



Leverage from  
the EU  
2014–2020

Creating a Model for the Peer Worker Job Description  
in the City of Vantaa Social Services for Adults

Larissa Franz-Koivisto, M.Soc.Sc., Project Coordinator

August 2018

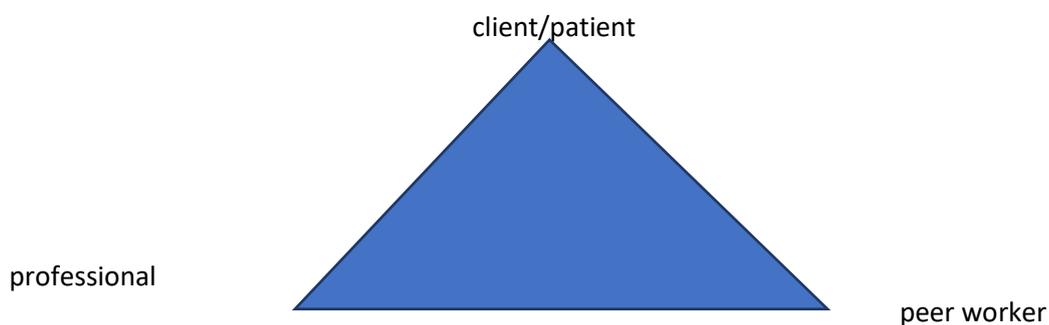
Report as part of the project  
*Municipal Strategies to Prevent Homelessness (2016–2019)*



A 'Treasure Map' compilation of dream homes.  
From a Homelessness Workshop in the spring of 2017

### Peer workers in social and healthcare services

In Finland, as in other countries, there is a growing understanding of the value added by peer workers. The third sector already has greater experience of using peer workers, as do the healthcare services, but recently municipal social services have also come to see the benefits of including peer workers. In Finland, the will to improve client-centred services has grown since a new Social Welfare Act came into force on 1 April 2015. One way of emphasising the client's point of view is through an increased use of peer workers in social and healthcare services alongside and in tandem with professional staff. This makes it possible to provide a fuller encounter and seeing the client not only as a recipient of services but also as someone who uses them. A significant shift in the way of thinking would be to see the peer worker as an employee who is equal to the professional staff in meetings with clients, as this makes it possible to see and encounter the client as a whole with greater understanding than before.



Another aspect is that of participation, which is spoken of a lot these days. Giving peer workers a chance to contribute knowledge of their own experiences for the good of all can help engage people in society. Peer worker training often helps people to see their own differing life as that of an accepted citizen, equal to others, and as they start contributing as peer workers, they make their own experiences visible in helping others. This can give them a chance of employment, even after years of unemployment, and for some people it provides the energy to train further, to become a professional in the field of social and healthcare services.

Because it is not always entirely clear what type of work a peer worker may be employed in after their initial training – and this is particularly true for adult social work within the social services – a pilot was held in Vantaa as part of a larger project. Boldly, we started testing and trying out what work descriptions for peer workers could be like and how to develop them. This experiment was realised in the City of Vantaa during 2017. A report was published on the modelling of work descriptions and it has been used by the Association of Finnish Local and Regional Authorities and the National Institute for Health and Welfare. Development work continues.

During Finland's next period of government (following the 2019 spring election), the aim is to update the legislation regarding substance abuse and mental healthcare. As the legislation changes, it is likely that a recommendation about using peer workers will be included.



## INTRODUCTION

The project *Municipal Strategies to Prevent Homelessness – Early Intervention, Social Inclusion and Supported Housing (2016–2019)* is administered by ARA, The Housing Finance and Development Centre of Finland, and implemented in six Finnish cities: Espoo, Vantaa, Tampere, Lahti, Jyväskylä, and Kuopio. The aim of the project is to contribute towards the prevention of homelessness by rooting preventive endeavours in the participating cities through specific so-called homelessness strategies. In practice, this means that efforts to prevent homelessness must become an integral and formal part of each city's political and/or action plans and that room needs to be made for prevention of homelessness efforts in client work within the six cities. Efforts to reach this objective have looked different in each of the six cities, depending on their needs and starting points.

One of the aims of the project has also been to develop and strengthen the structures supporting peer workers and encouraging client participation.<sup>1</sup> In recent years, the participation of citizens and clients has become a key part of the discourse in Finnish society, including action programmes and legislation. Despite a lot of talk about participation and engagement, actual efforts to genuinely involve clients of the social and health services is underdeveloped in many areas and rarely at the front and centre in any development efforts. (Hyväri & Laine, 2012, 52) This report presents the formulation of a model for the job description of peer workers, which was one of the objectives of a project that was realised in Vantaa.

