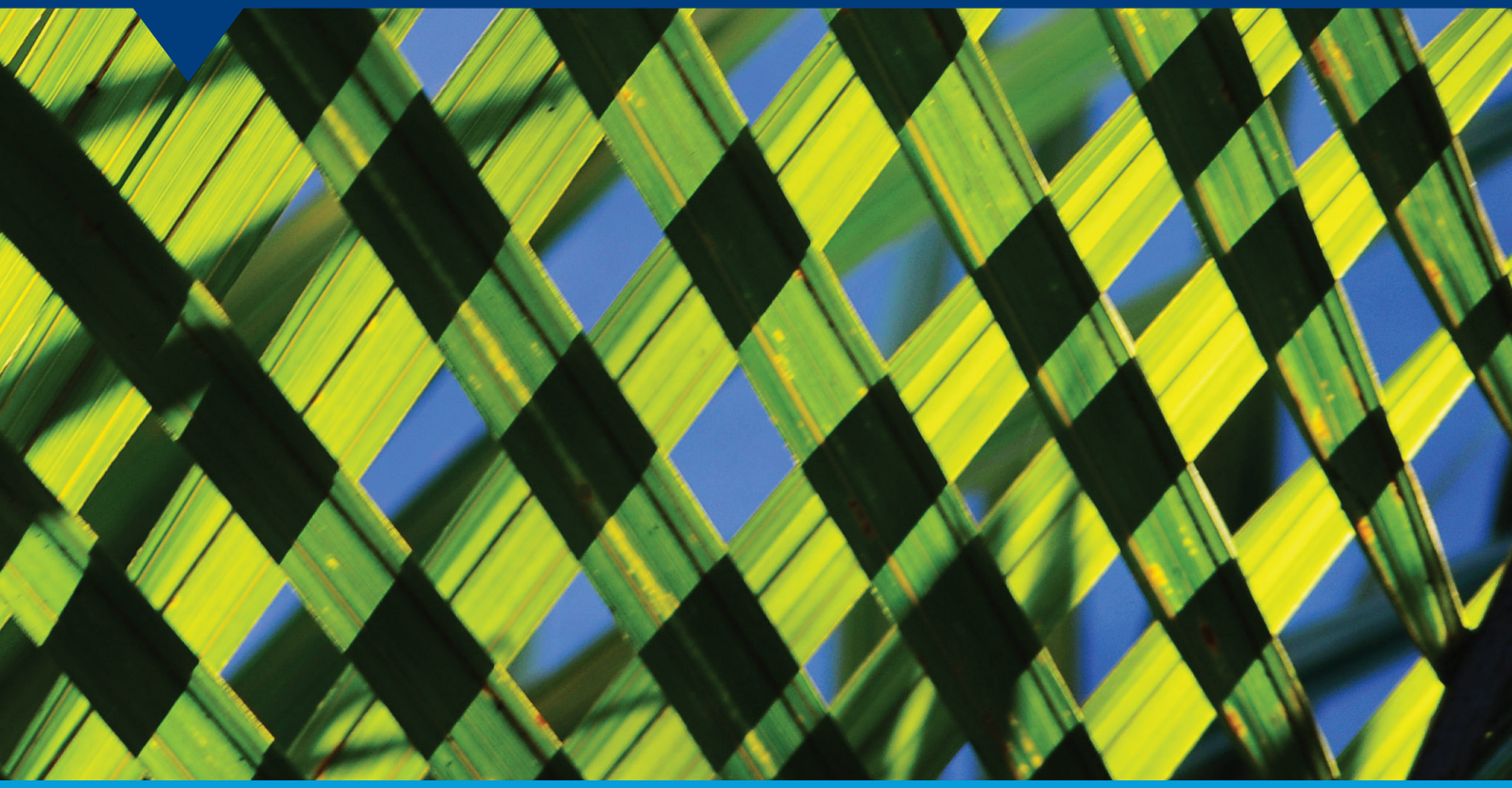
PEER SUPPORT THEMES

SYNTHESIS REPORT / **29 JULY 2014**



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WORKING TOGETHER TO MAXIMISE POSITIVE OUTCOMES

AOD Provider Collaborative

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Fileref: 140729 Peer Support Themes.docx
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Disclaimer:

This report summarises common themes from our past evaluations of alcohol and other drug (AOD) peer support services in Counties Manukau. It is not intended as a comprehensive guide; it identifies learnings, opportunities and strategic issues relevant to developing peer support.

The information in this report is presented in good faith using the information available to us at the time of preparation. It is provided on the basis that the authors of the report are not liable to any person or organisation for any damage or loss which may occur in relation to taking or not taking action in respect of any information or advice within this report.

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King J, Panther G. (2014). *Peer Support Themes*. Report prepared for AOD Collaborative Group. Auckland: Julian King & Associates Limited – a member of the Kinnect Group.

1 Overview

This report summarises common themes from our past evaluations of alcohol and other drug (AOD) peer support services in Counties Manukau. It identifies learnings, opportunities and strategic issues relevant to developing peer support.

Background

Intentional peer support in AOD is an emergent discipline (Robertson et al, 2010) and has experienced rapid growth over the last few years. Much of this growth has been in Counties Manukau, where there are approximately 20 AOD peer support workers.

