COMPARING THE USE OF PEER WORKERS IN DIFFERENT COUNTRIES

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Abstract

Several countries have implemented or introduced the use of peer workers in the health and care sector as well as in the Mental health and Substance abuse field. This article compares different factors related to the use of peer workers. The result of the comparison study brings up a diverse picture of the status of peer workers worldwide. It shows that the selected countries seem to be moving in the same direction, but making progress with a different pace, collecting experiences from use of peer workers and establishing a kind of formalized role to them. Most of the countries are in an early or very early stage of implementing peer workers and have a lot to work with to integrate them and acknowledge them as part of their service system. The article points out and questions a lot of challenges and dilemmas that the implementation of peer workers raises.

Keywords: user involvement, peer support, peer workers, peer specialists

Résumé

Plusieurs pays ont mis en place ou introduit le recours à des pairs dans le secteur de la santé et des soins ainsi que dans le domaine de la santé mentale et de la toxicomanie. Cet article compare différents facteurs liés à l'utilisation des pairs. Le résultat de l'étude de comparaison apporte une image diversifiée du statut des pairs dans le monde. Cela montre que les pays sélectionnés semblent aller dans le même sens, mais progressent à un rythme différent, collectent des expériences en utilisant des pairs et en établissant une sorte de rôle formalisé pour eux. La plupart des pays sont à un stade précoce ou très précoce de la mise en œuvre des pairs et ont beaucoup à travailler pour les intégrer et les reconnaître dans le cadre de leur système de service. L'article souligne et remet en question beaucoup de défis et de dilemmes que soulève la mise en œuvre des pairs.

Mots-clés: participation des utilisateurs, soutien par les pairs, pairs aidants, spécialistes des pairs

Rezumat

Mai multe țări au implementat sau au introdus utilizarea lucrătorilor de la egal la egal în sectorul sănătății și îngrijirii, precum și în domeniul sănătății mintale și abuzului de substanțe. Acest articol compară diferiți factori legați de utilizarea lucrătorilor de la egal la egal (peer workers). Rezultatul studiului de comparație aduce o imagine diversă a statutului lucrătorilor de la egal la egal în întreaga lume. Aceasta arată că țările selectate par ca se deplasează în aceeași direcție, dar progresează într-un ritm diferit, colectând experiențe de la utilizarea lucrătorilor de la egal la egal și stabilind un fel de rol formalizat pentru aceștia. Cele mai multe țări sunt într-o fază timpurie sau foarte timpurie de punere în aplicare a

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lucrătorilor de la egal la egal și au multe de facut pentru a le integra și a le recunoaște ca parte a sistemului lor de servicii. Articolul subliniază și pune la îndoială multe provocări și dileme pe care le ridică implementarea lucrătorilor de la egal la egal.

Cuvinte cheie: implicarea utilizatorilor, sprijin reciproc, lucrători de la egal la egal, specialiști de la egal la egal

Introduction

User involvement has become an increasingly important aspect of the development of services in different areas. From being something the service system through manager and providers carried out to take account of users and their relatives, one increasingly see this as necessary to develop more rational and optimal services. There has been a development from a value-based justification of service receivers involvement to justifying user involvement on basis of what will be the best services to all parties, that both maximizes efficient spending of resources as well as utilization and quality.

Gradually it seems like the understanding of the importance of having someone inside the system who has its own experiences of how the services work has been established and achieved legitimacy. Use of peer workers has brought forward the positive impact of real understanding of the users' situation and need of bridge builders between the service providers and the users.

To clarify how this development has evolved in different countries and comparing the status of use of peer workers we have conducted a qualitative study based on document and literature search, reviews and analysis. In this article, we are presenting our findings from the selected countries about use of peer workers, the basic thinking that has occurred, the progress and the plans and challenges for using them as part of the staff.

Peer support

Use and recognition of peer support among persons with severe mental illnesses can be tracked back through centuries. This shows up periodically and with apparently good effect throughout the history of psychiatry, even if it not always has had a recognition and status according to this. Over the last twenty years, however, the practice of peer support has increased strongly around the globe, and a lot more of recovering persons have being hired to provide peer support than ever before[1] (Davidson *et all*. 2012).

