TAUTOKO-Ā-AROPA

PEER SUPPORT

INTERNSHIP REPORT
PUBLIC VERSION

CBCT
promoting wellbeing

KIA ORA

This report brings together the experience of CBCT, and a comprehensive review of relevant literature, and considers how to best implement peer support within a non-peer ("mainstream") organisation.

This is a public version of a report that was produced as part of an internship at CBCT, funded by the Department of Internal Affairs, and completed by Gemma Griffin in 2019/20.

This report begins with the evidence for peer support, followed by an explanation of the journey of implementing peer support at CBCT. It then continues to consider both the practical experience, and the research, on recruitment and associated human resource issues, organisational context, education and training, communication with stakeholders, sector and intersectoral connections, evaluation, and sustainability.

Since the internship started, peer support has increasingly been a major focus in national-level discussions on how to support people experiencing mental illness. The Mental Health Inquiry, *He Ara Oranga*, was released and it highlighted the value of peer support and the need to plan for and support this workforce. A national workforce plan for the peer workforce is currently under consultation. This is a time of growth and development for the peer sector.

RESOURCE MODULES

This report has been produced for CBCT, however some of the findings could be of use to the wider sector as the peer support workforce continues to develop. For this reason, the report includes some practical research-informed modules that could potentially be used as standalone publications by CBCT and other organisations. These are:

- *Resource Module 1: Recruiting and introducing peer support workers*
- *Resource Module 2: Communicating clearly about peer support*
- *Resource Module 3: Education, training and development*
- *Resource Module 4: Policy to support peer support workers*
- *Resource Module 5: Workplace wellness*
- *Resource Module 6: Evaluating the effectiveness of peer support*

The Journey - An Introduction

Chapter 1

The Journey - An Introduction

CBCT first implemented a peer support role in late 2018, following some time establishing the service and completing training etc. Passionate about the potential of peer support, CBCT negotiated to allocate some of their funded CSW FTE to peer support

In late 2018 CBCT received funding from the Department of Internal Affairs, for an **internship to support the implementation of peer support** within CBCT. The intern, Gemma Griffin, worked with CBCT from January 2019 to February 2020.

The initial proposal for the internship outlined the evidence behind peer support, the rationale for implementing peer support, and some of the common potential challenges in doing so.

The internship started with, and was guided by, a **comprehensive literature review** of **existing best practice** for peer support services. This provided the **basis for all of the internship tasks,** which are detailed throughout this report.

At the start of the internship the intern asked the CEO to complete two tools - the **Peer Leadership Commitment Checklist** and the **Recovery Self Assessment ("RSA").**

The literature is clear that a strong leader/leadership team is needed to champion peer support, in order to implement it successfully. The **Peer Leadership Commitment Checklist** test asks leaders to rate themselves against 12 questions including:

- *Our team displays a commitment to integrating peer staff in our organization.*
- *·There is a sense that our team understands the long-term effects that integrating peer staff will have on our workplace.*
- *·Our team doesn't just talk about the vision for successfully integrating peer staff, but leads by example.*

The CEO scored extremely highly on this checklist, which was not surprising given that the CEO instigated the development of the peer support service, and of the internship. A **limitation of this report** is that the checklist was not repeated with other leadership staff. However given one member of the leadership staff was trained in peer support, it is assumed that she also would have scored highly.

The second tool, the **Recovery Self Assessment (RSA)** was developed by the Yale Program for Recovery and Community Health and is a **36-item measure of how recovery-oriented an organisation is.** This includes how well an organisation promotes health and wellness for staff as well as clients and family/whanau. There are four versions of the RSA – the intern used the CEO/Director version of the tool with the CEO at the beginning of the internship (baseline) and at the end. The provider version of the tool was used with a peer support worker and their manager, mid-way through the internship.

There were **no significant changes** in the CEOs responses at the start and end of the internship, or significant differences between the responses from the CEO, service manager, and peer support worker. **Overall, the organisation scored highly.**

The Journey - An Introduction

There were many **areas of strength** identified through the RSA. Selected examples include:

- *Staff members actively assist people with the development of life goals that go beyond symptom management and stabilization.*
- *Agency staff actively help people become involved with activities that give back to their communities (i.e., volunteering, community services, neighborhood watch/cleanup).*
- *Staff at this agency listen to and follow the choices and preferences of individuals seeking services.*
- Diversity of staff - one respondent rated highly *"Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests"* and gave evidence of diversity in culture, ethnicity and lifestyle. Another respondent suggested that more male staff were required.

Areas that were **scored lower** included:

- *The achievement of goals by consumers and staff is formally acknowledged and celebrated by the agency (assessed as needing to be strengthened in adult services)*
- *People in recovery are routinely involved in the evaluation of the center's programs, services, and service providers.*
- *This center provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery (it should be noted that CBCT is not required to do this under its contracts, however group education may be an area of future development.)*
- *This center actively attempts to link people with others in recovery who can serve as role models or mentors.*

When asked which items on the RSA seemed particularly **difficult to achieve**, two respondents talked about difficulties delivering groups to provide more therapeutic options, or group education sessions. Capacity and funding were identified as **barriers** to doing this.

When asked "In what ways does your agency's culture still **need to change** in order to more fully promote resilience and recovery and support the work of peer staff?" responses included:

- For all staff to have an empathetic understanding of what it feels like to experience distress.
- More acceptance/understanding of Maori and other cultures.

Together, the two tools suggest that CBCT is a recovery-oriented organisation, with an environment and culture well-suited to implementing peer support services, and strong leadership commitment to doing so.

Evidence Review

Chapter 2

Evidence Review

The amount of research about peer support is **significant and growing**. During the internship the intern utilised over 100 resources, which were saved into a **collection** that has been made publicly available. This chapter only provides a **brief summary** of key themes from the evidence, to help the reader to understand the other sections of this report.

What is peer support?

Peer support involves people with experience of mental distress/mental illness **(peers) providing individualised support** to another person with mental illness. The peer support relationship is based on **respect and mutuality**, and supports the service user to understand, develop and **implement their own recovery** (Ministry of Health, 2013). The model of peer support that CBCT are implementing is Intentional Peer Support:
Intentional Peer Support (IPS) is a philosophy and a methodology that encourages participants to step outside their unwellness story through genuine connection... redefining help as a co-learning and a growing process, and helping each other move towards what they want. (Te Pou nd)

Peer support has demonstrated benefits for service users, peer workers, and organisations, and these are summarised below.

Impact of peer support for service users

Peer support is increasingly being recognised as effective at supporting better outcomes for service users. It has been suggested that peer support achieves outcomes that are **as good, if not better, than conventional services** (Te Pou, nd; Scottish Recovery Network 2005). There is growing evidence that peer support leads to positive outcomes for service users including:

- Improved **quality of life**
- Longer periods of **wellbeing**
- Increased **empowerment**
- Increased ability to **cope with stress**
- Greater **acceptance of illness**
- A sense of **hope**, recovery and aspirations for the future

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- Greater **community** involvement
- Reduced **stigma and discrimination**
- More **confidence** in social settings
- Increased **social support** and self-esteem

- Increased sense of **self-efficacy**
- Improved **problem-solving** skills

- Increased **ability to communicate** with mainstream providers
- Increased **treatment engagement**
- Increased **self-management**

Evidence Review

- Reduced **symptoms**
- Lower levels of **worry**
- Reduced **substance use**
- Reduced **mortality rates**

- Reduced **hospitalisation and re-hospitalisation** rates
- Reduced **use of health services** including crisis services

Peer support delivered in a group format also showed benefits in increasing service user's **social networks.**

(AOD Provider Collective, 2014., Chinman, 2013., Te Pou, n.d., Solomon, 2004., Johnson et al., 2018., Repper, 2013., Scott, Doughty, & Kahi, 2011., Scottish Recovery Network, 2005., Kaine, 2018., Mental Health America, 2018., Mental Health Commission of Canada, 2013., O'Hagan, 2011)

Impact of peer support for peer support workers

Peer support is an equal, reciprocal relationship, so it is also important to consider the outcomes for peer support workers. For the peer delivering the service, positive impacts can include: ·

- peer support work assists them with their **own recovery**
- increased **satisfaction** from using their own life experience to make a positive difference
- Increased knowledge about their **own mental health**
- Positive impacts on their sense of **identity**, self and personal recovery
- **Reduced relapse** and re-admission rates
- Positive impacts of **employment**
- Increased **confidence** and self-esteem
- Increased **empowerment**
- Less **self-stigmatisation**
- Learning **new skills**
- Improved **financial position**

Potentially negative impacts can include:
·

- Difficulties **integrating** with non-peer teams ·
- Being confronted with service-user issues that reminded them of their own mental health journey
- Managing becoming **unwell** while working

(Johnson et al., 2018., Kaine, 2018., McLean, 2009., Repper, 2013)

Evidence Review

Impact of peer support for organisations

An evaluation of a peer support service within a DHB environment in New Zealand, which also considered relevant academic literature, suggested that there can be **significant challenges** in implementing peer support within "non-peer" organisations. (AOD Provider Collective., 2014) This is partly because peer support is based in a **different philosophy** than standard community support or clinical services. There can be differences in roles, values, tasks, risk management, relationships and boundaries that may not fit exactly within existing organisational culture/policies.

I*t is arguable that, by definition, the development of peer roles will disrupt business as usual in the AOD and mental health systems. Introducing 'out and proud' service users into service delivery blurs the hitherto stable boundary between provider and user. Peer support roles also explicitly challenge traditional notions of expertise. These disruptions represent a significant paradigm shift for the sector, in line with client- centred practice. (AOD Provider Collective., 2014)*

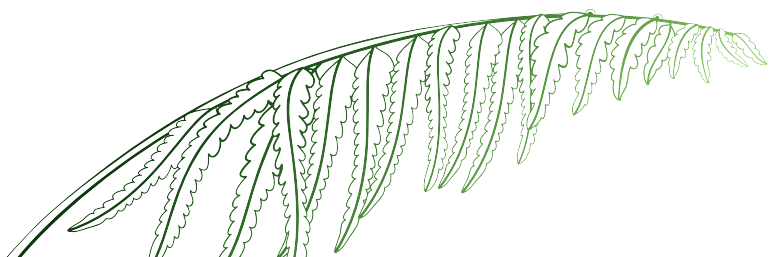
If the peer support role is not appropriately defined, communicated and supported, there is potential for confusion, **poor outcomes,** and staff turnover. It has been suggested that the following needs to occur for the implementation of peer support to be successful:

- Roles need to be **well defined**
- Training and policy needs to be **aligned** with peer support
- Managers, peers and colleagues need to **understand** their roles
- Stakeholders need to see the **value** of peer workers

Scott et al (2011) have also highlighted the need for organisations to focus on maintaining **health and safety** for peer support workers, acknowledging that mental health work is sometimes stressful, and that supporting the wellness of peers is important.

For organisations who do implement peer support, organisational-level benefits can include:

- Increased **understanding** and focus on **recovery-oriented** practice
- Improved **communication** with consumers
- Increased understanding of the **barriers and challenges** that service users may face
- **Positive "disruption"** within the organisation – peer positions can operate as a catalyst for organisational change.
- **Cost savings** from reduced service use associated with peer support services. For inpatient services, Trachtenberg (2013) analysed 6 studies on the relationship between inpatient bed use and peer support and concluded that "the financial benefits of employing peer support workers do indeed exceed the costs, in some cases by a substantial margin."



Evidence Review

Impact of peer support on wider sector/systems

One benefit of the peer workforce is that it can improve the **recovery orientation** of the sector (Health Workforce Australia) and **drive true sector/system change.** Peer support has been described as *"a key part of a strategic shift towards a truly client-centred system, and as an opportunity to drive organisational and systems-level improvement."* (AOD Provider Collaborative, 2014).

[Peer support is] a key part of a strategic shift towards a truly client-centred system, and [is]an opportunity to drive organisational and systems-level improvement.

National Policy Setting

Chapter 3

National Policy Setting

Peer support is identified as a **priority in national mental health policy.**

Consumer participation (including peer support) has been a policy priority in New Zealand since the 1990s, when it was first advocated by the Ministry of Health and the Mental Health Commission (Matua Raki, 2010). Consumer/peer roles have been emphasised in multiple documents since, through to Rising to the Challenge (2012), which sought to **strengthen participation and leadership of service users** at all levels, including peer support roles. It highlighted the need to put in place appropriate education and training programmes when developing peer support services. Rising to the Challenge clearly stated that **DHB's were expected to reprioritise funding and develop peer support services,** stating:

"DHBs will fund the delivery of peer support services across a range of settings and will ensure staff employed in these services have access to recognised peer support training. They will take great care to ensure the essential features of the peer support role are preserved whenever it works alongside or within other mental health and addiction services."

