– Group settings

– Grassroots (AA, NA for example)

Intentional Peer-Support:

– Utilises mutual support

– Facilitated by organisations

– Can be mentoring and/or group settings

Intentional Unidirectional Peer-Support:

– Peers mentor clients

– Requires training, supervision, and support

Benefits of Peer-Support

- Improve quality of life

- Reduce drug and alcohol misuse

- Improved mental and physical health

- Increases in social support

- Increasing interest/treatment adherence

(Barker & Maguire, 2017)

Critical Elements of Peer-Support

- Shared experiences

- Ability to empathise, develop mutual trust, and understanding

- Role modelling

- Provision of social support

(Barker & Maguire, 2017; Finlayson et al., 2016)

Qualitative Study Methods

- Aims
  - What peers' and clients feel are vital aspects to peer-support
  - What their experiences are providing/receiving support

- Interviewed 29 participants from 4 homeless charities in England
  - 23 Males & 6 Females
  - Age range = 25-61 (M = 46.03)

- £10 voucher payment

- Thematic Analysis

- NVivo (2012)

Results

- Participants defined peer-support as
  - An experience-based relationship, built upon mutual understanding, empathy, and support

It's not really something you speak from knowledge or what you have studied, it's just something that you know. From your experience...Definitely, it's basically experience based relationships." –Peter

Thematic Map

Six themes captured critical elements of successful peer-support
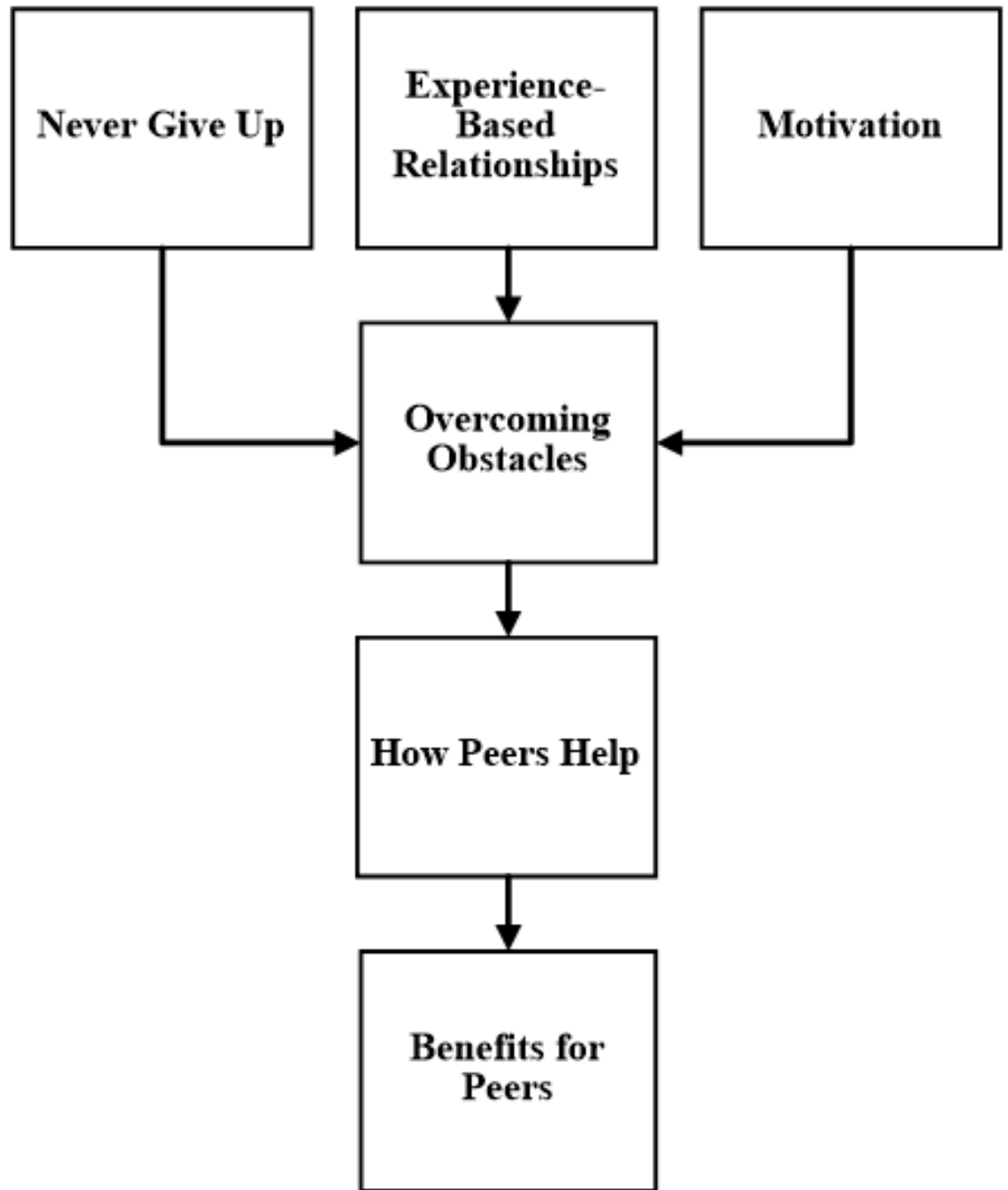
Results: Tony—A Composite Character

