FNQ
Peer
Workforce

valuing lived experience

Framework

2016

Acknowledgements

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Centacare Cairns
FNQ Partners in Recovery
The Junction – Mental Illness Fellowship Queensland
Worklink

Without the feedback of every individual, peer worker, community group and organisation this framework would not be possible.

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Foreword

Gill Townsend
Chair - FNQ Mental Health Alliance

Far North Queensland (FNQ)
Mental Health Alliance

This project began in discussions at the Far North Queensland Alliance for Mental Health.

The mix of passion and questions around Peer Work – what it is, what it could be, what's happening elsewhere and how do we genuinely make a difference in the area of mental health service delivery – drove us to deciding to take the exploration a bit further.

In partnership with FNQ Partners in Recovery and Centacare Cairns we launched into the Peer Work Framework consultations. The Far North already had a solid history in consumer participation and advocacy as well as foundations in Intentional Peer Support. We gained a boost of energy from National Mental Health Commissioner Jackie Crowe – we just got started.

We wanted to make this easy to understand, inclusive and of course to pose more questions for the future. We hope we have achieved that.

At this point it is important to thank the Project Team – Tyneal Hodges, Emma Townsend and Hannah Downing. I would also like to thank Rachel Bruce who assisted in the consultation in Thursday Island, as well as all our cultural advisors who gave invaluable feedback and learnings. I would also like to acknowledge and thank the FNQ Alliance sub-committee members who guided the Project.

As Shery Mead says "Peer Support is about social change".

I invite you to use this document to be a part of that social change

Gill

Section One

The Peer Workforce Project

Why Are We Doing This?

This framework has been developed from an industry perspective to provide direction to policy makers, decision makers, organisations and peer workers in Far North Queensland (FNQ). The Framework explains what peer work is, discusses peer practice and provides details about the principles, values, and guidelines that underpin peer work/support. It also focuses heavily on the skills and abilities required of peer workers through an FNQ lens. We hope organisations will use this document as a roadmap to assist the design, development and day-to-day practice of their peer workforce. The Framework focuses on a structured form of peer work that promotes recovery-orientated practice (ROP), a person centred approach and trauma informed practice.

A peer worker:
• has the ability and desire to provide peer support
• is able to talk about what worked and what didn't within their own personal journey of recovery.
• has experience of a mental health challenge or illness, or is a family member or support person of someone who has

Within the framework we refer to people with a lived experience. By this we mean people who have experienced a mental health challenge or illness, or is a family member or support person of someone who has. We currently have people within FNQ matching both of these descriptions providing peer work. The positioning of peer workers in the current mental health system and with community-managed services has been identified at an international, national and state level of growth. In particular, the Peer Workforce has been acknowledged as a national system gap and made a priority by the Federal Government's response to Contributing Lives, Thriving Communities (Review of Mental Health Programs and Services) published in November 2015.

At a local level the mental health sector (clinical and non-clinical) identified, through consultation, the need to respond with a regional Peer Workforce Framework. At the time, many peer workers felt under-supported with undefined work conditions, and limited, if any, support structures in place to support peer practice. The Far North Queensland Mental Health Alliance meetings and the National Mental Health Commission have evidenced this.

We have laid the framework out in five sections. We did this because throughout our consultations we heard that people wanted to have somewhere they could go to explain what peer work is, how to support peer practice, what organisation should do if they are thinking of employing peer workers, and some recommendations for FNQ to progress the peer workforce.

Section One explains the project, the FNQ region and the framework
Section Two explains peer work practice
Section Three explain how we support a peer workforce
Section Four explains how an organisation can prepare for a peer workforce
Section Five explains how we know when we are ready

Wherever possible we have taken from already existing resources and documentation to support the development of our guidelines, practices, values and suggestions for day-to-day practice and peer worker management/supervision. We have provided one simple document to further support the best practice of the peer workforce.

If you require more information or have any questions please go to our website www.peerworkforce.com.au

This framework does not bypass the need for extensive consultations within each community. When exploring the development of a peer workforce, it is important to respect the diversity of each community and it is vital to properly consult and develop with local community members, including those with a lived experience and Aboriginal and Torres Strait Islanders, in each region.

Our Vision

To foster a supported, informed, resourced, culturally appropriate peer workforce in Far North Queensland.

Did Peer Support/Work Exist in FNQ Before the Framework?

Peer Support is not a new concept in FNQ. Since as early as the 1990's there have been movements to support a peer workforce and hear the perspectives of people with a lived experience. This was partially due to the establishment of the Cairns and Hinterland Consumer Carer Advisory Group (CHCCAG). It was around this time, in 2003, that informal peer supports such as the GROW Group, Peer-to-Peer Group at Centacare Mental Health Resource Service, peer barbecues held by CCHCAG and in collaboration with the Mental Health Inpatient Unit at Cairns Base Hospital started to emerge.

It is important to honour the work that was instrumental in laying the foundations and advocating for the peer workforce we see today. Some of these services and groups include: Grow Group, ARAFMI, Cairns and Hinterlands Consumer and Carer Advisory Group, Bawu Day Centre, Centacare Mental Health Resource Service and Worklink.

As early as 2005 the first peer worker was employed by Centacare Mental Health Resource Service, and by 2009 the first peer workers in the region started to emerge, which helped with government initiatives such as the roll out of programs such as Personal Helpers and Mentors Program and roles like the Qld Health Consumer Companions. In 2012 the region had its first peer focused training - Intentional Peer Support. The workforce grows each year, and continues to be supported by new services moving to the region.

In 2013, the FNQ Mental Health Alliance network of government and non-government agencies sought to support the peer workforce from an industry level.

Tell Me More About FNQ

Far North Queensland has a diverse population. It is the only region of Australia that is home to the two oldest continuous cultures on the planet, Aboriginal Australians, and Torres Strait Islanders. FNQ supports a significant agricultural sector and a number of significant mines. This region also has one of Australia's international borders, with Papua New Guinea. Its city centre is based in Cairns and goes as far north as the Torres Strait Islands and reaches west into the Gulf Country.

The region's population was estimated at 280,638 in 2014. FNQ makes up 25.6% of the state's Indigenous population, or 28,909 people, making Indigenous people 11.8% of FNQ's population. Quite often services here are contracted to work the Cairns and Hinterland Hospital and Health District, which spans 141,000km2, some services however are working across the whole of FNQ which is 380,748km2. Compare this to Brisbane, which is only 5950km2.

When people think of FNQ most will think of the Great Barrier Reef, and the Daintree Rainforest, however there is so much more the explore.

How Did We Develop the Framework?

• We established an FNQ Peer Workforce Framework Subcommittee (made up of 12 members, which consisted of people with a lived experience, peer workers, carers and service providers). This group decided the direction of the project and the final framework.

• We engaged several Aboriginal and Torres Strait Islander advisors who also helped decide the direction of the peer workforce project and the final framework.

• We conducted two surveys: one for people with a lived experience or peer workers and another for organisations to hear what they thought were the issues around peer work and what they would like to see in the framework document.

• We held consultations in Cairns, Yarrabah and Thursday Island. We got feedback through the consultations from over 83 participants and we asked them to provide comment, define, and shape the framework.

• We met with interested individuals, peer workers and organisations to hear their perspectives, answer their questions and see what was happening on the ground.

• We reviewed peer work literature, documents, resources and resource material.

• We held a final review of the draft framework with over 73 people providing feedback.

Section Two

What is Peer Work?