When funding services DHBs have to use service specifications from the National Service Framework. The Framework now provides six peer service specifications, including **three for peer support services:**

- Peer support service for adults for support and community involvement.
- Peer support service for children adolescents and youth for age appropriate peer support.
- Community phone service for peer support via phone lines.

The national Mental Health Inquiry in 2019, *He Ara Oranga*, had a strong focus on peer support, noting in their executive summary that there were **"loud and clear calls for more peer support workers".** The Inquiry panel described "a **vision** for mental health and addiction services, with people at the centre…using a mix of peer, cultural, support and clinical workforces".

In a later section focused on peer support workers, the Inquiry noted that they had received numerous submissions praising peer services and that *"[they] heard that peer support workers give people a sense of hope that inspires and sustains the healing process and provides a counterbalance to the medical focus of clinical services".* They received further feedback of peer support workers being undervalued, poorly paid, and provided with limited training and career options.

"We heard that, despite some good examples, mainstream services have not fully embraced the concept of incorporating peer-support workers into all aspects of service provision, including design and planning." - He Ara Oranga

There is a clear policy drive to increase peer support, however the **implementation of peer roles has been ad hoc.** While there are agreed competencies for the work force (Te Pou, n.d.), there is **no comprehensive peer workforce development plan.** (National Committee for Addiction Treatment & Matua Raki, n.d.). There is a national sector-wide workforce development plan for 2017-2021 (Ministry of Health, 2017), which has one section covering the peer workforce, and notes:

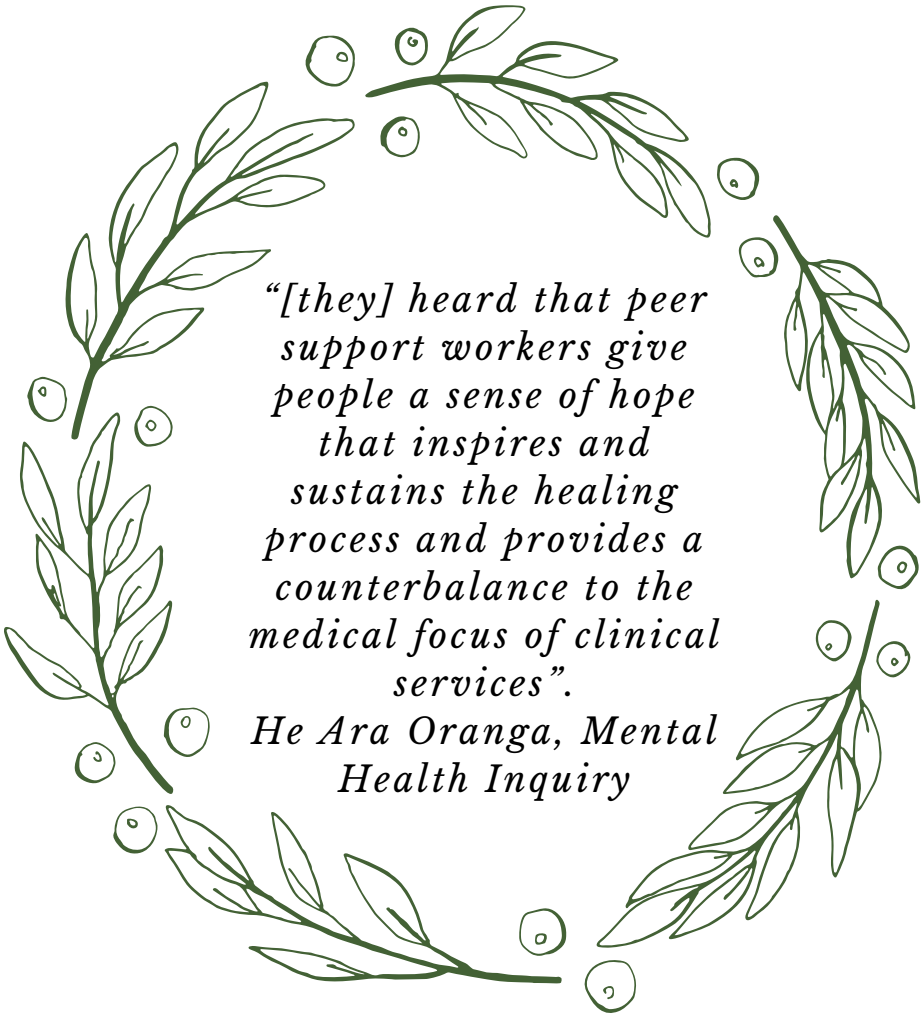
National Policy Setting

"people in the peer and consumer workforce are advocates and role models and have a valuable role in shaping services and training and development of the mental health and addiction workforce as a whole".

Further, it notes two key actions for the peer workforce:

• Action 4.3 (c): **Increase recruitment and retention** of the peer and consumer workforce by strengthening the infrastructure, providing effective leadership, management and supervision and strengthening networks at regional, and national levels.

• Action 4.4 (b): **Increase training and career opportunities** for the peer and consumer workforce, including by offering leadership programmes and meeting the requirement of the peer competency framework.



Recruitment & Orientation

Chapter 4

Recruitment

The CBCT Journey

During the internship, CBCT increased their peer support FTE and hired an additional peer support worker. As their first peer support worker had been an internal transfer from another position within CBCT, this was the first time the organisation had recruited for a peer role.

Some of the hiring processes for peer workers are the same as for any other staff member, however there are some notable exceptions (in particular, asking about lived experience). It is important that the entire process is consistent with the values for peer support, and that it identifies candidates with the attributes/characteristics of effective peer support workers.

CBCT sought some advice from the intern about the interview process. The intern produced a document, based on available research, that focused on interview questions and some general guidelines for assessment/selection of candidates. These questions are included, with some additional questions, in the accompanying *Resource Module 1: Recruiting and Introducing Peer Support Workers.* The advice provided to CBCT was to use a panel interview, and to assess how the answers of candidates illustrated peer support values (Hope, Resilience, Self-determination, Strength, Equality, Respect, Reciprocity and Mutuality). Key skills required for peer support workers were drawn from multiple resources, Key skills were also outlined, based on multiple resources, but particularly on advice from Te Pou (n.d.) that it is important that a peer support worker:

- has learnt from their lived experience and can communicate this
- has personal resilience strategies
- can deal with self-stigma and is at ease with self-disclosure in the work context
- can share relevant aspects of their story for the benefit of others
- has empathy and listening skills
- is able and willing to fulfil the duties in the job description
- is able and willing to learn new skills.

The intern had general discussions re recruiting peer support workers with 3 people who have experience in peer support roles. Key feedback/questions from them included:

- The importance of the candidate demonstrating clear understanding of the role (for instance, by comparing peer support to a community support worker role)
- The importance of assessing the candidates understanding of mutuality
- The importance of curiosity (about the other person, and themselves, in the context of the
- relationship and in a peer support model).
- The need to identify if candidates are demonstrating advice-giving/problem-solving type approaches rather than a relationship approach/understanding of peer support.
- The ability of a candidate to identify/discuss self-care

Interviews were conducted by a panel of three people. The intern sought feedback on the interview questions/format from the panel and the successful interviewee. All gave positive feedback.

Orientation / Introduction

The CBCT Journey

The orientation/introduction of a new peer support worker is a critical time - both for the peer worker and the wider organisation. A clear job description is needed to ensure role clarity, and this was provided by CBCT. Clear communication about what peer support is, and what the role of the new worker will be, is especially important. This is covered in depth later in the report in *Resource Module 2: Communicating clearly about peer support.*

During the internship one new peer support worker was oriented to the organisation. The intern provided the peer support worker's manager with some evidence-informed guidance on how to introduce a peer support worker. Full advice on this is included in *Resource Module 1: Recruiting and Introducing Peer Support Workers.*

The peer support worker gave favourable feedback about her orientation. She was given a "standard orientation" (the same as given to all staff) and was shown different services/residential houses. The peer support worker independently realised the need for clear communication about her role, and produced a handout for staff that explained peer support. She also gave presentations to some staff members.

RECOMMENDATIONS

- *Use an open recruitment process (publicly advertised) for future peer support vacancies*
- *Use Resource Module 1 to guide the recruitment process, interview questions, selection criteria, job description, and orientation /introduction of the successful candidate*
- *Use Wellness Plans for new staff and consistently across the organisation (discussed further in Resource Module 5: Workplace Wellness)*
- *Arrange an appropriate external supervisor for all new peer support staff, and have this in place before the new staff member starts. The supervisor should have a background in peer support. Ideally supervision should occur at least fortnightly.*

Communicating with stakeholders

Chapter 5

Communicating with Stakeholders

Peer Support is **often misunderstood** within services and by stakeholders. People assume that peer support just involves having a chat with someone – that it is unskilled and doesn't add value to the person's care. This is not true, but explaining what peer support is can be difficult.

Internally **at CBCT, understanding about peer support seemed to be high.** Staff had previously had a seminar on peer support from a local peer organisation. However, the peer support workers did discuss some instances where **some staff members did not appear to understand their role.** It is the intern's view that this was partly because one peer support worker had previously worked as a community support worker within the same service, and this probably increased the potential for role confusion and misunderstandings.

At the start of the internship, the **Recovery Self Assessment Tool (RSA)** was used to assess how recovery-oriented the service was. One of the few **areas for improvement** identified in this tool, was how well the organisation communicated what peer support is with a range of stakeholders – staff, community providers, needs assessors, etc. This gap was also evident when difficulties were reported to the intern about how **challenging it was to get some external stakeholders to understand peer support.**

One of the peer support workers started giving presentations to stakeholders, and produced an brochure explaining peer support. Internally, new staff are required to meet the peer support workers as part of their orientation. These are all positive developments however there is still a significant need to increase understanding among stakeholders. Advice on how to do this, and communicate effectively about peer support services is included in *Resource module 2: Communicating Clearly*

RECOMMENDATIONS

That the organisation utilise Resource Module 2 to inform future communication to stakeholders about peer support, especially external stakeholders.

Education & Training

Chapter 6

Education & Training

The CBCT Journey

There are multiple training options for peer support workers in New Zealand. One of the most commonly used is the Intentional Peer Support (IPS) model. IPS training is run throughout New Zealand by a team of qualified trainers.

During the internship period, CBCT took a leadership role in the sector by arranging IPS training to take place in Dunedin. This 5-day training course was completed by both of CBCT's peer support workers, the intern, and a CBCT service manager - as well as over 20 peers from throughout the Southern region.

The IPS training focused on three guiding principles of peer support:

- Moving from helping to learning together
- Moving from individual to relationship
- Moving from fear to hope and possibility

And four key tasks:

- Connection (validation)
- Worldview
- Mutuality
- Moving towards ("moving toward what we want as opposed to coping with or getting away from the problem").

IPS training remains at the forefront of peer support training in New Zealand. While there are other options, none have been fully evaluated and there is no standardised approach. It can be very difficult for organisations such as CBCT, who wish to train people in peer support, to navigate the various options and obtain training that meets their needs.

While both of CBCT's peer support workers received IPS training, and received standard training offered to all staff, neither had a personalised training plan. Developing such a plan is important because peer staff can have different training needs to other staffing groups. Guidance on how to develop a plan, using the national competencies for peer support workers as a framework, is provided in Resource Module 3: Education, Training and Development.

