Peer-to-Peer Supports: Promoting Employment and Well-Being

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KEY FINDINGS

To increase the employment and well-being of low-income individuals and families, many human services programs use staff and volunteers who may be "peers" to program participants, having faced similar life experiences, to help deliver some of the program supports. This brief reviews evidence from a range of domains on the benefits of these peer-to-peer supports, including the extent to which they may be able to help to promote employment and well-being.

- Peer mentors often have a shared experience of also having participated in a program. Some small impact studies have found evidence of the benefits of peer mentoring in education and health care. Preliminary research also suggests some potential benefits of peer mentors in other domains, including staff and participant perceptions of their value.

- Peer navigators often act as case managers and connect individuals to services, though this seems less common than peer mentors or peer support groups. Small-scale rigorous evaluations in health care have found that peer navigators can have a positive impact on treatment outcomes or connection to treatment.

- Peer support groups allow participants to strengthen their social network and receive validation of their experiences. Evidence suggests peer support groups in fatherhood programs have positive effects on some aspects of employment and well-being. Evidence from other domains is limited, but participants frequently report psychological benefits from peer support groups.

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Introduction

Many human services programs seek to improve the employment status and well-being of low-income individuals and families. These programs use a variety of mechanisms to achieve these goals, including staff and volunteers who lead both one-on-one and group conversations with participants. Some programs use current or former program participants or "peers" who have faced similar life challenges as program participants to fill some of these staff and volunteer positions, so that participants receive at least some of the program's supports from their peers.

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This brief reviews research from a number of human services domains on peer support models that help to promote employment and well-being for program participants.

We focus on three types of peer-to-peer relationships—peer mentoring, peer navigators, and peer support groups—as mechanisms to connect individuals to opportunities within social services, health, and education programs.

- **Peer mentors**, as we define them for this brief, often have a shared experience with program participants of having gone through the same program, and they build trust to provide emotional support and skill-building.
- **Peer navigators**, as we define them here, serve more as traditional case managers and primarily focus on resource sharing and helping to connect individuals to services.
- **Peer support groups** provide an avenue for participants to strengthen their social network and receive validation in their experiences.

Peer-to-peer relationships are one type of social capital that may help promote well-being. Social capital comprises connections, networks, or relationships among people and the value that arises from them and can be accessed or mobilized to help individuals succeed in life.[1] The number, strength, and types of relationships matter for building social capital. Thus, social capital building relies on creating new and strengthening existing relationships. Peer-to-peer supports are one strategy for building social capital, though they can also influence employment and well-being outcomes for individuals.

Peer Mentors

Peer mentors, who often have a shared experience with program participants of also having participated in the program, work to provide emotional support and skill-building. Peer mentorship programs are found across a wide variety of domains. The practice is particularly common in education and health care. Multiple small-scale randomized control evaluations have found that peer mentors in the contexts of education and health can improve shorter-term well-being outcomes, such as academic retention or medical treatment compliance. Limited evidence suggests that peer mentoring may improve job satisfaction and commitment. The results from qualitative and quantitative research across these and other domains suggests that participants and staff perceive these programs as being helpful, regardless of their impact on employment or well-being.

Workforce: Peer mentors are used in the employment domain, although the practice is primarily concerned with providing mentorship to people who already have jobs, not necessarily to people looking for jobs. Research shows that peer mentoring is correlated with increased employee commitment, compensation, promotions, job satisfaction among employees, as well as employee perceptions of organizational support (Allen, Eby, Poteet, Lentz, & Lima, 2004; Baranik, Roling, & Eby, 2010). However, the association between workplace mentoring and health-related outcomes is weak (Eby, Allen, Evans, Ng, & DuBois, 2008). In terms of disadvantaged populations, studies suggest peer mentoring may be an effective, nonintrusive, and cost-effective strategy for teaching skills and providing support to youth with disabilities (Lindsay, Stinson, Stergiou-Kita, & Leck, 2017; Westerlund, Granucci, Gamache, & Clark, 2006).

