

A GUIDE FOR PEER- SUPPORTED WORK WITH MARGINALIZED POPULATIONS

**Jenna Pogue,
Peer Worker**

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Original image by Jenna Pogue

About the author:

Jenna Pogue is a Peer Navigator employed by the Middlesex London Health Unit. The Peer Navigator role was designed as part of a Canadian Institute of Health Research (CIHR) funded research project, "The Peer Navigator Project," in effect from 2018-2023.

Jenna works alongside street involved youth (16-29 years), focusing on the prevention, testing, and treatment of HIV, as well as addressing other social determinants of health. Jenna has been in a peer work role for 2 years and is an advocate for marginalized populations. Her goal is to support all who need it to find their voice and hopes to one day live in a world where advocacy isn't required because marginalized populations are seen and heard as the individuals they are.

This guide has been written based on the author's perspective and experiences in a peer work role.



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WHAT IS A PEER?

"One that is of equal standing with another."

- Merriam Webster Dictionary, 2023

Peer support occurs when people provide knowledge, experience, emotional, social or practical help to one another. It commonly refers to an initiative consisting of trained supporters and can take a number of forms such as peer mentoring, reflective listening, or counseling.

- Wikipedia, 2023

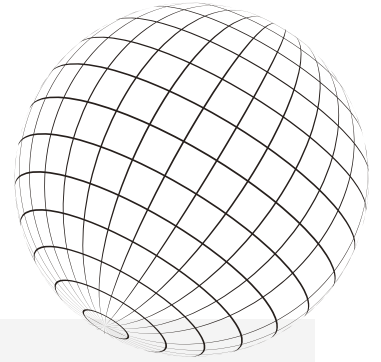


Original image by Jenna Pogue

“Peer support is about empowering someone with similar experiences to our own to embrace their self determination and recovery.”

-Peer Support Worker
(Peer Support Canada, 2022)

THE PULSE ON PEER WORK



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

- Training
- Certification
- Competency standards
- New specializations beyond mental and substance use health care 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, and social support)

Fortuna, Solomon & Rivera, 2022

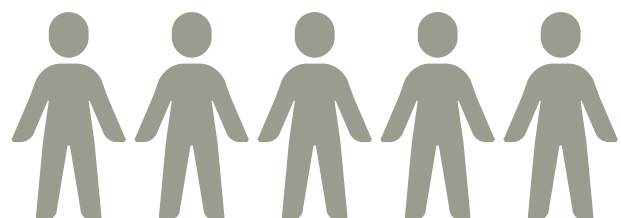
Peer support is associated with:

- Reductions in hospitalizations for mental health problems;
- Reductions in symptom distress;
- Improvements in social support; and
- Improvements in quality of life.

Cyr, Mckee, O'Hagan & Priest, 2016

30,000
estimated peer workers in the U.S.

Mental Health America, 2023



KEY CHARACTERISTICS OF PEER WORK

1 EMPATHY

Empathy is actively placing yourself in another's shoes; imagining reality through their eyes, feeling through their heart. It is not to be confused with having shared experiences. Being a peer with shared lived experience means that it is easy to assume you know how a client feels based on your own experiences but it is essential to separate your experience and wisdom from theirs and aim to view it from their position.

2 SELF AWARENESS

One of the most important characteristics a peer worker should possess. Supporting clients who share emotional/mental/physical experiences with you can be emotionally triggering. You must be able to assess when you've gone too far, you're not doing enough, you've become too invested, you've made unfair assumptions, or you've unfairly assigned an unwarranted emotion or feeling to a client. Assessing and reflecting on yourself, your daily activities, tasks, conversations, relationships, etc. is a process that requires the upmost self awareness. Embrace that you are human and ever learning.

3 LISTENING & VALIDATING

Listening to the the unique struggles of clients while being able to validate their experience is fundamental as this will facilitate the connection of "oneness" or "sameness" between yourself and the client. It is also important to note that you don't always need to validate their experience; people often just need an ear or an unbiased listener to hear them.

