



A Framework for Mental Peer Work in Southern and South Eastern NSW

Summary

Discovery Phase Consultations

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1 Introduction

This paper summarises what we heard during the Discovery Phase of the Project. The ideas and suggestions provided have informed the consultation draft of the Table of Contents of the Framework.

Summaries are provided for the following:

- Initial discussions with Peer Worker Networks and Advisory Groups
- Peer Work Network Consultations
- Weekly Peer Work Practice Conversations
- Informal brainstorming

For more information about the Project visit

<http://bit.ly/regionalpeerworkforceframework>

2 Initial discussions with Peer Worker Networks and Advisory Groups

The following initial discussions were held:

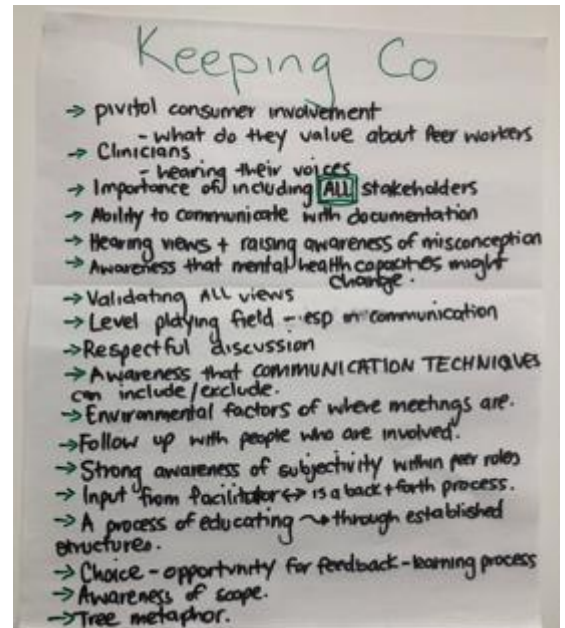
- Illawarra Shoalhaven Peer Work Network, NEAMI, Wollongong 3 December 2019, 13 in attendance
- Illawarra Shoalhaven Local Health District Peer and Carer Advisory Group, Wollongong, 18 February 2020
- Southern NSW Local Health District Consumer Participation Group, videoconference, attended at Cooma, 10 March 2020, 10 in attendance
- Southern NSW Local Health District Consumer Participation Group, 14 April 2020, by videoconference, 8 present

2.1 How to keep the 'co' in co-design

Ensure voice of individual consumers –

ensure and opportunities for meaningful discussions about the framework.

During the Discovery Phase discussions could focus on consumer thoughts about the difference and value of peer work roles; people's experience with peer workers; include people who have not had experience of peer workers because of a lack of availability.



Possible questions to guide discussion with consumers include the following.

- Have you had experience of a peer worker?
- What did the peer worker do?
- Was it different?
- Did the peer worker help you in ways different from other mental health professionals?
- What do you think important about what peer workers do?

Invite and support peer workers and other professionals to engage

consumers in conversations about the framework - Peer workers could talk with consumers they are working with and invite them to have input into

the project For example, a peer worker could explain the project and what it is doing and then invite consumers to a small meeting over coffee to discuss a small set of questions focused on the value of peer work as well as asking whether they have any views about what should be in the framework

Reach out and hear from diverse voices - Reach out to invite as many different views as possible – peer workers, non-peer workers, managers etc.

Welcoming and validating - provide an environment in which people feel welcomed and confident to provide their views. Make it clear that people's views are valued and demonstrate that their views have in fact informed the development of the framework.

Ensure a level playing field – make sure voices are equally valued.

A range of options to have input - enable people to provide their views through a number of ways given how distant peer workers are located across the region for example email phone calls video conferences surveys and through conversations with each other.

Flexibility – be flexible enough in approach so that if consultation strategies don't work, something new is tried.

Language – from the outset endeavour to discover and use language consistent with peer work values. If in doubt, ask.

2.2 Important things to include in the framework

Clear explanation of peer work - it is important that peer work is defined and a clear explanation given of its uniqueness and difference, what it offers within mental health services and the complementary nature peer work to other professions. It is important to explain the critical place of the relational and relationships in peer work.

The connection between natural and intentional - Distinguish peer work from mutual and peer support that naturally occurs between people. Also describe how naturally occurring peer support has informed intentional peer

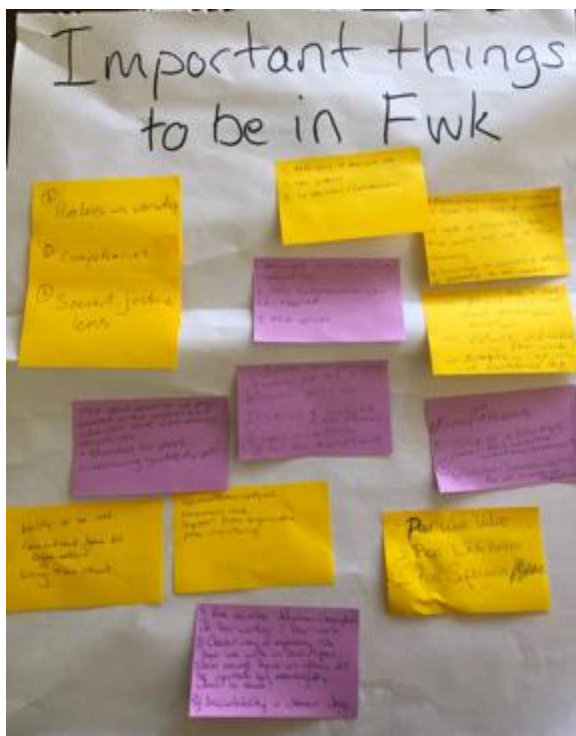
support. Discuss how voluntary peer support is often a pathway to becoming a paid peer worker.

Discussion of peer work roles across the region - It is important that the framework outlines the range of roles and specialisations emerging within peer work across the region and more widely. Outline settings and levels:

- settings e.g. public, private, NGO, and peer-run (both not for profit and for profit, education, industries and workplaces;
- levels – e.g. with individuals, policy and decision making, administration and management and systems change.

Peer workers are also involved with changing attitudes in the community about people experiencing mental health issues.

It would be helpful if the framework provided examples of position descriptions or link to examples. Identify key principles or guidelines for how position descriptions are formulated as well as contents.



Clear purpose - the framework's purpose should be clear and could be multiple e.g. to increase understanding of the origins of peer work and the meaning of 'peer'; help the peer work developed throughout the region; provide some benchmarks or some minimum employment standards and conditions; empower peer workers to take control over their positions; educative e.g. help other professionals and consumers to understand peer work.

Discuss relationship of this framework to other frameworks and guidance e.g. national Lived Experience Workforce Guidelines, and developments underway in NSW Ministry of Health. Avoid re-inventing the wheel by using other resources as necessary e.g. Peer work Hub.

Evidence base - summarise or provide links to the evidence base of peer work and how this is being increasingly acknowledged and recognised at national and state levels for example in the national mental health plan and national mental health strategies, by Royal commissions, by the productivity Commission and in state policies

Explain origins of peer work in social justice - the framework by reflecting the role of peer workers with addressing discrimination and stigmatising and prejudicial beliefs can also assist peer workers in having the importance and legitimacy of this role acknowledged and valued.

Tree analogy of peer work - peer work is like a tree with its roots firmly grounded in social justice human rights and addressing stigma and discrimination. The trunk signifies peer work's unifying values and unifying principles. The branches are representative of all the different settings and roles and specialisations; the leaves are symbolic of how peer work nurtures people experiencing mental health issues; the tree's canopy and fruit reflects the transformative nature of peer work e.g. for people, peer workers themselves, non-peer workers, individual organisations and for service systems and the community.

“peer work is liberating and transformative – we get to be ourselves; our true selves are recognised and valued and we use our experience and our unique set of skills to support others or to change systems.”

Links with other peer work disciplines - outline how peer work is also developing in other fields and disciplines

Skills and capabilities – Discuss the skills that peer workers bring and are required across different:

Experience levels e.g.

Essential

Entry level

Team leader or senior roles.

Settings e.g.

Inpatient

Involuntary

Community

Experience and qualifications - lived experience of mental health issues is the essential component. There needs to be flexibility in relation to whether formal qualifications are required. In some states and organisations a minimum of Certificate in Mental Health Peer Work or Mental Health or Community Services (or a willingness to obtain such a qualification) are being adopted as a minimum qualification. It would be helpful if the framework provided guidance with this, ensuring there is sufficient flexibility to recognise personal experience and other training including for example Intention Peer Support other peer support and peer work training provided various NGOs.

Professional development and professional support required by peer workers – is essential and could include for example networking mentoring and opportunities for co-reflection not only with each other but with more experienced peer workers how to use the framework.

Career pathways – there is currently no career pathway whatsoever for peer workers which means there is no incentive to stay other than “*good will and commitment*”. It is important for the framework to map out what a career pathway for peer workers might look like throughout the region – concrete and doable (“*with good will of management and funders*”).