One example is RecycleForce, a social enterprise in Indianapolis that uses on-staff peer mentoring from formerly incarcerated individuals as part of its bundle of workforce training, subsidized employment, and support services for formerly incarcerated individuals. A randomized control evaluation found that RecycleForce participants had higher rates of employment and earnings in unemployment insurance-covered jobs (12 months after

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[1] In addition to peer supports, other examples of social capital include, but are not limited to: mentoring, family strengthening efforts, faith-based supports, assistance navigating systems, and connections with others. Social capital is sometimes referred to by other terms, such as relational capital or associational life.

randomized assignment); demonstrated lower rates of arrests, convictions, and incarcerations for new crimes (6 months later); and paid more in child support (12 months later) than control group members who were merely provided information about other community resources. At the same time, however, the program impacts were largely attributable to the subsidized employment component and faded away over time (Gardiner, Juras, & Sherman, 2016). The program did not improve self-reported personal well-being or financial self-sufficiency, although RecycleForce significantly increased the proportion of participants who had health insurance coverage by helping participants sign up for health insurance on the Health Insurance Marketplace.

Fatherhood: <u>Fatherhood-related peer mentorship programs are relatively rare and, to date, there is relatively little evidence of their effectiveness.</u> One example, however, is the Peer Dad program, run by the Texas Department of State Health Services' Nutrition Services Section. Peer Dads provides information and support on a variety of child development topics, particularly the advantages of breastfeeding and how fathers can encourage and support their partner in breastfeeding. However, a nonexperimental, formative evaluation did not find any evidence that the program lengthened breastfeeding duration (Lovera, Sanderson, Bogle, & Vela Acosta, 2010). Another example is the Virginia Healthy Start Initiative Resource Fathers Program, which used mentors who were fathers themselves in an attempt to help other fathers increase involvement in their children's lives (Sheppard, Sims-Boykin, Zambrana, & Adams, 2004). This program has yet to be evaluated.

Health Care: <u>Peer mentors are increasingly found in health care settings, often as paid members of medical care delivery teams.</u> Research has examined peer mentorship interventions and found that they are associated with improved intermediate outcomes among persons with severe mental illness, depression among low-income adults, medical complications for people with spinal cord injuries, and glycemic control in low-income patients with diabetes (Chapin et al., 2013; Davidson, Bellamy, Guy, & Miller, 2012; Johnson et al., 2018; Ljungberg, Kroll, Libin, & Gordon, 2011; Mahlke, Priebe, Heumann, Daubmann, & Bock, 2017; Rowe et al., 2007; Thom et al., 2013). Patients report preferring to consult with family, friends, and peer mentors for emotional support than with medical professionals for health issues (Fox, 2011). Peers may help to build social capital by providing assistance, promoting a sense of community belonging, and increasing patient self-efficacy. The Substance Abuse and Mental Health Services Administration (SAMHSA) supports the use of peer mentorship and other peer supports for people with mental health and/or substance use disorders because research suggests that they may facilitate recovery and reduce health care costs (SAMHSA, 2018). While the results of a number of pilot (small-scale) randomized control trials are promising, peer mentorship services have yet to be evaluated at a larger scale in health care settings (Repper & Carter, 2011). Small-scale qualitative and quantitative studies also suggest that these programs are associated with mental health and other benefits for the mentors themselves (Moran, Russinova, Gidugu, Yim, & Sprague, 2012).

Education: <u>Peer mentorship programs are common in undergraduate education settings, but also present in community colleges and adult education programs that serve disadvantaged populations.</u> Peer mentors can provide emotional support, help connect students to support services and other resources, and address many students' concerns about whether they belong in college. These mentor-mentee relationships may help students to build social capital. Research suggests that peer mentoring relationships are associated with a variety of positive academic outcomes such as persistence and good grades (Corso & Devine, 2013). However, rigorous research of formal peer mentoring programs is extremely limited (Crisp, Baker, Griffin, Lunsford, & Pifer, 2017; Gershenfeld, 2014;). One randomized controlled trial at the Borough of Manhattan Community College found that assigning peer coaches (mentors) to at-risk students increased student retention and pass rates in a remedial mathematics course (George, Khazanov, & McCarthy, 2014). In another randomized control trial, personal outreach and mentorship from current college students increased college enrollment among those who did not have specified college plans at the end of high school (Castleman & Page, 2015).

Homelessness: <u>Peer mentoring interventions may have the potential to help veterans experiencing homelessness improve their quality of life regarding both health and employment outcomes.</u> We identified studies primarily focused on programs for veterans experiencing homelessness in comparison to other subpopulations of individuals experiencing homelessness (e.g., children, families, or chronically homeless individuals). The Department of Veterans Affairs has a particular interest in peer support models to address homelessness, considering that veterans are overrepresented in the homeless population (Resnick, Ekerholm, Johnson, Ellison, & O'Toole, 2017). Weissman, Covell, Kushner, Irwin, and Essock (2005) conducted a small randomized study of a peer mentoring intervention (N=32) added to psychiatric, primary care, and case management services for veterans experiencing homelessness with severe mental illness. The authors hypothesized that peer mentors could help veterans experiencing homelessness transition to independent living. Peer mentors went through a rigorous 12-week training process. At the end of the intervention, participants reported improved quality of life. For veterans in the treatment group, 69 percent were employed at the time of follow-up, an improvement from 23 percent at baseline. However, high attrition limited the ability to compare outcomes between the treatment and control groups (Weissman et al., 2005).

