

The integration of peer support workers in a Montreal primary care clinic for people experiencing homelessness [PhD dissertation proposal]

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In summary

Peer support workers in homelessness use their experiential knowledge of homelessness and obtain training to help and care for others. They are integrated in different primary care settings and their presence has shown different positive outcomes for patients

Less is known about the way peers influence healthcare teams' practices.

What are the effects of welcoming so-called "non-professionals" in a clinical setting for people experiencing homelessness mostly designed around "professionals" and "clinical" forms of knowledge?



Source: CMHA Calgary

Introduction

Peer support workers in homelessness are seen as "experts by experience", that is individuals having experienced homelessness in the past and with enough stability in their current residential and personal life to accompany and support people currently experiencing homelessness (1).

The integration of these peer support workers within clinical teams has shown an improved housing stability, a greater sense of trust towards care providers, and a significant improvement regarding mental health and substance use (2-4).

It is not clear how peers influence healthcare teams' practices. Particularly, how do the experience and "lay-knowledge" of these peer support workers come to be recognized and valued in a primary care setting heavily designed around professional and medicalized forms of knowledge and practices.

Theoretical framework

Social theory – **Medicalization**

Medicalization is the application of medical practices and knowledge to manage and explain everyday life experiences (5,6). Furthermore, it is a process by which non-medical phenomena (e.g. homelessness) become defined and treated as medical problems (7,8).

Applying medicalization to peer-support involves exploring and how peer-support workers' roles and expertise are *defined, evaluated, and controlled* through the prism of medical practices.

Methodology and methods

- **Participatory action research**, as a collaborative approach to research that helps transform tacit knowledge of peers and healthcare teams into explicit knowledge that can be shared in a tangible form
- **Ethnographic case-study** as a blended methodology
 - This PhD project is part of CIHR-funded **multiple case-study** project across six different healthcare teams
 - *Teams* as units of analysis
 - **Ethnographic approach**, with different methods for data generation: document analysis, participant observation, focus groups, and semi-structured interviews.
- **Fieldsite**: A community-based primary care clinic offering services to people experiencing homelessness in Montreal where a peer-support program for people experiencing homelessness was recently implemented
- **Participants**: peer-support workers, people experiencing homelessness, clinical staff, and managers of the primary care team clinic.

Anticipated contributions

For homelessness and beyond homelessness

For practice

This project will provide healthcare teams with a robust evidence base to create more inclusive care models that effectively and meaningfully integrate peer support in their team, enhancing the accessibility of care for diverse populations.

For research

By actively engaging practitioners into the research process, this participatory study will contribute to research capacity building among peers, clinicians, and managers.

For policy

This project will highlight the systemic enablers and barriers to effective peer support implementation. This knowledge is critical for system decision-makers, who can use it to inform the development of policies that support the expansion and integration of peer roles

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