What is a Peer Worker?
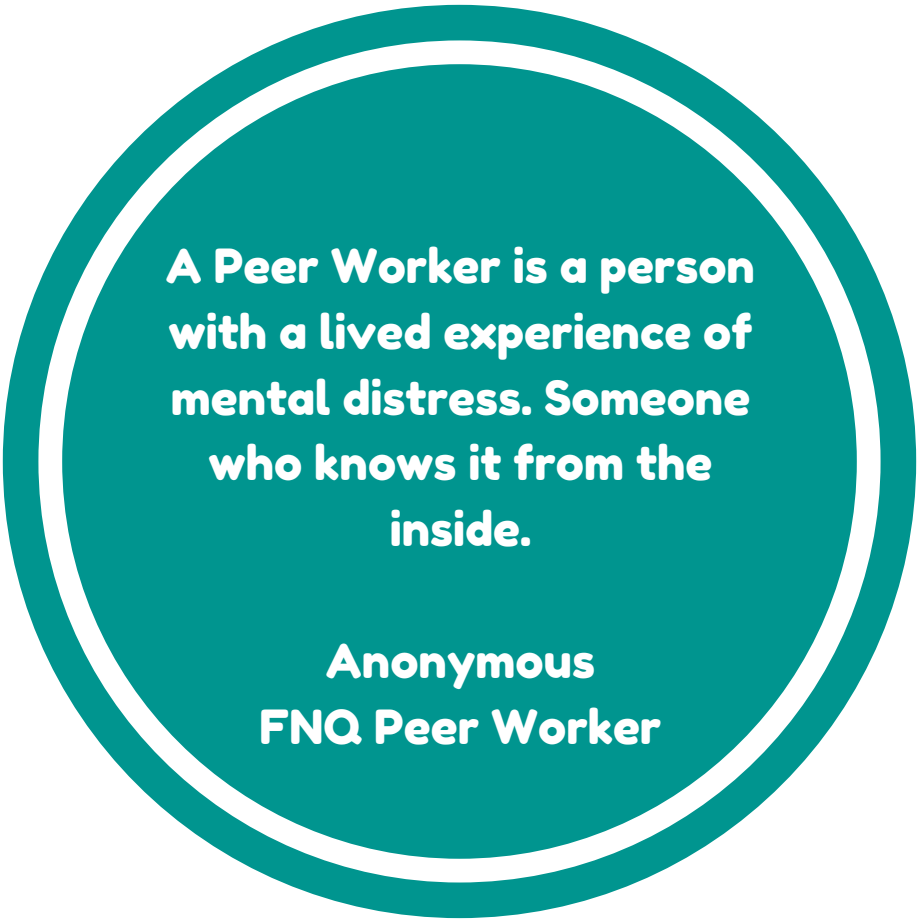
A peer is a person who has had similar experiences to another person of group of people, such as a lived experience of mental illness, or a family member or support person of someone who has a mental illness ie. someone who knows the significant impact this experience can have on your life.

To be a peer worker you need:
- The desire to provide peer support by connecting, learning and growing together through the relationship
- The ability to intentionally share what worked and what didn't work from their own personal journey
- A lived experience of mental ill health, or be a family member or support person of someone who has
- The ability to hold the hope for a person when they can't hold it for themselves and help that person reconnect with their hope

Below is a list of roles within the Peer Workforce:

Peer Mentor, Peer Champion, Peer Coach, Peer Team Leader or Coordinator, Peer Supervisor, Peer Practice Supporter, Peer Trainer, Peer Consultant, Peer Group Facilitator and Peer Worker.

A Peer Worker is a person with a lived experience of mental distress. Someone who knows it from the inside.

Anonymous
FNQ Peer Worker

Our Principles and Values

We decided we don't need to reinvent the wheel and as such have used the Substance Abuse and Mental Health Services Administration (SAMHSA) Core Competencies for Peer Work in Behavioral Health Services. However these definitions have been slightly adapted to sit better within the FNQ context.

1: Recovery Orientated

Peer workers hold hope with those they work with, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they work with to identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

2: Person Centered

Peer work is always directed by, the person participating in the service. Peer work is personalized to align with the specific hopes, goals, and preferences of the individual we are working with and to respond to specific needs the individual has identified to the peer worker.

3: Optional

Peer workers are partners or consultants to those they work with. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Working with a peer worker is always contingent on peer choice. (By this we mean the person has the choice of whether they would like to engage with a peer worker and preferably a choice of which peer worker.)

4: Relationship Focused

The relationship between the peer worker and the participant is the foundation on which peer work and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.

5: Trauma Informed

Peer workers utilize a strengths-based framework that emphasizes physical, psychological, and emotional safety and create opportunities for people to rebuild a sense of control and empowerment.

This has been adapted from the SAMHSA Core Competencies for Peer Worker in Behavioral Health Services.

What is Recovery Orientated Practice in Relation to Peer Work?

The peer worker's focus should be on the relationship they build with the person they are working with as this is the foundation of peer work. The work and relationship should be around greater quality of life rather than clinical ways of working which are more often focused on illness reduction. With that said, peer work should complement clinical work and vice versa.

Peer workers support and uphold the principles of recovery-oriented mental health practice articulated in the National Framework for Recovery-Oriented Mental Health Services 2013, which is underpinned by the National Standards for Mental Health Services 2010.

These include:
• Uniqueness of the Individual
• Real Choices
• Attitudes and Rights
• Dignity and Respect
• Partnership
• Communication
• Evaluating Recovery.

Peer Workers know that reducing symptoms is only one part of the mental illness experience and therefore consider using their relationship as a model for other healthy relationships. They also know the value and support of reconnecting with loved ones and the wider community.

Aiding an individual to develop the ability to respond and take control, learn new things, reclaim their purpose, re-discover who they are through hope and possibility are all vital aspects of the peer worker role. Peer workers know that each individual is actively working towards recovery, improved health, mental health and well-being whether the individual sees these as present or not. They also believe the individual knows what works best for them and will support them to realize the inner work and knowledge they have which supports their own mental health. The aim is to ignite hope, inner strength and desire for change.

A family member or support person can benefit from support provided by someone who has been there, and walked in his or her shoes. This work is around helping the individual as they decide the right path for themselves in relation to their loved one. Recovery in this sense is not only about their mental health, but also includes a greater knowledge of support for their loved one and faith in their loved one's ability to move forward and to highlight where they are already doing so.

In recent years we have seen clinical practices strive towards a more balanced and person-centered approach. A peer worker can offer a unique perspective and a more equal, mutual and empowering recovery oriented relationship.

In Australia, the need for peer workers in relation to recovery is being highlighted in The Mental Health Peer Workforce Study, Health Workforce Australia. The Peer Workforce has, for a considerable amount of time, been embedded in national mental health policies and plans.

The Fourth National Mental Health Plan 2009–2014 asked the mental health sector to increase consumer and carer employment in clinical and community support settings and for mental health services to adopt a recovery oriented culture. The National Framework for Recovery Oriented Mental Health Services in August 2013 was created to provide guidance and support for all mental health professionals to align their practice to recovery principles.

What is Person Centred?

When we say person centered we mean that peer work is always directed by the person receiving the support, not the worker. A person centred approach is crucial in the peer worker relationship. The approach has been articulated in the diagram below and was adapted from Mental Health Commission of Canada. (2013). Guidelines for the Practice and Training of Peer Support. Calgary, AB: Mental Health Commission of Canada.

Person Centred Approach   Vs   Illness Centred Approach

Person Centred Approach	Illness Centred Approach
The relationship is the lens or foundation	The diagnosis is the lens or foundation
Support is based on the persons request	Support is based on diagnosis and treatment required
Support works towards quality of life	Support work toward illness reduction
Supporting the person's recovery is central from beginning to end	Treatment is symptom driven, rehabilitation is disability driven
Support approaches that promote personal growth and self-responsibility	Recovery from illness sometimes results after the illness and the then disability is taken care of
Peer Support is voluntary – people engage or disengage as they choose	Use techniques that promote illness control and reduction of risk of damage from the illness
The relationship may grow and change throughout	Track illness progress towards symptom reduction and care
The relationship may continue after most services cease	Services end when the illness is cured.
The relationship exists for connection and growth	The relationship exists to treat the illness

Voluntary

Peer workers provide support only when requested. Peer Support is never mandatory. We should be able to leave or reengage as the individual sees fit and the individual should be able to choose the work they want to do.

Trauma Informed

Peer Workers, the same as all other mental health professionals, need to have an understanding of what it is to be trauma informed. In this instance we explain trauma as when an external threat overwhelms a person's coping resources. It can result in specific signs of psychological or emotional distress, or it can affect many aspects of the person's life over a period of time. Sometimes people aren't even aware that the challenges they face are related to trauma that occurred earlier in life.

Trauma is unique to each individual—the most violent events are not always the events that have the deepest impact. Trauma can happen to anyone, but some groups are particularly vulnerable due to their circumstances, including women and children, people with disabilities, and people who are homeless or living in institutions. Services must also have awareness that there is a possibility of the service re-traumatising the Peer Worker and/or people who access their service. There is evidence, which highlights that the employment of a Peer Worker can assist in the reduction of seclusion and restraint in mental health services which is currently a national priority.

Many of the people that a peer worker will work with will have experienced some form of violence or trauma in their lives. The worker also may have experienced trauma in their own life. No matter the location of the peer work, whether it be in a mental health or substance abuse program, a homeless shelter, a correctional institute, a domestic violence shelter, an independent peer-run program, or any other setting, your relationships with the people you support may be profoundly affected by trauma.

