PROFESSIONALIZATION OF AN OCCUPATION: PEER WORKER

Conţiu Tiberiu ŞOITU [*]
Romeo ASIMINEI [**]

Abstract
The involvement of beneficiaries of social or medical care services in the design, provision and evaluation of services is an accepted and used practice. A number of steadily growing studies show encouraging effects both for beneficiaries who have become care providers and for other beneficiaries. Moreover, some results suggest cost reductions and an increase in the degree of suitability of the services offered. The occupational status of peer workers varies from beneficiaries included in therapeutic programs, volunteering, to part-time or full-time employee, member of multidisciplinary intervention team (such as in Australia, Canada, Scotland, Norway). Starting from international experience and analysing national particularities, it is suggested that areas of social and / or medical care in Romania could benefit from the contribution of peer-workers.
Keywords: peer worker, social services, beneficiaries involvement, volunteering

Résumé
L'implication des bénéficiaires des services sociaux ou médicaux dans la conception, la fourniture et l'évaluation des services est une pratique acceptée et utilisée. Un certain nombre d'études en croissance constante montrent des effets encourageants à la fois pour les bénéficiaires qui sont devenus des fournisseurs de soins et pour d'autres bénéficiaires. De plus, certains résultats suggèrent des réductions de coûts et une augmentation du degré d'adéquation des services offerts. Le statut professionnel des pairs-aidants varie de bénéficiaires inclus dans les programmes thérapeutiques, bénévoles, à temps partiel ou à temps plein, membre de l'équipe d'intervention multidisciplinaire (comme en Australie, Canada, Écosse, Norvège). Partant de l'expérience internationale et analysant les particularités nationales, il est suggéré que les domaines des soins sociaux et / ou médicaux en Roumanie puissent bénéficier de la contribution des pairs.
Mots clés: pair-travailleur, services sociaux, participation des bénéficiaires, bénévolat

Rezumat
Implicarea beneficiarilor serviciilor de îngrijire socială sau medicală în conceperea, furnizarea şi evaluarea acestora este o practică acceptată şi utilizată. Un număr de studii în

[*] Professor PhD, Department of Sociology and Social Work, Faculty of Philosophy and Social-Political Sciences, “Alexandru Ioan Cuza” University of Iaşi, Carol I 11, 700506, Iaşi, Romania; e-mail: tiberiu.soitu@uaic.ro
[**] Associated Professor Ph.D., Professor PhD, Department of Sociology and Social Work, Faculty of Philosophy and Social-Political Sciences, “Alexandru Ioan Cuza” University of Iaşi, Carol I 11, 700506, Iaşi, Romania; e-mail: romeoasiminei@yahoo.com

constantă creştere indică efecte încurajatoare atât pentru beneficiarii deveniţi (co)furnizori de servicii de îngrijire, cât şi pentru ceilalţi beneficiari. Mai mult, unele rezultate sugerează reducerea costurilor şi creşterea gradului de adecvare a serviciilor oferite. Statutul ocupaţional al "peer worker"-rilor variază de la beneficiari incluşi în programe terapeutice, voluntariat, până la angajat cu program parțial sau complet de lucru, membru al echipei multidisciplinare de intervenţie (precum în Australia, Canada, Scoţia, Norvegia). Pornind de la experienţa internaţională şi analizând particularităţi naţionale, sunt sugerate domenii ale îngrijirii sociale şi/sau medicale din România ar putea fi avantajate de contribuţia unor peer-worker.

Cuvinte cheie: peer worker, servicii sociale, implicarea beneficiarilor, voluntariat

Introduction

Dictionary definition (Merriam Webster[1]) of peer is: *one that is of equal standing with another: equal; especially: one belonging to the same societal group especially based on age, grade, or status.*

The involvement of beneficiaries of social or medical care services in their design, provision and evaluation is an accepted and used practice. We can refer both to former beneficiaries but sometimes to those who still benefit from support.

We aim to achieve an identification of the contexts in which this is achieved. What kinds of problems ? Who's calling for help ? How is the one who helps ? What is the status of the one who helps ? Does this need formal recognition ? But pre-training ?

Peer work has its origins in ideas of self-help and mutual support. People with lived experience of a physical illness, a mental health issue, or traumatic circumstances, who have faced adversity, are able to provide support, guidance, advice, wisdom, mentorship, expertise and hope to people facing a similar situation (Davidson *et all* 2012).