In a more recent study, Resnick et al. (2017) used a mixed-methods approach to examine the benefits of peer mentors in a sample of veterans experiencing homelessness utilizing primary care and homelessness-focused clinics. The qualitative results suggest that some veterans in the study, such as minorities and those without post-traumatic stress disorder, can benefit from peer mentoring to improve well-being. However, other veterans included in the study reported no benefits to the peer mentoring, and noted that their peer mentors lacked important knowledge about services. It is also important to note that veterans were not randomized as a part of the peer mentoring intervention (Resnick et al., 2017). Overall, there is no strong evidence from studies examining peer mentors as an intervention to address issues such as substance abuse, mental health, or employment for individuals experiencing homelessness.

Child Welfare: <u>Peer mentoring is theorized to help child welfare-involved families to find support and better navigate the system, though empirical evidence is lacking.</u> There is an increased interest among child welfare programs in using mentoring as an intervention tool. Qualitative evidence suggests that parents find value in the shared experiences of peer mentors in providing support (Berrick, Young, Cohen, & Anthony, 2011). Huebner, Hall, Smead, Willauer, & Posze (2018) examined peer mentors as a part of Sobriety Treatment and Recovery Teams (START), an intervention that integrates substance use treatment, child welfare, and family courts. Results suggest that in-person visits with mentors increased the odds of caregivers' unification with their children at case closure (Huebner et al., 2018). However, the quality of peer mentoring was not assessed, which could have influenced the effectiveness of the intervention (Huebner et al., 2018).

Reentry: <u>There has been little research exploring the potential benefits of using peer mentors specifically in the field of reentry.</u> However, there is some evidence for other promising peer support models in the workforce domain for reentry populations, although research is limited (see "Workforce" sections on page 2 on peer mentors and on page 5 on peer navigators). Research on juvenile justice programs that use mentoring was excluded from this review, as these programs primarily use community adult or faith-based adult mentoring rather than peer mentoring from other youth. Qualitative evidence suggests that peer mentors are helpful in the transition process for reentering adults, and provide information about resources within local communities (Luther, Reichert, Holloway, Roth, & Aalsma, 2011; Portillo, Goldberg, & Taxman, 2017). For adults with significant mental health challenges at reentry, peer mentors serve also as role models to help build skills (Portillo et al., 2017). Goldstein, Warner-Robbins, McClean, Macatula, and Conklin (2009) examined Welcome Home Ministries, a program that uses peer mentoring to assist women with reentering into the community. The authors report that over a 12-month period, the program helped to reduce recidivism and connected women to psychiatric and substance abuse services, as well as education, housing, and employment (Goldstein et al., 2009). However, the study had a small sample size (N=44), high attrition during follow-up, and no comparison group (Goldstein et al., 2009).

Domestic Violence/Human Trafficking: <u>Peer mentoring is used to help victims of intimate partner violence, but there is not particularly strong evidence of its impact</u>. Taft et al. (2011) examined Mothers' AdvocateS in the Community (MOSAIC), a peer mentoring intervention for mothers at risk for or that have experienced intimate partner violence. Peer mentors were recruited from the community, but had not necessarily experienced intimate partner violence. The authors suggest that the peer mentoring helped to reduce depression and abuse for women receiving the mentoring intervention, but the results were not statistically significant (Taft et al., 2011). Future research is needed to determine the effectiveness of the intervention. With regard to human trafficking, there is anecdotal evidence that suggests hiring staff who have been sexually exploited or trafficked is important for building trust with survivors (Clawson & Grace, 2007; DuBois & Felner, 2016). Additional research is needed to determine the effectiveness of peer mentoring in improving employment and well-being for low-income youth and adult survivors.