Experience-based Relationships: Connecting as Equals

"Someone coming alongside, you know shoulder to shoulder, there's no kind of hierarchy, so to speak." P. 14

Never giving up: Trust

"You know you've got to gain their trust and if you don't gain their trust you're wasting their time." P. 23

Motivation: Genuine Desire to Help

"A couple of occasions have really kind of turned the relationship into a good direction, is when they realise that you're a volunteer." P.14

Results: Tony—A Composite Character

How Peers Help: Role Modelling

"Because where we had the drug and alcohol issues, the clients actually listen to you more because they think, well at least this persons cleaned themselves up, and it's inspiration for some of them clients as well. Some of them see us as inspiration" P. 10

How Peers Help: Boundaries

"If it's very important, I do cross boundaries sometimes… we've crossed so many boundaries just to get this person, you know thinking that, otherwise something more serious would have happened you know what I mean. At least I know I've actually helped someone" P. 22

How Peers Help: Social Support

"You know these people just need a bit, a bit of compassion! That's all they need" P. 18

Results: Tony—A Composite Character

Obstacles

"It's going to, it's an idea that works within the NHS, it's going to get shelved very soon. Because it works and it saves money" P. 17

*"If you don't get past the receptionist, you don't see the doctor" P. 23*

Benefits

"I felt valued and to have a purpose, to be able to work and felt capable of, you know how I felt, my self-esteem, made me feel better about myself, stronger." P. 9

Identity Development

"You are using your own skills and own experience. You feel like the bad experience of homelessness is not totally bad because you can use it for something else, and help people." P. 12

Identity Development

- Peer-support provision context facilitates identity development

- Peers self-disclose their story:
  - Allows them to create a new narrative
  - Viewing homelessness experience as catalyst for positive changes
  - Begin to attribute meaning
    - Confidence
    - Self-esteem
    - Self-efficacy

Client

Peer-Supporter

Paid Worker

Exiting Homelessness
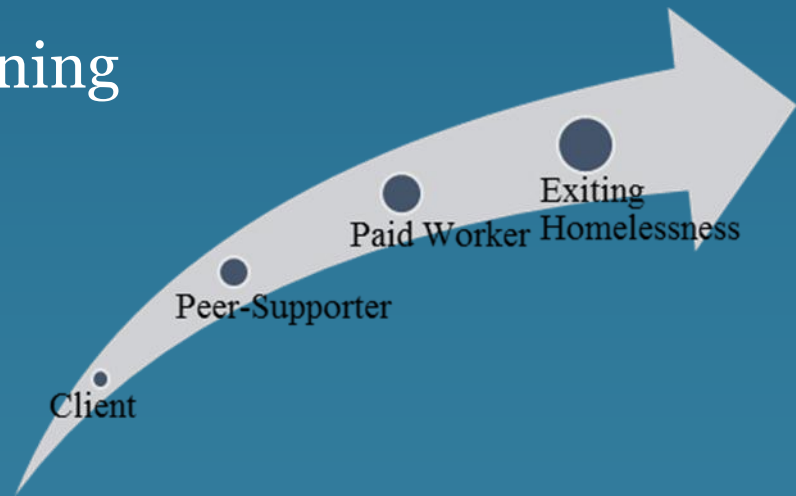
Conclusions

- Critical elements of peer-support are:
  - Experience-based relationships
  - Peers' honest motivations
  - Stability through peers 'never giving up' on their clients
- Peers experience
  - Identity transformation—meaning making
- Limitations:
  - Limited ability to generalise
  - Researcher is a filter for results

What this research means for you:

- Standards of care

- Training, assessment, & evaluation

- Funding application

Acknowledgments

- Special thanks to all participants and their organisations

- Dr Nick Maguire, University of Southampton

- Prof Lusia Stopa, University of Southampton

- Dr Felicity Bishop, University of Southampton

References

Anderson, C. (1993). Identity development in addicts and recovery. Sociological Focus, 26(2), 133-145.

