

Doing Peer Work

An Introductory Guide to
Co-designing Peer Work
Roles or Programmes
in your Service

Developed for:

Drug, Alcohol and homeless services in Dublin's South Inner City

Commissioned by:

Community Response

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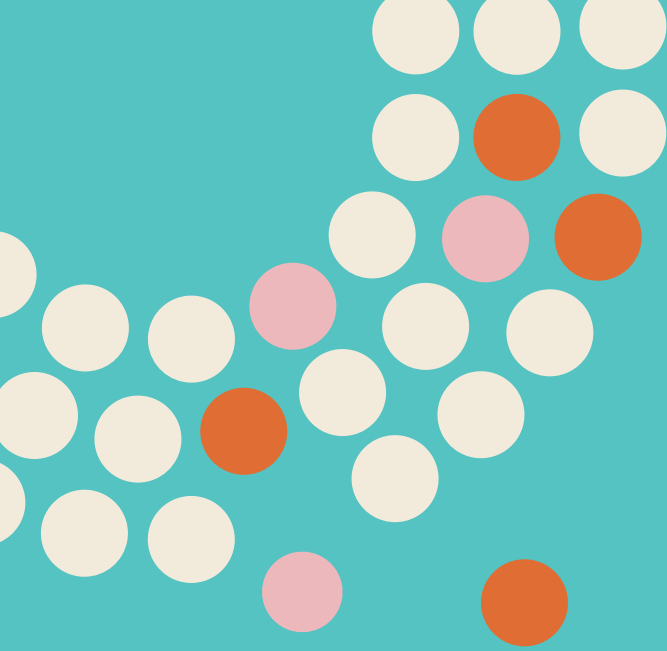
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Part 01

● Background & ● Introduction



1.1

Why Peer Work?

Peer work holds the potential to drive positive change for all involved, including peer workers themselves, the people they serve, and the organisations they work in. Peer work, co-production and service user leadership are progressively gaining traction in the Irish health and social services landscape, increasingly recognised as core aspects of services that truly meet the needs of the community they serve.

Peer work research shows that having peer work programmes in place can support recovery and boost resilience amongst trauma survivors, such as people living with addiction or in recovery (1). Peer work brings with it the promise of hope; it demonstrates tangibly that people who have been in addiction can and do recover, and that they can provide help and support to others, not just be a recipient of services (2)(3). In their work, peer workers provide unique insight on services, as well as on life after addiction, they demonstrate a range of coping mechanisms and, above all, allow for those people using the services to not feel isolated in their journeys (4,5), moving away from the traditional helper/helped dynamic to one of mutuality, shared experience and shared power.

Not only is it recognised as improving the work of staff and wellbeing of service users, but peer work is also considered a means through which harder to reach groups, such as women, migrants and other minorities, can be successfully engaged in mainstream addiction support services.

Peer work is understood by many to redress some of the imbalances or inequalities that have emerged in society, whereby communities who have been traditionally marginalised, disadvantaged, and who are more likely to be in the 'service user' role, are provided with meaningful opportunities to design and deliver essential services to their own communities. It provides an alternative pathway into service provision, decision-making and leadership roles, where more traditional routes involving undergraduate degrees and/or unpaid placement work may be inaccessible to many people.

1.2

About this Guide

Where Did it Come From?

This guide was developed under the guidance of Community Response and the South Inner City Drug and Alcohol Task Force. The idea for this guide had its source in two places:

1. During research consultations in Dublin's South Inner City, on ways to better include people who came from countries outside Ireland, service providers noted the importance of training peers to help provide services to people from their own communities, and concurrently it was noted that there is a lack of standards or agreed good practice in relation to peer work.
2. In the recently developed good practice guide, *Working Better with Ethnically and Linguistically Diverse Populations*, peer workers from affected communities is identified as an effective way to increase engagement with, and the quality of, work with these communities.

How was it Developed?

Rather than just relying on other existing guidance and research, consultation was undertaken with peer workers, service users and staff in the South Inner City, to ensure guidance would reflect their needs, and be useable by them. The following steps were taken to develop the guide:

- Consultation with peer workers
- Consultation with front-line staff
- Consultation with sector experts
- Reviews of peer reviewed literature and international literature

What is it For?

It provides guidance and practical tools to drug, alcohol and homeless services who are considering embarking upon this important journey, and additional ideas or reference material for those seeking to build upon or improve existing peer work initiatives.

Who Helped to Develop it?

The guide was developed with the input, or support, of the following individuals: JM Burr, Andy O'Hara, James O'Dwyer, Oliver Cullen, Bill Kerrigan, Alfred Mwale, Johnny Kerrigan, Niall, Paul Doyle, Colm Folan, Rachel McMahon, Rachel Dingle, Barbara Ozga, Sibéal O'Shaughnessy, Fearghal Connolly, Caroline O'Reilly, Charles Lane, María Otero Vázquez.

The following organisations provided support in the form of attending focus groups, supporting their service users or peer workers to attend focus groups, and/or reviewing this peer work guide:

- Depaul
- Coolmine Therapeutic Community
- UISCE
- Crosscare
- Donore Community Drug and Alcohol Team
- Casadh
- Exchange House
- CKU
- The Quality Matters research team involved in developing this resource were Juliana Garcia, Laura-May Kenneally and Aoife Dermody

Acknowledgement from Community Response

Community Response wishes to acknowledge and thank each of the services and individuals who participated in the consultation process for this guide. As referenced above there is a lack of research available in Ireland that examines peer involvement in services, hindering the development of best practice models. We hope that this guide will go some way towards supporting services to incorporate peers into service provision, which will in turn allow for research and evaluation opportunities.

Specific thanks to IHREC, whose initial grant to produce a guide for best practice standards when working with migrant communities in addiction/homeless services, was a catalyst for this document, and to the South Inner City Drug & Alcohol Task Force and its Co-ordinator, Keri Goodliffe for significant input into the process.

1.3

Overview of Peer Work

What is Peer Work?

Peer work, peer support and peer work programmes are terms used to describe when people affected by an issue support others affected by that issue (6), usually as part of a mainstream service. The relationship between peer workers and other people using services is a unique relationship based on mutual support and respect where the peer worker shares similar lived experiences as the service user (7). It is this shared lived experience that allows for a uniquely beneficial relationship between peer workers and service users (9, 27–30). Peer programmes take place in a wide variety of environments or settings (13, 14), including but not limited to:

- Mental health (6, 15, 16)
- Substance use difficulties (9, 17–19)
- Family support services (20–22)
- Parent support (23, 24)
- Breastfeeding (25, 26), amongst others

What Kind of Work do Peer Workers do?

The definition of peer work or peer programmes varies widely (27), however a brief review of the literature, and exploration of the Irish substance use and homeless sector, shows many different examples of peer work roles. Examples of work that peers have undertaken in drug, alcohol and homeless service provision contexts include:

Treatment and recovery:

- Facilitating or co-facilitating self-help and recovery groups (16) for people living with substance use difficulties, such as AA (28), NA (29), Seeking Safety (30) etc.
- Delivering outreach supports to unique communities (8), or undertaking street outreach – examples of this in Ireland include outreach programmes delivered by UISCE (8) and the Sex Workers Association of Ireland (31)
- Facilitating or co-facilitating family support groups, such as those lead by the National Family Support Network (11,32)
- Training service users to provide overdose response, such as the Naloxone Demonstration Project (33,34) or Novas' TOPPLE programme (35,36)
- Providing accompaniment to appointments to increase uptake of healthcare, as per Depaul's Homeless Health Peer Advocacy Programme (37)
- Providing support with accessing treatment for Hepatitis C, as per the Hepatitis C Partnerships "Hepfriend" peer training programme (see www.hepcpartnership.ie)

Research:

Providing research leadership/support as research designers (14), conducting interviews or focus groups, and analysing research data (18).

One to one support:

Providing advocacy, individual support and signposting to service supports (15) as per Crosscare's Drug and Alcohol (DAP) Peer Programme (for young people and children experiencing addiction) (38).

Advocacy and service improvement:

Bringing the perspective of the service user into service design and review (6) (22, 24), and seeking to address barriers that exist for other service users (41).

What are the Benefits of Peer Work?

Benefits of peer work have been well documented in research, not only for service users (42,43) but also for peer workers themselves (42) and the wider organisation (42). Benefits that have been identified in research include:

BENEFITS FOR THE ORGANISATION: (8) (5,42) (44–46) (47) (48)

- ✓ Better outcomes for services users
- ✓ Better relationships between services and staff
- ✓ Better ability to reach excluded populations
- ✓ Better quality of services delivered

**BENEFITS FOR SERVICE USERS: (13,44–46)**

- ✓ Increased social support, hope, empowerment and agency
- ✓ Reduced substance use, reduced relapse and improved recovery
- ✓ Improved outcomes across many different cultures
- ✓ Reduced associated problems such as HIV and HCV risk behaviours, homelessness, etc.