4 ADVOCACY

Advocacy is a cornerstone to peer work; supporting a person with your voice will be the difference between being viewed as a "worker" or being viewed as an ally; someone who can be called and truly relied upon (an experience that many clients have yet to feel in their lives). Is it our duty to use our voice for those who cannot use their own or who would not be heard if they did. Be the voice you wish you had when you needed one.

5 MENTORSHIP

At first mentorship in peer work can be as simple as being "looked up to" by clients and having them value your opinion and input. It is important to understand where you've come from and how you've arrived to where you are so you're able to relay your experiences in a way that can be absorbed by clients. You are a mentor based in your experiences.

KEY CHARACTERISTICS OF PEER WORK

6 BUILDING TRUST

A simple and easy-to-remember concept: You will foster trust between yourself and your clients by simply **doing what you say you are going to**. There is a reason that not "over promising" is a concept instilled into service providers as it's very easy to do but incredibly difficult to reverse.

7 MANAGING EXPECTATIONS

Be sure that you are not expecting others to do as you would do. That is, ensure you are **maintaining reasonable expectations for yourself, clients, and other service providers**. It is easy to allow yourself to expect the same effort or output (in terms of workload, emotional engagement, ability to go above and beyond, etc.) in others that you believe you'd provide, given the same circumstance. This can be a recipe for burnout.

8 DIFFICULT CONVERSATIONS

Get comfortable discussing awkward subjects. This can be anything from your own boundaries (and how/when they've been crossed), addressing client's inappropriate behaviour or discussing your plan to discharge them, to discussing body odour or sexual deviations. Sometimes, client's don't need you to be their friend, they need you to be an honest support system and discuss issues as they really are without sugar-coating.

9 SAFETY PLANNING

This is incredibly important and often considered once a problem is already in motion, leaving you scrambling for a solution. It is a good idea to discuss safety planning for various potential dangers (e.g. feeling trapped in a client's home while alone, a client becomes violent, you witness interpersonal violence, etc.). **Having a general idea of potential risks that could occur in your role so that you can plan around them is necessary to prevent undue and avoidable harm.**

10 ASSERTIVE ENGAGEMENT

Often clients will seek support at a time when they're able to receive and absorb it, when they want help, and are actively willing to take the necessary steps to produce the desired change. But this ebbs and flows. That is, they are not always able to receive the support they need and this is when you would apply assertive engagement. **This is the ability to be creative in our approach to meet and engage each client in a way that is conducive to their current needs.** This may require various different attempts.

COMMON CHALLENGES OF PEER WORK

- Navigating your own emotional responses to events/situations/relationships in client's lives that are similar to ones from your past
- Ensuring client's have agency over their own lives and outcomes (i.e. hand-holding, creating a dependence rather than fostering independence)
- Navigating repair after perceived failure (and how not to become discouraged yourself)
- Workload
- Boundaries: having trouble with saying "no"
- Navigating confidentiality when client's know one another and discuss services you've provided to each

Establishing and maintaining CLEAR boundaries is the key to avoiding each of these challenges



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RELATIONSHIP BUILDING

Relationship building is the keystone to peer work. How the foundation is laid and the effort made to establish trust will predict the quality of the relationships you've built. Allowing the extra time to get to know your client and allowing them to understand you will lead to your future involvement with one another. This, in my opinion, is the defining distinction between peer work and the support provided by others- the ability to relate to our peers by sharing our experiences, listening, and then relating to theirs which establishes an unspoken bond or familiarity. This creates an innate trust. We, as their counterparts, get to understand their lives, their choices, their thoughts and experiences unlike the next person who has no experience with the same struggles. This gives us a great advantage to build our peer-client relationships.

Below, I've written the general flow of conversation that I use during my initial meeting with a new client. A key to following these steps is to allow yourself the extra time to truly be present for this interaction.

Initial meeting:

1

FIRST MOMENTS OF MEETING

Your first impressions of the client and their initial impression of you happen at this point! Discuss how/who made the initial connection: coworker referral? Client referred friend? Community agency referral?