Provide guidance about the importance of fostering and promoting opportunities for people engaged with voluntarily peer support to enter peer work.

Tough issues and dilemmas for peer works – the framework could identify and discuss some of the tough day to day issues and dilemmas faced by peer workers e.g.

- peer work as roles performed by people who have experienced stigma, marginalisation and discrimination and who may work in workplaces where the roles are stigmatised and the positions marginalised;
- maintaining role authenticity;
- different views about boundaries and what boundaries are appropriate;
- tensions arising from being a non-clinical professional in a clinical setting;
- what to do when asked by a manager to do something inconsistent with peer work values;

- being a member of small minority (e.g. 6 peer workers in a workforce 6,000);
- how to maintain equal and mutual relationships when paid; h
- how to keep the 'peer' in peer work irrespective of role;
- confidentiality and accountability;
- what to do when not taken seriously by clinicians;
- being the only peer worker in the local community (ie being publicly out in a small community);
- managing personal responses to traumatising aspects of mental health treatment;
- the rapid emergence of diverse peer workforces (both voluntary and paid) including suicide prevention, drug and alcohol, industry-based and specific life adversities risks fragmentising and over-stretching the small specialist mental health peer workforce.

'Differing perceptions about appropriate boundaries and professionalism can be tough to navigate. There is also no-one to debrief with about these issues and my counsellor, who is a social worker, is big on 'boundaries' so when I talk about some of the work I do with participants, she gets a bit antsy. She thinks I am too empathetic...too involved in their lives when I would say 'I'm just being a peer worker.'

Discuss the traumatising nature of mental health experiences and service use and how peer workers use their personal experience of trauma. Acknowledge that trauma can be triggered or compounded when peer workers go about their roles and see other people being traumatised. Outline support required.

KPIs – KPIs for managers, funded organisations and commissioning bodies regarding:

- numbers of peer workers
- hours of employment and income parity
- and supports on-the-job training for peer workers, training about peer work for non-peer work employees, co-reflection and professional development.

2.3 Language

It is vital that the framework to discuss the importance of language and the non-stigmatising and strengths-based language of peer work.

Discuss the difficulties faced by peer workers when working in organisations with deficit-based language.

The framework could provide examples of language consistent with the values of peer work and provide links to recovery-oriented language guides.

3 Peer Worker Network consultations

The following consultations occurred.

- Illawarra Shoalhaven Peer Work Network, Location: Via zoom, 3 March 2020, 9 present
- Southern Tablelands Peer Work, Location: Via Zoom, 9 March 2020, 11 present
- South Coast Peer Work, Location: Zoom Meeting, 20 March 2020, 6 present

The following questions guided the discussions.

1. Uniqueness of peer work roles – How is your role unique in your organisation and/or your local area?
2. What challenges are experienced by peer workers in maintaining the authenticity of their peer work practice and position?
3. Is peer work different in regional, rural, remote or isolated locations
4. Peer worker capabilities – What skills are essential for your peer work role? What unique capabilities does peer work offer?
5. Support for peer workers - If you could design the supports to assist you to do your job and to develop as a peer worker, what would they include and look like?

3.1 Consultations context

The consultations were commenced as the bushfires throughout NSW were raging. This was on top of prolonged drought throughout the regions. Face-to-face discussions were switched to online and a range of different options were provided for input including by phone and email.

Then came the government requirement of a community-wide response Coronavirus which directly and indirectly impacting Peer Workers and their roles. Peer workers experienced additional demand and increased stress and distress among the people with whom they are supporting. The Coronavirus

restrictions have reinforced how important connection is in the peer work space.

‘we really appreciate the importance of relationships and connections with each other now that we have avoid and isolate from each other.’

They also noted that it is proving even more difficult for people supported by peer workers.

‘It is a difficult time, We are stretched in our efforts to support peer workers with their work as well as their concerns about the people they are supporting.’

‘Social distancing is not very helpful language for people who have experienced marginalisation and isolation.’

3.2 Starting discussion points

Complementary - This framework will complement and not duplicate National peer workforce development guidelines, Being NSW and NSW Ministry of Health guidance initiatives. A key difference is the regional focus and relevance to rural, remote and isolated communities.

The framework needs to be visionary and forward thinking – paint of vision of both what is essential (i.e. minimum requirements or benchmarks) and possible and provide a roadmap of how to get there

‘Talk about what we want and need, not what we are doing or have already.’

Discussion starting points

How can we communicate to people in the Coronavirus environment?

- Some face to face work is proceeding
- More phone conversations
- Exploring with people being supported what technology is available to them and how they might be assisted to use that
- Exploring whether there any digital inclusion schemes available

How can peer workers exercise self-care support each other during this period

- Informal co-reflection
- Share resources about self-care
- Weekly catch up for informal sharing
- Through the framework project's weekly practice conversations

How peer workers can demonstrate their work to other staff members to elucidate why they are needed?

- Suggestion that the consumer survey include a question about the value of peer work
- Revisit this question during the next round of consultation

What would assist peer workers at this time?

- Opportunity on a weekly basis for networking and informal discussion.

As a result, a weekly informal Friday evening discussion via Zoom was introduced and facilitated by Tim Heffernan and Butch Young.

3.3 Uniqueness of peer work roles

How is your role unique in your organisation and/or your local area?

'It's about being real and human with people. Sitting in real space with no superior persona.. not telling people how to run their lives... enabling people to speak freely'

Contribute the voice and expertise of lived experience - Some said their unique role and expertise is recognised while others didn't share this experience.

'I feel included in the team as an equal.'

A role living out recovery – No other position requires the professional to be living out personal recovery. Peer workers feel a sense of responsibility to work hard on their recovery.

'Staying on top of my recovery is a motivation as I feel accountable to my community. Being in his role, being out and proud in this way helps me stay strong. I don't want to disappoint people or dash their hopes.'

It was noted though that if a peer worker becomes unwell, people they support are understanding because of the sense of mutuality.

'It's often previous consumers who visit me. There is a reciprocity where we help each other's recovery.'

Conscious of power imbalance - peer workers try hard to reduce power imbalance in the working relationship – emphasise similar experience, work with not for, walk alongside.

'If it took me 16 months to challenge a doctor, imagine how hard it is for consumers.'

Connection based on mutual or similar experiences - *'By saying you're a peer worker, you connect'*, which may allow consumers to *'speak more freely with us than clinicians'*.

Peer workers communicate they are OK about discomfort *i.e. 'comfortable with being uncomfortable'*. *'We respond naturally. We are not shocked, we don't push the panic button of risk, we stay there and are present with the person.'*

This assists people to open up without fear of consequences e.g. medication being increased.

'Never under-estimate the power of human connection ... of communicating it's not someone's fault'

Safety and Trust - Peer workers are able to connect with consumers more.

'Consumers are more comfortable with us and divulge more information to me, than say to a counsellor.'

Peer Workers can talk to consumers in *'a different way, a way that other staff members cannot'*. Conversations do not need to be documented. Peer

workers give their *'attention and presence'*. *'We provide what no one else can – an experience-based empathy and understanding'*. *'We share the moment with consumers.'*

'able to get know people better as people feel more comfortable'

'I can text consumers, other practitioners can't do that, they are not allowed to or consumers won't pick up or respond.'

'I am often the only member of the team who is able to contact a consumer and get a response.'

Flexibility – Peer workers work in flexible ways and connect with people via: phone, home visits and meet ups at cafes.

'On the wards, we can spend as much time as person requires. We aren't tied to interview time slots.'

'I don't have a checklist of things I must ask the position or cover. I don't have to record everything I hear. Only what's important.'

Peer workers said that they would stay with a consumer longer if they needed to. *'I schedule additional time for each person as I may need to stay longer with them'*.

Voice opinions about improvements required – because peer is grounded in social justice and human rights part of the peer work role is advocacy and promoting recovery-oriented and trauma-informed approaches which can include speaking up.

'I am able to give my opinion' on what I think is right and question decisions.'

Peer workers can challenge authority and speak up about decisions being made by other staff, *"calling them to account"*.

Peer work as a change agent – Peer workers contribute to the change narrative and uses strengths-based language and practices that seek to build up and empower people. Change sought is multidimensional:

- In people's lives
- In services
- In practice and policy
- In the community
- Social determinant of health and wellbeing including discrimination and prejudice

A bridge between perspectives - *'I help reframe language and ways of communicating'* to ensure consumer are being heard correctly and to help the different parties understand each other. For example: explain the consumer view to other staff and explain the views of clinicians to consumers.

'In inpatient units peer workers help to bridge the "us" and "them" divide.'

'Because we understand, we can explain what people want, prefer and need.'

'I do a lot reframing of language and help my colleagues to use less threatening language and to communicate in more equal ways.'

'In our conversations we help clinicians to see the whole person, we bring the whole person into the conversation, rather than one or a small number of aspects about the person.'

Translation of practice - Peer workers can provide an understanding to non-peer colleagues about what involuntary treatment means to an individual, *'what it takes away from them', 'what it feels like' and 'how its impacts linger'* *'We humanise consumers'*. Similarly, peer workers can explain to non-peers how restrictive practices are experienced and can help explore alternatives.