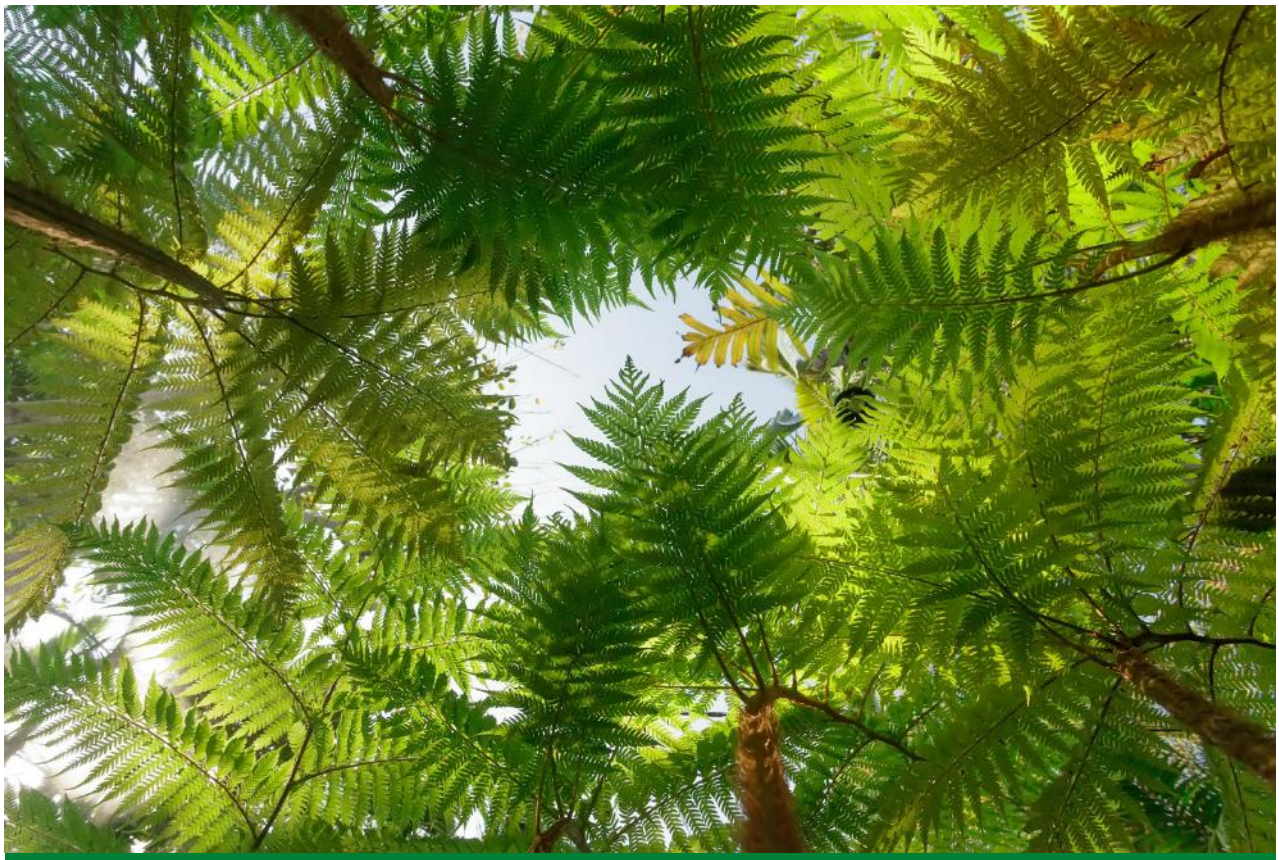
A key task of IPS is moving toward what we want as opposed to coping with or getting away from the problem

Education & Training

The CBCT Journey

Non-peer staff

It is important to consider the training needs of non-peer staff, as well as peer support workers. Providing introductory training about peer support to all staff helps to reduce conflict arising from misunderstandings and role confusion etc. An external provider (OMHST) has delivered a seminar previously, and new CBCT staff are told about peer support during orientation, however a more formalised approach to ensure such training occurs for all staff is recommended.



RECOMMENDATIONS

- *Request that New Zealand cultural content be included in any future IPS training.*
- *Investigate alternative training options. Seek advice from Te Pou, who will be familiar with current training options and able to advise on the progress towards having a national standardised NZQA qualification in peer support.*
- *Use Resource Module 3: Education, Training and Development to develop personalised training plans with all peer support workers, that align to the national competencies for peer support workers.*
- *Provide all staff with introductory basic training on the principles and tasks of peer support.*

Organisational Context

Chapter 7

Organisational Context

This chapter considers the organisational context - what was the **organisational environment** like when CBCT was implementing peer support? It takes a broad approach – from considering **workplace wellness** across the organisation, to looking at the **policies and procedures** that CBCT had in place.

It is difficult for peer support workers to work in an organisation that doesn't promote peer support values – not just in its policies but in how all people work and treat each other. If there is incongruence it isn't just a professional issue for a peer support worker, its personal, and often uncomfortable.

Workplace wellness

CBCT did experience some turnover during the internship period. The intern asked to do a workplace wellness survey, as high turnover can be an indicator of wellbeing issues that need to be addressed. However CBCT had already completed, and analysed, an extensive **workplace wellness survey**. The survey suggested that CBCT is a **positive work environment**, where people are supported to do emotionally demanding work -however some staff members did not feel confident talking about their wellbeing.

Selected findings included:

- Over 70% satisfied or very **satisfied with their job.**
- 62% **satisfied with workplace relationships**
- Over 70% often or always **get help and support from colleagues,** if needed
- Over 75% said work was **emotionally demanding** to a very large extent, or a large extent
- 67% agree or strongly agree **wellbeing of staff is an important issue**
- 49% agree or strongly agree staff feel confident **talking about their wellbeing**
- 32% said no to "would you feel comfortable advising your line manager or CEO if you needed a support service".

While overall workplace wellness seemed high, CBCT had to manage two staff who experienced poor health during this period and required extended periods of leave. In both cases CBCT responded with a very supportive approach, and did not seek to cease the employment of either person.

Organisational Context

CBCT does have a **Staff Workplace Wellbeing Support Policy and Procedure** and has developed a wellness plan template which it has used with multiple staff – including non-peer staff.. The **wellness plan** *"outlines the procedures and protocols in the event of the [staff member] becoming unwell during or outside of the work environment."* It focuses on **personal accountability** for staying well, on notifying the organisation if becoming unwell, and on the employment procedures that may be invoked if a person is unwell. It includes information on consenting to sharing of information with GPs and others. The intern considers that this wellness plan template is satisfactory, but that it could be more recovery-promoting and better reflect the principles of peer support. *Resource Module 5: Workplace Wellness* provides guidance on how to develop wellness plans, as well as other advice for **promoting and managing the wellness of peer staff.**

Policy

CBCT has a staff member focused on quality systems including policy management. Their **quality systems appeared extremely strong.** The intern requested copies of all policies and these were provided quickly.

It is common for peer support workers in "mainstream" organisations to encounter difficulties in following organisational policies – because there is a **conflict between the policy and the peer support model.** The intern assessed all relevant policies against the **core peer support values** (hope, resilience, self-determination, strength, equality, respect, reciprocity and mutuality) and the general practice of Intentional Peer Support. This policy review method is explained further in *Resource Module 4: Policy.*

Some policies had content that was noted as being particularly supportive of the values of peer support, other policies were identified as being potentially inconsistent with peer practice:

Areas of potential inconsistency

Advocacy Independent Support Person Policy –This policy is very strong on ensuring service users are advised of formal advocacy services. An area of improvement would be to include an emphasis on self-advocacy.

Documentation Policy and Procedure – This policy requires that "each direct contact (face to face), indirect contact (e.g. liaison, phone calls) and progress towards goals with the service user will be documented on Recordbase." This may be challenging for a peer support worker if the person is against having anything documented about them. An area of improvement would be to emphasise the practice of collaborative notewriting – for both direct and indirect contacts. For indirect contacts (eg phone calls) the peer support worker can discuss on the call what is going to be documented.

Entering and/or Searching a Bedroom Procedure – entering a clients bedroom without consent is entirely against the values of peer support. Peer support workers should be exempt from this policy. The same issue was identified in the *Missing Persons Policy and Procedure.*

Organisational Context

Family and Whanau and Support Network Participation Policy. This policy states that "If an adult service user does not give informed consent for family/whānau involvement this does not prevent CBCT from having a working relationship with the family/whānau." This seems inconsistent with the peer support values of respect and self-determination. Peer support workers should be exempt from such family work.

Gift Register Policy and Procedure. This policy explains that CBCT is not supportive of the giving/receiving of gifts between staff and clients, but acknowledges on occasion it can occur. Gift giving/receiving is likely to be more common with peer support staff, given the work is relational and based in values including reciprocity and mutuality. The same issue was identified in the *Human Resources Policy* – where gift giving/receiving is described as inappropriate conduct.

Police Talk – Interview with Service User Policy and Procedure. This policy allows for staff to act as witnesses when police interview service users, with the agreement of the CEO, and requires full notes to be taken. This could be a particularly challenging situation for a peer support worker, especially the requirement to take full notes if the service user doesn't want this. Ideally, other options should be made available.

The *Quality Management Policy and Procedure* suggests policy development will include staff and, on occasion, service user review. Service user participation should be sought for all policy reviews – this helps to enable peer support work as relevant issues are likely to be identified. Additionally, Standard 2.5 of the Health and Disability Services (Core) Standards states "consumers are involved in the planning, implementation, and evaluation at all levels of the service to ensure services are responsive to the needs of individuals."

The *Research Policy* states "If related to Maori, any research undertaken at CBCT must address how the research will benefit Māori, if Māori are to be involved, including how the information will be shared with Māori." If this process supported the value of self-determination, there would be no question of "if Maori are to be involved" – involvement would be an absolute requirement.

The Restraint Policy and Procedures – Facility Respite allow for restraint – a practice completely inconsistent with peer support work. While the intern understands that restraint is never used, the policy remains in force. Peer support workers should be exempt from any participation in restraint.

The Sleep Over Policy requires staff to lock the door to the facility respite room from the inside. The intern understands this is for safety reasons, but notes that a peer support worker who is focused on equal, respectful relationships with peers may not want to lock a door. Peer support workers should be exempt from this requirement, if they do not wish to do so.

Organisational Context

Smokefree Policy and Procedure – there is nothing particularly inconsistent in the policy, however applying it may still prove a particular challenge for peer support workers. CBCT should be aware that because of the relational, mutual nature of peer support work, they may be more likely to be offered tobacco/vaping products. The associated *Smokefree Statement* shows respect in noting that people will not be pressured into ceasing smoking if they do not wish to do so.

The *Staff Mobile Phone Policy* states that phone numbers should not be given to service users unless approval is given by the Service Leader. While each peer support worker will have their own boundaries, CBCT should be aware that such requests may be more common from peer support workers, because of their relationship-based model.

Student Placement Policy This policy advises students not to give any personal details and not accept any gifts from service users. If CBCT hosts peer support work student placements in the future, this policy may need to be updated to allow for the sharing of personal details, which is often necessary for peer support.

The *Training and Education Policy* focuses on level 4 careerforce training for support workers. Unfortunately no similar qualification exists for peer support workers, however one is being developed. CBCT should be aware that the level 4 CSW training is not ideal for peer support workers, and alternative training options should be pursued.

Policies that are particularly supportive of the values of peer support

Access to Specialist Services Policy – This policy supports self-determination - service users are given choice and advised of their options to access support services other than CBCT.

Community Interface Policy - This policy promotes respect and equality – CBCT will work collaboratively with service providers to promote acceptance and reduce discrimination against people who are experiencing difficulty in their lives as a result of mental health issues.

Complaints Policy and Procedure – this policy is very supportive of peer support. It specifically states "talk to an Intentional Peer Support Worker" in the list of people/agencies that a client can contact.

Cultural, Spriritual, Religious Policy – promotes respect and worldview

House Management Policy – This policy supports the expression of sexuality/intimate relationships, within the privacy of individual bedrooms, promoting equality and respect.

The *Maori Health Support Policy and Procedure* promotes the concepts of whanaungatanga. The concept of Tatau tatau – collective responsibility – promotes mutuality and recriprocity. Mana tiaki (guardianship) promotes strength, resilience and hope. Manaakitanga (caring) is consistent with almost all peer support values. Whakama (enablement) and whai wahi tanga (participation) promote self-determination and respect.

Organisational Context

Open Disclosure Policy and Procedure - this policy is very supportive of peer support. It lists intentional peer support workers as potential support people when a service user is advised of an adverse event/incident.

The *Portable Tablet Policy and Procedure* enables collaborative notewriting – a key practice for peer support workers.

The *Zero Tolerance of Stigma and Discrimination Policy* promotes equality, respect and worldview.