Trauma can result from a wide variety of events:

• Emotional, physical, or sexual abuse in childhood
• Abandonment or neglect (especially for small children)
• Sexual assault
• Domestic violence
• Experiencing or witnessing a violent crime
• Institutional abuse
• Cultural dislocation or sudden loss
• Terrorism or war
• Historical violence against a specific group (as in slavery or genocide)
• Natural disasters
• Grief
• Chronic stressors like racism and poverty
• Accidents
• Medical procedures
• Or any situation where one person misuses power over another

A Consideration

The peer worker also needs to be aware of his or her own past trauma and seek appropriate supports. In these instances it may be appropriate for the peer worker not to work with individuals who have experienced similar traumas to them. This is something, which should be negotiated with their employer.
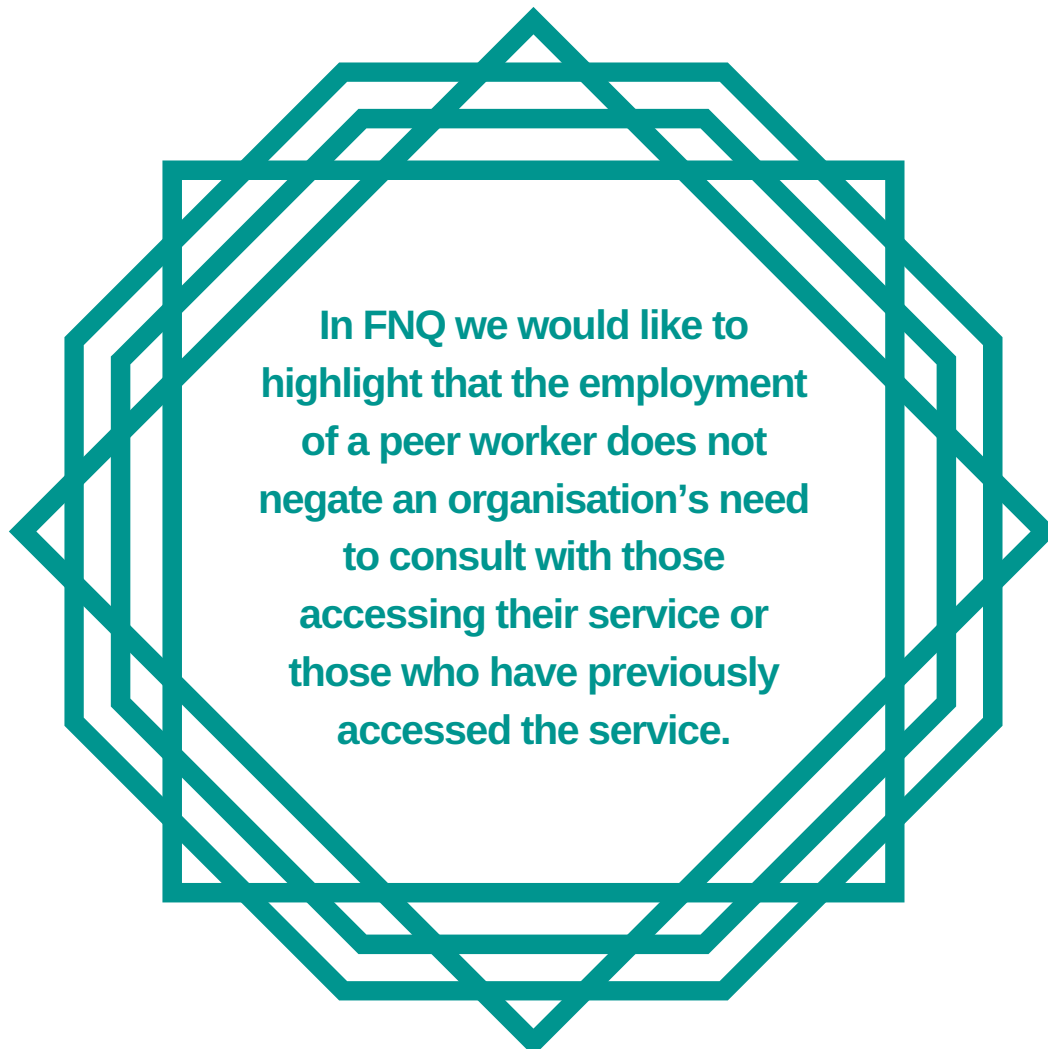
Can peer workers support a service to be recovery orientated?

This depends on the peer worker, but in short yes. Peer workers could be compared to the canary in the mine. This could be seen as a controversial statement, but by this we mean peer workers, or people with a lived experience, often feel and sense when services are moving towards an illness centred approach, or away from recovery orientated practice long before other service providers because of their lived experience. If supported, peer workers can highlight when organisations are moving away from recovery orientated practice and can shine a light on best practice.

When the appropriate authority and understanding of the peer workers knowledge in recovery orientated practice is acknowledged, it can often lead the way to create organisational change and support services to become recovery oriented.

How might a peer worker do that?

The right peer worker will advocate, through critical conversations, the need for more recovery orientated language, ask questions to support the team's deeper reflective practice and lastly, they are a role model of recovery to those in the team without a lived experience, as well as to the broader community. Allowing peer workers to comment on service direction and service delivery is a powerful tool in supporting a more recovery-orientated service.

In FNQ we would like to highlight that the employment of a peer worker does not negate an organisation's need to consult with those accessing their service or those who have previously accessed the service.

Do peer workers have guidelines for practice?

They do actually, in FNQ we like the, SAMHSA, National Ethical Guidelines and Practice Standards, (National Practice Guidelines for Peer Supporters).

We have adapted these slightly to fit within the Australian and FNQ context. They are the guiding Principles of Recovery. Peer supporters ratified the following core values across South America as the core ethical guidelines for peer support and supporting the best possible peer practice.

In FNQ, we decided we needed to modify some content to flesh out the importance of being culturally understanding and appropriate and honour the culturally rich heritage of Aboriginal or Torres Straight Islanders.

Ethical Guidelines

Guideline One - Peer work is not compulsory
Recovery is a personal choice. The most basic value of peer support is that people freely choose to give or receive support. Being coerced, forced or pressured is against the nature of genuine peer work. The voluntary nature of peer work makes it easier to build trust and connections with another.

Guideline Two - Peer workers are hopeful
Belief that recovery is possible brings hope to those feeling hopeless. Hope is the catalyst of recovery for many people. Peer workers demonstrate that recovery is real—they are the evidence that people can and do overcome the internal and external challenges that confront people with mental health or traumatic challenges. As role models, most peer workers make a commitment to continue to grow and thrive as they "walk the walk" in their own pathway of recovery. By authentically living recovery, peer workers inspire real hope that recovery is possible for others.

Guideline Three - Peer workers are open minded
Being judged can be emotionally distressing and harmful. Peer supporters 'meet people where they're at' in their recovery experience even when the other person's beliefs, attitudes or ways of approaching recovery are far different from their own. Being non-judgmental means holding others in unconditional positive regard, with an open mind, a compassionate heart and full acceptance of each person as a unique individual.

Guideline Four - Peer workers are empathetic

Empathy is an emotional connection that is created by "putting yourself in the other person's shoes." Peer workers do not assume they know exactly what the other person is feeling even if they have experienced similar challenges. They ask thoughtful questions and listen with sensitivity to be able to respond emotionally or spiritually to what the other person is feeling.

Guideline Five - Peer workers are respectful

Each person is valued and seen as having something important and unique to contribute to the world. Peer workers treat people with kindness, warmth and dignity. Peer supporters accept and are open to differences, encouraging people to share the gifts and strengths that come from human diversity. Peer supporters honor and make room for everyone's ideas and opinions and believe every person is equally capable of contributing to the whole. Peer workers embrace diversity of culture, they seek to understand and hear from those who are from other cultural backgrounds.

Guideline Six - Peer workers facilitate change

Some of the worst human rights violations are experienced by people with psychiatric or trauma challenges. They are frequently seen as "objects of treatment" rather than human beings with the same fundamental rights to life, liberty and the pursuit of happiness as everyone else. People may be survivors of violence (including physical, emotional, spiritual and mental abuse or neglect). Those with certain behaviors that make others uncomfortable may find themselves stereotyped, stigmatized and outcast by society. Internalized oppression is common among people who have been rejected by society. Peer workers treat people as human beings and remain alert to any practice (including the way people treat themselves) that is dehumanizing, demoralizing or degrading and will use their personal story and/or advocacy to be an agent for positive change.

Guideline Seven - Peer workers are honest and direct

Clear and thoughtful communication is fundamental to effective peer work. Difficult issues are addressed with those who are directly involved. Privacy and confidentiality build trust. Honest communication moves beyond the fear of conflict or hurting other people to the ability to respectfully work together to resolve challenging issues with caring and compassion, including issues related to stigma, abuse, oppression, crisis or safety.

