



# PEER WORKFORCE MODELS IN ALCOHOL AND OTHER DRUG TREATMENT

**Nick Meumann, Dr. Julaine Allan**



## Introduction

Coordinare commissioned Lives Lived Well to undertake a literature review that describes peer support models in the alcohol and other drug sector (AOD). The review also includes information from AOD services that provide peer support. The report defines the role of peer, describes the scope of peer roles in AOD and explains how a peer role works within categories of mutual-help groups (self-help groups); in peer-run or peer-operated services including web sites; and within mainstream alcohol and other drug services.

The term peer can refer to people with a shared identity, culture, job or activity; or experience. The term lived experience is often used to describe what it is that makes someone a peer. In the context of substance use, it generally refers to a shared experience, e.g. people who inject drugs, an experience of substance use problems, or experience with AOD services (AIVL N/D). In the mental health sector peer support and consumer engagement is enshrined as a key element of service provision with defined peer support roles, whereas in the AOD service sector peer support is slowly being adopted in service delivery (Ritter et al. 2014).

Peer support in mental health and AOD fields has developed in very different ways. Mental health services have had a much greater focus on peer support workers sharing their lived experience as part of a recovery philosophy in recent times (e.g. mental health consumers providing services in clinical and rehabilitative); whereas AOD services have had an extensive history of mutual support groups (AA) and hiring people as counsellors who have a lived experience (Davidson 1999). Despite this history of peer support in the AOD sector, there is "relatively limited data rigorously evaluating outcomes" (Tracy & Wallace 2016, p. 151).

While the terms peer and consumer are both used to describe roles and activities for people with a lived experience, for consistency this literature review will primarily use the term peer.

This report reviewed existing peer-reviewed and grey literature to examine different peer support services and models, including:

- Mutual support groups, such as Alcoholics Anonymous (AA) and SMART Recovery
- Web-based or eHealth models for peer support
- Peer-run and peer-operated services
- Consumer engagement and support
- Peer workers in a structured service delivery setting

## What is peer support?

Peer support and similar terms, such as mutual support and self-help, is defined as a range of activities that focus on self-determination, participation and recovery, broadly it can be defined as “any organised support provided by and for people with similar conditions, problems or experiences” (O’Hagen 2011, p. 5).

Different aspects that highlight the diverse nature of peer support including characteristics, terminology, roles and so on have been identified. Table one summarises the key elements of peer roles.

**Table One - Key elements of peer support**

Author) Year, page	Focus	Information
Miyamoto & Sono 2012  Adapted from: Solomon 2004	Categorisation	Peer support is categorised as: <ul style="list-style-type: none"> <li>• Mutual-help groups (self-help groups) – small, voluntary groups, usually formed by peers, focusing of mutual support, and structured around a specific purpose.</li> <li>• Peer-run or peer-operated services – these are services and programs that are planned, provided and operated by people with a lived experience. Individuals who do not have a lived experience may be involved in the service program but not in lead roles</li> <li>• Peer employees (peer specialists) –peer support workers, teams or initiatives exist within a traditional service.</li> </ul>
Davidson 2006	Continuum of helping relationships	A continuum that views peer support sitting in the centre of helping relationships from ‘one directional’ relationships, such as psychosocial counselling and case management, and ‘reciprocal’, such as friendship and self-help and mutual support program see appendix 1).
O’Hagan 2011, page 5	Variants of peer support	O’Hagan (2011) identifies the broad nature of peer support and many variants in its delivery, which can be: <ul style="list-style-type: none"> <li>• Funded OR unfunded.</li> <li>• Use volunteers OR paid staff OR both.</li> <li>• Operate out of user/ survivor/ consumer run organisations OR other agencies.</li> <li>• Delivered by a group of peers OR by an individual peer in a team of professionals.</li> <li>• A primary activity of the initiative OR a benefit from another activity e.g. in a user/survivor advocacy group or small business.</li> <li>• Part of an indigenous healing ritual.</li> </ul>
Cleary et al. 2011	Peer support roles	Peer support roles are varied including: <ul style="list-style-type: none"> <li>• Working with peers and facilitating groups,</li> <li>• Care coordination and advocacy,</li> <li>• Education and training,</li> <li>• Policy development and representatives on committees</li> </ul>



### Mutual-help groups (self-help groups)

Mutual support groups are made up of “people who share their experiences about how their lives have been affected by alcohol and other drugs” (Lee et al. 2012, p. 54). Mutual support groups focus on recovery and provide social, emotional and information support to members (Beck et al. 2016). The advantages of mutual support groups and programs as compared to traditional AOD supports and intervention are that they have minimal cost and provide long-term, ongoing support to those who choose to participate (Zenmore et al. 2016).

### Alcoholics Anonymous and 12-step programs

Alcoholics Anonymous (AA) is a long running recovery group, which has a meeting occurring regularly in many different locations around the world. Alcoholics Anonymous promotes abstinence and participants follow 12 core ‘steps’, which includes participants sharing stories in the meetings (Lee et al. 2012). The steps focus on “taking responsibility for recovery, listening to and sharing personal stories, and recognising and accepting a spiritual higher power” (Lee et al. 2012, p. 54). People can attend as many meetings as they choose, but it is suggested that new participants attend 90 meetings in 90 days (Lee et al. 2012). In AA, addiction is seen as a medical and spiritual disease, which requires participants to relinquish control to a higher power (Beck et al. 2016).

Some treatment programs are designed around the 12-step model. However, these are different to a peer run model. Some reviews of the effectiveness of formal 12-step treatment programs have identified that the program is at least as effective as other treatments, such as Cognitive Behavioural Therapy. Other studies have identified that individuals who attended other treatment in addition to AA, achieve better outcomes. However, the research evidence on the effectiveness of AA is of poor quality and results should be interpreted with caution (Kilmas et al. 2018; Ferri, Amato & Davoli 2006).

While alcohol use was the focus of the first 12-step programs, the approach has been adopted to other groups and treatment programs. Some of the other notable groups include Narcotics Anonymous and Marijuana Anonymous. However, it has also expanded to other non-substance related behaviours, such Gamblers Anonymous and Compulsive Eaters Anonymous (Hamilton 2008). Narcotics Anonymous (NA) focuses on participants who use drugs. The research into the efficacy of NA is not as comprehensive as the research conducted on formal 12 step programs (Galanter 2013).



### SMART Recovery Groups

SMART Recovery is a mutual support group that focuses on empowerment and has been “specifically developed to reflect current evidence-based practice in the addiction field” (Kelly et al. 2017, p. 325). Smart Recovery includes methods of motivational interviewing and cognitive behavioural therapy (Kelly et al. 2017). SMART Recovery groups may be led by professional or non-professional facilitators, which is a unique factor that differentiates it from other mutual support groups (Beck et al. 2016). The groups focus on the here and now, looking at developing practical skills and strategies to reduce substance use. Unlike AA, participants do not share their personal stories and it does not have a spiritual focus (Lee et al. 2012). Participants in the groups talk about their “goals, challenges and practical skills to help with their recovery” (Lee et al. 2012, p. 56). SMART Recovery focuses on providing support for a range of behaviours related to addiction, including alcohol, drug use, and gambling as opposed to the singular focus of 12-step programs, e.g. Alcoholics Anonymous and Narcotics Anonymous (Beck 2016).

SMART Recovery Groups have four key principles (Lee et al. 2012, p. 55):

- Enhance and maintain motivation
- Cope with cravings
- Problem solving
- Lifestyle balance.

However, SMART Recovery has limited evidence about its effectiveness (Zenmore et al. 2018). One study comparing the efficacy of Smart Recovery to 12-step programs tentatively suggests that SMART Recovery has the equivalent efficacy to 12-step programs. The study also identified that participants who had alcohol use disorders achieved better outcomes when they chose the goal of total abstinence, regardless of which group they participated in. (Zenmore 2018).

### Aboriginal Men's and Women's Groups

Aboriginal mutual support groups for men and women provide a culturally safe space where substance use can be discussed along with other relevant issues. Men's groups for example may address, “spirituality, identify, anger management, domestic violence and employment” (Lee et al. 2012, p. 56). Similarly, Aboriginal Women's groups may discuss health issues and other private issues that they do not want to share with men or health professionals. As members of the group are likely to be experiencing similar issues, participants do not have to be concerned about stigma or discrimination as result of substance use (Lee et al. 2012).



Men and women's groups may meet in a community setting, such as a community centre, or they may meet in a treatment setting, such as a drug and alcohol service (Lee et al. 2012). The groups provide opportunities for socialisation and comprehensive care delivered in a safe and relaxed environment and encourages user-friendly pathways to access treatment (Lee et al., 2013).

Many Aboriginal men experience poverty, unemployment, crime and imprisonment, poor educational attainment and lack of access to social services. Men's Groups can provide support to men and encourage the development of personal and community wellbeing. This can occur through changing "individual behaviour and promote action to improve wellbeing" (McCalman 2010, p. 5).

In women's groups, the participants direct what issues are to be discussed and make plans to undertake activities with the support of staff. Attendance may be fluid with sometimes few women attending while in other sessions there are a greater number. Accordingly, group facilitators are prepared with a range of possible discussion topics and activities. An evaluation of this holistic approach to drug and alcohol treatment for women found the groups to be effective in reducing drug and alcohol harms across the community (Lee et al., 2016).

### Web-based or e-health approaches to peer support

Emerging web-based or eHealth interventions are providing opportunities for people to connect with others in similar situations. As this is an emerging field terminology to describe these interventions are still being clearly identified and defined, in addition to web-based approaches and e-health, other terms like cybertherapy and telehealth are also used (Kirkman et al. 2018).

