





Working at the SHARP end: Reflections on recovery and identity as a Peer Navigator

1. About me and my role

I am a 'Peer Navigator' for the 'SHARPS' study. SHARPS is funded by the National Institute for Health Research. It involves Peer Navigators providing a psychologically informed 'relational intervention' for people who are experiencing homelessness and problem substance use.

As Peer Navigators we have lived experience of homelessness and/or problem substance use. We explicitly draw from this to support our participants (practically and emotionally) to improve their health and wellbeing, and reduce harms. SHARPS is mixed-methods feasibility and acceptability study.

We are based in third sector hostel/outreach settings in Scotland and the north of England. We are each working with a caseload of around 15 individuals.

For more information on SHARPS please read the SHARPS poster presented by colleagues.

2. Understanding a person's life and journey: the Psychologically Informed Environments (PIEs) approach

Step 1: Understand

Having an understanding of what people have experienced during their lives at the heart of the work we do. As workers and services following a PIEs approach we need the right services in place to help deal with different experiences of trauma.

If we do not fully address the trauma, an individual is more likely to return to using substances (or continue to use them). This is because the underlying issues remain unresolved.

Step 2: Respond

Taking a PIEs approach is key to understanding where people have come from and how that affects them today. In simple terms, don't judge a person's behaviour(s) but seek to understand it in the context of their lives. For various, complex reasons this is often easier to talk about, than to implement. However, as professionals working in services we need to fully implement this approach.

Poster author

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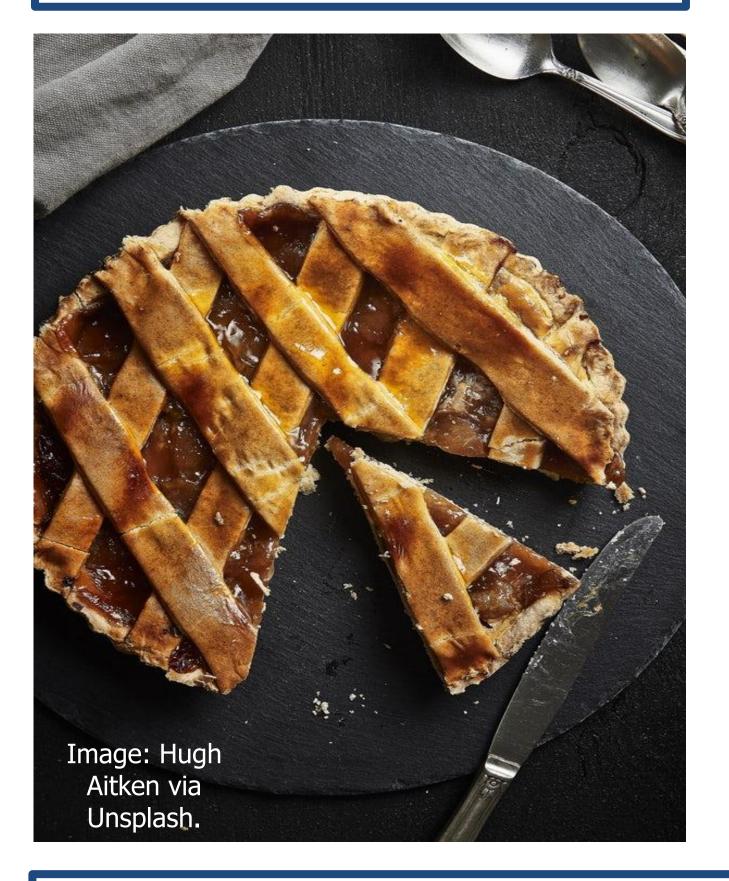
3. What is my identity? Making the invisible visible and the value of lived experience

I am a professional but as someone with lived experience I can also relate to people in other roles, including those actually using drug services. I wear many hats and this is the complexity of the work.

The work of peers can be visible to nonpeers working in services. The work of peers can be ordinary and extraordinary. But sometimes the emotional and practical support I offer participants feels invisible in the services I work and encounter. Sometimes peer support can be belittled and laughed at. Why?

In my work I draw on my own lived experience of what did not work for me to try something different. I know what it feels like to be someone who has 'gotten off the books' and into recovery.

I also find talking about my own experiences has helped people engage with me in the first place.



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4. Why are we putting labels on recovery? What does 'recovery' really mean?

If we ask most people or services when they hear the word 'recovery', I imagine the first thing they would think is how long someone has abstained from using substances.

Yet, people can be in recovery from any trauma they have suffered. What (else) is someone recovering from? Why do we put labels on recovery? It's up to each individual how they see their (own) recovery.

So, what does long term recovery mean for someone who has used substances for 28 years? Someone like me?

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The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

