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Peer Workforce Framework

Introduction

Providing peer services is one of the most effective ways of connecting people, strengthening families and transforming communities. Wellways recognises the central role the peer workforce plays in achieving our vision and mission of an inclusive community where everyone can enjoy the same level of contribution and inclusion as anybody else in the community. We are committed to developing and embedding a valued, robust and skilled peer workforce across all levels and services of the organisation.

This framework provides an organisational guide to best practice in the areas of peer workforce recruitment, training, supervision, integration and evaluation. It is informed by current research and lived experience expertise. The framework applies to both paid and voluntary roles within Wellways peer workforce.

1.1 Defining Peer Practice

The terms 'peer work' and 'peer support' refer to mutual support given by people who have similar experiences in life. Having a lived experience is not sufficient to become a peer professional. Peer workers must be able to utilise the principles of intentional peer support and recovery-oriented practice to support the recovery journey of others. The essential qualification for Peer Workers is to have the capability to intentionally share their lived experience - whether mental health issues, disability, homelessness, marginalisation or cultural identity – to provide a supportive and transformative space for people seeking wellbeing. While different peer designated positions require varying skills and experience, a core set of skills is necessary for an organisationally consistent framework.

Wellways Peer Workforce broadly comprises the following peer designated roles:

Roles	Areas of work
Managerial & leadership roles	Advocacy, quality & service development, training, coordination, supervision
Peer support workers	Individual peer support, family peer support
Peer facilitators and educators	Peer education group facilitators, community educators

1.2 Rationale and Evidence for the use of Peer Workers

There is now increasing recognition of the efficacy of peer-designed, developed, and operated services in promoting recovery, increasing community integration, improving quality of life, lowering levels of symptom distress, and reducing unnecessary hospital admissions (Nelson et al, 2007). Research by Chinman et al, (2001) found that peer services can lead to a 50% reduction in re-hospitalisation compared with the general outpatient population, and only 15% of the outpatients with peer support were re-hospitalised in its first year of operation. There is also evidence that community education led by people who have experience of mental illness, or of being a family member, partner or friend is more effective than any other approach, in reducing stigmatising community attitudes and increasing knowledge and understanding (Corrigan & Gelb, 2006). For carers, the support and knowledge of a peer who 'has been there' offers reduced levels of worry, tension and distress.

Qualitative studies by Moran and colleagues identified the benefits of peer support when supporting participants to gain transferable skills, increase self-knowledge, positive experiences, and forging connections with other peer providers (Mowbray et al. 1998). In terms of social inclusion and personal recovery the intentional peer relationship creates possibilities for engaging in self-discovery, building support systems, learning positive ways to fill time, building job skills and moving toward a career (Salzer and Shear 2002). Additionally, recovery and growth outcomes were identified across five wellness domains including foundational (health & mental health), emotional, social, occupational and spiritual (Moran et al. 2012).

The Australian government recognises that the peer workforce plays a vital role in recovery oriented practice – and in delivering effective, sustainable services. Peer support is acknowledged in numerous mental health and disability policy documents and is seen to be a core component in addressing current quality and cost agendas (Moran et al., 2012). For example, the COAG Expert Reference Group (2014) recommended increased numbers of peer workers in mental health related support services, setting a benchmark of 50% of services employing peer workers in meaningful roles in four years and 100% in 10 years. Recovery oriented culture in the mental health service context is now an expectation and is written into policy and is acknowledged and benchmarked as criteria for national standards for mental health services (4th National Health Plan, 2010).

A recent cost benefit analysis found that for every $1 invested in peer service delivery, approximately $3.27 of social and economic value is expected to be created for stakeholders. The results of the Social Return on Investment evaluation to date suggests excellent social value for the investment, providing evidence of the efficiency of the service. (NSW Metal Health Commission, Peer Work Hub, 2016).

In addition to enhanced service outcomes, the peer role benefits the worker (and by proxy, the organisation). Moran (2012) identified several areas of personal benefit to peer workers:

- Increased understanding and awareness of their own mental health issues
- Enhanced knowledge of self-care and practice of self-care behaviour
- Improved self-image and self-confidence
- Development of identity as a peer worker professional
- Feeling respected as a professional
- Personal growth and improved wellness and wellbeing
- Improved relationships and social networks

1.3 Wellways Peer Work model of practice and recovery

Wellways employs two evidence based best practice models of peer work practice, the CHIME model and the Intentional Peer Support model (IPS).