Peer support is embedded within the future direction for mental health and addiction services as articulated in *Better Mental Wellbeing for All: Draft Strategic Action Plan 2013-2018.* Peer support has an important contribution to make to achieving Counties Manukau DHB's triple aim of improved health and equity for all populations; best value for public health system resources; and improved quality, safety and experience of care.

Since 2010 we have been involved in a number of evaluations of peer support services in AOD services in Counties Manukau including Phoenix Centre (Recovery Solutions), Mahi Marumaru (Connect Supporting Recovery) and Puna Whakataa (Connect Supporting Recovery and Salvation Army). Additionally, we have undertaken research and evaluation of peer support (and mental health) services in other regions.

Odyssey House, on behalf of the AOD Collaborative Group, asked us to produce this summary in order to document the cumulative learning across these evaluation and research projects.

Benefits of peer support

Our evaluation findings in Counties Manukau accord with other national and international studies that peer support can make a valuable contribution to the range of services available for people with AOD addiction, and to people's recovery. Our findings suggest that AOD peer support is effective and delivers good value for money.

> *They do so much – it's not just helping, it's healing.*

(Service user)

Service users who took part in our evaluations typically told us that they:

- Valued the intentional peer support provided to them
- Found it met their expectations and consistently supported their recovery
- Had a beneficial connection with their peer support worker, founded on trust, rapport, mutuality and respect
- Felt understood and supported, that peers heard and respected their world views and circumstances
- Experienced positive impacts in their recovery and felt their lives were improved through the peer support provided
- Believed themselves to be better resourced to manage their AOD addiction.

The peer gave her spiel and I thought: here's someone who knows what I've been through and come out the other side!

(Service user)

The power of a friend-like connection with the peer support worker was seen as particularly important.

It was good to know they'd been through similar things. I didn't feel they were looking down on me, more like equals.

(Service user)

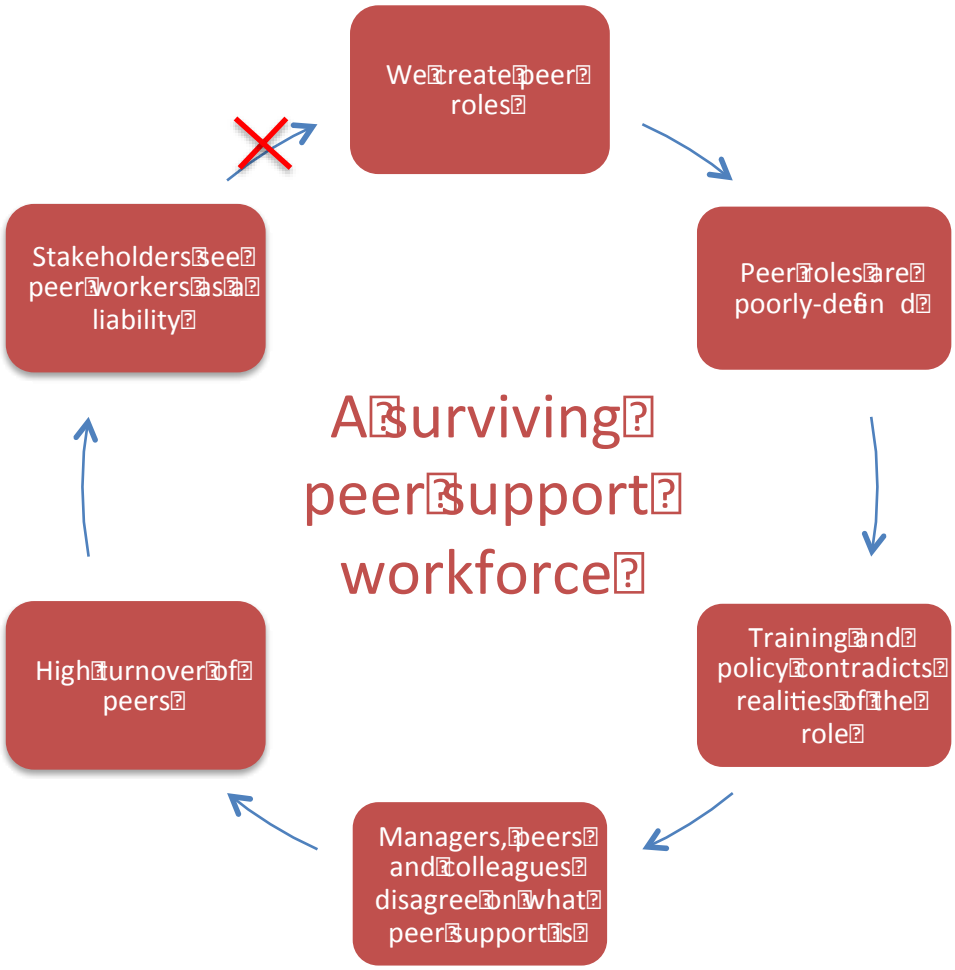
For many of the people we met, this was the first time they had encountered peer support, and many commented it was able to help them in ways that complemented and extended the support provided in clinical AOD service settings.

2 A thriving peer support workforce

Our evaluations, and the wider literature, suggest a thriving peer support workforce depends on a number of factors.

