



MI Fellowship Peer Workforce Framework

1. Background

Consumer perspective roles and services have been proliferating for some time within PDRS, community and clinical mental health settings. Recently, due to outcomes research about the value of peer support¹, governments have included peer roles in a number of funded mental health programs, the Personal Helpers and Mentors Service being one example.

The mental health sector variously refers to people who bring a lived experience of mental illness to their working role, as Peer Workers, Consumer Workers or Consumer Perspective Workers. The intentional nature of these roles explicitly foregrounds the experience of mental illness recovery as life affirming and educational. By stark contrast to historical discourses about mental illness, a lived experience worker can offer an optimistic outlook about mental illness and be a role model for hope and recovery. These roles, by virtue of their subjective reference point, augur a different set of practice approaches from the mainstream service delivery perspective, and as such require a uniquely designed service framework. For the purposes of this document the terms Peer Workforce will be used to encapsulate the relevant roles that currently exist at MI Fellowship – rather than the term ‘consumer workforce’ (the term ‘consumer’ implying a passive position).

The Mental Illness Fellowship Victoria currently employs approximately forty-five peer workers, in both paid and volunteer positions. Four main peer worker roles currently populate thirteen program areas.

Peer Worker Roles (2011)

<i>Intentional Peer Roles</i>		<i>Consumer Perspective Roles</i>	
<u>Peer Support</u>	<u>Peer Education Facilitators</u>	<u>Consumer Perspective</u>	<u>Community Educators</u>
Personal Helpers and Mentors Program	MI Recovery Program	Consumer Consultancy	Speakers Bureau
Doorway Demonstration	Snapshot Program	Consumer Leadership	Understanding Mental Illness

¹ "...various forms of peer support can reduce the likelihood of psychiatric hospitalisation and demand for other services (Solomon 2004; Min et al 2007; Lawn et al 2008; Landers and Zhou 2009). Satisfaction rates among people using peer support services are often high, and an expansion in peer support is something that many user groups have advocated for a number of years," Scottish Recovery Network, "Experts By Experience: Guidelines to support the development of Peer Worker roles in the mental health sector", 2011.

Project			Workshops
Peer Employment Worker	MI Recovery facilitator training	Brainwaves Radio show	Staff Training/Orientation
Helpline		Community Connections	Community Education

Lived Experience Worker Practices and Principles

Intentional Peer Support Roles

Peer Workers provide support and inspire hope for other individuals who have a mental illness. Having a personal understanding of what it's like to have a mental illness they can empathically relate as an equal and be positive role models for recovery. They can also offer suggestions and recommendations that derive from their experience of 'what works'. Peer support roles offer a unique perspective on recovery;

"...a deep, holistic understanding based on mutual experience where people are able to "be" with each other without the constraints of traditional (expert/patient) relationships...Peer Support can offer a culture of health and ability as opposed to a culture of "illness" and disability" (Mead et al, 2001)

The following principles guide the peer support role, and have general application to most peer roles (from Copeland and Mead, 2004):

- Relationships founded on equality, empathy and sharing of experiences.
- Clarification of limitations and expectations of the relationship, as it is neither a clinical or expert role, nor a friendship.
- Creating a space that enables the individual to explore their recovery aspirations and confront challenges while viewing themselves as efficacious in their recovery journey.
- The peer worker uses their personal experience and 'story' as a change-enabling tool, in a way that demonstrates the importance of empowerment and choice.

Consumer Perspective Work

Consumer Perspective work broadly focuses on bringing about systemic and cultural change, through advocacy, education and activism. It requires the individual worker to draw on a "multi-layered" body of knowledge that includes their own personal experiences and journey, as well as an understanding of the "consumer body of knowledge" (Wadsworth & Epstein, 2001) including includes "experiences and everyday life issues that consumers face, their current and historical situation collectively, as well as the nature of the service systems and discourses that affect consumers" (Epstein & Olson 1998).

Role Integrity

For the mental health sector, the peer workforce has been gradually growing and the differentiation of roles has been an evolving process. This in itself suggests a need for frameworks that support the quality and integrity of these roles. International evaluative literature, however, reflects that mental health organisations, generally, haven't kept abreast of the needs of this workforce as it has grown.