'we know from our own experience how frightening inpatient units can be particularly if involuntarily admitted. We can explain how the loss autonomy is felt and how it effects self-confidence, self-esteem and sense of identity. We can explain how power is experienced.'

Peer workers can explain thing to consumers and explain things to clinicians using appropriate language they each can understand.

Truth telling – putting forward the perspectives of consumers

Capacity building and instilling hope - *'We help consumers be more confident'*. Peer workers are role models, particularly if one would like to be a peer worker in the future.

'We are closer to the action and focus on motivation, emotional energy and building confidence. We can help people believe they have something to offer and can support them to volunteer'

'we are also role model as people see we are recovering and begin to believe they can too. People begin to think that they could become a peer worker and begin to ask what I have to do. That's how I got started. A peer worker changed my life and I began to think I could do the same for others. It helped my recovery.'

'Everyday is recovery for me, I know I can pass on my experience which includes what I'm learning right now.'

'I wake up every morning knowing I have a purpose again and I can help others to rediscover purpose too. I couldn't have done it without a peer worker.'

Peer workers can focus on the person and be truly person-centred –

Peer workers do not have an agenda or outcome. They can be flexible and work in a more responsive way according to the needs of the consumer.

'We have conversations, not interviews or assessments' to elicit information. 'I can change my schedule if I feel a consumer needs me to stay with them for longer'.

'Clinicians in performing assessment can lose sight of the person – see the clinical issues rather than the person.'

Demonstrating likelihood and hope of recovery - Peer workers

demonstrate to consumers they can take control and *'have a sovereign right to speak and disagree'*. Unpacking the idea of who has the “truth” (truth telling) and who owns their destiny.

Using experience of recovery and resilience to support people during times of crisis – peer workers are currently demonstrating how their lived experience well equips them to support people during community-wide crises.

‘Peer work is an effective natural support and resource.’

‘peer workers are good at working with natural supports.’

A reflection of diverse experiences – *‘the diversity of our experiences enables our workforce to connect with diversity in the community.’*

Combine recovery coaching and service coordination – peer workers often have dual roles of *‘supporting people with their recovery and reaching out to services to try and get them working in a more coordinated way.’*

3.4 What challenges are experienced by peer workers in maintaining the authenticity of their peer work practice and position?

Challenges

- Maintaining non-clinical roles in clinical settings or in programs run by clinicians is difficult with peer workers often being asked to do things that are inconsistent with peer work values
- Power imbalance sets up a force toward co-option
- Position descriptions that require non peer work roles or reflect a lack of understanding about peer work
- Position description written for a generic support worker and leaving out “peer”
- Role boundaries have not been defined by peer workers
- Line managers not understanding peer work and confusing or blurring non-clinical and clinical perspectives
- Line managers either not having hard discussions with peer workers or over-reacting and questioning the mental health of a peer workers
- Being micro-managed as it *‘pressures us into non peer work ways of working or interacting.’*
- Perceptions that peer workers are not capable of being autonomous – i.e. limiting beliefs about peer work possibly based on stigma
- Working in isolation ie being the only peer worker *‘means I have no one to check in with about my role and what I am doing’*

How might the authenticity of peer work roles be maintained?

- Region-wide consistency in understanding and defining peer work and its roles
- Clear explanation of peer work within the new framework
- A structure of co-reflection – line management, peer work-based co-reflection (internal) and co-reflection opportunities with an external peer worker
- Opportunities for co-reflection with a more experienced peer workers
- Provide explanation about co-reflection – how it is the “supervision” preferred by peer workers, how it is collegial, learning is two way and is consistent with peer work values of reciprocity and mutuality
- Guidelines in the framework for the development of position descriptions
- Opportunities for networking with other peers (written into position descriptions as part of role; i.e. a requirement of position description)
- Guidelines for negotiating tension and disagreement about peer work roles
- Recommend no sole worker peer work positions – at least two peer workers working at the same time
- Recommend the development by peer workers of a statewide/national peer work code of ethics
- Recommend support for the development of a professional body for peer workers – a voice for peer workers that can assist to mediate power imbalances

3.5 Peer work in regional, rural and remote locations

Do you think what peer workers do in your area is different from peer work in urban areas e.g. say Sydney, Melbourne or Canberra?

More organised - There is a sense that smaller communities are better organised and hold deeper relationships. There are less services, but ‘*people know people*’. ‘*You’re not just a face, but a person*’. ‘*Because there are fewer services, communication between services seem to work well together*’.

‘Workers are fewer but more connected to each other’.

Communication - There is good communication with stakeholder services because of fewer services than in metro areas. There are long standing relationships.

People in ACT and Queanbeyan are frequently transient whereas in outlying towns *'we can have multi-generations living in one property, home or area.'*

Solidarity in the workforce - We have less opportunities to undertake professional development, attend events and activities. *'We need to work harder to do this'*. There is a sense that with this extra effort comes a stronger sense of identity as a peer worker and connection to each other.

Known and knowing in small communities – Peer workers in a small town are very visible – they are known as the peer worker. Can't escape it.

'It means a peer worker is "out" as having lived experience of mental health issues in a very public way.'

Anonymity is often not the case.

'My daughter is reluctant to say her mum is a peer worker because we do live in a small town.'

'Sometimes it is hard to explain what we do as it involves us outing ourselves as having illness.'

Additionally, *'it is possible that someone you are working with will become a friend'* and non-peer colleagues or managers might see that as being unprofessional and blurring boundaries.

The importance of mutuality is accentuated – in rural areas the importance of mutuality between peer works and with people being supported is even more important as it counters feelings of being alone and on one's own.

'People look for commonality. They take comfort when they find someone who knows what it is like.'

'Being able to share common experience as well knowledge that comes from living local is powerful e.g. knowing the streets, the shops, having been to the hospital, the police station or the court, Centrelink or other government offices. This shared knowledge helps and strengthens connection.'

Distance and transport – peer workers spend a lot of time traveling long distances to see people who often have no transport – no car or can't afford petrol or no public transport.

'I can spend a whole day just to see one person' (due to the distance I need to travel).

'I sometimes have to spend three hours one way to see someone.'

"On average, I spend about an hour driving to see my consumers.'

'Some consumer don't drive and there is no public transport, so its hard to access them.'

Safety can be an issue – Often traveling to isolated, off the track locations. Might not have mobile phone coverage. *'Guns and angry dogs'*

Isolation – peer workers in regional, rural and remote locations often work alone. Working in isolation like this is difficult and means that peer workers need to be resilient and self-reliant.

'Sometimes peer worker can feel alone (because they are alone). Not enough chances to network and meet other peer workers. I am "solo", I feel out on my own", making me more vulnerable.'

One peer worker can go all week without seeing another peer worker.

Local knowledge – it can be advantageous to live in a smaller town/area as one is familiar with the community and people living there. There is an understanding and "comradery" amongst locals.

'During the recent bushfires, people were more comfortable seeing local doctors rather than the doctors that came from Sydney, as they felt more comfortable talking to a local' (because they know them and knew the area).

Adaptability – In the absence of formal services, peer workers possibly have wider roles or more diverse roles.

‘Services are limited, unlike metropolitan areas, so we fill in the gaps. This may mean people stay with services longer.’

‘Unless you have experienced, it is impossible to believe the lack of services in rural areas compared to cities. It must change the nature of peer work. I think the role is bigger. On the positive side peer workers can create their roles for themselves’

3.6 Peer worker skills and capabilities

What skills are essential for your peer work role? What unique capabilities does peer work offer?

General skills

‘We share lot of skills with other professionals. It is more often how we do it rather than what.’

- computer skills and online technology
- communication skills, particularly in one on one, one in groups, and one with teams, which all have differing ways to communicate with
- negotiation skills
- networking and working collaboratively
- practicing with empathy, compassion, curiosity and creativity
- Person-centred practice
- handling emotionally disturbing conversations and situations
- knowing and being able to explain simply how systems and services work
- if necessary, access eMRs and write medical notes or other records in a way consistent with peer work values and using recovery-oriented language
- able to have honest discussions, particularly about the limits of what the role can do ‘even if that means causing disappointment’ e.g. *‘people thinking we can get them discharged while unwell’.*
- business skills to create scope to enter the sector as a sole trader and micro business owner if desired
- Being organised – *‘Our experience with adversity enables us to understand how to structure time and to pace ourselves over the day to go the distance.’*

Peer work specific capabilities and skills

- the skill to own, draw on and relate personal experience – purposefully and effectively
- Demonstrating understanding and empathy based on shared or similar experience
- Demonstrating hope and recovery
- Facilitating opportunity for mutual healing, growth and learning from each other
- Given personal experience of trauma and vulnerability, being able to work with people experiencing emotional distress – *‘negotiating the capacity to be retraumatised and to traumatise another person’*
- Knowing how to self-care and prioritise personal recovery
- Strengths-based and validating practice
- Knowing when to use instinct to speak up and challenge decisions and systems
- Knowing how to access relevant information for consumers and assisting them to use the information
- Advocacy – advocating and presenting people’s views
- Explaining legal processes and supporting people with Tribunal hearings, especially with presenting their views and wishes
- De-escalation to support people to self-calm and to avoid restrictive practices
- Recovery Oriented language – using the right language
- use CHIME, WRAP or other personal recovery tools
- Understand and be able to apply peer work values e.g. social justice and human rights lens, mutuality and reciprocity
- Resilience

Some quotes

‘It is important that I practice self-awareness and self-compassion ... knowing what may cause distress and trauma and knowing when to pull back. Knowing what protective factors can help.’

