PEER SUPPORT INSTITUTIONALIZATION: TROUBLING EVERYDAY WORK

Calvin Prowse[1], with Tracey, Jodie, Angela, "Hannah," & Tyrone
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Throughout the summer of 2022, I met with a group of five peer support workers in Ontario to explore their everyday work and the tensions they felt in relation to peer support institutionalization. This research used Institutional Ethnography to explore how the work of peer supporters is shaped by institutional forces, through exploring pieces of "text" (e.g., legislation, policies, discourse) that impact their work. This study may help peer supporters and organizations deepen their understanding of the tensions peer supporters face when working within institutionalized environments (e.g., healthcare organizations), and how to respond to them.

Below, I share a summary of the study results in three parts: documentation work (p. 1–3), devaluing work (p. 3–4), and values work (p. 4–5). Afterwards, I include three "maps" which provide a visual summary of these topics (p. 6–8). Lastly, I share the participants' suggestions for supporting peer support work, and provide recommendations for peer support workers, organizations, the peer support sector, and researchers (p. 9–11).

DOCUMENTATION WORK

Some peer support workers felt troubled by expectations to read notes about their peers, and by being asked to share detailed information about a peer with clinicians. These tensions were related to how "confidentiality" is understood in healthcare legislation.

Tyrone's organization asked him to read clinical notes about his peers. Angela was not asked to read notes, but did have access to them. Both Tyrone and Angela refused to read notes written about their peers, because they were worried this might lead to preconceived ideas about their peers. Instead, they learned about their peers from what their peers shared with them directly.

These peer support workers wrote documentation in unique ways. Some of them wrote notes by only including minimal information, and by working with their peers to decide what to include. Angela used notes as reminders to herself, so that she could remember to ask about things that were important to her peers (such as an upcoming birthday party). Instead of using documentation to collect health information, she used it as a tool to deepen the peer relationship.

Tyrone did not have to take notes when he was working for a consumer/survivor initiative (CSI). Instead, he put minimal information (how long they spoke, whether it was in person or over the phone) into an anonymous database that is used for funding

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purposes. **Organizations can reduce tensions related to documentation by using an anonymous database for data collection purposes instead of requiring notes.**

When a peer is thought to be a danger to themselves or others, peer supporters may be required to let their clinical colleagues know. When Tyrone told a case manager his peer was in danger, he shared minimal information – only that the peer was in danger. However, the case manager asked him for more information. Tyrone let his peers take the lead by sharing any more information themselves. This allowed his peers to have some control over the situation, preventing them from feeling hopeless and helpless.

Confidentiality

These peer support workers practiced confidentiality differently than clinicians – which Tyrone called "peer confidentiality." This understanding of confidentiality can be seen in their approaches to documentation. By refusing to read notes, providing minimal information, and only sharing information with their peers' consent, these peer support workers protected their peers' privacy and self-determination. Tyrone shared that peers may feel tricked when what they tell a peer supporter is shared with the rest of the team. Peer confidentiality prioritizes the peer relationship over the demands of the system.

However, under clinical confidentiality frameworks, clinicians are entitled to detailed information about clients. The *Personal Health Information Protection Act* (PHIPA)[2] regulates the collection, use, and sharing of personal health information in Ontario. Because it was created to prevent communication barriers within health teams,[3] PHIPA allows information to be shared between service providers involved in a person's care team without a patient's express (explicit) consent, so long as consent has not been withdrawn:

> A health information custodian […] is entitled to assume that it has the individual's implied consent to collect, use or disclose the information for the purposes of providing health care […] unless the custodian that receives the information is aware that the individual has expressly withheld or withdrawn the consent. (s. 20 (2))

When patients access healthcare services, PHIPA assumes that they have provided consent for their information to be shared. **However, it may be helpful to know that patients can withdraw their (implied) consent for information to be shared.** PHIPA helps explain how the collection, use, and sharing of personal health information becomes normalized within healthcare settings. As a result, it may help explain why peer supporters are expected to read notes about their peers and share detailed information with colleagues.