While technology driven approaches are gaining favour and prominence, additional trials and research are required to examine their efficacy (Kirkman et al. 2018). However, there is no evidence for the efficacy of internet-based interventions for those who have severe alcohol use disorders (Eysenbach et al. 2018).

Web based interventions are emerging as a promising treatment including general support for reducing alcohol and other drug use. The advantages are that they are anonymous, convenient, accessible, cost-effective, private, and can provide support while clients investigate other face-to-face options (Eysenbach et al. 2018). Web-based interventions are also perceived to improve access to care in rural and remote locations.



## Hello Sunday Morning

An example of an internet-based intervention that incorporates peer support elements is Hello Sunday Morning's (HSM) Daybreak Program. Individuals commit to a period of non-drinking. Once registered they can post blogs about their experience, and other users can comment, interact and provide support to each other (Pennay 2018). HSM state that the program creates online peer-to-peer communities (Admin 2018). A majority of the content produced on HSM is created by the participants with approximately 59% of content produced by 16% of the participants (Carah 2015).

The participants within HSM differ from those who generally access traditional treatment options - men. HSM participants are more likely to be female, younger and engaging in risky drinking (Carah et al. 2015).

Research into HSM has suggested that those who engaged in the program and reported hazardous or harmful consumption levels "reported a significant decrease in alcohol consumption, moving to low-risk consumption levels 4 months following program commencement" (Eysenbach et al. 2018, p. 8). The results showed greater improvement in those who "signed-in more, posted more blogs, received more 'likes' from other community members, followed more community members, had more followers, and completed more check-ins" (Eysenbach et al. 2018, p. 8).

HSM is a support network for people going through a similar experience, creating a large community of non-drinkers. The online community is seen as important by the participants in the program. The peer community was particularly significant as participants identify that non-drinking has negative impacts on their social networks (Pennay 2018).

## Peer-run or peer-operated services

Peer run or operated services "are planned, operated, administered, and evaluated..." by people who have a shared lived experience of drug use, problems or mental illness (Solomon 2004, p. 393). Individuals without a lived experience may be involved in the service as administrators for example. However, ultimately it is within the control of peer operators. Generally, these organisations will rely primarily on volunteers and only have a small number of paid staff (Solomon 2004). This section of the report will focus on NSW Users and AIDS Association (NUAA) and Queensland Injectors Health Network (QuiHN) and their Needle Syringe Programs and peer education programs.



## Needle Syringe Programs

Needle and syringe programs (NSPs) are a key element of the harm reduction framework outlined in the Australian National Drug Strategy. NSP programs provide a range of different harm reduction services to prevent the transmission of blood borne viruses. Services include “the provision of sterile injecting equipment, safer sex materials, information and education on reducing harms associated with injection drug use and referral to a range of health and welfare services” (Iverson et al. 2017, p. 3).

Needle Syringe Programs (NSP's) are services that can be operated as a peer service. There are two notable examples where this can occur:

- **Primary NSP outlet** – can be run by people who identify as peers.
- **Extended peer distribution** – which occurs when drug users collect equipment from NSP services and then distributed to their peers. It is a means to support networks of people not otherwise reached by the more traditional harm reduction outlets or routes

### Primary NSP run by people who identify as peers

Primary NSP outlets are services where the primary purpose of the service is to provide sterile injecting equipment (NSW Ministry of Health 2017).

Some NSP projects are specifically provided by peer organisations such as NUAA, whereas within other NSPs the peer roles are not formally identified as peer support but have paid workers who identify as peers. In a guide to best practice in peer led NSP's, Curruthers (2018, p.12) identified that a majority of the staff working within primary NSP's identify as peers as they have “experience with drug use, drug use lifestyles and injecting,” even though the role is not formally identified as a peer role. This occurs as the most common pathway to paid employment, where most staff have spent time within the NSP, is to start work as a volunteer and then transition to paid employment.

An NSP that has a volunteer role that could be a peer is QuiHN, a non-government health service providing services to illicit drugs users in Queensland (QuiHN N/A). QuiHN runs three NSP programs in South East Queensland; Brisbane, Gold Coast, and Sunshine Coast. QuiHN offers the opportunity to volunteer within their programs and do not identify lived experience as a requirement on their volunteering form.

The NSW Users and AIDS Association (NUAA) operates differently from QuiHN in their volunteer program. Peer Participation Program is specifically for people who have a lived experience of illicit drug use and identify it as a way to “contribute their knowledge and learn new skills by volunteering their spare time to NUAA” (NUAA 2017a). One of the peer participation opportunities is working within the NSP. NUAA is



governed, staffed and led by people with lived experience of drug use. NUAA provides education, practical support, information and advocacy to users of illicit drugs, their friends, and allies (NUAA 2017b).

The peer-based NSP was an advantage for service users who commented on the “friendly, knowledgeable and non-judgmental nature of the service they regularly attended” (Carruthers 2018, p. 12).

### Extended peer distribution

Extended peer distribution “occurs when drug users collect equipment from primary NSP services and then distribute equipment to their peers” (Brener et al. 2018). It is seen as a way to reach people who may not be reached by NSP or other harm reduction methods. While in all Australian states it is legal to possess injecting equipment, in many states peer distributed is not permitted including NSW, Victoria (with exceptions), and Queensland. NUAA ran a peer distribution network from 2013 until July 2016 when the funding was not renewed (Carruthers 2018). Peer distribution is seen as important way to access user groups who don’t access equipment as much, such as people in regional areas, Aboriginal people, and young people (Breners et al. 2018).

Under legislation people authorised by the Secretary of NSW Health can provide sterile needles and syringes. The pilot project allowed for the extension of authorisation to clients to be able to pass on or distribute to their peers without criminal penalty. This included NUAA passing on training, the delivery of consistent health messages, and blue wallet cards to show police that they were authorized (Breners et al. 2018).

The project found the extended distribution was already a common practice but does not occur in an intentional or organised manner. The data from the pilot found that a substantial minority of injecting drug users were willing to pass on high volumes of equipment to peers. Additionally, it was identified that many participants were unaware of the legal status of extended distribution. Overall, this data suggests that peer networks are effective for harm reduction activities (Breners et al. 2018).

### Peer Education

Peer education is a range of strategies which have been developed and implemented by members of a group for their peers. The credibility of the peer educators and their understanding of the culture and values of the group is important to communicate authentically with and achieve sustained changes within the group.



Two notable peer education programs are the Peerlink Project run by NUAA in NSW and the TIDE Project run by QuiHN in Queensland.

### Peerlink

Peerlink is a “peer education project conceived, planned, delivered and sustained by people who inject drugs (PWID)” (NUAA 2017). Each project site is a partnership between NUAA, the local injecting community, and the local health district.

The projects strengthen and sustain communities of PWID with the aims of (NUAA 2017):

- Improving access to health care
- Fulfil the aims of the government's hepatitis B and C strategies
- Reduce stigma, marginalisation, and isolation.

### TIDE Project

TIDE is a Hepatitis C education, support and treatment project. The project is designed to be flexible, non-judgemental and respectful for people at all stages of hepatitis C (QuiHN n/Ab). It is targeted at (QuiHN N/Ab):

- People who Inject drugs,
- People on Opiate Substitution Therapy (OST), and
- People accessing drug rehabilitation services.

### Peer employees (peer specialists)

Peer employees are individuals who are in identified “peer positions as well as peers who are hired into traditional...positions” (Solomon 2004, p. 394). These positions may be professional or volunteer positions (Solomon 2004). Generally, peers working in a support role assist people to navigate service systems through working with individuals and sharing their experience. This role is different to that of a ‘consumer’ or ‘consumer advocate’ who, typically provides advice and support to people at a policy or organisational level (Robertson et al. 2010).

### Consumer participation (support)

Consumer participation is broadly defined as ‘the process of involving health consumers in decision-making about health service planning, policy development, setting priorities and quality issues in the delivery of health services’ (Commonwealth Department of Health and Ageing 2011). Current, past and people considering treatment would be considered consumers in the context of AOD services (Commonwealth Department of Health and Ageing 2011).



Mental Health services and Local Health Districts (LHD) often have staff working in the roles of consumer representative or consumer advocate. While people in consumer roles may have lived experience of mental illness they are acting on behalf of their peers more often than engaging with them. Research into the benefits of consumer participation in health and mental health services is well-established with evidence suggesting that there are many benefits that flow from tailoring services treatment and services to consumer needs. In contrast research specifically focusing on consumer participation in drug and alcohol treatment services is still an emerging field (NSW Ministry of Health 2017).

There are some key principles that could support more consumer participation in drug treatment services (Commonwealth Department of Health and Ageing 2011):

- Service providers need to recognize the rights and benefits of consumers having input into how programs and service are run.
- The purpose of consumer participation needs to be clear and consumers need to be engaged from the beginning of the program or initiative.
- Leadership, funding and support are required for consumer participation to be effective.

Engaging consumers in AOD treatment can have a lot of potential benefits including keeping people in treatment longer, achieving a range of positive outcomes, and a greater client satisfaction with treatment (Fischer & Neale 2008). Despite some potential benefits there is also a number of challenges to consumer engagement, including negative perceptions of substance users, the attitudes of professionals towards consumer involvement, the design and the dynamics of the treatment program, and structural factors, e.g. constraints on resources (Fischer & Neale 2008).

### Peer workers in a traditional service delivery context

Solomon (2004, p. 395) categorised peers employed in traditional services settings as “individuals who fill designated unique peer positions as well as peers who are hired into traditional positions”. Solomon further clarifies that when a peer is employed into a mainstream role, to be considered a peer worker, “the individual must meet the requirements of a peer as in the definition specified above which includes publicly identifying as an individual who is receiving or has received services” (Solomon 2004, p. 395).