‘our vulnerability is our strength’

‘our vulnerability enables to be more aware and sensitive to other people’s vulnerability’

‘Havin experienced psychosis or altered stated helps us understand and connect with other people having similar experiences’

'gift of presence, being there, no judgment and help someone by shifting up and down and reaching the right level.'

'need to have courage to challenge the system and to stand your ground. Be prepared for criticism.'

3.7 Support for peer workers

If you could design the supports to assist you to do your job and to develop as a peer worker, what would they include and look like?

Supports to assist peer workers to do their work

- flexibility in working hours and working arrangements
- making different transport avenues more readily accessible to be able to do the work properly
- having peer work coordinators and managers for support so that peer workers are not managed by non-peer workers
- region-wide on-the-job training and education as well as learning and practice resources
- Be given autonomy to work as they need and to accommodate consumer needs
- Create a culture of safety for peer workers to work within. "Know when you are on the edge of your vulnerability" to pull back and take rest.
- Greater use of technology to address distance and isolation issues and to increase effectiveness and efficient e.g. hand-held internet empowered devices to aid record keeping, communication and connection and to enable consumers to communicate as well
- On-the-job peer work leadership - Senior peer worker or peer work leader who 'has my back and will advocate for me.'
- Peer workers being around decision making tables and contributing to policy change and to service development i.e. to new services and how existing services operate

Supports to assist peer workers to improve and develop

- weekly debrief either face-to-face or online
- quarterly networking whereby all peer workers from public and community spheres get together to meet, discuss, share and learn
- peer worker-based co-reflection with experienced peer workers to debrief, reflect and improve practice. *'The IPS [I think they mean Intentional Peer Support] model for supervision would be good'*

- Create networking opportunities 'I only see one other peer worker one day per week'
- Access to a mentor for up-skilling and learning
- Use technology to connect peer workers with mentors and with each other

Supports to enable peer work to develop throughout the region

- Increased peer worker numbers and capacity
- Clear guidelines for minimum employment conditions e.g. no sole peer workers
- A region wide approach to providing career pathways and opportunities to progress e.g.
 - student placements
 - traineeships
 - opportunities to move from volunteering to becoming a peer worker
 - guidelines for progression and remuneration with experience
 - a structure from entry, leader, senior, manager and executive positions
 - provision and guidelines for secondment
 - peer workers moving into senior and management roles
 - Have post graduate pathways
 - Peer workers having a role in designing safe and welcoming policies and workplaces
- Funders, agencies and services and peer workers being on the same page about peer work values, roles and potential
- Forging partnerships, particularly with other peer workers and community organisations with peer workers
- Ongoing resourcing of peer work networks including region-wide (public, private, NGO, peer-run) and for each area that link with statewide and national peer work networks or networking opportunities
- address workload pressure and burn out
- whole of workforce training about peer work developed and provided by peer workers e.g. train-the-trainer train; include a component on how non-peers can assist peer workers with their roles.
- A program in partnership with regional TAFES and universities whereby peer workers are trained up as educators to raise the awareness of school students, trainees and undergraduates about peer work.
- Recognise, include and promote the role of the private peer work sector:
 - peer workers in private practice or working as sole traders

- peer work run business or service (both for profit and not-for-profit).

Quotes

“Just an example is 1 peer worker working 4 days a week covers not one but 3 hospitals – e.g. inpatient, rehabilitation and aged care - All ages and stages of wellness.”

“another example, a peer worker is employed one day a week and expected to have both a hospital and community-based presence.’

“Most of the major towns and areas in southern and the south coast have minimal access to peer workers including: Cooma, Bega, Tathra (and beyond), Cobargo, Bermagui, Narooma, Moruya, Batemans Bay, Queanbeyan and Yass.’

“Consumer Advocates are lacking in community settings and Peer-STOC requires greater capacity as well.”

4 Weekly Peer Work Practice Conversations

Following the onset of isolation requirement due to COVID-19, a series of weekly peer work practice conversations were initiated throughout April and May 2020 via Zoom.

4.1 Peer work and diversity

Wednesday 8 April 2020, 8 present

Questions

- What are some good examples of peer work with diverse communities?
- Is much peer work occurring with diverse communities in South Eastern NSW? Please discuss.
- What are some of the key peer work roles with diverse communities?
- What challenges and opportunities do peer workers experience when working with diverse communities?
- What could the framework include to support peer workers with diverse communities with their practice?

1. What are some good examples of peer work with diverse communities?

Peer work itself reflects diversity. For example, the experience of mental health issues is a diverse human experience. Experiences are diverse – no two people's experiences are the same.

'peer workers have experienced marginalisation and have come to a point where they are Ok about their experience and how mental health challenges have contributed to shaping their identity.'

'we need to protect the diversity of our workforce and make sure pathways into peer work remain flexible and inclusive.'

'Diversity within the peer workforce is a win win as it puts people at ease'

Diversity within the peer workforce includes:

- mental health experiences
- recovery journeys and pathways
- experiences of being marginalised or a member of minority groups
- gender and sexuality diverse
- culturally (race, ethnicity, language, faith),
- age
- socio-demographic
- pathways into peer work
- skills and knowledge
- prior learning and/or education and training etc.

“Diversity can enable connecting on a familiar level - finding connection in difference - meaning connecting with a person you perceive to be different (whether gender, age or ethnicity etc) is a powerful force to an individual. It has the power to ground an individual in their own thoughts about the human condition while adding a combination of perspective changers, and connecting people and thereby demonstrating that socio-political and economic factors do not inherently separate individuals...”

Some examples of peer work with diverse and specific populations discussed included the following.

- Headspace Bega – established a Youth LGBTI Group that meets fortnightly; outreach program into schools and sponsors the [Rainbow Wave festival](#).
- Nurturing Women, Queanbeyan
- Men’s Walk and Talk/[Man’s Walk](#) groups e.g. in Wollongong, Nowra, Kiama, Eden, Merimbula
- Veteran’s community and peers program e.g. [Open Arms](#)
- Peer workers with Aboriginal Medical Services e.g. Next Steps Suicide Response Team
- South Coastal Babbingur Mia, Community Peer volunteers
- The [Mudjilali Men’s Group](#) project collaborates with partner agencies and elders to run Aboriginal men’s groups across the lower south coast of New South Wales in Eden, Wallaga Lake and Bega.
- South Coast Medical Service, Shoalhaven Women’s Group supports local women around substance use, confidence, self-esteem, and health and wellbeing; held weekly and provides a safe place for women to heal with other likeminded Aboriginal women.

- South Coast Lifeline [Online Peer support](#) - SANE Australia's Online Forums have been integrated into the Lifeline South Coast website and are now live.

Peer support often occurs naturally in rural and remote communities. The diversity of the peer workforce reflects this.

The term 'peer' may need explaining in Aboriginal communities. Time is needed to build relationship and connection and to gain trust.

Why peer work is important – “people know me, they know that I have and am walking their lives.”

‘People look to me as role model of what’s possible for them’

2. Is much peer work occurring with diverse communities in South Eastern NSW? Please discuss.

Though occurring, the consensus was that though there is peer work occurring with diverse groups, peer workers can be isolated from each other and there might be little awareness of their work and programs.

There is a perceived need to connect peer workers with each other each other so that there is information about specific expertise and specialist programs.

3. What are some of the key peer work roles with diverse communities?

Examples of roles include the following.

- Peer support
- Networking with communities
- Establishing rapport and trust with community leaders and representatives
- Creating opportunities for connection
- SEWB and healthy living coaching or mentoring
- Service navigation
- Promoting and celebrating diversity and encouraging people to believe there is a way through stigma and prejudice
- Advocacy for better service access and more relevant service response
- Ensuring interpreters and assistive technology are used
- Conduit and bridging perspectives;
- Helping clinicians view people and their situation through diversity lens

- Helping people to access technology and use hand-held devices

‘Peer workers with experience of migration or resettlement and of learning English as a second language, are well positioned to assist colleagues to understand the importance of using interpreters – for example, when I am unwell and even though I am fluent in English, it becomes hard for me to communicate in English.’

‘Peer workers can discuss with people how they wish to use interpreters or cultural leaders/advisers – if, how, when and about what’

Peer workers also have social justice and social determinants of health roles – advocating about the compounded exclusion and marginalisation often experienced by diverse groups e.g. helping diverse groups to resume or continue education and training, obtain employment and take up volunteering opportunities.