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[2] *Personal Health Information Protection Act* (PHIPA), SO 2004, c. 3, Sched. A. https://www.ontario.ca/laws/statute/04p03

[3] Ann Cavoukian & Peter Rossos, P. G. (2009). *Personal health information: A practical tool for physicians transitioning from paper-based records to electronic health records.* https://www.ipc.on.ca/wp-content/uploads/Resources/phipa-toolforphysicians.pdf

PHIPA also says that workers *may* share information (without consent) when a patient is thought to be a danger to themselves or others:

> A health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons. (s. 40 (1))

This helps explain why peer supporters might be required to share this information with clinicians, and why clinicians ask them for more information. PHIPA says that workers *may* disclose when a patient is in danger – it does not require it (although this may be required by organizational policies). **By exploring the requirements for disclosure within their workplace, peer support workers may develop a better understanding of when it is necessary to tell others when their peers are in danger.**

DEVALUING WORK

These peer support workers described how peer support is devalued by low salaries and disrespectful comments from clinicians. These tensions were related to how ideas of education and professionalism are understood in society.

Tracey shared that her hospital determined salaries based on the minimum level of education required for the role. Because this organization only requires a high school education for peer support roles, peer supporters are paid less than their clinical colleagues who are required to have a post-secondary education. Determining salaries this way does not recognize lived experience as a form of education. As a result, both lived experience and peer support are devalued.

Tyrone shared that the low pay requirements for peer support leads organizations to hire several peer supporters instead of one clinician. He felt that peer supporters were treated as a “cheap alternative” instead of as professionals.

Angela shared a time when a psychiatrist compared peer support workers to cleaning staff. This reinforced the idea that some roles (psychiatrists) were more valuable than others (peer supporters and cleaning staff). However, instead of saying that peer support was more important, these peer supporters discussed the value of cleaning staff. Jodie noted that everybody on the team has a value.

When she first learned about peer support, Jodie noticed that all the peer supporters at the agency had a formal education. She thought that she needed more education to become a peer support worker herself, so she went back to school. Her story resonated with my own experience. I noticed that some peer support jobs required or recommended specific degrees, so I went back to school for social work to become more qualified for these roles.

Education & Professionalism

These experiences relate to how knowledge and education are understood in society. It is common for only knowledge from formal education to be understood as "expertise," which devalues knowledge gained through lived experience. These ideas around education shape who society considers to be a professional. As noted by the Indeed Editorial Team:[4]

> A professional job is one that often needs a bachelor's, master's, or doctorate degree [but] a nonprofessional job requires little or no formal education.

According to this, only jobs that require formal education are considered professions. This helps explain why peer support workers are not treated as professionals, through low salaries and disrespectful comments from colleagues. It may also explain the pressures that Jodie and I felt to return to school.

However, these peer supporters had different understandings of "professionalism." Jodie shared that clinicians may be considered "unprofessional" for sharing their lived experience with clients. However, this is a key part of peer support.

VALUES WORK

Tyrone gave a different definition of professionalism, focused on creating environments where peer supporters can thrive:

> **Tyrone**: [Professionalism means] having a community and culture that oversees, upholds, and protects the values, principles and standards [of peer support] […] that allows us the opportunity and foundation to share our unique expertise and avoid peer drift and exploitation.

He suggests that peer community and peer culture can help minimize peer drift and the tensions peer supporters face. Preventing peer drift is a collective responsibility that is shared by peer support workers, their clinical colleagues, and organizations.

Peer Community

Peer support workers can engage in peer community by discussing their experiences with other peer supporters. This allows them to ground themselves within peer values and approaches. The peer supporters in this study engaged in peer community by accessing peer supervision, debriefing with their peer colleagues, and participating in communities of practice.

However, not all peer supporters have the same access to peer community. Tracey described herself as a "lone wolf" – the only peer supporter at her agency. As a result, she didn't have access to peer supervision or other peer workers to debrief with.