Peer Work Hub (2016) define a peer support worker as someone who is employed on the basis of their lived experience with dependence and recovery, by definition peer workers ‘draw on their lived experience in conversations, documentation,



decision-making and advocacy. The NSW Ministry of Health's (2017) *Non-Government Organisation Alcohol and Other Drugs Treatment Service Specifications* identify peer support workers as part of day programs and rehabilitation services (NSW Ministry of Health 2017). There are a range of roles and functions that can be undertaken by peer support workers. The most common role that peer support workers undertake is supporting people by sharing their own experiences with others in treatment (Peer Work Hub 2016).

It is common in the AOD sector for people with lived experience of drug use and treatment to work in standard roles rather than peer roles. In a report about the characteristics of the NSW non-government workforce, 42% of respondents identified that they had a 'lived experience' of AOD use<sup>1</sup> and 29% of workers identify that they had disclosed this to their workplace. Despite the high number of workers who had identified as having a lived experience only 12% respondents identified that they worked within a 'lived experience' role (Roche et al. 2018). While there are limited peer support roles within the AOD organisation, there is a significant number of AOD workers who openly identify as being a peer.

Formal peer support roles in mental health services and organisations have been around for longer and are more common than peer support workers in the AOD field. As a result, there is a greater body of evidence and research in the area including the development of a Certificate IV in Mental Health Peer Work. However, consumer organisations, such as NUAA, have started to develop training workshops to help empower users to participate in drug and alcohol treatment services (NUAA 2017c).

### Implementation of a peer support role

The successful introduction and implementation of peer support workers into an organisation requires a systematic, planned process. The literature identifies a number of key factors including supportive leadership, an implementation process, preparedness, and support for the peer worker, as well as ensuring the policies and procedures are inclusive of peer work (WAAMH 2014). Thorough planning and ongoing monitoring are key to ensuring the success of the program.

ARAFEMI Victoria (2013) and the Centre of Excellence in Peer Support identify four stages when setting up a peer support program:

- **Stage 1 – Planning**, including identifying the objectives of the program, funding, executive support, and organisational integration.

---

<sup>1</sup> The survey asked respondents: "Do you identify as having a 'lived experience'? (Lived experience = having experienced problematic AOD use for which you may or may not have sought treatment or support)" (Roche et al. 2018, p. 48)



- **Stage 2 – Setting up**, including policies & procedures, recruiting personnel, management structures & supervision, handling information, and engaging stakeholders.
- **Stage 3 – Commencing Operations**, includes promoting the service, engaging the target group, and ensuring sustainability.
- **Stage 4 – Monitoring**, including evaluation and reporting.

Peer workers occupy a role that is in-between professionals and clients. As peer workers occupy this unique position, strategies need to be in place to properly integrate the role in the services. Importantly this process must be ongoing, it cannot end with the hiring of a peer worker (Moll et al. 2008).

### Challenges and issues for peer workers in a service delivery context

There are many challenges that have been identified with the delivery of peer work. These are related to the peer workers, the environment, and the context of the work. These challenges include:

- **Role clarity**- There can be challenges due to the lack of clear role description, pressure to gain acceptance or feeling undervalued from the non-peer workforce (Tisdale 2018). The peer role can also be a challenge for other employees. A lack of role clarity can have an impact on the peer's relationships with other employees, managers, and supervisors (Kemp & Henderson 2012). A main solution for role clarity is education for the peer support worker and information about the role for their team and management (Kemp & Henderson 2012).
- **Personal issues with health and stress** - there may be challenges related to relapse triggers, burnout, and stress related to the role that could impact peer workers (Tisdale 2018). There is a lot of concern about the potential stigma and how other workers would perceive them if they have a relapse or other health issues. This can be overcome through self-care and the understanding of role stressors being embedded in the position description including having their manager act as an advocate (Kemp & Henderson 2012).
- **Boundaries** – Peer worker's relationships with clients can resemble a friendship and can be viewed as unprofessional or could be misinterpreted by the client therefore damaging to the relationship between them. Going beyond appropriate boundaries can be seen as unprofessional and becomes a risk when developing a friendship impedes on the effectiveness of the peer relationship (Kemp & Henderson, 2012; Miyamoto & Sono, 2012). Boundary problems can be convoluted when peers believe that refusing friendship will interfere with connection, or when over involvement can result in burnout or



overload. Another challenge with boundaries, is disclosure, including “how to disclose, how much to disclose and when it was appropriate to disclose personal information to clients” (Kemp & Henderson 2012, p.339).

- **Inadequate training and supervision** - There can be a lack of opportunity for appropriate supervision and finding someone who could be a mentor to a peer. Management supervision can also be challenging, as supervisors may not have a good understanding of the peer support role and what to expect. Embedding supervision and support info into policies and procedures can be a key to integrating peer support workers into the service (Kemp & Henderson 2012). Training managers is also required.
- **Workload** - There are challenges around workload and expectations of the peer role. This includes the demands on peer workers time often in a part-time role, particularly related to funding that may be based on client contact hours. This is also a challenge around completing administrative demands, such as record keeping (Kemp & Henderson 2012).
- **Lack of financial compensation** - In some settings peer support workers receive poor or no financial compensation for their role which may impede their performance in the role (Chinman et al., 2008; Mowbray et al., 1998; Vanderwalle et al., 2016). Peers may perceive little financial compensation as a reflection of their credibility and as a result, may feel that they are not fully valued in their role (Miyamoto & Sono, 2012). Further findings suggest that appropriate remuneration is central to achieving benefits such as empowerment and opportunity.

### Peer support in action

Three services with peer support programs were contacted for this report. Two AOD services that have peer workers and a headspace centre that has a specific peer worker model were interviewed. Two of the services stated they have peer workers. However, the position descriptions call the role consumer representative.

This section provides an overview of the programs, their process for establishing the programs, keys to the success of the programs, and challenges faced.

**Table 2 – Overview of services who were interviewed**

Service	Roles of the worker	Details of the role/program
<b>South Eastern Sydney Local Health District</b>  See Position Description – appendix 2	Peer workers act across different levels of the service: <ul style="list-style-type: none"> <li>• individual</li> <li>• across the system in governance</li> <li>• attend meeting – all levels of the services</li> </ul>	The program has paid peer workers working across three sites - Sydney Hospital, St George Hospital, and Sutherland Hospital
<b>Gorman Unit - St Vincent's Hospital Sydney</b>  See Consumer worker Position Description – appendix 3	<ul style="list-style-type: none"> <li>• Works across the alcohol and drug services</li> <li>• Sits on key committees, including Clinical Governance</li> <li>• Collating and analysing consumer feedback</li> <li>• Involved in the NADA consumer project.</li> <li>• Has worked to assist in the develop of policies and procedures, e.g. withdrawal procedure</li> <li>• Inservice's to the staff about harm minimisation</li> </ul>	Gorman Unit has one paid peer support worker.
<b>headspace Southport</b>  See Application Pack – appendix 4	<ul style="list-style-type: none"> <li>• Co-plans and co-facilitates groups support young people.</li> <li>• Work with young people one-on-one towards their goals.</li> <li>• Roles on key committees, including governance committees and management committees.</li> </ul>	Only has peer workers who are young people.  Peer workers are reimbursed volunteers.

### Process for establishing the programs

Two services identified that it had taken between 6 and 12 months to prepare their peer work program before a worker was hired. Other services had been redeveloped with all new staff, so the peer worker role was established as part of that process.

Some of the steps that were outlined by the three services in the establishment process included:



- Developing a clear framework/ model for peer work in the organisation (one service had a steering group as part of this process).
- Identifying the tasks for the peer worker(s).
- Conducting focus groups with staff.
- Surveying staff to get their understanding of peer work and feeding back that information. One service also surveyed clients.
- Creating feedback mechanisms for the peer worker
- Developing recruitment materials and identifying internal training required.

### Keys to success

There was several characteristics that were identified by all three organisations as key to making their programs successful. These included:

- The support/backing of the organisation's leadership, managers or executive for the peer role.
- A really clear vision by the organisation about what the peer workers role involves and the tasks they will undertake.
- Peer support programs can be resource intensive and organisations need to adequately resource the program.
- A specific manager/coordinator who has carriage of the program.
- Having a good recruitment process.

### Support for the peer worker

All services identified several supports that they have put in place for their peer support programs. These include the following mechanisms:

- Regular supervision sessions, particularly to assist them to balance boundaries, how much information they share, and how these change for the peer worker over time.
- Regular meet ups/catch ups with their line manager. One service identified that this occurs weekly and another said that this occurs every time the peer worker is working.
- Access to debriefing when it is required.
- Attending team meetings.
- Have training for the role. Two of the services indicated that they have in-house training for their peer support workers.



## Challenges

The three services described a range of challenges they faced when implementing a peer support program within their service:

- Organisational recruitment systems and processes. It was identified that online applications systems and the need for criminal checks would make the recruitment process challenging for potential candidates
- Having short term program funding.
- Consumer workers often have chronic illnesses and may need regular time off.
- Supporting peer worker to know their personal and professional boundaries.
- Ensuring peer workers don't slip into case management roles.

Services also identified that they have been able to overcome or mitigate a number of the challenges through their approach in establishing and operating the peer support program.