Policies that were reviewed and considered acceptable (not inconsistent) with peer support included:

- Acceptable Use of Technology Policy·
- Adverse Event Policy·
- Child Protection Policy and Procedure ·
- Children and Young People under the care of the CE of Oranga Tamariki·
- Critical Event Flowchart·
- Death Policy·
- Discharge Policy·
- Feedback, Incident, Complaint, Compliment Flow Chart·
- Flow Chart for OT Facility Respite Referrals and Bookings·
- Informed Choice and Consent Policy and Procedure·
- Identification and Management of Hazards Policy and Procedure·
- Medication Policy Residential Services·
- Medication Procedure Adult Residential and Te Whakaruruhau Services·
- Medication Procedure Family Respite Services·
- Medico Medication Signing Sheets Guide·
- No Response form a Service User to a Scheduled Visit – Adult CS·
- Non-attendance by a Child and Youth Service User at a Pre-Arranged Meeting in the Community
- Nutrition policy·
- On-call Policy Procedure·
- Pacific People Support Policy ·
- Privacy Policy and Procedure·
- Property Management Housing NZ and Private Landlords Policy·
- Reporting and Review of Incidents Policy and Procedure·
- Security Policy and Procedure·
- Self-Administration of Medication – TW and Adult Residential Services Policy
- Service Provision Feedback Policy and Procedure·
- Staff Crisis Procedure TW Flowchart·
- Staff Crisis Intervention – Policy and Procedure.·
- Staff Safety Policy and Procedure·
- Staff Workplace Support Policy·
- Te Whakaruruhau Criteria for Entry and Declining of Referrals·
- Use of CBCT Vehicle or Vehicle Hired on Behalf of CBCT Policy Procedure·
- Use of Interpreter Policy·
- Visitor Policy

Organisational Context

While the **workplace environment at CBCT seemed positive**, the **policy analysis showed some areas of potential inconsistency with peer values**, that may pose issues for peer support workers within the organisation. A key recommendation in this report is that CBCT include consumer involvement in all future policy reviews - as this input will help to ensure that such issues are minimised.

RECOMMENDATIONS

- *That CBCT consider the suggested policy changes*
- *That the wellness plan template is reviewed, and then used consistently across the organisation for all staff.*
- *That the organisation develop a plan for how to manage extended absences by peer support workers. The plan should include the return of any organisational resources while on leave (phones etc), how to communicate the absence clients, how to reallocate work to ensure continuity of service, and the process for returning to work.*
- *That CBCT ensures consumer participation in all future policy reviews.*

Organisational context matters. Strategy, policies, colleagues -all of these things impact you when you go to work.

Asking a peer support worker to go into a context that neither follows, or aspires to follow, peer values such as respect, hope and self-determination is unfair and likely to fail.

When an organisation commits to a peer service - they must not just commit to investing in FTE. They must commit to investing in themselves, and their people, to make the core peer values of hope, respect and mutuality an everyday experience. For everyone.

Outcomes & Evaluation

Chapter 8

Outcomes and Evaluation

The **outcomes** of the peer support provided during this period were not measured. No appropriate outcomes tool was in use at CBCT and even if data had been collected, the number of people would have been too small for the results to be significant. It is important to note that the focus of the internship was never on evaluating the effectiveness of CBCTs peer support workers - the focus was on the **organisation's process of implementing peer support.**

The intern did speak to the peer support workers about whether they felt positive, neutral or negative outcomes were being achieved. While admittedly biased, the feedback given was that **positive outcomes were being achieved.** That through the peer support relationship clients were becoming more confident – for example.

Peer support is unusual in that it is based on equal relationships. Therefore outcome measurement in peer support services should include **measuring the outcomes for the peer support worker as well as the client.** Both peer support workers were asked about the impact of the work on them and gave positive responses. One demonstrated the peer support value of mutuality when they stated:

"Im learning off all my clients"

CBCT is open to considering a new **organisation-wide outcomes tool**, to measure progress across all services. This is an excellent opportunity to, in due course, implement a tool that can **measure the outcomes of peer support services**. How to develop such tools is considered in the next section, *Resource Module 6: Evaluating Effectiveness*.

RECOMMENDATION

Implement an outcomes tool for use across CBCT, that is appropriate to measure the impact of peer support. Ideally, introduce a measure to assess the impact for peer support workers also.

Conclusion & Future Development

Chapter 9

Conclusion & Future Development

The purpose of this internship was to focus on the effectiveness of implementing a peer support service. This section focuses on the **benefits/outcomes** noted during the internship, and on bringing together the **recommendations** made throughout this report.

The host organisation, CBCT, provided unlimited access to information and staff engaged fully throughout the internship process. The intern was provided with access to all resources required.

It must be noted that the peer support service at CBCT was not a typical service development. It was a **reactive development** to respond to a staff member's changing circumstances, **led by a CEO who scored very highly on the peer leadership commitment checklist.** Initially one staff member who had been a community support worker was re-employed as a peer support worker. Later a second peer support worker was recruited.

Most of the challenges identified throughout CBCT's experience are identified as **common challenges** in the academic literature. In particular, finding **suitable training** was difficult, and this is a national challenge in the absence of a national qualification/curriculum. Investigating alternative training options with Te Pou, and developing individualised training plans aligned to the peer workforce competencies have been recommended in this report. Managing **workplace wellness** proved to be significant challenges. While the organisation had high workplace wellness overall, processes to maintain the health of individual staff could be improved. Consistent use of wellness plans and external supervision have also been recommended.

A key challenge which could not be assessed during the internship is the concept of **"peer drift".** This is a strong theme in the literature and refers to the situation in "mainstream" organisations where, over time, peer workers progressively work more and more like the non-peer colleagues they are surrounded by. Given CBCT is a large NGO with a relatively small peer support workforce, this is a real risk for future service development and will need to be monitored.

Analysis of the outcomes achieved by the service was not possible due to data limitations and low client numbers. At this stage the organisation should be focusing on **embedding data collection** to assess outcomes/effectiveness of peer support in the future.

The outcomes/benefits achieved for CBCT were: ·

- A **comprehensive review of the published academic literature** on peer support was undertaken when the internship started. review was wide, covering: the effectiveness of peer support as a support/"intervention", the experience/challenges of implementing it as a service, workforce development/competencies of peer support workers.

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Conclusion & Future Development

- Relevant **policies and systems** were reviewed, including health and safety policies. Recommendations were made, where required, to better accommodate the philosophy and work practices of peer support workers
- The peer **support workers were supported** within the organisation. This support included supporting staff to complete full Intentional Peer Support training ·
- Improved understanding of **implementing peer support in a non-peer organisation**
- Improved understanding of the literature about **outcomes** in peer support services
- Improved understanding of the **experience for the peer support worker**
- Support was provided to assist with the **recruitment** of a new peer support worker, combining international best practice with the values and attitudes sought in staff in the New Zealand mental health sector
- Improved understanding of the **organisational culture** of CBCT - assessed at baseline and completion of the internship, using a recovery-oriented tool (RSA-R). Effective implementation of peer support has been suggested to result in longer term organisational/cultural change, especially by improving attitudes and addressing stigma and discrimination.·
- An additional tool, **the Peer Leadership Commitment Checklist**, was completed with the CEO.
- Improved understanding of the **workplace support needs** of peer support staff and how to best support the peer support workforce
- Areas for **further support and development** were identified

The outcomes/benefits achieved for Gemma Griffin/Gemma Griffin Consulting were:

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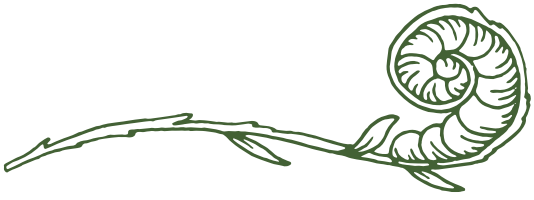
- Significant **growth in network of peers** – both internally at CBCT and via the Southern Peer Support Working Group, Peer Forum, and Intentional Peer Support Training. As a result of these connections the intern was involved in the organisation of a peer support forum in Dunedin in early May. This forum was attended by a wide range of local stakeholders and included updates from national agencies.·
- Opportunity to work on a **comprehensive project for an NGO**
- Opportunity to **contribute to the local NGO sector,** by developing stronger relationships with CBCT and Otago Mental Health Support Trust, and contributing to a piece of work that is likely to be of value/relevance to the wider sector in the future
- The intern had an opportunity to attend 5 days of **peer support training**, delivered by Intentional Peer Support Aotearoa - a New Zealand branch of a USA-based organisation that is considered a leader in peer support training. Attending the training had significant benefits for the intern - increasing her understanding of the practical challenges of peer support work that are not easily found in the literature. The experience also raised some questions about the workforce competencies required for peer support workers, and the challenges for organisations such as CBCT in identifying and supporting appropriate training for this workforce.



Conclusion & Future Development

Community benefits/outcomes:

- Relevant **information has been shared** with the Southern DHB MHAID relationship manager, and the Southern Peer Workforce Development Group
- An **update on the internship** was given at a large community forum on peer support
- An online **collection of over 100 peer support resources** used throughout this internship has been made publicly available.
- A **public version of the final internship report will be shared** with the Southern Peer Workforce Development Group, and the Southern MHAID System Network Leadership Group
- The internship/evaluation may **inform future development** of peer support services in other organisations. Current policy direction suggests that peer support needs to increase, but some non-peer organisations are currently unsure of how to implement such a change in their service

The combined recommendations made throughout this report were:

1. Use an **open recruitment process** (publicly advertised) for future peer support vacancies
2. **Use Resource Module 1** to guide the recruitment process, interview questions, selection criteria and orientation /introduction of the successful candidate
3. **Use Wellness Plans** for new staff and consistently across the organisation (discussed further in Resource Module 5: Workplace Wellness)
4. Arrange an appropriate **external supervisor** for all new peer support staff, and have this in place before the new staff member starts. The supervisor should have a background in peer support Ideally supervision should occur at least fortnightly.
5. That the organisation **utilise Resource Module 2** to inform future communication to stakeholders about peer support, especially external stakeholders.
6. Request that **New Zealand cultural content** be included in any future peer support/IPS training.
7. Investigate **alternative training options.** Seek advice from Te Pou, who will be familiar with current training options and able to advise on the progress towards having a national standardised NZQA qualification in peer support.
8. Use Resource Module 3: Education, Training and Development to **develop personalised training plans** with all peer support workers, that align to the national competencies for peer support workers.
9. Provide **all staff with introductory basic training** on the principles and tasks of peer support. That CBCT consider the suggested policy changes
10. That CBCT consider the suggested **policy changes**

Conclusion & Future Development

11. That the organisation develop a plan for how to **manage extended absences** by peer support workers. The plan should include the return of any organisational resources while on leave (phones etc), how to communicate the absence clients, how to reallocate work to ensure continuity of service, and the process for returning to work.
12. That CBCT ensures **consumer participation** in all future policy reviews.
13. Actively **monitor the caseload/activity** of peer support workers to ensure that more people are able to access the service.
14. Ensure that peer support is offered to a **range of clients** - not just longterm service users.
15. **Implement an outcomes tool** for use across CBCT, that is appropriate to measure the impact of peer support. Ideally, introduce a measure to assess the impact for peer support workers also.

Additional recommendations are:
16. That CBCT trial running **group peer-suppor**t, run by both peer support workers.
17. That a **public version of this report** be given to the Peer Workforce Development Group and the MHAID NLG.
18. Develop an **annual service development plan** for the peer support service. Ensure that there is a focus on training and workplace wellness.
19. Seek **feedback from current peer support users** to inform the annual service development plan.
20, Ensure the service development plan contains measures to monitor any **"peer drift"** that occurs, and respond to address this if required..
21. Make the **resource module components** of this report available to staff and other organisations.
22. Focus on **embedding data collection** to assess outcomes/effectiveness of peer support in the future.
23. Ensure that the **key values of peer support** (Hope, Resilience, Self-determination, Strength, Equality, Respect, Reciprocity and Mutuality) inform everything the organisation does, at both a governance and operational level.

Throughout the internship period, CBCT worked strongly with other sector stakeholders, including a Peer Workforce Development Working Group. It is clear that many of the challenges CBCT faced are also experienced by other providers - and that solving these challenges requires systems-level change and investment, particularly in training and service development. It is hoped that this report can support such changes - changes that must happen if peer support is to be provided as a quality option for support for people with mental illness and addiction in the Southern region

RECRUITING & INTRODUCING

RESOURCE MODULE 1

Growing peer support | Tautoko-ā-aropa

CBCT promoting wellbeing

Recruiting

"There were loud and clear calls for more peer-support workers"
He Ara Oranga, Mental Health Inquiry

The peer workforce in New Zealand is relatively small and increasing it has been recognised as a **national priority** by the Ministry of Health and the independent national Mental Health Inquiry (2019). This module provides guidance on the recruitment process – a critical process for both the applicants and the organisation:

"The recruitment and hiring processes for peer staff is the foundation for integrating quality peer support services within an agency. Identifying candidates who have the core characteristics to be effective peer staff requires intentional recruiting and hiring strategies." (Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services, 2017)

No studies have tested different approaches to recruiting peer workers (Peersman, 2019), however a wealth of resources are available that draw on the experiences of different organisations in multiple countries. These resources are used throughout this module.