Guideline Eight - Peer work is mutual and reciprocal

In a peer support relationship each person gives and receives in a fluid, constantly changing manner. This is very different from what most people experience in treatment programs, where people are seen as needing help and staff are seen as providing that help. In peer support relationships, each person has things to teach and learn. This is true whether you are a paid or volunteer peer worker.

Guideline Nine - Peer Workers give equally shared power
By definition, peers are equal. Sharing power in a peer work relationship means equal opportunity for each person to express ideas and opinions, offer choices and contribute. Each person speaks and listens to what is said. Abuse of power is avoided when peer support is a true collaboration.

Guideline Ten - Peer support is strengths focused
Each person has skills, gifts and talents they can use to better their own life. Peer workers focus on what's strong, not what's wrong in another's life. Peer workers share their own experiences to encourage people to see the "silver lining" or the positive things they have gained through adversity. Through peer support, people get in touch with their strengths (the things they have going for them). They rediscover childhood dreams and long-lost passions that can be used to fuel recovery.

Guideline Eleven - Peer support is transparent
Peer support is the process of giving and receiving non-clinical assistance to achieve long-term recovery from severe psychiatric or traumatic challenges. Peer workers are experientially credentialed to assist others in this process. Transparency refers to setting expectations with each person about what can and cannot be offered in a peer support relationship, clarifying issues related to privacy and confidentiality. Peer workers communicate with everyone in plain language so people can readily understand and they "put a face on recovery" by sharing personal recovery experiences to inspire hope and the belief that recovery is real.

Guideline Twelve - Peer support is person-driven
All people have a fundamental right to make decisions about things related to their lives. Peer workers inform people about options, provide information about choices and respect their decisions. Peer workers encourage people to move beyond their comfort zones, learn from their mistakes and grow from dependence on the system toward their chosen level of freedom and inclusion in the community of their choice.

These guidelines were taken from the SAMHSA, National Ethical Guidelines and Practice Standards, National Practice Standards for Peer Supporters, 2011.

Core Competancies

Category 1 - Engages peers in collaborative and caring relationships

Peer workers embrace diversity of culture, they seek to understand and hear from those who are from other cultural backgrounds

1. Initiates contact with peers
2. Listens to peers with careful attention to the content and emotion being communicated
3. Reaches out to engage peers across the whole continuum of the recovery process
4. Demonstrates genuine acceptance and respect
5. Demonstrates understanding of peers' experiences and feelings

Category 2 - Provides support

The competencies in this category are critical for the peer worker to be able to provide the mutual support people living with behavioral health conditions may want.

1. Validates peers' experiences and feelings
2. Encourages the exploration and pursuit of community roles
3. Conveys hope to peers about their own recovery
4. Celebrates peers' efforts and accomplishments
5. Provides concrete assistance to help peers accomplish tasks and goals

Category 3 - Shares lived experiences of recovery

These competencies are unique to peer support, as most roles in behavioral health services do not emphasize or even prohibit the sharing of lived experiences. Peer workers need to be skillful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person living with behavioral health conditions. Family peer support workers likewise share their personal experiences of self-care and supporting a family-member who is living with behavioral health conditions.

1. Relates their own recovery stories, and with permission, the recovery stories of others to   inspire hope
2. Discusses ongoing personal efforts to enhance health, wellness, and recovery
3. Recognizes when to share experiences and when to listen
4. Describes personal recovery practices and helps peers discover recovery practices that work for them

Category 4 - Personalizes peer support

These competencies help peer workers to tailor or individualize the support services provided to and with a peer. By personalizing peer support, the peer worker operationalizes the notion that there are multiple pathways to recovery.

1. Understands his/her own personal values and culture and how these may contribute to biases, judgments and beliefs
2. Appreciates and respects the cultural and spiritual beliefs and practices of peers and their families
3. Recognizes and responds to the complexities and uniqueness of each peer's process of recovery
4. Tailors services and support to meet the preferences and unique needs of peers and their families

Category 5 - Supports Recovery Planning

These competencies enable peer workers to support other peers to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health.

1. Assists and supports peers to set goals and to dream of future possibilities
2. Proposes strategies to help a peer accomplish tasks or goals
3. Supports peers to use decision-making strategies when choosing services and supports
4. Helps peers to function as a member of their treatment/recovery support team
5. Researches and identifies credible information and options from various resources

Category 6 - Links to resources, services and supports

These competencies assist peer workers to help other peers acquire the resources, services, and supports they need to enhance their recovery. Peer workers apply these competencies to assist other peers to link to resources or services both within behavioral health settings and in the community. It is critical that peer workers have knowledge of resources within their communities as well as on-line resources.

1. Develops and maintains up-to-date information about community resources and services
2. Assists peers to investigate, select, and use needed and desired resources and services
3. Helps peers to find and use health services and supports
4. Accompanies peers to community activities and appointments when requested
5. Participates in community activities with peers when requested

Category 7 - Provides information about skills related to health, wellness and recovery

These competencies describe how peer workers coach, model or provide information about skills that enhance recovery. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth.

1. Educates peers about health, wellness, recovery and recovery supports
2. Participates with peers in discovery or co-learning to enhance recovery experiences
3. Coaches peers about how to access treatment and services and navigate systems of care
4. Coaches peers in desired skills and strategies
5. Educates family members and other supportive individuals about recovery and recovery supports
6. Uses approaches that match the preferences and needs of peers

Category 8 - Helps peers to manage crisies

These competencies assist peer workers to identify potential risks and to use procedures that reduce risks to peers and others. Peer workers may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of themselves and other peers.

1. Recognizes signs of distress and threats to safety among peers and in their environments
2. Provides reassurance to peers in distress
3. Strives to create safe spaces when meeting with peers
4. Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of peers
5. Assists peers in developing advance directives and other crisis prevention tools

Category 9 - Values communication

These competencies provide guidance on how peer workers interact verbally and in writing with colleagues and others. These competencies suggest language and processes used to communicate and reflect the value of respect.

1. Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others
2. Uses active listening skills
3. Clarifies their understanding of information when in doubt of the meaning
4. Conveys (but doesn't impose) their point of view when working with colleagues
5. Documents information as required by program policies and procedures
6. Follows laws and rules concerning confidentiality and respects others' rights for privacy

Category 10 - Supports collaboration and teamwork

These competencies provide direction on how peer workers can develop and maintain effective relationships with colleagues and others to enhance the peer support provided. These competencies involve not only interpersonal skills but also organizational skills.

1. Works together with other colleagues to enhance the provision of services and supports
2. Assertively engages providers from mental health services, and physical medicine to meet the needs of peers
3. Coordinates efforts with health care providers to enhance the health and wellness of peers.
4. Coordinates efforts with peers' family members and other natural supports
5. Partners with community members and organizations to strengthen opportunities for peers.
6. Strives to resolve conflicts in relationships with peers and others in their support network

"Never doubt that a small group of thoughtful, committed citizens can change the world - indeed it's the only thing that ever has."
Margaret Mead

Category 11 - Promotes leadership and advocacy

These competencies describe actions that peer workers use to provide leadership within behavioral health programs to advance a recovery-oriented mission of the services. They also guide peer workers on how to advocate for the legal and human rights of other peers

1. Uses knowledge of relevant rights and laws to ensure that peer's rights are respected
2. Advocates for the, needs and desires of peers in treatment team meetings, community services, living situations, and with family
3. Uses knowledge of legal resources and advocacy organization to build an advocacy plan
4. Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their family's
5. Educates colleagues about the process of recovery and the use of recovery support services
6. Actively participates in efforts to improve the organization
7. Maintains a positive reputation in peer/professional community's

Category 12 - Promotes growth and development

These competencies describe how peer workers become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase peer workers' success and satisfaction in their current roles and contribute to career advancement

1. Recognizes the limits of their knowledge and seeks assistance from others when needed
2. Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer)
3. Reflects and examines own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support
4. Seeks opportunities to increase knowledge and skills of peer support

These categories have been adapted from attached SAMHSA Core Competencies for Peer Workers in Behavioral Health Services (2015)

Spectrum of Peer Support

Below is the spectrum of Peer Support diagram. It is important to note that although these guidelines focus predominantly on the segment of formal and professional peer support, it is vital to provide natural and informal opportunities to support emerging peer workers.

It is important to have opportunities in Far North Queensland (FNQ) across of the spectrum of peer support, from natural to professional, within FNQ. By having natural and informal opportunities available it allows potential peer supporters to work out whether peer work is right for them and to gain necessary skills they may not have acquired from previous work. It might also be an opportunity to be mentored by other peer workers. This however does not mean we provide these opportunities without appropriate remuneration once these individuals have gained confidence and begun providing more formal levels of peer support.