## Conclusion

Peer work has a long tradition in the AOD sector via mutual aid groups, but defined peer roles are limited in AOD services. Many AOD clinicians and support workers have a lived experience of substance use and treatment that they draw on in their work. However, consistent with the growth of peer support roles in the mental health sector, the AOD sector is developing more opportunities for peer workers across all service types – community support, harm reduction and treatment. The terms peer and consumer tend to be used interchangeably but can be separated by defining consumer advocacy as working for peers within an organisation; and peer work as supporting others with a similar lived experience to engage with services and attain their personal goals. The evidence on how peers improve outcomes is limited and as the number of peer roles grows more research is required. Currently the mental health sector can inform good practice in AOD peer work.

Peer workers can provide significant benefits to AOD services through an authentic connection with service users if they are well supported in a clearly defined and appropriately resourced role.



## References

- Admin (2018) Online communities can help support you through hard times. Retrieved from: <https://www.hellosundaymorning.org/2018/07/23/online-communities-can-help-support-you-through-hard-times/>
- AIVL (N/D) *About Peer Education*. Retrieved from: <http://aivl.org.au/hepatitisconnection/about-peer-education/>
- Alcohol and Drug Foundation (N/A) *Peer Support overview*. Retrieved from: <https://community.adf.org.au/plan/project-and-activity-toolkits/peer-support/peer-support-overview/>
- ARAFEMI Victoria (2013) Considerations when Setting Up a Peer Support Service. Retrieved from: <https://www.peersupportvic.org/index.php/2014-12-15-22-42-49/2014-12-16-02-22-27/func-startdown/224/>
- Beck, A. K., Baker, A., Kelly, P. J., Deane, F. P., Shakeshaft, A., Hunt, D., Forbes, E. & Kelly, J. F. (2016). Protocol for a systematic review of evaluation research for adults who have participated in the 'SMART recovery' mutual support programme. *BMJ Open*, 6 (5), 009934-1-009934-6.
- Beck, Alison K, Baker, Amanda, Kelly, Peter J, Deane, Frank P, Shakeshaft, Anthony, Hunt, David, . . . Kelly, John F. (2016). Protocol for a systematic review of evaluation research for adults who have participated in the 'SMART recovery' mutual support programme. *BMJ Open*, 6(5), E009934.
- Carah, Meurk, & Hall. (2015). Profiling Hello Sunday Morning: Who are the participants? *International Journal of Drug Policy*, 26(2), 214-216.
- Brener, L., Bryant, J., Cama, E., Pepolin, L., & Harrod, M. (2018). Patterns of Peer Distribution of Injecting Equipment at an Authorized Distribution Site in Sydney, Australia. *Substance Use & Misuse*, 53(14), 2405-2412.
- Carruthers, S. (2018). *Needle and Syringe Programs in Australia: Peer-led Best Practice*. Australian Injecting and Illicit Drug Users League: Canberra
- Cleary, M., Raeburn, T., Escott, P., West, S., & Lopez, V. (2018). 'Walking the tightrope': The role of peer support workers in facilitating consumers' participation in decision-making. *International Journal of Mental Health Nursing*, 27(4), 1266-1272.
- Commonwealth Department of Health and Ageing (2011) Treatment Service Users (TSU) Project: Phase Two - Chapter 2: Model and definition of consumer participation. Retrieved from: <https://health.gov.au/internet/publications/publishing.nsf/Content/illicit-pubs-needle-tsu2-toc~illicit-pubs-needle-tsu2-2>



Crane, P. R., Francis, C., & Buckley, J. (2013). *Youth alcohol and drug practice guide 3: Practice strategies and interventions* (No. 3). Dovetail.

Cyr, C., McKee, H., O'Hagan., and Priest R. (2016) *Making the Case for Peer Support: Report to the Peer Support Project Committee of the Mental Health Commission of Canada*. Retrieved from: <http://www.mentalhealthcommission.ca>

Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, J. (1999). Peer Support Among Individuals with Severe Mental Illness: A Review of the Evidence. *Clinical Psychology: Science and Practice*, 6(2), 165-187.

Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer Support Among Adults with Serious Mental Illness: A Report from the Field. *Schizophrenia Bulletin*, 32(3), 443-50.

Department of Health (N/A) PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance Consumer and Carer Engagement and Participation.

Retrieved from:

[http://www.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/\\$File/8PHN%20Guidance%20-%20Consumer%20and%20Carer%20Engagement%20and%20Participation.PDF](http://www.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/$File/8PHN%20Guidance%20-%20Consumer%20and%20Carer%20Engagement%20and%20Participation.PDF)

Eysenbach, G., Kirkman, J., Leo, B., & Moore, J. (2018). Metadata Correction: Alcohol Consumption Reduction Among a Web-Based Supportive Community Using the Hello Sunday Morning Blog Platform: Observational Study. *Journal of Medical Internet Research*, 20(9), E11288.

Ferri M., Amato L., & Davoli M. (2006) Alcoholics Anonymous and other 12-step programmes for alcohol dependence. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No.: CD005032. DOI: 10.1002/14651858.CD005032.pub2

Fischer, J., & Neale, J. (2008). Involving drug users in treatment decisions: An exploration of potential problems. *Drugs: Education, Prevention, and Policy*, 2008, Vol.15(2), P.161-175, 15(2), 161-175.

Galanter, M., Dermatis, H., Post, S., & Sampson, C. (2013). Spirituality-Based Recovery from Drug Addiction in the Twelve-Step Fellowship of Narcotics Anonymous. *Journal of Addiction Medicine*, 7(3), 189-195.

Hamilton, M. (2008) *12-Step Programs*. P: 718-720 in Renzetti, Claire, & Edleson, Jeffrey. (2008). *Encyclopedia of Interpersonal Violence*. Thousand Oaks: SAGE Publications.



Iversen J, Linsen S, Kwon JA, and Maher L. (2017) *Needle Syringe Program National Minimum Data Collection: National Data Report 2016*. Sydney: Kirby Institute, UNSW Australia; 2017.

Kelly, P., Raftery, D., Deane, F., Baker, A., Hunt, D., & Shakeshaft, A. (2017). From both sides: Participant and facilitator perceptions of SMART Recovery groups. *Drug and Alcohol Review*, 36(3), 325-332.

Kelly, J., Magill, M., & Stout, R. (2009). How do people recover from alcohol dependence A systematic review of the research on mechanisms of behavior change in Alcoholics Anonymous. *Addiction Research & Theory*, 2009, Vol. 17(3), P.236-259, 17(3), 236-259.

Kirkman, J. J. L., Leo, B., & Moore, J. C. (2018). Metadata Correction: Alcohol Consumption Reduction Among a Web-Based Supportive Community Using the Hello Sunday Morning Blog Platform: Observational Study. *Journal of medical Internet research*, 20(9).

Kemp, V., and Henderson, A. R. (2012). Challenges Faced by Mental Health Peer Support Workers: Peer Support from the Peer Supporter's Point of View. *Psychiatric Rehabilitation Journal*, 35(4), 337–340. <https://doi.org/10.2975/35.4.2012.337.340>

Klimas, J., Field, C. A., Cullen, W., O'gorman, C. S., Glynn, L. G., Keenan, E., ... Dunne, C. (2014). Psychosocial interventions to reduce alcohol consumption in concurrent problem alcohol and illicit drug users: Cochrane review. *Drug and Alcohol Dependence*, 140. <https://doi.org/10.1016/j.drugalcdep.2014.02.305>

Lancaster, K., Seear, K., & Treloar, C. (2015). Laws prohibiting peer distribution of injecting equipment in Australia: A critical analysis of their effects. *International Journal of Drug Policy*, 26, 1198-1206. doi: 10.1016/j.drugpo.2015.05.014

Lee K, Freeburn B, Ella S, Miller W, Perry J, Conigrave K [editors] (2012). *Handbook for Aboriginal Alcohol and Drug Work*. Sydney: University of Sydney.

Lee, K., Dawson, A., & Conigrave, K. (2013). The role of an Aboriginal women's group in meeting the high needs of clients attending outpatient alcohol and other drug treatment. *Drug and Alcohol Review*, 32(6), 618-626.

Lee, K. S. K., Dawson, A., & Conigrave, K. M. (2016). Insights into the effective management of support groups for Aboriginal Australian women with substance use disorders. *Society, Health & Vulnerability*, 7(1), 1–16. <https://doi.org/10.3402/shv.v7.29474>

McCalman, Janya and Tsey, Komla and Wenitong, Mark and Wilson, Andrew and McEwan, Alexandra and James, Yvonne Cadet and Whiteside, Mary (2010) Indigenous men's support groups and social and emotional wellbeing: a meta-synthesis of the evidence. *Australian Journal of Primary*



*Health*, 16(2). pp. 159-166.

Miyamoto, Y., & Sono, T. (2012). Lessons from peer support among individuals with mental health difficulties: A review of the literature. *Clinical Practice and Epidemiology in Mental Health: CP & EMH*, 8(1), 22-29.

Moll, S., Holmes, J., Geronimo, J., & Sherman, D. (2009). Work transitions for peer support providers in traditional mental health programs: Unique challenges and opportunities. *Work*, 33(4), 449–458. <https://doi.org/10.3233/WOR-2009-0893>

NSW Ministry of Health (2017) *Guideline: NSW Needle and Syringe Program*.