When all of these factors are working well, we get a virtuous circle. Roles are well-defined. Training and policy are well aligned with these roles. Managers, peers and colleagues understand their respective roles. As a result, peers thrive in their positions and add value for service users and services. Stakeholders see the value of peer workers. This encourages creation of more peer roles.

On the other hand, if there are serious weaknesses in these factors, a vicious circle may result. If peer roles are poorly defined, and/or training and policy are poorly aligned with the realities of the role; then there is likely to be some confusion and disagreement about the role of peer support. This lack of clarity creates an environment conducive to high peer turnover and unmet potential. Stakeholders may see peer workers as a liability.



Of the factors identified here, some were quite strong in the evaluated services while others were variable and represent possible next steps for the sector to take to strengthen peer support in Counties Manukau.

The following paragraphs unpack key themes emerging from the recent evaluations.

Role clarity

Peer support builds on connections formed through mutual experience. Central to peer support is a trusting relationship founded on principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models or diagnostic criteria (Mead, nd).

> *[Intentional Peer Support] is not about developing more effective services, but rather about creating dialogues that have influence on all of our understandings, conversations, and relationships.*

(Sheryl Mead, founder of Intentional Peer Support)

Building on their lived experience of AOD use, peer roles can include:

- Direct support for service users
- Advocacy (promoting service user empowerment) and
- Advice/consultancy (to improve services and systems) (Robertson et al, 2010)[1]

Peer support roles need to be clearly defined and documented within a clear service model. The service model needs to include the scope and boundaries of the peer support role (what peer support is, and what it isn't) and how it intersects and interacts with the work of clinicians.

The service model should also specify details such as expected peer support caseloads, typical activities, confidentiality requirements, and expectations of how peer support workers engage with professionals in other disciplines.

Complicating this, flexibility of boundaries may to some degree be an essential part of the peer role (see discussion on model development, below) but this can at least be transparently stated.

Often, new services with peer support seem to go through a developmental phase in which peers gradually take on increasing responsibility. Some of the reasons for this may include:

[1] Some argue that system-level advocacy should be thought of as a separate role requiring different competencies. In the Australian context, Sandy Watson (2013) calls for a clearer distinction between peer support roles and consumer consultant or advisor roles, arguing that people who are good at one will not necessarily be good at the other simply because they have experience using services.

- Peers becoming more confident and competent in their roles, with ongoing experience and training
- Clinicians developing greater understanding of, and confidence in the peer support paradigm and role
- Service leaders setting and reinforcing clear expectations through formal (e.g., documentation, team meetings) and informal communications (e.g., daily interactions with staff).

Educating peers, clinicians and the sector about peer support roles is an ongoing business and needs to be consistently reinforced, e.g., as part of recruitment, induction, training, service leadership, and inter-service communications.

Recruitment

Recruitment of peer support workers, clinicians and other staff (including job advertisments, job descriptions, application processes, job interviews, and induction) are important opportunities to present consistent messages about the peer support role.

For example, recruitment should provide candidates with sufficient information about the nature and scope of the peer role in the service. The attributes and competencies required for peer support workers should be specified (including, but not only, lived experience).

Recruitment should also consider the overall team mix, including diversity of experience and background, to enhance client choice to the extent possible. What constitutes a 'peer' can have many components (e.g., culture, age, gender, sexuality, particulars of ones addiction, etc).

A flexible approach to recruitment may be helpful in increasing workforce presence in particular areas. If there are gaps, consider identifying potential candidates who may not fulfil all criteria but could, with professional development. For example, evaluations suggested that experience of addiction to 'harder drugs' was less common within the peer workforce.

Support and understanding from management and colleagues

From past evaluations it is clear that peer roles are not always well understood – by managers, by clinicians in the service, by people referring clients to the service, or even by peers themselves.

