the **Howard League** for **Penal Reform**

Takes one to know one?

An evaluation of peer mentoring in the drug dependency treatment sector

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Background

Peer mentoring is defined by the United Nations Office on Drugs and Crime as 'the use of same age or same background educators to convey educational messages to a target group. Peer educators work by endorsing "healthy" norms, beliefs and behaviours within their own peer group or "community" and challenging those which are "unhealthy"' (2002: 8). The primary focus of this study was to explore the views of the stakeholders in peer mentoring. Studies have rarely, if ever, focused on the perspective of the peer mentor, instead they have examined the impact on the mentee (Boisvert et al., 2008; Joliffe and Farrington, 2007; Magura, 2008; Mangrum, 2009; Min, 2007; Ministry of Justice, 2008; Newburn and Shiner, 2006; O'Donnell and Williams, 2012; Tracy et al., 2011).

Research aims

This study sought to build upon existing research into peer mentoring in the drug dependency treatment sector by exploring the perceived benefits and drawbacks of the intervention from the perspectives of peer mentors and service providers. To further understanding of peer mentoring in treatment for dependency, the following questions were asked:

- What are the benefits of peer mentoring as perceived by the mentor and service providers?
- What are the drawbacks of peer mentoring as perceived by the mentor and service providers?
- What added benefit does a peer mentor bring, as opposed to a non-peer mentor?
- Why do the parties involved think that mentoring is beneficial?

Methodology

Data was collected from participants from two organisations with which the author had an existing relationship which deliver treatment to those recovering from problematic substance use. The first was a national charity that delivers a host of interventions to substance users (Service A), the second was a smaller charity which operates on a local level and offers support and housing to substance users (Service B). One-to-one semi-structured interviews were carried out with one mentee, eight peer mentors and four staff members. The sample used was a non-probability purposive sample. This type of sampling was selected because of the limits on the resources available in terms of cost, time and access to the population. Consideration was given to the use of telephone interviews, which would have reduced cost but would also have potentially impacted upon the relationship with the people interviewed. It was felt that it was more important to aim to develop a good relationship with those in the sample and conduct as many face to face in-depth interviews as possible, rather than try to have a larger sample at the sake of quality of information.

Key findings

- Peer mentoring assisted both mentees and mentors to develop and acquire skills which contributed to their recovery from dependency, including the ability to identify and manage their triggers to drug use enabling them to avoid lapse back into problematic behaviour.
- Qualitative analysis of the data revealed that participants felt that peer mentoring was a worthwhile intervention which brought about positive change in relation to reducing drug use and improving 'recovery capital', factors which protect against problematic drug use.
- The findings suggest that those receiving treatment for dependency on substances, the mentee, benefit greatly from receiving support from an individual who has also experienced dependency and who can share their experience of this, this was irrespective of treatment orientation and setting.
- Benefits are also experienced by the peer mentor, including increased feelings of self-worth, improved confidence and providing a purpose in life.
- The organisation which delivers peer mentoring reported benefits including better treatment outcomes following delivery of peer mentoring in tandem with other interventions, and larger amounts of funding as a result of better treatment outcomes.
- Negative aspects to peer mentoring were discovered, notably the issue of lapse back into dependency of the mentee and peer mentor and unsuccessful management of the peer mentoring relationship.

Points to consider

- An accredited, nationally delivered peer mentoring qualification should be created. This would help standardise and formalise the skills required to be a peer mentor, and the introduction of selection criteria would aid quality control.
- Further research is needed to understand the workings of the peer mentor relationship, particularly when compared to paid, professional roles. Such research should focus on how and why peer mentoring can influence positive change and the impact of being able to share personal experience of dependency.
- Further research should seek to quantify the exact cost of inputs and outcomes in order to answer the question of whether peer mentoring offers value for money. Such research would need to take account of the factors which cannot be converted into a monetary figure or quantified.
- Peer mentoring is a complex intervention which should have client-defined goals. It is not easily quantifiable and is therefore generally unsuitable for Payment by Results (PbR). However, PbR could be used as an interim measure in peer mentoring to measure engagement in the intervention, although care would have to be taken to ensure the goals of the peer mentoring relationship were defined by the mentee.

Case study 1

Beth, 45, student and volunteer with abstinent service user support group

Beth had experience of being both a mentee and a peer mentor. Previously, Beth had been a problematic poly-drug user. She began using alcohol on a daily basis in her 20s before moving on to use crack cocaine, heroin, cannabis and benzodiazepines in her 40s.

Beth had no criminal record but openly admitted that she had committed offences in the past. Her offending included robbery and sex working. Beth's involvement in peer mentoring began in 2000 as a mentee, however her engagement was sporadic. In 2011 Beth began drug treatment which incorporated opioid substitute therapy as well as psycho-social interventions. She began to attend Narcotics Anonymous meetings regularly and so was engaging in peer mentoring as both a mentee and peer mentor. Beth completed a peer mentoring qualification with her drug treatment provider which enabled her to work as a peer mentor supporting those who were entering drug treatment. In 2012 Beth became abstinent from all substances and has remained so ever since, which has made other changes possible, including cessation of offending, securing her own tenancy, engagement in education and voluntary work with a number of organisations.

Beth credited peer mentoring as a key factor in becoming and remaining abstinent from substances, stating that 'making the transition from putting street drugs down and getting onto a methadone prescription, you feel lost and you don't know what to do. That's when you really need a peer mentor. A mentor isn't there to do everything for you, they're there to guide you, help you make small changes and set realistic goals.'

Beth is currently completing an NVQ in Health and Social Care and is very active in a number of service user groups that aim to support people working towards abstinence. She is also employed on a voluntary basis as an 'Expert by Experience' by the local council. Her experiences as a drug user, along with other ex-service users, have been used to inform the establishment of a new service which aims to meet the complex needs of drug users with co-existing mental health, offending behaviour and experience of homelessness. Beth hopes to complete her qualification in the near future and to then move into paid work and her own accommodation.

Case study 2

Bruce, 38, in recovery from drug addiction

Bruce began drinking alcohol aged 10 and became a regular drug user in his teens, using LSD, ecstasy, amphetamine and ketamine. He later went on to use heroin, illicit Subutex and crack cocaine. Bruce has had many periods of abstinence during prison sentences and rehabilitation both in residential settings and in the community.

Bruce has a criminal record which includes armed robberies, attempted kidnapping, wounding, affray, burglaries and car theft. He links his offending behaviour closely with his use of substances.

Bruce has been a mentee and a peer mentor. He has been a peer mentor in 12-step programmes, as a Listener in prison, within youth justice and as a Team Leader in a project run by the Prince's Trust.

He has been abstinent from illicit substances since early in 2014 and he believes peer mentoring has helped him to put his life into perspective. He states that peer mentoring helped him to develop awareness of his problematic behaviour and identify areas for change. He feels that he now has the tools to assess risky situations, and this has helped him to reduce harm to himself.

Bruce continues to engage in drug treatment and actively volunteers in a number of service user networks which aim to support those working towards abstinence and improve drug treatment.

1. Introduction

Peer mentoring is defined by the United Nations Office on Drugs and Crime as 'the use of same age or same background educators to convey educational messages to a target group. Peer educators work by endorsing "healthy" norms, beliefs and behaviours within their own peer group or "community" and challenging those which are "unhealthy".' (2002: 8).