2

ASK ABOUT & LISTEN TO CLIENT CIRCUMSTANCES

The perfect opportunity for the client to tell you how they came to be where they're at. How long has the client been in their current position? What were they doing prior?

RELATIONSHIP BUILDING

3

ASK PENETRATING & SPECIFIC QUESTIONS

If situation allows:

Active listening skills are very pertinent here. Repeating pieces back to the client and asking clarifying questions is crucial to show interest and allowing the client to feel heard.

4

INTRODUCE SELF & ROLE

If situation allows:

Talk about your role, workplace, and reason for referral. If appropriate, discuss why you would be a beneficial resource to the client and lightly touch on shared experiences.



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5

INTRODUCE AVAILABLE SUPPORTS

This is where you can list practical supports that you're able to assist with. You can also list different activities that you've previously accomplished with other clients.

6

DISCUSS POTENTIAL RELATIONSHIP

Try to paint a clear picture of the potential peer-client relationship. Based on what you've learned, introduce relevant tasks or items that you can support the client to accomplish for themselves.

RELATIONSHIP BUILDING

After the initial meeting:

7

CONTINUED ROLE CLARITY & SUPPORT

Support the client on an ongoing basis. and ensure that you continually address the acceptable support you can offer and address the support you cannot (as people will push the limits of what you can support with).

8

DISCHARGE

Return to the clients original goals made during the initial conversation and goals made throughout. Review the progress made by the client and discuss the expectation made or unmade.

"To be honest, if she [Peer Navigator] hadn't come into my life I don't think I would be doing as well as I am right now.

My health is starting to get better, I'm starting to gain weight again, I'm not using nearly as much of the drugs as I was.

I'm in a place in my life right now where I can say that Jenna was a huge part of getting me there. I'm actually working on getting a job right now and possibly going to be going back to school and I have her to thank for that."

- Street involved youth participant in the Peer Navigator Project

CASE STUDY

I will start this case study by sharing a personal experience from my first year in a peer support role. Throughout this account, I will highlight areas or conversation pieces that I feel are important to note, may require special attention or may be an area/skill that would be advisable to focus on as a developing peer worker. In the end, I will discuss areas that I could have improved/altered or skills that were necessary to hone as the peer worker that could have ultimately had the potential to change the course of the now severed relationship with the youth in this case study.

*Details of the case study have been altered to maintain anonymity.

"I met Sophia early in my role as she had been referred by my own teammates. Sophia was known to be difficult to connect and make plans with as she would often cancel appointments at the last minute, fail to get in touch with staff if she wasn't able to attend, ignore visits to her housing unit, and overall avoid team members when anything committal was required of her.

I planned to meet Sophia with one of her caseworkers to establish a warm transfer (i.e. meeting with staff that is already known to have established a good working relationship with the client to help transfer the trust from one client-service provider relationship to another). I later learned that Sophia had despised this worker because she was consistently belittled and made to feel "less than" by this provider. An alarmingly common feeling among my clients that, in my opinion, is easily abolished by interacting with a kind, open, heart and mind. Once I arrived, I walked into the room and could sense that Sophia did not want to be there; it felt as though she had already decided against my support. This made sense in retrospect once I learned the trust had already been broken between the client and caseworker. (Cont'd)

CASE STUDY

It is vital to note that client's will often come into our working relationships with no trust for service providers and each client will have their own reason. For example, staff turnover (building close bonds, only to have that staff member find work elsewhere), not being treated fairly in previous interactions (being condescended, discredited, patronized, etc.), a general mistrust in relationship building due to past experiences (e.g. childhood trauma, interpersonal violence, human-trafficking, etc.) and a belief that staff are there only to clock in and clock out; not seeing the client as an individual or as a human being with their own life, story, and hardships. Instead, it can feel to client's as though they're viewed as a means to a workers paycheque; a job that can be completed and marked off their to-do list.