### Peer workers in the Finnish services system

---

<sup>1</sup> In Finnish, peer workers are called *kokemusasiantuntija*, literally 'experience expert', and in English translations of Finnish texts they are often referred to as people with 'expertise through experience' (cf. [http://www.ara.fi/en-US/Housing\\_programs](http://www.ara.fi/en-US/Housing_programs)) or even having 'the special expertise of experts by experience' (<http://www.ym.fi/download/noname/%7BA84E50A6-C2D1-47D4-BF2A-B3D337A150B9%7D/119246>, p.10) but in this report we use the term 'peer worker' as it is frequently used in English.

The City of Vantaa wanted to take a closer look, from a professional point of view, at using peer workers as part of the services structure. Expertise through experience and the number of peer workers has increased recently. In recent years, using the knowledge of peer workers has become a more visible part of healthcare services in particular. In a number of municipalities peer workers have been deployed at healthcare centres to do a variety of jobs, on different assignments, which includes seeing the patients themselves.

In the main, that has been possible through the financing of various projects. In Finland at present, peer workers are considered increasingly important in the provision of services, which makes this an expanding field. This has also led several municipalities to consider hiring peer workers to work primarily in healthcare centres and in future welfare centres, as we are on the cusp of the reform of county government. Work with substance abuse and mental health in particular has been actively developing a system of peer workers, but there is a much wider need for experience-based knowledge. There have been many good experiences of using peer workers in, for instance, child protection services and in work with people who have disabilities. This is also true in the City of Vantaa: a work model for a 'substance abuse peer worker in a healthcare clinic' was piloted and further developed in Vantaa during 2012–2017. In January 2018, Vantaa saw the creation of Finland's first permanent position offered for a municipal peer worker in substance abuse prevention within the health services. Hannu Ylönen became the first substance abuse peer worker in a permanent job.

What was the starting point?

When the project began in Vantaa in the autumn of 2016, we started thinking about a work position in social services similar to what we had seen done in basic healthcare in Vantaa. Very soon we found that we lacked sufficient knowledge and vision about what social services would need to include in the job description for a peer worker to be employed on the project using its financing. We realised we would have to create a model for the peer worker job description in social services for adults, which would enable us to move on to the next stage at some point and build a peer worker job description within social services.

As project coordinator I began to think about where and in what types of job we could have peer workers included within the project. I also needed to take into account that the project's aim was the prevention of homelessness. After a fair amount of mapping and probing the

situation, I came to the conclusion that the municipality of Vantaa should have four separate peer workers on 50% working hours for three-month-long fixed-term employment contracts, funded by project financing, and that their main job during that time should be to create a model for the job description in the unit in which they were placed.

The units were selected on the basis of which of them expressed interest in the experiment and in which units I had seen and felt, during my visits, a particular need for a peer worker job description. That is, in the places where I could easily imagine peer workers in the future. My own wish was that the units would also be varied in nature, so that the job descriptions would be more differentiated. In the end, the peer workers were placed in the social services for adults as follows: one peer worker worked in low-threshold services for young adults; one worked in the outreach social services to combat drug abuse; one in municipal social services for housing; and one peer worker was placed as a municipal employee at the interface with the third sector, working with non-governmental organisations (NGOs) to combat substance abuse.

Each of the peer workers who were hired also had first-hand experience of homelessness and they all had substance abuse in their past. The peer workers were two men and two women; one man and one woman were young while one man and one woman were middle-aged. They were all recruited for the project through units with which they were either in contact or had had contact as a client. Within the framework of this project it was felt that as the time frame was narrow, it would be beneficial to employ people who were known and familiar to the units in order to get off to a good start with the work. All four peer workers also showed potential and a desire to move on. This meant that project work/employment as peer workers would further strengthen and empower themselves, aiding them in their own plans for the future after the conclusion of the project. Generally speaking this happened; though, to protect their anonymity, more specifics cannot be provided regarding their individual paths.

The peer workers were employed as project employees and their job was to model the peer worker job description in the unit/place in which they worked. Each employee had either been trained as a peer worker and/or they had other experience of peer work either as volunteers in NGOs or through fee-based single assignments within the healthcare services. The project did not require training, but at the end of the experiment it can be said that training and/or background experience has only been useful for each job description created. More specifically, two of the peer workers had been trained as peer workers (and had certificates to prove it),

while the remaining two had had their work experience in other ways.

#### Definition of a peer worker

In mental health and substance abuse services a peer worker is a person with first-hand experience of mental health and/or substance abuse problems, whether by currently having such issues, being in recovery, using the services provided, or as a relative of a person who has or has had any such experiences. A peer worker has knowledge through experience of what it is like to be ill, to receive treatment and experience rehabilitation, or of using public health services. A peer worker knows what has helped them and/or their family and which factors contributed to their own recovery and survival or to that of a relative. (STM, 2009, Rissanen, 2013) Peer work can also refer to peer support activities in the third sector, in associations, in NGOs or in peer groups that have evolved organically. The difference between peer support and peer worker support is in the target group. A peer providing support is active among their peers, that is other people in recovery, such as those in an AA group. A peer worker, however, is active outside their own peer work, in services, working alongside professionals. (STM, 2009.)