The CHIME recovery model

The CHIME model (Leamy, 2011) synthesised a body of research on recovery into a model that could provide an empirically based conceptual framework for recovery oriented practice. In the context of the Wellways peer workforce, the CHIME model forms the theoretical foundation of how peer workers support recovery.

The CHIME model identifies five core components of recovery.

C - connectedness

H - hope

I - identity

M - meaning in life

E - empowerment

These components are not unique to those recovering from the impacts of mental ill health. The universality of these components means they can apply to any construct of how one sees themselves, including disability, aged care or youth services. They provide a framework of how we might describe our being, hopes and dreams and aspire to ones' future potential.

Intentional Peer Support

In concert with the CHIME framework, Wellways utilises the Intentional Peer Support model (IPS) as a practice framework for workers to share their lived experience in an intentional way. This entails the peer worker being able to share pertinent and supportive life experiences in an intentionally meaningful way that makes a specific contribution to the peer relationship.

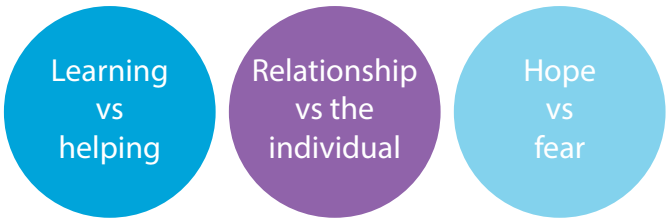
Typically, a health intervention relies on professional trust, where the patient trusts the professional qualifications rather than the person themselves. The IPS model explicitly affirms that the person is the expert in their own lives and that workers are 'guests' in people's lives (Glover, 2012). IPS provides a model that offers a new dynamic, which builds a relationship that not only benefits the individual but can also re-instil trust in the broader service delivery space.

Intentional peer support can offer a frame of health and ability as opposed to a culture of 'illness' and 'disability'. This is to responsibly challenge the assumptions about mental illnesses and disabilities, while also validating the individual for who they are and where they have come from. IPS practitioners think creatively and non-judgmentally about the way individuals experience and make meaning of their lives - in contrast to having their actions and feelings diagnosed and labelled.