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[1] http://www.peer.ca/peerassociations.html

To understand the key dimension of what peer work is all about, it is necessary to explain the meaning of peer support[2]. To provide peer support, you must have been or still be in the same or a similar situation as the person you give support to. As INAPS proclaims at their website:

> A peer supporter is someone who has experienced the healing process of recovery from psychiatric, traumatic and/or substance use challenges and, as a result, can offer assistance and support to promote another peer's own personal recovery journey. The peer support volunteers to share portions of his or her recovery experience in an appropriate and effective manner.[3]

Besides Sherry Mead has expressed the most important elements in the quote below.

> Peer Support is a system of giving and receiving help founded on the key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer Support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through shared emotional experiences. (Sherry Mead 2003, 1)[4]

As a peer, you have a unique prerequisite to empathize and understand the person you want to help, but this also requires having the necessary attitudes and skills to deliver appropriate peer support. On the other hand, peer support in general also helps the person that gives support, because this is a meaningful activity and both the experience of helping others and helping oneself is strengthening the provider's self-confidence, so this goes both ways.

> Peer support is also a two-way street. The reciprocity of peer support is a key benefit. The act of helping someone else as a way of paying back for help previously received, or just simply sharing the experience gained can be a deeply rewarding and therapeutic experience in its own right. (Graham & Rutherford 2016, 8)

We will also here refer to "The International Association of Peer Supporters - INAPS"[5] that describes "The peer support model" as follows:

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[2] http://www.peer.ca/peerdefinitions.html

http://www.peer.ca/helping.html

[3] https://www.integration.samhsa.gov/glossary#p -17.12.2015

[4] http://164.156.7.185/parecovery/documents/DefiningPeerSupport_Mead.pdf

[5] The International Association of Peer Supporters (iNAPS) **is** a non-profit organization dedicated to growing the peer support movement worldwide. Founded in 2004 by a group of avid peer specialists in the state of Michigan, the organization has quickly grown with members from every state, and now includes members from several countries outside the U.S. See: https://inaops.org/

The peer support model is grounded in the belief that "significant interpersonal relationships and a shared sense of community lay the foundation for the process of healing." At its best, a peer relationship can facilitate and enhance a person's recovery. (Morris *et all*. 2015, 11)[6]

On the other hand, is it important to emphasize that peer support is not a contradiction to services from the healthcare system, but an alternative approach to guide people in their recovery process. It must be considered as a supplementary help[7].

Peer workers versus related terms

Before we go further with our presentation, we also find it relevant to clarify distinctions in the use of the term "peer worker" in relation to some other terms which this might easily be mixed up with, as there might be overlaps in tasks and functions. Other terms we are thinking of is the volunteer and self-help. Our use of the term peer worker requires that the person has a relevant user experience from the service he or she is working with. It also requires that the person have a kind of formal position or anchoring[8]. This might be an employment or contract that gives a kind of remuneration or payment from an organization, agency or the institution that provides the services that he or she is working with. Besides, it demands that the person has attitudes, as mentioned above, and is capable to maintain a distance to his or her own recovery process. The last requirement is necessary to keep a reasonable functionality in the job.

It is thus important to be aware that both as a volunteer and as a self-helper one can carry out tasks and have the same background and skills as

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[6] https://www.bhwellness.org/toolkits/Peer-Support-Program-Toolkit.pdf

[7] Here it is relevant to mention that there are different traditions in Peer Support. We have the traditional Peer support and the Intentional Peer support.
https://mind.org.uk/information-support/drugs-and-treatments/peer-support/#.WXbujGxMQ2w
http://www.psychosocial.com/IJPR_10/Peer_Support_What_Makes_It_Unique_Mead.html
"Intentional Peer Support is about conversation. It's about how we know, how we create new "knowing" through dialogue, and about how we as human beings interrelate by beginning to practice the art of connection – with ourselves, the people in our lives, and the people on the planet we may think we have nothing in common with."
http://www.intentionalpeersupport.org/what-is-ips/

[8] http://www.manygendersonevoice.org/uploads/1/3/2/4/13247103/ips_discussion_paper_march_2014_gd_draft.pdf

what we define as a peer worker, but still not fill all the requirements that the peer worker definition contains.