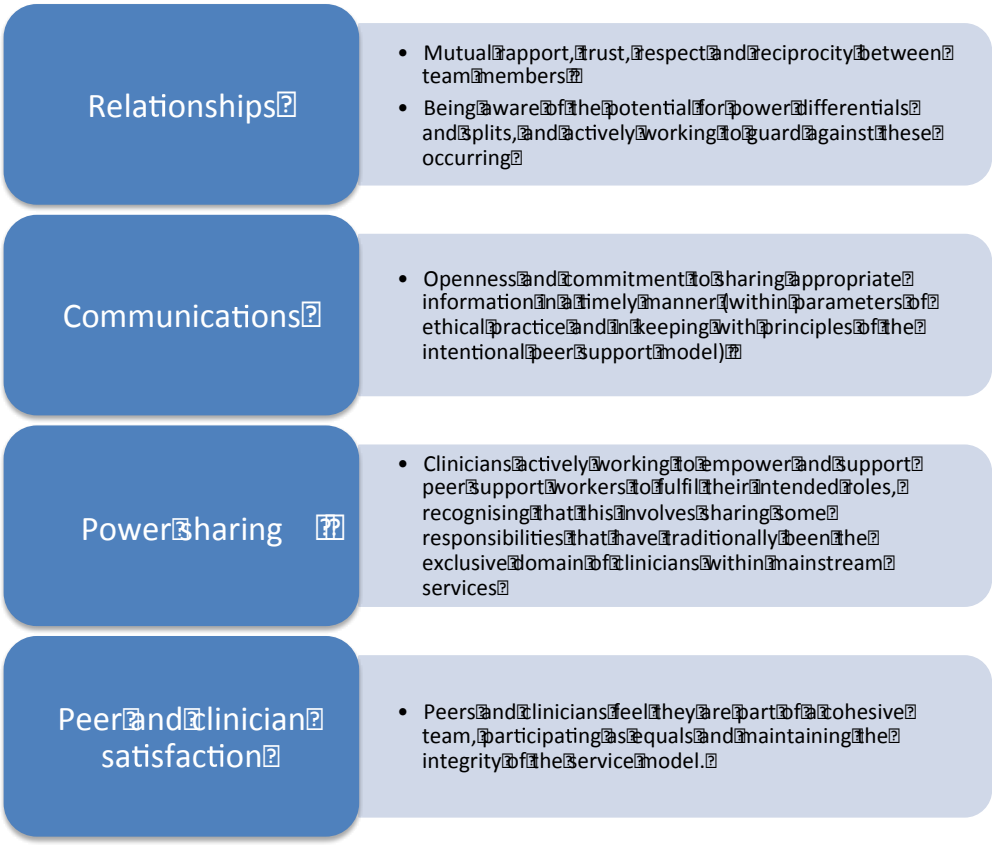
In some cases, this has had the effect of limiting the peer role to a clinician's assistant or someone who is there "to fetch and carry". In other cases, peers found themselves taking on greater responsibility than they thought the role entailed, or more than they felt ready to take on.

For a peer support service to work effectively, it is essential that:

- Managers and team members understand what peer support is, the purpose of the role, the value of the role, and the growing evidence base
- Peer support workers' opinions are considered on equal footing to opinions voiced by clinical staff, and reflected in managerial decision making
- Reporting requirements, caseloads, and output targets are realistically calibrated to the expectations of the role (e.g. don't expect goal plans filled out on day one if the peer support worker is also expected to go at the pace set by the client)
- Managers and team members are prepared to share in the ongoing developmental process: i.e., don't expect all organisational policies to be just right for peer work from the outset; consider how ongoing issues may point to gaps in policy
- Managers and team members are aware of the unique challenges of bringing deeply personal experiences into a professional setting, on a daily basis.

It is important that service leaders, with the support of all staff, build a presiding culture of collegiality, collaboration and effective communication across the team.

Good leadership is evident when the following features are seen.



Training

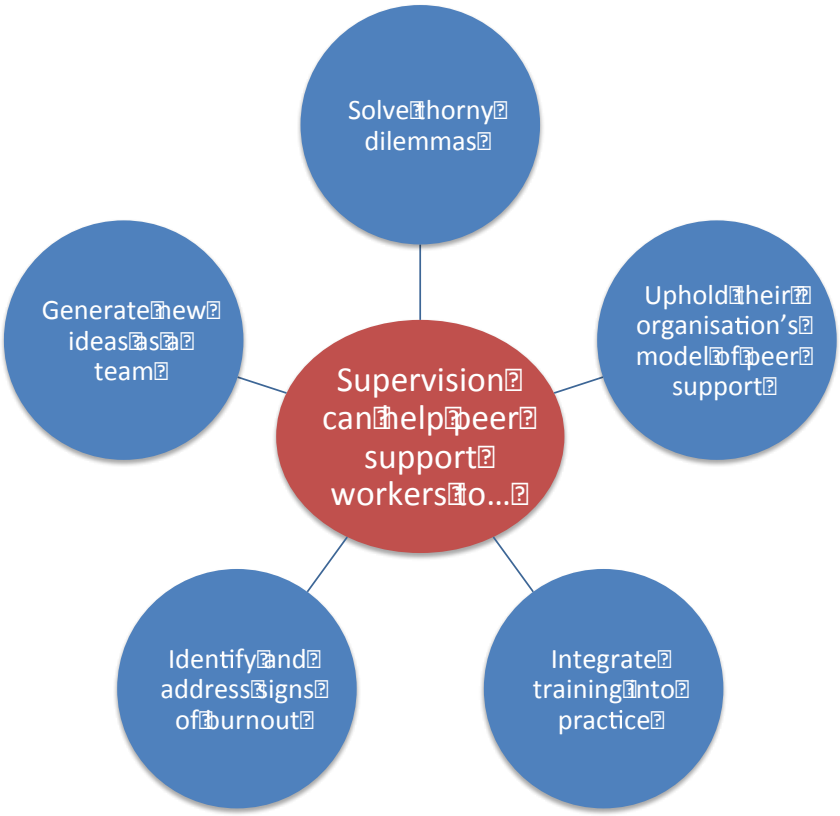
Training should align with the service model and expectations of the peer support role. In past evaluations, some peers felt their actual role did not reflect the training they had received – including some cases where peers were expected to carry out work they felt insufficiently trained in, and other cases where the peer support role was more limited than their training.

Training should include exploration of the unique aspects of working in peer support that are integral to the explicit role – e.g., regularly disclosing a potentially stigmatised experience in professional spaces.

Bearing in mind that some trainees may have limited prior work experience, training should also cover basic norms of professional conduct (e.g., not sleeping on service beds or taking food home).