Retrieved from:

[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2017\\_024.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2017_024.pdf)

NSW Ministry of Health (2015) *Guide to Consumer Participation In NSW Drug and Alcohol Services*. Retrieved from:

[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2015\\_006.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2015_006.pdf)

NSW Ministry of Health (2017) *Non-Government Organisation Alcohol and Other Drugs Treatment Service Specifications*. Retrieved from:

<https://www.health.nsw.gov.au/aod/resources/Pages/treatment-service-specifications.aspx>

NSW Users and AIDS Association (NUAA) (2017) *Peerlink*. Retrieved from:

[https://nuaa.org.au/community-engagement/peerlink/?doing\\_wp\\_cron=1545351008.4196689128875732421875](https://nuaa.org.au/community-engagement/peerlink/?doing_wp_cron=1545351008.4196689128875732421875)

NSW Users and AIDS Association (NUAA) (2017a) *Volunteer at NUAA*. Retrieved from:

<https://nuaa.org.au/get-involved/volunteer/>

NSW Users and AIDS Association (NUAA) (2017b). *About NUAA*. Retrieved from:

<https://nuaa.org.au/about-nuaa/>

NSW Users and AIDS Association (NUAA) (2009) *Peer Education and Evaluation Framework: Understanding NUAA approach to peer education with people who inject drugs in NSW*. Retrieved from: [https://nuaa.org.au/wp-content/uploads/2017/01/NUAA\\_peer\\_ed\\_framework\\_and\\_evaluation\\_document\\_2009.pdf](https://nuaa.org.au/wp-content/uploads/2017/01/NUAA_peer_ed_framework_and_evaluation_document_2009.pdf)

O'Hagan, M. (2011) *Peer Support in Mental Health and Addictions: A Background Paper*. Retrieved from: <http://sharc.org.au/wp-content/uploads/2016/03/Peer-Support-Overview-OHagan.pdf>



Peer Work Hub (2016) *Employer's guide to implementing a peer workforce*. Retrieved from: <http://peerworkhub.com.au/wp-content/uploads/2016/05/Business-Case.pdf>

Pennay, A., MacLean, S., Rankin, G., & O'Rourke, S. (2018). Hello Sunday Morning: Strategies used to support temporary alcohol abstinence through participation in an online health promotion program. *Health Promotion Journal of Australia*, 29(3), 321-327.

QuiHN (N/A) *About QuiHN*. Retrieved from: <https://www.quihn.org/about-quihn/>

QuiHN (N/Ab) *Peer Education and Info*. Retrieved from: <https://www.quihn.org/peer-education-info/>

Ritter, A., Berends, L., Chalmers, J., Hull, P., Lancaster, K., and Gomez, M. (2014) *New Horizons: The review of alcohol and other drug treatment services in Australia - Final Report*. Retrieved from: <https://ndarc.med.unsw.edu.au/resource/new-horizons-review-alcohol-and-other-drug-treatment-services-australia>

Robertson, R., et al. *Consumer & Peer Roles in the Addiction Sector*. (2010). Matua Raki. Wellington, New Zealand.

Roche, A., Kostadinov, V., Hodge, S., Duraisingam, V., McEntee, A., Pidd, K. & Nicholas, R. (2018). *Characteristics and wellbeing of the NSW non-government AOD Workforce*. Adelaide: National Centre for Education and Training on Addiction, Flinders University.

Solomon, P., & Anthony, William A. (2004). Peer Support/Peer Provided Services Underlying Processes, Benefits, and Critical Ingredients. *Psychiatric Rehabilitation Journal*, 27(4), 392-401.

Tisdale, C. (2018) *Youth Mental Health Peer Support Work: A Qualitative Study Exploring the Psychological Well-Being of Peer Support Workers*. Unpublished thesis.

Tracy, K., & Wallace, S. P. (2016). Benefits of peer support groups in the treatment of addiction. *Substance abuse and rehabilitation*, 7, 143-154. doi:10.2147/SAR.S81535

Western Australian Association for Mental Health (WAAMH) (2014) *A Peer Work Strategic Framework for the Mental Health and Alcohol and Other Drug Sectors in Western Australia*. Retrieved from:



<https://waamh.org.au/assets/documents/projects/peer-work-strategic-framework-report-final-october-2014.pdf>

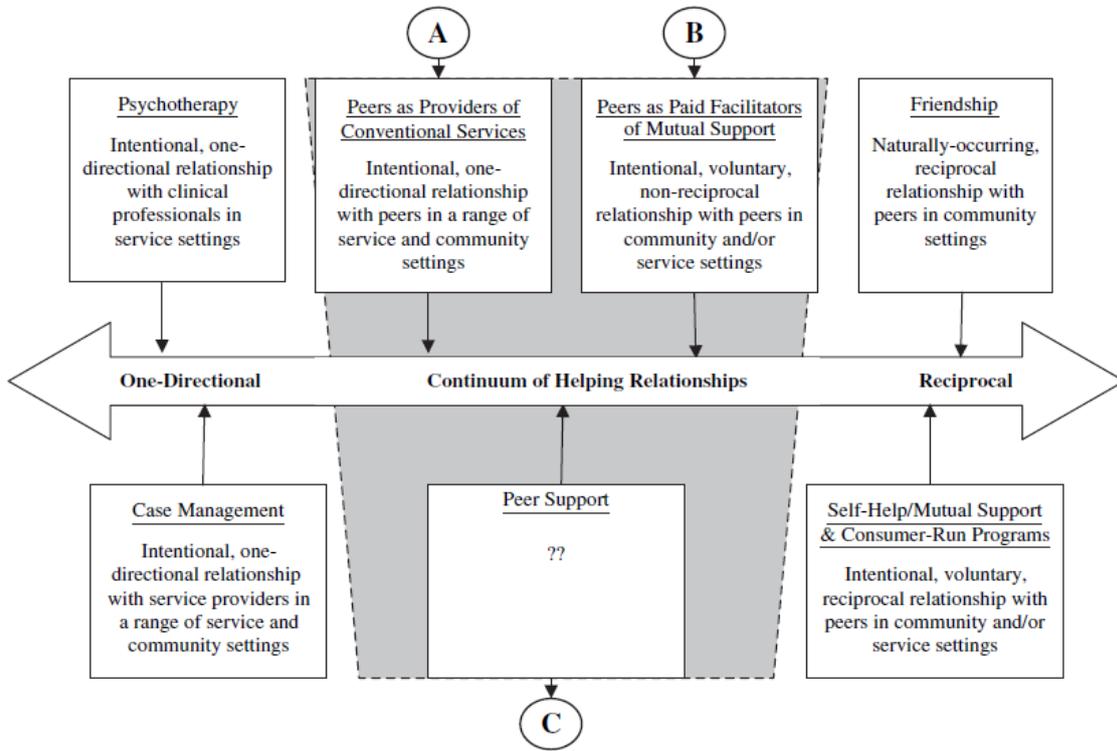
Zemore, Lui, Mericle, Hemberg, & Kaskutas. (2018). A longitudinal study of the comparative efficacy of Women for Sobriety, LifeRing, SMART Recovery, and 12-step groups for those with AUD. *Journal of Substance Abuse Treatment*, 88, 18-26.



**Appendix**

**Appendix 1**

Davidson's (2006) Continuum of helping relationships:



## POSITION DESCRIPTION/JOB DEMANDS CHECKLIST



**Health**  
South Eastern Sydney  
Local Health District

## POSITION DESCRIPTION

Position Details			
<b>Position Number:</b>			
<b>Position Title:</b>	Consumer Representative – Drug & Alcohol Service		
<b>Cost Centre:</b>	TBA	<b>Percentage:</b>	
<b>Organisation Unit:</b>	Drug & Alcohol Service (D&A), South Eastern Sydney Local Health District (SESLHD)		
<b>Location:</b>	Various		
<b>Facility:</b>	The Langton Centre/St George/Sutherland D&A Service		
<b>Are multiple Awards relevant to this position?</b>	No		
<b>Award:</b>	Health Education Officer	<b>Classification</b> :	Non-Graduate/ Graduate
<b>Registration and Licence requirements:</b>	Nil		
<b>Specialty Code:</b>	NA		
<b>Vaccination Category:</b>	B		
<b>Responsible to:</b>	Senior Nurse Manager, SESLHD D&A Service		
<b>Responsible for (staff):</b>	Nil		
<b>Position description approved/reviewed:</b>			

### Primary Purpose of the Position

South Eastern Sydney Local Health District (SESLHD) is committed to improving the care provided to our patients in line with our vision of *Working together to improve the health and wellbeing of our community*.

SESLHD Drug and Alcohol Service (DAS) offers a range of treatment and support services for people with problems from their alcohol, prescription or illicit drug use, and/or their families and cares. Outpatient drug and alcohol services are located in clinics at the Langton Centre in Surry Hills, St George Hospital in Kogarah, and Caringbah Community Health Centre at Sutherland Hospital. Inpatient D&A services are provided at Sydney Hospital, Prince of Wales, St. George and Sutherland Hospitals.

To provide support and information to consumers of DAS Service within community settings in the Langton Centre/St George D&A Service.

The position will provide support and guidance to people seeking treatment for substance use at DAS. The position will represent consumers', ideas, suggestions and concerns about the service

they attend as well as promote, encourage and support the consumers' experience and ability to access the relevant services within DAS by providing appropriate referral.

The position will also act as a link between the DAS and the community, and work to reduce the stigma associated with people with substance use issues.

### Key Accountabilities

- Liaise with consumers and staff of the SESLHD DAS.
- Regularly attend relevant meetings.
- Effectively put forward the consumers' perspective.
- Comply with relevant DAS policies.
- Comply with the NSW Health Code of Conduct including maintaining the security of confidential and/ or sensitive official information.
- Assist clients to navigate the different types of services available in SESLHD DAS.
- Refer clients to most appropriate clinical staff member in relation to their issue.
- Work with the Consumer Participation Facilitator to develop, implement and evaluate effective consultation and feedback mechanisms for clients.
- Assist in conducting and evaluating client activities e.g. forums, coffee club etc.
- Assist in the development of consumer resources as required.
- Support consumers to self-advocate.
- Support consumers in the suggestions and complaints process, as required.
- Record and process suggestions and complaints.
- Encourage and support on-going feedback and input from consumers.
- Ensure all client information and resources on display are current and updated.
- Identify own on-going education and training needs and participate on a regular basis in any consumer education, training and supervision opportunities provided.