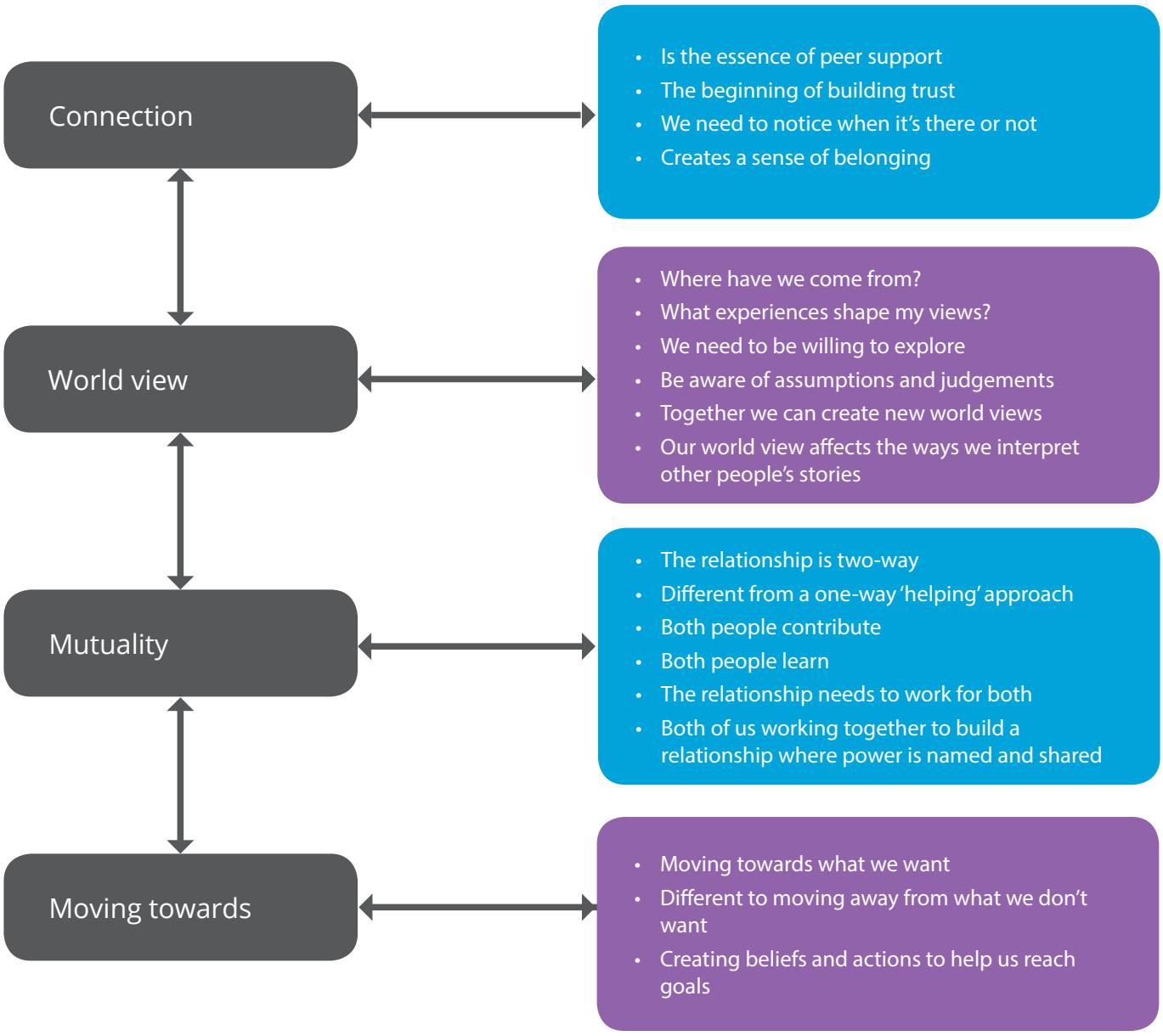
Intentional Peer Support principles and tasks

IPS is not just a theoretical recovery framework - it is a process that must be practiced in order to become competent in sharing lived experience in an intentional way. The efficacy of the model is driven by the sharing of lived experience in an 'intentional' way whenever working with participants.

The three principles of 'learning', the 'relationship' and the rebuilding of 'hope' provide the foundation for the four tasks that make up the 'practice' of the IPS model. The three principles guide how the worker develops a relationship with a participant.



The actual practice of IPS involves bringing specific tasks to the relationship that when practiced appropriately construct a peer relationship based on mutuality and trust.


Connection
Is the essence of peer support
The beginning of building trust
We need to notice when it's there or not
Creates a sense of belonging
World view
Where have we come from?
What experiences shape my views?
We need to be willing to explore
Be aware of assumptions and judgements
Together we can create new world views
Our world view affects the ways we interpret other people's stories
Mutuality
The relationship is two-way
Different from a one-way 'helping' approach
Both people contribute
Both people learn
The relationship needs to work for both
Both of us working together to build a relationship where power is named and shared
Moving towards
Moving towards what we want
Different to moving away from what we don't want
Creating beliefs and actions to help us reach goals

1.4 Establishing peer roles

When considering the needs of a role and program, a clear vision as to why a peer worker is best placed to fulfil the role is essential. It is important to consider what is unique about peer support – what interventions and outcomes can only be achieved, or be achieved more effectively, by people sharing lived experience. The following points will assist with recruitment processes and avoid inappropriate placements that may lead to poor role 'fit'. It is also necessary for ensuring a consistent approach to recruitment in which people employed within roles have the skills and knowledge to perform the role to expectations