4. What challenges and opportunities do peer workers experience when working with diverse communities?

Challenges and difficulties include:

- Networking being considered as part of their roles and being resourced;
- The time it takes to build relationships, rapport and trust with diverse communities (difficult when only working days a week)
- Travelling times to scattered groups or dispersed locations
- Working in isolation
- Lack information about knowledge and skill sets of peer workers e.g. links to specific communities, languages spoken, Auslan proficiency
- Reaching diverse groups and diverse groups finding out about available services
- Peer work with diverse communities involves working with layers of marginalisation and injustice.

Peer work with diverse communities requires ground up approaches. These are time consuming and often involve activities that aren't in a peer worker's position description.

There needs to be sufficient numbers of peer workers so that there is choice e.g. consumer choice concerning gender of peer worker.

There opportunities for group reflective sessions to enable peer workers to learn from each other's diverse experience, worldview and skillset and to learn about other roles.

There are also opportunities for different 'generations' of peer workers to learn from each other about networking, communication and use of technology and social media.

5. What could the framework include to support peer workers with diverse communities with their practice?

The framework could assist by:

- Promote the importance of peer work with diverse communities
- Spelling out what peer work roles with diverse communities require to be effective
- Outline position description requirements
- Identify on-the-job training requirements and practice development opportunities to support peer workers to build practice skills with working with diverse communities
- Opportunities for group-based reflective learning so that peer workers can learn from each other
- Placements and secondments to other organisations working with specific population groups
- Identify existing helpful resources
- Recommend how Coordinare's support for building peer worker networks assist to link up peer workers working with diverse groups as well as link diverse communities to peer work.

4.2 Peer work in regional, rural and remote settings: unique features and specific challenges

15 April 2020

Attendees: 10

Questions

- Are there differences in peer work across regional, rural and remote communities? Are their unique features in particular communities? Are additional or certain skills or outlooks needed?
- What challenges and opportunities do peer workers in regional, rural and remote areas experience?
- What is important for peer workers to understand when beginning to work in regional, rural and remote communities?
- What supports would assist peer workers in regional, rural and remote communities?
- What could the framework include to support peer workers with their practice?

1. Are there differences in peer work across regional, rural and remote communities?

Are their unique features in particular communities? Are additional or certain skills or outlooks needed?

Physical isolation - One participant spoke of the “tremendous” physical isolation of peer workers in the region. *“For example, [metropolitan] organisations with a larger peer workforce can support each other...Here, we only have five peer workers working across the whole region in public health.”* As such, *“I have nowhere to turn to”*. As a consequence, *“I have had to make informal networks to connect with others”*. Others agreed and several stated they had done the same. One participant suggested that a large network should be set up for support, possibly comprising of peer workers outside the regional area.

Collegial support and peer worker-based supervision - A participant stated that there is a lack of access to multidisciplinary teams to provide practice support. Others brought up that there is a lack of practice supervision in regional and remote areas. *“There are smaller numbers and smaller teams, so supervision is hard to come by”*. A participant lamented that the challenge here for a peer worker is *“a clinical staff member to supervising a non-clinical role”*. Moreover, as another participant stated, *“what happens when you don’t get on with the person who is supervising you?”*.

Limited options to check in the course of a day with other peer workers - Close to this theme is that lack of support structures and the appropriate people to talk to when facing challenging decisions or “consumers”. An independent NDIS peer worker state that because there is a lack of supports, *“I have to choose wisely with who I work with”*.

One participant stated that practice co-reflection (or supervision) is key in his eyes as “we don’t see each other much” and when they do connect, “it is mostly by phone or email”.

Peer workers have learned they need to *‘put in place their own support teams trusted peer workers to talk through dilemmas and issues with’* and *‘to just check my views and actions with’*.

2. What challenges and opportunities do peer workers in regional, rural and remote areas experience?

Lack of a critical mass of peer workers - Many stated there were not enough peer workers and more employment opportunities need to be created. Furthermore, meeting up regularly, either physically or online, should be part of good practice.

One participant suggested that there should be *‘comprehensive peer work-based telehealth/support.’*

Access and ability to use technology - was brought as a challenge and an opportunity. Participants stated that training should be provided to peer workers in how to work remotely and online, as well as, provide devices and

training for consumers so they have different options in how they want to engage with services.

Technology was identified as an opportunity, an opportunity to work more flexibly and to do things differently, and to work in the way consumers want – that is, they choose how we engage. *‘In rural and remote areas this will require a significant investment.’*

3. What is important for peer workers to understand when beginning to work in regional, rural and remote communities?

Below lists what attendees stated they would say to someone starting off as a peer worker:

- Be a good role model and support
- Consider the effect isolation has on your work
- Make connections to other peer workers as soon as possible. Reach out to others early and often.
- Know that you're not alone – *‘don't hesitate to reach out to other peer workers’*
- Be a bridge for people
- Relate to people as much as you can
- Don't put too much pressure on yourself (as our work is not measured around KPIs, but in a different way)
- Trust yourself and your judgement and take the initiative *‘remember the boss can be far way!’*
- Prioritise self-care by ‘reminding yourself it's their story, not yours. You can't save the world.’
- Learn personal strategies for leaving your role as a peer worker at the close of business’
- Understand and plug into the values and motivations of rural communities

4. What supports would assist peer workers in regional, rural and remote communities?

Participants suggested that the following would assist them in their work:

- Switching off from work and looking after yourself outside of work hours would be a good support. Having a work-life balance.
- Having debriefing opportunities
- Educating others (clinical staff) on what a peer worker does and how the role can assist.
- Creating a broader network
- Having a professional association to represent peer workers

- Creating a collective with collective actions.
 - Creating a sense that peer workers are a part of something, a body, a collective, something bigger
- 5. What could the framework include to support peer workers with their practice?**

Some ideas included the following.

- Outline peer work experiences in regional, rural and remote areas – how it is different, unique features, benefits (e.g. *‘what’s exciting and good about it’*, what’s hard about it, challenges and opportunities – *‘provide examples of a day in the working life of a peer worker’*)
- Self-care strategies
- Include discussion of isolation (unpack it – *‘maybe provide brief scenarios’*) and include strategies for working in isolation (*‘an isolation toolkit’*)
- Coordination and resourcing of peer worker networks – map out a vision of a structure to support the development of peer work into the future
- Opportunities for informal interaction e.g. like Friday afternoon drinks but at the moment virtual; recovery camps for peer workers
- Position descriptions should provide for weekly co-reflection – *‘a safe place with a more experienced peer workers’* and *‘we shouldn’t have to source and fund this on our own.’*

A further suggestion was that the framework could make recommendations for technology to be provided to increase the range, effectiveness and reach of peer work programs – *‘technology could be used to assist to provide more intensive support to more people’*

4.3 Peer work in inpatient settings

A discussion commencing in the 15 April Conversation and continuing over email.

Peer workers in inpatient settings are known by a number of position titles including:

- Consumer Advocates
- Peer Advocate
- Consumer Consultants
- Peer Consultant

- Peer Support Workers (e.g. Living Well Support Workers)

Unique aspects of the peer work role in inpatient settings

- Peer workers actually get to know what's going on for the consumer as people will open up
- There is a peer relationship which promotes connection and trust based on mutual understanding
- With the consumer's permission, the peer workers advocate can discuss with the treatment team the consumer's thoughts about optimal treatment and preferred treatment
- Peer workers have an important role in breaking down barriers:
 - between different disciplines
 - between consumers and staff.
- Peer workers are good at interpreting different perspectives
- Consumers feel they can approach a peer worker and have confidence that the peer worker will be able to help them
- Sometimes consumers with drug and alcohol issues will be more open with peer workers whilst they fear judgment and sanction from other staff
- Peer workers assist people to navigate the mental health system in the following ways:
 - helping consumers to keep up with changes within the inpatient unit and in relation to their treatment and care (these changes can be unsettling and compound distress)
 - help consumers communicate their views and wishes to doctors and assist them to feel better heard and better understood (consumers often ask a peer worker to attend an interview with a doctor or to attend a care conference)
 - Provide reassurance and assist when conflict arises by understanding and putting forward the consumer's views
 - supporting consumers understand involuntary treatment processes eg helping consumers to understand Tribunal paperwork, attending the tribunal hearing with the consumer and ensure that consumers have all the information they require for the hearing in a timely manner (otherwise the matter can be adjourned)

Peer workers convey the message that they understand what the experience of inpatient admission and treatment. They understand that a person's first admission to a mental health unit can be very daunting and consumers can feel angry, ashamed and afraid. Peer workers understand what it is like to

lose one's rights, to have freedoms taken away and not be able to make decisions.

Peer workers understand what is happening for a person and what they are most worried about e.g.

- people with children will be worried about them and will want to get home as quickly as possible;
- people who are employed will want to get back to work and will fear losing their jobs and income;
- people on the land will want to get back to their farms and to their livestock.

Peer workers can take as much time as possible to explain to people how the system works and the daily and weekly routines of the inpatient unit. They also explain:

- Rights under the Mental Health Act;
- Assessment processes;
- the different roles of various staff;
- assistance available with Tribunal hearings;
- how to apply for leave and what to do when leave is refused.