**BENEFITS FOR PEER WORKERS: (2) (49) (46)**

- ✓ Increased self-esteem and empowerment
- ✓ Increased feeling of being valued
- ✓ Sustained abstinence
- ✓ Income (where applicable) and/or opportunities for future employment and/or work experience



Quotes on the benefits of peer work from peers, service users, and staff, who helped to develop this guide:

“ People using the service open up more and identify better with the peer worker.”

STAFF MEMBER

“ Just the hope and vision that that creates, sitting on the other side of the table, means creating a future, a different path.”

STAFF MEMBER

“ The relationship develops faster and more natural [sic], we find.”

STAFF MEMBER

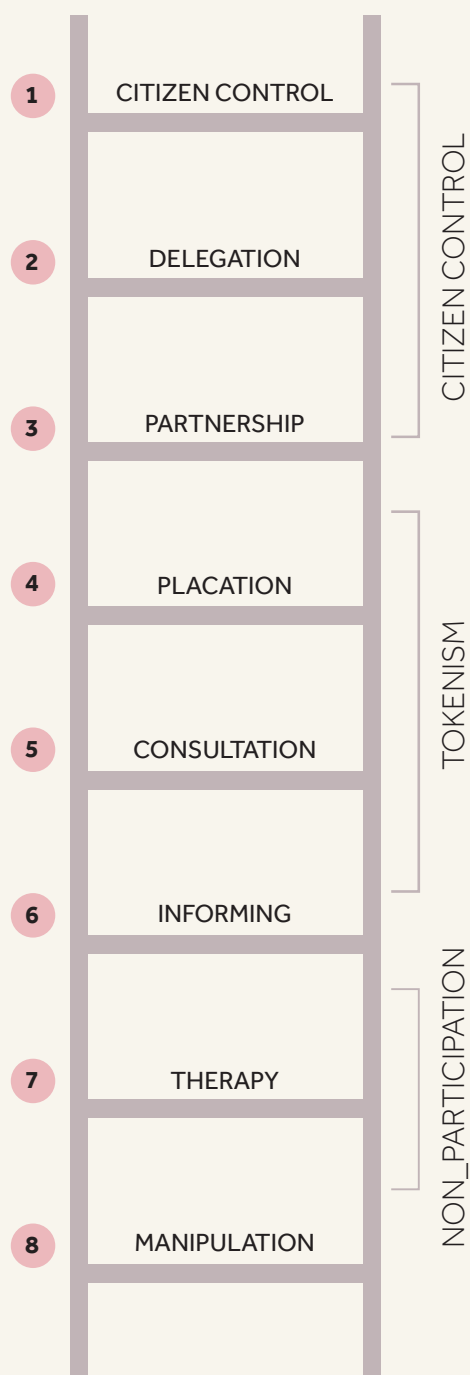
“ We experience service in totally different light to staff, from a totally different side. You have lived the service from a different perspective so there's a lot of insight in there that the staff and policy makers just don't have.”

PEER WORKER

Levels of Service User Participation

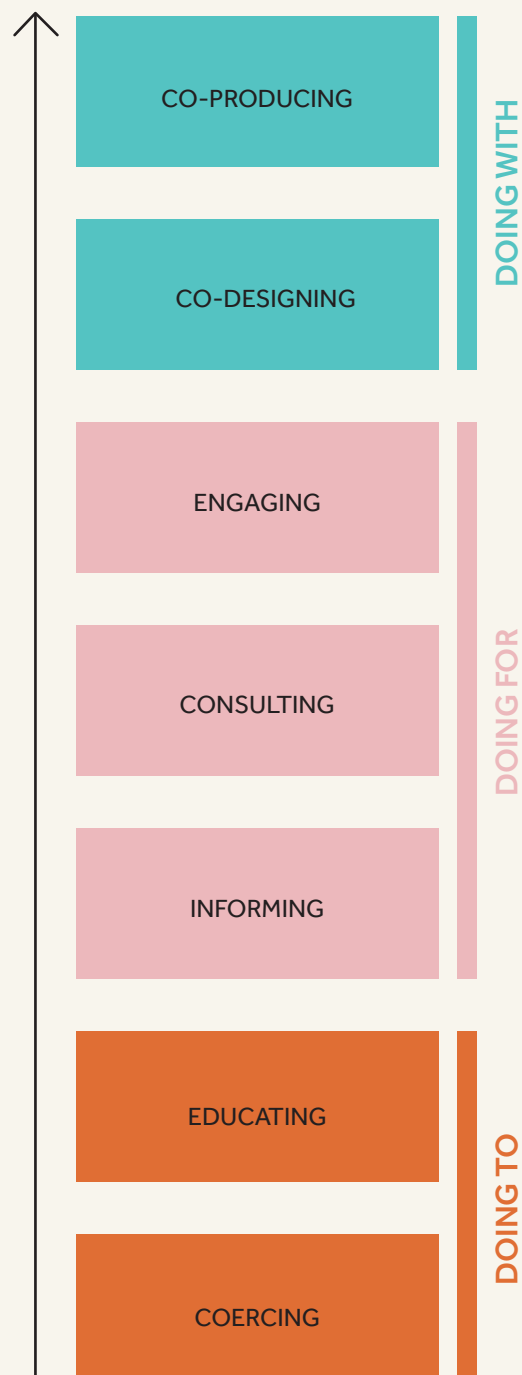
Service users' engagement in service design, planning and delivery has become increasingly important in health services, community services and social services. As it becomes more popular and prominent, people's understanding of it improves, and services become more willing to try out new ways of engaging service users. The images below show useful models to help illustrate the different levels of service user participation in services (50,51):

FIGURE 1
**Arnstein's Ladder: degrees
of citizen participation**



Retreived from: Roper et al., (2018)
"Co-production Putting Principles into
Practice in Mental Health Contexts" p.4

FIGURE 2
**Levels of Service
User Participation**



Retreived from: McMillan (2019) "Participation:
its impact on services and the people who use
them" Insight 45. *Author created the seven
points - ladder based on the work of Slay and
Stephens, 2013

Peer work in the context of participation models:

An advanced form of service user engagement rooted in the belief that services get better when service users have a role in delivering them or, indeed, in designing them. Peer work fits in best in the upper levels of both models.

Co-production:

The most ambitious form of service user engagement is known as 'Co-production'. Slay and Stephen's (2013) explain co-production is going from 'Doing for/to service users' to 'Doing with service users' (50), they explain that:

“ *A fundamental change in how service workers and professionals work with service users, recognising that positive outcomes cannot be delivered effectively to or for people. They can best be achieved with people, through equal and reciprocal relationships.*”(50)

SLAY AND STEPHENS, 2013, P.4.

Co-production involves a high level of power being given to service users, and for many services this can feel like 'too much too soon' particularly if they have not been involved in service user engagement or peer work before. Guidance in co-production has stated that "Governments and services should aim to seek the highest level of participation that is appropriate and possible¹." (52) and that, even in those cases where co-production does not suit the organisation, the principals of co-production can still be applied.

1 Roper et al., 2018, p.4

Principles of Co-production

While many definitions of co-production exist, there are common principles to be found across a number of models (50,53,54) (55–57) (65). These include:

Service users are considered as having a valuable input:

Service users are not seen as people who simply receive a service, or who have things 'done to' them, but as people with capabilities, a wealth of knowledge, relevant lived experience, and expertise that is different but equal to that of staff.

Staff and peers have new relationships with each other:

Peers and staff are in working relationships together, underpinned by mutual respect, expectations and responsibilities. There is shared ownership of decisions and outcomes.

There is shared decision-making:

Service users have real influence in decision-making and share responsibility for running the service. This may include service design, governance, joint leadership roles on new projects, service delivery roles and/or research roles.

Power differences are discussed:

Honest conversations about who has power and who makes the decisions can help to create a shared understanding about decision-making and how power can be meaningfully shared.

Service users are supported to develop the skills they need to do the work well:

The service helps to build service users' existing skills and capabilities, including leadership, and supports them to use these at the individual and organisational level – this is crucial to the success of the programme.

Service user involvement is built across all stages and aspects of service delivery:

There is service user involvement in all aspects of the service including service design, delivery and evaluation, and at all levels ranging from care plans through to strategy.