Supervision

Supervision is standard practice for clinical roles and most other direct support roles, and there is growing recognition of its value for peer support roles.



Supervision for peer support workers can take many forms. Three common examples are task-oriented line management, critical reflection on practice, and informal 'checking in' about work and wellbeing.

Supervision can be external or internal, one-on-one or group-based. Some peer support workers receive a combination of all of these approaches, while others receive little or no supervision beyond line management.

When supervision is facilitated by people with their own experience of addictions or mental distress, supervision can have the added benefit of mentoring peer support staff to deal with challenges specific to peer roles, e.g. bringing private, often stigmatized experiences into a professional setting.

This benefit may be further enhanced when the supervisor has experience working in peer support. Such supervisors might be a team leader with relevant peer experience, someone else from the organisation, or an external supervisor.

In past evaluations, some peers felt they were not receiving adequate supervision. Access to supervision that is separate from line management was identified as an important need – for example, some peers may not feel safe raising particular issues with their line manager.

Connecting the workforce

The AOD peer support workforce in Counties Manukau at a relatively early stage in its development. To promote cohesiveness and consistency across the sector organisations could encourage professional networks to develop among peer support workers (formal or informal), with time and resource devoted to this networking.

A regular peer support forum or conference would create opportunities for sharing of best practice amongst peer teams and managers.

Shared professional development (e.g., training or supervision across organisations) represents another opportunity to efficiently promote a cohesive sector.

3 Challenges and opportunities

A broad theme of the evaluations was that the development of peer support services is associated with significant challenges – for individuals, organisations, and the system. At the same time, peer services created new and exciting opportunities for the sector, and for people accessing its offerings. Often these challenges and opportunities can be seen as two sides of the same coin.

The evaluations contribute to a growing evidence base regarding the efficacy of peer support, with an emphasis on components that can be considered relatively unique to peer support. In this context, the challenges and opportunities outlined below can be understood largely as a product of trying something new. To some degree, the significance of these unique components is yet to be recognized across the sector, which currently may limit the extent to which the sector as a whole can learn from the innovation of peer services.

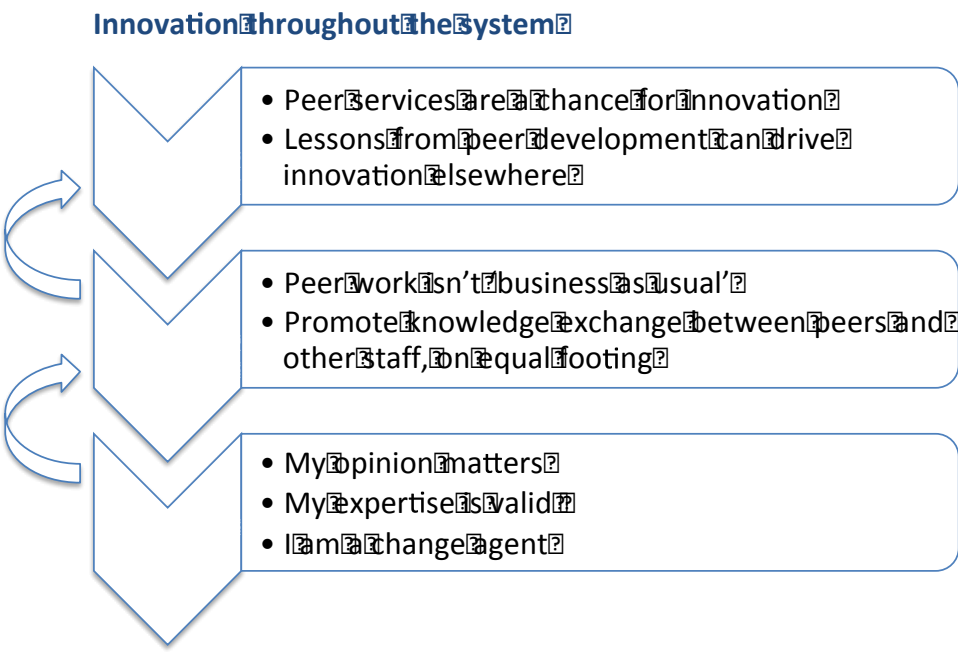
The system change element to the role

As well as adding to the range of support options service users can choose from, peer support workers can play a role in wider system change.