Peer workers in inpatient units also run recovery groups which patients enjoy and appreciate. For example, patients appreciate the safe space of a recovery group and appreciate being able to say exactly what their feeling and thinking without being judged or without what they say being interpreted as evidence of mental illness. Being able to share freely like this helps a person to understand what is happening for them. It also provides opportunity for everyone present in the recovery group to exchange ideas and strategies about getting through.

Peer workers also have a role in assisting consumers with day to day matters like rent, bills and clothing as well as discussions and negotiations with Centrelink and utilities.

Peer workers and COVID-19

Peer workers are having an important role now during the restrictions of COVID-19. Social distancing from fellow patients, family and friends and staff

is tough for patients and creating an atmosphere in which recovery can be difficult. Peer workers are assisting by being able to spend significant amounts of time with patients and provide the supportive and validating ear they are missing.

Peer workers are also advocating for changes that can make a difference as well as putting forward the suggestions made by patients for improving the operation and atmosphere of the ward.

Skills and aptitudes of peer workers in inpatient settings

Optimistic and recovery-oriented language - Peer workers use optimistic and recovery-oriented language and help other professionals to change their language – *‘use language that is down to earth and jargon free.’* Peer workers understand what questions and what words and phrases can be off putting and make patients feel like they're being judged and put down. Peer workers also understand what language and what questions help to uplift a person and assist them to feel respected and accepted and feel as though their individuality and humanity is acknowledged and valued.

Provide hope and demonstrate recovery - Peer workers provide hope of recovery and walk and talk recovery by reason of their own lived experience. Peer workers share knowledge and wisdom based on lived experience peer workers give a message that the situation the patient is facing can be dealt with and it can be dealt with through mutual understanding. Through their own experience, peer workers can help people understand what to expect and ease their fear and uncertainty. Peer workers because of their lived experience have an understanding of what helps during an admission and or during difficult times.

Rights-based practice - Peer workers are able to identify and challenge stigmatising language and harmful practices and policies.

Understanding the Mental Health Act - It is important that peer workers understand the Mental Health Act and are able to explain the provisions in their own words and simply and in a way that patients can understand. When

a peer worker cannot answer a question it is important that they seek the advice of someone who can answer the question.

Person-centred – A peer worker's focus is on the person – first and foremost.

Attributes

Peer workers demonstrate resilience - In regional and rural areas peer workers often do not have access to code reflection or supervision with another peer worker particularly someone with more experience who can help them maintain the unique aspects of peer work and think through what is not consistent with peer work values, what is consistent and what to do when being asked to do something outside of their role and or value base.

Other attributes include:

- Peer workers are approachable
- Peer workers by reason of their experience understand and do not judge peer workers are trusted and viewed as “real”
- Peer workers are honest and straight talkers

Communication skills include:

Peer workers listen without judgement and provide validation – ‘they often find a way to assist consumers to have fun even in the height of distress.’

- Peer workers also communicate a message that difference is okay, that people are different, their experiences are different and that difference is a good thing and it is welcomed.
- Peer workers encourage people to value their own experience and encourage people to talk without shame or fear about their experience.

Able to set and maintain clear boundaries - It is important that peer workers in inpatient settings are able to set clear boundaries about their role, what they will do and what they won't do and what is inconsistent with peer work values.

Some important lessons

Honesty and clarity about role - Peer workers when working inpatient facilities must be honest about the legislative requirements of the unit and limitations of their role.

The power of being a valued member of an interdisciplinary team – While peer workers can often feel they are not accepted by other staff members, the role is exciting when doctors and other mental health professionals make it clear that they value the role of peer work and that peer workers have much to contribute to multidisciplinary teams.

‘It is exciting when clinicians begin to approach the peer worker and to ask for their views and to ask what they think.’

‘Another positive is when doctors make it clear that they want peer workers to advocate for patients and without fear or favour bring forward the views and suggestions of consumers about how the ward might be more recovery oriented and more welcoming.’

‘Acceptance of peer workers require leadership from senior clinicians who set the pace by saying that peer workers are equally valued members of the team. And are to be accepted as that.’

Professional isolation - A problem of working in inpatient settings is that there might only be one peer worker or there might be two peer workers working on different wards or different days. This makes the role a lonely one.

Importance of co-reflection - Working in an inpatient setting can be daunting and can be traumatising when appear workers sees other people being traumatised. It is important that peer workers can talk and talk with another preferably more senior peer worker about their reactions and dilemmas.

Trust intuition - Peer workers need to listen to the intuition and not self-doubt. Acting on instinct and intuition is an important aspect of the role as those instincts are often based on lived experience.

How the framework might assist

“Nothing about me without me” - The framework could assist by specifying that policies concerning peer workers need to be written by peer workers with input from senior and more experienced peer workers as well the framework could provide a set of guidance or guidelines about roles and guidance about how to work in the public mental health system and in inpatient units.

Position descriptions - the framework should specify that peer work position descriptions need to be written by experienced peer workers or at least have input and sign off from experienced peer workers. The framework should specify that position descriptions provide for dedicated resources and time for co reflection, networking with other peers and professional development.

The framework might also suggest how technology could be used to increase professional development and networking opportunities.

Employment bottom lines - the framework should make a statement about minimum requirements e.g. that peer work roles be full time with the option of part time or job shared. There should not be one day a week or two day a week position. Peer work positions need to be adequate and provide sustainable employment. Peer workers are no different from other professionals they require positions that enable them to have a living income and an income on par with other professionals.

The framework should also stipulate equal and fair remuneration for peer workers.

The framework could recommend that a fair and equitable award be establish for peer workers that could apply across sectors – public, private and NGO.

Workplace conditions and requirements - The framework should also make it clear that peer workers are entitled to the same workplace conditions as all other employees in Australia including reasonable adjustments.

A peer work career pathway - The framework could specify a career pathway across and within sectors for example:

- How voluntary roles might become a pathway way into paid peer work *'don't cut out people whose education was disrupted and who don't have a cert IV'*
- Provision for cadetships, traineeships and Certificate IV practice placements
- Schemes where by agencies offering placements can work with TAFES and RTOs
- A resourced process for recruiting and training peer work trainers and educators e.g. in Certificate IV, in universities and workplaces etc.
- Better recognition of prior learning including experience and other training e.g. IPS
- A structure for progression and recognition e.g. peer work team leaders, peer work managers, senior peer workers and also peer workers who can provide co-reflection or peer work practice supervision
- Opportunities for movement between sectors.

The range of professional development and networking opportunities that could be offered - what a system of professional development would look like and what it would include:

- how the peer workforce might be structured for example a regional network across all sectors;
- how co-reflection and debriefing opportunities might be provided;
- might there be hotline that peer workers can call that is staffed by experienced peer workers;
- regular networking events;
- a regional wide professional development event once or twice a year
- recovery camps etc.

Further training and study - Consideration could be given to further qualifications in peer work for example a degree or a master's or qualifications in peer work management, peer work leadership or peer work supervision or in specialisations e.g. inpatient settings, forensic setting, community settings or with different population groups.

A professional body - the framework could make a recommendation concerning the need for professional association to represent peer workers.

4.4 Peer work in isolated settings

e.g. where there is only one or a small number of peer workers within the organisation or locally

22 April 2020

Attendees: 14

Questions

- Is peer work different in isolated communities? What makes a setting isolated? Are additional or certain skills or outlooks needed?
- Are peer workers more visible in isolated settings? What impact does this have on i) peer workers personally ii) peer workers' families and iii) peer work roles?
- What are the biggest challenges faced by peer workers in isolated settings? Are there also opportunities?
- What is needed to assist peer workers with these challenges and to enable them to take up the opportunities?
- What could the framework include to support peer workers in isolated settings with their practice?

1. Dimensions of isolation

How do peer workers experience isolation? Dimensions include:

- The perspectives, values and value of the roles of peer work not being understood or accepted
- Reactions to the position title e.g. based on stigma, fear and prejudice
- the feeding of self-stigma by other people's and the organisation's response to the role
- A non-clinical profession working in largely clinical settings or alongside clinicians
- Professional identity of an emerging discipline – no professional body
- Small numbers – *'1-2 part time peer workers in a workforce of 3,000'*
- Working in distant locations
- Not having peer work colleagues to work and debrief with – *'isolation arising from not being able to check in with another peer worker'*

'3000 clinicians versus 6 peer workers across the whole service. Everything can be fixed by medication apparently. I have learned not to open my mouth too often in that environment...I especially didn't say anything when one of the managers said 'peer workers get traumatised working with people who are psychotic...' (if I were going to say anything, it would have been...'actually we get a bit traumatised working with clinicians sometimes. The consumers are the good part of the job'.

2. Challenges of isolation

There seemed to be consensus about the challenges that isolation brings. Some of these challenges include:

- **Feeling disconnection**

'The challenge is not connecting with other staff members' due to their misunderstanding of the peer work role. People felt isolated, not only geographically, but professionally as the workforce tries to integrate peer workers into the services and *'work with a model that's not known'*. It was understood that being connected could *'validate actions and mediate work responses'*.