### Key Challenges and Influences

#### Challenges/Problem Solving:

- Effectively represent consumer views.
- Communicate effectively with different stakeholders.

#### Communication:

- To the consumers, the SESLHD D&A consumer workers, SESLHD D&A staff and management and key external stakeholders.

#### Decision Making/Influence:

Nil

### Selection Criteria

- Demonstrate an understanding of the issues affecting drug and alcohol service users.
- Direct experience as a consumer of a drug and alcohol service and sound knowledge of different treatment models.
- Demonstrate an ability and willingness to work with consumers and health workers.
- Demonstrate an understanding of consumers' rights and responsibilities.
- Demonstrate an ability to attend and participate in regular meetings/forums.
- Demonstrate an understanding and commitment to harm minimisation principles in drug and alcohol treatment settings.
- Demonstrate an ability to work effectively and cooperatively, both independently and within a team environment.

### Employment Screening Checks:

- National Criminal Record Check

National Criminal Record Check (Aged Care)

Working with Children Check

Select one from the above options

<b>Certification</b> <i>[Include only where required]</i>	
<b>Chief Executive or delegate:</b> <hr/>	<b>Associate Director/Manager/Supervisor</b> <hr/>
<b>Date:</b> ___/___/___	<b>Date:</b> ___/___/___
	<b>Position Holder:</b> <hr/>
	<b>Date:</b> ___/___/___

## JOB DEMANDS CHECKLIST

**Definitions:** \*Denotes a critical requirement of the job

### Frequency

<b>I</b>	Infrequent – intermittent activity exists for a short time on a very infrequent basis	<b>C</b>	Constant – activity exists for more than 2/3 of the time when performing the job
<b>O</b>	Occasional - activity exists up to 1/3 of the time when performing the job	<b>R</b>	Repetitive – activity involves repetitive movements
<b>F</b>	Frequent – activity exists between 1/3 and 2/3 of the time when performing the job	<b>N/A</b>	Not applicable – activity is not required to perform the job

CRITICAL	PHYSICAL DEMANDS - DESCRIPTION (comment)	FREQUENCY					
		I	O	F	C	R	N/A
	<b>Sitting</b> Remaining in a seated position to perform tasks			*			
	<b>Standing</b> Remaining standing without moving about to perform tasks	*					
	<b>Walking</b> Floor type: even/uneven/slippery, indoors/outdoors, slopes			*			
	<b>Running</b> Floor type: even/uneven/slippery, indoors/outdoors, slopes	*					
	<b>Bend/ Lean Forward from Waist</b> Forward bending from the waist to perform tasks	*					
	<b>Trunk Twisting</b> Turning from the waist while sitting or standing to perform tasks	*					
	<b>Kneeling</b> Remaining in a kneeling posture to perform tasks	*					
	<b>Squatting/ Crouching</b> Adopting a squatting or crouching posture to perform tasks	*					
	<b>Leg/ Foot Movement</b> Use of leg and or foot to operate machinery	*					
	<b>Climbing (stairs/ladders)</b> Ascend/ descend stairs, ladders, steps, scaffolding			*			
	<b>Lifting/ Carrying</b>	Light lifting & carrying – 0 – 9kg	*				
		Moderate lifting & carrying – 10 – 15kg					*
		Heavy lifting & carrying – 16kg and above					*
	<b>Reaching</b> Arms fully extended forward or raised above shoulder		*				
	<b>Pushing/ Pulling/ Restraining</b> Using force to hold/restrain or move objects toward or away from body	*					
	<b>Head/ Neck Postures</b> Holding head in a position other than neutral (facing forward)						*
	<b>Hand &amp; Arm Movements</b> Repetitive movements of hands & arms		*				
	<b>Grasping/ Fine Manipulation</b> Gripping, holding, clasping with fingers or hands			*			
	<b>Work at Heights</b> Using ladders, footstools, scaffolding, or other objects to perform work						*
	<b>Driving</b> Operating any motor powered vehicle		*				

<b>CR</b>		<b>FREQUENCY</b>
-----------	--	------------------

	<b>SENSORY DEMANDS - DESCRIPTION (comment)</b>	I	O	F	C	R	N/A
	<b>Sight</b> Use of sight is an integral part of work performance e.g. viewing of X-rays, computer screen				*		
	<b>Hearing</b> Use of hearing is an integral part of work performance e.g. telephone enquiries			*			
	<b>Smell</b> Use of smell is an integral part of work performance e.g. working with chemicals						*
	<b>Taste</b> Use of taste is an integral part of work performance e.g. food preparation						*
	<b>Touch</b> Use of touch is an integral part of work performance						*

CRITICAL	<b>PSYCHOSOCIAL DEMANDS – DESCRIPTION (comment)</b> Assisting ↓	FREQUENCY					
		I	O	F	C	R	N/A
	<b>Distressed people</b> e.g. emergency or grief situations	*					
	<b>Aggressive &amp; uncooperative people</b> e.g. drug/alcohol, dementia, mental illness		*				
	<b>Unpredictable people</b> e.g. dementia, mental illness, head injuries	*					
	<b>Restraining</b> Involvement in physical containment of patients/clients	*					
	<b>Exposure to distressing situations</b> e.g. child abuse, viewing dead/mutilated bodies	*					

CRITICAL	<b>ENVIRONMENTAL HAZARDS – DESCRIPTION (comment)</b>	FREQUENCY					
		I	O	F	C	R	N/A
	<b>Dust</b> Exposure to atmospheric dust	*					
	<b>Gases</b> Working with explosive or flammable gases requiring precautionary measures	*					
	<b>Fumes</b> Exposure to noxious or toxic fumes	*					
	<b>Liquids</b> Working with corrosive, toxic or poisonous liquids or chemicals requiring PPE	*					
	<b>Hazardous substances</b> e.g. dry chemicals, glues	*					
	<b>Noise</b> Environmental/background noise necessitates people to raise their voice to be heard	*					
	<b>Inadequate lighting</b> Risk of trips, falls or eyestrain	*					
	<b>Sunlight</b> Risk of sunburn exists from spending more than 10 minutes per work day in sunlight	*					
	<b>Extreme temperatures</b> Environmental temperatures are < 15°C or > 35°C	*					
	<b>Confined spaces</b> Areas where only one egress (escape route) exists	*					
	<b>Slippery or uneven surfaces</b> Greasy or wet floor surfaces, ramps, uneven ground	*					
	<b>Inadequate housekeeping</b> Obstructions to walkways and work areas cause trips & falls	*					

	<b>Working at heights</b> Ladders/stepladders/ scaffolding are required to perform tasks	*					
	<b>Biological hazards</b> e.g. exposure to body fluids, bacteria, infectious diseases	*					



**GORMAN UNIT CONSUMER PARTICIPATION WORKER  
ST VINCENT'S HEALTH NETWORK SYDNEY  
POSITION DESCRIPTION**

<b>POSITION TITLE:</b>	Consumer Participation Worker
<b>DEPARTMENT:</b>	Alcohol and Drug Services
<b>AGREEMENT:</b>	The Named NSW (Non-Declared) Affiliated Health Organisations' Health Employees Agreement 2009
<b>CLASSIFICATION:</b>	General Administrative Staff Grade 9
<b>CAPABILITY LEVEL:</b>	Capability Level 3
<b>REPORTS TO:</b>	Nurse Unit Manager
<b>STATUS:</b>	Permanent Part Time
<b>HOURS:</b>	24 hours per week
<b>DIRECT REPORTS:</b>	Nil
<b>KEY RELATIONSHIPS (INTERNAL):</b>	<ul style="list-style-type: none"> <li>• Alcohol and Drug Service Management</li> <li>• Inner City Health Service Providers</li> <li>• St Vincent's Health Network</li> </ul>
<b>KEY RELATIONSHIPS (EXTERNAL):</b>	<ul style="list-style-type: none"> <li>• Non-Government Organisations (NGOs)</li> <li>• External Service Providers</li> </ul>
<b>KEY RESPONSIBILITY:</b>	<ul style="list-style-type: none"> <li>• To act in the interest of and engage with consumers drawing on a lived experience of substance misuse to improve their health outcomes.</li> <li>• Contribute to strategic service planning and delivery, policy development, training and quality improvement from a consumer perspective.</li> </ul>
<b>LOCATION:</b>	Sydney (Darlinghurst) or as determined by the Employer

### POSITION PURPOSE

The Consumer Participation Worker assists in the process of improving service delivery and engages with clients who use drugs to improve their access to health care. Liaise between consumers and clinical staff to assist with and facilitate referrals within clinical services, from a consumer perspective. Will contribute to strategic service planning and delivery and policy development within the Alcohol and Drug Service and attend governance, department and committee meetings relating to this development. Present and facilitate education sessions within the Alcohol and Drug Service as required.

### ST VINCENT'S HEALTH AUSTRALIA: IDENTITY

Our organizational values are relevant to all positions. All employees are required to consistently demonstrate behaviors that support the Mission, Vision and Values of St Vincent's Health Australia and promote an ethical environment in accordance with the St Vincent's Health Australia Code of Conduct.

### OUR MISSION

As a Catholic health and aged care service provider, our mission is to bring God's love to those in need through

the healing ministry of Jesus. We are especially committed to people who are poor and vulnerable.

We draw on the talents of our people and collaborate with others who share our vision and values to continue the pioneering spirit of Mary Aikenhead and the Sisters of Charity. We are committed to providing compassionate and innovative care, enabling hope for those we serve.