Within the culture of a mainstream mental health service environment, whether community based or clinical, the peer worker role often remains unrecognised in its difference, and is at risk of remaining undifferentiated and therefore incorporated into the programs as they already exist. Ultimately a dearth of support and training fosters confusion about the purpose and value of lived experience roles within teams, resulting in peer workers feeling unsupported, unrecognised and under-resourced to perform their roles (Gates et al, 2010; Chinman, M. et al, 2008).

The MI Fellowship Experience

In November 2011 MI Fellowship conducted an all staff questionnaire via Survey Monkey seeking information about the support and training needs of peer workers. Responses from approximately 90 staff members (peer workers, non-peer workers and volunteers) provide guidance for the exploration and development of The Peer Workforce Framework, and in particular, training and support strategies.

Questionnaire Findings

Main challenges experienced by peer workers

1. Lack of support,
2. Isolation
3. Peer work specific training (practice model clarity)
4. Workplace skills/knowledge
5. Self care and challenges with own illness
6. Role boundaries
7. Disclosure and use of lived experience
8. Respect and equality in teams

What could MIFV do to improve support and training needs?

1. Peer worker specific training
 - a. Develop competencies
 - b. Support to pursue skills and qualifications
 - c. Boundaries, self care, working with challenging clients
2. Peer worker support
 - a. Appreciation, acknowledgement
 - b. Peer mentoring
 - c. Internal peer network
 - d. Support to regional areas not just central

The International Experience

The Scottish Recovery Network (SRN) undertook a process of summarising the challenges that mainstream organisations are likely to experience in setting up a peer workforce. *Experts by Experience: Guidelines to Support the Development of Peer Worker Roles in the Mental Health Sector*, provides guidance about how to do this well. Many of these challenges were reflected in MI Fellowship's all staff questionnaire.

The concerns and challenges identified by the SRN included:

- Inadequate access to role specific training

- Role demands outbalancing the ability to maintaining personal wellbeing and self care strategies
- Lack of workplace support, mutual mentoring and role specific supervision for peer workers
- Remaining true to the peer work model and not being 'co-opted' into a mainstream staff member role
- Low level knowledge about the option of reasonable adjustments and workplace resources
- Low level understanding about the purpose and benefits of the peer work model within teams, leading to mistrust
- Managing worker/client relationship boundaries in a role that is founded upon empathy, mutuality and equality
- Inequality within teams
- Tensions and perceptions about the consumer/staff-member distinction
- Team fears about peer worker relapse.

The *Experts by Experience* document provides guidance about the importance of setting up the following organisational systems in order to avert these challenges. A key finding was that peer work roles work well when workers are “based in settings that have a pre-existing commitment to the values and principles of recovery.” (SRN, p 15). Additional recommendations include:

- Role specific policies and practice protocols and recruitment processes;
- Training, supervision and mentoring structures for Peer Workers and
- Training for supervisors and teams about the specific nature of Peer Work.

The SRN purports that the process of introducing a peer workforce, needs to take the following cycling stages into account.

Peer Workforce Development Cycle

Planning

- Establish need for peer workers
- Establish interest in role
- Ensure relevant resources available
- Assess and develop recovery focussed practice

Establishing

- Introduce peer workers to supportive team
- Develop policies and systems
- Feedback from service users, peer workers and team members

Adapting

- Allow role to develop in light of experience
- Adjust support systems
- Respond to needs of the service
- Problem solve
- Develop tools and techniques

- Identify new training needs

Developing

- Consolidate achievements of peer work service
- Evaluate process and outcomes
- Reflect on way forward

2. Introducing Quality Assurance and Support Systems

Peer Worker Training

In response to the needs identified in the all-staff questionnaire, the Mental Illness Fellowship piloted a Peer Worker Training Program in February 2012, with a group of 15 workers. Utilising current evidence and best practice, the training addressed the following topics:

1. Recovery theory and approaches to supporting recovery
2. Reflection on the personal recovery experience
3. Theory about Peer Support Work: including history of the Consumer Movement, Definition of Peer Work and Principles of Intentional Peer Support.
4. Culture, identity and stigma
5. Presentation of rights and responsibilities from HR.
6. Skills practice opportunities
7. Ethical responsibilities and limitations: including using personal experience/story, relationship limits, confidentiality, self-care, client risk to self or others and working with trauma.
8. Opportunities for ongoing peer support/mentoring

Evaluation of the training indicated a significant increase in knowledge and skills and confidence for all participants. The opportunity to meet other peer workers was deemed helpful and of ongoing value. Those in attendance resoundingly agreed that an ongoing support/mentoring structure for Peer Workers was necessary to enable ongoing support and skill development and affirmation about the unique nature and value of the role. The evaluation provided guidance about areas for quality improvement.