Further, several participants stated they feel questioned by other staff members due to this lack of understanding about what their role is about.

Participants felt that specifically including 'networking' as a job specification would go a long way to enable opportunities to connect and alleviate the effects of isolation. Participants also felt a proactive approach to educating the health workforce about the role and value of peer workers would be beneficial.

A peer worker working outside the health service stated that he felt 'less isolated' now that he is 'outside of the system'.

- **Feeling unsupported**

A participant said that she felt *'the whole hospital feels different when my peer work colleague is around, it makes me feel safe, comfortable and relevant'*.

Participants stated they don't feel supported, whereby they '*can validate [their] ideas*' and '*learn and grow together*'. Participants continued to say that having support provides the opportunity to 'check in with each other, getting reassurance to stop self-doubt'.

- **Feeling lonely**

One participant said '*isolation looks lonely and loneliness is not good for me. I need the social aspect of the role, connection is key to my recovery*'. Another participant stated '*it is very isolating being the only peer worker on site...it's really hard*'.

'the presence of fellow peer workers makes my workplace feel different and safer'.

'when with other peer workers I don't feel self-conscious or the need to justify my position. I feel validated.'

3. How the framework could assist

'Isolation is not necessarily a bad thing. It is however if it is experienced as uncomfortable and causes self-doubt and lack of confidence.'

Suggestions included the following.

- The framework should be outward looking and help to raise awareness and understanding of peer work
- Embed networking with other peer workers in position descriptions
- Structured and planned opportunities for networking both informal and formal
- Link peer workforce development to developments for other professional workforces in isolated settings

4.5 Conversation about the role of senior peer workers

06 May 2020

14 present

1. What – what would the role of senior peer worker comprise?

- Advocate for the Peer Worker roles in the system
- Advocates in the workplace for individual Peer Workers regarding position descriptions and responsibilities
- Assist to navigate workplace culture
- Mentor and coach Peer Workers in their role and provide or facilitate co-reflection in a variety of formats
- Provide opportunities to reflect on peer support practice
- Helping to deliver better outcomes through learning that comes from exploring and discussing work issues
- Promote problem solving skills
- Assists improvement in clarity and objectivity in decision making
- Promote self-care practices
- Provide constructive feedback
- Conduct training and education and advocate for worker's participation in ongoing training and networking
- Promote the core competencies of peer workers
- Bring the role of Peer Worker to prominence across the sector and its unique contribution within the medical model
- Mediate and liaise between the worker's organisation and other stakeholders
- Promote systems change, better services (informed by lived experience), more equitable policies, recovery-oriented and trauma informed practice
- Senior peer workers might work have one or more "portfolios" or functions:

- i. Co-reflection – might be internal or external
- ii. Line management of peer workers
- iii. Peer educators – taking the word of peer work out externally as well as within mental health services
- iv. Systems advocacy and social justice
- v. Executive position within the organisation
- vi. Governance membership



Some quotes:

- 'Someone I can reach out to and discuss my experience of being a peer worker and what it is like'
- 'the role would be hands-on with peer workers'
- 'someone who can listen, respond honestly and who can provide reassurance and validation'
- 'someone I know has my back'
- 'Someone in my corner'
- 'Someone who is objective, can help me to critically analyse the situation and can provide constructive feedback'
- 'Is a handy tool to advise, assist, train and mentor'
- '[Will help] facilitate a safe and secure [peer] workforce'

'Brings confidence to the workforce'

'Who can be a sounding board'

'Who can help you stay a peer'

[Who can] 'navigate possibilities and areas of difficulty [and] navigate workplace culture...and policy'

'Who can be contacted to have **'those'** conversations'

2. What the senior peer role isn't

- Not necessarily qualification-based or length of service-based but sufficiently flexible to recognise knowledge, skills and attributes
- Superior
- Detached from peer workers – "everyone is a peer, supporting other peers is implicit to peer work"

3. Who – what skills, expertise, experience and attributes would a senior peer worker have



- Someone who inspires trust and is respected by peer workers as well as non-peer workers
- Someone who understands the dilemmas and challenges of working as a peer worker e.g. maintaining peerness, not being co-opted, managing personal responses to adverse workplace practices and policies
- "someone with clout and authority"
- High level communication skills an able to have difficult conversations
- Conflict resolution and negotiation skills
- Five plus years' experience of working as a peer workers

Some quotes

‘who inspires confidence and trust’

‘who can remain neutral when dealing with issues’

‘who is grounded and level-headed [and] has conflict resolution skills’

‘who can advocate for peer workers and advocate on behalf of the peer work role’

[who can assist other peer worker who are] ‘facing hostility [and] ‘being mistreated’.

4. How – how might senior peer worker roles be established?

It could be established to form a pathway for progression. Options include:

- Senior peer worker roles within organisations
- Senior peer worker roles within each sectors
- Senior peer worker roles created across the region e.g. by the PHN in collaboration with NSW Ministry of Health, Local Health Districts and NGO service providers
- Internal and/or external to the organisations employing peer workers
- Use an existing award as a model but adapt as necessary e.g. Health Education Officers Award or NSW Health Service Health Professionals (state) Award with progression and recognition of seniority offered after a certain period and if specified criteria demonstrated
- Nomination by peers component

Issues and questions

- Recognition of volunteering experience
- Should there be formal qualification requirements; if so, would IPS training be recognised?
- Concerns about income parity with other health professionals operating in the same environment. Challenges stem from how the industry income Awards are structured. These structures do not allow for a ‘career to follow different steps’ and pose difficulties for peer workers seeking higher positions of responsibilities.
- Require awards and career pathways that enable progression for peer workers with diverse experiences and backgrounds and who enter peer work through a diverse range of pathways and journeys.

Participants stated that a senior peer worker should be given the role through a nomination process. They also suggested that a senior peer worker can be a specific role or a responsibility 'added on to an existing 'role'. In any case, the position should be 'embedded in the workforce' with 'structures created [to allow this to occur]'.

5. What might a peer workforce “structure” look like?

Overall structure e.g.

- One statewide network or organising committee with regional branches or sector-based networks e.g. public, NGO, NDIS, Private
- Linked with professional body (if formed)
- Linked with consumer peaks

Career pathway e.g.

- Volunteering eg being involved with mutual support
- Trainee/cadetship
- Entry – year 0-2
- Peer work practitioner year 2-5
- Senior peer work practitioner
- Management roles
- Executive roles

Issues and questions

- How is the experience, skills and knowledge gained from voluntary peer support recognised?
- How can volunteers be supported and nurtured to become peer workers (if they wish)?
- If there are peer work degrees and higher qualifications are introduced, what if any recognition should be given to them within a career structure?

Responses to the question: What do you think a Senior Peer Role would do for our workforce in our area?

Response 1 – 'I think they would be supporting all the peer workforce in a way that is productive informative and progressive for the person's needs. I

think they would provide supervision mentorship and liaison, also someone who can respect private matters and has a safe ear and a mobile aspect to both talking and doing. An empathetic experienced and knowledgeable mentor who has your best interest at hand. Someone who can Advocate and be expected to Negotiate with leaders when necessary maybe someone who can actually be present face to face in a regular visit but also when its priority of need a traveler that can be there. A person who can provide experience in a logical and supportive way. Maybe lighten the load or at least make sense of it. And someone who get it and hopefully with time can Get you.'

Response 2 – 'Senior peer workers, when implemented correctly, can be incredibly important to the peer workforce. Reflecting on my own "journey" of peer work I found it incredibly useful to have a senior to go to, someone to initially 'buddy up' with and someone who would validate my feelings and allow me to be able to speak freely without the worry of being labelled unwell or incapable of doing the job.'

'I always felt that my vulnerability was one of my strengths and it allowed me to connect with people but, as with most things in the peer space, vulnerability is something people can fear being used against them, I think there's general mistrust of systems and hierarchy (and since having a label of 'senior peer' myself I find it incredibly uncomfortable since there's a feeling of superiority there that I don't necessarily see or recognise.) I just consider myself to have been fortunate to have the experience in the role whereas someone else might not have had such chances to be employed for whatever reason.'

'In my role now I'm still not sure what it actually entails as such. Due to the hierarchy thing mentioned above, I'm not sure how comfortable I am with words such as mentoring or supervision (have used them for sake of ease) but co-reflection is something that sits well as we all have something to learn from one another. As always, it's contradictory – 'senior' peer worker seems to be at odds with everyone being an equal. And as always, language and fitting it correctly to the framework is important.'

'For the purposes of this, senior to me just seems to be someone with more experience. As others have mentioned, someone to advocate or someone

who has been through the process before who can clarify, validate and offer some guidance on how to do things and share their own experiences of when they were new to the role or just learning. Someone to just offer that space that says “It’s okay, what you’re feeling... it’s normal!” and to be able to offer solutions, suggestions and reflections.’