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[4] Indeed Editorial Team. (2021, September 7). *Nonprofessional vs. professional jobs in Canada*. https://ca.indeed.com/career-advice/finding-a-job/nonprofessional-vs-professional-job

The mainstream organization Tyrone works for provides access to peer community by purchasing peer supervision services from a CSI. **Other organizations can purchase peer supervision services when they cannot provide it internally.**

Peer Culture

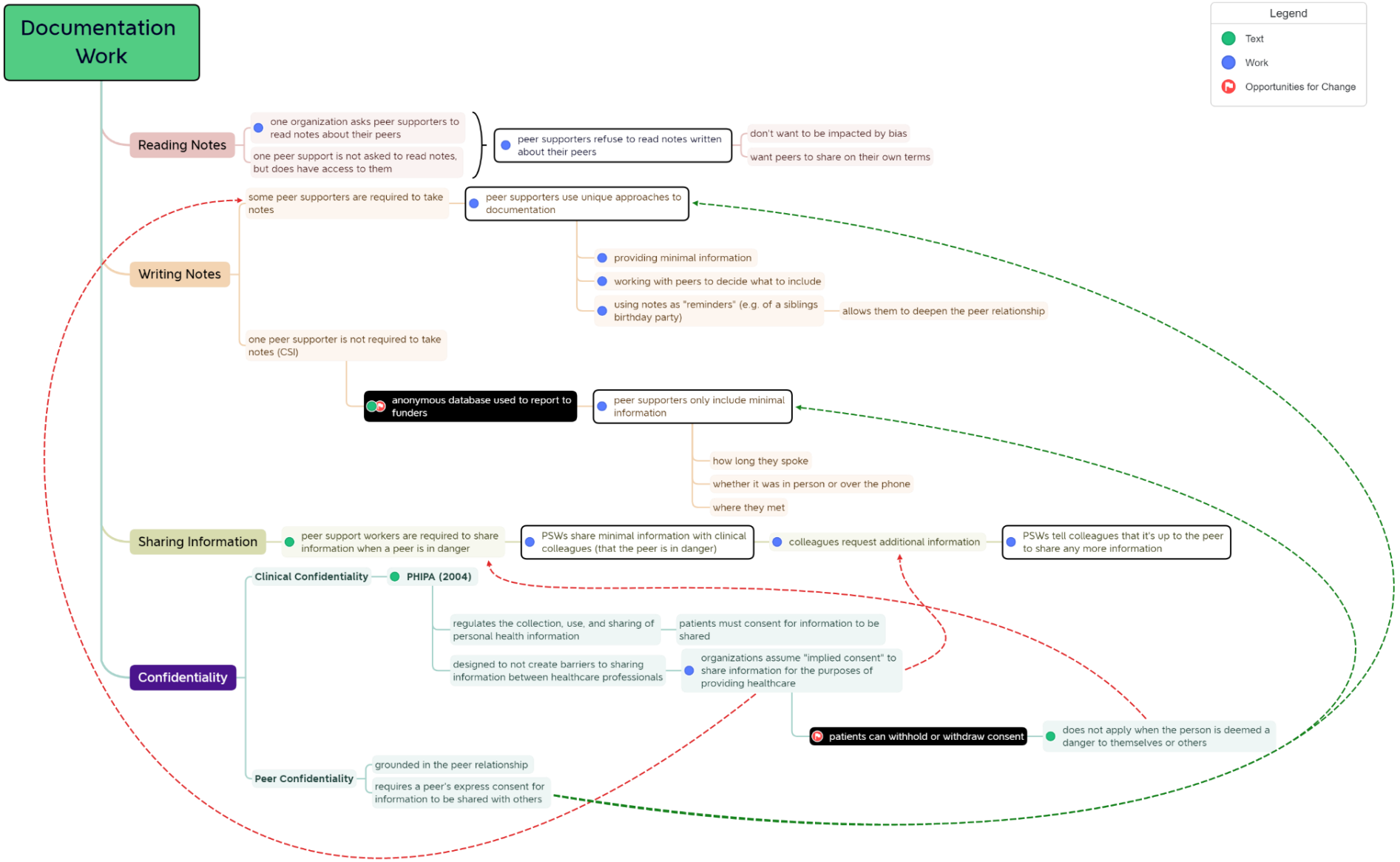
Organizations and colleagues of peer support workers can foster peer culture by creating an environment where lived experience is honoured and peer support is valued. Hannah discussed the benefit of having organizational values which align with peer values. This can help clinicians appreciate (and be informed by) peer support perspectives, and reduce pressures for peer supporters to adopt clinical approaches to their work.