Online Supports: <u>Online peer supports provide an avenue for information sharing and can help with the building of social capital.</u> With the advent of technology, there has been growth in the use of online peer supports. Peer mentoring websites and forums are one avenue for online support that is commonly used in education and health (Breakey et al., 2018; Ruane & Koku, 2014; Zheng et al., 2010). For health, online peer mentoring is convenient, private, and a source of information sharing (Breakey et al., 2018; Zheng et al., 2010). There is some evidence that social networking sites help to build social capital (Ahn, 2012; Burke, Kraut, & Marlow, 2011; Ellison, Steinfield, & Lampe, 2007; Valenzuela, Park, & Kee, 2009). There is also qualitative research focusing on the feasibility of using mentoring in the online context, which suggests that online peer mentoring tools need to be tailored toward the needs of specific populations, while recognizing barriers to accessing online supports (Zheng et al., 2010).

Peer Navigators

As we define them here, peer navigators, who act more as traditional case managers, focus on resource sharing and help to connect individuals to services. Peer navigators appear to be the least common form of peer supports, and research or programs were only found in the health care and workforce domains. The (mostly small-scale) rigorous impact evaluations to date find that peer navigators in health care have significant psychological and process impacts (e.g., patient feelings of self-efficacy, compliance with treatment) that may lead to important long-term well-being benefits, such as improved recovery outcomes and medical cost savings, although evidence of long-term benefits is even more limited. There are also a few examples of peer navigators being used in workforce settings, although those programs do not appear to have any research to support effectiveness. Therefore, it is difficult to assess the effectiveness of peer navigators on employment outcomes. There is also little research on peer navigators' impact on participants' levels of overall social capital.

Reentry and Workforce: <u>Some employment programs use peer navigators, although research on program effectiveness is limited.</u> The Metro Denver Homeless Initiative in Colorado, for example, hires formerly incarcerated individuals to provide outreach support to homeless individuals, enhance their occupational skills, and connect them with paid employment opportunities (Metro Denver Homeless Initiative, n.d.). In California, the Mentoring and Peer Support (MAPS) program in San Francisco and the Youth Policy Institute's Project imPACT also rely on formerly incarcerated adults to work with reentering adults. However, neither of these programs, particularly the peer networking component, have been evaluated to date.

Health Care: <u>Peer navigators have been used in a number of health care settings and may help to improve health outcomes.</u> Health care settings that use peer navigators include cancer treatment and screening, acquired disability, pap screens, primary care access, kidney transplants, HIV, mental illness, and substance use (Corrigan et al., 2017; Griswold, Homish, Pastore, & Leonard, 2010; Hyde, 2013; Kelly et al., 2014; Maxwell, Jo, Crespi, Sudan, & Bastani, 2010; Newman et al., 2014; Scanlan, Hancock, & Honey, 2017; Sullivan et al., 2012;

Walkinshaw, 2011; Weinrich et al., 1998). They are sometimes referred to as "providers" or "specialists." Outcomes of interest that have been identified include connecting patients to community support systems and other services; improving patient feelings of resilience and self-efficacy; increasing patients' intellectual, social, and psychological well-being; and reducing medical problems, usage, and costs (Brasher & Dei Rossi, 2014; Chapman, Blash, & Spetz, 2018; Davidson et al., 2012; Westat, 2015). Systematic reviews of available research find promising results in linking and retaining patients for antiretroviral therapy programs, a variety of substance use and recovery outcomes, helping older adults through health care transitions, breast cancer treatment outcomes, and helping patients with serious mental illnesses (Bassuk, Hanson, Greene, Richard, & Laudet, 2016; Genberg et al., 2016; Manderson, McMurray, Piraino, & Stolee, 2012; Robinson-White, Conroy, Slavish, & Rosenzweig, 2010).

Peer Support Groups

Peer support groups provide an avenue for participants to strengthen their social network and seek validation in their experiences. Peer support groups are another strategy that seems widespread across domains, and is particularly prevalent in fatherhood programs. The available research suggests that peer support groups in fatherhood programs may have limited impacts on outcomes such as employment or well-being. Research on peer support groups in other domains, such as homelessness, child welfare, domestic violence/human trafficking, and online supports, is very limited, although a fairly common finding is that participants report a variety of psychological benefits to participating. As with peer mentors and peer navigators, there is little research on the impact of peer support groups on participants' overall levels of social capital.