When people experience problems, difficulties, frustrations, worries, concerns, unusual life events, they seek help, advice, practical assistance and encouragement rather to friends, not professionals.

Peer support can take place virtually anywhere: between students at school; between students, in the university; between patients, in hospitals; between neighbors, in community centers, on trade unions, in businesses activities and corporations etc.

[1] https://www.merriam-webster.com/dictionary/peer

Peer support can be requested / offered / received at any age. Peer programs for young children, adolescents, young adults and elderly people have been developed.

Peer support has many different forms. The term ”mutual aid” is a generic term that includes activities or titles such as peer tutorials, material support, peer mediation, peer-to-peer assistance, peer-to-peer counseling, peer education. The term peer work is used as an umbrella to include all kinds of programs mentioned above and many others omitted.

Some examples of peer work may include:

- a friend who listens while another friend describes a problem;
- computer users who call, most frequently online, to others for help in solving their problems;
- experienced parents support new parents;
- students who help colleagues to perform their school tasks;
- students who mediate conflicts among other students;
- employees with experience that facilitates the ”initiation” of new employees;
- former consumers educating others to prevent substance abuse;
- former inmates assist other detainees in prison or after leaving the prison;
- going back a long way in history, we find peer-work forms of help for those who are contagious by those who survived the same epidemic, becoming partially or totally immune.

The preference for a nonprofessional of the one who needs help can be easily explained by accessibility, availability, convenience, resource economy, lack of knowledge, puddles, fear and many other rather psychological mechanisms that prevent ”formalization” a problem by calling to a specialist. Friends can help to determine the need for referrals to professionals and can provide empathy, understanding and practical support to solve some dilemmas.

What can explain beyond the pre-existing existence of friendship, relationship, neighborhood, the willingness to engage of the one who helps ? From general to specific, we can remember: the need – altruistic but with a strong impact on self-esteem – to help others; the desire to be close to others, to combat their own loneliness of helper; the therapeutic role of engaging with others; the role of penance, of ”atonement” of own mistakes, beyond the way others / society has assessed the framework of ”redemption”. The last term of the enumeration can be exemplified by the founding of the

Prison Fellowship by Charles Colson, formerly aide of President Richard Nixon, sentenced to detention in the context of the Watergate scandal[2].

1. Volunteer activity or a real job ?

For those motivated, the preferred activation frame is volunteering. Both in its informal dimension and in the form of contracts concluded with social or medical service providers. The American Association of Peer Workers (NAPW) and Canadian Peer Resources (www.peer.ca) have independently developed standards that help identify and describe the occupation. According to Peer resources, peer support is characterized by the following components:

- colleagues are nominated or selected by the members of their group;
- colleagues are volunteers, but they can get some kind of financial compensation for their involvement;
- peer volunteers receive needs-based, goal-oriented and experimental skills from a qualified instructor;
- peer volunteers are monitored on a regular basis;
- experts who have more experience, the more they are involved in the selection, training and supervision of other colleagues.

There are places where peer work it is a real job. A survey conducted in 2013 on one of the most developed work market for peer-workers, in Australia, 53% worked part-time; 29% full time; 18% were casually employed. A total of 81% held permanent positions[3].

There is a field of activity where the peer-worker occupation has been most used and more regulated than any other: mental health.

In broad terms, peer workers are people who identify as having lived experience of mental ill-health and/or alcohol and other drug issues who are employed (either paid or volunteer) in designated roles within the public or non-government sector who use their common experience to support and inspire hope and recovery in others (Gallagher and Halpin 2014). Lived experience is the knowledge and understanding that people get when they have lived through something. In this case, lived experience means living with mental ill-health and/or alcohol and other drug issues. People with lived experience include family or friends who support someone with mental illness and/or alcohol and other drug issues.

[2] https://www.prisonfellowship.org/resources/media-information/overview-and-factsheets/

[3] http://peerworkhub.com.au/the-case-for-peer-work/profile-of-a-peer-worker/

Peer work is defined by the fact that people who have life experiences may better relate and consequently may offer more authentic empathy and validation to consumers and families navigating mental health services. Peer support has been conceptualized as involving one or more persons who have a history of mental illness and who have experienced significant improvements in their psychiatric condition offering services and/or supports to other people with serious mental illness who are considered not to be as far along in their recovery process.