## **OUR VISION**

To lead transformation in health care inspired by the healing ministry of Jesus.

## **OUR VALUES**

Our values, based on the Gospels, reflect the healing ministry of Jesus, and act as a point of reference for our decision making which is fundamental to our catholic identity. Our values provide direction as to the type of organisation we aspire to be and the kind of behaviours we regard as appropriate to help achieve our aspirations. Our values underpin all that we do and are demonstrated through our everyday actions, giving our mission and vision life.

**Compassion:** Caring for others with an openness that affirms life and healing

**Justice:** Acting with courage and fairness in pursuit of what is right and just

**Integrity:** Ensuring our actions and decisions are grounded in our values, reflecting both honesty and authenticity

**Excellence:** Demonstrating a passionate commitment to continuous improvement and innovation

## **OUR CARE**

Our Care is:

- Provided in an environment underpinned by our mission and values
- Holistic and centred on the needs of each patient and resident
- High quality, safe, and continuously improved to ensure best practice
- Innovative and informed by current research using contemporary techniques and technology
- Delivered by a team of dedicated, appropriately qualified people who are supported in a continuing development of their skills and knowledge
- Committed to a respect for life in accordance with the Gospels

---

## **MISSION AND CATHOLIC IDENTITY**

- Promote the mission, vision and values of St Vincent's Health Australia, the St Vincent's Health Australia Code of Conduct, and ensure these principles are effectively integrated in all areas of responsibility
- Actively contribute to the development of a positive organizational culture, aligned to the mission and values of St Vincent's Health Australia.
- Participate in in formation programs to ensure a clear understanding of the ministry and how the changing needs and environment of the Healthcare sector may impact on the delivery of the St Vincent's Health Australia Mission.

## **POSITION DUTIES**

- Participate as a member of the SVHN Drug & Alcohol Services Clinical Governance and training & development committee meetings as well as required to provide input from a consumer participation perspective.
- Develop, foster and maintain relationships with clients while providing peer support services and harm reduction messages at Gorman Withdrawal Management Unit.
- Promote and facilitate health promotion activities and actively engage with clients in health education
- Develop working relationships with the Alcohol and Drug Service staff.
- Act as resource person within the service.
- Present and facilitate education sessions to the Alcohol and Drug services.
- Assist in the training and professional development of clinical staff to better understand the consumer perspective.

- Assist in the development and review of policies and procedures from a consumer perspective.
- Attend and complete all mandatory training as required

## COMPLIANCE

- Ensure compliance across all relevant standards of accreditation and legislative requirements within areas of responsibility or as delegated by the CEO, St Vincent's Health Network Sydney.
- Ensure facilities operate at all times in compliance with the Catholic Health Australia Code of Ethical Standards for Catholic Health and Aged Care Services in Australia and relevant legislation.
- Ensure compliance with relevant legislation, standards and industrial instruments.
- Operate within the delegated responsibilities and authorities as set by St Vincent's Health Australia
- Ensure relevant personal qualification, registrations and memberships are maintained at the required level.
- Ensure that employees are compliant with mandatory training requirements.
- Current immunity status that complies with the Assessment, Screening & Vaccination against Specified Infectious Diseases - Policy Directive Immunisation history complies with NSW Health Policy Directive PD2011\_005

## INCUMBENT CAPABILITY REQUIREMENTS

The incumbent shall possess and demonstrate the following core capabilities:

CAPABILITY		DEMONSTRATED BEHAVIOUR
PERSONAL	Personal Effectiveness	Manages Own Performance – Operates within policies and regulations in line with the mission and values
	Learning Agility	Continuous Learning – Is open to learning new skills and ideas and applies these in the workplace
OUTCOMES	Patient/ Resident Centered	Patient Conscious – Responds to patients as individuals while delivering care according to prescribed guidelines
	Innovation and Improvement	Responds To Problems – Solves immediate problems on own tasks and is open to change
STRATEGY	Driving Results	Achieves Goals – Completes allocated tasks to prescribed standards and timeframes
	Organisational Acumen	Understands Work Area – Understands role of own department and related departments
PEOPLE	Working With and Managing Others	Monitors Self – Modifies own behaviour and work style to be most effective
	Collaboration	Team player – Cooperates with team members to deliver team goals

## SELECTION CRITERIA

- Personal integrity and demonstrated commitment to the Philosophy, Mission and Values of Mary Aikenhead Ministries and St Vincent's Health Australia.
- A lived experience and understanding of the issues facing people who use or have used drugs, including a good understanding of issues that occur when consumers wish to access health services.
- Sound understanding of and commitment to harm reduction and health promotion principles, as they relate to people who use drugs.
- Effective written and oral communication skills, and the ability to communicate matters related to the alcohol and other drugs sector to clinicians and other relevant stakeholders.
- Basic computer literacy skills, including the use of email and Microsoft Word, and a willingness to undertake further skill development as required.
- Willingness to work independently, and the ability to professionally represent Drug and Alcohol Services within St. Vincent's Hospital and with external organisations
- Demonstrated effective interpersonal skills, including a proven ability to build and maintain positive and professional relationships and partnerships.

**EMPLOYEE DECLARATION**

I have read this position description, I understand the position requirements and position demands checklist and agree that I can fulfill these requirements to the standards outlined. I am not aware of any reason, which might interfere with my ability to perform the inherent position requirements and position demands of this position

<hr/>	<hr/>	<hr/>
Employee Name	Employee Signature	Date
<hr/>	<hr/>	<hr/>
Manager's Name	Department	Date



# Peer Support Worker Information and Application Pack



Thank you for your interest in joining our Peer Support Team. This pack contains information about the Peer Support Program and the Peer Support Worker role. Please read the information carefully before completing and returning the enclosed application forms.

Questions and applications can be forwarded to:  
Melissa Thurley **E:** [melissat@headspacesouthport.org.au](mailto:melissat@headspacesouthport.org.au)  
**Ph:** 07 5509 5900 or **M:** 0438079697

## Here's what you'll find in this pack

---

- Information about the Peer Support Program
- Overview of the Peer Support Worker role
- Training we provide
- Activities and hours
- Support and Supervision team meetings
- Who can be a Peer Support Worker
- Things to consider before applying
- FAQ
- Application Form

## If you have questions or want further information

---

If you have any questions or want more information about joining the Peer Support Team then please get in touch.

You can call, email or ask at the front desk for the Peer Support Coordinator, Melissa Thurley

Email: [melissat@headspacesouthport.org.au](mailto:melissat@headspacesouthport.org.au)

Mobile: 0438 079 697

Reception: 07 5509 5900

## About the Peer Support Program

---

Young people who've experienced mental health challenges and accessed support services have a wealth of personal experience, knowledge and wisdom that can be utilised to support other young people experiencing similar circumstances.

This is called Peer Support, and **headspace** are committed to training and supporting young people to be part of our Peer Support Program; to contribute their valuable skills and experience within our centres and to provide support to other young people from the perspective of someone who has "been there".

Peer Support Workers help young people at **headspace** in lots of ways, including;

- To feel welcomed and to learn about what's on offer at **headspace**
- Normalising and de-stigmatising mental health problems and getting some help
- Sharing your own personal story and experiences with others
- Providing information and resources
- Supporting young people to get involved in **headspace** activities, groups and events
- Providing guidance and helpful suggestions based on the things you've learned and have found useful
- Providing advocacy for young people who may need some support to get their needs met
- Encouraging and supporting young people to speak up, provide feedback and make suggestions to improve how we deliver headspace services

## Overview of the Peer Support Worker role

---

The key functions of the Peer Support Role are to provide support, promote hope and optimism about recovery, support young people to engage with the service, work with young people to achieve their personal recovery goals and provide advocacy where needed.

Peer Support Workers are not engaged in these roles as clinicians or healthcare professionals. The kind of help you provide to young people should be drawn from your own personal experiences of navigating challenging issues, mental health problems, treatment, recovery, and engaging with services. This is what makes your role as a Peer Worker so valuable; that you can connect, relate and support young people as a *peer*.

Check out the full **Position Description** for full details about what the role involves.

## Training

---

You are not required to have previous training as a Peer Support Worker as we will provide a 2 day training package; *Introduction to Peer Support Work for Young People*.

You must complete this training to progress to be a Peer Support Worker with headspace.

## Activities and hours

---

Our Peer Support Program is flexible and tailored to meet the needs of our young people.

As such, Peer Support Workers are rostered for **casual shifts**.

We'll give you plenty of notice about the days, times and the activities planned and ask you what you're available for and interested in doing.

The majority of activities and Peer Support shifts will take place during business hours between 9.00am – 5pm Monday to Friday and shift lengths are anywhere from 2 - 6 hours.

Activities include things like surfing, cooking, fishing, exercise, hiking, yoga, art, music, sport and therapy groups. Young people can also book 1:1 individual support with a Peer Worker on request.

## Support and Supervision team meetings

---

Monthly supervision team meetings are an opportunity for all Peer Support Workers to come together to reflect on your role, your personal experiences, raise and discuss any issues or difficult situations you've faced in the role, celebrate achievements and participate in debriefing.

Attendance at Supervision is a compulsory component of the Peer Support Worker role and you will be required to attend these one hour sessions once per month. You cannot miss more than two in 6 month period.

## Who can be a Peer Support Worker?

---

We're looking for young people who have their own lived experience of mental health challenges and/or other significant challenges such as drug or alcohol issues, and had treatment or support at headspace or another health service.

It is our priority to ensure a diverse representation of young people in the Peer Support Team. We strongly encourage applications from young people from the LGBTIQAP+ Community, from culturally diverse backgrounds, of varied physical abilities, all education levels and young people from remote and rural areas. We want to include and hear from young people *"from all walks of life"*.