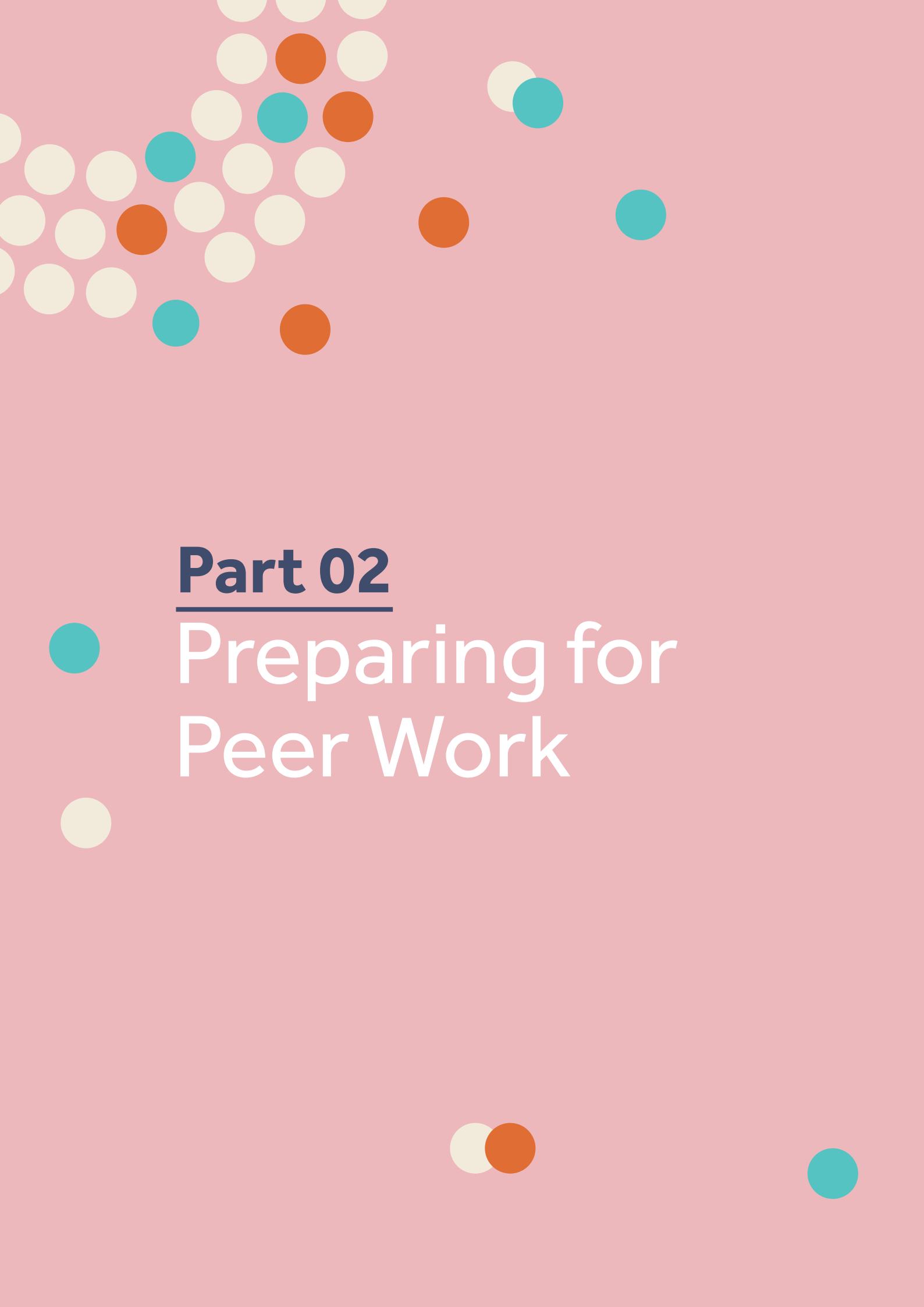
There is equal access to relevant information:

All parties have access to the same information about initiatives, except in those cases where confidentiality needs to be maintained, which will be clearly defined and communicated. The information is provided in a culturally appropriate way so there is a 'level playing field' in discussions and decision-making.

Practical Tips for Incorporating the Principles of Co-production

For organisations engaging in peer work, these co-production principles may be:

- a) A starting point for conversations:** The points can be discussed with teams or service users, to consider what these principles might look like when applied in their service.
- b) A starting point for research:** The principles could be framed as survey questions to understand 'the current state of play' in a service and how this could be improved in the services.
- c) Used to design and measure success of peer work:** The principles can be used as guidewires, to help inform any decisions or planning for peer work, and could inform later evaluations of programmes.



Part 02



Preparing for Peer Work



2.1

Overview

For peer work to be truly successful, the organisation must be 'ready' with a culture that is equipped for peer work. This section highlights what the organisation needs to do to prepare for peer work.

2.2

Culture and Buy-in

Belief in the unique value of peers and service users:

For the programme to succeed, ultimately, people need to believe in the unique, distinct value of service users and their abilities (59):

“ Staff must consider the person that has lived experience as someone who is an expert... you need the organization to believe in the person and move them through the organization.”

STAFF MEMBER

Services should not assume that all staff believe this, and, in fact, would benefit from presuming that many staff may have reservations when it comes to making it happen (60). Peer work programmes will be most successful when organisations create space for staff to discuss the value of peer work, express any concerns they may have, and be provided with evidence on the positive impact peer work can have (61).

Staff buy-in to peer work:

Staff buy-in refers to staff belief in the worth, purpose, and potential benefits of peer work (61) as well as the collective will of staff to succeed in establishing a successful peer programme. Staff buy-in was noted in the consultation as important by peers and staff for a number of reasons:

- Staff have the most 'on-the-ground' understanding of front-line work, service users and the communities they serve, and can provide invaluable input into codesign and collaborative peer work projects.
- Staff can help to effectively engage service users in co-production of new programmes
- Staff will most likely be driving the initiative internally, assisting with training, monitoring progress, and supporting the new peer workers.
- Staff will inevitably be involved when there are challenges or obstacles with implementation and so a positive perspective towards peer programmes, along with an eagerness to monitor and be willing to change their own behaviour, is crucial. As one staff member remarked::

“ Sessions have to be set up (with staff) to promote activism and leadership – sharing power from the beginning of the process to the end of the process.”

STAFF MEMBER

Management buy-in:

For peer work to be successful, management needs to be invested in the success of peer work (62). Management can:

- Act as 'role models' for peer work; their enthusiasm can encourage others to be optimistic and enthusiastic about it.
- Create the structures in which successful peer work can happen, such as ring-fencing staff time for planning, trialling, evaluating etc.
- Provide support to staff who will be providing the primary support to peer workers, helping them to navigate inevitable challenges that arise.
- Advocating for, or making decisions about, the use of funding or resources to support peer work.

- Identify potential challenges in the wider context of the organisation e.g., they may know about challenges in terms of upcoming funding cuts or initiatives that may take up a lot of staff time and inhibit their ability to dedicate time to the project etc.

Openness to learning from mistakes:

For many organisations, peer work is new. This means that there may be a need to try a number of different approaches to find one that works for that organisation. If the organisation is committed to success from the beginning, then failure will be signposted as a challenge rather than a reason to not implement. Staff, management, and service users within organisations need to be willing to come together to improve the programme and be willing to change their own attitudes towards what constitutes failure (16):

“ People might not feel confident to express their analysis of what’s not working, and they’ll just leave, they’ll feel it and leave. And then the power structures say, ‘well that failed’. We have to be clear that if we don’t set up processes and structures that are creating shared decision-making and shared ownership [people will disengage].”

STAFF MEMBER

“ I did things five years ago that were really tokenistic, it’s for us as staff to realize that you don’t know everything, and to realize that we won’t have understood the service from that perspective, and we need to have that awareness.”

STAFF MEMBER

Practical Tips for Promoting a Peer-work-ready Organisational Culture

1. Develop a plan for buy-in:

Make a plan to support 'buy-in' to peer work. This means providing information on what you want to do, why, evidence for it etc. It also means trying to understand and respond to any questions and concerns staff/managers/service users may have, so they too feel enthusiastic about this journey. There is a supporting resource in the appendices on page 35 of this guide to help you consider what questions people may have, and what information you can provide, or what processes might support their increased buy-in.

2. Educate on peer Involvement:

Create opportunities for staff, board and management to learn about various models of participation, co-production and peer work - a brief internal training using the content of this manual, or other resources, can help everyone to make informed decisions. Presentations from other successful peer programmes may also help bring the idea to life and inspire the team.

Create a culture of 'service user involvement' and build to peer work:

- Collaboratively develop a policy on service user involvement and develop a shared vision and shared goals for service user involvement, including peer work.
- If your organisation is new to this area, you may start with some smaller goals relating to service user engagement (e.g., service user feedback surveys, service user consultation on strategy etc.) in order to build the culture that will support more ambitious, codesigned peer work.
- It can be useful to set up a small working group comprising management, staff and service users who are enthusiastic about service user involvement and peer work to 'do the homework' for the rest of the team, propose options and lead on implementation.
- Evaluate any efforts *with* service users and staff, to identify what is working if efforts are successful, and if the involvement of service users is felt to be meaningful, helpful and ambitious enough.

2.3

Resources: Time, Space and Money

Overview

It is important to consider what resources will be required to develop, run and evaluate a peer programme. This section explores what resources might be needed at different points. Resources for this section include: (11) (63–65).