Natural

Naturally occurring voluntary relationships, this could be: two people providing a mutual peer support to each other in the community. An example: catching up for coffee and providing peer support.

Informal

A peer support group may use a venue to meet in to conduct a peer support activity. Example a Grow or Peer Support group help in a service but completely peer run and driven

Formal

This is a more formal group that is run by an organisation, or a structure that is set up by an organisation. Example: A service run peer support group or a warmline.

Professional

Paid Positions, Peer Workers that provide mental health services. These roles have formal obligations to the person as a service provider. Example: Peer Support Worker.

Power in balance changes between peer

Friendship

Clinical

T. Hodges 2016

What are the Ethical Considerations within Peer Work?

As with all mental health professions there is always other ethical considerations as well as adhering to the guidelines for practice, values and principles above. Peer workers need to be mindful of the below ethical considerations

Perceived conflicts and conflicts of interests:
Peer workers need to be supported to identify and then notify supervisors of potential or perceived conflicts of interest. Peer workers need to flag any issues in which they may have a bias, or which impedes on their ability to exercise professional discretion and judgement must be disclosed to their supervisor.

Dual Roles/Relationships:
From time to time peer workers may wear several hats; have dual relationships or multiples roles. It is important that the peer worker can identify which hat they are wearing. Peer Workers need to exercise confidentiality and manage bias when it comes to dual or multiple roles. It is important they have effective boundaries in this instance and there are effective strategies that are negotiated prior to starting their peer practice.

Duty of Care:
Peer Workers are committed to peer practice and will have awareness and pre-negotiated actions regarding mental ill health. This includes steps towards ensuring their ongoing well-being both in their own interests, the individuals they support, and the organisation.

Section Three

How Do We Support a Peer Workforce?

For this Framework we have been heavily guided by the following documents:

- Peer Leadership Group, Mental Health Commission of Canada (2013), Guidelines for the Practice and Training of Peer Support, Calgary, Canada,
- New South Wales Mental Health Commission (2016),
- Employers Guide to Implementing a Peer Workforce, A Case for your Organization. New South Wales Mental Health Commission (2016), Employers Guide to Implementing a Peer Workforce, Planning toolkit.
- Gold Coast Partners In Recovery (2015), Mental-Health-Peer-Workforce-Development-Plan-2015-2020

Within the FNQ sector consultations several points of focus and attention presented themselves, which will be highlighted within this section.

Defining Your Intention

Before taking on a peer worker, all members of your team, particularly senior members of staff, need to be able to articulate why they would like a peer workforce within the organisation. Being able to clearly communicate this with all members of your team, the community and people who access the service, is vital for the role to succeed. In our region, community members would like to be consulted about what the peer worker role would entail and be included in this process before decisions are made.

It is suggested to talk to other services that have already rolled out a peer workforce to ask them what worked well what could have been different. Individuals highlighted that there is already learnings within our region however often organisations don't learn from other services in the region which impacts on the community and service delivery.

It is recommended to hold the below conversations /consultations when embarking on hiring a Peer Worker:
1. What is the desire for employing a peer worker/workforce?
2. What inspired you to create a peer worker role/workforce within the organisation?
3. How might Peer Workers be able to contribute to the organisation?
4. Will you be employing Lived experience Peer Workers or Family and Support Peer Workers, or both?
5. How can peer workers best complement existing roles?
6. How will peer workers align with the organisation's mission, vision and strategic plan?

To make this a little easier we have made a document called 'Defining Your Intention' which can be found on our website, which asks the above questions and can help you with this process.

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Development of a Peer Workforce Plan

The New South Wales Mental Health Commission has created an amazing resource called a Peer Workforce Plan. In FNQ we recommend you use this after defining your intention to support the development and help you prepare for a peer workforce. The document can be found here: http://peerworkhub.com.au/wp-content/uploads/2016/05/1-plan.pdf. This document takes you through the entire process of planning and consulting for a peer workforce for your service.

Throughout the consultation process it was strongly heard that when employing a peer worker a minimum of two peer workers should be employed, where this is not the case a mentor and peer supervisor needs to be available and put in place before the commencement of the peer worker role.

Is your Organisation Ready?

To make answering this question a little easier we have created a document called 'Organisation Readiness' which can be found on our website. It asks the below questions and can help with this process.

It is important to think about your organisational culture before employing a peer worker or peer workforce. Is your organisation ready for change? Is this the best climate to support the roll out of a peer workforce?

1. Is your organisation ready to be transformed by bringing in the lived experience perspective?
2. Do you have the appropriate training and resources to be able to integrate the peer workforce into the current service?
3. What is currently going on within the service that may impact the employment of peer workers?
4. What is going on within the community and people who access the service or work with the service which may impact the roll out of a peer workforce?

The above questions need to be asked broadly and not just at a senior level within organisations, this is part of the preparation for supporting a peer workforce and will help design the best support and role possible. Organisations should be mindful to include key stakeholders such as other services that work closely with the service, people who access the service and community members in discussion prior to hiring peer workers.

Does Your Organisation Have the Right Culture?

Peer work is most sustainable in organisations where the service is already working from a recovery orientated, person centered, and trauma informed approach. Peer workers, as highlighted earlier, improve and enrich the recovery orientated practice of a service. It is unfair and dangerous to expect a peer worker to train, inform and educate staff if these are new concepts and not already part of the workplace practice and culture as this may negatively affect the peer worker's well-being.

It is recommended that services take stock of their service at this point and consider the following:

1. Recovery Orientated: Are your services driven by the individuals accessing them? This may be present by individuals being supported to make their own choices around service needs and fit, identifying their strengths, hopes and where they would like to learn and change.
2. Strengths based: Do your services foster a working relationship where the individual can identify their own strengths and abilities, work with these to support the individual to move towards their desires?
3. Trauma Informed: Could the culture or practices within the organisation have the consequence of re-traumatizing individuals?
4. Mentally Healthy Workplace: Do you have the appropriate policies and procedures and trained supervisors to support a mentally healthy workplace?
5. Family/Supportive aware workplace: Are you aware of your team's caring and support responsibilities outside of the workplace? Do you have structures in place to support this?

If you have identified gaps with any of the above cultural readiness points, it is useful to provide training across the organisation to meet the skill or practice gap.

To make this a little easier we have made a document called Culture Readiness which can be found on our website and asks the above questions which can help you with this process.

Are You Ready to Educate Your Workforce?

Educating the existing workforce before a peer worker role commences is key to its success. In FNQ many peer workers identified that without other members of the team understanding their role, what they can and can't do, or what they can bring to support a recovery orientated culture could severely impeded their ability to work within the peer work values and practice guidelines.

We think training on the below topics should be facilitated with the existing workforce before a peer workforce is rolled out, and the training should be provided on the below topics. We also think it is vital that training be facilitated by someone with a lived experience of mental illness and include the following information.

1. Can we define what a peer worker is and why we want to employ them?
2. Do we have the right values and practice guidelines?
3. What are the benefits to our organisation by having peer workers?
4. Do we understand the evidence around peer work?
5. Is there stigma and discrimination in our workplace?
6. Do we need to make reasonable adjustment?
7. Have we provided an open space to address staff concerns about a peer workforce?

It might also be useful to look at the New South Wales Mental Health Commission Peer Work Hub at: www.peerworkhub.com.au for more information.

How Do I Recruit a Peer Worker?

Recruitment of a peer worker should always be in line with best practice recruitment processes, as with all staff recruitment. With this said, it is important to reach the right candidates. Therefore, advertising across a number of different platforms is essential. The advertisement should be accompanied with:

1. A Position Description.
2: Information on remuneration and conditions.
3: A brief explanation about the organisation's reputation and culture.
4: A contact person or information sessions should the candidates have any questions
5: An invitation to people with a lived expereince

Preferably before the advertisement has been put in place, you have worked with you organisation and some individuals with a lived experience to think about how you would like to conduct the interview.

Some considerations on the interview process:
1: Will it be a group or one-on-one interview?
2: What are the questions will you ask?
3: Who will make up the interview panel? (It is best practice to have someone with a lived experience as part of this panel)

Once you have gotten to the interview stage you will need to make sure you provide information about flexible employment options (particularly with family or support peer workers) and the opportunity for career development and training. Remember that like any employee, the peer worker is also assessing the organisation for fit. When recruiting peer workers for Aboriginal & Torres Strait Islander communities it is important to employ local people who understand culture and community needs.