Barker, S. L., & Maguire, N. J. (2017). Experts by experience: Peer support and its use with the homeless. *Community Mental Health Journal*. doi: 10.1007/s10597-017-0102-2

Borkman, T. (1976). Experiential Knowledge--New concept of analysis for self-help groups. Social Service Review, 50(3), 445-456.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101. doi: 10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2013). Successful qualitative research: A practical guide for beginners: Sage.

Campbell, J. (2008). Key ingredients of peer programs identified. Paper presented at the Alternatives 2008 Conference, Buffalo, New York. Retrieved March.

Creamer, M. C., Varker, T., Bisson, J., Darte, K., Greenberg, N., Lau, W., . . . Forbes, D. (2012). Guidelines for peer support in high-risk organizations: an international consensus study using the Delphi method. J Trauma Stress, 25(2), 134-141. doi: 10.1002/jts.21685

Daniels, H., Sheperis, C., & Young, J. (2010). Counseling research: Quantitative, qualitative, and mixed methods: Upper Saddle River, NJ: Pearson Education Inc.

Dennis, C.-L. (2003). Peer support within a health care context: a concept analysis. International journal of nursing studies, 40(3), 321-332.

Denzin, N. K., & Lincoln, Y. S. (2005). The Sage handbook of qualitative research: Sage.

Faulkner, A., Yiannoullou, S., Kalathil, J., Crepaz-Keay, D., Singer, F., James, M., . . . Kallevik, J. (2015). 4pi: National Involvement Standards. Unpublished report: National Survivors Network.

Finlayson, S., Boleman, V., Young, R., & Kwan, A. (2015). HHPA: Saving Lives, Saving Money. Groundswell Homeless Healthcare Reports.

Health Profile NHS (2012). Retrieved from https://www.gov.uk/government/organisations/department-for-communities-and- local-government

Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Med 7(7): e1000316. doi:10.1371/journal.pmed.1000316 http://www.homeless.org.uk/

Holstein, J. A., & Gubrium, J. F. (1995). The active interview (Vol. 37): Sage.

Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: a theoretical perspective. Psychiatric Rehabilitation Journal, 25(2), 134.

Neuman, W. L. (2006). Social Research Methods: Qualitative and Quantitative Approaches Toronto: Pearson.

Nvivo, Q. (2012). International Pty Ltd: Version.

Patton, M. Q. (1990). Qualitative evaluation and research methods: SAGE Publications, inc.

Rayburn, R. L., & Wright, D. J. (2009). Homeless Men in Alcoholics Anonymous: Barriers to Achieving and Maintaining Sobriety. Journal of Applied Social Science, 3(1), 55-70.

Reissman, F. (1965). Helper theory principle Social work, 10(2), 27-32.

Salzer, M. S. (2002). Best practice guidelines for consumer-delivered services. Unpublished Document, Behavioral health Recovery Management Project, Bloomington, IL.

Simoni, J. M., Franks, J. C., Lehavot, K., & Yard, S. S. (2011). Peer Interventions to Promote Health: Conceptual Considerations. American Journal of Orthopsychiatry, 81(3), 351-359. doi: 10.1111/j.1939-0025.2011.01103.x

Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. Psychiatric Rehabilitation Journal, 27(4), 392.

Stevens, E. B., & Jason, L. A. (2015). An Exploratory Investigation of Important Qualities and Characteristics of Alcoholics Anonymous Sponsors. Alcohol Treat Q, 33(4), 367-384. doi: 10.1080/07347324.2015.1077632

Trochim, W. M. (2006). Nonprobability Sampling: Web Center for Social Science Research Methods.

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. Nursing & Health Sciences, 15(3), 398-405.

Varker, T., & Creamer, M. C. (2011). Development of guidelines on peer support using the Delphi methodology. Australian Centre for Posttraumatic Mental Health: Unpublished report: ACPMH (www.acpmh.unimelb.edu.au).

Whelan, P. J., Marshall, E. J., Ball, D. M., & Humphreys, K. (2009). The role of AA sponsors: a pilot study. Alcohol Alcohol, 44(4), 416-422. doi: 10.1093/alcalc/agp014

15