Angela noted that clinicians can foster peer culture by encouraging their clients to become peer support workers. This allows clinicians to demonstrate both the value they see in peer support, and their belief in their clients' ability to support others. She also stressed the importance of having a supportive peer manager. Her manager reminds peer supporters of their value and the core concepts of peer support, and encourages their learning.

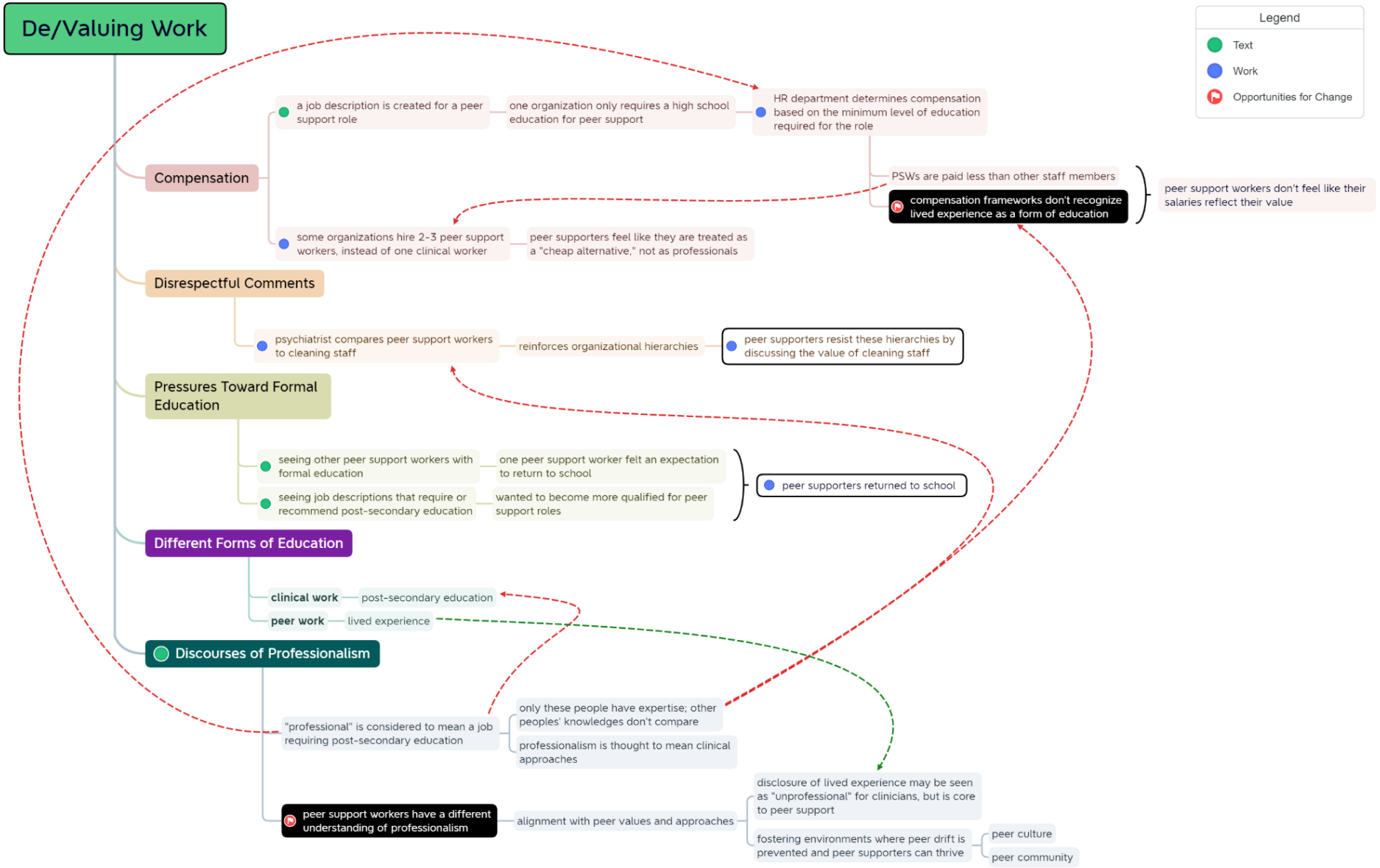
Angela also noted that organizations can demonstrate the value they see in peer support workers by paying for them to attend trainings. However, other peer supporters said that they were only allowed to take peer support trainings. Because of the limited availability of peer-specific trainings, some peer supporters wanted to attend clinical trainings, but were not allowed to do so.