To be defined as a peer worker, the peer support activities should be economically compensated and must have a formal status in the services in some way or another. It must of course be mentioned that at this stage of the implementation process most countries have created several hybrids regarding peer workers. Thus, in many occasions, it can be difficult to draw a sharp line between the inside and outside of the definition.

Comparing factors

In our analyses of the data material, we have emphasized to find appropriate comparing factors that we were able to get information about, and these should not be too demanding, regarding spending of resources.

We have formulated these factors in the following questions about the countries:
- Have peer workers been used?
- Have they been used in the mental health and substance abuse sector?
- Which terms have been used about them?
- Are there any regulations for use of peer workers?
- Is there any certification?
- Are there any training or education programs?
- Is there created a peer workers organization?
- Have there been carried out researches regarding use of peer workers?

We have searched systematically in the documents and literature looking for information that could clarify the status of each of the comparing factors. In the matrix below, we have summed up the situation that shows similarities and diversities between the selected countries.

Even if there has been some transfer across country experiences, the implementation of use of peer workers has been and is something each country has to push forward through making their own considerations, find suitable solutions and decide how to go further in the process. In an international perspective it is, however, reason for claiming this shift in how to handle individual and society challenges as a paradigm shift and a social innovation that will lead to great changes both in how to think and act about handling mental health and substance abuse problems.

These changes will demand new patterns of collaboration, new roles in the social work and health care system, new ways of conducting management and leadership, new legislation and finally new policies. In the long run, and in the end, it is a political question how fast and how far each country will go in developing peer support and peer workers as a solution to meet the challenges of tomorrow.

On the other hand, this seems like a reasonable way to follow to be able to meet the expanding needs of services in an aging population, the shortage of personnel because of demographic changes and it seems also to be an economic efficient track. But it must not be under communicated that there also might be several barriers and contradiction forces that unable a policy in this direction. This seems to be attitudes, knowledge, rules and laws, but also contradictions in interests from other actors in services and bureaucracy.

Peer working in selected countries

To give an overview of how use of peer workers is widespread in a sample of countries, we have made a table of the status regarding some central factors as shown below. It has been a problem to find reliable information about all these factors in the different countries. We therefore had to select countries that we in advance had some knowledge about.

In this study, we have not been able to get a complete overview over the widespread of peer support. It seems like the activity of peer support and the development in direction of using peer workers has developed most in-service cultures in Anglo Saxon countries, but has also been implemented in the Scandinavian countries as the social work in these countries traditionally have been strongly influenced by Britain.

We have found that this direction of helping service receivers' through empowering and involving them in service performance are most widespread in the USA, but have also been introduced in Romania[9], even if that has been a minor attempt. In Scandinavia and the Nordic Countries the introduction of peer support workers also vary. Norway is probably the country that has developed this in the largest scale at the moment.[10]

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[9] http://cesie.org/en/in-action/international-cooperation/trafficking/
[10] It has been difficulties to find reliable statistics of the numbers of peer workers

Karl-Johan JOHANSEN, *Comparing the use of peer workers in different countries*[11]

Table1.Overview of the status of use of peer workers in selected countries[11]

Countries	Use of Peer Workers	Use of PW in Sectors	Terms of workers	Regulations of use of PW	Certification of Peer workers	Training/Education of PW	Organization of Peer Workers	Research on Peer workers
				Factors				
Norway	Yes	Mental health Substance abuse	User consultant Co-worker with user experience	None	No Certification	Yes, several	Yes, since 2017	Yes, a few
Canada	Yes	Mental health Substance abuse Several other sectors	Peer support (er) worker Peer navigators Application support worker Peer support supervisor	Yes, but not strictly enforced Guidelines	Yes, but not strictly enforced	Yes, several	Yes,	Yes, several
USA	Yes	Mental health Substance abuse Several other sectors	Peer specialist Certified Peer specialist Peer recovery specialist Per support supervisor	Guidelines	Yes Have to be certified to get paid with public money	Yes, several training programs Peer Support Apprentice	Yes, a nationwide organization	Yes, several
Australia	Yes	Mental health Substance abuse Several other sectors Integrated in all education	Peer support worker Peer specialist Peer Health Coach	Guidelines	Under development	Yes, several training programs	No national Organization Included in user organizations	Yes several
New Zealand	Yes	Mental health Substance abuse Several other sectors Integrated in all education	Peer support worker Community support worker Navigator	Guidelines	NZ Certificate in Health and Wellbeing (Peer Support)	Yes, several training programs	No national Organization Included in user organizations	Yes several
England	Yes	Mental health Substance abuse Also other sectors	Peer support worker Experts by experience Consumer-providers	Guidelines for Experts by experience Code of Conduct	Yes, but not strictly enforced	Yes, several training programs/ education	No national Organization	Yes, several
Scotland	Yes	Mental health Substance abuse	Peer support worker Experts by experience	Guidelines for Experts by experience **Code of** Conduct	No Certification	Yes, several	No national Organization	Yes, several
Netherlands	Yes	Mental health Substance abuse Also other sectors	Experience worker Experts by experience Peer Support Coach	None	No Certification	Yes, several	Yes	Yes, several
Sweden	Yes	Mental health	Own experienced employee User influence Coordinator Co-workers with user experience	None	No Certification	No Training	No national Organization	Yes
Denmark	Yes	Mental health	Co-worker with user experience	None	No Certification	Yes	No national Organization	Project evaluation
Romania	Introduced	Mental health	Peer Support Worker	None	No Certification	No Training	No national Organization	Project evaluation