Western Australian Association for Mental Health adapted the guiding values for peer work in October 2014. They have been selected and enunciated based on consultations with peer workers, other expert individuals, and representatives of government and non-government organizations, starting from those of the Scottish Recovery Network.

Mutuality: Peer work involves the giving and receiving of help and support based on recognition of shared and common experience, with those involved sharing a responsibility to make it work

Voluntary engagement: Peer work should be voluntary. That is, both the person giving and the person receiving support should consent to work together.

Self-determination: Peer work recognizes and respects people's rights to have control over their lives, to make decisions and have their preferences and aspirations respected.

Hope: Peer work is underpinned by the reality of recovery and the beliefs that:

- Peer workers are powerful role models and evidence of the reality of recovery.
- All people are unique individuals with hopes, dreams, and aspirations with the potential to be all that they can be.
- The peer relationship offers a unique healing environment and powerful way of promoting hope and optimism.
- *Responsibility*: Wellness and recovery involves taking responsibility, which means:
- Peer workers support people to achieve changes by "being with" rather than "doing for".
- Peer workers have a responsibility to ensure that the values of peer support are nurtured and developed.
- Peer workers should take responsibility for their learning and development.

- Peer workers have a responsibility to challenge stigma and discrimination encountered in their role.

Empowerment:
- Empowerment happens through drawing on strengths and abilities both individually and collectively.
- Peer work builds people’s capabilities and strengths, rather than providing services based on their problems and deficits, and assists people to access resources that enhance their recovery goals.
- Having power and control comes from identifying our own needs, making choices and taking responsibility for finding solutions.
- Peer workers provide perspectives and information to support empowerment that are not always available to or recognized by other service providers.

The essence of peer work is not what kind of service is provided, but who provides it and how. Peer work requires that lived experience is an essential criterion of job descriptions, although job titles, responsibilities and related tasks will vary.

In 2013 Health Workforce Australia conducted the first national survey of peer workers[4]. A total of 305 people responded to the online survey. 44% had lived experience of mental illness; 9% had supported a family member or friend; and the 46% had experience of both of these.

Bell, Panther and Pollock (2014) identify a number of features of initiatives delivered by people with lived experience that deliver benefits and outcomes, including:
- providing hope through positive self-disclosure;
- role modelling skills and self-care for negotiating a daily life;
- peer workers are often more effective in establishing rapport more quickly and building trusting relationships with service users when compared to other staff.

2. Qualification (s)

Is pre-training required ? Can we reinforce what peer workers have to offer, thus enhancing a person's ability to find a safe and satisfactory solution ?

We will appeal to one of the few responses based on evidence. The results of the already mentioned survey among hundreds of peer-workers,

[4] http://peerworkhub.com.au/the-case-for-peer-work/profile-of-a-peer-worker/

conducted in 2013 in Australia[5]: the vast majority held post-secondary school qualifications with 22% having a Certificate IV in Mental Health, 3% having a Certificate IV in Peer Work, and 91% holding other qualifications including qualifications in community services, disability services, aged care, nursing, social science, business administration, accounting, psychology, engineering and education.

The current requirement for trainers of the Australian National Training Package for the Certificate IV in Mental Health Peer Work is a lived experience of mental illness from the perspective of either a consumer or care giver, a Certificate IV in Training and Assessment and the new Certificate IV in Mental Health Peer Work.

The Australian Certificate IV in Mental Health is a nationally recognized training course, specializing in Community Mental Health Recovery and Psycho-social Rehabilitation[6].

The course equips the students for roles such as: Mental Health Worker, Psychosocial Rehabilitation Worker, Mental Health Promoter, Community Support Worker and Outreach Worker. Graduates may find work in clinical settings or home-based outreach along with community services such as supported employment, residential facilities, support groups, corrective, youth services and recreational services.

The study program is organized on 15 units, during one part-time Semester and includes: 16 days of class hours (104 hours), 80 hours of field placement, 4 site visits and Mental Health Careers Seminar.

A quite similar offer of training is put on market in United Kingdom by The Cambridge and Peterborough Foundation Trust[7] . The Peer Employment Training consists of 16 Modules, 168 hours classroom learning, 2 Hours of home working per day, 4 days of work experience based within a team in the Trust, and 2 exams.