As a minimum, to be considered for a position you must;

- Be aged between 18 – 28 years old
- Identify as having a lived experience of mental health challenges or other significant personal challenges (such as addiction)
- Not be currently case managed by the hYEPP team at headspace Southport or attending the Southport functional recovery groups
- Not be currently engaged in a residential rehabilitation program
- Have not been admitted to a mental health hospital in the past 4 months
- Have accessed treatment/support services (headspace or other)
- Be willing and able to share your lived experience in an appropriate, recovery oriented way
- Demonstrate active self-care and support strategies
- Be able to identify and share the strategies, resources and other factors that have contributed to your recovery and wellbeing
- Hold or be eligible to apply for a Blue Card (working With Children Check)

Additionally, it is essential that you;

- Have a fairly outgoing personality as you will work within groups of young people and lead your own groups
- Have excellent communication skills
- Able to use your own initiative and work semi-autonomously
- Have basic computer skills
- Be contactable via email and phone

## Things to consider before applying

---

### Your wellness

The nature of the Peer Support Role is to reflect on your lived experience and to share that with others, and to support other young people who are experiencing the same or similar circumstances.

It is a challenging role that often prompts you to revisit very personal, difficult experiences. With this in mind, we ask applicants to consider the following;

- Your current mental health and how providing Peer Support may impact your recovery and wellbeing
- Do you have a good support network, such as services, health care professionals, family, friends etc.?
- Do you have established, effective self-care strategies and habits?
- Do you have good insight into your early warning signs, triggers and a plan for how to seek professional support if you need it?
- Have you had a recent rehabilitation or mental health hospital admission, change of medication or period of being acutely unwell? This may mean you'll need to wait 4 months to apply.

Peer Support Workers have a responsibility to request a break from the role should you require time out to take care of yourself and to seek support or treatment. Similarly, we may ask you to take a break from the role should we believe that your mental health and wellbeing is compromised or is fluctuating.

Additionally, you will be required to temporarily step down from providing Peer Support if you are referred to headspace Southport for case management or recovery groups in our hYEPP Service.

**We foster a culture of “self first” in the Peer Support Program, because recovery is complex we understand that flexibility is required so that individuals can take time out to focus on their mental health and wellbeing as a priority.**

## **Flexibility, Availability, Reliability**

We understand that young people have lots of competing demands which is why our program is set up to be flexible.

The Peer Support Worker role is a casual role and most shifts are planned in advance and allocated according to your availability and interests.

As flexible as our program is, reliability is important. If you say you are available and we assign you shifts, it's important to show up. Young people will look forward to seeing you, and staff will rely on you to lead and help with activities and to provide support.

Most shifts and activities happen during business hours so you need to be available weekdays between 9am – 5pm. Once per month you will be required to attend Team Supervision after hours from 6 – 7pm on the last Thursday of the month.

## **FAQ's**

---

### **Q: I'm receiving treatment for mental health stuff, can I be a Peer Support Worker?**

**A:** Yes, You can apply to be a Peer Support Worker if you are receiving care from a mental health service or private practitioner. For ethical reasons and for your own safety and wellbeing, you cannot apply if you are currently case managed in the hYEPP program or are attending groups at headspace Southport. Additionally, you cannot apply if you have had an inpatient admission within the past 4 months. If you have any questions about this, just talk to us.

### **Q: What happens if I become less well?**

**A:** We understand that recovery is a journey and it's not always a straight-forward one. If you do become less well whilst undertaking Peer Support work we will ask you to take some time out so that you can focus on yourself. We'll support you to link in with the mental health professionals or services you've nominated or provide referrals if needed. You can also ask for time out whenever you need it. We understand that tough times can pop up unexpectedly and it's important to take care of yourself.

**Q: What if there's stuff I'm not comfortable to talk to other people about?**

**A:** A big part of being a Peer Support Worker is being able to share your personal experiences with other young people. But that doesn't mean you need to tell them everything, or talk about things that are upsetting, difficult to discuss or very personal. In the training, we'll teach you how to set up boundaries so that you can be in charge of what you do and don't want to share. Also, these boundaries might shift and change over time. It is always your decision about what you feel comfortable to share and provide support with.

**Q: Where will I be doing the Peer Support work?**

**A:** You'll be based in the headspace office in Southport, however, activities happen all over the place. For example, we do fishing at The Spit and in Tallebudgera, we cook at the headspace office in Southport, we go on day trips to Brisbane and we also visit young people out in the community or in their homes (with a clinician). We will usually provide you with transport to these destinations or you will be able to take a car from Southport.

**Q: Is this a job? Do I work for headspace?**

**A:** No, you will not be an employee of headspace. You will be a volunteer who receives honorary payments for your time. There's lots of reasons for this but mostly it's so that you can dictate how you work in the role, which parts of the peer program you want to be part of, your boundaries, limitations availability, interests and how involved you want to be.

It's also important to young people that they see you as their *peer*, and not a staff member. This can help them feel more able to connect with you and trust you, and it also allows young people to direct what support they want from you.

Even though it's not a job, you will receive honorary payments for your time and contributions, be fully resourced with a workspace, have access to cars, I.T., training and professional development.

**Q: How long can I be a Peer Support Worker for?**

**A:** Peer Support Worker roles are for a period of 12 months. In the last 3 months of the role, you will be invited to train, mentor and support the next round of Peer Support Workers. Peer Workers may re-apply for an additional 12 month position if you have met the role requirements during the first year. Maximum engagement is for a period of 2 years.

**Q: Will I be working with staff who were involved in looking after me?**

**A:** It is definitely possible that you'll cross paths with a worker who provided you support either at headspace or at another service on the Gold Coast or beyond. If you have had some negative experiences with a particular person or don't feel comfortable about working with someone, please let us know and we'll try to assign you to different activities. Usually, it is an incredibly positive experience to work alongside someone who was involved in your care. It can be very rewarding for you both to reflect on your journey together and celebrate how far you've come.

**Q: What previous skills or experience do I need?**

**A:** You don't need any particular previous Peer Support skills or experience. You do have to have a personal experience of mental health problems or other significant challenges such as addiction or homelessness, you must have received care from either a service or private practitioner and you have to be OK with talking about your experiences. You also need to be a "people person" with good communication skills, you need to be outgoing, sociable, approachable, non-judgemental and willing to support other young people going through a tough time.

**Q: What if I start doing Peer Support Work and decide I don't like it?**

**A:** Sometimes people do the training and decide they're not ready for Peer Support. Some people start doing Peer Support and decide it's not for them. We encourage you to talk to us about anything that you're worried about or feel you can't manage so that we can perhaps reassure you, support you or augment your role. But if you decide you don't want to be a Peer Support Worker, that's ok. It's not for everyone!

**Q: Can I use this role as work experience or placement for uni or tafe?**

**A:** No, we cannot count Peer Support Work towards your placement hours for a course. We do not have the administrative time to manage supervising people on placement or work experience, or to complete the required documentation.

## VOLUNTEER PEER SUPPORT WORKER APPLICATION

<b>DATE</b>	
<b>NAME</b>	
<b>EMAIL</b>	
<b>PHONE</b>	

### Do you meet the eligibility criteria?

- I am aged between 18 – 28 years
- I identify as having a “lived experience” of mental health challenges or other challenges (such as addiction) and accessing treatment/support services (headspace or other)
- I am willing to share my personal experience in an appropriate, recovery oriented way
- I am not currently case managed by headspace Southport hYEPP team or attending Southport functional recovery groups
- I have not had a recent (last 4 months) rehabilitation program or mental health hospital admission
- I have active self care strategies and support and can describe what they are
- I am able to identify the strategies, resources and other factors that have contributed to my recovery and wellbeing
- I hold or am eligible to apply for a Blue Card/Working With Children Check
- I am contactable by email and telephone and check these regularly

### I understand and agree that;

- I will be required to sign a privacy and confidentiality agreement as part of the role
- I am required to complete the Peer Support training program
- I am required to attend monthly Supervision, missing no more than two sessions in a 6 month period
- The position is for 12 months, maximum 2 years upon application
- I am required to inform the program coordinator if my mental health or wellbeing deteriorates, if I am referred for case management by headspace Southport or to acute care services outside of headspace
- I can request, or may be asked to take a break from the Peer Support program if the program coordinator or other staff at headspace believe my mental health or wellbeing is compromised
- I am not employed by headspace and it is my responsibility to seek advice on the impact of honorary payments on my personal financial arrangements (for example, Centrelink benefits or taxable income)

**Signed** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Tell us a little bit about your lived experience**

A large, empty rectangular box with a thin black border, intended for the applicant to write their lived experience. The box occupies most of the page's vertical space.

**What kind of things have helped in your recovery and wellbeing journey?**

A large, empty rectangular box with a thin black border, intended for the applicant to write their response to the question above. The box occupies most of the page's vertical space.

**Why do you want to be a Peer Support Worker?**

**Tell us 5 things you do to look after yourself, stay well, chill out or manage stress**

- 1.
- 2.
- 3.
- 4.
- 5.

**Are you currently getting some support from a mental health or drug and alcohol service or private practitioner? (It's OK if you are, we'll just have a chat to you about where you're up to with your care/treatment)**

**Are you working at the moment?      Yes      No**

**Are you studying?                      Yes      No**

**Submitting your application:**

**Email:** Melissa Thurley [melissat@headspacesouthport.org.au](mailto:melissat@headspacesouthport.org.au)

**Post:** Melissa Thurley, headspace Southport PO BOX 10204, Southport, QLD 4215

**In person:** Hand your application to reception at headspace Southport