Programme Development

Time will be needed at the beginning of any programme development, allocated across:

- Development of learning resources/presentations etc., to support buy-in
- Planning and consultation with various stakeholders who have experience of peer work
- The research of existing programmes and/or development of a bespoke role or programme

Training and Reflection Time

The introduction of peer work in an organisation may be an opportunity to develop and progress existing staff internally into new roles which can further benefit the service, or into management positions where they will upskill and oversee the incoming peer workers.

- **Training for peers:**
Peers will need to be trained either by an internal person, or by someone external where required – this will either cost staff time, or money for an external trainer.
- **General training:**
There may be a need for general training for teams, which might include training in peer work, co-production, trauma informed practice and recovery-oriented principles and practice.
- **Targeted training:**
Staff responsible for providing direct support to peer workers may need upskilling in supervision, debriefing and other people management skills.
- **Reflective practice:**
As a core facet of learning, reflective time must be created for peers, staff and management to reflect on what is working and what could change. This should be a learning space that is *distinct from* the supervision one-to-one support environment and be specifically focused on learning for the peer(s) and the organisation.

On-Going Support for the Peer Worker and Staff

Both peer workers and staff require regular, structured support, often called supervision. How much supervision, and - therefore - how much staff or management time this will take, depends on some factors:

- The number of people in peer roles, and the regularity of supervision
- Administrative availability, as time will be required for the planning of supervision, writing up of notes, etc.
- The level of support need of the peer worker (e.g. considerations should be given to the fact that support needs will be greater in the earlier parts of the programme, and lessen as people settle into their roles)
- Managers' availability, as time to support staff (who in turn support the peer work), as well as any administrative time such as reports to funders, will be required

Space

Different peer work programmes or models require different use of space. For example, if the organisation wishes to deliver a peer-lead group work programme, that needs a particular type of room. Likewise, outreach work, while it does not require physical space, may require two peer workers, or a staff accompaniment, in line with organisation's health and safety or lone working policies (8,66,67).

Payment

The organisation will need to decide whether peer workers will be paid, and this is discussed extensively in the following section. Calculations will need to consider:

- The number of peer workers
- The hourly rate
- Whether peers are paid for training and supervision, or just for core activities
- Whether peers will have an increased rate after a particular time period
- If the peers are being paid as employees rather than contractors, any additional employer costs incurred in this (e.g., PRSI etc.)

Practical Tips For Considering Resource Requirements

In order to effectively plan to introduce peer work, it is wise to prepare a budget that considers the full costs for the organisation, and full implications for organisational resources. A template has been provided to support you in this, in the resources section of this guide.

2.4

Organisational Policies

Creating New Policies or Processes

The organisation may wish to develop some, or all, of the following:

- A peer worker contract that details all commitments, obligations and processes for the peer worker's engagement.
- A unique 'service user involvement policy' or 'peer work policy' that details the organisation's approach to peer work, how peer work or service user involvement is done, how challenges are managed, how processes are reviewed and improved.
- A service user involvement or peer work strategy, that details the organisation's actions for the coming 3 – 5 years.

Reviewing Existing Policies

The organisation may also wish to review existing policies and processes to ensure they align with the organisation's expansion into peer work. Some considerations include:

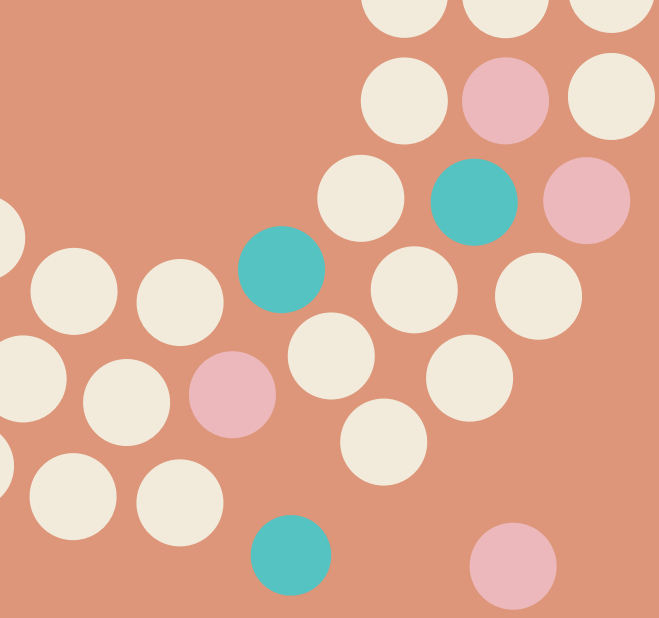
- Health and safety policies may need to be updated to identify risks, protocols and protections in peer work.
- Insurance policies may need to be updated to include peer work.
- Human resources policies may need to include references to, or protocols for, recruitment, remuneration and performance management of peer workers.
- Staff job descriptions may need either to include responsibilities in relation to supporting peer workers or clarifying tasks to avoid roles overlapping.

2.5

Practical Tips for Considering Resources

As previously mentioned, there is a budget template in the appendices section of this guidebook that can be used to map the resources required when developing a draft budget for a peer programme.





Part 03



Doing Peer Work



3.1

Choosing or Developing a Peer Programme

There are many well-established peer programmes, but there is no 'one size fits all' approach when it comes to choosing or developing a programme. Instead, the service must hold in-depth discussions about what is needed, what service users and staff want, and what resources the service has, in order to choose the best approach. This section outlines some examples of peer programme models and some important factors for services to consider when choosing or designing a programme.

The table below shows some models of peer work. This is not a full list of all models, but it may serve as a useful starting point for discussions on what model to choose or what type of peer work to try out. Each example shares some additional reading, for those who wish to learn more.

GROUP WORK

Peer workers and service users come together as a group to create safe non-judgemental and supportive spaces in which they can share their journey through addiction and/or recovery. In these spaces, they learn new coping skills from each other and offer mutual support. In this type of programme, peer workers' central role is that of facilitator or co-facilitator.

Examples of Group Work Peer Programmes in Practice

- **The Essence of Being Real: Relational Peer Support for Men and Women Who Have Experienced Trauma** (Wilkerson, 2002)
- **A Woman's Way through the Twelve Steps** (Covington, 2018)

Resources (Manuals, Papers or Briefs on Models)

The models mentioned above have supporting materials or books accompanying them which can easily be found online

ONE-TO-ONE / RECOVERY COACHING

Peer workers offer one-to-one support, mentoring or information to people in their community and, in some cases, general members of the public. They may also offer therapeutic or mentoring support to service users in recovery (e.g. psycho-education programmes). This type of peer work may require more specialised training for the peer worker or clinical oversight from a specialised professional, but not in all cases.

Examples of One-to-One Peer Programmes in Practice

- **Mentorship for Addiction Problems – MAP** (Tracy et al., 2010, 2012)
- **Peer Recovery Coaches** (SAMHSA)

Resources (Manuals, Papers or Briefs on Models)

Research paper on MAP intervention: Tracy et al., (2020) "Mentorship for Addiction Problems (MAP): A New Behavioral Intervention to Assist in the Treatment of Substance Use Disorders" (68)

SAMHSA Brief on Peer Recovery Coaches²: Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) "Peers Supporting Recovery from Substance Use Disorders" Substance Abuse and Mental Health Services Administration SAMHSA; (44)

² Peer recovery coaching video by John Hopkins University: www.youtube.com/watch?v=DcE3NJb5uD4

PEER RESEARCH

Peer workers have roles in research concerned with their community. They can be involved in all stages of the research project, including research planning and designing, conducting the research and writing and sharing results.

Examples of Peer Research Programmes in Practice

- **Community-based participatory research (CBPR)** ³
- **Public and Patient Involvement (PPI)** – Health Research Board of Ireland

Resources (Manuals, Papers or Briefs on Models)

Manuals/guides on CBPR and PPI:

- Coughlin SS, Smith SA, Fernández ME (2017) "Handbook of Community-Based Participatory Research". Book available for purchase online
- Burns et al., (2011) "A Short Guide to Community Based Participatory Action Research" Los Angeles: Advancement Project & Healthy City Community Research Lab. (69)
- Health Research Board "Public, Patient and Carer Involvement in Research" Available online from www.hrb.ie (70)

OUTREACH

These interventions are particularly useful in working with hard-to-reach populations (i.e., people from minoritized communities, people who tend to use drugs on their own in isolated outdoor areas, people in rural settings). Peer outreach programmes' primary focus is often preventing overdose and overdose related deaths, providing harm reduction services (i.e., harm reduction equipment including naloxone) and responding to the immediate needs of people with a substance use disorder including linking to support services.