- In what ways, can the unique capacities of a peer worker contribute to the program's objectives and the team's functioning? In developing entry level peer worker roles, it is important to differentiate these from the requirements of other team roles
- If the position requires specific engagement with diverse, cultural or community cohorts, what strategies are needed to recruit in a culturally appropriate manner?
- What change management or team education might be required for the effective integration of a peer worker within a team?
- What additional skills, qualifications and knowledge will the peer position require? If appropriate, how will Wellways teams and management provide on the job support and expertise to equip the peer worker with the necessary skills and knowledge to thrive in their designated role?
- What is the ratio of direct participant contact and administration tasks? As a professional discipline peer workers' practice is based on developing strong human relationships. Evaluating if the position will give the participant and the peer worker appropriate time and resources to apply IPS principles to the support relationship It is crucial that the role required is a valued part of an evidence based multidisciplinary team approach rather than being a tokenistic appointment. Recruiting managers must be proactive in ensuring all staff are fully appraised as to 'why' the position is best placed to be filled by a peer worker and 'how' the peer role will contribute to the team and program.
- Consideration may be given to how the peer worker balances the practice needs of the service model they are practicing within with the principles of IPS support.

While a role may be full time or part time, it is useful to consider if the role would be best served by employing several peer workers on a part time basis. This serves several purposes:

- It provides staff profile strength and ensures back up staff if required
- The peer workers have more workplace flexibility which may be required for the purposes of reasonable adjustment
- Having two of more peer workers provided the opportunity for the workers to engage in peers based co reflection and support. This is an essential aspect of peer workforce development
- If the prospective candidates have not been employed for some time having a part time load may be the most effective way to support entry back into the worplace

It is often the case that many workers will be allocated FTE hours based on budgetary requirements and not necessarily on the tasks and the time required to perform those functions effectively. If the recruiting process does not take all aspects of the role into consideration the role is at risk of underperforming, creating burnout, compassion fatigue and poor workplace satisfaction.

1.5 Recruitment

When recruiting for peer roles, the prerequisite skills and qualifications need to be clear from the outset including position advertising, position description and selection criteria. While many of the generic requirements of a peer worker position description are consistent with other Wellways roles, there are specific requirements that are necessary for the peer worker position description. Supporting a person's recovery through the intentional use of lived experience requires distinctly different skills than those typically used in support and rehabilitation programs.

While designated peer positions have role specific tasks and skills, the following core competencies are still required to ensure the professional integrity of all roles in Wellways programs.

- Significant lived experience of the personal impacts and effects of mental health issues and related challenge. For family peer workers, this includes experience as a family member, friend or carer.
- Wherever possible, personal knowledge and experience of region specific health services, formal and informal community networks and primary health services.
- An ability to effectively communicate with participants, family, and the community the challenges, experiences and enablers that contributed to their recovery
- An ability to foster and maintain a positive and optimistic outlook towards participants and share relevant lived experiences to develop trust and rapport.
- If the role is cohort specific, experience and knowledge about the social, cultural, and linguistic impacts of mental health issues and how these affect that group or community.
- An ethical commitment to recovery principles, trauma-informed practice, family inclusive practice.
- The capacity to 'role model' Wellways values with participants, co-workers, families and the community, supporting a vision of hope, recovery, and social inclusion.
- Able to articulate and share personal strategies for self-care, safety, and wellbeing.
- Personal insight into the impact of stigma and the subsequent effect this has for individuals, families and the broader community.
- A level of awareness and empathy that allows them to work with groups and individuals that may challenge their ethical opinions and values.

Recruiting managers have an obligation to ensure potential employees have the appropriate skills and support to undertake the described role. Once employed, that obligation extends to ensuring adequate orientation to the role, clearly articulated management processes and performance management systems that include training, support, and appropriate human resources strategies.