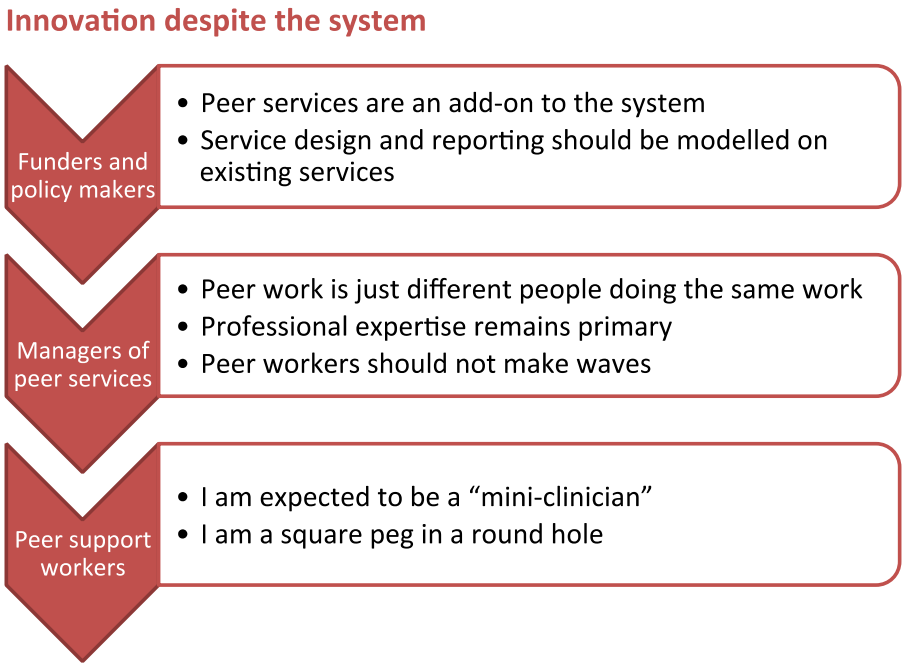
It is arguable that, by definition, the development of peer roles will disrupt business as usual in the AOD and mental health systems. Introducing 'out and proud' service users into service delivery blurs the hitherto stable boundary between provider and user. Peer support roles also explicitly challenge traditional notions of expertise. These disruptions represent a significant paradigm shift for the sector, in line with client-centred practice.

At a system level, the development of peer support services can be seen as having a strategic component, helping lead the shift to a truly client-centred system. In this view, the presence of peer services will have implications for policy and practice across the system as a whole. High-level buy-in and support from senior stakeholders is crucial to this process. Without it, this system change element may be seen only as a risk to be managed, rather than as an opportunity for improving the system as a whole.

If peer support is able to influence innovation throughout the system, communication and learning can flow from peer support workers to managers, funders and policy makers as well as from the top down (see diagram). This approach helps to ensure that ongoing refinement of the initial innovation is informed by all stakeholders.



In the absence of an enabling system, there is a missed opportunity for peer support to influence policy and practice. Peer support innovations will still happen despite the system, but are likely to be more isolated and patchy.



Implications for peer support development

Training and supervision for peer workers needs to prepare them for this 'change agent' role.

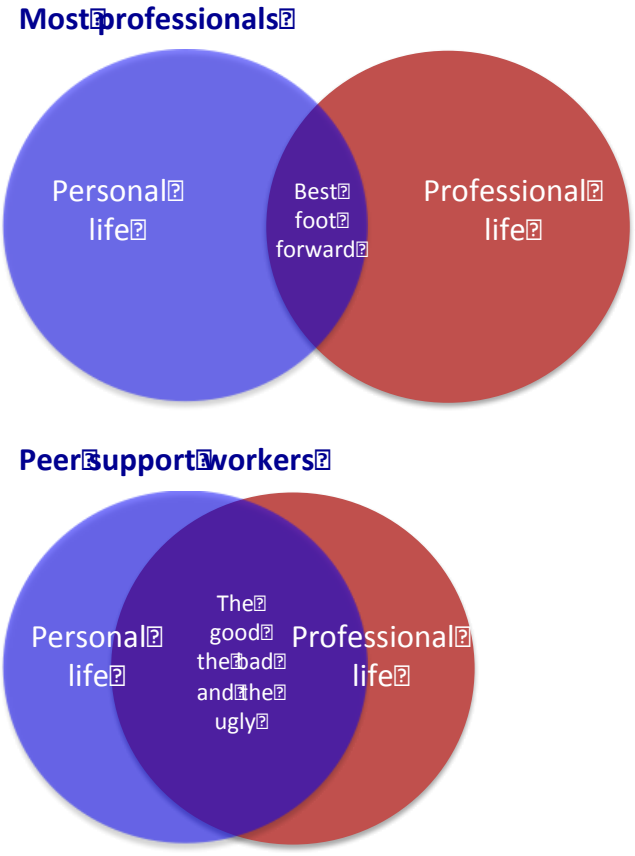
Advocating for change within a complex and long-established system requires high-level communication skills and, often, an awareness of

political nuance. This is equally true whether questioning a clinician's decision on behalf of a shared client, or providing effective feedback to your line manager about a perceived gap between the expectation and reality of your role.

Some peer workers have learned these skills already – whether in other professional settings, or through the need to be their own advocate within services. Nonetheless, there may be a broader workforce need to develop advocacy skills such as assertiveness and speaking truth to power, alongside core skills used for working directly with clients. Such skills could be particularly useful when encountering professionals or services they have themselves accessed as service users.

A complicating factor

There is one significant complication for peer workers influencing system-wide practice. Peer workers are expected to bring sensitive personal business into their professional space, which traditionally would have been seen as 'unprofessional', and this in turn may limit their influence within a team or organisation.



Often a peer worker's opinion will be primarily informed by their personal experience. Even though this is made explicit in the job description, there is a risk – real or imagined – that colleagues will view them differently for having shared such personal details. Even aside from the persistent stigma associated with experience of addictions or mental health issues, there is a potential power imbalance here between peer workers and other staff. Peer workers may need to share sensitive details to make a point in professional conversations, whereas other staff can simply reference their qualifications.