Examples of Peer Outreach Programmes in Practice

- **SHARPS** – peer delivered harm reduction intervention for people experiencing homelessness and substance use problems – United Kingdom
- **Mobile Access Projects/Mobile Outreach Vans/Mobile Street Outreach Initiatives** – United States and Canada
- **Peer-based supervised injection intervention in emergency shelters OR Injection Support Teams (IST)** – such as Wish Drop in Canada

Resources (Manuals, Papers or Briefs on Models)

SHARPS initiative – Scotland, United Kingdom:

- Research brief available at: www.addiction-ssa.org/wp-content/uploads/2019/11/FosterR-Supporting-Harm-Reduction-Through-Peer-Support-SHARPS-Poster-Nov-19.pdf

WISH Drop-in Centre – Mobile Access Project initiative – Vancouver, Canada:

- Project website: www.wish-vancouver.net/program/mobile-access-project-map-van/
- Project research paper: Deering et al., (2011) "A peer-led mobile outreach program and increased utilization of detoxification and residential drug treatment among female sex workers who use drugs in a Canadian setting." (71)

³ Particularly important for this approach to be successful is addressing power differentials between academic researchers and community researchers. Otherwise the experience can be disempowering for peer workers (Damon, et al., 2017)

MIXED INTERVENTIONS

These interventions use two or more of the above approaches as part of the same programme i.e., one to one support, group discussion, and psycho-education sessions. They are frequently delivered both by professionals (i.e., therapists) and peer workers, depending on the skills required. These programmes can be particularly effective as they involve both peers and professionals and use a number of different approaches.

Example of Peer Programmes with Mixed Interventions in Practice

- **Seeking Safety** (Najavits, 2002)

Resources (Manuals, Papers or Briefs on Models)

- **Manual on Seeking Safety: Najavits LM. (2002) "Seeking safety: A Treatment Manual for PTSD and Substance Abuse" – Book available to purchase (72).**

3.2

Practical Considerations for Deciding on a Peer Programme

The organisation may want to use an existing programme or role, or design their own (28,73). There are a number of factors organisations should consider, in consultation with staff/service users:

- **The needs of service users:**
Service users may have different needs at different stages of their journeys, so it is important to consider what programme is appropriate to those needs (3), e.g., outreach work for those not yet in recovery, but recovery coaching, group work etc., for those further along their journeys.
- **The needs of the organisation:**
The service may have identified things that they feel will best be done by peer workers, for example they may wish to target a specific community that are usually difficult to engage (74) or they may wish to conduct research that would benefit from peer involvement (75).
- **Space and resources:**
Physical space, as mentioned in previous sections, may be a deciding factor in the type of peer programme. For example, there needs to be a room available to conduct group work (76), or if the peer programme requires a private therapeutic space (77). In addition, staff time, costs etc., as previously discussed, must be considered and may determine the type and frequency of peer work that is feasible (78,79). The service may want to consider hybrid or web-based peer run services to improve equality of access in a cost-effective and sustainable way. However, this also requires looking at the service's capacity to provide peer workers with access to technology.
- **Skills and remit:**
Certain peer programmes will require a specialised skill set or may need to be overseen by a clinical specialist and so this may be beyond the remit of some organisations. Organisations need to be astute in matching their available skill set to the correct match of peer programme (80).
- **Associated risk level:**
The organisation may want to firstly try and select a lower-risk alternative of peer work and gradually work its way up to the more comprehensive peer programmes which would require a higher level of peer worker autonomy, which can be difficult to establish in the first instance (81).

3.3

Designing the Role

Where the organisation is not choosing an existing or standardised programme, they will have to design a programme or role suited to the needs of the organisation. There is ample guidance and literature to guide organisations in this, referenced throughout this guidebook. This section summarises this guidance.

Generally, the literature highlights the importance of having a detailed but clear and simple written role description, so peer workers have clear expectations from the outset (16,63,82,83). Collaborative role design can help to avoid confusion and promote shared understanding among staff, management, service users and peer workers (7,82,84). The absence of adequate job descriptions can hinder recruitment of the right people and affect the quality of the programme (82,85–87).

Good Practice in Role Design

1	Design in partnership Taking a co-productive approach from the outset - one which involves service users in the role design - will help to avoid many pitfalls and identify potential opportunities and problems.
2	Clearly define what is in and out of scope for the peer worker role a. What the role will involve including its scope and tasks involved (i.e., group facilitation, one to one support, supporting or undertaking research, or a mix of these) and how the role fits into the organisation's system of care. b. Exactly what interpersonal support, if any, they are expected to provide.
3	Avoid role conflict Role conflict describes a situation where the peer worker role clashes with, or overlaps with, other staff roles (82,83,87,88). If there is an overlap of tasks this should be managed with clear guidelines. Explaining the peer worker role within the whole system of care in the service and how this is to interact with the work of non-peer staff can help to ensure everyone is confident and clear in their responsibilities.
4	Be consultative and considerate in scheduling working hours While ensuring the needs of the organisation are met, build in flexibility in relation to working hours. This may be particularly important for peers who are in receipt of social welfare payments and/or to accommodate for recovery related needs.
5	Ensure role setting and conditions are aligned with role scope Avoid peer workers' exposure to situations that force them to go beyond their role. For example, outreach peer workers who have not been trained to give safer injecting advice should always be accompanied by someone who can, so they do not feel they have to give this advice if asked for it (60). This is not only crucial to protect the wellbeing of peer workers but also to manage risks related to liability and insurance.
6	Be clear in reporting responsibilities Ensure the peer worker knows who their 'line manager' is. It may be advisable to have the person's 'line manager' as separate from their keyworker – this will establish clear personal and professional boundaries between their role as a service user, and that of a peer worker.
7	Define training and initial supports from the outset Clearly communicate that – in order for the peer worker to fulfil the role - supports will be provided, and define those supports, highlighting the fact that it is considered a learning role (89). The aim is to encourage service users who might lack confidence, or be from minoritized communities, to consider engaging in the role or programme.

Qualities of a Peer Worker

While lived experience and a willingness to undertake the role is essential, there are a number of other characteristics that the person undertaking a peer worker role should have, or be willing to develop. This is a list of some of those qualities, as detailed in literature and other models⁴, although organisations should identify what is important and add/remove from this list as they see fit.⁵

- **Communicate authentically**

Peer workers must be able to communicate in a way that speaks to service users and feels authentic and genuine.

“ They engage with people better because they’re not speaking in our professional jargon.”

STAFF MEMBER

- **Be empathetic, non-judgmental and supportive**

Peer workers must be willing to understand when and how they might judge other service users, to become more aware of this and to try to avoid allowing their judgements to affect the work.

- **Active listening**

Peer workers should be able to employ basic active listening skills, including understanding non-verbal communication, reframing/rephrasing and others.

- **Avoid assumptions**

Peer workers must avoid making assumptions about where a service user is at, simply because they have had a similar background or journey.

- **Understanding trauma**

Peer workers should have a basic understanding of the impact of trauma on the body, behaviour and communication and should be supported to work in a trauma-informed way in line with their role.

- **Be inclusive and culturally competent**

Peer workers should have the opportunity to understand and address internal biases that may prevent them from providing an equal service to all who need them, regardless of their background, ethnicity or race. A failure to do so could result in the peer worker service only being available to certain communities.

- **Capacity to work through conflict and tension**

A peer worker should be supported to see tension and conflict arising in their relationships (both with staff and service users) in a positive light, understanding that these offer opportunities for growth and learning.

- **Capacity to manage power and create partnerships with service users**

Peer workers should be able to understand the peer relationship is one of mutuality and reciprocity, where peer workers and service users are both teachers and learners. The relationship is collaborative which means there is no one voice dictating to the other. It is this concept of being equal partners that creates a sense of community and connectedness which results in some of the important benefits of peer work.

- **Capacity to work from a strengths-based approach**

Peers must possess, or be supported to develop, an attitude that recognises that their own previous difficulties, decisions and challenging behaviours were a response to what was needed at a point in time. This means moving from a mindset of judgment, to one of growth. A peer worker can then apply this same logic to their work with service users in order to support them in their journey.

⁴ References for this section: (60) (64) (64,90–93) (141) (95) (2,132)

⁵ Services may also want to include SAMHSA's Core Competencies for Peer Workers in Behavioural Health Services (2018) which were developed with the active participation of mental health service users and substance use disorder recovery communities. This document is available at: www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf

- **Be at an appropriate point in their recovery**

Some peer worker roles will require people to be at a particular point in their journey, in relation to substance use. For example, low threshold roles may be best suited to someone who is currently connected with the community rather than a person who is in recovery and may still be at risk of relapse.