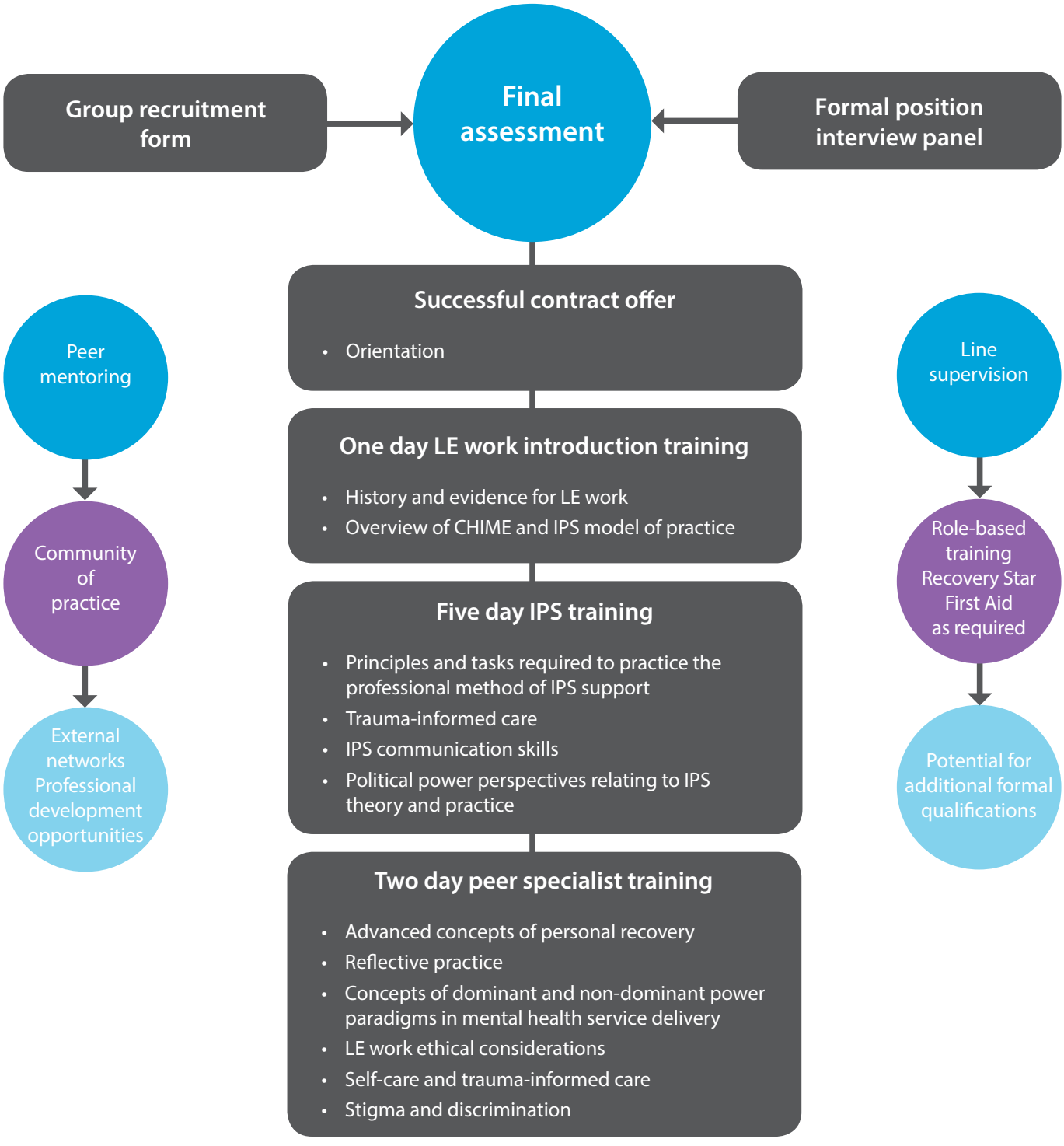
Decisions to recruit should be made in the context of an overall staffing plan that considers operational needs, budgetary considerations, and skill requirements. Staff involved in recruitment should adhere to Wellways recruitment policy and be skilled in recruitment selection processes.

1.6 Training

Wellways is dedicated to the provision of high quality evidence based professional development and training for our peer workforce. While having a lived experience is the core qualification of a peer worker, learning how to use that experience requires a program of ongoing best practice training, education and professional development.

Wellways recognises the need to align services with current best practice training and development models. Utilising the CHIME and IPS models Wellways provides its peer workforce with a sound evidence-based practice model.

The model below outlines various levels of training and support for peer workers, dependent on the requirements of their role and program.



1.7 Ongoing supervision, professional development and mentoring

The need for adequate line supervision and support for the peer role is a mandatory requirement for peer workers. Line supervision will be carried out by the relevant manager or team leader depending on the needs and nature of the program. Supervision will happen on a fortnightly basis or as per program needs.