[11] http://peerworkhub.com.au/the-case-for-peer-work/peer-work–globally/
http://peersforprogress.org/get-connected/global-network-of-peer-support/
https://inaops.org/

Use of peer workers

The first factor to clarify was if peer workers were used at all in a country or not? As we see from the table above all of the selected countries had used peer workers to a certain degree, but in a very different scale. We have not been able to find any international comparing statistics and it has been difficult with national statistics in each of the countries. One must also be very careful to quantify any numbers because of variations in definition and terminology. As a result from our study we will conclude that most employed peer workers were used in USA where there today are more than 10000 peer workers, and less in Romania were this only has been used in a very small and introductory scale through an EU-project [12]. In Norway there are today around 500 employed peer workers.

Sectors

We have in this mapping especially focused on the field of mental health and substance abuse, and found that this is the main use of peer workers in most of the countries. This might also be a kind of bias. However, we have found that peer workers are used in several other fields also, as in work with houseless persons, sexworkers, criminals, HIV infected, persons with heart problems, cancer etc.

Terms

As the table above shows, there are many terms used for peer support workers. These terms reflects that there are different use or roles that these workers are doing, but it also reflects that the "peer workers" have different status and anchor in the system. This is also reflected by whether they have permanent posts, payment for work, a system of guidance and if a training programs have been established. With regard to this, there is a great variety both between countries and internally in the different countries.

Regulations

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[12] https://www.european-agency.org/news/peer-counselling-activity-in-romania

As mentioned, peer workers are still a new innovative use / function in terms of service. The use is therefore not regulated in most countries. There are some guidelines, but not in terms of legislation and regulations. To the extent that they are employed within an institution or organization, the ordinary laws and regulations of employees apply, to the extent that they are linked outside, the rules of the game are more unclear.

In most countries / cases, one is still in a situation where peer workers do not have any permanent or internal position in the service organizations they work in.

That is, they operate in a relatively unregulated field.

Training and education

Many countries[13] have developed training and education on different levels for peer workers. One have realized that it is necessary with quality assurance if one should have many peer workers employed in the mental health and substance abuse field. Training and education are main elements in quality assurance and consisting a combination of practice, theory and guidance within different topics.

But even if there is a variation in content, there seem to be some core elements in competences that are focused on, such as: ability to build relations, communication skills, empathy, ethical reflection about others and own behaviour, critical thinking about services, system and professional practice, team work and collaboration, self-management. Understanding of the recovery process, empowerment, resilience, are also central elements. Finally, a contextual understanding of their work place, the field, and their own professional role are demands often emphasized.

Certification

According to our mapping, just a few countries have a kind of certification system. In Canada, they have recently developed a certification system, managed by the Peer Support Canada[14]. In USA there is not a uniformed certification, but most of the state's demand that peer support workers that

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[13] http://www.peerzone.info/

[14] https://psac-canada.com/

http://www.peer.ca/NTC.html

should be employed and receive payment have completed training and passed a test. They have to apply for training and certification in order to be selected as a person fitted for working as a peer specialist[15].