Practical Considerations for Designing a Role Description

Services seeking to design a description for a new peer work role may find it useful to:

- Find an existing job description, to use as a template structure
- Work with staff and service users to clarify the peer worker responsibilities/role, or help select an existing programme to be adopted
- Use this information to list the key responsibilities in the role description
- Use the list above to identify the core personal qualities that the person should have or be interested in developing

3.4

Payment for Peer work

It has been common for peer workers to work in a voluntary capacity (8,22,83). There is, however, a growing body of research supporting payment for peer workers (97,98). Unpaid volunteer peer positions can lead to feelings of being undervalued and not sufficiently recognised, and to a lack of career progression opportunities (60). In consultation for this guide, there was a strong majority opinion among both staff and peer workers that peer workers should be paid, although some people noted that even though everyone should be offered payment, not everyone will wish to be paid as they may wish to 'give back' to a sector that helped them. Options to pay peer workers include:

- Payment through invoicing and expenses
- Other types of compensation
- Employment contract (salary)

The service approach to peer workers payment, unlike non-peer staff, may need consideration of things such as welfare entitlements. Key factors services may need to consider in their decision-making are:

- Some people may have a strong desire, as part of their recovery journey, to 'give back' to those who supported them or their community and may not wish to be paid for this work. This should be respected if felt as an empowering experience. However, services should also be aware of the impact of trauma and the phenomenon of fawning (e.g., trying to please those in power), and, when necessary, help service users understand the value of their work before making a decision as to whether they would like to receive payment.
- Vouchers or similar forms of compensation, even though meant to be a support, may be perceived as patronising, untrusting or paternalistic⁶ (99) potentially reinforcing feelings of disempowerment. This format may also either support or hinder efforts to avoid relapse which varies on an individual basis.
- Considering the effect that remuneration may have on the peer worker's overall financial situation, particularly for those in social welfare payments. Peer workers in receipt of benefits may prefer not to be paid or may need to be consulted in the best way to be paid so as not to have a detrimental effect on their overall finances by causing a loss of social welfare support. This may require organisations to:
 - Provide peer workers with expense payments or other compensation formats.
 - Support peer workers to navigate alternative welfare options such as part-time payment schemes.
 - Explore different payment conditions that can work together with their social welfare payments e.g., some welfare payments may allow peer workers to work for a certain amount of time per week over a limited number of days, without affecting their payment.

Importantly, if offering remuneration, services should ensure the level of payment is - at a minimum - in line with the Irish living wage.

⁶ This criticism was made and heard by the development team in undertaking research for this project, where service user and peer worker contributions were compensated with vouchers.

3.5

Boundaries

Peer work literature is clear on the need for training on boundaries and other ethical practices (40,63,87,97,100,101). However, defining personal boundaries in peers' interactions is not a straightforward task (i.e., physical touch, receiving/giving gifts, borrowing money, attending personal events). Guidelines in peer work are not as clear as those in therapeutic and counselling relationships. There is a level of informality to peer relationships that requires finding a delicate balance between the professional and the personal.

Staff should not presume that new peer workers understand what is/is not OK in relation to boundaries with service users and other staff, and should have careful, considered in-depth conversations in relation to this, both preparatory (e.g., in induction) and reflective (e.g., in on-going supervision).

Boundaries should be discussed and agreed in the service, and peer workers provided with supports to manage difficult ethical situations which can include written guidance (i.e., code of ethics with practical examples) and space for discussion within supervision. It should also be presumed that new peer workers will make mistakes in relation to boundaries, and these should be considered as learning opportunities. This section includes good practice guidance, from the literature, in relation to peer worker boundaries with staff and other service users which can inform training, coaching or supervision agendas.

Boundaries in Relationships with Other Staff

The role of peer workers as professionals has been referred to at length throughout this manual. Conversations in relation to how the peer worker can be successfully integrated in their professional role and new boundaries established should consider the following:

- **Naming the changed role:**

Both service users and staff will need to reimagine their relationships together, and clearly and honestly discuss the difference between the relationship of staff and service user versus staff and peer worker colleague. These conversations can be had between staff at team meetings, between staff and peer workers in induction, training and on-going supervision, and more informally between staff and service users as it comes up. These conversations will reference many of the principals discussed earlier in relation to power dynamics, power-sharing, decision-making etc., that are relevant to the transitioning relationship between staff and peer workers.

- **Clearly delineated support roles:**

Where the peer worker is an existing or former service user, it is important to ensure that the staff member providing line management/role support to them is not a staff member with responsibility for key working/emotional support. This will help to avoid role confusion between emotional support provided to a key client, and semi-professional mentoring support.

Boundaries with Service Users

CARE FOR OTHERS:

- **Respecting privacy and confidentiality:**

Peer workers should have a clear understanding of the role of confidentiality in creating trust and respect within the peer relationship. The practical implications of applying this principle should also be explained i.e., not talking about service users when they are not present (64) addressing issues directly with the person involved (95), if sharing an experience that the peer worker may have had with a service user, for instance in supervision, only doing so when it is of benefit for the relationship (i.e., lessons learned) and in a way that does not make the service user identifiable.

- **Not helpers, not fixers but partners in the recovery journey:**

Peer workers are to act as companions in service users' recovery journey, facilitating the exploration of issues rather than doing 'for' or 'to' service users. They are to 'meet service users where they are at', resisting the urge to fix (64), rescue (102), complete tasks for them (103) or change their views and behaviours (104). Peers are to have a clear understanding of the difference between supporting service users in accessing the personal or external resources that will help them meet their needs vs meeting service users' needs directly (i.e., if needing financial support not giving them money but supporting them to find ways in which they can access financial support) (103).

- **Not using a clinical approach:**

Peer work is not a clinic role. It is rather concerned with providing emotional, informational and instrumental support, as well as mentoring and companionship (95,105). Peer workers should then abstain from using any clinical approaches to service delivery. This includes abstaining from (105):

- Diagnosing, assessing or treating
- Providing medical advice (i.e., suggesting treatment or expressing views about drugs prescription unless trained to do so)
- Express disagreement with medical advice
- Provide counselling or therapy, including over-focusing on trauma or problems

- **Not promoting a religious (or similar) practice:**

Peer work does not involve religious, ideological or spiritual guidance. This does not necessarily mean that peers cannot share spiritual or religious practice, but that if this happens it should be the result of a spontaneous sharing rather than peer workers engaging in the active promotion of their spiritual/religious practice or belief system.

- **Respecting service users' choice and agency:**

This requires peer workers to recognise the uniqueness of each recovery pathway (90), respect the choice and agency of those they provide services to (95), and have a genuine belief in each person's capacity to find the unique solutions to their challenges (64). It includes not forcing, not coercing and not expecting alignment of service users' values, views and beliefs with one's own (95). Peer workers are not to act as experts or authorities, dictating programme supports and components (90), but as role models (103). They are to recognise the reciprocal nature of the peer-to-peer relationship where peers are both teachers and learners, helpers and helpees (64,104,106) as well as recognise the importance of managing power dynamics (98,107,108), particularly in a context of trauma where previous disempowering relational patterns are likely to be reproduced (104).

CARE FOR SELF:

- **Being supportive but not at the expense of positive self-management and self-care:**

Peer workers are to provide support only to the extent where it does not interfere with their well-being and capability to self-manage. Management should actively support peers in doing so by emphasising the importance of prioritising self-management and self-care (16,63,82,87,109).

- **Prioritising their own recovery:**

Regardless of where the peer worker is in their journey, they should be encouraged to prioritise their own needs and their own recovery. Doing this will help to ensure not only their own well-being, but their ability to continue to successfully provide peer work support. A person in recovery, for example, may need to ensure they do not work in situations where they may be triggered to use again.

- **Sharing only that which feels comfortable and useful:**

A certain level of willingness to share one's lived experience is key for peer work. After all, this is what allows peers to initiate a connection. However, it should be clear this does not mean peer workers are expected to share details of their experience that may be triggering for them or triggering for service users. Establishing clear boundaries in relation to self-disclosure and sharing is vital (63,82,97). As a rule of thumb, peer workers should share only the information they feel comfortable disclosing and only the information that may be helpful for the service users' recovery journey.

“ We talk about sharing, and people often say I don't want to share certain parts of my life, and we need to acknowledge those questions will be asked, but people are not entitled to your life story. I think giving people skills on how to respond to those kinda situations, having a conversation around your boundaries, is really important.”

STAFF MEMBER

Practical Tips For Supporting Development and Management of Boundaries

Through training, coaching or supervision the service may:

- **Create a culture of learning:**

Create a culture where making mistakes, crossing boundaries etc., is considered a learning opportunity, and ensuring there are regular and ample opportunities to debrief on tricky situations that may have arisen.

- **Create clarity on boundary expectations:**

From the earliest point, the service should be clear about what is/is not OK from the perspective of the organisation, and support peer workers to identify their own personal boundaries within that context. There is a 'boundary management discussion document' in the appendices that may be a useful tool for guiding such conversations.