Mentoring is a relatively new form of intervention. Its popularity and use has grown considerably in recent years, and the government has committed to financially support peer mentoring programmes which are believed to reduce reoffending, with peer mentoring identified as a social action programme able to bring about positive change (Ministry of Justice, 2014). However, there is a lack of evidence demonstrating the worth of such programmes, though it is recognised that measuring the effectiveness of peer mentoring is problematic because it is a complex intervention that is not easily quantifiable (Ministry of Justice, 2008).

Whilst this research was focused on peer mentoring in the substance misuse sector and the journey from addiction into recovery, there is a crossover with issues raised in the desistance from crime literature. The processes of change that occur on the path from addiction to abstinence and desistance are similar. Both have periods of ambivalence, progress, setbacks, lapse and relapse. (Prochaska, Norcross and DiClemente, 1994; McNeill et al. 2005; and McNeill and Weaver, 2010). There is a need to construct a new identity, distant from the old self of addict or person who offends (McIntosh and McKeganey, 2000; McNeill et al., 2005 and McNeill and Weaver 2010). Hope is a vital component identified by the mentee in this study and by McNeill et al. (2005) and McNeill and Weaver (2010), and the need for redemption (Maruna, 2001) or making amends for past behaviours is referred to by the peer mentors in this study, by McNeill and Weaver (2010) and the Prince's Trust (2011). The relationship between abuse of substances and offending behaviour has also been regularly documented. (McNeill et al., 2005; National Treatment Agency, 2009; Taylor et al., 2013 and Ministry of Justice, 2013).

The focus of this study was to explore the views of stakeholders in peer mentoring. Studies have rarely, if ever, focused on the perspective of the peer mentor; instead they have examined the impact on the mentee (Boisvert et al., 2008; Joliffe and Farrington, 2007; Magura, 2008; Mangrum, 2009; Min, 2007; Ministry of Justice, 2008; Newburn and Shiner, 2006; O'Donnell and Williams, 2012; Tracy et al., 2011). It would be reasonable to assume that the purpose of peer mentoring is that it is mutually beneficial to both, and if the peer mentor is volunteering their time it would seem logical that they perceive some benefit. It was hoped that this study would uncover the benefits and drawbacks as seen by the peer mentor as well as the service providers. The service providers' views were included because in light of the expansion of peer mentoring by the current government (HM Government, 2014a), it is pertinent to include factors that influence service delivery. A key example is

that peer mentoring is often seen as representing value for money, which is particularly important for services in the current economic climate. The issue of cost effectiveness has been challenged, however (Ministry of Justice, 2008: 12), as anecdotal evidence suggests that there is often a high turnover of volunteer staff in comparison to paid staff.

The principle research questions of this study were:

1. What effect does peer mentoring in treatment for dependency have on the mentor, mentee and service providers?

2. How does this occur?

The overall aim of the project was to further understanding of the role of peer mentoring in treatment for dependency. This was achieved by answering the following questions:

- What are the benefits of peer mentoring as perceived by the mentor and service providers?
- What are the drawbacks of peer mentoring as perceived by the mentor and service providers?
- What added benefit does a peer mentor bring, as opposed to a non-peer mentor?
- Why do the parties involved think that mentoring is beneficial?

2. Background

Much of the research into peer mentoring is limited in scope, lacking methodological rigour and vague when discussing the direct effects of the mentoring relationship. The intervention is generally seen as bringing about positive outcomes for both peer mentor and mentee, despite there being little evidence to support a causal link between peer mentoring and positive change. Perhaps, in part, this can be linked to the Ministry of Justice's (2008) comment that it is an intervention which is not easily quantifiable.

Research has been carried out, however, that has identified positive attributes arising from peer mentoring relationships:

- Substance use treatment, including promoting abstinence or a reduction in substance use (Magura, 2008; Mangrum, 2009, White, 2009 and Tracy et al., 2011) and preventing lapse or relapse into drug use (Boisvert, 2008)
- Reducing offending or reoffending (Becker, 1994; Clancy et al., 2005; Joliffe and Farrington, 2007; Ministry of Justice, 2008; Finnegan et al., 2010; The Prince's Trust, 2011 and O'Donnell and Williams, 2012)
- Additional potential benefits include increased social inclusion of young people at risk of offending (Newburn and Shiner, 2006), and increasing safe sexual practices (Davey-Rothwell et al., 2011).

Preventing lapse/relapse to drug use

Lapse is a common occurrence when attempting to become drug free and maintain abstinence (National Centre for Education and Training on Addiction, 2004: 175). It is a common occurrence in the Cycle of Change as proposed by Prochaska, Norcross and DiClemente (1994), which is the model of change adopted by many drug treatment providers excluding the Anonymous services which follow the 12-step programme. The Cycle of Change identifies the stages that an individual must move through in order to make and maintain change in their life. Within the model it is accepted that those who cannot maintain and consolidate change will lapse back into the behaviours that they were trying to alter and that this may occur several times. (Prochaska and DiClemente, 1994)

Boisvert et al. (2008) examined peer community support for 18 people with a history of substance dependency and homelessness. They discovered that the rate of relapse into problematic behaviour reduced for those who participated in a peer support community, with pre-programme rates of relapse at 18.5 per cent and post programme at 6.2 per cent, including a follow up period of 9 months. (Boisvert et al., 2008: 214).

Magura (2008) examined the impact of mutual aid on 310 people diagnosed with a co-occurring substance use and a psychiatric disorder, and found that ongoing attendance at mutual aid groups was

> *significantly associated with a greater likelihood of drug/alcohol abstinence after controlling for other pertinent variables. Absolute rates of past year*

> *abstinence increased from 54 per cent at baseline to 72 per cent at 1-year follow-up and to 74 per cent at 2-year follow-up. (2008: 1915)*

Mangrum (2009) examined differences between completers and non-completers of drug treatment services also diagnosed with a co-occurring psychiatric disorder in the United States. The sample contained 424 adults. Those who completed drug treatment were more likely to have received peer mentoring than those who did not complete treatment, 61.6 per cent and 43.6 per cent respectively. The inclusion of peer mentoring was more likely to result in treatment completion than other types of support such as housing assistance (Mangrum 2009: 902). In comparison, the National Treatment Agency in the UK reports that 29 per cent of adults who entered into drug treatment between 2005 and 2012 successfully completed (Public Health England, 2012), although no specific details are given as to what type of drug treatment this was or whether it incorporated peer mentoring. In making this comparison it should be noted that it is likely the treatment population in the UK will vary markedly to that of the US, and there may be variations in what is classed as a successful treatment completion.

White's (2009) in-depth exploration of peer based interventions reports positive effects on long-term recovery rates, global functioning and a reduction in post recovery costs to society. The effects can be seen in diverse groups of people but vary from person to person.

Tracy et al. (2011) conducted a study of 40 participants which highlighted how peer mentoring can encourage abstinence from alcohol by both peer mentor and mentee. In order to become a mentor in the service selected by Tracy et al. for their study, prospective candidates had to have been abstinent from alcohol for six months, which acted as a motivator to peer mentors. At the start of their treatment journey, mentees often had limited relationships beyond those with people they would normally use alcohol with, and so benefited from developing new relationships with mentors who were abstinent.

The research discussed supports the notion that peer mentoring brings positive change to peer mentors and mentees and has particular relevance to this research and the sample population who share similar issues.