Please see in the website for the New South Wales Mental Health Commission, 2016 Employer's guide to implementing a peer workforce – Template, Information Sheet Reasonable Adjustment

What Should be in a Peer Worker's Position Description?

The position description should be written before the recruitment process and preferably done in collaboration with supervisors, lived experience practitioners and people who access the service. The language in the position description needs to be consistent with recovery orientation, peer work values, principles and guidelines and should outline competencies appropriate to the specific peer work role.

The Position description must:

1: Define the responsibilities and tasks of the position and the primary functions to be completed within the scope of the role
2: Articulate the range of skills, knowledge, experience and training required to perform the role
3: Advise on remuneration and pay points of the position, taking into account roles and responsibilities and relevant education qualifications
4: Allocate hours per week to fulfil all aspects of the role
5: Outline management and direct reports
6: Inform of any budgetary responsibilities

Quite often in FNQ, and also Australia-wide, peer workers are seen as a cost effective option, this however does not mean that they should not be to renumerated appropriately. Peer Workers should be paid according to qualifications, skills, and expertise. Peer Workers should be paid comparably to other service providers in the sector providing similar services. This decision should also be made in line with your organisations award or current agency Enterprise Agreements and in line with the duties outlined in the position description.

How Do We Induct a Peer Worker?

It is important to provide a thorough and welcoming induction. It is also vital to consider whether the new peer worker has recent job experience, as the role may be the first job they have had in some time. For this reason, provide them with the foundation material required for any role, such as terms and conditions of employment, workplace health and safety and legal requirements. Introduce them to every member of staff, explain their roles and orientate them to the physical space they will be working in.

It is important to have a quality induction process, which should include the following:

1. A review of all Policies and Procedures
2. Introductions to co-workers, supervisor, mentors, peer supervisor, peer workers and peer worker networks
3. The organisation's peer worker plan
4. The organisation's framework for peer workers including practice principles, guidelines and values
5. A full explanation of each role's duties if working in a multidisciplinary team
6. Line management and supervisory procedures including how to access peer supervision
7. Opportunities for professional development and training
8. The organisation's code of conduct

What Do I Need to Know About Reasonable Adjustment?

Reasonable adjustments are changes to a job role or workplace that help someone with a mental health condition to keep working, or return to the workplace if they've taken time off. Under the Disability Discrimination Act 1992, employers must make reasonable adjustments to support people with a disability - this includes those with a mental health condition. This is on condition the employee is able to fulfil the basic requirements of the job.

As all mental health conditions are not the same, there is no right approach for every situation. Identifying the appropriate adjustments should be done in collaboration with the employee and employer and should be negotiated before being put into place and recorded on the employees work plan.

Reasonable adjustments apply at every stage of employment: including recruitment, selection and appointment, existing work role, career development, training, promotion and transfers.

Adjustments might be temporary or permanent, and are normally free or of low cost. An employer might also make adjustments for an employee who is unable to meet the essential job requirement. Law however does not require this, it is however a great way to retain a skilled peer workforce.

For more information you can look in Appendix B New South Wales Mental Health Commission Reasonable adjustment information sheet or find it here at:
http://peerworkhub.com.au/wp-content/uploads/2016/05/15-adjustments.pdf
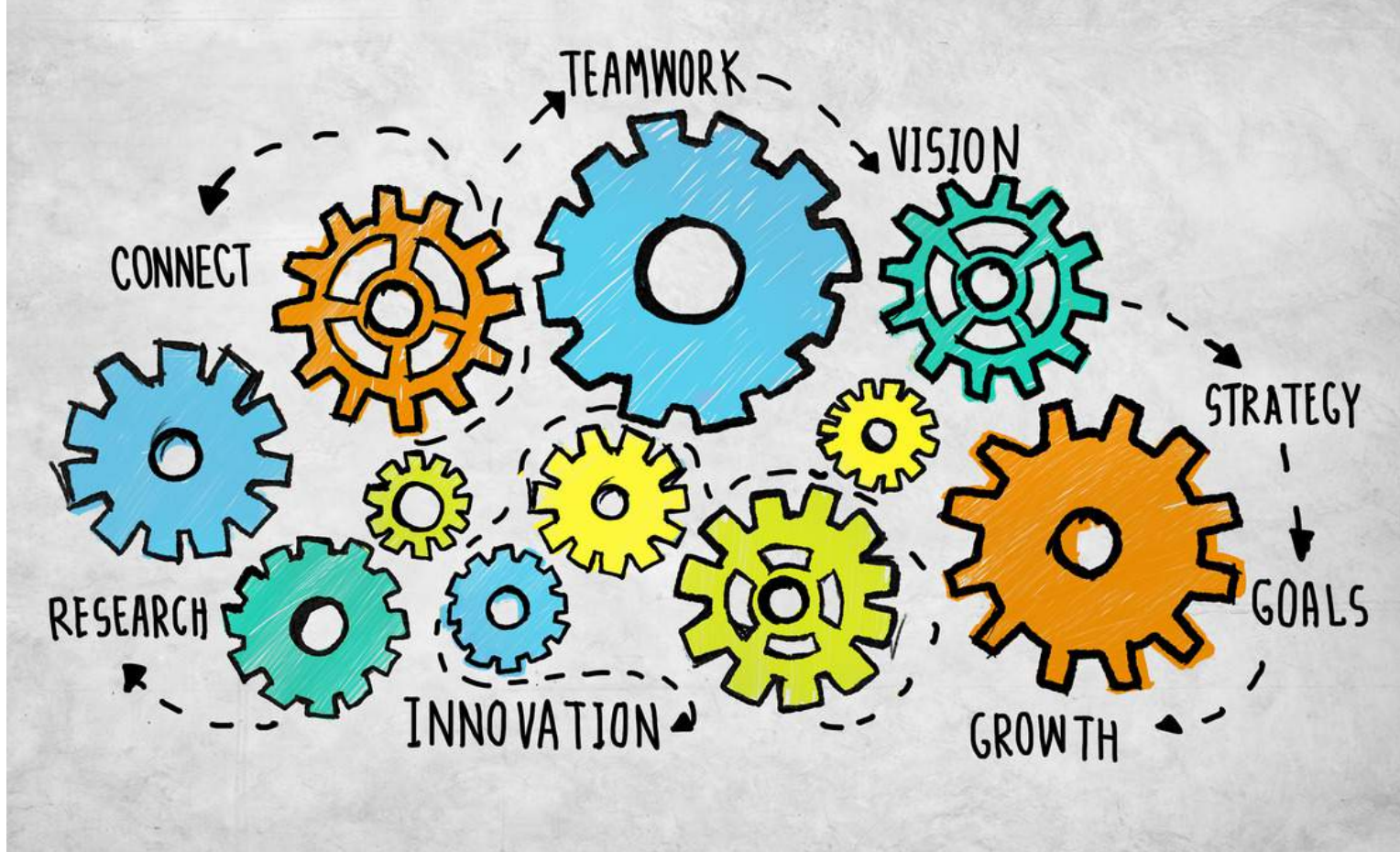
What Training Should We Provide?

It is important to support the training of the peer workforce. Currently there is limited peer worker training available. Often peer workers go the entirety of the role or long periods (over several years) without receiving any training about peer practice. The peer workforce has a newly developed qualification the Certificate IV in Mental Health Peer Work. It is recommended wherever possible peer workers complete this qualification. However this is newly rolling out and therefore it may also be appropriate to enroll in the Certificate IV in Mental Health coupled with Intentional Peer Support Training or something similar.

Particularly as there is a shortage in peer work training in FNQ and such a vast array of options nationally, the below is a list of recommended training topics.

1. Fundamental principles of peer support: lived experience, hope, recovery, self-determination and how to foster it, peer support values, ethics and practice principles, trauma informed practice, applying peer support practice in diverse environments.
2. Social and historical context of peer support: the history of peer support, prejudice discrimination and stigma, diversity and social inclusion, social determinants of health.
3. Concepts and methods the promote peer to peer effectiveness, interpersonal communication principles and methods, building supportive relationships, the process of recovery and change, building resilience through self-care, limits and boundaries, crisis situations and strategies, critical conversations, connecting with community resources, awareness of symptoms and medication, mentoring and or coaching.

Can You Explain Line Management and Peer Supervision?

Within the peer workforce it is important to have:

1. A line supervisor whose role is to focus on role requirements outlined in the position description skills, performance, training gaps, day to day workload and its completion, day to day Occupational Health and Safety, ensuring resources are available to fulfill role expectations, advice regarding immediate concerns and issues, debriefing, leave approval, probation, annual appraisals and any reasonable adjustment required.