Peer worker activities respond to the need of the services system to develop practical client and patient work, the social and healthcare system, services and professional training. The immediate benefits and importance of using peer workers is that the employees hear stories based on genuine experiences, which provides knowledge about being ill, about rehabilitation and the everyday lives of people in rehabilitation, but also about their own client group's needs regarding service content, interaction and how the system works. The expertise of peer workers also helps in the long-term development of services, in increasing client-central services and fixing problems with a fragmented system and the accessibility of care. (Hietala, Rissanen, 2015, 11.)

The connection between peer worker activities and rehabilitation and participation reflects the fact that the roots of peer work are in the third sector. The use of peer workers has evolved from peer support in patient, disability, and other non-governmental organisations. In third sector rehabilitation services, peer support and peer guidance as well as experience-based knowledge have played a key role. Substance abuse and mental health services in NGOs employ many practices that are based on the peer support tradition, where the knowledge and input from people with experience of recovery has been put to use. A national Network of Experience

Training (*Kokemuskoulutusverkosto*) was set up in Finland in 1997 and the first patient lecturer training began in 1998. At present, the network brings together 29 NGOs and there are 360 trained experience trainers representing organisations of people with various illnesses or disabilities, and their families. Little by little the use of people with first-hand experience has become part of the operational model of public services, adapting to the kind of peer work that fits those environments along the way. (Hietala, Rissanen, 2015, 12–14.)

In the City of Vantaa, because the use of the term ‘peer worker’ has become established within health services that term is also used throughout this text. Which is also why the term peer worker (and the Finnish equivalent *kokemusasiantuntija*) was used in the formulation of job descriptions for peer workers in social services for adults.

Towards creating a model

Since the City of Vantaa has no existing model or people employed as peer workers within its social services, this project has allowed us to think about this form of work on a practical level with the project/peer workers, but also with other staff. As in other municipalities, the City of Vantaa employs professionals within its social services who have first-hand knowledge of, for instance, substance abuse issues, but they are working for the City primarily as professional experts in a variety of roles and under differing headings, only using their own experience as a tool in a manner they themselves define. That means they are not peer workers in the sense that they are not employed in their current roles because of their particular experience.

In each work unit/place where a project/peer worker was hired I arranged 1–3 meetings, as needed, with the management/staff in order to prepare the units for the experiment. At these meetings we addressed practical questions and provided information about the project in general as well as discussing ethical issues and other aspects of the project. Through this preparatory process we found that we needed to assign one employee in each unit to be at the side of the incoming project/peer worker; we call them close contact employees (*lähityöntekijä* in Finnish). These close contact employees were primarily responsible for giving direction, assistance and helping the peer workers formulate the model for the job description, though the peer workers themselves were in charge of creating the model. All peer workers felt that having a close contact employee was a good thing and all four quickly developed a positive and confidential relationship with their close contact. Each close contact employee volunteered for

their assignment, which can be seen as having a special interest in peer worker activities in general.

As part of the project we held one larger seminar about using peer workers, which was held for staff and partners in May 2017. The training seminar was given by researcher Outi Hietala and peer worker Hannu Ylönen, who works within the City of Vantaa healthcare services.

Some 60 people attended the seminar, including staff from the units that had had a project employee/peer worker assigned to them or were about to hire one.

The individuals who took part in the experiment were asked to fill in a separate response questionnaire after the experiment. A total of fourteen (N=14) questionnaires were returned, which is a low number compared to the number of questionnaires handed out. The response could be given anonymously. All those who responded were positive about the experience, seeing peer workers as a good addition and resource for future social work. All those who responded had themselves used peer workers in client meetings and they had had one-on-one conversations with peer workers. We knew there were also employees who had a negative attitude to this way of working, but we did not get any response from them. Work units discussed the job descriptions and the possibilities of peer workers beforehand. In summary, it can be said that some work units were more ready than others and that the project provided some employees with their first contact with peer working. The peer workers themselves felt they had a mostly positive reception in the units.

#### Working on the model

The units that took the opportunity to include a peer worker also recruited the person themselves. I personally met the peer workers for the first time when they had already been selected and it was my job to sort out the practicalities, such as the signing of their contracts, supplying them with the city's log-in details for project workers and work-time follow-ups. Before they were employed, each project employee also signed the City of Vantaa confidentiality agreement, and I went through it with them. As project coordinator I managed day-to-day matters such as receipts, bus tickets etc. The main rule was that the units would not incur extra costs or additional expenses caused by the peer workers during the experiment. The work units assigned a computer to each peer worker and the mobile phones they were issued

with were extra handsets that were not in use and were equipped with separate prepaid subscriptions for the duration of their contract. Timewise, the first peer worker was employed from April through June 2017 and the other three from September through November 2017.