Impact of peer mentoring on offending or reoffending

In 2011 the Prince's Trust published an evaluation summary of a peer mentoring scheme with 344 young people leaving prison in the UK. Mentees were offered six months of mentoring which began while they were in prison and continued after release. Clancy et al. (2005) cited in Ministry of Justice (2008) and the Prince's Trust review, state that support through the prison gate significantly lowers reconviction rates, precisely because support can be offered prior to release which is a time of high risk. The need for support in high risk situations is also recognised by Becker (1994) cited in Ministry of Justice (2008), who states that mentoring which has the capacity to offer emotional and practical support at times of need can reduce recidivism by up to 75 per cent for young

people who have offended. Tracy et al. echo this and found that 'within peer mentorship programs, the mentor has the ability to connect with the mentee early when the mentee is struggling with an issue or problem often circumventing a further decline in the mentee's functioning due to a lack of support.' (2011: 46).

The Prince's Trust research is one of the few studies to discuss the benefits to the mentor. It states that mentors enjoyed the training they participated in, increased their confidence, gained skills and work experience, and were assisted to remain crime and drug free as a result of being involved in the mentoring scheme. Many mentors felt that their involvement in some way gave atonement for previous offending behaviour.

The St Giles Trust Peer Advice Project is a similar scheme to the Prince's Trust. It delivered peer mentoring to people while in prison and upon leaving. The research concluded that there were multiple benefits for mentors, mentees and the service providers. An important feature of the scheme was the 'multiplier effect' whereby benefits that accrued to peer mentors were matched by benefits to the mentees (Boyce et al., 2009: 6). Mentors benefited from gaining an NVQ in Advice and Guidance. This qualification does not directly relate to peer mentoring, but is a course that prepares people to give advice and guidance on a multitude of issues. However, most schemes do not deliver specific training to be a peer mentor.

Mentors also described experiencing enjoyment from delivering fulfilling work, increased skills and confidence, development of a work ethic, an increased sense of control over their own lives, reduction in stigma, improved feelings of self-worth, and approval from family members and loved ones who were pleased that they were engaging in a worthwhile activity. St Giles Trust emphasised the particular importance of this final finding, commenting that approval and disapproval are an important feature of desisting from crime (Ibid.: 29). Mentees, although not frequently mentioned in this review, reported that they too saw improvements. They felt that they had better job prospects, increased self-esteem and confidence, and benefited from working with positive role models. Figures provided by St Giles show that in 2006, 38 NVQ graduates were given work placements with the St Giles Trust, all of whom went on to find other work or remain with the St Giles Trust – as far as records show only one returned to prison (Ibid.: 25). Uggen et al. (2004) as cited in McNeill and Weaver refer to the fact that 'engaging ex-offenders as volunteers supports their civic reintegration.' (2010: 27)

More recently, O'Donnell and Williams (2012) reviewed the impact of mentoring on children who had offended in Hawaii 35 years after delivery. The researchers discovered that during the mentoring process, offending was reduced for higher risk individuals. Thirty-five years later, offending remained at a reduced level for those who were arrested in the year prior to mentoring in comparison to the control group. The opposite was true for women without a prior arrest; they had a higher arrest rate than the control group. O'Donnell and Williams took into account factors which are known to reduce offending such as marriage and contact with non-delinquent peers, the inclusion of which enabled a relationship to be inferred between rates of offending and mentoring, although there was not enough evidence to show causal links between the

two. In summary, mentoring had a positive effect on young people with an offending history, and this remained the same years later. However, for those who did not have an offending history the opposite was true, particularly for women.

Joliffe and Farrington (2007) conducted a rapid evidence assessment (REA) of published research on the efficacy of 18 mentoring programmes delivered in the US and UK to young people at risk of offending and who had already been apprehended by the police. They reported that mentoring had a positive effect on reducing the offending behaviour of young people. More frequent and longer contact between mentor and mentee substantially improved the outcomes of mentoring as did the delivery of mentoring as a package of interventions. Overall, mentoring reduced offending between 4 and 11 per cent, although this figure was driven by studies of lower methodological quality.

The finding by O'Donnell and Williams (2012) that mentoring could increase offending in some groups was also acknowledged by Finnegan et al. (2010) and Joliffe and Farrington (2007). The thematic review by Finnegan et al. found that those at risk of offending were more likely to offend following mentoring because they had networked with more delinquent peers. This finding would be consistent with the ideas of Edward Sutherland, who developed the theory of differential association, which states that behaviour and attitudes are learnt from close social interactions (Hollin, 2007: 49). The REA conducted by Joliffe and Farrington (2007) showed some evidence that mentoring could increase the risk of reoffending, but the authors felt that the finding was statistically insignificant and concluded that there was no link.

Further benefits

- Increasing social inclusion of young people at risk of offending. Newburn and Shiner (2006) conducted a longitudinal study of young people at risk of offending or who were already offending. They reviewed a number of mentoring schemes aimed at increasing social inclusion of young people who offend in the UK. Seventy-three per cent of mentees reported that they had seen improvements in social inclusion, including engagement in education, training and employment as a direct result of peer mentoring. Less successful outcomes were seen with regards to recidivism, however the aim of the mentoring schemes was to increase social inclusion rather than reduce offending.
- Increasing safer sexual practices. Research conducted by Davey-Rothwell et al. (2011) found that peer mentoring encouraged peer mentors to reduce risk-taking behaviour. In a peer education scheme where heterosexual women were trained to deliver advice to their peers on safer sexual practices, the mentors were observed to reduce the number of risky sexual practices that they personally engaged in. The authors felt that this was as a direct result of training which improved their communication skills and empowered them to discuss safe sexual practices with their partners.

3. Methodology

This research qualitatively explores the views of stakeholders in the peer mentoring process. This was achieved primarily by face-to-face semi-structured interviews, the majority of which took place in services A and B. The sample used consisted of one mentee, eight peer mentors and four staff members who included a front line Drug Worker, Service Manager, Peer Mentor Co-ordinator and Learning and Development Manager who developed a peer mentoring qualification for delivery within Service A.[1] Those chosen for the study were selected on the basis that they had experience of peer mentoring and were available at the time of research in August 2013.[2] This type of sample was used because of the limits on the resources available in terms of cost, time and access to the population. Individuals who were no longer involved in peer mentoring are missing from this study. Their reasons for disengagement would have added depth to the results, but contact could not be made within the time constraints.

Interviews were recorded with the consent of the participants and were then coded. The themes were: experience of peer mentoring, benefits, drawbacks, training, supervision, aims and goals, successes, improvements to be made and cost effectiveness. Data triangulation was used as a way of comparing and contrasting the viewpoints and experiences of those within the sample. It should be noted that while triangulation does not necessarily prove or disprove points, it can provide support and added weight to a point if multiple people have had a similar experience. Attempts were made to source official documentation from the services regarding data collected on peer mentoring and agency claims as to the effects of peer mentoring, but unfortunately this was unsuccessful because at the time they did not collect such information.

The practices of respondent validation and confirmability were employed in order to ensure credibility between what was reported and what this was taken to mean. Reflective listening and paraphrasing were also utilised. Whilst devising the questions and during the interviews the author attempted to be as objective as possible. However, even with safeguards against incorrect inference there is a possibility that what was drawn from respondents' answers is not a representation of their reality.

Great consideration was given to ethical issues within this study. Dependency and its associated issues such as offending behaviour and abuse are sensitive subjects. It was of paramount importance that participants were not harmed in anyway during the research process. Participation was entirely voluntary, and respondents could decline to answer any of the questions.

1 As only one mentee was interviewed their statements could not be triangulated and can be viewed as illustrative only. During the process of interviewing, however, it became apparent that all mentors had in fact also been mentees, so it was possible to garner some information about the impact of mentoring on mentees from this sample, and these experiences appear throughout the report.

