



(EDP) Every Day People Communications

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Peer Support & You – A Discussion

Mini Report

May 2013.

**“A psychologist could not strengthen their practice
from a Social Worker. Nor can a Peer Worker”
(Webinar Participant)**

Introduction:

Ms Desley Casey, founder/principal trainer of (EDP) Every Day People Communications invited people from the mental health sector to a webinar discussion on Peer Support on Tuesday 7th May 2013. (EDP) Every Day People Communications is an Australian owned small business providing a broad range of innovation training, courses, workshops and webinars for the Australian community. (EDP) Communications is the first, to my understanding, to develop an online Peer Support & You Course which also includes a Peer Mentoring programme for people wanting to undertake the peer support role with integrity, ethically and effectively.

The hosting of the webinar discussion is also a first, to my understanding, for the mental health sector to come together and discuss in an open, online forum peer support, utilising the webinar format.

This mini report is a summary of the discussions, concerns and solutions put forward at the webinar discussion. A transcript of the webinar has been able to be downloaded and this report is based on the transcript.

33 consumers, carers, service providers and project officers from various organisations attended and participated in the webinar, however five participants did not stay for any length of time to be recorded by the webinar platform system. Another five participants listened in from one participant's computer. The overall average length of time participants remained on the webinar was 37 minutes of the 67 minute (1 hour 7 minutes) webinar discussion.

Participants came from NSW, Qld, SA and Victoria and included both metropolitan and rural consumers, carers, service providers and project officers. Organisations represented in the webinar discussion included, but not limited to (in alphabetical order):

- ✚ ARAFEMI (Association of Relatives & Friends)
- ✚ Carers Network
- ✚ Centre of Excellence in Peer Support

- ✚ Cumberland Hospital – CHIPP Hostel
- ✚ Experts by Experience
- ✚ GV Health (Unknown what the GV stands for)

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|--|-------------------------------------|
| ✚ HWA (Health Workforce Australia) | ✚ NRSDC |
| ✚ Independent Consumers | ✚ NSW CAG (Consumer Advisory Group) |
| ✚ MHCC (Mental Health Co-Ordinating Council) | ✚ PeerOZ |
| ✚ Mercy Foundation | ✚ RichmondPRA |
| ✚ New Horizons | ✚ Schizophrenia Fellowship NSW |
| | ✚ South Australia Health |

Hence as one can easily ascertain, there was indeed quite a wide variety of organisations represented on the webinar discussion. (If I have omitted an organisation who participated could you please let me know so I can update the records.)

Challenges:

As this was the very first time, an online webinar platform was utilised to host a voice discussion, there were major challenges with the audio. The usual practice for webinars is for the host/presenter to deliver a presentation and participants utilise the chat box, to ask questions or make comments. Whereas, for this webinar (EDP) Every Day People Communications wanted the discussion to be an open microphone session, however due to every participant having their microphones on at the same time, the audio was terrible to say the least and the host had to request that all participants mute their microphones and participants utilise the chat box for their questions, comments, ideas, suggestions and concerns to then be read out in the webinar by the host.

Once participants muted their microphones the audio did allow for participants to hear the host/presenter. (EDP) Every Day People is as a direct result has now started researching other webinar platforms which potentially have the capacity to allow open microphones yet ensures participants are clearly audible to all participants.

I would like to sincerely thank the participants who braved out the challenges and remained for as long as they were able to on the webinar discussion and participated by contributing their ideas, suggestions and concerns. I would also like to thank participants for giving up their time to attend and participate. This is very greatly appreciated.

In Conclusion:

Participants welcomed the chance to participate on such a webinar discussion and voted they would like to participate in another webinar discussion in a month's time.

Desley Casey

Founder/Principal Trainer
(EDP) Every Day People Communications

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The Discussion:

The discussion was quite broad. The Host provided some guidelines to enable the discussion to flow. The discussion mainly centered on 4 broad questions (however it is noted) the discussion was so wide ranging and quite in-depth in major aspects that the 3rd and 4th questions was not able to be fully discussed due to time constraints and have been held over for another webinar discussion. The 4 questions were:

- ✚ Where is Peer Support Heading?
- ✚ Is Peer Support being taken over by service providers and being diluted?
- ✚ What can we do about this?
- ✚ What type of peer support roles are there in Aussie land?