I regularly met with and was in contact with the peer workers while they were employed by the City and I met them both with and apart from their close contact workers. They also freely supplied me with materials of various kinds: some wrote down their thoughts, others talked freely during our meetings and phoned me about their ideas. I made notes for myself of the conversations we had, and collected and summarised the materials I received. I also made notes of the conversations I had with their close contact workers and freely wrote down my own thoughts on the basis of what I had heard, read and seen. I talked about my thoughts with the peer workers and together we mulled over the job descriptions.

To a large degree we asked the questions: What can be done? What is worth doing? And what is realistic? We talked about the reception they received, how the cooperation worked in the work unit, what clients they met and what kind of client cases they had. We talked and made observations also about how they were coping; there was drawing of boundaries as well as encouragement. Furthermore, we went through the general rules that exist in a workplace, particularly with the younger peer workers, who had very limited work experience. We also discussed life in general, both its wretchedness and joys. In the autumn, when three peer workers were employed in the same time period, we also experienced the peer workers meeting and getting to know one another. We also began and ended with a joint workshop with the close contact employees. The peer workers also received testimonials for the valuable work they did.

The task of the peer workers was loosely formulated: What sort of work do you do? What is becoming your job in the unit? The first month was about finding a role, getting used to the practicalities of the work routine, getting to know the work unit better. Those who worked in the unit and the peer workers all learned to see things differently: peer workers learned to see things from the point of view of an employee, and vice versa. After the first month, each of the peer workers already had a good grasp of their new context and began coming up with ideas and working with gusto on their job description. During the second month, encouraged by their close contact employees, they produced a lot of material and boldly came up with new ideas.

All of us in the units had a strong sense that there is a place and a need for peer workers and that their work contribution is valued. More than anything we agreed that there is a genuine need for peer workers whether one is a client or a unit employee. The peer workers spoke with the voice of experience, bringing in new information, points of view and input.

We also endeavoured to establish whether the kind of client referral system used in healthcare services would work for us. In the healthcare system, employees refer clients to see peer workers, but our testing of this made us give up such an approach very quickly as it didn't work well in any of our units. Such an approach seemed too bureaucratic and slow. In all units it was considered better that a peer worker took part in the employee's client meetings. If the situation felt natural, peer workers could also meet some clients one-to-one by appointment, but this was not our primary aim. The peer workers also talked actively with employees and gave their views on various clients when asked to do so and/or when they took part in client guidance meetings.

All four peer workers thought the best way was to work with the clients themselves. They went to the places where clients were waiting or spending time. The conversations and genuine meetings between people without pressure or the need to be useful or productive proved to be the most fruitful. The peer workers said that clients were fed up with having to deal with different employees for different things. One person deals with money and forms, another with matters regarding housing, a third with health concerns, and so on. One worrisome message was also that the clients said that they often felt that nobody genuinely cared about them, even though things are dealt with on a general level and people do try to help them. A prerequisite for developing an interactive relationship is genuine interest in the client and their situation in life, a willingness to listen and enter into dialogue. It has been shown that open and clear communication from employees helps clients to become more involved in their situation. (Goodwin & Happell, 2007, 276–284)

The peer workers also said they had had positive feedback from clients, especially about being able to talk and ask all sorts of questions or even just to talk about nothing in particular. In the peer workers' stories, the words *loneliness*, *giving up*, *despair*, *money* and/or *difficulties in supporting oneself* were often heard. We talked particularly about loneliness and the peer workers focused on this as a problem that is very difficult for social and healthcare services to solve. The need for people to be involved and to have a meaningful life was also frequently

mentioned during our conversations; the minimum is not enough for anyone whose entire life is empty, meaningless, aimless and lonely. Doing things together, finding people who genuinely care and experiencing togetherness were key features of these conversations.

Professionals want to provide high-quality services that correspond to the needs and wishes of their clients. We also know that the people who use our services have a right to be involved in decisions that will affect them. Feeling involved has proved to be therapeutic and empowering. (Ehrling, 2009, 145–170) Furthermore, it has been shown that when a client feels genuinely heard in a meeting with social services employees, it directly impacts their commitment to care and to getting results. (Laitila, 2010, 3–4)

Regardless of which unit the peer workers were placed in, their work was very similar, but because of the differences between the units there were also differences in job types and descriptions. The work period of three months passed quickly and though I had originally feared that the time was too short, we found that it was sufficient to give birth to a first idea of what the job description for a peer worker could be in social services for adults as part of the City of Vantaa services system. The third month was mostly spent collating summaries and concluding the assignments received in the work units.