It is important to understand that recruiting for peer workers is different, in some ways, to recruiting for other roles. **A clear focus on the values and necessary attributes of peer support workers is required**. Repper (2013) also advises that **organisations need to prepare themselves before starting recruitment** – by considering:

- whether the organisation is ready for a peer role
- how the role will fit in the wider service
- considering what difference it is hoped that the peer role will achieve
- ensuring that others in the organisation understand and are committed to peer support
- reviewing human resource processes
- developing a clear job description:

"the preparation work may seem long and complicated – but if not done thoroughly then these new posts will not succeed and flourish." (Repper, 2013)

"Increase recruitment and retention of the peer...workforce by strengthening the infrastructure, providing effective leadership, management and supervision..."
Action 4.3, Mental Health and Addiction Workforce Development Plan 2017-2021

Values-based Recruitment

"The most effective way of retaining the essence of peer support is to identify core values for peer support and ensure that these are upheld through recruitment, training and supervision of both peer and non-peer workers." (Kaine, 2018)

It is important to consider how an applicant demonstrates peer support values during the recruitment process (Hendry 2014, Kaine 2018). In New Zealand it has been suggested that there are six core values necessary for the peer workforce. These are explained by Swanson (2019) as:

- **Mutuality** – the authentic two-way relationships between people through 'the kinship of common experience'.
  Experiential knowledge – the learning, knowledge and wisdom that comes from personal lived experience of mental distress or addiction and recovery.
- **Self-determination** – the right for people to make free choices about their life and to be free from coercion on the basis of their mental distress or addiction.
- **Participation** – the right for people to participate and lead in mental health and/or addiction services including in the development or running of services as well as in their own treatment and recovery.
- **Equity** – the right of people who experience mental distress and/or addiction to have fair and equal opportunities to other citizens and to be free of discrimination.
- **Recovery and hope** – the belief that there is always hope and that resiliency and meaningful recovery is possible for everyone.

It is also important that peer workers can demonstrate knowledge of bicultural/multicultural values. A recent draft workforce strategy for the peer workforce (Te Pou, 2020) suggests a bicultural philosophy of practice - Te Tuāpapa:
"*This workforce embodies the intent of the four articles of Te Tiriti o Waitangi in our philosophy and practice. It offers two spheres of influence. The first is* ***Kāwanatanga****, where the Crown partner with Māori in decision making to ensure input and leadership at all levels of the system that can impact the future lived experience workforce development initiatives. The second sphere is* ***Tino rangatiratanga****, of self determination where Māori are fully respected to have control of their future and to decide on what matters most. In both spheres* ***Ōritetanga****, focuses on achieving equity and the right of Māori as lived experience leaders to have experiences that are meaningful to themselves. Enveloped by* ***Wairuatanga****, to balance the physical, and emotional with the spiritual."*

Internationally, peer values have been expressed in many ways. Hendry (2014) explains the values of peer support particularly clearly:

Peer support is voluntary
Peer supporters are hopeful
Peer supports are open minded
Peer supporters are empathetic
Peer supports are respectful
Peer supporters facilitate change
Peer supporters are honest and direct
Peer support is mutual and reciprocal
Peer support is equally shared power
Peer support is strengths-focused
Peer support is transparent
Peer support is person-driven

Who is a peer?

At its simplest, *peer* means someone with lived experience of mental illness/distress and/or addiction. However, there is some discussion in the literature that the concept of peer is actually much more complex, and needs to be considered closely.

The AOD Providers Collective (2014) suggest that recruitment needs to consider the overall team mix and enhance client choice. They state that **"what constitutes a 'peer' can have many components** (e.g., culture, age, gender, sexuality, particulars of ones addiction, etc)."

The Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services (2017) advises that recruitment panels should not seek to identify the clinical status/illness severity of the applicant, but that they do **need to assess the person's status/credibility as a peer**. They suggest considering:

Have this person's life experiences with the … health system and with other factors often associated with behavioral health conditions (such as poverty, unemployment, and discrimination) been sufficiently similar to those of the clients your agency serves that they will consider this person to be their peer?

Competencies & attributes

As well as identifying if applicants for peer support roles can demonstrate peer support values, it is important to assess their ability/potential to meet core competencies for peer support work. In New Zealand a competency framework was released by Te Pou, which is currently being updated. It lists seven core competencies:

1. Lived experience and peer values All peer workers use their lived experience of mental distress and/or addiction to inform their work, support recovery and create resilience

2. Recovery, resilience and self-care All peer workers understand recovery and resilience practices, actively practice self-care strategies and use them in their work.

3. Professional development and boundaries All peer workers work professionally and ethically, understand the use of boundaries in their roles, take up and promote opportunities for professional development.

4. Communication All peer workers develop communication skills that build rapport and trust, enable effective engagement, networking, teamwork and conflict management.

5. Family, whanau, culture and community diversity All peer workers understand the role of family, whanau, culture and community in people's lives and works actively to include them.

6. Working within systems All peer workers understand the legislation, policies, standards and systems they work within and work to align them with peer values.

7. Human rights approach and social justice All peer workers understand a human rights approach, the human rights frameworks relevant to their role and use them in their practice.

There are also three additional competencies for peer support workers:

Peer support - mutual relationships All peer support workers understand the concepts of mutuality and authenticity, and the importance of using these in peer support work.

Peer support - purposeful approach All peer support workers understand people need to have hope, meaning and aspirations in their lives and supports them to achieve them.

Peer support - peer support practices All peer support workers understand what peer support is and uses appropriate models, tools and practices in their work.

The attributes/characteristics that make a good peer support worker have been considered by many organisations. McLean (2009) emphasises strong communication skills and a positive attitude to recovery. Phillips (2019) suggests the importance of strong self-care and managing biases. Campbell (2012), considering peer support workers in a domestic violence programme in New Zealand, suggested that **resilience, empathy, optimism, being non-judgmental and patient, social intelligence, emotional intelligence and problem solving, were important for success in peer roles.**

All peer support workers understand people need to have hope, meaning and aspirations in their lives and support them to achieve them.

Te Pou 2014, Competencies for the mental health and addiction service user, consumer and peer workforce

Recruitment method - finding peers

When employing a peer support worker, organisations use a **variety of recruitment methods**. Some approach **known users of their service** who might be interested in the position, or only advertise within their service. This has some disadvantages as it increases the chance of potential role conflict (using and working within the same service), and limits the pool of candidates. Other options include asking **local consumer groups** to distribute the job advertisement (Ontario Center of Excellence, 2016), however this may exclude those who have chosen not to join such groups (Repper, 2013). Organisations can ask **consumer leaders** for suggestions (Jones, n.d.), or approach **peer support training providers** and ask them to distribute the vacancy information to their graduates (Repper, 2013). **Support groups** and **vocational service providers** may be willing to advertise the vacancy also (Morris, 2015).

Open advertising in **newspapers, internet job search sites** and **social media** will reach people who are not engaged with existing consumer groups/networks/training. However organisations need to be careful to **clearly explain the position** in the advertisement, especially the lived experience requirement, or they may receive a number of applications from people who do not meet the required criteria.

Many people with experience of mental distress have experienced **employment discrimination** and anticipate such discrimination happening again, so it is important to include **positive messages about lived experience** within job advertisements (Te Pou, n.d). Te Pou advise that peer worker advertisements should state that the applicant needs to have lived experience of mental distress and/or addiction and be willing to share their experience.

Selection process

The hiring panel

When a peer worker is being recruited a hiring panel should be established. Some organisations advocate for involving non-peer staff in the panel, because it will increase their understanding of the peer support role (The Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services, 2017). Others advocate for the involvement of peers in the process – both peer workers and current users of the service (Te Pou (n.d), NASPMHD (2014), and Morris (2015)). A panel that includes both peers and non-peers is recommended.

Once applications have been received they should be reviewed as a team to agree a shortlist (Morris, 2015), and to agree the selection process.

T**he selection process**

Increasing your staff's ability to identify candidates who will be a good fit [for peer support] will require strategies beyond the scope of a traditional interview. (The Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services, 2017)

Most organisations follow a standard interview process when hiring peer support workers - the same as they use for all positions. However a standard interview process may not be the best for peer support vacancies, particularly for applicants who experience anxiety about interviews but could otherwise be excellent candidates for the position. It is also difficult to assess some of the key values and attributes required for a peer worker within a standard interview. Alternative methods such as role plays or group exercises may better assess some of the key competencies around interpersonal communication.

Assessment options include:

- Interviews
- Written responses to some interview questions (supplied in advance)
- Role plays
- A presentation
- Group exercises with all applicants and/or current service users

(Morris (2015), The Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services (2017)).

Regardless of the method used, all members of the hiring panel need to be familiar with current human rights and employment law, so that they can ask appropriate questions about the applicant's lived experience.

The hiring panel should be assessing how well the applicant demonstrates peer support values and competencies. Te Pou (n.d) suggest that it is important during the recruitment process to assess if the candidate:

- has learnt from their lived experience and can communicate this
- has personal resilience strategies
- can deal with self-stigma and is at ease with self-disclosure in the work context
- can share relevant aspects of their story for the benefit of others
- has empathy and listening skills
- is able and willing to fulfil the duties in the job description
- is able and willing to learn new skills.

Selection process

Applicants should be scored individually by all members of the hiring panel, and the scores then collated and discussed. The selection panel should be clear on their scoring and rationale for hiring, and ensure that they are not hiring a candidate because they like them and think the role would be good for their recovery (Legere, n.d). This is a common pitfall for organisations and it is important to remember that "peer support workers should only be placed in supportive environments as a way to enhance, but not introduce, recovery." (McLean, 2009)

The applicant's needs

It is important to consider what the peer applicant may want from the recruitment process too (The Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services, 2017). This may include:

- To know they are being hired for meaningful work, and not as a token
- To know their experience of mental distress and self-care is viewed as an asset by the organisation, not a liability
- That supervision will be provided and who the supervisor will be
- How the organisation has integrated peer workers into the workforce

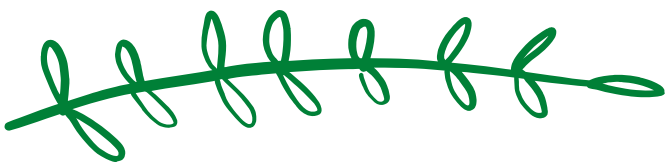
Applicants should be offered an opportunity to ask questions of the hiring panel.

Sample Questions

Sample questions to ask when recruiting peer workers are listed below. These are collated from multiple resources (The Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services (2017), Delman (n.d.), Legere (n.d.)) and from discussions with three stakeholders who have worked in peer support services.

Lived experience and associated skills

- Can you tell me some ways that you might use your personal lived experience to support the people you'd be working with?
- What role has peer support or peer workers had in your own recovery?
- This job requires a willingness to share some pieces of your personal story when it makes sense to do so during your work. What do you think about this and is this something you would be comfortable with?
- When could you see sharing your story as a part of your work here?
- What have you learned through your own use of services that you think would be useful to your work here?
- What skills have you had to develop or strengthen because of your lived experience with a mental illness?
- Do you have any life experiences other than having experience of mental distress that might be valuable in relating to people who use this service?



Sample Questions

Understanding the peer role

- How would you define the 'peer' role and how would you describe its key role or tasks?
- What experience do you have with peer support?
- The role of Peer Worker requires a great deal of professionalism and responsibility while supporting people in difficult situations. There may be situations that could bring up past issues in relation to your Lived Experience. How would you deal with this in the workplace?

Understand the recovery approach

- Can you describe your understanding of the Recovery Approach, and how you would utilise what you have learnt through your Lived Experience of recovery in supporting someone to facilitate theirs?

Applied / response-based

- Please describe how you would initially engage someone. How do you develop trust and a relationship with the people you are supporting?
- Many peer support staff will participate in or co-facilitate groups. Please describe your experience with facilitating group sessions.
- If you were working with someone who has become resigned to the idea that his or her life will always be limited because of a psychiatric diagnosis or other challenges, how would you try to support that person?
- While working here you may be a part of some situations that disturb you or make you uncomfortable. How do you think you would handle these situations, both when they occur and after the situation has ended?
- We value the confidentiality of individuals. At the same time, we need to be aware of legal responsibilities that must guide practice. What would be your response when a consumer (or carer) states that he/she is about tell you something in confidence? What would you take into account before reporting what was said to the team?
- A young person who is couch surfing and experiencing anxiety and depression has been referred to this service. Using your Lived Experience, how would you start a conversation with this young person that would build rapport and trust?
- During a visit, a person you are supporting tells you they have been thinking about suicide. How would you draw from your Lived Experience to connect with the person and how might you handle the situation?
- You are working with a person who needs a job. They mention that they are bipolar and that you know what they can do. They ask you what type of job you think they should do. How would you respond?