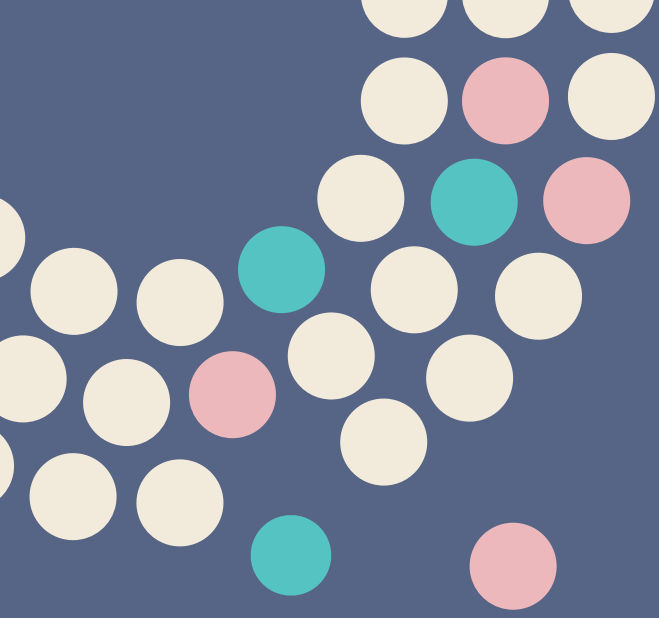
- **Practice and plan for tricky situations:**

Help peer workers to identify potentially tricky situations or scenarios they may encounter in peer work, and develop plans, scripts or key phrases to help them manage that. They may also practice role plays in 1-2-1 or group scenarios to help plan for the management of challenging situations.

- **Undertake additional learning:**

Staff and peer workers may find some of the following resources useful for learning more about boundaries:

- SAMHSA "Establishing Ethical Practices for Peer Recovery Support Services Within the ATR Model" (available online from SAMHSA).
- SAMHSA (2017) YouTube seminar on "Ethics and Boundaries in Peer Support Services". Available at: www.youtube.com/watch?v=A-7rmYrzG8s
- White, W., (2007). Ethical Guidelines for the Delivery of Peer-based Recovery Support Services. Available at: www.naadac.org/assets/2416/whitew2007_the_pro-act_ethics_workgroup.pdf



Part 04



Supporting Peer Workers

4.1

Peer Work Contract

In order to ensure absolute clarity in the role, a peer worker contract should be developed. If the peer worker is an employee, then an adapted version of a standard employment contract with the job description may be adequate. If it is a voluntary position, then a new contract that clearly delineates the role and highlights the voluntary nature, and detailing all requirements, expectations and supports, should be developed.

4.2

Personal Support Planning

“ You expect staff to suck it up a little bit. But for peer workers I don’t want to retraumatize or trigger anyone.”

STAFF MEMBER

Research has shown that, even though peer work can be greatly beneficial, when not managed appropriately it can increase peer workers' vulnerability in relation to their personal recovery and to the general risks carried by the role (burnout, exhaustion, disconnection from the role) (60). To counteract this risk, research has emphasised the importance of peer workers being appropriately 'respected, valued, supported and compensated'. Supporting personal recovery and self-care should be the most important priority of organisations when it comes to peer work (103).

One challenge that can arise more frequently for peer workers than other workers is that they are usually dealing with increased levels of challenges in their personal lives in terms of addiction, housing, health etc., all of which can interfere with any person's capacity to fulfil their obligations, and in the case of a peer worker, may compromise their capacity to fulfil their role.

To ensure that the peer worker is held to appropriately professional standards, it is crucial to support them in gaining increased responsibility, but also to recognise that they face additional challenges. The organisation might consider including, in the peer work contract, requirements and agreements in relation to personal support e.g.:

- That the peer worker must have regular personal support in place (keyworker, counsellor etc.).
- That the organisation can have permission to call a three-way meeting with the support worker if there are challenges arising.

Having this requirement in place allows the organisation, or supervisor, to focus on the professional development and peer worker role and responsibilities, rather than having to cross boundaries into in-depth discussions of personal matters. Such an arrangement can provide needed clarity and reassurance to both the peer worker and the supervisor, that they are being adequately supported outside of their professional role. However, the service can still support peer workers in managing the risks of the role as well as sustaining their personal recovery, including (60):

- Encouraging peer workers to develop their own self-care plan and recovery plan.
- Ensuring peer workers are supported to undertake full risk assessments of how the role may impact on their life, well-being, recovery and have strategies to identify and respond to this.
- Encouraging the peer worker to share any support they need in relation to workplace triggers, stressors and other difficulties they may encounter in work.
- Regularly checking in with peer workers on their comfort with the level of responsibility assigned and expectations of the role.
- Creating peer networks. Within the organisations or in partnership with other organisations, create shared peer spaces for learning, reflection and connection.

4.3

Supervision

Overview

Supervision or on-going support is crucial to the success of the peer worker role. Such supervision would benefit from being aligned to the values identified in the beginning of this guide, with a clear agreed agenda and space for reflexivity and open discussion. Some important considerations in relation to supervision include:

- Bringing values of co-production, how peer workers can be engaged to design supervision values, agenda and logistics.
- Whether and how attendance at supervision is linked to remuneration, where relevant.
- Whether how and when there is a need to have a check-in with a keyworker, counsellor or other person, e.g., where a person was delivering recovery services but appears to be relapsing, or where behaviour indicates an inability to adhere to the peer worker contract.

Conditions for Effective Peer Worker Supervision

Literature identifies a number of important conditions for peer work to be successful:

- **Ensuring supervision is felt as a safe space by peer workers:**
This requires consistently communicating to peer workers that supervision is a support rather than a 'surveillance' practice, and that as such it makes no use of punitive approaches and is guided by a principle of 'no blame' (102). Instead, it is a space to bring concerns to be explored, discussed and resolved, including ethical issues in relation to boundaries.
- **Ensuring supervision is regular and consistent:**
Scheduled meetings are respected and these happen on a periodic basis (13,82,83). Supervisors are accessible and they are available for crisis support (110).
- **Having a clear supervision agenda:**
An agenda provides structure to supervision and ensures all key areas are covered in meetings (i.e., maintaining personal recovery and wellbeing, role related challenges and learning, job related stress and support needs) (11,111,112).
- **Ensuring peer workers know that honest and transparent communication is welcomed:**
Supervisors are to encourage peer workers to provide honest and constructive feedback about the service and/or the supervision process itself, even if this is likely to create tension. Supervisors may want to talk about examples of honest and constructive feedback they have received in previous experiences to help set the tone and dissipate fears or tensions around being honest.

Skills for Effective Peer Supervision

Literature on peer work also identifies a number of skills that staff - who wish to be in a supervisory role to peer workers - should have:

- **Thorough understanding of the peer role:**
Supervisors should have a thorough understanding of peer worker roles (49,110). This is important in that peer roles need a type of supervision that is less clinical in its approach and is aware of the complexities of a relationship that moves between the formal and the informal (49). Supervisors with previous peer work experience, or who have a related lived experience, are ideal since they have an in-depth understanding of peers' work. The service may want to create long-term plans to recruit such a workforce, if currently not available.
- **Trauma-informed, recovery-oriented and strengths-based:**
They are to instil hope, be empathetic, foster a sense of control and choice, support self-determination and empowerment and have a trauma-informed approach to supervision (82) (110). Supervision should be mindful of the additional challenges of being in recovery and work flexibly around this (11,27,113–115).

- **Understanding of relevant regulations and law:**

Supervisors should be familiar with laws and regulations that are applicable to peer work (110) i.e., confidentiality, mandatory reporting, non-discrimination, service users' rights, HR organisational policies and procedures.

- **Familiarity with resources and supports available to peer workers within and outside the service:**

Ensure supervisors know what resources are available to peer workers as well as points of referral, including community supports.

Supervisors are also expected to be well-versed in ethical standards and professional boundaries both in their own role as supervisors and in peers' roles. If ethical concerns or issues around boundaries arise in the supervisor – peer relationship, this should be able to be discussed with peer supervisors while maintaining confidentiality (110).

Potential Supervision Agenda

While the agenda is ideally generated through co-production with each peer worker, an agenda could include the following items:

- General check in
- Case review – any tricky situations arising that would benefit from sharing/debrief
- Review of any goals (professional, personal etc.)
- Feedback to the peer worker on their performance
- Feedback from the peer worker to the supervisor on the quality of support they are receiving

4.4

Training

“ Training (...) needs to be sustained, tailored and ongoing.”

STAFF MEMBER

Training should be structured, ongoing, timely and supported by supervision as well as by continued access to resources (116). Basic training for the role should happen at the point of induction and have resources accompanying it that peer workers can review when they need to (11,13,108,112,117,118). When possible, training should also lead to a certification or qualification to enhance peer workers employment prospects and aid their progression from the peer role. There are certified peer training programmes available in Ireland and abroad.



THE TRAINING AGENDA SHOULD:

- As much as possible be **agreed with the peer worker**, for any training that is additional rather than mandatory.
- Be delivered by staff who are **appropriately experienced and qualified**.
- Be delivered by **other peer workers**, or in partnership with peer lead organisations, where possible.