2 The potential pool was small so everyone who was available and had experience of peer mentoring was interviewed. Characteristics of the interviewees were not recorded because there was no intention to analyse differences according to gender, age etc.

4. Findings

Benefits of peer mentoring for peer mentors

Peer mentors listed many benefits derived from delivering peer mentoring. All of those who volunteered with Service B believed that it was important to give back what had been given to them by the fellowship they were supported by. The fellowship is a group of individuals who subscribe to the teachings, advice and guidance offered by Alcoholics Anonymous or Narcotics Anonymous (AA/NA).[3] The Anonymous services are based on the 12-Step programme towards recovery from substance dependency. The 12th step of the programme is defined as 'having had a spiritual awakening as a result of these steps' (AA, 2013). Alcoholics Anonymous state that they try 'to carry this message to addicts, and to practice these principles in all our affairs.' (Ibid., 2013). Or in the words of mentors 3, 5, 7 and 8 'you keep what you've got, by giving it away'. The feeling of passing on the baton to others in similar situations was highlighted in the St Giles Trust evaluation as a benefit to peer mentors (Boyce, 2009); it was described as a multiplier effect, and summed up by peer mentor 8 (PM8), who stated:

> *When I was trapped in addiction I wouldn't get out of bed unless there was something there, now I'm getting out of bed to give back to somebody or people, do you know what I mean? I'm not just thinking about me, and that's a positive change. Because I'm not just thinking about me, I'm thinking about other people, and society as well. In helping other people society must get better so, it's probably another person not drinking or taking drugs or going out shoplifting or burgling, or whatever they want to do and in doing that you're helping other families, nearly everyone's got a family and you're helping change them, it's putting other people's lives, because you're not just putting that person's mind at rest, there's a lot more people involved if you look at the bigger picture. You know … that you're not just helping that person you're helping other people that you don't even know, because you're helping that one person, it's like a network isn't it.*

The sharing of experience was identified by all peer mentors as a primary motivating factor and benefit of delivering peer mentoring. PM8 felt that he could use his experience as a recovering drug user to good effect. He stated 'I'm a giving person, just because I've had a lot of bad experiences, I can put them to good use'. This research echoes the findings of the St Giles Trust evaluation (2009) and the Prince's Trust evaluation (2011) that sharing thoughts and feelings helped peer mentors to see themselves as a role model, increased their self-worth, boosted their confidence and gave them a purpose in life.

Mentors described how mentoring, in particular delivering group work, had increased their confidence. One mentor (PM3) stated he had been shy; but by delivering group sessions to mentees he had overcome this. In addition many peer mentors felt that in dependency they had been selfish and had taken from others.

3 AA/NA is in itself peer mentoring, because it is the meeting of people who are in recovery from addiction.

Sometimes in the physical sense, such as stealing to fund their drug use, but also in an emotional sense from those who cared for them and found it difficult to watch their lives being taken over by substances.

> *As we tumble down into addiction it's all me, me, me isn't it? You know, but then having said that, I've realised that we can't struggle on our own, you know, you have to have that communication and help of others. And that's the whole, recovery is a 'we' thing, addiction is a 'solo' thing, so that's what you need to turn around. And that is the value of peer mentorship.*
> *(PM1)*

The same peer mentor described acknowledgement by peers and mentees as the best feedback he could have and one which increased his self-esteem:

> *it tells you that the people you are working with or committed to supporting, trust you and are prepared to let you help them in their recovery, it's an amazing accolade.*
> *(PM1)*

Peer mentors strongly believed that their role contributed to their continued recovery from dependency, gaining a sense of fulfilment from using their time in a meaningful way. PM4 commented that he was glad to be doing something productive with his time, having become abstinent from substances for the first time in 30 years. Peer mentoring gave him a reason to get up in the morning now that he had no need to go out and spend his days stealing to fund his dependency.

In addition to emotional benefits, peer mentors reported practical ones; learning or improving computer literacy and other office skills, as well as learning appropriate behaviour consistent with professional work. This echoed the views of peer mentors working in other arenas:

> *its [being a peer mentor] made me more organised, I've got to get to places on time. I've got my week planned now. This has been a good network to hand myself back into everyday life, because I didn't have much structure before.*
> *(Prince's Trust, 2011: 7)*

Peer mentors believed that these skills and training provided a foundation from which they could fulfil their aspirations to move into paid employment in the dependency treatment sector, which is only accessible to those who have been abstinent from illicit substances for some time. Company policies vary, but some treatment providers stipulate three years abstinence from illicit substances. The peer mentors interviewed had been abstinent from anywhere between four weeks to 15 months. Without employment, paid or voluntary, peer mentors would be unable to access training opportunities. Peer mentoring therefore offers those in recovery an opportunity to gain skills and training which would otherwise be unavailable. Service B allowed peer mentors an additional level of responsibility, by enabling them to create and deliver groups as well as supervising other peer mentors. This was an

opportunity unlikely to occur elsewhere. Service B was also able to work flexibly around the skills of their peer mentors, for example a supervisory role was given to PM6 because he demonstrated the necessary aptitude. This ability to work flexibly and provide roles to those who were suitable was attributed to the small size of the service, and a lesser degree of bureaucracy.

Emerging themes

- Peer mentors' own journey of recovery was strengthened by sharing their experience and supporting the mentee
- Using their experience as a recovering drug user to positive effect gave peer mentors confidence, an increased sense of self-worth and the opportunity to do something productive with their time
- Working with others and being part of a group provided a positive contrast to the isolation of addiction
- Peer mentoring helped mentors to gain practical skills and allowed them to take on new responsibilities
- Peer mentoring helped mentors gain the experience necessary to move into paid employment in the dependency treatment sector.

Benefits of peer mentoring for organisation

Service B was primarily staffed by peer mentors. The only paid members of staff were the peer mentor co-ordinator and clinical nursing staff who managed the detoxification process. The delivery of group work and the day-to-day running of the detoxification house were carried out by peer mentors. It is reasonable to assume that not having to pay wages for the majority of staff and only travel and lunch expenses for peer mentors offered the organisation considerable savings. The detoxification house is a place where individuals who have experienced problematic use of substances come to detoxify from their substances. Whilst living there they receive medical support from trained staff and emotional support from peer mentors. The aim of this is to ease the process of detoxification which can be very demanding both physically and mentally, and also prepare them for reintegration into the community once they are drug free. The detoxification process lasts for 30 days, at the end of which service users are assisted to move into other accommodation in the community and given onward referral to other support services.

Service A also provided peer mentors with travel expenses and lunch. However, it had additional costs in the form of training staff to deliver the peer mentoring qualification and allowing staff time to prepare for training and to verify the workbooks completed as part of the course. Enhanced Disclosure and Barring Service checks are sought for peer mentors, which is a further cost. The Ministry of Justice (2008: 8) and Finnegan et al. (2010: 8) have expressed concerns that the cost of such checks and training means that peer mentoring does not represent value for money. These are minimal financial costs, however, when compared to the added value that peer mentoring brings, such as the support peer mentors were able to offer the duty worker (Staff member 1 in Service A), or taking on tasks which would

otherwise have been carried out by a paid professional, as stated by the St Giles Trust (2009: 12).

Whatever the actual costs of delivering peer mentoring, the overriding motivation for its delivery seemed to be the benefits that peer mentoring brought to mentee and mentor. When asked from an organisational standpoint why peer mentoring was delivered, value for money was not identified by either organisation immediately. However the need to demonstrate value for money in the current political and economic climate cannot be ignored, particularly when the direct benefits of peer mentoring seem to be unsubstantiated.