Supervision or mentoring from others who have faced this challenge can help peer workers find professionally comfortable ways of referencing their experiences. Resourcing staff to develop professional networks with other peer workers may also help. Equally, managers may consider fostering a culture in which all staff are encouraged to share their life experiences where relevant to the work they do.

Unsung pioneers

Professional peer roles are relatively new to the AOD sector. A recurring theme from evaluations has been that peer support workers can end up feeling like pioneers who aren't recognised as such. To some degree, feelings of being undervalued may be a theme across the direct support workforce, however the fact that peer work is a relatively new discipline suggests this may be a special case.

Consider, for instance, the views of different stakeholders on the friend-like connection typical of peer support. In past evaluations, some clinicians saw this as 'the fun stuff' – a nice-to-have that they did not often have time to indulge in. Yet service user feedback showed the friend-like connection to be a vital part of the support itself, rather than simply necessary to build rapport before the work starts. This was especially true when service users were needing to escape old friendships or supplement lacking whaanau support.

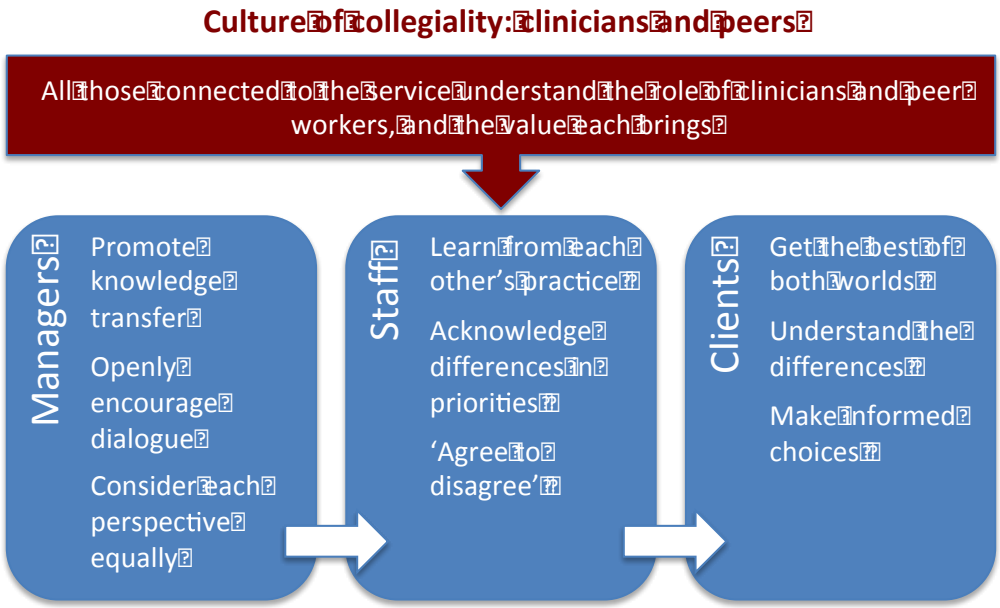
Continued exploration and promotion of such components of effective peer work may contribute to greater satisfaction amongst the peer workforce – along with greater acknowledgement of the skill and experience required to perform these components well. There is also an opportunity for enhanced 'cross-pollination' of skills and practices, with peer workers in a position to share what works with workers in other disciplines.

Peer-clinician relationships and boundaries

In the course of the evaluations, both staff and clients highlighted the importance of effective working relationships between peers and clinicians. An effective working relationship was generally defined as one in which each party understood the purpose, boundaries, and value of the

other's role. Peer support workers tended to see more room for improvement in this area than clinicians. Some peer support workers felt they were expected to be 'mini-clinicians', asked to perform tasks that they did not see as part of their role.

Peer support workers in particular highlighted the importance of peer and clinician roles being treated equally by managers, and of everyone understanding the nature of peer work. This can be thought of as a system-wide area of consideration, since peers and clinicians tend to form working relationships across individual service boundaries.



4 Strategic issues to address

The challenges and opportunities outlined above feed into some key strategic issues. Addressing these issues will help ensure that the sector and the Counties Manukau community continue to reap the benefits of having thriving professional peer support services embedded within AOD service delivery.

Skills development

A clear theme of this paper is the importance of having a coherent, shared understanding of the 'why, what, and how' of peer support, at all levels. Evidence-based training about the role for everyone can help ensure providers are taking a coherent approach to delivering peer support.

For policy-makers, managers, colleagues, this includes:

- High-level understanding of the role, and what makes it effective
- Understanding of the model and/or values base underpinning your peer services
- Skills to manage and support peer workers.

For peer support workers, this includes:

- Understanding of the role, and skills required to perform it
- Understanding of the model and/or values base underpinning your peer services.

Providers could purchase or develop this training, as a group.