The role of supervision aims to improve the practice delivered by peer workers, allowing an opportunity for the peer worker to debrief, seek guidance and focus on challenging aspects of the peer role. Effective supervision allows for peer workers to have access to line supervision to:

- Examine and explore strategies in working with challenging participants, families or situations
- Reflect upon and review current working practices
- Debrief on any work-related issue
- Monitor and support peer worker's wellbeing and coping capacity in relation to their work
- Reflect on challenges and successes
- Monitor WHS and trauma informed practice
- Monitor the reasonable adjustment process and make alterations where appropriate
- Review the peer role against Wellways strategic plan, values and mission
- Provide positive feedback and validate the contribution peer workers bring to a multidisciplinary team

As an active partner in the practice supervision relationship, a supervisee will actively contribute to:

- Negotiated identification of aims and objectives (and agreement) for the supervision relationship
- Problem-solving regarding their work practice or the supervision relationship
- Skill development process within an action learning framework
- Uphold ethical guidelines and professional standards, including self-care responsibilities
- Work with supervisor to develop professional and practice goals
- Be open to self -reflection, change and consideration of other approaches
- Attend and prepare sessions as agreed
- Attend to any action items agreed during the supervision process

Effective line supervision can address challenges facing peer workers including role confusion, role conflict and participant boundaries and confidentiality (Morgan.et al, 2012). Line supervisors are provided with training in the principles and tasks of IPS and the processes of co-reflection.

In concert with line supervision Wellways peer staff will be provided with the opportunity to undertake peer supervision. Peer supervision applies the principles of IPS as a model of professional development and is an explicitly reflective exercise. The aims of peer supervisioncourt are different to line supervision as they approach professional development from an intentional peer perspective rather than a more formal hierarchical role assessment that would take place in the formal line supervision process.

Peer supervision groups will have sufficient autonomy to set their own agenda and drive the process through mutually agreed perspectives. The community of practice process will be confidential unless a disclosure is not consistent with Wellways policy, procedure or involves misconduct or professional negligence.

In this case, it is expected that the group takes responsibility as to how these issues are communicated through the appropriate channels. All communities of practice will have a senior moderator who will have access to mentoring from a senior peer staff member to reflect on and support a process of disclosure in these instances. Wellways will develop a code of conduct and expectations

policy to provide consistent and appropriate support for these groups. This will provide clear guidance re Wellways expectations for the conduct of Wellways communities of practice. The aims of community of practice or co-reflective groups are to:

- Allow peer workers to share and reflect experiences and perspectives with their peers
- To collectively discuss challenges and consider solutions as a group experience
- To promote recovery-oriented practices in mental health care
- Reflect on and share their day to day IPS practice
- Apply reflective practice to workplace issues and challenges
- Support each other through difficult times
- Share and explore self-care strategies
- Explore workplace, program, and regional challenges for peer workers
- Provide a sense of a vibrant and vigorous peer community within Wellways
- Collectively build on individual's strengths, confidence, and contentment in their role.

1.8 Reasonable adjustments

While Wellways has detailed policy and procedure to address the need for reasonable adjustment, for this framework additional flexible and ad hoc adjustments may be required for Wellways to comply with relevant legislation. Discussions about any required workplace adjustments will occur at the commencement of the role and be reviewed during line supervision if required.

The Federal Disability Discrimination Act 1992 and State/ Territory Acts require workplaces make work-related reasonable adjustments to enable employees with a disability to perform their work

Due to the episodic nature of mental health issues and caring responsibilities necessary adjustments for the peer workforce will be considered on an individual basis and reflect both the needs of the worker and the needs of the service and role. They may include:

- Flexible work hours
- Flexibility in leave for sick leave or appointments
- The ability to reduce work hours at times
- Supporting the worker to effectively renegotiate a change in workplace needs
- Developing 'crisis' and unexpected illness plans

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Wellways acknowledges Aboriginal and Torres Strait Islander People as the traditional owners and custodians of the land on which we live, work and play and pays respect to their Elders past, present and future.

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