After being introduced by Sophia's worker, I began introducing myself to ease the tension, anxiety, and hesitancy that I could feel emanating from Sophia. I started with who I am, what agency I'm from, how I became aware of Sophia, a short, sample list of supports I could offer and a very brief summary explaining why I'm in the peer work position. Sharing a general summary of why you fit the "peer" title will establish an immediate connection (e.g. "I'm in this position because I share experiences with many of my clients. I have experience struggling with addiction, homelessness, and domestic abuse, mostly.") This is the point when I could see Sophia's attention shift. It was obvious she had not been offered a relationship or support system like this in her past. This is a pivotal piece of the new relationship. It is the point where clients will see themselves in you, and you in them. It's common for me to witness clients suddenly view me through kinder eyes. For Sophia it was no different. I could see her studying me, imagining me, this person wearing a lanyard with a company badge, struggling with everything I mentioned; the very same things she was. (Cont'd)

CASE STUDY

She looked incredulous. Because of this, I felt that it was the time to share personal health information with her that connected us as peers on an even greater level than we already shared. Important side note: sharing health information with a client is a very personal choice that should be made with special consideration. It does not come without risks. It's important to consider that you are likely working within a community where you have personal contacts. Be aware that sharing health information with clients could mean it's shared with individuals whom you did not intend to inform (i.e. friends, friends of friends, ex-partners, employers, etc.). Ensure you understand the risks before ever unnecessarily disclosing vulnerable personal information.

Part of the reason I decided to highlight this client interaction was to emphasize the impact that sharing your story, your experiences, similar health information and more, can have on a client from one moment to the next. While she was already considering that our lives were not as different as she had initially assumed, acknowledging that we both share an experience that changed the course of our lives brought Sophia from hesitant and unwilling to connect to watching her eyes well with tears at this shared connection. I told Sophia that it was not long ago that I was sitting in pretty similar circumstances to her. Sophia burst into a cry, covering her eyes. I asked if I could hug her and she agreed. In that moment, I felt like we embraced as two people sharing an emotional turning point, knowing that we are not alone in our struggles. That the difficulties we endured and struggles we share do not define who we are or what we are destined for. That making changes, big or small, isn't as mountainous a task that we lead ourselves to believe. "If she can do it, I can do it" is a statement I want all of my clients to believe with conviction and allow it to drive their motivation. After that powerful moment (and a moment that I actively incorporate into every initial meeting with new clients)... (cont'd)

CASE STUDY

... I started to ask Sophia questions about herself so that I could start the process of understanding where she is in her life, who's involved, and what barriers she's facing to achieve her desired goals. I do this by asking open-ended questions: "So, Sophia, tell me about you. Tell me what's going on in your life?" When you ask open-ended questions like this, it allows the teller the opportunity to discuss anything that arises to the forefront of their mind (this is usually a good indicator of where the client would like to start the conversation, too). Knowing how to ask questions, when to pause and listen, what areas to explore and ask follow up questions is a skill vital to building trusting relationships. It's important, as the client is filling you in, disclosing important details of their lives, to ask probing questions like, "Why do you think they said that?", "What did it make you feel when they did X?", "Why do you think you reacted that way?" When you do this, you are showing the client that you are taking time to learn about them. It shows a genuine interest in who they are and what experiences, thoughts, and feelings they have as an individual. This will often lead to a long, open discussion where people feel comfortable sharing personal aspects of their lives where you can gain insight and clues into their current circumstances and what pieces may be beneficial to work on throughout your time supporting them. It also helps to give you talking/conversation points for future meetings.

After hearing about their lives (or whatever they wished to discuss), I often ask, "What can you see us working on together?" or "Is there something you would you like me to help you with?" This is information you will want to write down (if you haven't been note taking already). You will learn where their priorities lie and you may find this to be a recurring aspect of your work together. Once they share, again I will ask another prodding question like, "Why is this something important for you to work on?" Questions like this are not asked of... (cont'd)

CASE STUDY

... many people in their daily lives but can lead to eye-opening answers. You have the potential to gather SO MUCH INFORMATION just from this initial visit (Note: Don't worry if people aren't open with you immediately! Consistent support will foster trust and when they are ready, they will). After asking some of these (what can feel like invasive) questions, you have now successfully allowed your peer to feel noticed, worthy, and heard.