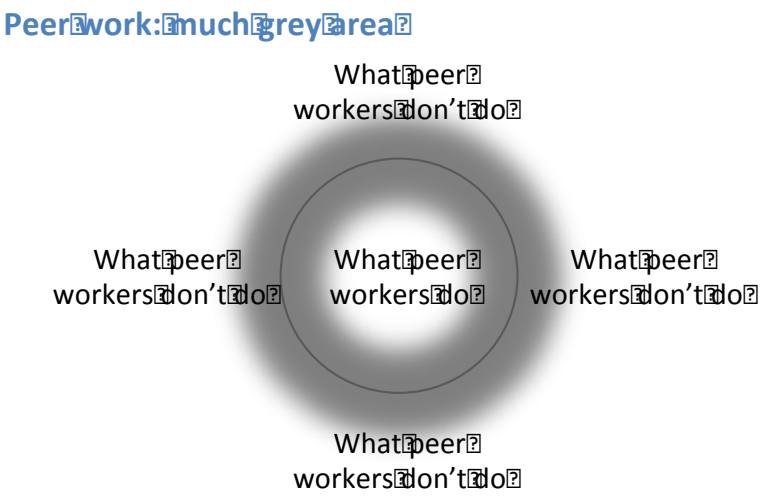
Model development

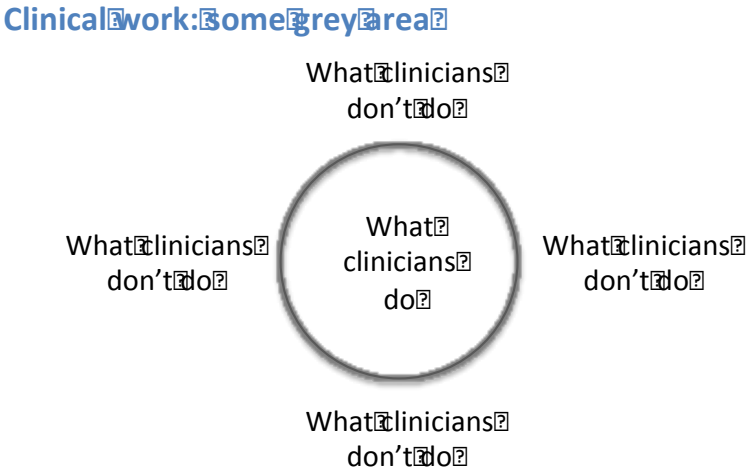
Avoiding the 'mini clinicians' phenomenon requires deeper thought about how peer services ensure fidelity to their chosen model of peer work. This in turn has implications at both a system and a service level.

The question at the heart of this issue becomes: *What is peer work in AOD?* As a relatively new discipline, that question has yet to be definitively answered. There are a number of models of peer support in use in New Zealand and worldwide – however, these tend to be specific to mental health.[2] Recent literature notes that peer work "def[ies] easy categorisation and views on the best models are divided" (Paton & Sanders, 2011).

[2] In this context, a 'model' is a theoretical basis for the service, with implications for service design, policy and practice. Some services do not have an explicit model of peer support, but are nevertheless likely to have policies, procedures and expectations specific to peer work that underpin their service delivery.

The combination of novelty and contested definitions can leave peer work looking 'blurry' when compared to clinical disciplines with long-established codes of practice:





Yet this defiance of easy categorisation may be one of peer work's greatest assets. A recurring theme from the evaluations is that clients of peer workers felt they could drive both the level and mode of support they receive, which ultimately resulted in better outcomes. Peer work was seen to be flexible enough for clients to set their own pace, and to respond to unexpected changes in need.

Nonetheless, this relative 'blurriness' can create issues for peer support workers themselves when working in close proximity with clinical staff (and indeed, when managed by people whose professional experience is in a clinical mode). For instance, some peers reported feeling pressured to undertake what they considered to be clinical tasks. Further development of the models of peer work may help all workers better understand the boundaries of the peer support role.

Ideally, this development would be done in such a way that the client-driven flexibility of peer work is not lost, but rather built into the model itself. At a system level, development of the model therefore needs to be informed by the growing evidence base about best practice in peer support. Structures, contracts, and reporting should all support what peer support services are supposed to be best at.

At the level of individual services, peer workers should be involved in the ongoing review and refinement of service design, policy and practice. Some but not all providers involved in our evaluations have begun to do this.

Career development

New Zealand and international commentators have highlighted the importance of developing service user leadership at all levels of the mental health and addictions sectors, to improve outcomes for service users (see for instance O'Hagan, 2009; and Edwards, 2012).

There is a strong argument that more (or more visible) people with service user experiences working in senior, decision-making roles will enhance the sector's ability to design and deliver truly responsive, client-centred services.

Peer work is a natural starting place for service users to begin a career in AOD or mental health. The career path from there into other or more senior positions is, in theory, similar to that of anyone who begins in a direct support role. There are, however, some key considerations to ensure that peer support workers can make the most of this pathway, in line with their aspirations and individual aptitudes.

In the mental health context, Repper (2013) notes that *"once peers are working as a team leader or a project manager, then their primary identity and role is likely to be developing beyond their lived experience, and whilst their personal experience of mental health problems will always have an influence on their work, it will not be their primary qualification."*

Providers can support peer workers to identify career aspirations, and help offer professional development required to achieve them. The more people there are in senior roles with publicly disclosed service user experiences, the more viable this career path will be seen by peer workers and others in the sector. Providers can help speed this process in three ways: actively hiring people with service user experience to senior roles, supporting people with service user experience to gain qualifications that help them progress in their careers, and finding ways to create work environments where service users already in senior roles feel comfortable being 'out and proud' about their experiences.

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