Cultural competence / diversity / worldview

- The role of Peer Worker requires working with a range of people from diverse backgrounds and walks of life. They may have personal values that are very different to your own. Can you describe a time when you have encountered this and how you handled it?

Self care

- All staff are encouraged and supported in maintaining their own wellness. What do you do to maintain your own wellness? How can we/your supervisor best support you when you are feeling overwhelmed?

Diversity

Some have questioned whether a more **bicultural approach** could be taken to peer support workforce development (DAPAANZ, 2018):

> *"a simple step in supporting this could be to introduce a Māori word for 'peer' such as **'hoa aropā'** or peer support, **'tautoko-ā-aropa'**."*

Others have discussed our diverse population and suggested that the peer workforce should be broadly **representative of that diversity**. (Te Pou, n.d). This seems to also be valued by service users:

"[A] study…found that 55% of adults seeking mental health services wanted peer support workers who shared their gender, ethnicity, sexual orientation, faith and were in the same age group (Faulkner & Kalathil, 2012). Shared ethnicity and culture may be especially important for ethnic and cultural minorities, as 66% of individuals from black and ethnic minority communities reported valuing peer workers who shared their ethnic and cultural backgrounds (Faulkner & Kalathil, 2012). Other clients reported similarly valuing peer support workers who shared their unique background and experiences (e.g. experience in the justice system, shared identities as members of the LGBT communities, etc.)" (Ontario Center for Excellence, 2016).

Given this, organisations need to consider the importance of a diverse workforce, and consider how their **recruitment practices support diversity.**

Wellness planning

Wellness planning is an important process for all staff, but particularly for any new peer support workers who are joining an organisation. Wellness planning is considered in depth in *Resource Module 5: Workplace Wellness.*

Job descriptions / Shared expectations

Clarity of expectation at the point of recruitment is crucial and...informal or semi-formal recruitment processes...did not facilitate shared expectation. (Gillard, 2013)

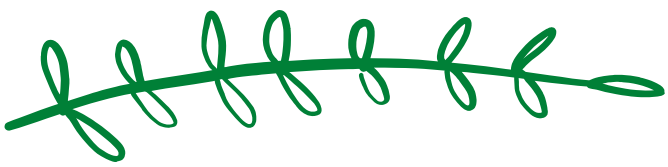
A job description for the peer support position should be developed **before the recruiting process** begins, and included as part of the job advertisement. Doing so will minimise the number of applicants who are not a **good fit** for the role, and make the **hiring process more efficient.** (Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services (2017), Simpson (2014)). It will also allow applicants to understand what is expected of them, and to discuss this further if necessary. Difficulties and misunderstandings about the tasks and boundaries of peer support workers are common - **shared understanding** about the role is critical to the employee succeeding in their new position.

Job descriptions should clearly state that **lived experience is required** (Ontario Center of Excellence, 2016), and clarify how the organisation defines lived experience (Jones, 2014). They should refer to the *'Competencies for the mental health and addiction service user, consumer and peer workforce'* (Te Pou, n.d) and state both the **type and level of competency required**. Te Pou (n.d) also suggest that the job description may need to include **what is not expected** of the role – for eg, participating in seclusion and restraint.

Barriers to work

Applying for employment may be **challenging for some candidates** who have **no/sporadic employment history, housing instability, or a criminal record.** Some may not feel able to explain the employment gaps in their resume, which could be due to mental ill-health and/or housing instability (Harrison, 2016). A hiring panel for a peer support vacancy should be **open to considering such candidates.**

Most services require staff to pass a criminal record check. If candidates disclose criminal offending, it may be worth considering such cases and - in appropriate cases - considering whether a waiver could be obtained so that the individual could work within the service (Ontario Center of Excellence (2016), Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services (2017)). Te Pou suggest that any job advertisement should explain the **process for disclosing criminal records** and how this will be managed by the organisation (Te Pou, n.d.).



Orientation

Orientation for new peer support workers is **important for many reasons** – to welcome and support the new employee, to raise awareness and understanding of peer support among staff, to introduce the peer worker to relevant networks, to identify and put in place ongoing supports (if necessary) to support the worker in the workplace and to develop an ongoing training/development plan.

When orienting a peer support worker, the organisation should follow their **standard orientation process**. In addition, it may be useful to:

- Present a **wellbeing plan** to the peer support worker. Complete the plan with them if they wish to do one (this should be voluntary).
- Discuss any **adjustments** that may need to be made to support them in the workplace. However do not assume that the person will need adjustments, or that any performance issues are due to their condition/illness.
- If the peer support worker is a **current user** of the service, discuss how/if this will be managed, or if referral to another provider will be made.
- Provide an introduction to the **history and role of peer support** within the organisation.
- Ensure that **external supervision** is in place by the end of the orientation period, and that the peer support worker has met their supervisor.
- Arrange for the peer support worker to be introduced to any **local peer networks** or organisations.
- Develop a **training/education plan** guided by the *'Competencies for the mental health and addiction service user, consumer and peer workforce'* (Te Pou, nd). Ensure the peer support worker accesses all relevant training available to non-peer staff (eg., suicide prevention)
- Arrange for the peer worker to **"shadow"** other staff (peer or non-peer) to understand the "bigger picture" of the organisation.
- Consider running **training for all staff** (or refresher training) on the role of peer support workers.
- Ensure that the new peer support worker is **introduced to all staff**. This reduces confusion and any potential conflict re misunderstanding of roles/boundaries. The leadership of the organisation should give a clear message that the peer support role is an important part of the organisation, and not a token or an "add-on".

Sources: Peer Work Hub/Mental Health Commission (2016), Philadelphia Department of Behavioral Health and Intellectual Disability Services, (2017), Te Pou (n.d), McLean (2009), Blash (2015), Phillips (2019).

The leadership of the organisation should give a clear message that the peer support role is an important part of the organisation, and not a token or an "add-on"

COMMUNICATING **CLEARLY**

RESOURCE MODULE 2

Growing peer support | Tautoko-ā-aropa

CBCT promoting wellbeing

Communicating Clearly

The lack of understanding and acceptance of Peer Support Workers and the recovery practices they embody was one of the primary barriers to the positive impact of Peer Support Workers.
(Irish HSE, 2019)

Peer Support is **often misunderstood** within services and by stakeholders. People sometimes assume that peer support just involves having a chat with someone – that it is unskilled and doesn't add value to the person's care. That is not true, but explaining what peer support is can be difficult. There are **many definitions** of peer support, some of which are considered in this module, and different services will use their own. At its heart, peer support is about two people with experience of mental distress, forming a relationship and sharing time, knowledge and beliefs in ways that might support each other. Under an Intentional Peer Support Model this relationship is grounded in the **core values** of Hope, Resilience, Self-determination, Strength, Equality, Respect, Reciprocity and Mutuality.

Lack of understanding of peer support services can be a very **significant barrier in service implementation**, with multiple serious consequences.

If staff do not fully understand the role then:

- They are **less likely to embrace** the role and the person appointed to it
- They are **less likely to refer** to the service
- Misunderstanding may lead to inappropriate requests being made of peer support workers, leading to **role conflicts** and **role ambiguity**.
- The **impact** of peer support workers may be reduced
- Peer support workers may end up feeling **discouraged and frustrated**, or anxious about demonstrating their value.

Many of the above issues can be seen in any organisation whenever a new role is introduced. However the introduction of peer support workers can be **particularly challenging and needs attention.** Peer support workers can **test how recovery-oriented** a service really is, and **challenge conventional practice** of having a division between the helper and the patient. The potential for **misunderstanding** is significant.

Understanding peer support is not just an issue for health professionals – peer support may also be **a new concept for many service users**. If people with mental illness do not understand what peer support is then:

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- They may have **unmet expectations** of the service/peer support worker
- They may **not access** the service and **miss an opportunity** to have a different experience of mental health care, and to experience the potential benefits of peer support.

Communicating Clearly

Given understanding of the role is so critical, it is important that growing understanding and **communicating effectively about peer support is a priority.**

Understanding the role requires:

- **Clear communication from management** about what peer support is, what the peer support worker will do and what value they will bring to the organisation - ideally before the peer support worker begins. Stakeholders should be introduced to the **core values** of peer support, as well as the **practical explanation** of the role.
- Further understanding will develop with **time / exposure** to peer support workers
- Training and **continued education** is required to reinforce understanding (peer support worker involvement in orientation, inservice training, training to other organisations etc)

Irish HSE, 2019; AOD provider collective, 2014; Hendry, 2014; Ontario Center of Excellence, 2016; Miyamoto, 2012; Phillips, 2019.

The need to promote an understanding of peer support workers ... has been a prime concern (Mahlke, 2014)

As indicated in the introduction, peer support has **many definitions.** A selection are presented here, to illustrate different ways that peer support can be effectively explained.

The Mental Health Commission of Canada describe peer support as "a recovery-oriented, person-centred approach, where the relationship (rather than the diagnosis) is the foundation and services offered are focused on quality-of-life goals (rather than illness-reduction goals).(Kaine, 2018)

"Peer support is transformative: it transforms stigma to understanding, it transforms people from passive recipients of what the medical model and society have always told them was good for them, into allies who see another way. It changes people into vital leaders in their own and others' recoveries" (Kaine, 2018, citing Beales & Wilson, 2015)

"Peer support is a way for people from diverse backgrounds who share experiences in common to come together to build relationships in which they share their strengths and support each other's healing and growth. It does not focus on diagnoses or deficits, but is rooted in compassion for oneself and others. Through peer support, we can challenge ourselves and each other to grow beyond our current circumstances and build the lives we want and deserve. Peer support promotes healing through taking action and by building relationships among a community of equals. It is not about "helping" others in a hierarchical way, but about learning from one another and building connections." (NASMPHD, nd)

Communicating Clearly

A *broad definition of peer support is any organised support provided by and for people with similar conditions, problems or experiences. Peer support is sometimes known as self-help, mutual aid or mutual support. (O'Hagan, 2011)*

T*here is no universally accepted definition of peer support but the term generally refers to mutual support provided by people with similar life experiences as they move through difficult situations (Repper, 2010)*

Whatever definition is used, it is important that it is **clearly communicated, and reinforced** through further communication/training and ongoing messages from management. Failing to do so is likely to **reduce the impact** of the service and to **deprive clients of access** to the service. It may also create significant frustration, and potentially **distress**, for the peer support workers who are challenged with introducing a very new way of working into an existing organisation. **The importance of clear communication should not be underestimated.**

"Peer support is transformative: it transforms stigma to understanding, it transforms people from passive recipients of what the medical model and society have always told them was good for them, into allies who see another way. It changes people into vital leaders in their own and others' recoveries" (Kaine, 2018, citing Beales & Wilson, 2015)

EDUCATION, TRAINING & DEVELOPMENT

RESOURCE MODULE 3

Growing peer support | Tautoko-ā-aropa

CBCT

promoting wellbeing

Education & Training

> *"We heard that peer support workers give people a sense of hope that inspires and sustains the healing process and provides a counterbalance to the medical focus of clinical services. However, peer support workers described being undervalued, poorly paid and provided with limited training and career options."*
>
> 2.11.1 He Ara Oranga, The Mental Health Inquiry

Peer Support training

The training that is provided to peers varies significantly across most countries (Trachtenberg, 2013), including New Zealand. Smedburg (2015) studied multiple services and found that a lack of training was one of the top three difficulties reported by peer support workers.

However, the resources that are available do suggest that peer support training can:

- Develop **capacity** and potential of peer support workers
- Develop **leadership potential** in peer support workers
- Increase **acceptance/credibility** among managers and non-peer staff
- Be a **transformative experience** for participants
- Increase **confidence** of peers who complete the training and have their skills acknowledged
- **Increase effectiveness** of peer-led interventions
- Increase **staff retention** rates
- Allow peer support workers to see their work in a **deeper** and more philosophical way.

(Gruhl 2015, Kaine 2018, DAPAANZ 2018, Scott 2011, Faulkner 2010, Morris 2015)

Currently there are **multiple providers** of peer support training in New Zealand. There is **no national standardised qualification** for peer support workers, and it seems that there is variation in the availability and quality of training provided. There have been discussions about developing a national level 4 NZQA certificate programme but this has not been implemented so far.

Some have raised concerns about peer support training/qualifications "**professionalising**" peer support in a negative sense – valuing professional knowledge over lived experience. Others see professionalisation as a positive development – as a step towards recognising the **special nature** of the role, **growing the workforce**, and increasing **status** and financial compensation for peer workers. (Gruhl 2015, Kaine 2018)

Education & Training

Professional development

As well as peer support training, peer workers need to be able to access other professional development and training opportunities. O'Hagan (2011) suggests that peer support workers in most countries have very few professional development opportunities.