CORE TRAINING COULD INCLUDE

Service delivery

Skills for core service delivery that may include, for example:

- ✓ Sign-posting and referral
- ✓ Active listening skills
- ✓ Mental health first aid
- ✓ Appropriate harm reduction skills
- ✓ Motivational interviewing
- ✓ Trauma-informed practice
- ✓ Group facilitation
- ✓ Research skills
- ✓ Restorative justice
- ✓ Using any basic software needed for service provision/note taking/voice note recording
- ✓ Administrative support and service processes and procedures relevant to the peer worker role
- ✓ Data protection and confidentiality

Self-awareness and self-regulation in challenging peer-work situations:

- ✓ Identification of challenging or triggering situations
- ✓ Emotional self-regulation skills for the workplace (i.e., dealing with strong emotions that may arise in interaction with peers, and personal triggers)
- ✓ Boundaries training
- ✓ Positive communications training
- ✓ Intercultural, cognitive bias and/or cultural humility training
- ✓ Trauma, power and relationships

Readiness to work

- ✓ Job readiness skills
- ✓ Basic computer skills
- ✓ Leadership and teamwork skills

4.5

Managing Challenges with Performance

The peer worker will know from the outset that while this is a learning, trainee role in the beginning, that regardless there are standards of practice that must be adhered to. However, the service should seek to ensure they are taking a service user centered, co-productive approach to any challenges with performance. This means working through challenges by incorporating trauma-informed practice, restorative justice approaches and others that centre the learning for the peer worker, while protecting the safety, dignity and integrity of other staff and service users.

The service should ensure there is a clear 'performance management' approach to supporting service users to work in line with their role that includes versions of the following (culturally adapted and appropriate to the peer worker role):

- Supervision and appraisal processes
- Workplans and work goals to inform performance indicators
- A work contract with the peer worker that details expectations in terms of attendance, punctuality, how the person presents on shift, engagement with other service users and other potentially challenging situations
- Code of conduct
- Grievance and disciplinary process

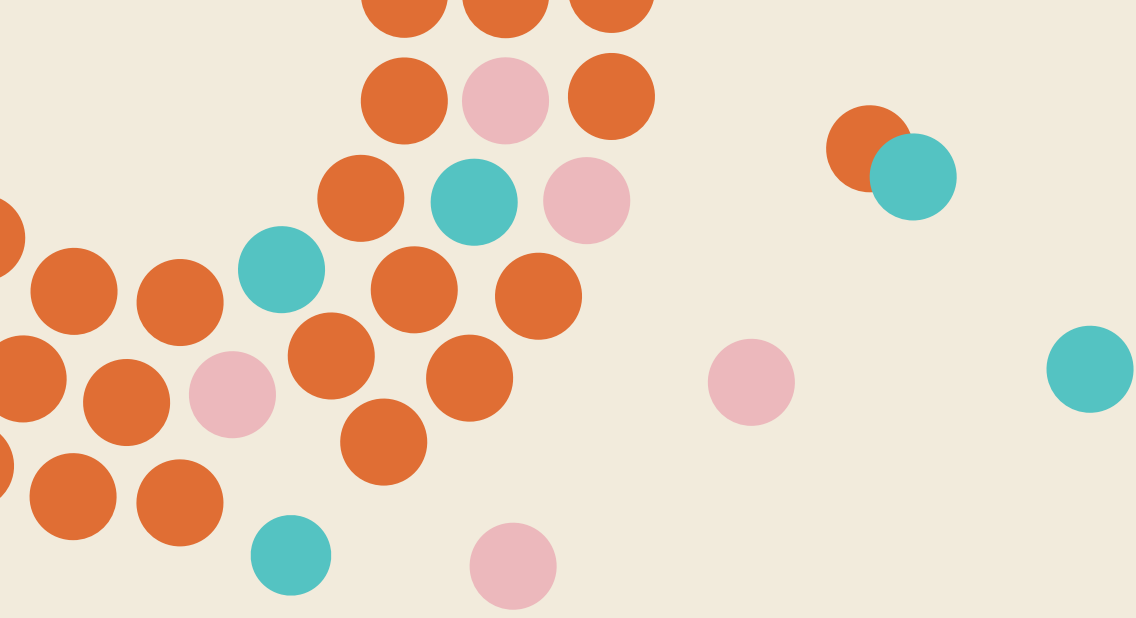
4.6

Facilitating Peer Worker Progression from the Role

The experience and education gained through the peer worker role can greatly enhance peers' hope and motivation, and drive future education and employment prospects. For this to have practical implications, however, organisations should consider their responsibility to the peer worker in this regard and support them to prepare for next steps after the role (13,118).

The service should take initiative to identify realistic future pathways and support the peer worker to explore and decide a path for themselves beyond the peer worker role. If they do wish to progress to further education and employment, the following considerations in facilitating peer workers' progression from the role should be met:

- Ensuring that future goals are discussed in supervision and that the peer's role, or facets of it such as training, can be oriented towards supporting the peer worker's future goals, while balancing the interests of the organisation and the role.
- That there is a clear and openly discussed exit plan developed in a timely manner.
- Ensuring, as much as is feasible, that the training provided at the beginning and during the role, is certified and/or leads or contributes towards a qualification (i.e., CPD).
- Being creative in considering how the service or supervisor can support move-on, exploring opportunities in partner organisations, local social enterprises and other local community organisations.



Part 05



Appendices



Considerations for Engaging Stakeholders and Achieving Buy-In

It is useful to consider who needs to be bought into the idea of peer work, and what practical steps you can take to engage them. When seeking to introduce something new or innovative, it may be helpful to really consider what legitimate concerns or questions your various stakeholders might need answered, before they can confidently support or engage your peer work efforts.

You might support them to better understand the approach through, for example:

- A brief presentation
- A short report

Regardless of what format you choose to try to create buy-in, the most important tool to support this is evidence or data that can address specific concerns. The table below highlights how evidence or data can be used to address some different concerns stakeholders might have and how you might gather such information.

Concern	Response
Is peer work effective?	Evidence that peer work 'works': This could be a short, practical summary of academic literature that shows the benefit of peer work for peer workers, other service users and the organisation. Some literature is included in the first chapter of this resource.
Do our team/ service users even want it?	Evidence that there is an appetite for this approach in the organisation: This could be a simple survey undertaken with service users and staff to demonstrate that there is interest 'on the ground', to try this model or approach.
Is this good practice?	Evidence that it is supported and used in our sector: This might include brief information on where peer work is promoted in relevant national, regional or local strategies, the organisation's own strategy or where it is supported by funding departments or bodies.
What could go wrong?	Undertake a brief 'risk-assessment' that shows the challenges that could arise and how these can be prevented: This includes challenges for peer workers/other service users/staff supporting the programme/ other staff/management/the Board/the organisation as a whole.

These are just examples and there will no doubt be other concerns that different stakeholder groups will have. Formal or informal conversations to ascertain what these are can help you to form a full proposal, in whatever format is appropriate, which will allow you to communicate your vision and bring others along with you.

Budget for Peer Work Programme

The template below can be used to map the resources required for implementing a peer programme. This can be used to identify a model or approach that is affordable, to collaboratively map out the full resource and cost implications, facilitate practical, fully-informed decision-making and/or support any funding proposals required to fund the programme.

Set Up Costs	Detail	Number of Hours	Cost in € where applicable
Staff hours programme development			
Management hours programme development			
Licensing cost (existing model)			
External training costs (existing model)			
Hourly training pay for peer workers			
Other			
On Going Costs	Detail	Number of Hours	Cost in € where applicable
Staff supervision with management: hours per quarter			
Peer worker support/supervision: staff hours per quarter			
Programme delivery or service provision: staff hours per quarter			
Programme delivery or service provision: payment for service user hours			
Other costs			
Evaluation	Detail	Number of Hours	Cost in € where applicable
Cost for external evaluation			
Staff hours to support evaluation			
Paid peer worker hours to support evaluation			
Summary:			Total €
Management hours or cost			
Staff hours or cost			
External costs for licensing or training			
Costs of peer worker hours			
Other costs			

Boundary Setting: Discussion Document

This document can be used to initiate conversations on what is/is not OK for peer workers in relation to a variety of interpersonal situations. The document can be used to:

- Clarify the services rules
- Clarify the peer workers own personal preferences
- Agree policies, responsibilities etc.
- This document can be edited by the organisation to include situations that arise commonly, and organisations can use this as an opportunity to communicate what is/is not OK by the organisation's standards, as well as what is in/out of the peer worker's comfort zone.

Behaviour	Always OK	Sometimes OK	Not OK	Notes for Discussion
Contact outside of scheduled hours				
Attending personal events				
Attending peers' home				
Lending or borrowing money				
Giving/receiving gifts				
Physical expressions (i.e. hugs vs caressing, cradling)				
Sharing personal contact details (e.g., mobile, email)				
Sharing social media details (e.g., Facebook, Instagram)				
Sharing information about other peers or aspects of the service not relevant to the service user				
Attending a recovery supporting meeting with peers				
Developing business relationships with peers				
Peer worker discussing or self-disclosing personal/professional issues to service users				
Sexual relationships (with peers or peers' family members)				
Continuation of relationship after peers' engagement with the service has finished				

¹ Template was created based on White (2007) "Ethical Guidelines for the Delivery of Peer-based Recovery Support Services".

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