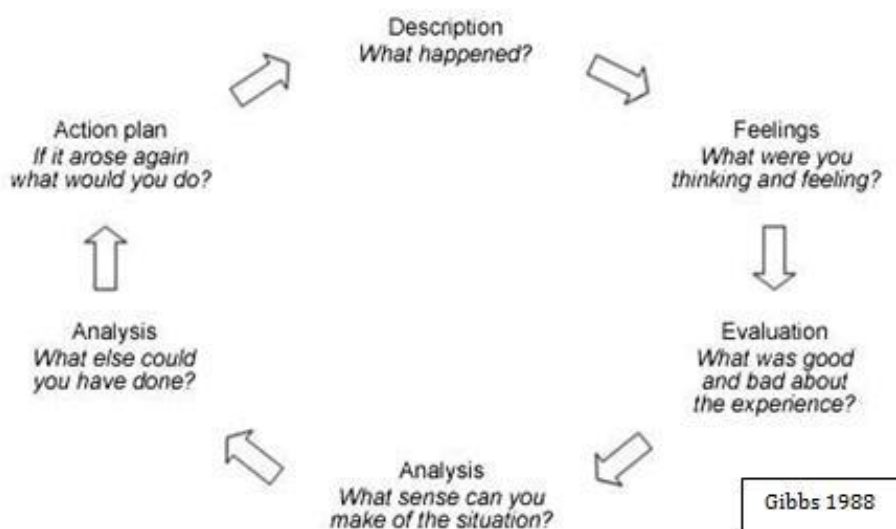
Peer Hub

In December 2011 the trial of the Peer Hub concept began as a response to the expressed need for peer support and mentoring. The Peer Hub is an informal gathering of Peer Workers. It's a space for workers to discuss the highlights and challenges of their roles, to debrief difficult experiences, share best practice information, learn about other peer roles and generally become more confident and skilled. The reflective practice model is recommended to guide conversations about practice improvement (see below) Peer Hub also provides the opportunity to discuss self-care and personal medicine possibilities and find out about upcoming events, training opportunities and workshops. The Peer Hub is proving to be immensely beneficial; providing the very essence of mutual support and problem solving within an empowering environment.

Reflective Practice

Donald Schon described Reflective Practice as "the capacity to reflect on action so as to engage in a process of continuous learning", which, is "one of the defining characteristics of professional practice". Reflective Practice is typically used in the health professions, due to the ever changing context of healthcare and the continual growth of medical knowledge. Similarly, the Peer work approach, being a new practice, can benefit from a process of reflection and practice revision.

The process involves a worker introducing a challenging practice experience to their colleagues and stepping through the exploratory process below. Colleagues can assist with the reflective process by contributing non-judgemental reflective questions that can assist the development of a complex understanding of the factors surrounding the experience. During the reflective process the individual will seek to examine practical knowledge and skills gained during every-day experience; and formal knowledge, such as professional theories and values (for example: the Intentional Peer Support model and its tasks and principles). Ultimately new understandings will emerge about the experience discussed which will assist the development of a plan for future practice approaches.



Sector Networking

Participation in Peer Networks is a necessary way to be abreast of new initiatives, practices, policy changes and opportunities.

Workplace Wellbeing (Wow) Plan

Staff members and the workplace share a mutual responsibility for ensuring that professional development and career pathways are supported, that work environments are safe and healthy and that role expectations can be fulfilled. If these elements are in place then the staff member is best positioned to reach their working potential. The WOW plan was developed to respond to the main challenges that peer workers experience in the workplace. Six work wellbeing factors have been identified as essential building blocks that support role confidence and competence. Peer workers can use the WOW to check how they are travelling in relation to these factors and can involve line supervisors and Peer Hub to ensure that these are being met.

Training for Managers and Supervisors

This has been designed and developed by the Consumer Participation Team. The training provides supervisors with a practical understanding of the lived experience approach, and builds upon support and supervision skills relating to the roles and responsibilities of lived experience workers. A lived experience worker is invited to attend and participate in a Q & A session about challenges, experiences and the value of their role.

Practice Protocols

An agreed set of practice protocols and policies are required to guide workers in their skill set development and ensure ethical obligations are maintained.

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