‘Currently I’m in a senior role and generally I feel somewhat like it’s my job to reach out to new peers, to offer a friendly ear and to let them know that they’re not alone and a lot of the time, it can feel like a lonely place. Today, I had a text from a new peer and it was relatively straight forward to answer but had they gone to a clinical lead with such an issue, there may have been a different outcome as words like ‘dependency’ crop up. It’s not about dependency but more about relationship and demonstrating positive relationships or having conversations on what this looks like in a peer context is incredibly helpful. And so senior peers can quickly fill in those gaps.

Response 3 – ‘For me a senior peer would be someone who would initially reach out to me, and then be able to connect my personal situation with my work role and guide me throughout my practice and in different roles and at different times they might just guide me to the correct information to look at that can inform best practice in an individual circumstance.’

5 Informal brainstorming

Brainstorming occurred via phone, email, texting and the Project’s closed Facebook Group.

5.1 Common peer work terms and what they mean

Reciprocity – ‘*The whole point of peer work is been able to share pain together as get what people are experiencing. It helps people feel less alone and connected. So powerful especially when people know has felt suicidal in my life and can provide hope in how the default zone can change when dealing with setbacks in life.*’

Authenticity – *‘Being real and honest very important as a peer worker.’*

‘It underlines everything, we want to be truthful and honest to move in mutuality with the person, but we also need to be mindful that sometimes being authentic might mean saying and setting up a boundary, that I, as the peer may not be able to delve into this today. Authenticity in practice is really implicit in mutuality.’

‘I think of it as "no bullshit".

“[It’s] about been real! been honest! To communicate with another person with all that it brings e.g. sharing pain, sharing joy, sharing setbacks. etc. It is about the relationship...So a person feels less alone, not judged and understood on their terms due to empathy of been real with another human being.”

“I can see that authenticity refers to being authentic to yourself, being authentic to your role and to the people you are working with.”

Being true to yourself and the role, self-care, personal connection and building relationships are several themes that can be seen from the above comments.

Recognition of the legitimacy of “peerness” and strategies for support peer workers and managers to work together to maintain “peerness” – guarding against co-option and mini-me syndrome.

Mutuality – *‘As a peer the relationship is paramount, so a person feels less alone, feels connected and safe enough to share their world. How we teach each other about our lives without judgement.’*

‘Mutuality is healing is listening and sharing and holding is done well.’

Equality of relationships – *‘Equal in having a lived experience but as a peer need to convey interested in the person, teach how to navigate the system if required and let know limitations of the relationship.’*

‘e.g. if suicidal have to let team know but interested in how come, cannot be a friend once leaves service, cannot lend money. In essence I get to go home

but consumers have to stay if under the MH Act 2007. Transparency and honesty are good values with regards to relationships as it is not equal.'

Protecting Rights

A post on the new changes to the MH Act (2007) due to Covid-19 brought up a comment about whether peer workers' roles should include a Human Rights component.

One comment by a member of the Project's closed Facebook group stated:

'I have found it useful to know when a consumer has a tribunal hearing. Reason been can make sure they have been issued with documents before the hearing. Talk about the treatment and anything they would like to challenge with the lawyers support as well. Has helped in getting consumers hearing re-adjoined and then person got well it never happened again. Interesting times. I think it depends on the service if can assist. Down here at CRC am permitted to assist consumers who have a hearing.'

5.2 Peer work functions

A conversation started on what functions a peer worker should include. The functions suggested are:

1. Individual advocacy (support individuals to understand and navigate the system/service needs)
2. Peer support (giving and receiving, which is founded on key principles of respect, shared responsibility and mutual agreement)
3. Systemic advocacy and representation (participation at all levels individual through national)
4. Health promotion (improving mental and physical health, recovery and other areas)
5. Education and training (of other mental health service providers, peer educators)
6. Quality and research and
7. Coordination and management

One response for this topic suggested that they should all be included because *'they aren't disparate issues/concerns/interests'* and helps one *'to be*

an effective trainer, manager, coordinator, improve health outcomes, and to be an effective worker'.

Key in this idea is the '*ability to have flexibility*' to ensure peer workers can '*move beyond border control of business boundaries...[and]...be able to move between the more crisis inpatient settings to community settings etc*'.

The respondent stated that flexibility '*is of absolute paramount importance to the effectiveness of the ideology behind what it means to be a part of the peer workforce*'.

5.3 Feeling a sense of achievement and accomplishment

When a post on a self-assessment tool for organisations that have a peer work force was put up, a person commented that some of these assessments too subjective and by consequence, some more tangible standards would be good:

'I had a quick look and it seems OK. My initial reaction was though it facilitates choice and subjectivity, it feels a bit vague. We really need some concrete examples so that we, as Peers can be seen making the changes we know we are making. Choice and subjectivity are of the utmost importance. But I believe this can sometimes be misinterpreted because there is no prescribed "path".'

The self-assessment tool can be found here: NGO Mental Health Lived Experience Workforce Standards & Guidelines: [Self-Assessment tools](#)

5.4 Discussion about the possibility of further peer work education and qualifications

A point on peer work undergraduate and higher degrees was brought up in a post. This stimulated some passionate responses.

Fundamentally, the degree should not marginalise people wanting to be a peer worker by not being able to access the degree. That is, it should '*not be the only way or be the only direct route*' to be a peer worker. Additionally, it

should not be detrimental to the nature and purpose of what peer work is and what a peer worker should be doing.

The degree should not only teach skills, but also 'how to do research'. The degree should teach theory and be practical, and *'to find the meaning and walk with the person and not let other and own judgements prevent the journey that is important to the person. These conversations are important for learning, doing u turns and keep on going until something clicks and then found meaning and purpose for life'*.

5.5 Some new frontiers for peer work

- Peer workers in private practice e.g. sole traders providing NDIS items, providing one;one and group-based co-reflection and on the job professional development
- Peer run businesses
- Peer run services and programs e.g. warmlines, respite cottages, returning to work support, digital skills
- Peer work as educators
- Peer-run recovery camps and recreational/arts and performing arts activities
- Peer work led community organising to tackle stigma and discrimination

5.6 Resources the framework could provide, link to or recommend

- A welcome to peer work sheet or film from the region to go to any peer worker irrespective of where / whom they are employed by to let them know they're not alone
- YouTube films about the framework and about peer work
- A peer work flyer that is generic to the whole region that says what a peer worker does so that consumers utilising the services know they should be able to have access to peer workers everywhere. *'We had a brochure for what a peer worker did in ISLHD. I am thinking if we had a generic one for the region it would show unity and also let consumers*

know that when they step up/down/move sideways in their treatment they will still have access to a peer worker.'

- A fact sheet or series of films for staff about the fundamentals of peer work

6 Some helpful sources recommended during consultations

[Intentional Peer Support](#): an alternative approach

[Out together](#): Trainee handbook, WellWays

[Peer Specialists Manual](#), On Track NY (Sera Davidow)

[The Provider's Handbook On Developing & Implementing Peer Roles](#)

[IPS Core Competencies](#)

[Core Competencies for Peer Workers](#) (SAMHSA)

[Competencies for the mental health and addiction service users, consumer and peer workforce](#), Te Pou

[Charter of Peer Support](#), Centre of Excellence in Peer Support

Madness Made us, Mary O'Hagan

7 Summary

The consultations and conversations have provided a wealth of helpful information and guidance.

Here is a summary of what participants in the project to date have said should be included in the framework.

Introduction

- Purpose of the framework
- The regional vision for peer work

Section One What is peer work?

- E.g. origin, values, principles, key terms (definitions), language, uniqueness, types of roles, the connection between natural and intentional peer relationships, relationship to other peer work disciplines
- The value of peer work – quick overview linked to evidence base
- Peer work today and into the future - discussion of the range of settings and peer work roles across the region today; current specialisations as well as those emerging within peer work across the region and more widely; Peer work and diversity; New frontiers

Section 2 Peer work in regional, rural, remote and isolated settings

- Discuss our region
- how peer work is different, unique challenges and opportunities, the contribution of peer work during times of community crises ((including what has been learned this year e.g. bushfire, drought, floods, virus, economic downturn)

Section 3 Peer work skills and capabilities

Discuss the skills that peer workers bring and are required across different:

Experience levels e.g.

- Essential
- Entry level
- Team leader or senior roles.

Settings e.g.

- Inpatient
- Involuntary
- Community
- Policy, strategic and administrative

Section 4 Professional development and a career structure and pathways

- Keeping the peer in 'peer work' - experience and qualification and pathways into peer work
- Guidelines for on-the-job training, co-reflection, professional development and networking
- Career structure and pathways

Section 5 Guidelines for employers and managers

- Guidelines for viable and sustainable peer work positions
- Guidelines for position descriptions
- Employment and workplace terms and conditions
- Remuneration principles
- Management of peer workers
- Becoming a peer work employer of choice
- Self-assessment tools and resources for organisations

Section 6 How will success be measured?

A peer work KPI framework for the region

Section 7 Tool kit for self-care and practice challenges

E.g. maintaining peerness and role authenticity, working in regional, rural and remote and isolated settings, publicly known and recognised as a peer workers, stigma and discrimination, the trauma dance, self-care

Conclusions and Recommendations

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