Although attending clinical trainings can contribute to peer drift, several peer supporters wanted to continue their learning by taking these trainings. They were also able to describe how these trainings would benefit their peer support work. If peer support workers attend clinical trainings, it may be helpful for them to debrief the training with other peer supporters. This would allow them to think through how they can reinterpret the training through a peer lens.

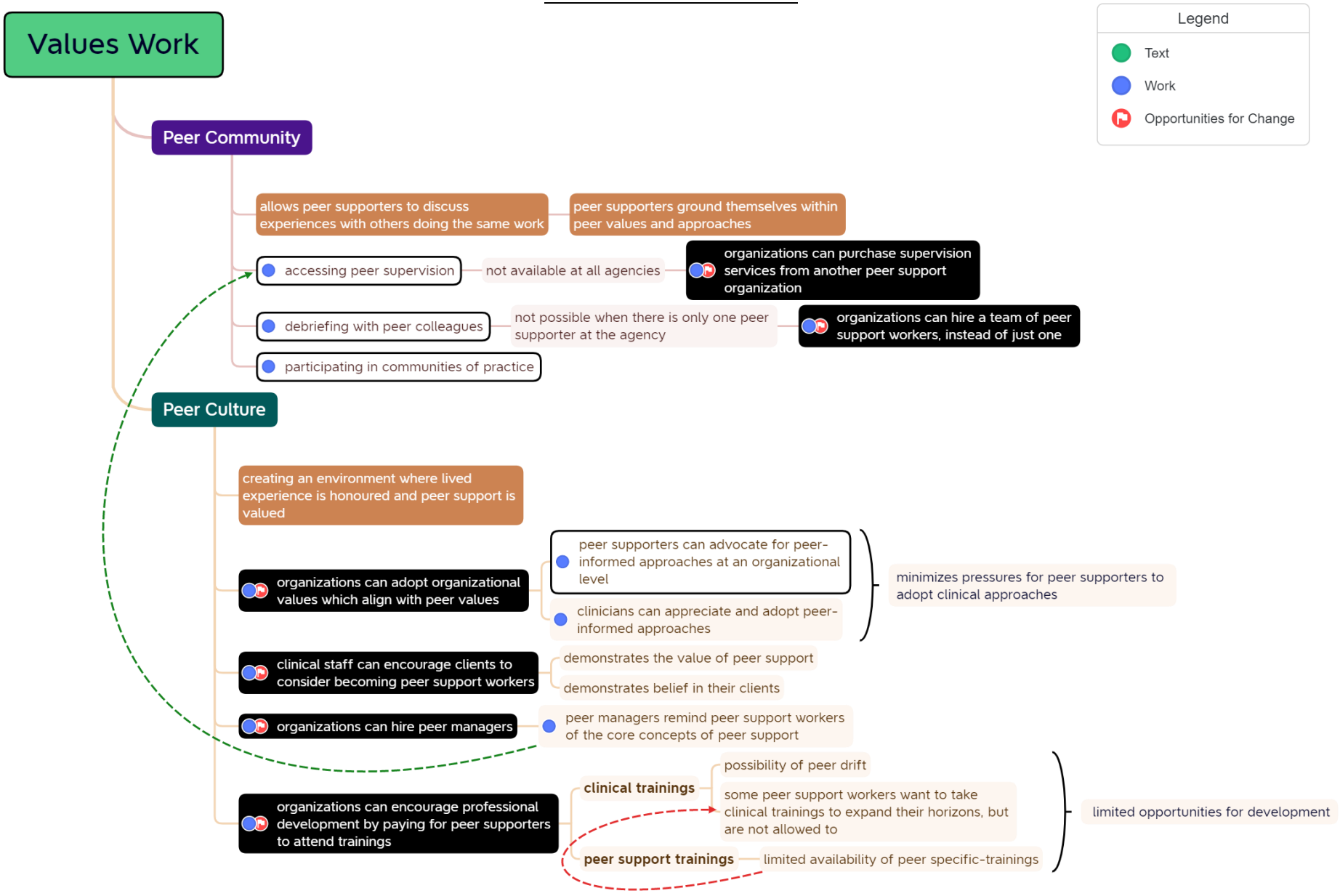
Map of Documentation Work



Map of Devaluing Work



Map of Values Work



RECOMMENDATIONS FROM STUDY PARTICIPANTS: SUPPORTING PEER SUPPORT WORK

- **Raise awareness about the value of peer support and lived experience.**
- **Modify compensation frameworks to recognize lived experience** as equivalent to a degree.
- **Have agencies pay for peer support workers to receive certification through Peer Support Canada.**
- **Create an initiative to provide recipients of Ontario Works (OW) or the Ontario Disability Support Program (ODSP) with free access to peer support training and employment opportunities.**
- **Ensure that peer support workers have a "seat at the table"** for all discussions relating to mental health, so that our perspectives can be represented.
- **Create unions for peer support workers** to protect our interests and advocate on our behalf.

RECOMMENDATIONS FOR PEER SUPPORT WORKERS: PREVENTING PEER DRIFT

- **Be aware of the tensions you might face when working in institutional settings.** This research has explored some tensions in relation to documentation work and the devaluing of peer support work. However, you can learn about other possible tensions by reading other research or talking to other peer support workers. By knowing what pressures you may face in the role, you can think through how you might respond to them beforehand.
- **Resist/refuse work that does not align with peer values & approaches** (when possible). To defend your decisions, you may find it helpful to draw on peer values, peer confidentiality, your own lived experiences, or well-known documents about peer support.