The importance of peer mentoring qualifications

Service A reported that delivery of peer mentoring and the related qualification was a source of support for people in recovery from dependency which complimented other interventions and resulted in better treatment outcomes, primarily achieving and maintaining abstinence. Staff member 4 from Service A reported that

> *since we have offered this (and other non-peer mentoring specific qualifications) we have seen increased attendance in services, better motivation and more involvement from clients in their own treatment journey, it has definitely been a good move in terms of client retention and completions of treatment.*

This echoes the findings of Mangrum's (2009) study which found that those engaged in peer mentoring were more likely to complete treatment, compared to those not involved in peer mentoring. Positive treatment outcomes are also of importance to the organisation, particularly in the current economic climate of reduced budgets and service closures. Better treatment outcomes enable organisations to demonstrate their worth to service commissioners, which in turn helps to secure future monies and tenders. Peer mentors are able to record their engagement in the peer mentoring qualification on the National Drug Treatment Monitoring System, a database of individuals in drug treatment. Commissioners of services and the government use this to determine how much funding a service will receive with higher numbers in treatment likely to result in larger amounts of funding.

Staff members from service A and B felt that peer mentoring offered value for money, although they acknowledged that this was difficult to quantify because the many benefits are often intangible. Staff member one from Service A stated:

> *If you're looking at keeping people living a crime free, drug free, relatively constructive, stable lifestyle it's definitely value for money in terms of the £47.50 to put someone through the qualification. They are, they feel that they are empowering others, they feel empowered themselves, they feel like they are giving something back, they are sticking to their recovery and I think they are then passing that onto others, without being able to measure it. You know they're coming*

> *in and they're giving something back, empowering others and giving something back. So I think just that empowering others and giving something back is value in itself, I don't know about value for money.*

All peer mentors from Services A and B felt that the training they received had adequately prepared them for their role, with staff member 4 commenting that many made the transition from peer mentor into other positions:

> *some of the peer mentors return to work in [name of service] as volunteers, sessional workers and full time workers, so it is a good source of recruitment over a long term period.*
> *(Staff member 4, Service A)*

All of the training which peer mentors receive is accredited although in Service B it was not peer mentor specific. The peer mentoring qualification in Service A was accredited by the National Open College Network. In a further example of commitment to training, PM6 (Service B) had been enrolled onto an NVQ Level three in Health and Social Care. The accreditation of training was universally deemed important as it would be recognised by future employers.

Targets and goals

Both peer mentors and staff members were questioned on whether they had to achieve any specific targets or goals in peer mentoring and how success was – or could be – measured. This revealed that none of the peer mentors had targets, although their work was aimed at supporting mentees to achieve their goals in recovery that they had defined themselves. The client-led content of peer mentoring is a common feature. (National Offender Management Service 2013). All peer mentors who were interviewed believed passionately that having a specific end goal was at odds with the peer mentoring relationship because the journey of recovery from dependency was unique to the individual, and so was the definition of success.

> *I don't think I can really measure success, I think you can measure improvement, but it's down to the individual what they class as a success… it's down to the individual, I couldn't really say to someone that you haven't succeeded because you're not living how I live. As long as someone is improving, I'd say it was a success. If you put an end goal, it can seem quite far away and it could end up being detrimental to them, if they think that's what they've got to achieve and it's all the way over there.*
> *(PM3)*

It was also felt that the impact of peer mentoring may not be seen immediately. Peer mentors 2, 3 and 5 referred to peer mentoring as planting a seed in someone's mind which may take years to grow.

> *A conversation that I have with someone, say tomorrow, may not have an effect until six months or a year down the line. You hear it a lot that people who finally make it into recovery, that they've got this*

> *memory of talking to someone in recovery three years ago and that seed being planted.*
> *(PM3)*
>
> *I think you can only do the best you can and, even if someone didn't get it this time round, then you've planted a seed, so, someone who doesn't get it this time round at least they've had some experience of this stuff, so that next time round it's not so alien. And hopefully then they'll get it, that's what I've seen anyhow.*
> *(PM5)*

The flexibility for peer mentors to work with mentees towards personal as opposed to organisational goals was perceived as a benefit and strength by peer mentors.

Practical issues
Research interviews identified problematic issues and areas for improvement, including the impact of lapse upon both peer mentors and mentees, management of the peer mentoring relationship, difficulty in retaining peer mentors and the need to keep peer mentors moving through the peer mentoring qualification.

The role of personal experience in the mentoring process
Management of the relationship between peer mentor and mentee and its many dimensions was the most frequently raised concern. All interview groups raised concerns around making sure peer mentors understood that the way that they achieved abstinence was not necessarily the only way. In a sense they were restricted by their own experience and were unable to see past it. The mentee research participant went further and spoke of a feeling of being judged by his peer mentor, particularly when he returned to residential rehabilitation following lapse. He felt that his peer mentor used him as an example of failure to others, which was a negative experience for him. He felt strongly that the difference between good and bad peer mentors was that bad peer mentors judged the mentee.

Personal experiences of dependency could be regarded as helpful, providing insights into the mentee position, but also problematic as they could lead to a false understanding of the mentee's experience.

Assessment of when peer mentoring is an appropriate intervention
The issue of timing and when it is appropriate for someone to become a peer mentor is difficult to judge. All peer mentors had to be regarded as free from illicit drugs in order to be a peer mentor. Service A required abstinence for three months while Service B required 30 days. Lapse is an ongoing issue, and taking on the peer mentor role too soon into recovery may place additional pressure on the individual and heighten the risk of lapse. Too late into recovery, however, and the shared experience of dependency, the very essence of the peer relationship, may be lost. As Strang reports in his assessment of recovery oriented treatment, 'people need to identify with someone whose place in their recovery journey is not too remote to their own.

Someone who has been abstinent for many years and in stable employment can be an important beacon of what can achieved in the long term but their experiences may be very different and mutual identification could be difficult' (2012: 11).

> *It's finding the balance between someone who is a peer mentor i.e. someone who has been through a similar set of experiences and all the rest of it, but who, you know if they're that much further down the road, then that kind of status, in the eyes of the mentee as a peer, will evaporate.*
> *(PM6)*

If a mentee lapsed this was also felt by the peer mentor:

> *I'm sure that you are more than aware of the statistics of the people that recover from drug and alcohol abuse, they are quite sad. You can get really close to someone and they fail, and that's hard.*
> *(PM6)*

In order to manage the impact of mentees lapsing or failing to succeed as well as was hoped, peer mentors need to have personal detachment and resilience. Many peer mentors stated that they accepted that successful outcomes were unlikely for every mentee and that there would be challenges in the peer mentoring relationship.

> *If the reality is that everyone is really happy at 22 fucking days clean, then something is going wrong.*
> *(PM6)*

Further to this, many peer mentors stated that it was vital for them to accept that if a mentee failed to achieve a goal this was not their fault. Peer mentor one summed this up by saying

> *we have to be able to accept when people fail which is a disappointment, but understand that recovery isn't a smooth journey … and it is important to recognise that.*
> *(PM1)*

Drawbacks of peer mentoring for organisations

In the study few drawbacks to peer mentoring were mentioned, possibly because participants' involvement in the delivery of peer mentoring meant they thought it was a worthwhile intervention with few negative issues. There were some recurring themes however.