Peer workers should complete all of the **standard organisational training** that they need to fulfil their job, including privacy & confidentiality, Code of Conduct, documentation standards, ethics, etc. Training on **trauma-informed** practice is particularly important, given the high rates of trauma experienced by peers. Peers who have undertaken trauma-informed practice training are more likely to support healing (MHC Canada, 2013). Training on **respecting diversity** has been identified as an important gap in the training of many peer workers (Faulkner 2010, Hendry 2014).

Kaine (2018) suggests the need for ongoing training and **Communities of Practice** for peer workers. This would seem particularly useful where peer workers are spread across organisations (often "mainstream" organisations) and potentially isolated.

Training plans

Training plans are a **key tool** to ensure that peer staff receive the professional development required for their role. The *Competencies for the mental health and addiction service user, consumer and peer workforce* can be used as a **framework** to develop a personalised training plan (Te Pou, n.d.). The plan should be developed during **orientation**, should include **timeframes**, and can also be updated during **performance review** processes.. The competencies are currently being updated, however they describe at a high level how people work.

The core competencies are:

1. Lived experience and peer values All peer workers use their lived experience of mental distress and/or addiction to inform their work, support recovery and create resilience

2. Recovery, resilience and self-care All peer workers understand recovery and resilience practices, actively practice self-care strategies and use them in their work.

3. Professional development and boundaries All peer workers work professionally and ethically, understand the use of boundaries in their roles, take up and promote opportunities for professional development.

4. Communication All peer workers develop communication skills that build rapport and trust, enable effective engagement, networking, teamwork and conflict management.

5. Family, whanau, culture and community diversity All peer workers understand the role of family, whanau, culture and community in people's lives and works actively to include them.

6. Working within systems All peer workers understand the legislation, policies, standards and systems they work within and work to align them with peer values.

7. Human rights approach and social justice All peer workers understand a human rights approach, the human rights frameworks relevant to their role and use them in their practice.

Education & Training

There are also three additional competencies for peer support workers:
1Peer support - mutual relationships All peer support workers understand the concepts of mutuality and authenticity, and the importance of using these in peer support work.
2. Peer support - purposeful approach All peer support workers understand people need to have hope, meaning and aspirations in their lives and supports them to achieve them.
3. Peer support - peer support practices All peer support workers understand what peer support is and uses appropriate models, tools and practices in their work.

As well as aligning to the competencies, it is important that the training plan is realistic and aligns with the peer support worker's **role within the service**– peer support workers have reported being required to do tasks they felt they had inadequate training for, and not being permitted to do tasks they had received training for (AOD Providers Collective, 2014).

Barriers to peer training
Accessing relevant training for peer support workers can be difficult – barriers can include **funding**, or identifying **relevant and meaningful training** (Faulkner, 2010). There may be benefits in providers planning for **peer workforce development** and joining together to fund relevant training (Platform, 2017). Consistently using competency-based training plans will help to identify training gaps and inform workforce development.

Training for non-peer staff
It is important to consider the training needs of non-peer staff also. (McLean, 2009) Particularly in "mainstream" organisations, non-peer staff can benefit from training on the **basic values of peer support** and the tasks of a peer support worker. This can help to increase **awareness, receptiveness and support** to peer staff, and to reduce the potential for **conflict/confusion** about roles and boundaries.

A self-aware training participant will already instinctively know the value of hope, recovery, empathy and self-determination as a result of their lived experience...Peer support training will enhance understanding and skill development of these and many more principles (MHC Canada).

POLICY

RESOURCE MODULE 4

Growing peer support | Tautoko-ā-aropa

CBCT

promoting wellbeing

Policy

Recovery oriented services, including peer workers, can only be successful if the policies of the agency align with the recovery orientation – Legere

It is common for peer support workers in "mainstream" organisations to encounter difficulties in following organisational policies. In many cases it can seem that there is a conflict between the peer support model and the organisation's policy, clinical practice or compliance requirements.

Ideally, organisations should review all of their policies before starting a peer support service. One way to do this is to assess all policies against the core peer support values. For a service implementing intentional peer support, these values are hope, resilience, self-determination, strength, equality, respect, reciprocity and mutuality. Involving a consumer/peer in the policy review is recommended and will likely increase the quality of the review – bringing another perspective will identify issues that might be missed otherwise.

When assessing whether policies are consistent with peer support values, some potential questions can be:

- **Hope** – Does the vision/values/model of care of the service promote hope as being central in mental health recovery?
- **Resilience** – Does the organisation's risk management approach promote resilience? Do documents use language such as "risk management", or do they focus on promoting safety and/or "sharing risk"? Are consumers supported if they do not "achieve" a task/goal, and are they supported to try again if they wish to do so? Is there evidence that policies are trauma-informed?
- **Self-determination** – Do policies and procedures allow for consumers to make real choices? Are they able to direct their care or some elements of it? Do they set treatment goals, or do staff (or are they set together)?
- **Strength** – Is the organisation using tools and assessment methods that identify consumers' strengths? Is the documentation strengths-based or deficit-based?
- **Equality** – Do policies promote the consumer as being equal to staff members as a person, even though they may have different roles? Are there policies in place that unreasonably allow for staff to control consumers' activities or environment?
- **Respect** – Are there policies in place to ensure that the service promotes respect and has zero tolerance for discrimination or exploitation?
- **Reciprocity and mutuality** – Does the organisation's policy re receiving gifts fit with the peer support philosophy that is being implemented? Do policies discourage/prohibit the sharing of personal information with consumers? Is there a policy on dual relationships?

Policy

There are some specific policy areas which often raise issues when an organisation implements peer support. These include:

- **Dual relationships.** Traditionally, most organisations prohibit, or limit, dual relationships. Peer support workers who also use the service they work in have a clear dual relationship. While in some cases it may be possible for the worker to use another service, in other cases they may prefer to continue their current treatment. It is also possible that peer support workers may know their peer through other community networks etc, which is another type of dual relationship. Organisational policies should consider dual relationships, and allow for flexibility where this is in the best interests of the peer.
- **Physical contact.** Physical contact is normally prohibited in health service organisations. However, it has been suggested that "a hug can be normative in peer communities" (DAPAANZ, 2017), and it could be difficult for a peer worker to not reciprocate a hug, given they are working to maintain a peer support relationship based on reciprocity and mutuality. Policies should allow for appropriate physical contact in such circumstances.
- **Recovery time.** Some organisations set requirements for how long a person must have been "in recovery", or sober, before being employed as a peer support worker. However work readiness is highly personal and about much more than periods of stability or abstinence. Such blanket policies are discouraged.
- **Drugs and alcohol in the workplace.** Given the common relationship between mental health and substance abuse, peer support workers may have a history of substance use or be currently using. It is important to have a clear alcohol and drug policy in place, and to explain this policy at orientation, so that if an incident arises the peer is aware of the process that will occur and likely consequences.
- **Consumer/peer participation.** While all mental health organisations should have consumer participation in policy and planning etc, this is particularly important where the organisation provides a peer support service. Policies should be in place to ensure participation at all levels of the organisation, including governance. It is important that any such participation is meaningful, so care should be taken to ensure the peer participation is not tokenistic. The importance of such involvement has recently been recognised in *He Ara Oranga: The Mental Health Inquiry:*

"Peer-support workers described being undervalued...We heard that, despite some good examples, mainstream services have not fully embraced the concept of incorporating peer-support workers into all aspects of service provision, including design and planning.
(He Ara Oranga)

Policy

- **Wellness planning.** Some organisations have a policy of developing wellness plans with peer staff, to maintain and promote the peer's wellness at work. Such plans can be very positive and are covered in more depth in Module 5: Workplace Wellness. However it is important that staff are not required to complete such forms – their use must always be voluntary. ·
- **Human resource processes.** All human resource policies and processes should be non-discriminatory and compliant with relevant legislation (eg, Human Rights Act 1993, Bill of Rights Act 1990). Peer support workers should be treated the same as all other employees.
- **Restraint.** Restraining a consumer is not consistent with having an equal, respectful, peer relationship. Restraint policies should exclude peer support workers from being involved in restraint.
- **Documentation.** Being "written about" is a difficult experience for some consumers. Some feel it creates a distance between the peer and peer worker, and a power imbalance when one is writing about the other. Ideally, organisations implementing peer support should have policies that allow for collaborative notewriting, so the peer and peer worker can document their time together.

While such policy reviews may be triggered by the development of a peer support service, such changes are likely to assist the entire organisation to move towards a more recovery-focused model.

Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services, 2017; DAPAANZ, 2018; Substance Misuse Skills Consortium, 2015; McLean, 2009; NASMPHD, nd; Te Pou, nd; Wellink, 2009; Legere, nd.

WORKPLACE WELLNESS

RESOURCE MODULE 5

Growing peer support | Tautoko-ā-aropa

CBCT

promoting wellbeing

Workplace Wellness

Maintaining good mental health and well-being is a core implementation issue – Harrison, 2016

Promoting wellness in the workplace is a priority for many organisations. Staff who are healthier are more able to do their jobs effectively and efficiently, more satisfied with their jobs, and less likely to leave them.

Promoting wellness for peer support staff is seen as a particular priority, and has been described as a core implementation issue. While wellness should be a priority for all staff, peer support roles pose some unique challenges for workplace wellness, and there are some factors that suggest peer staff may be more vulnerable to becoming unwell:

- They have a previous (or current) lived experience of mental distress.
- Many peers find the transition from "patient" to "worker" challenging.
- Peer support workers, like all mental health workers, report that their jobs can be stressful, and some experience burnout. High workloads are common.
- Actively using your own lived experience can be stressful/emotionally demanding, and peer support workers may have experiences that they find triggering.
- Peers who are working in a "recovery model" in an organisation that is working in a more "medical model" are particularly vulnerable to stress and exhaustion due to this conflict. Other common role conflicts include boundary issues.
- Some of the other common issues faced when implementing peer support (eg, lack of acceptance from other staff) may be stressful.
- Peers without adequate training/support can find the job particularly stressful, especially working with peers whose behaviour they find challenging.
- Mental health services often work with limited resources, and having insufficient resources to meet client/peer need can be stressful.

While peer status may make someone more vulnerable to workplace stress and associated issues, it is important that organisations do not automatically attribute all workplace issues to the peer support worker's mental health/illness. It is also important to note that becoming unwell is not always avoidable, nor is it always totally negative – in some studies peer support workers have demonstrated that these periods of unwellness can be periods of great potential. Some people are able to make constructive use/meaning of the experience and use it to refresh and extend their understanding of recovery. With that said, organisations have an obligation to provide safe workplaces, and promoting wellness is a key part of that.

There are many different ways organisations can promote workplace wellness. The academic literature suggests that peer support services can promote safety and wellbeing through:

- Policies for maintaining safe meetings (with other peers)·
- A culture of health and wellness
- A range of options/supports to prevent and address workplace stress
- Workplace support, including ongoing supervision that considers the peer worker's wellness
- Investing in the development of all staff
- Opportunities to meet and discuss with other peer staff

Workplace Wellness

Peers can promote safety and wellbeing through:

- Active engagement in supervision
- Self-care strategies

These approaches are considered throughout this module.

Harrison (2016), McLean, (2009), Scott (2011), Mancini (2009), Miyamoto (2012), Repper (2010), Wellink (2009)

Organisational Support

Having a supportive environment is critical for the success of lived experience work and having access to recovery focused, structured and interpersonal support impacts on peer workers' own recovery journey – Kaine, 2018

Organisational support can come in many forms – policies, resources, and a workplace culture where peer workers are valued.

It is important that the policies of an organisation are consistent with peer support practice. Conflict between the two creates stress for the peer worker and may affect wellbeing. For detailed information on policy development, see *Module 4: Policy*. An area that has been identified as a priority for the health and safety of peer workers is having a policy on meeting peers and working alone in the community. It is standard practice for mental health organisations to have a policy on staff (incl non-peer staff) working alone in the community. Common approaches include:

- Meeting new peers in the organisation's office, for the first appointment
- Having a system where other staff are aware where the peer support worker is when they are working alone in the community. This could be a shared calendar, a manual sign out log, or GPS trackers.
- Having a process where staff can discretely call for assistance – for example, that they call reception staff and say a pre-agreed phrase that will alert the organisation that the staff member needs assistance.
- Training peer workers in de-escalation and associated techniques.
- Meeting peers in public places.