2. A Peer Supervisor who supports the peer practice and development of the peer practitioner and supports the peer worker's development in meeting the values, practice guidelines and core competencies. This role also supports the peer worker to navigate the role and stay 'peer', they may also be used to debrief around issues working in a peer workforce. This person should have previously fulfilled the role of peer worker for over two years and have critical conversation skills, debriefing skills, and a current peer network.

What About Sick Leave for Mental Ill Health?

Treat the employee as you would any other staff member on leave for illness. Support the person to get back to work as soon as possible. This may mean reduced hours for a negotiated period. The employee may find it useful to be linked in to the Peer Supervisor for support.

Career Planning

Like all employees in the workforce it is important to support a peer employee's career progression. This might be done through training and/or mentoring. Peer workers might be in peer worker roles for several years. In other regions there are roles such as Peer Mentor, Peer Champions, Peer Coach, Peer Team Leader or Coordinator, Peer Supervisor, Peer Practice Support or Peer Trainer.

"I'd love to be a peer mentor or supervisor, but there just doesn't seem to be that opportunity in Cairns. I have been a peer worker for over five years."
- Anonymous

Section Four

FNQ Peer Worker Recommendations

Mechanisms to strengthen the Peer Workforce

1. Peer Workers have access of Peer workers to the FNQ Peer Network.
2. Organisations use a framework for regular operational and reflective peer practice supervision. (Two very different types of supervision)
3. Funding for ongoing professional development which includes: peer work training, external peer supervision and resource centre access is budgeted before the role out of the Peer Worker role.
4. Always employ a minimum of two Peer Workers at a time, to support peer practice.
5. Link new Peer Workers with Peer Mentors (Can be from outside your agency)
6. Have completed the organisation readiness process by someone with a lived experience.
7. Share ideas frameworks, resources, and learnings with other organisations employing Peer Workers

Established Peer Workforce Career Pathways

1. Where possible ask yourself could this be a lived experience position? (E.g. Peer Worker role Peer Supervisor, Team Leader, Manager, Training Officer, Practice support and Peer Mentor)
2. Support Peer Workers to do on the job training. This includes supporting individuals to attain a Certificate IV in Mental Health Peer Work to a Bachelor in Management within the role.
3. Have roles where people can use their lived experience that does not have to be identified "peer" positions. E.g.: Recovery Coach - Centacare Mental Health Resource Service.
4. Peer workers participation in state and national peer work advisory committees, training and conferences is supported.
5. Support Inclusive Practices
6. Have consistent pay parity with other non-identified peer roles.
7. Have access to full-time permanent positions or part-time positions within the Peer Workforce.
8. Have consistent workplace policies and procedures and implement the recommendations in the Far North Queensland Peer Workforce Framework guidelines

Peer Workforce Training

1. Have clear orientation training on Peer Work frameworks/models/ethics/guidelines, which is facilitated within the first three months of employment.
2. Promote Certificate IV in Mental Health Peer Work.
3. Support Peer Workers to facilitate peer training in the Far North Queensland
4. Managers have completed peer worker managers training before employing a peer worker

"You get the best effort from others not by lighting a fire beneath them, but by building a fire within" - Bob Nelson

Supervision and Support Mechanisms

1. Assign a peer mentor to new Peer Workers whose mentoring continues after the standard probation period. This includes having planned hours to support co-supervision if based in an organisation. When the peer mentor is external to the organisation time is provided within their working hours for the peer workers to meet at a minimum of monthly.
2. Provide access to ongoing peer supervision. The Peer Supervision has a key focus of peer practice and
3. Provide ongoing peer supervision. Ensure supervision is regular and focused on peer practice. This role must be facilitated by someone with a lived experience with a minimum of two years experience and who has had supervision training.
4. Ensure actual job expectations are the same as written job expectations. Establish a mentoring program. Adopt the National Mental Health Peer Workforce Development Guidelines.
5. Create an organisational culture where individuals talk with each other and support their own self-care and wellness and support each other to put their self-care needs into place. Not individual wellness plans, which are the individual's responsibility/business

Review the Organisation's Ability to Support Peer Work

1. Establish a clear line management & supervision structure
2. Build awareness of the approach, values, and practice of Peer Work across the organisation.
3. Define the values, practice guidelines and core competencies for regular operational and reflective supervision.
4. Provide support and mechanisms to resolve values/ethics conflicts as a peer worker within organisations; this may include critical conversation training, engagement with a peer supervisor, peer co-supervision or with line supervisor.
5. Organisations contemplating or currently employing Peer Workers should develop a Peer Workforce plan, see example in appendix B.
6. When looking to establish a Peer Workforce an organization should employ a minimum of two to support the peer practice. Where this is not the case a mentor and peer supervisor need to be available and put in place before the commencement of the peer worker role.
7. Have answered the organisations readiness questions from our website also outlined in the framework. These questions need to be asked broadly and not just at a senior level within organisations, this is part of the preparation for supporting a peer workforce. Organisations should include key stakeholders such as other services that work closely with the service, people who access the service and community members in discussion prior to hiring peer workers

Peer Support in Aboriginal Communities

1. Consult each community individually and extensively, including Elders, Aboriginal people, families, communities and cultural advisors. Honour each community, as they are all diverse, with different needs. Allow considerable time to build relationships, consult, and listen to the local community when advising the best way to consult, plan and develop a peer workforce. This should be fulfilled at every stage of rolling out a peer workforce.
2. Be aware of the shame factor and rather than talk about mental health, talk about social and emotional well-being.
3. Employ peer workers from the local community, in doing so employ more than one peer worker as to give individuals a choice of who they would like to work with. This also provides the opportunity for peer co-supervision in the community.
4. Resource peer workers to be able to provide sufficient peer support to outlying communities.
5. Foster the career progression of the lived experience workforce in Aboriginal communities by supporting individuals to do on the job training.
6. Ensure sustainability of the peer workforce, securing ongoing funding outside of funding contracts to create sustainability within the Aboriginal peer workforce.
7. When providing peer support to an individual; be mindful of shame, confidentiality still applies; however you will need to be working with family and community.
8. Scope the need to develop sub-strategies for peer workers to facilitate change and effective responses to suicide ideation, suicide attempts, and self-harming behaviours.
9. Scope the need to develop sub-strategies for peer workers to facilitate change and effective responses to drug and alcohol issues, lack of community workforce options and other identified community gaps.
10. Seek to understand and work within local cultural protocols and kinship structures of Aboriginal communities.
11. Foster and create opportunities for Aboriginal Peer Mentors, Champions, and Peer Supervisors to adequately support peer practice.
12. Develop a peer workforce framework specific for Aboriginal Communities and practice. This should be facilitated by an individual, who identifies as Aboriginal, has a lived experience of mental illness and should include the development of Practice Guidelines, Values, and Core Competencies. Appropriate resources should be allocated to have a meaningful consultation in all communities

Peer Work in Torres Strait Islander Communities

1. Consult each community extensively, including Elders, Torres Strait Islander people, communities and cultural advisors. Honour each community, as they are all diverse, with different needs. Allow considerable time to build relationships, consult, and listen to the local community when discovering the best way to consult, plan and develop a peer workforce. This should be fulfilled at every stage of rolling out a peer workforce

2. Be aware of cultural considerations around mental health, talk about social and emotional wellbeing.

3. Employ peer workers from the local community, in doing so employ more than one peer worker to give individuals a choice of who they would like to work with. This also provides the opportunity for peer co-supervision in the community.

4. Resource peer workers to be able to provide sufficient peer support to outlying communities.

5. Foster the career progression of the lived experience workforce in Torres Strait communities by supporting individuals to do on the job training.

6. Ensure sustainability of the peer workforce, securing ongoing funding outside of funding contracts to create sustainability within the Torres Strait Islander peer workforce.

7. When providing peer support to an individual; be mindful of cultural considerations, confidentiality still applies - however peer workers will need to be working with family and community.

8. Scope the need to develop sub-strategies for peer workers to facilitate change and effective responses to drug and alcohol issues, lack of housing, lack of community workforce options and other identified community gaps.

9. Seek to understand and work within local cultural protocols and kinship structures of Torres Strait Islander communities.

10. Foster and create opportunities for Torres Strait Islander Peer Mentors, Champions, and Peer Supervisors to adequately support peer practice.

11. Develop a peer workforce framework, Practice Guidelines, Values and Core Competencies specific for Torres Strait Communities and practice. This should be facilitated by an individual, who identifies as Torres Strait Islander and has a lived experience of mental illness.