Retention of peer mentors on the qualification course

At the point of research the peer mentoring qualification had only recently been established, and Service A had experienced difficulties retaining peer mentors on the course. In total three peer mentors had started the course

but none had completed. It was believed that one potential peer mentor had withdrawn from the course because he had lapsed into drug use. It is purely speculative to say that the person who left the qualification lapsed and did so because they were associating with mentees who were drug users, but this must be considered as a possibility, given that one of the reasons peer mentoring is believed to have an impact is because non drug users have influence over drug users who would wish to emulate their behaviour. It must therefore also be assumed that the relationship could work in reverse.

There were a number of issues regarding selection and training of peer mentors. Extensive time and resources were needed to prepare for and deliver the course, including the cost to register those who had completed the qualification with the Open College Network. No standard peer mentoring qualification exists. The qualification delivered in Service A was created by the organisation and is exclusively for their use. It is however accredited by the National Open College Network. The training offered by Service B, whilst accredited, was not peer specific. There are few if any selection procedures to become a peer mentor or begin the qualification other than the requirement to be abstinent from substances. The peer mentoring qualification did not have a pass or fail mark, instead there was some guidance supplied as to what would constitute a good answer to questions posed as part of the assessment. Selection procedures for entry onto peer mentoring qualifications have been regarded as an essential part of managing risk and quality control (St Giles Trust, 2009: 9). It was admirable that services in this study wished to offer as many individuals as possible the opportunity to be a peer mentor, however there may be a need to bring in an element of selection to ensure that those chosen have the necessary skills and capabilities to be a peer mentor.

Duration of the mentoring relationship

Finnegan et al. (2010) carried out a thematic review of evidence on mentoring, and found that the duration of the mentoring relationship was a key factor influencing its success. The study recommended that mentoring relationships should last for a year or more. Meier (2006), cited in Finnegan et al. (2010), reported that young people whose mentoring relationships ended within the first three months suffered reductions in self-worth. Due to operational reasons Service A could only offer peer mentoring to mentees for a maximum of 24 weeks. Service B was able to offer their mentees longer-lasting peer mentoring but this was as a result of their links with local AA/NA meetings. Linked to this issue was the requirement to time limit the delivery of peer mentoring to the mentee. PM2 from Service A stated that they felt it was wrong to time limit access to peer mentoring. Service providers in this study and elsewhere (Boyce et al, 2009) acknowledged the need to keep peer mentors moving through the service, so that other people could be given the opportunity. Although this was not borne out by actual experience in Service A, it was thought that once the qualification took off, it would be necessary to impose a time limit on the role of peer mentors.

Maintaining professional boundaries

Staff and peer mentors referred to the challenge of maintaining boundaries but also sustaining a positive working relationship between peer mentor and mentee. The Service B peer mentor co-ordinator referred to difficulties in managing the close and at times challenging relationships between peer mentors and mentees who worked together in the detoxification house, attended outside AA/NA meetings and often went on to reside in accommodation provided by Service B. He cited instances where confidentiality had been breached and felt that this was directly linked to the multiple contacts in various settings between peer mentors and mentees. The need to maintain professional boundaries between mentors and mentees was raised by PM2, who referred to the need to be friendly but not a friend, as well as the need for confidentiality and the possibility of there being instances when confidentiality would have to be breached. PM2 felt that in their experience, mentees shared more information with their peer mentor than they would with their key worker in the treatment service. If information was shared which indicated a risk management issue, the peer mentor would need to share such information with a relevant staff member, and this act could lead to conflict within the peer mentoring relationship.

Supervision

Supervision in the context of peer mentoring is a formal session which regularly occurs between a peer mentor and a more experienced member of staff, who is normally paid. It is an opportunity to offer support and guidance, raise issues and discuss the work of the peer mentor. The issue of supervision in peer mentoring was discussed during fieldwork interviews and it became clear that supervision was an essential function in a successful peer mentoring scheme. The United Nations Office on Drugs and Crime state that 'supervision is an activity critical to ensuring quality service and effectiveness in addiction services' (2008: 1). All research participants felt that effective supervision was a requirement of peer mentoring but that boundaries of confidentiality in relation to the sharing of information held about mentees must be observed in the process. Within Service B, however, peer mentors had multiple relationships in various settings (for example the detox house and NA meetings) with those that they mentored. Peer mentors reported sharing their experiences of mentoring in these settings, and such contact, outside of the confidential environment of supervision, amounts to a breach of confidentiality.

What added benefit does a peer bring and why is peer mentoring beneficial to both peer mentor and peer mentee?

Questions regarding the benefits of peer mentors in relation to the opportunity for the peer mentor to openly discuss their understanding of dependency and act as a positive role model were explored. The question of what added benefit the shared experience of dependency on substances brought to the relationship was integral to this study. The responses can broadly be split into two interrelated categories; the benefits of being able to talk openly about personal experience of dependency, and the differences between the peer mentoring relationship and a professional relationship.

- *Peer mentors are able to discuss their own experience of dependency.* Generally paid professionals are discouraged from disclosing any personal experience of dependency, for reasons which are unclear, but may be because the work between service user and staff member should be service user centred. Peer mentoring, in contrast, is characterised by sharing experiences. All of the peer mentors who were questioned had also been a mentee and overwhelmingly they reported that knowing their peer mentor had experienced dependency was one of the strengths of the peer mentoring process. Many referred to an implicit level of trust because of the shared experience which enabled a positive relationship to be established quickly:

  when you've spent your life distrusting everyone, it's not just a case of oh, I'm clean now so I can trust everyone, you have to build up trust. And I do, where I've worked and lived with people who aren't in recovery, I've learnt to build up trust with them, do you know what I mean? But initially, it really helps to have someone there that you can really identify with and sort of feel safe speaking openly to them.
  (PM3)

  Trotter (1999) describes the pro-social modelling approach when working with people who offend. He refers to self-disclosure as a manifestation of genuineness and authenticity and an act of demonstrating empathy.

- *Peer mentoring fosters trust.* It was felt that the peer mentor would not judge the mentee (although as discussed previously, this may not always be the case).

  I suppose from my point of view, like I said earlier on, you can't be judged. Which I think is important. We do bad things through our using, and think we're the only ones that have done it. And think that no-one is as bad as us, so it's nice to hear that you're not alone. And I think it gives people hope, seeing us clean, and because we quite openly talk about our problem, our consequences, it sort of shows them, that I have been there and I'm not there now.
  (PM3)

- *Peer mentoring provides hope.* Peer mentors are a real life example of successful recovery from dependency, and this inspired a feeling of hope. The mentee spoke about the impact peer mentoring had had on his life:

  Absolutely, it's nice to know there's light at the end of tunnel, to know that people who've been where I've been, or been where I've been in the past have rose and done something with their lives. Because when you're out there in the madness, when you're a flat out druggie, robbing for your drugs, smoking your drugs, that's all you're doing, you think that's all there is. You know what I mean, you sleep in a car park you get up at seven in the morning you watch everyone go to work and you think, I wish I had their life. You don't realise the rest of the world, there's this undercurrent world, it's under the ground, you only see other drug addicts in the world.

So when you meet someone who says well I've been a drug addict and now I'm not because of this, that and the other, it gives you hope. It gives you some form of erm, you know what, maybe I can get out of this, maybe there is a different life for me. A year ago in April I was flat out, you know what I mean? I was drinking every day, I was on crack, I was smoking heroin, I was flat out, do you know what I mean? But I'm not now, so I've come a long way, I'm not fully there yet but I'm miles and miles away from where I used to be, and that's down to the fact that I got help off people who've been where I've been and could tell me don't do this, I'm telling you it'll kill you.