As with all staff, any incidents should be recorded and reviewed to see if anything can be learned for the future. Other important policies to be developed include policies around supervision, wellness planning, and education/training (discussed further below)

The culture of an organisation influences how/if policies are implemented, and the success of peer support workers. An organisation that promotes and values the recovery model and peer support is likely to be receptive to peer support workers, which will promote wellbeing. An organisation that values peer support is more likely to adequately resource it. Adequate resourcing promotes wellbeing of peer support workers.

Faulkner (2012), Kaine (2018), SANE Australia (nd), Scott, (2011), Wellink (2009)

Workplace Wellness

It is helpful for all staff to take their own wellbeing seriously and a wellbeing plan can support this process. By considering what they need to do to stay well, what sort of events make them stressed, anxious and potentially unwell, and how they can manage or minimise these situations, all staff can begin to develop their resilience, anticipate and manage stressful times and maintain their own wellbeing.– Repper, 2013

Wellness Planning

Peer Support work can be stressful and triggering for peer workers. Some organisations use wellness plans as part of their strategy to support employees. Wellness plans are documents that can:

- Identify any relevant health concerns/needs
- Identify signs that the person may be becoming unwell
- Consider what staff/the organisation can do to help to support the person
- Explain anything that is not helpful
- Consider self-management strategies to prevent or reduce the impact of the health condition
- Plan what will happen if the person becomes unwell. This may include the involvement of family/whanau/other supports, with consent

Wellness plans can be used with all staff. Using them just with peer support workers is arguably discriminatory, and the plans can have much wider application and use. Wellness plans can be reviewed and used regularly in conversations between staff members and managers to identify areas that may be causing stress/distress, so that solutions can be found to reduce stress wherever possible. They are not a negative tool developed to document the illness/risk of a staff member who has been unwell – they are a proactive tool to promote wellbeing, that can also be used in times of relapse/distress. It is important to note that wellness plans should always be voluntary – no staff member should be required to fill one out if they do not wish to.

If peer workers do become unwell, they should be treated the same as all employees in regard to sick leave and associated policies. If the organisation's policy allows for discretionary leave (with or without pay), this is likely to be useful. Many services try to hold the peer support worker's job open for as long as possible, however organisations also need to consider sustainability and capacity to deliver the service. Planning ahead and having some "casual" peer support workers available to temporarily cover staff in such situations is one strategy that both protects the peer support worker's job, and addresses capacity and sustainability.

It is important…to recognize that penalizing peer staff for exhibiting symptoms of the condition that qualified them for the role of peer provider would be out of alignment with recovery values and principles. A lapse or recurrence of symptoms can be viewed in the same light as other chronic medical conditions such as cancer, diabetes, or high blood pressure, and a punitive approach should be absent… (Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services, 2017)

Workplace Wellness

Effective supervision is critical for successful employment of persons in recovery. After recruiting, hiring, and orienting a new employee, any ongoing issues such as job and role clarification, expectations, and performance; confidentiality; disclosure; dual roles; and working as a team member can be readily addressed in supervision (Legere, nd)

Supervision

Supervision is commonly used to support mental health clinicians, and has been described as especially relevant for the peer support workforce. Peer support supervision has been explained as:

> *when a peer support supervisor and .. supervisee(s) formally meet to discuss and review the work and experience of the peer provider, with the aim of supporting the peer worker in their professional role (Irish HSE, nd)*

Within the peer support sector, there is also a practice called co-reflection. Co-reflection includes some elements of supervision but is different in that the participants take equal roles and reflect together – modelling reciprocity, sharing power and building equal mutual relationships, in line with peer values.

Most of the academic literature uses the term supervision, and suggests that supervision has many benefits including:

- developing worker capability
- improving quality of services
- increasing job satisfaction
- decreasing staff burnout and turnover
- developing cultural knowledge

> *"Given that [peer support workers] often experience unique challenges when working in Mental Health Services it is essential they have access to regular and ongoing supervision" (Irish HSE, nd*).

Supervision should happen regularly, and it is ideal if the supervisor can be (reasonably) available to the peer between sessions if required. It should be strengths-based and started as soon as a new peer support worker begins - supervision may smooth the transition and address any challenges and issues they encounter.

It is normally better if the supervisor is a peer, or has very strong understanding of peer support models and work. A supervisor without this background may not understand the different ways that peer support works, which will reduce the effectiveness of supervision. Studies have suggested that peer support workers prefer to be supervised by someone with lived experience.

If the peer is employed in a larger non-peer ("mainstream") organisation then an important issue to discuss in supervision is peer identity and "peer drift". Drift can occur when the peer support providers do not feel comfortable in their recovery-oriented role, and they begin to shift to a more medical treatment role. (Chinman, 2013)

Workplace Wellness

It is important to ensure that peer workers remain grounded in peer values, and are supported in their peer identity, and do not get overtaken by a larger or more dominant professional group. One way to consider whether the peer's work is reflecting peer values is to utilise the national *Competencies for the mental health and addiction service user, consumer and peer workforce* (Te Pou, nd) regularly throughout the supervision process.

Te Pou (2011a), Te Pou (2013), Te Pou (nd), Hendry (2014), Legere (nd), Irish HSE (nd), Queensland Health (2019), Mead (nd), Myrick (2016), Ontario Center of Excellence (2016), DAPAANZ (2018)

Networking

> *Support structures should be established to ensure that workers have contact and networking opportunities with one another* – Health Workforce Australia (2014)

Peer workers sometimes report feeling isolated in their role. Supervision is one way to reduce this feeling of isolation. Organisations can also support peer workers by allowing the peer worker to participate in networking with other peers. Here they can discuss their unique roles, and common experiences.

(Daniels, 2010), Health Workforce Australia (2014)

Self-care

Being a peer support worker has both the potential to support and hinder their own recovery. Peer support roles offer opportunities to support a person's own strategies to manage the complexities of being both a service user and a service provider (Kaine, 2018).

Burnout and high staff turnover are often seen in health services, especially mental health services. Organisations should promote self-care across their workforce, including their peer workforce.

If an organisation uses wellness plans, these should include sections on self-care strategies. If an organisation doesn't use wellness plans, they may want to consider asking staff to do a "self-care assessment". (An example tool is provided on p262 of *Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services, 2017*).

While self-care strategies are highly personal and individualised, organisations can support peer support workers to implement self-care. Some peer support workers report being offered flexible working arrangements. Others appreciated being involved in networks with other peer support workers, where they were able to discuss workplace wellness and self-care strategies.
Scott (2011), Kaine (2018), Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services (2017)

EVALUATING EFFECTIVENESS

RESOURCE MODULE 6

Growing peer support | Tautoko-ā-aropa

CBCT promoting wellbeing

Evaluating Effectiveness

While there is a growing evidence base on the impact of peer support, there are no standardised outcome measures for peer support services in use in New Zealand. Some peer support activity is recorded in a national data-set (PRIMHD – code T45), however this data is activity-based and some providers are exempt from reporting.

Organisations providing peer services should be seeking to evaluate and improve their services, and to demonstrate the value of their services to external stakeholders such as funders. For most organisations this will require a combination of objective outcome measures, and a wider evaluation approach (for eg., narrative interviews on the subjective experience of the peers). This module seeks to provide broad advice on what to consider when developing an evaluation approach for a peer service.

Outcome measurement in peer support services poses some particular challenges. Many of the existing mental health outcome measures are too clinical – they are too narrow or not consistent with the recovery focus of a peer support service. Peer support services are grounded in values such as hope, mutuality and reciprocity which are difficult to define and measure. Some people who use peer services do not want data to be collected about them. Even defining what a peer support service does can be challenging. For example - if the intervention is the relationship, how do we describe and measure that relationship?

We must remember that the history of peer support shows us a culture that emerged as a response to doing things differently. Peer support programs are not intended to be routine mental health practices. It seems to us then, that the measurement of peer support standards should also look and feel very different. – Mead, 2004

Organisations should develop an evaluation approach based on their particular service and organisational needs. Individual/service outcome measures should:

- Not be entirely focused on "clinical outcomes" (eg, utilisation of inpatient services, symptom measurement) and focus more on "recovery outcomes" (eg, social connection, empowerment, hope, self-direction, overall wellbeing, employment, housing). Clinical outcomes tend to infer that there is something wrong that needs to be fixed – this is a medical model rather than a recovery model.
- Measure outcomes for both the peer and the peer support worker
- Consider the quality of the peer relationship and the impact of this on outcomes
- Ideally, measure outcomes across a range of clients and settings

Galloway (2016), Christie (2016), Gillard (2019), Bracke (2008), O'Hagan (2011), Te Pou (nd).

Evaluating Effectiveness

Outcomes can also be measured at a systems level. Previous studies have measured:

- Changes in the understanding of recovery by clinicians and managers
- Changes in the level of awareness of the value of lived experience in services, including relationships with colleagues.
- Changes in attitudes and stigma after peer workers were introduced into teams.
- Changes in the way services support all staff, including peer workers.
- Cultural change in organisations over time.

Christie (2016), Lloyd Evans (2014), Mental Health Commission (nd)

Wider evaluations of peer support services could include process evaluations and collecting narratives with peers. These could:

- Include and analyse the experiences of both peers. There are many potential research methods that might be useful – for eg. action research, narrative research, ethnography, life story models, empowerment research, community-based participatory research.
- Consider the role of reciprocity and the experience of both the peer and peer support worker
- Consider attitudes towards recovery.
- Include some consideration of cultural competency

Funders and other stakeholders requiring accountability/performance reporting from peer support services should consider the need for a different approach to measuring the performance of these services. It is important that funders have a strong understanding of peer support services, and this requires that they receive the best information possible - which may not be the same information they seek from other services.

Bracke (2008), Mead (nd), Miyamoto (2012), NASMPHD (2014), Ontario Center of Excellence, (2016) Te Pou (nd).

We need to resist the gravitational pull of the evidence base; the replication .. of a para-clinical model of peer support as the best peer support. We need to pay attention to the values underpinning peer support in....the design and reporting of effectiveness.
– Gillard, 2019

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Internal Documents

- Adverse Event Policy
- Children and Young People under the care of the CE of Oranga Tamariki
- Critical Event Flowchart
- Death Policy
- Discharge Policy
- Feedback, Incident, Complaint,

- Flow Chart for OT Facility Respite Referrals and Bookings
- Informed Choice and Consent Policy and Procedure
- Identification and Management of Hazards Policy and Procedure
- Medication Policy Residential Services
- Medication Procedure Adult Residential and Te Whakaruruhau Services
- Medication Procedure Family Respite Services
- Medico Medication Signing Sheets Guide
- No Response form a Service User to a Scheduled Visit – Adult CS
- Non-attendance by a Child and Youth Service User at a Pre-Arranged Meeting in the Community
- Property Management Housing NZ and Private Landlords Policy
- Security Policy and Procedure
- Staff Crisis Procedure TW Flowchart
- Staff Safety Policy and Procedure·
- Te Whakaruruhau Criteria for Entry and Declining of Referrals
- Use of CBCT Vehicle or Vehicle Hired on Behalf of CBCT Policy Procedure
- Acceptable Use of Technology Policy
- Access to Specialist Services Policy
- Advocacy Independent Support Person Policy
- Child Protection Policy and Procedure
- Community Interface Policy
- Complaints Policy and Procedure
- Cultural, Spriritual, Religious Policy
- Documentation Policy and Procedure
- Entering and/or Searching a Bedroom Procedure
- Family and Whanau and Support Network Participation Policy
- Gift Register Policy and Procedure
- House Management Policy
- House Meeting Procedure and Agenda Template
- Human Resources Policy
- Identification and Management of Hazards Policy and Procedure
- Maori Health Support Policy and Procedure
- Missing Persons Policy and Procedure
- Nutrition Policy
- On-call Policy Procedure
- Open Disclosure Policy and Procedure
- Pacific People Support Policy
- Police Talk – Interview with Service User Policy and Procedure
- Portable Tablet Policy and Procedure
- Privacy Policy and Procedure
- Quality Management Policy and Procedure
- Reporting and Review of Incidents Policy and Procedure
- Research Policy
- Restraint Policy and Procedures – Facility Respite
- Self-Administration of Medication – TW and Adult Residential Services Policy and Procedure
- Service Provision Feedback Policy and Procedure
- Sleep Over Policy

- Smokefree Policy and Procedure
- Smokefree Statement
- Staff Crisis Intervention – Policy and Procedure.
- Staff Mobile Phone Policy
- Staff Workplace Support Policy
- Stand Down Procedure Te Whakaruruhau
- Student Placement Policy
- Training and Education Policy
- Use of Interpreter Policy
- Visitor Policy
- Zero Tolerance of Stigma and Discrimination Policy
- Pandemic Plan