All peer workers lived up to the expectations placed on them and did their jobs more than well. There were no interruptions and the 50% work time for the job as peer worker was considered excellent. Working in this way we could ensure that the peer workers had the energy required for the job as well as time to keep up with their own interests and volunteer work alongside their peer work, while simultaneously giving them support in their family life. The close contact employees worked with the peer workers and did an excellent job of working both with them and in the background. My own assessment is that their contribution may have been the backbone that kept the whole experiment on course. They were highly motivated and their activity was emphasised in various meetings as well as in what the peer workers said. Only in one instance was there a change of close contact employee, and even that was for reasons that had nothing to do with the peer worker.

#### Results / models

In the analysis of the materials gathered for the actual creation of a model for the job descriptions I used a loosely ethnographic method which is defined as a research strategy with

the aim of describing and explaining human behaviour in their environment, or the interpretations and impressions of group members in their environment, or the interpretations and impressions of group members in their environment and actions. This strategy aims at a comprehensive understanding and description of the object of study and is based on the comprehensive observation of people and their environment. The observation usually takes place in the form of physical presence in the human environment and in concrete situations of interaction with the people being studied. (Kananen, 2014)

The emphases in this kind of ethnographic research strategy can vary from the researcher's own culture-bound reactions to a more distance-emphasising approach of an outside observer in the group and environment to an empathetic approach which is intensely involved in the group's activities. Ethnographic research can be done in combination with various methods of qualitative analysis. (Kananen 2014)

I chose to analyse the material I had gathered by dividing it into separate categories while always remaining conscious of the fact that the object was to formulate job descriptions. First, I focused on the things that were repeated and common. These common threads I've described above. Then I started separating my observations and what I had been told and had read into a type/profile for each work unit and gave the types/profiles names according to terms and/or descriptions used by the peer workers themselves.

As stated earlier, the peer workers formed their job descriptions for work in four different environments: (1) low-threshold services (young adult services, the one-stop guidance centre *Ohjaamo*); (2) social services (housing); (3) outreach social services (drug abuse, the substance abuse rehabilitation clinic, the *H-clinic*); and (4) third sector actors (substance abuse work, *Vantaan A-kilta*, a local NGO). The peer workers were always accompanied by a close contact employee, who provided support, security, help and encouragement as a go-between for the peer worker and the work community. Regardless of their working environment all the peer workers used their experience as a tool, comprehensively listened to clients, provided assistance for employees, and took part in joint development processes.

### *'The Caretaker'*

At low-threshold services (1) meeting everybody who comes through the door; (2) being present

as a local helping hand; (3) introducing new points of view; and (4) producing learning materials.

To a great extent, the work in low-threshold services is about not knowing who will be the next 'walk-in' and what questions they might ask. The peer worker had a big role in receiving those who were nervous, who felt uncertain and lost. A warm welcome, handling the initial questions and providing encouragement helped clients to define their needs. When a client's time slot or queue number for an employee came up, they were more ready to receive help, guidance or advice after having first met the peer worker. We assume therefore that this will also save time for the employees, even though this was not something we measured in this short-term experiment, but empirically this period of peer work left us with a sense that things had worked more smoothly. On occasion, there was a need for coffee, tissues and paper work— in all this, the peer worker working with low-threshold services became a general helper.

In the low-threshold services for young people at the one-stop guidance centre *Ohjaamo* another key factor was unpredictability. This is partly explained by young people being the target group, as they can be very quick in their moves and plans, which meant that the peer worker's role was accentuated – it takes a young person to understand the language, impulses and insecurity of a fellow young person.

That is why the production of learning materials became part of the job description, in that the voice of the peer worker should be discernible in the 'teaching' of other young people. The peer worker collected information and created the learning materials in cooperation with the employees at *Ohjaamo* with the aim of getting vocational schools to teach the contents as part of their work to prevent homelessness. A video is available on YouTube: *Jampan tarina* (Jamppa's Story): <https://www.youtube.com/watch?v=ISVSfrLm1pl>.

### *'The Helping Eyes'*

At outreach social services (1) listener; (2) encourager; (3) cultural interpreter between employees and clients; and (4) an example of someone who's been there and survived, showing what is possible.

At the H-clinic, or substance abuse rehabilitation clinic, a key feature is that the clients are at different stages of a process: some acknowledge recreational use as a serious dependency; others are in substitution treatment; some are clean; while others simultaneously struggle with multiple addictions and a number of other problems. In addition to the clinic hours, there is

outreach work during the day and in the evenings, which is why I have termed this unit the outreach social services in this report/pilot.