- **Recognize that PHIPA allows for information to be shared between healthcare providers on the basis of implied consent, but that this can be "expressly withheld or withdrawn"** (c. 3, Sched. A, s. 20 (2)). However, this does not apply when "the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm" (i.e., when a peer is considered to be a danger to themselves or others; s. 40 (1)).
- **Practice through a lens of "peer confidentiality."** This framework prioritizes the peer relationship, and centres the interests of peers over the instituion. Participants in this study practiced peer confidentiality by allowing their peers to decide what information is shared with other staff and by not reading case notes about their peers. When writing documentation about their peers, they included only minimal information and/or worked with their peers to decide what to include.
- **Engage in peer community to remain grounded in peer values and avoid peer drift**. Engaging in peer community can include accessing peer supervision, debriefing with other peer support workers at your agency, or joining a community of practice.
- **Be cautious when engaging in trainings geared toward a clinical audience.** Because these trainings likely operate through clinical frameworks, they may create the possibility of peer drift. If you do engage in clinical trainings, debriefing with other peers may help you reinterpret what you learn through a peer lens.

Recommendations for Organizations: Facilitating Peer Community

- **Hire a team of peer support workers instead of just one.** Hiring several peer support workers will allow them to debrief with one other. Being a "lone wolf" can make peer supporters particularly vulnerable to pressures from clinical staff which contribute to peer drift.
- **Provide peer support workers with access to peer supervision**, either in-house or by contracting supervision services from a peer support organization in your area. This will ensure that peer support workers have a space to debrief situations with someone else coming from a peer perspective.
- **Encourage and pay peer support workers to participate in communities of practice**. Communities of practice allow peer supporters from different agencies to connect, debrief, share ideas, learn from/with one another, and ground themselves within peer values. Providing dedicated time for peer support workers to engage in a community of practice and paying them to do so will help them stay grounded within peer values.