After this initial encounter, Sophia and I quickly built a bond that allowed me into her world. I made sure to start slow in the early days working toward small, easy-to-accomplish goals. For example, sexually transmitted infection (STI) and pregnancy testing, appointment scheduling, appointment reminders, medication pick ups, etc. I supported Sophia to attend and initiate various treatment programs, advocating for her needs to her healthcare team during each visit. Supporting and advocating during medical appointments is one of the most effective ways to build a bond with clients as it allows them to feel that they have someone on their team, often fostering an "us vs. them" attitude. Soon after meeting and supporting Sophia, she became pregnant. I then devoted a large majority of my time ensuring she was on track with her pregnancy, her nutrition, her appointments and her overall health.

Sophia's pregnancy proved to be the beginning to the end of our peer-client relationship, at no fault of Sophia's. After supporting through the entire pregnancy, being there emotionally, mentally and physically; supporting her to all pregnancy-related appointments, setting Sophia up for what I deemed to be success, our relationship took a hard turn when she gave birth. Since I had been ever-present in Sophia's life during her pregnancy, slowly withdrawing... (cont'd)

CASE STUDY

... my presence post-pregnancy to allow for some healing and self-growth (and to open up my time to other clients), I now realize it felt like I had removed the rug from underneath Sophia's feet. In my mind, I had supported Sophia through the most difficult part of her life. I thought since I had sorted (key here: "I sorted" instead of "I supported her to sort") some of the most demanding times in her life by quelling her relationship with child protective services, initiating treatment programs, connecting to an excellent healthcare team, stabilizing familial relationships in her life, etc. that she should be set up and in a position to start fresh in her new life.

As I no longer support Sophia, I am able to retroactively review the circumstances which lead to our falling out.

Here is what I've learned:

You will build trust, you will build emotion and you will build a relationship with someone who had been a stranger to you not moments before. You will connect with people and feel the urge to care for their lives as if they were your own. You must remember that you are there simply to support them navigate their own lives, not to "fix" it all for them. You cannot hold together an entire life, an entire relationship circle, an entire community for a peer just because you have the care, means and want to do so. If you don't show them and allow them to find their own way (this includes assisting them through failure), what will they do when you are gone?

KEY TAKE-AWAYS

Peer work can be an arduous role that bears extensive introspection and responsibility. But for your plight, you're gifted with an immeasurable feeling of altruism and kindness for your fellow human-beings.



Original image by Jenna Pogue

The peer worker-client relationship is the keystone to peer work.

- Developing & maintaining trust is of the utmost importance
- Maintain boundaries
- Ongoing role clarity & relationship check ins

Every client is a unique individual that requires a unique approach.

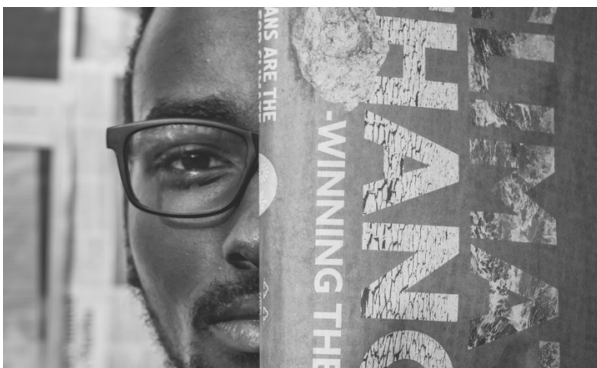
- Meet clients where they are at
- Seek to understand and work towards client specific goals
- Assertive engagement is often necessary



Original image by Jenna Pogue

By empowering your peers, you are also empowering yourself.

- Give yourself the grace to learn and grow on the job
- Self awareness & check in's with your team help you to obtain support if/when you need it



PEER RESOURCES

- **Mental Health Commission of Canada:**
<https://www.mentalhealthcommission.ca/wp-content/uploads/2021/09/Guidelines-for-the-Practice-and-Training-of-Peer-Support.pdf>
- **Peer Support Canada:**
<https://peersupportcanada.ca/>
- **Substance Abuse and Mental Health Services Administration:** <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

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