Hope was a key factor identified by the mentee. The importance of hope has also been shown in the process of desistance from crime (McNeill and Weaver 2010; McNeill et al. 2005). McNeill and Weaver state that 'desistance can, it seems, be provoked by someone believing in the offender; someone who carries hope and keeps it alive when the offender cannot do so for him or herself. Of course, the brutal reality is that the social circumstances of the lives of many repeat offenders suffocate hope (2010: 17).

- *Peer mentoring aids self-empowerment.* A number of mentor participants spoke of the isolation which they felt in dependency, and how supporting others made them feel self-empowered, by helping others learn the skills of recovery and actively demonstrating that recovery is possible.

  Coming to detoxification you realise that it isn't just the substance you are giving up, you have to deal with the question of, why can't I give this thing up, when others can? You feel having peer mentors gives people a feeling that they aren't unique and it's something that they can work with and not be stuck with the rest of their lives, it gives them a feeling that they aren't alone. They can recover.
  Staff member three

  [At] the end of addiction I felt quite alienated and isolated and would kind of beat myself up a lot about things that had gone wrong in my life, and to have people that I can, associate isn't the right word … relate to, you know. I get a lot of inspiration from people because I'm here, I'm not alone, I've got other people in the same boat as me.
  (PM5)

- *Peer mentors were able to promote the rehabilitation service to mentees, having experienced it themselves.* Staff member one in Service A stated that in order to become a peer mentor the person must also have experienced the rehabilitation process within that service. As a result peer mentors were then able to promote the service and allay any fears that new service users had because of their direct experience. Similarly, all of the peer mentors who were working at the detoxification house had been through detoxification. The peer mentor co-ordinator commented that those entering the detoxification house

could be nervous about the challenges ahead, but being able to talk to a peer mentor who had experienced the physical and emotional demands of detoxification reassured them.

- *Peer mentors acted as models of pro-social behaviour and were able to provide advice based on their own recovery which was credible in the eyes of the mentee.* The peer mentor was able to demonstrate their own successes and failures in recovery: this is a form of pro-social modelling (Trotter 1999).

  The advice you can get from a peer mentor who's eight or nine years clean is going to be a lot more valid than advice from someone who's not got the experience.
  (Mentee)

  Having respect for advice which is given in the spirit of promoting change has been shown to be a key factor in the process of desistance. This can be similar to recovery from dependency, in that it is a process rather than a fixed state and is characterised by ambivalence and vacillation (McNeill and Weaver, 2010).

The importance of the peer mentoring relationship

Peer mentors frequently referred to the differences in the relationship they had with their mentees and how this varied to that of a professional. They felt that the relationship was more meaningful, perhaps because peer mentors give their time voluntarily. In addition, the peer mentor co-ordinator of Service B stated that engagement with peer mentoring was voluntary unlike some other treatment interventions. He felt that voluntary engagement was more likely to have a positive outcome. There is however research to suggest that enforced treatment can achieve the same results as voluntary engagement. McSweeney et al. reviewed a number of treatment interventions for dependency, and found evidence to suggest that those who were coerced into treatment via Drug Treatment and Testing Orders reported larger reductions in illicit drug use when compared to those who entered voluntarily (2008: 32).

Peer mentors and the mentee stated that it was easier to talk openly and honestly with peer mentors because they were more approachable as compared to a professional.

> *nobody spoke to me on a level playing field kind of thing, and as I said that's been where I've been, done the things I've done, used the substances that I've used, thinks the same as me. So I kind of use that now as my tools to help other people. Doctors' surgeries and all that, what I've been through I can't explain to them, well I can explain to them, but they don't understand what I'm saying to them.*
> *(PM4)*

> *I'm not saying that drug workers and counsellors judge you, I'm sure they're very professional people and they don't judge you, but they're different.*
> *(PM3)*

> *I can relate to virtually all the addicts I talk to because we tend to think the same way, obsessively and compulsively, you know I recognise that now, in recovery, I didn't recognise it in addiction funnily enough, but I recognise it in recovery, so I think with that common bond you automatically know where each other are coming from.*
> *(PM5)*

Empathy or sympathy

When asked what the difference was between a peer mentor and a professional, PM2 stated:

> *within this field I've come across a lot of staff, a lot of people that work in this field they've not got a history of addiction themselves and I can relate to somebody a lot better than to somebody that's just got it out of a textbook. Now I'm not saying them that's got it out of a textbook are rubbish and don't know what they're talking about but I've got empathy. A person who's got history has got empathy. They really know what you're going through and where you're at and where your head is.*

McNeill and Weaver (2010) and McNeill et al. (2005) refer to the positive impact on offenders when their offender managers understand the social contexts of the world of those on their caseload. This was also referred to by the participants in this study. Being able to share personal experience of dependency is the foundation on which peer mentoring is built and is the main difference between the peer mentor relationship and the professional relationship. This facet of the relationship was believed to encourage trust and open and honest communication because there was a sense that a peer mentor could not judge the mentee. All of these factors were a benefit to the peer mentoring relationship. In addition the peer mentor was a role model and example of recovery in action which inspired the mentee. The peer mentor was able to provide genuine examples which had helped their journey of recovery and this brought benefits to all those involved in this study.

PM6 raised some very interesting points. He had completed a person centred counselling course developed by Carl Rogers (1979) and so was aware of the three core conditions of this approach, which are empathy, congruence and unconditional positive regard. 'Rogers claimed that his approach, combining empathy, genuineness, and unconditional positive regard, would empower a client to move forward.' (Gair, 2011: 135). A literature review by McNeill et al. (2005) examined research into key practice skills to reduce reoffending. This highlighted the importance of empathy and the perception of trustworthiness in a therapeutic relationship, with both having a correlation to satisfaction levels and changes in the self-concept of service users (Heppner and Heesacker, 1982 and LaCross, 1980 cited in McNeill et al, 2005).

PM6 felt that all three core conditions were more likely to be present in a peer mentoring relationship than a relationship between mentee and professional. A peer mentor's prior experience of dependency meant that any advice given was genuine, from the heart and congruent. Knowledge and direct experience of the lows of dependency meant that a peer mentor would be less likely to judge and would be more likely to have unconditional positive regard. Finally empathy, which is described as 'accurately perceiving the internal frame of reference of another person' (Gair, 2011: 135) and is widely seen as being essential to a therapeutic relationship (Trotter 1999; McNeill et al., 2005), would come from the understanding of having a dependency.

This last point is questionable. Empathy has been defined by the Chambers dictionary as 'the ability to share and understand another person's feelings' and does not rely on having had the same experience as another, being instead based on the ability to place oneself in another's shoes. Within counselling literature empathy is defined as being different and often less preferable to sympathy, which is explained as 'sharing another's feelings' (Gair, 2011: 135). It could be argued that the shared experience between peer mentor and mentee could encourage sympathy rather than empathy. Despite this there was a real sense that because the peer mentor had been through dependency, they had an understanding of what the mentee was experiencing and that this brought positive benefits to the relationship. This view is widely held within substance treatment but has been challenged by Najavits et al., 2000, who report that in over 50 studies, clinicians' experience of recovery had no significant impact on the effectiveness of treatment (2000). White (2009) also comments that recovery status is not a key determinant of effectiveness and that professionals who have had an addiction and also work in the field are no more or less effective than those who have not had an addiction.