The length of the certification process differ from a couple of weeks to several months.

Through this process the peer workers has to show and document that they have achieved the knowledge, skills and competence that are required to be a peer worker, in reference with specified relevant competencies above.

Integration with education and service systems

A central question is how integrated the peer work training or education ought to be with the educational system, and how to integrate peer workers at the workplaces.

Today there are essentially inequalities in what training and follow-up the peer workers get in their work roles, their position in the service system, and what they can expect of the development in the future.

However, the awareness of the necessity for an appropriate integration and development of this has grown in several countries, although there are differences in how these perspectives or needs are described in public documents.

In most countries today, the educational system and labour market are strongly regulated. To achieve a formal status and labour rights as a skilled worker one have to be part of the established system in one way or another in the country one belongs. To increase the use of peer workers to a larger scale, it is necessary to secure these rights and to get permanent occupation. Integration with the educational system is therefore a necessity to get a formal status in the labour market and in the field of services for mental health and substance abuse.

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[15] http://nypeerspecialist.org/
http://peerslinktohope.org/
https://www.minnpost.com/mental-health-addiction/2017/05/life-experience-key-certified-peer-support-specialists
https://www.mindaustralia.org.au/about-mind/professional-training.html

The process of developing user involvement has gone through several steps with different means, both at an individual and system level. To provide users influence, several arrangements have been introduced such as; personal ombudsman[16], service users' participation in the development of personal plans and in meetings to designing future services. Using peer workers have gradually also been acknowledged as a mean to promote user involvement.

Services in more and more countries and have thus begun using peer workers. However, there are also differences about the use of these and the opinion about how they ought to be anchored and connected to the services and their relation to the user communities.

The anchorage

Another central question, regarding the use of peer workers, is where in the service system these employees should be affiliated. This has been discussed in several countries and based on different interests and perspectives. From the users and user organizations angle, peer workers are viewed as representatives of the user's perspective and that it is important that they relate to the user community, i.e. beyond the services they will support other users in relation to rights and quality.

Viewed from users, it is important that peer workers not are co-opted by the system they should help to change, but maintain in a position where they are able to bring forward critical views that can help the services emphasize change and improvements in areas where users experience poor quality and incorrect prioritization.

From the perspective of service organizations, it is also important to gain insight into the users' experiences and suggestions for improvements in services at different levels. On the other hand, there is a question about how many employees can handle anchoring outside the organization. As long as there is a small number, it may be possible for an external anchorage, but if the number becomes large, it may be a problem. Several countries have tried different models to reap experiences.

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[16] *www.dictionary.com/browse/ombudsman*
"Ombudsman is, a government official who hears and investigates complaints by private citizens against other officials or government agencies".

There are several dilemmas and challenges that have to be handled in an appropriate way to achieve a desirable development for peer workers. So far, the number of peer workers has been limited, so other professions have not seen them as a threat for their own employment and status. As the number increase, this might change.

Unskilled and semiprofessionals may experience them as challenges for their own employment and competence. Employers will be in favor of choosing whom to recruit, more social workers, health workers, or peer workers. They may need to re-prioritize the budgets to find rooms for more peer workers. This might be complicated and lead to conflicts with health professions, unions, and also peer workers organizations.

Professionals must deal differently with users, and it might be a challenge for attitudes among social and health workers and teachers in their education. It is no doubt that this is a shift in paradigm and social innovation, but that we still are at an early stage of the development. This must also lead to changes in study programs regarding as well theory, practice and understanding of what a good and sound health work should consist and how to organize services, and not least, in relation to who has the power to define what is of good quality and a proper course of treatment.

Conclusion

As we have outlined, we are at the beginning of a major change regarding use of people with lived experience in health and social services. The fact that health and social workers must relate to patients and users as coworkers and acknowledge that user skills in many cases are crucial for treatment and prioritization is undoubtedly the biggest change in a very long time. We must admit that this poses a great potential for change, but also some opportunities to make mistakes. It will be very important to keep an eye on this development, and find good collaboration models and create constructive cooperation with users and their organizations.

It is also important to follow up with evaluation and research where users are included as co-researchers, to document how this change contributes to changes in the services.

In addition, it is important to uncover counter-powers that can counteract the achievement of the goals that one sees.

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