The presence of a peer worker as someone who listens and encourages the clients was accentuated. In meetings with clients, the peer worker's role as interpreter of the language or vernacular of addicts and, indeed, of their entire way of life was also emphasised. I termed this 'working as a cultural interpreter', because from what I heard the clients and service employees were occasionally light years apart and had no understanding of one another's world; this was particularly true of those clients who lived on the streets. The example set by the peer worker as a survivor also gave an element of hope for the clients, something which encouraged them to keep going. This aspect should not be forgotten when discussing job descriptions and the importance of peer workers.

### *'The Storyteller'*

In the housing section of social services (1) connect with the client's story by sharing their own story; (2) befriend a lonely person; (3) get clients and employees to connect and form a cohesive group; (4) be a teacher who tells the professionals of the emotional landscape inhabited by a client, and shares with the client their own story of survival.

The housing services in Vantaa provide support and guidance to clients who live under the threat of homelessness but also provide help for those who are already homeless. A significant part of the work is about helping clients move on from the housing services units. A peer worker took part in client meetings alongside employees, discussing the service's plans for the clients and also took part in the client steering group's work, which involved making decisions about the housing of clients. The peer worker also met clients in free-form meetings within the housing units, chatting and participating in common meals and events.

The peer worker also started working to bring people together as a group, suggesting various activities and things to do for the clients of the housing units while at the same time forming a link to the employees. The peer worker also taught by telling their own story to the employees in several units, giving them a chance to ask specific questions and talk freely with the peer worker. Understanding where a client is coming from emotionally is key in helping them. In that sentence is one of the most important realisations of the work to formulate a job description for this unit.

## *'The Bridge Builder'*

At the interface of working with the third sector (1) one who understands and shares worries; (2) companion/escort; (3) listener, director and advisor; (4) source of information for people working for the municipality and for the third sector as well as for clients and employees.

In what may have been the boldest move in this pilot one peer worker was placed in a third-sector unit as a municipal project worker, namely in the *Vantaan A-kilta*, which is an association for people recovering from substance abuse. The A-kilta runs a drop-in centre where one can hang out, watch television, read newspapers or magazines and eat cheaply. It also offers organised programmes and events of various kinds.

The peer worker spent the workday hanging out with clients, and in their spontaneous meetings and conversations many things were clarified. They also accompanied a lot of people to get matters sorted out either at a municipal office or elsewhere, such as a parish office or another NGO/association. The peer worker also actively went to meet clients queuing at food banks, and other places where we know clients will be. Already during the pilot stage we could reach some so-called 'lost clients' and get them to reconnect with the social services. At such client interfaces there was a particularly high percentage of social exclusion and poverty. These particular elements contributed to making this a challenging post for the peer worker as their role is both separate from and part of the system. However, there would clearly be a need for more of this type of work in the future, because I still have a feeling – confirmed by this pilot – that the third sector is not utilised as much as it could be in our client work, and that our municipal employees don't always see the work of the organisations as being part of the services system.

Typical of non-profit organisations is that they have been an extension of a services or care chain of which the municipality or the joint municipal authority has been in charge, or they've been seen as a one-stop outfit where people will get help if they've fallen through the cracks of the social and healthcare services system proper. A client looks for volunteer support while they are waiting for access to the 'real' services or when they have somehow ended up outside the system. In Finland, these efforts have not been seen as part of the public services structure proper but there has also not been any hindrance to them being seen as non-profit organisations for taxation, competition laws or EU laws – that is, they have not been seen as service providers competing in the same market. (Brax, 2018, 30–31)

Although there are differences in the job descriptions, there are also several common elements. The unifying key words and phrases for peer workers who were involved in client work are: being unhurried, having genuine meetings, and making strong use of their own stories in giving advice. One peer worker reported saying to a client, 'If I can do it, then you can too.'

When I tally the meetings, it is clear that the three-month pilot period contained a large number of client-employee meetings. Each peer worker was involved in or commented on 2–5 individual client cases; they all met employees; they talked to or trained some 30–50 people and furthermore each of the peer workers had between 30 and 80 client meetings, the direct impact of which cannot be measured. These estimates are based on the peer workers own statements. Some of the client meetings were one-offs; while some clients and peer workers met several times in various contexts.

#### A few words on housing social work

In accordance with the aims of this project, this model-building has touched upon housing social work. All four peer workers had had first-hand experience of being homeless and, during their work period, each one of them met people who were either homeless or living in a temporary housing unit.

'Housing social work is done with people who are homeless or those who have been homeless in the past, and aims to respond to psychosocial and practical problems that cause the risk of becoming homeless.' (Granfelt, 2013) This work is about interaction and about supporting people through their rehabilitation – working with individuals, groups and communities. Housing social work is multi-professional networking, which strives to impact on structures or malfunctioning parts of the services system. (Granfelt, 2013) As stated earlier, peer workers have contributed much and could equally become a valuable addition to housing social work.