Fatherhood: Many fatherhood programs emphasize peer support groups, and program staff and participants generally have positive perceptions of such services (Martinson, Trutko, Nightingale, Holcomb, & Barnow, 2007; Policy Studies Inc. & Center for Policy Research, 2003; Sandstrom et al., 2015; Schroeder, Looney, & Schexnayder, 2004). Peer support groups embedded in fatherhood programs allow fathers to share their experiences and struggles, meet positive role models, learn about their rights and responsibilities as fathers, receive guidance and support from other fathers, develop relationship and parenting skills, and offer their advice to peers. Peer support groups were an important part of the Parents' Fair Share Demonstration in the 1990s. While the bundling of peer support groups with employment and other services makes it difficult to identify the causal impacts of peer supports alone, the randomized control evaluation found that the Parents' Fair Share program increased visitation among the subgroup of fathers who were previously least involved in their children's lives (Miller & Knox, 2001). Similarly, Project Bootstrap in The Parents and Children Together evaluation used a randomized control design to study the impacts of four fatherhood programs that bundled group-based workshops incorporating many peer support elements with other services (Dion et al., 2018). The programs improved fathers' self-reported parenting behaviors and their employment stability, although they did not increase the amount of in-person contact fathers had with their children, co-parenting, fathers' earnings, or fathers' social-emotional and mental well-being (Avellar, Covington, Moore, Patnaik, & Wu, 2018).

Homelessness: Homelessness interventions have used peer support groups to help address mental health and substance use issues. There is some evidence that suggests peer support groups can increase success for individuals experiencing homelessness in addressing substance use (Boisvert, Martin, Grosek, & Clarie, 2008; Fors & Jarvis, 1995; Resnick & Rosenheck, 2008). However, the sample sizes are small and individuals were not randomized to receive access to peer support groups as an intervention.

Child Welfare: In the field of child welfare, peer support groups have been used to offer guidance to birth parents in navigating the complex service systems (Lalayants, Baier, Benedict, & Mera, 2015). There is little quantitative research on the benefits of peer support groups. Qualitative evidence suggests that peer support groups can provide a safe space for parents to discuss concerns and support each other in a judgement-free environment. Furthermore, support groups can serve as an avenue for resource sharing, social network building, and skill

development (Frame, Conley, & Berrick, 2006; Lalayants et al., 2015). Parents Anonymous is one example program with a support group component for parents involved with the child welfare system that has some quasi-experimental evidence (Polinsky, Pion-Berlin, Williams, Long, & Wolf, 2010). The program has been shown to reduce life stress, domestic violence, and alcohol and drug use for participants (Polinsky et al., 2010).

Domestic Violence/Human Trafficking: <u>There is some limited evidence to suggest that peer support groups may be a promising component of domestic violence programs.</u> A meta-analysis of six studies found that peer support groups, in general, increase survivors' self-esteem, reduce self-blame and isolation, and increase mutual support (Sullivan, 2012). However, these studies had very small sample sizes (*N*=16–76) and only two used a randomized control design.

Online Supports: <u>Health-related online peer support groups may help connect patients with shared experiences and provide caregivers with additional support.</u> Online peer support groups are used in the health care field to connect patients to peers undergoing treatment for a similar illness or to support caregivers (Huber et al., 2017; Scharett et al., 2017). For caregivers, online forums provide a source of emotional support and potential solutions to challenges that they may face when caring for a loved one (Scharett et al., 2017). Scharett et al. (2017) found that caregivers sought medical advice or social support regarding patient symptoms. This suggests that online peer support groups may help to fill a need for those caregiving for sick individuals. Additional research is needed to determine the effectiveness of support groups in improving patient and caregiving outcomes.

Conclusion

There is some promising evidence that peer-to-peer support models help to connect individuals to employment opportunities, as well as promote health and well-being. Research evaluations suggest that peer-to-peer supports may increase the likelihood of employment for certain groups, improve employment stability, and increase employee job satisfaction. However, the evidence for these evaluations is not particularly strong. With regards to overall participant well-being, there is some evidence that peer-to-peer supports improve health, provide an avenue for emotional support and resource sharing, and help to retain program participants. Qualitative evidence suggests that individuals enjoy participating in various programs and find the peer-to-peer supports to be useful. However, while peer-to-peer supports help to promote network building, it is unclear from the research evidence that these supports give rise to the lasting social support that is needed to build trust and reciprocity required for social capital transactions.

There are several limitations to the existing research on the impact of peer-to-peer supports. The terms and definitions for peer mentoring, peer navigators, and peer supports are often used interchangeably or lumped together, such that it can be challenging to ascertain the effectiveness of separate peer-to-peer support interventions. Furthermore, programs that incorporate a peer-to-peer support model do not always evaluate that component separately, such that it is difficult to determine whether the peer-to-peer supports themselves are driving improved employment or well-being outcomes in the context of broader interventions. Future research using rigorous evaluation design is needed to evaluate the isolated effectiveness of programs that use peer-to-peer support models.

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