Throughout this study the participants felt that experience of recovery and the sharing of this had a positive impact on the peer mentoring relationship. One of the organisations within the study discouraged professional members of staff from discussing personal experience of addiction. Further research is needed to broaden understanding of this area. Whatever the exact workings of sharing experience, peer mentors and mentees felt it was a positive thing and so perhaps organisations should revisit their policies which prevent professionals from disclosing their experiences of dependency, while ensuring that self-disclosure does not detract from client-centred work.

5. Conclusion

This study sought to explore the questions: What are the benefits of peer mentoring? What are the drawbacks of peer mentoring? What added benefit does the peer element of the relationship bring, and why do the parties involved think that mentoring is beneficial? The answers to these questions as uncovered by this study will be considered.

It is important to note that the research was carried out in an uncertain service provision climate. Within dependency treatment, the wider criminal justice system and other public services there is a move towards Payment by Results (PbR). PbR is a system whereby service providers are paid according to the results that they achieve which are linked to their service aims, and has been a key factor in the government's reform programme: Open Public Services (HM Government, 2011; 2014b). PbR, which on the surface appears to encourage services to strive towards positive outcomes, is not without issues. Recovery from dependency is rarely straightforward, with lapse and relapse being common features, much the same as the process of desistance from crime. (McNeil and Weaver, 2010; Prochaska, Norcross and DiClemente, 1994).

The Howard League (2013: 7) states that 'a binary measurement system does not reflect the complexity of desistance and defines significant steps forward in the desistance process as a failure.' This criticism could easily be applied to the imposition of PbR onto peer mentoring. Additionally, if success is a seed which takes years to grow, services may struggle to demonstrate the results required for PbR.

However, there may be scope to introduce PbR as an intermediate outcome in relation to engagement in peer mentoring as part of a wider approach to encourage desistance from crime. An intermediate outcome is one which can be related to the end goal either directly or indirectly. It signifies a step in the right direction (Taylor et al., 2013). A recent Rapid Evidence Assessment carried out by Taylor et al. (Ibid.) reports that there is evidence, albeit limited, to suggest that mentoring can assist mentees to make positive change in reducing their drug use and can also increase contact with specialist drug treatment services. These are both outcomes which are known to positively encourage desistance. As a result the NOMS team recommended the inclusion of intermediate outcomes as a way of measuring activities and impacts (National Offender Management Service, 2013). As already discussed, if the goals of peer mentoring are to remain client-led then measuring success could be a challenge. Goals are likely to differ from one person to another and will therefore be hard to systematically capture.

What are the benefits of peer mentoring?

Peer mentoring assists mentees and peer mentors to develop and acquire numerous skills, all of which contribute to their recovery from dependency. Positive outcomes reported included increased self-esteem, empowerment, hope

and confidence. Peer mentors also experienced a sense of atonement, and giving something back through the positive use of their time. These ultimately contribute to positive outcomes in treatment for dependency to substances, which not only benefit the peer mentor and mentee, but also benefit the friends and family of those suffering with dependency, the organisation delivering peer mentoring and wider society. Peer mentoring provides opportunities for peer mentors in terms of training and volunteering, which in turn can lead to employment opportunities. This is also a benefit to the organisation delivering the peer mentoring. It is unclear whether peer mentoring represents value for money, but those consulted in this study did not feel that economic considerations were a primary driving factor behind the delivery of peer mentoring schemes. Instead, the benefits to peer mentor and mentee were viewed as the motivating factor.

What are the drawbacks of peer mentoring?

Negative issues associated with peer mentoring uncovered in this study included the issue of lapse into drug use. This had an impact firstly on the retention of suitable peer mentors, and also on the peer mentors themselves who needed to be resilient to cope with this frequently occurring feature of recovery. Effective supervision of peer mentors was vital to support them through such challenges and to effectively manage the often difficult relationship between peer mentor and mentee, particularly around issues of boundaries and confidentiality. Correctly judging when to offer someone the role of peer mentor was of importance. If it was offered too soon then the peer mentor might be at risk of lapse, however if it was too late they might no longer be considered a true peer, which implies that there is a shelf-life for experience in order for it to appear credible.

To deliver a successful peer mentoring scheme organisations must effectively manage the relationship between peer mentor and mentee, paying particular attention to boundaries of confidentiality. There must be good quality training, ensuring that there are sufficient numbers of peer mentors moving through the scheme. To avoid negative effects, mentee support should be offered for no less than 12 weeks (Finnegan et al., 2010) and peer mentor supervision must be regular. It is important to ensure that there are a suitable number of peer mentors who are non-judgemental, resilient and at the appropriate stage of recovery, although the issue of lapse is not necessarily a factor that the service provider has a great deal of control over. They must, however, be prepared for when lapse does occur and be able to manage its impact on the organisation and the peer mentors and mentees. There may be some worth in developing a national qualification and bringing in elements of quality control in terms of setting a pass/fail mark, although not at the cost of the flexibility which is found in small services and at the risk of excluding some individuals from peer mentoring.

What added benefit does being a peer bring compared to a non-peer and why?

The key difference found between a peer and non-peer relationship was that peer mentors were freely able to share their experiences of dependency, which meant mentees received personal experience-based advice. This was seen

as being more valid than advice given by a professional, who would be unable to disclose any personal experience of dependency. The benefits of shared experience were also felt in the relationship between mentee and peer mentor, with relationships characterised by trust and a non-judgemental approach, and the peer mentor inspiring hope as an example that recovery was possible. Additionally it was felt that empathy, congruence and unconditional positive regard were more likely to be present in a peer relationship. Although this has not been confirmed by the research it was a sentiment expressed by many of the participants and so should not be ignored. It must be emphasised that professionals do have a place in drug treatment. Interventions delivered by a professional and peer mentor do not need to be mutually exclusive, and in fact they can complement each other and contribute to positive treatment outcomes which benefit everyone. A multi-dimensional approach to practice may bring the most benefits.

Why do the parties involved think that mentoring is beneficial?
The scope of this study did not allow for causal relationships to be drawn between peer mentoring and benefits seen. Anecdotally, however, the participants reported that peer mentoring was beneficial because the relationship between peer mentor and mentee was characterised by trust and acceptance. Mentees were able to learn from their peer mentor who was seen as a role model because of their achievements in recovery from dependency. The direct experience of dependency resulted in the mentees ascribing credibility to the support, advice and guidance offered.

Peer mentors felt that peer mentoring brought about positive change for mentees. They described supporting mentees to take responsibility for activities such as making telephone calls or simply being able to get up on time and attend an appointment – actions which for many in active dependency are a challenge if not an impossibility. The beginnings of such changes were a step towards taking responsibility for their own lives and having independence from dependency.

Service providers felt that peer mentoring helped to engage service users in meaningful use of their time, which in turn helped to achieve positive treatment outcomes.

6. Recommendations and further research

- An accredited, nationally delivered peer mentoring qualification should be created. This would help standardise and formalise the skills required to be a peer mentor. The introduction of selection criteria could aid quality control.

- Further research is needed to understand the workings of the peer mentor relationship, particularly when compared to paid, professional roles. Such research should focus on how and why peer mentoring can influence positive change and the impact of being able to share personal experience of dependency.

- Further research should seek to quantify the exact cost of inputs and outcomes in order to answer the question of whether peer mentoring offers value for money. Such research would need to take account of the factors which cannot be converted into a monetary figure or quantified.

- Payment by Results could be used as an interim measure in peer mentoring if it were used to measure engagement in the intervention. Care should be taken however to ensure that the goals of the peer mentoring relationship are defined by the mentee.

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ISBN978-1-905994-93-9