#### Summary and future plans

In my opinion there is a significant need and place for peer workers in the social services in general, and this model is one attempt to quantify how peer workers could contribute and take an active part in the social services, especially in those services for adults. This model has already garnered a lot of interest while it was in process and the model has also been evaluated as part of the Project to Coordinate the Promotion of Social Inclusion (SOKRA) and the European Social Fund (Priority Area 5) project on what constitutes inclusion

(*Osallisuuden palaset*). The evaluation has been done by the National Institute for Health and Welfare, which is the main organisation behind the SOKRA project.

Through this model we have also recognised a need for there to be a so-called peer worker bank or platform for use in the third sector. Even though the model worked well in our pilot project and was positively encouraging for the idea of employing peer workers within municipal social services, this is not yet enough for concrete action to be taken to hire peer workers in the social sector. Often such action is prevented by bureaucracy: as Finland heads into a period of social and healthcare reform, municipalities do not want to commit to creating new jobs for employees/peer workers, which means that the will to do so is absent. There is also insecurity about what the job description would entail and how employees feel about peer workers. This is a justified concern as this pilot project also showed that not all employees are only positive about the winds of change; and that even project/peer workers who came into the workplace just for the pilot period nonetheless required a lot of work-unit guidance at the outset, even though management was always positive about it.

Various peer-worker banks and platforms are available, but in order for this to move forward and be actively realised we took the idea further. The City of Vantaa and the cities of Kuopio and Jyväskylä, which are also involved in the Municipal Strategies to Prevent Homelessness Project, we mapped the relevant parties that are active within each city. The cities were also obliged to take on the modelling idea and to increase the will to actually hire peer workers for the social services through a bank of peer workers. Our aim in this was to best safeguard continuity and the training of new peer workers. In short, our idea is to have in the bank trained peer workers and those who are already working in the services sector, as well as to train more peer workers to be available in the bank, and to market peer work for different jobs, while attending to work guidance and to strengthening their workplace skills.

Confirming my own expectations, I can see for myself that such a peer-worker bank should be built up in the third sector. I have familiarised myself with the Eksote model, piloted by the Eksote joint municipal authority in the Etelä-Karjala region in Eastern Finland. In this model the municipal authority coordinates peer workers and supplies them for various jobs. On the basis of what I have seen, experienced, heard and talked about, however, I suggest that the third sector has both the experience and the required flexibility to be best suited to take this forward.

This idea finally resulted in a project application for the Funding Centre for Social Welfare and Health Organisations (STEA). Project administrator for the application is Vantaan A-kilta, who have teamed up with Sirkkulanpuisto in Kuopio and ViaDia in Jyväskylä as well as the three cities of Vantaa, Kuopio and Jyväskylä. Of the cities, Vantaa and Jyväskylä have also included in their signed letters of intent a sum of money which they have committed to spend on hiring peer workers in such a bank if the project is approved. Partners of the project are also the National Institute for Health and Welfare as project evaluator, the Criminal Sanctions Agency as an expert organisation and the peer workers' association Kokoa ry as training partner. The project application was sent to STEA in May 2018 and a decision on the funding is expected at the end of that year. This very idea of a bank of peer workers was referred to in the working paper *Oikein toteutettu aktivointimalli voi lisätä työttömien osallisuutta* (Properly executed, the activation model may increase participation by the unemployed) (Hirschovits-Gerz, Isola, Kukkonen, Leemann ja Puromäki, 28.2.2018)

If the project is approved for funding, it would make possible a further development of the input of peer workers in social services and give a larger number of people with limited appeal on the labour market a chance to receive training, part-time or full-time employment through peer work, and possibly a chance to show initiative in an open labour market.

#### Concluding words

The mental healthcare and substance abuse services in Finland are currently undergoing reform with the aim of providing services for those who need them on equal terms with other groups of clients and patients. In this work, peer workers have had a role to play, as the reform has been carried out in cooperation with peer workers who are experts in the day-to-day realities of living with mental health or substance abuse issues, and with those who work in the mental healthcare and substance abuse services.

'Anybody can be hit by poor mental health and in fact half the population will have mental health issues in their lifetime. Because of this we all have some experience in this field, even though we do not often speak to one another about mental health problems as freely as we do of, say, back pain,' said Minister of Family Affairs and Social Services Annika Saarikko at a round-table event on 8 February 2018. (STM, Ministry of Social Affairs and Health)

'We are making a law that says that there must be peer workers and that this activity needs developing. Everybody should have the right to access an employee who is familiar to them,

so they know who to get in touch with. We also have to provide substance abuse services, including detox services, whenever there is need for them.'

The round-table discussions on the development of mental health services involved several professionals, providers and peer workers of mental health and substance abuse services. The participants gave their view on what genuinely good mental health and substance abuse services would be like and how the services system should be built using new legislation. Since then the Ministry of Social Affairs and Health has prepared a new legislative initiative, in which peer workers would be added to the Social Welfare Act. The proposal is available on the Ministry's website.