3. From informal to formal mutual care. Romanian settings

The analysis of the Occupation Classification in Romania shows that there is no peer worker occupation listed (https://www.rubinian.com). In fact, the analysis reveals that this occupation does not formally exist. Our assumption

[5] http://peerworkhub.com.au/the-case-for-peer-work/profile-of-a-peer-worker/
[6] https://waamh.org.au/development-and-training/mental-health-training/certificate-iv-mental-health-.aspx
[7] http://www.workingtogetherforrecovery.co.uk/peersupportworker.htm

is that there are currently mutual aid activities that are not recognized as such. In the area of social services and medical services, these activities are hidden behind volunteer forms (contract-based or not), accepted and recognized by the specialist to a lesser or greater extent.

In Romania volunteering is regulated by *Law no. 78* / 24th of June, 2014. According to article 3, letter a), volunteering is the participation of a volunteer individual in activities of public interest carried out for the benefit of other persons or society, organized by public or private legal entities, without remuneration, individually or in groups. Therefore, a volunteer contract is settled between a volunteer (a person) and a legal person (public or private organization) and provides the framework for activities to be performed by the volunteer without being salaried.

The law does not recognize as volunteer activities, isolated or occasionally activities, with family members, based on friendship or on good neighbors. So, volunteering takes place within a host organization that organizes and manages volunteer activities. The beneficiary can be an individual or a legal person. From the perspective of the law, volunteering is seen as a resource for the development of social welfare, not as a way of reducing spending. Over all, volunteer activity is considered to be professional experience and / or specialty, depending on the type of activity, if it is done in the area of graduate studies.

At this point we can conclude that volunteer low does not offer a suitable framework for peer-workers activities in Romania. Beyond the legal framework, the attitude of the professionals (from social or medical field) is not one that encourages peer workers (Lupu 2015).

The informal peer worker activities and the developments from Australia, Canada, Scotland or Norway, as showed above, call for a change in social and medical services in Romania. The peer worker activities in these countries have proven to lead to better use of resources and more efficient impact of the efforts. Such a system values common experience of beneficiaries and peer workers and a deeper understanding of peer workers of beneficiaries needs. The natural closeness that occurs between beneficiary and peer worker may turn out to be a more effective channel for specialists to gain greater adherence to treatment / activities.

A peer worker enhanced social and medical system should be centered on the beneficiary and recognize and set the responsibilities and the limits of the specialists and of the peer-worker in regards to beneficiary and also between specialists and peer workers (Soitu, Johansen 2017, 5-17).

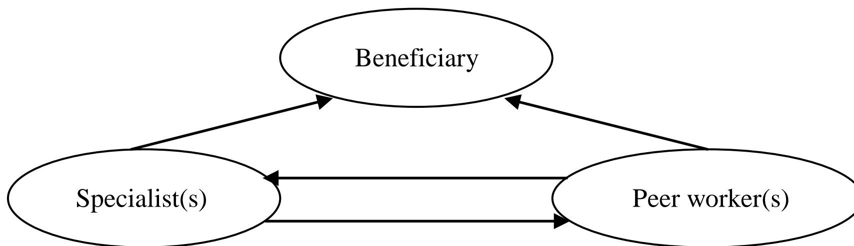

Fig. 1. Conceptual relationships within a peer worker enhanced system

Conclusion

we recommend generating a formal framework for the development of peer working in the social and medical field. At this point, we believe that it is necessary to recognize and legislate the peer worker occupation, on the one hand, and to create standards for social peer worker and medical peer worker.

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Online resources on peer-work:

1. Peer Resources Canada: http://www.peer.ca/
2. Peer Work Hub Australia: http://peerworkhub.com.au/
3. Peer-to-peer support New Zeeland: http://www.peersupport.org.nz/
4. Prison Fellowship: https://www.prisonfellowship.org/resources/media-information/overview-and-factsheets/
5. Scottish Recovery Network: https://www.scottishrecovery.net/
6. Together for Mental Wellbeing United Kingdom: http://www.together-uk.org/peer-support/
7. US Department for Veterans Affairs : https://www.vacareers.va.gov/peer-to-peer/
8. Western Australian Association for Mental Health: https://waamh.org.au/
9. Working Together for Recovery, United Kingdom: http://www.workingtogetherforrecovery.co.uk/peersupportworker.htm