A participant asked for a definition of peer support and the host explained there is no 1 definition of peer support in Australia that has been collectively agreed upon, however did give a very quick explanation of what peer support is and is not.

Participants put forward that peer support is undervalued in many situations across Australia and the sustainability of the peer support roles is increasingly harder to maintain. Participants also agreed there is major role confusion on what the peer support role really is – where the boundaries are and where the peer support role begins and ends.

Participants also agreed that line managers, clinicians and mental health teams and services do not understand the peer support role which makes it quite challenging for the peer support worker to maintain the integrity of the role and not end up with role confusion.

Peer supervision was discussed in quite some depth and there was an acknowledgment that peer supervision should be undertaken by experienced peers within the movement rather than be undertaken by line managers or clinicians and whether 'inter-professional learning' was an opportunity for supervision session. A question was put forward whether supervision should be such that the individual peer support worker is given a choice on is providing the supervision. This was acknowledged as important, however, it was also acknowledged that in many instances supervision is being undertaken by clinical or mental health staff who do not understand peer support and are therefore contributing towards role confusion and inadvertently placing their own values and ethics which some are in direct opposition of the peer support role. The following quote sums up the discussions on supervision nicely:

"The research consistently recommends peer-led supervision! Other practice frameworks are not conducive to developing the workforce and maintaining peer perspectives"
(Webinar discussion participant)

Concerns were also raised that services are employing peer support workers and expecting them to undertake general support worker roles rather than be undertaking genuine peer support. This really is about role confusion and lack of services and service providers understanding on what genuine

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peer support is really all about – where the boundaries begin and end. Also that oftentimes there is only one peer support worker employed in an organisation or team, which isolates the person and minimises their input, effectiveness and gaining wider support from the consumer / carer movements.

Participants ask questions or provided information on current and relevant research being undertaken on peer support. For example:

- ✚ CAN (Mental Health) Inc. has undergone 2 (now 3) independent evaluations on its peer support services. See <http://canmentalhealth.org.au> resources section for the reports.
- ✚ Centre of Excellence in Peer Support – major aim is to track and promote best practice models
- ✚ An exploratory study of PHaMs has just been finalised however the report is not yet available.
- ✚ MHCC on their website have the peer support evaluation toolkit developed by Shery Mead. <http://mhcc.org.au> (type in the search box the words Shery Mead to get to the correct section – there are 5 documents to download as part of the toolkit.
- ✚ There is a wide range of USA research publications on peer support. (Please contact me and I'll contact the participant to request permission to forward them to you.)
- ✚ HWA (Health Workforce Australia) has a range of information on its website about the peer work project and some organisations are receiving site visits from this organisation as part of the project. <http://www.hwa.gov.au/>

Concerns were also expressed about the lack of training that is available to consumers and carers to undertake the peer support worker roles with integrity and also for providers to genuinely understand what the peer support role is genuinely about. The host provided information that the very first online Peer Support & You course + Peer Mentoring Programme is available from the (EDP) Every Day People Communications website.

Recommendations:

- ✚ Minimum % of peer support workers to be employed within services.
- ✚ Establish a peak body for peer support workers nationally
- ✚ Maintain a watch on whether peer support is incorporated into the Partners in Recovery programmes being rolled out by the federal government.
- ✚ Establish a mechanism for peer support workers to share their stories and widely disseminate this in order to reduce stigma.
- ✚ Supervision of peer support workers must be peer-led.
- ✚ Transparency in peer support work is very important and more fully incorporated into the peer support roles.
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In Conclusion:

Thank you for giving up your time to participate on this very first webinar discussion. I look forward to future webinar discussions to further discussions on peer support and how we can further progress the discussions.

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