With these good tidings I conclude this independent report as part of the national Municipal Strategies to Prevent Homelessness Project on a suitably positive note. My heartfelt thanks go to the four wonderful peer workers who were involved in the project and without whom we would not have a job description or model to report on.

## SOURCE NOTES

Brax, Tuija, *Järjestöjen rooli maakunta- ja sote-uudistuksessa, Selvityshenkilön raportti (The Role of Organisations in Provincial and Social Reform, Report of the Clerk of the Survey)*, STM (Ministry of Social Affairs and Health), 2018.

Ehrling, Leena, *Yhteisen ymmärryksen rakentuminen päihdehuollon ensitapaamisessa. Teoksessa Tuukka Tammi; Mauri Aalto & Anja Koski-Jännes (toim.) Irti päihdeongelmista: tutkimuksia hoidon ja ehkäisyn menetelmistä* ('Building a Common Understanding at the First Meeting of Substance Abuse', in Tuukka Tammi; Mauri Aalto & Anja Koski-Jännes (eds.), *Unsubscribe from substance abuse problems: studies on methods of treatment and prevention*), 2009, Helsinki: Edita 145–170.

Goodwin, Val, & Brenda Happell, 'Psychiatric nurses' attitudes toward consumer and carer participation in care', Part 1 – Exploring the issues, *Policy, Politics and Nursing Practice* 8 (4), 2007, 276–284.

Granfelt, Riitta, *Asumissosiaalinen työ rikosseuraamusalalla. Teoksessa Susanna Hyväri & Sakari Kainulainen toim. Paikka asua ja elää? Näkökulmia asunnottomuuteen ja asumispalveluihin. Helsinki: Diakonia-ammattikorkeakoulu. A Tutkimuksia 39*, (Housing Social Work in Criminal Sanctions, edited by Susanna Naudri & Sakari Kainulainen. Place to live and live? Perspectives on homelessness and housing services. Helsinki: Diakonia University of Applied Sciences. A Studies 39), 2013, 209–228.

Hietala Outi, Rissanen Päivi, *Opas kokemusasiantuntija toiminnasta; Kokemusasiantuntija – hoidon ja avun kohteesta omien kokemusten jakajaksi sekä palveluiden kehittäjäksi. Kuntoutussäätiö ja Mielenterveyskeskusliitto* (Guide to the experience of an expert; Experience Expert – a provider of care and assistance to share your experiences and develop services. Rehabilitation Foundation and Mental Health Association), 2015.

Hyväri, Susanna, & Terhi Laine, *Osallistavan kehittämisen perusteita. Teoksessa Hannu Kotilo & Arto Mutanen (toim.) Käytäntöä tutkimassa. Haaga-Helia, Puheenvuoroja 2/2012 Helsinki: Haaga-Helia ammattikorkeakoulu* ('Criteria for participatory development', in Hannu Kotilo & Arto Mutanen (eds.) *Practical Research. Haaga-Helia, Speeches 2/2012*, Helsinki: Haaga-Helia University of Applied Sciences), 2012, 48–62.

Laitila, Minna, *Asiakkaan osallisuus mielenterveys- ja päihdetyössä. Fenomenografinen lähestymistapa. Kuopio: Itä- Suomen Yliopisto* ('Customer involvement in mental health and intoxicant work. Phenomenographic approach'), Kuopio: University of Eastern Finland, 2010.

Rissanen, P. Mitä on kokemusasiantuntijuus? Teoksessa Falk H, Kurki M, Rissanen P, Kankaanpää S & Sinkkonen N: Kuntoutujasta toimijaksi – kokemus asiantuntijuudeksi. Terveiden ja hyvinvoinnin laitos Työpäpaperi 39/2013, Terveiden ja hyvinvoinnin laitos, ('What is Experience Expertise?' In Falk, Kurki, Rissanen, Kankaanpää & Sinkkonen: *Rehabilitation as an Expert – Experience in Expertise*), Dept of Health and Welfare Work Paper 39/2013, Dept of Health and Welfare), Helsinki, 2013, 14–19.

Kananen Jorma, *Miten kirjoitan etnografisen opinnäytetyön? Jyväskylän ammattikorkeakoulu. Liiketoiminta ja palvelut yksikkö* ('How do I write an ethnographic thesis?', Jyväskylä University of Applied Sciences. Business and Services Unit), 2014.

Peer workers' association (*Koulutetut kokemusasiantuntijat*), KoKoA ry  
<http://www.kokemusasiantuntija.fi/>

Opetusmateriaali 'Jampan tarina' (Study material 'Jamppa's Story')  
<https://www.youtube.com/watch?v=ISVSfrLm1pl>