Recommendations for Organizations: Fostering Peer Culture

- **Increase peer support worker salaries and recognize lived experience as a form of education.** This will allow the salaries of peer support workers to better reflect their contributions to the organization.
- **Reduce or eliminate organizational pressures for peer support workers to engage in clinical practices**, such as sharing detailed information about their peers with other healthcare providers. Peer support involves a unique approach and system of values, which may conflict with clinical norms. Requiring peer support workers to adopt clinical approaches can contribute to peer drift.
- **Educate staff about the unique values and approaches of peer support, and the distinctions between clinical and peer work.** By learning about peer support, clinicians will be better able to appreciate the value they bring to the team. As a result, they may be less likely to make disrespectful comments about peer support workers or encourage them to adopt clinical norms which contribute to peer drift.
- **Recognize the importance of peer confidentiality, and that peer support isn't intended as a way to "discover [someone's] secrets" so they can be shared with the team.** Instead of asking peer supporters to write detailed case notes about their peers, you could implement an anonymous database which only collects minimal information for funding purposes.
- **Adopt organizational values which align with peer support values.** This may minimize tensions between peer and clinical staff, promote a greater appreciation of peer roles, and enable peer support workers to defend their work as grounded in peer values.
- **Invest in the professional development of peer support workers** by paying for them to attend trainings, including peer-specific training. Peer support workers should not be encouraged to take trainings for the purposes of adopting clinical approaches – however, some peer support workers may want to take clinical trainings to continue their learning. Support peer supporters in debriefing clinical trainings with other peer support workers, in order to reinterpret the training through a peer lens. These debriefings can help protect against peer drift.
- **Encourage clients to consider becoming a peer support worker if they express a desire to share their lived experience and support others.** This demonstrates both the clinician's belief in the value of peer support, and the ability of their clients to support others.

RECOMMENDATIONS FOR THE PEER SUPPORT SECTOR: PREVENTING PEER DRIFT

- **Understand that professionalism does not mean having post-secondary education or conforming to clinical norms.** Instead, peer support workers are redefining (peer) professionalism in ways that may oppose clinical definitions. As such, being "professional" for a peer support worker may involve approaches that are deemed "unprofessional" for clinical workers.
- **Instead of using descriptions of how peer support workers approach their work to develop "best practices," explore the context and rationale for why they do things in this way.** The way things are done may not reflect the way peer support workers feel they *should* be done. Instead, it is important to note how these practices are shaped by institutional forces (e.g., documentation requirements). By sharing about the tensions peer support workers face and how they manage them, peer support workers will learn to approach situations in a critically reflective way.
- **Develop trainings and other educational opportunities exploring the implications of the law on peer support work.** For example, it may be helpful to develop trainings related to PHIPA and the disclosure of personal health information. In particular, it may be helpful to explore when peer support workers are required to disclose when their peers are considered to be a danger to themselves or others.

RECOMMENDATIONS FOR RESEARCH: EXPLORE PROFESSIONALIZATION & INSTITUTIONALIZATION

- **Explore the impacts of peer support professionalization, as well as institutionalization.** In my review of the literature, it seems that there has been more research on the impacts of institutionalization than professionalization. It may be helpful to conduct research focused specifically on professionalization, with an acknowledgement that these processes are deeply intertwined.
- **Consider the benefits of Institutional Ethnography for research on peer support work.** Institutional Ethnography allows researchers to analyze institutions while remaining grounded in the experiences of peer support workers. It also aims to generate knowledge that is useful to participants in understanding and navigating their everyday lives.
- **Explore the ruling relations behind reporting information when a peer is in danger.** PHIPA (2004, c.3, Sched. A) allows information to be shared without the peer's consent when "the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm" (i.e., when a peer is thought to be a danger to themselves or others; s. 40 (1)). However, this is also likely shaped by policies which may differ between organizations.
- **Explore concepts of peer professionalism, peer confidentiality, peer community, and peer culture.** These concepts may provide additional insight into how the work of peer supporters are shaped by processes of institutionalization and professionalization and provide direction on how tensions related to these processes can be navigated.