12. Appropriate resources should be allocated to have a meaningful consultation in all communities.

Peer Work in Rural Communities

1. Consult each community extensively, including services, people with a lived experience, community members and Council members. Honour each community, as they are all diverse, with different needs. Allow considerable time to build relationships, consult, and listen to the local community when advising the best way to consult, plan and develop a peer workforce. This should be fulfilled at every stage of rolling out a peer workforce
2. Be aware of the shame factor and rather than talk about mental health, talk about social and emotional well being.
3. Employ peer workers from the local community, in doing so employ more than one peer worker as to give individuals a choice of who they want to work with. This may also aid in avoiding possible conflicts of interest. This also provides the opportunity for peer co-supervision in the community.
4. Resource peer workers to be able to provide sufficient peer support to outlying communities.
5. Foster the career progression of the lived experience workforce in Farming Communities by supporting individuals to do on the job training.
6. Ensure sustainability of the peer workforce, securing ongoing funding outside of funding contracts to create sustainability within the communities peer workforce.
7. When providing peer support to an individual; be mindful of shame, confidentiality still applies; however you will need to be working with family and community.
8. Scope the need to develop sub-strategies for peer workers to facilitate change and effective responses to, lack of community workforce options and other identified community gaps.
9. Scope the need to develop sub-strategies for peer workers to facilitate change and effective responses to suicide ideation, suicide attempts, and self-harming behaviours
10. Foster and create opportunities for the community; Peer Mentors, Champions, and Peer Supervisors to adequately support peer practice

Section Five

How Do We Know When We Are Done?

We have a strong Peer Workforce when:

1. FNQ has a Peer Resource Centre where Far North Queensland Peer Workers can get information, resources, supervision and support about peer practice.
2. There is a FNQ peer network, which organisations support as part of Peer Work practice but is also accessed independently of services for supervision, and support needs.
3. We have a clear Peer Co-Reflection/Supervision framework for regular operational and reflective supervision.
4. There is secure funding for ongoing professional development which includes: peer work training, external peer supervision and resource centre in Far North Queensland
5. There are several informal peer support opportunities to develop skills of emerging peer workers in Far North Queensland.
6. We have a pool of peer mentor positions across Cairns to support new peer workers across Far North Queensland, these mentors have training and peer supervision included in these roles.
7. FNQ has local champions at the service level to advocate for implementation of peer practice, framework guidelines, and sustainability.
8. Through consultation with community, FNQ has an organisation readiness process. Organisational readiness: which is assessed and facilitated by current or previous peer workers and those with a lived experience.
9. We share the tools and resources including training with each other in FNQ to support the Peer Workforce.
10. We work together in FNQ and have strong relationships in which services support the peer workforce by working together to minimize the gaps, and needs, and strengthen: resources, funding, and research.

We have Lived Experience Career Pathways when:

1. As a region we wherever possible create lived experience positions beyond the peer worker role. (E.g.: Peer Supervisor, Team Leader, Manager, Training Office, Practice support and Peer Mentor)
2. We as a region support new Peer Workers and Peer Leaders to attain qualifications such as Certificate IV in Mental Health Peer Work to a Bachelor in Management within their role.
3. Have multiple roles in FNQ where people can use their lived experience that does not have to be identified "peer" positions.
4. Peer Workers participate in state and national peer work advisory committees, training and conferences.

"I could walk a mile in your shoes. But I already know they're just as uncomfortable as mine. Let's walk next to each other instead."

Anonymous

We Have Inclusive Practices when:

1. Peer Workers have pay parity with other non-identified peer roles.
2. Peer Workers are employed in both full-time permanent positions and part-time positions. As a region we do not make assumptions based on the workload ability due to there lived experience.
3. As a region we have consistent workplace policies and procedures and implement and follow Far North Queensland Peer Workforce Framework guidelines.

We Have a Trained Peer Workforce when:

1. Peer workers within FNQ have training on Peer Work frameworks/ models/ ethics/ guidelines, which is facilitated within the first three months of employment.
2. FNQ offers the Certificate IV in Mental Health Peer Work, which is facilitated by a leader within the Peer Workforce.
3. Far North Queensland has scholarships in Certificate IV Mental Health Peer Work and other peer training opportunities.
4. FNQ has local Peer Workers which we have supported and mentored to facilitate peer training in the Far North Queensland.
5. FNQ has a comprehensive Peer Workers Managers Training which is facilitated by a Peer Workforce Leader.

We have a well-defined Supervision and Support Mechanisms when:

1. There are peer co-reflection or co-supervision opportunities across FNQ.
2. FNQ has a pool of well-resourced and trained peer mentors, who also have access to peer supervision.
3. FNQ has a pool of well-resourced and trained peer supervisors.
4. FNQ has a regional approach to workplace culture where individuals talk and support their own self-care and wellness and support each other to put their self-care needs into place.

We Are Supporting Peer Work in Aboriginal Communities when:

1. We consult each community individually and extensively, including Elders, Aboriginal people, families, communities and cultural advisors, before rolling out and increasing the peer workforce.
2. We Employ peer workers from the local community, and when we do we employ more than one peer worker. We give individuals in community a choice of peer worker.
3. Peer Workers have access to co-supervision by other peer workers who understand the local community.
4. We have resource peer workers to be able to provide sufficient peer support to outlying communities.
5. There is career progression of the lived experience workforce in Aboriginal communities by supporting individuals to do on the job training.
6. There is sustainability of the Aboriginal mental health peer workforce, with secure ongoing funding outside of funding contracts.

7. In FNQ we work within local cultural protocols and kinship structures of Aboriginal communities.
8. There are Aboriginal Peer Mentors, Champions, and Peer Supervisors to support peer practice.
9. There is a peer workforce framework for Aboriginal Communities and practice.

We Are Supporting Peer Work in Torres Strait Islander Communities when:

1. We consult each community individually and extensively, including Elders, Torres Strait Island people, families, communities and cultural advisors, before rolling out and increasing the peer workforce.
2. We Employ peer workers from the local community, and when we do we employ more than one peer worker. We give individuals in community a choice of peer worker.
3. Peer Workers have access to co-supervision by other peer workers who understand the local community.
4. We have resourced peer workers to be able to provide sufficient peer support to outlying communities.
5. There is career progression of the lived experience workforce in Torres Strait Islander communities by supporting individuals to do on the job training.
6. There is sustainability of the Torres Strait Islander mental health peer workforce, with secure ongoing funding outside of funding contracts.
7. In FNQ we work within local cultural protocols and kinship structures of Torres Strait Islander communities.
8. There are Torres Strait Islander Peer Mentors, Champions, and Peer Supervisors to support peer practice.
9. There is a peer workforce framework for Torres Strait Islander Communities and practice.

We Understand Peer Work in Rural Communities

1. We consult each community extensively, including services, people with a lived. experience, community members and Council members, before rolling out and increasing the peer workforce.
2. We Employ peer workers from the local community, and when we do we employ more than one peer worker. We give individuals in community a choice of peer worker.
3. Peer Workers have access to co-supervision by other peer workers who understand the local community.
4. We have resourced peer workers to be able to provide sufficient peer support to outlying communities.
5. There is career progression of the lived experience workforce in rural communities by supporting individuals to do on the job training.
6. There is sustainability of the rural mental health peer workforce, with secure ongoing funding outside of funding contracts.
7. There are rural Peer Mentors, Champions, and Peer Supervisors to support peer practice.

Section Six

Additional Information

Glossary

Lived Experience

A person's experience of mental health challenges or illness and/or their experience of having a family member or loved one who has mental health challenges or illness.

Recovery

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. - SAMHSA Working Definition of Recovery 2011.

Peer Support

Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others whom they feel are "like" them, they feel a connection. This connection, or affiliation, is 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. Further, as trust in the relationship builds, both people are able to respectfully challenge each other when they find themselves re-enacting old roles. This allows members of the peer community to try out new behaviours with one another and move beyond previously held self-concepts built on disability, diagnosis, and trauma worldview. Mead, S (2003), Defining Peer Support, Intentional Peer Support, Vermont, USA.

Peer Worker

A peer worker is someone employed on the basis of their personal lived experience of mental illness (Lived Experience, Peer Worker) or is a family member or loved one of someone who does (Family or Support Person, Peer Worker), and has the ability and want to share with the people that access their service knowledge of their own personal experience of recovery, or journey towards recovery.

Acronyms

FNQ - Far North Queensland
PIR - Partners In Recovery
ROP - Recovery Orientated Practice
CHCCAG - Cairns and Hinterland Consumer and Carer Advisory Group
SAMHSA - Substance Abuse and Mental Health Services Administration

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