den
drug education network inc.

Alcohol and Other Drug (AOD)

PEER WORKER IMPLEMENTATION GUIDE
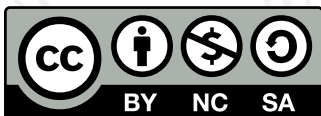
Acknowledgement of Country

The Drug Education Network acknowledges the strength, resilience and capacity of the Tasmanian Aboriginal people and their deep and lasting cultural heritage, beliefs, and relationship as ongoing custodians of the land and waters of lutruwita/Tasmania.

We recognise that our organisation operates on the land of the traditional custodians and we pay our respect to Elders past and present.

Acknowledgements

Acronyms

AOD: Alcohol and other Drug
AIVL: Australian Injecting Drug Users League
ATDC: Alcohol Tobacco and Other Drugs Council
COP: Community of Practice
DEN: Drug Education Network
LEA: Lived Experience Advocate
SHARC: Self Help Addiction Resource Centre
TasCAHRD: Tasmanian Council on AIDS, Hepatitis and Related Diseases
TILES: Tasmanian Institute of Law Enforcement Studies
WAAMH: Western Australian Association for Mental Health
YFCC: Youth, Family and Community Connections

"I think what is important to acknowledge is that people in addiction get to a point where they can't imagine a better life and they don't know what to do with themselves. They have to give something up and that hole needs to be filled. They have got no idea; I had no idea.

I think what peer work does is add to the after care, specifically I think it has been recognised as one of the most important things now. For me, in my estimation, getting out of a residential or a treatment and then being on your own is just absolutely pointless, people just fall off.

Keeping people engaged any way you can, and it just seems to be evidenced by this feedback that other peer workers have given, how comfortable and how more likely that other people are going to be engaged with the stuff we are trying to deliver them if there is someone around."

(Peer worker in the Tasmanian AOD Sector)

EXECUTIVE SUMMARY

The Drug Education Network (DEN) presents the Alcohol and Other Drug (AOD) Peer Worker Implementation Guide (the Guide) for the Tasmanian Alcohol, Tobacco and Other Drug Sector, Community Service and Justice Sectors.

The guide is developed with a Tasmanian-specific context in mind, and provides reflections, guidelines and processes for incorporating peer work as a complementary practice, embedded within AOD service delivery across the state.

This guide synthesises the knowledge base found in local and international peer work frameworks and research, as well as providing learnings and input from the project partners and peer workers who took part in the 2019 Alcohol and Other Drug Peer Workforce Pilot Project (the Pilot Project) in Tasmania.

The Pilot Project focussed on the development and delivery of training for people with lived experience of substance use, to utilise their experience to support clients undergoing treatment for AOD issues. Participants were provided with opportunities to develop skills and specialised knowledge that would equip them with the skills required to volunteer or be employed as peer workers in AOD treatment, health promotion and counselling services.

The Guide highlights the unique and valuable contribution that peer work provides within the Tasmanian AOD sector. The Guide examines the functionality of the peer worker role and outlines a best-practice approach for preparing an organisation to adopt peer work as a part of its' service delivery.

It is best used as a guide in the planning and development phase, including the development of role descriptions, recruitment and supervision processes. It also includes practical resources to support the development of an effective and thriving peer workforce team within any Tasmanian organisation providing AOD related health promotion, treatment options or services.

The Guide provides information on:
- the definition of peer work (in terms of designated peer worker roles) and how this differs from lived experience advocacy work;

- what organisational readiness is, and why it is so important;

- how organisations can develop a culture that welcomes and champions lived experience;

- how to develop the right policies and procedures to support peer work; and

- what is needed for peer work to be sustainable.

In addition to peer worker input, the development and review of the Guide has been supported by an Advisory Group which has included: the Alcohol, Tobacco and other Drug Council of Tasmania (ATDC), the Self-Help Addiction Recovery Centre (SHARC) and The Tasmanian Institute of Law Enforcement Studies (TILES). This review process has provided relevant AOD sector and peer work expertise and insights.

INTRODUCTION

There is growing momentum and recognition of the value of lived experience and peer work internationally[1,2] in Australia[3] and in Tasmania[4].

The Drug Education Network (DEN) recognises the significant value and unique qualities that peer work contributes to alcohol and other drug (AOD) health promotion, prevention, and treatment settings. As noted by Scannell[5]:

> *"The real-world knowledge of addiction and recovery, positions peer support workers to provide effective psychosocial supports and life skills, to serve as a broker between the community and the individual in early recovery, thereby removing many personal and environmental obstacles often experienced in recovery."*

There are a range of perspectives on what a peer worker is, but one key prerequisite (common to all perspectives) is that peer work requires recognition from the target group that the peer worker is considered to be a peer[6].

There is a dual process where a person identifies with and is accepted by others with shared and common experiences, and this is the foundation of peer relationships and peer work.

Emerging evidence demonstrates the effectiveness of peer work within existing AOD treatment services in other countries. For example, New Zealand researchers Panther and King state in their 2014 report 'Peer Support Themes'[7]:

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

There are numerous references to the Pilot Project throughout this document, many of which are included as quotes and reflections provided by the project teams and peer worker representatives. All peer worker representatives are graduates of DEN's peer training program and are currently working in peer roles (both paid and/or volunteer).

Their perspectives have provided valuable insight into the importance of organisational readiness as a foundational step for including AOD peer work as part of service delivery.

In addition, it is worth noting that the Pilot Project model was developed to train people with lived experience to take on AOD peer work roles with a focus on recovery from AOD dependence and addiction.

The Guide is primarily informed by the learnings from the Pilot Project. However, it is suggested that the core principles outlined in the Guide are equally applicable for a peer worker with lived OR living experience.

The term living experience is described in the Victorian mental health and AOD sector's Lived and Living Experience Workforce Data Report (2022) with the following definition:

"People with living experience of 'substance use or addiction' and families, carers and supporters of people with these experiences." [8]

Additionally people with living experience of AOD use are defined as working in harm reduction peer work roles.[9]

There are more specific tools and perspectives that can be referenced when incorporating a living experience workforce into your organisation, such as Harm Reduction Victoria (who are the current leading organisation in the development of a workforce strategy for the Victorian Harm Reduction Peer Workforce)[10] and the Australian Injecting Drug Users League (AIVL), who have developed the Peer Workforce Capacity Building Training Framework[11] can provide information on the specific considerations that may be of benefit to your organisation.

It is important that AOD organisations engaging peer workers understand the nuance of the 'recovery' concept and undertake informed and inclusive practices to accommodate the individual circumstances of all trained peer workers.

PARAMETERS OF THE GUIDE

The accompanying resources and tools referred to within the Guide are focussed on providing guidelines for organisations who are seeking to employ people with lived experience in designated peer worker roles.

It is recognised that the AOD Workforce in Tasmania includes people with lived experience who are employed in non–peer-related roles.

As noted in the 2020 Alcohol, Tobacco, and other Drugs Council (ATDC) Workforce Survey[12] which asked this question for the first time: almost a third of respondents (29%) identified as having a personal experience of ATODs, and almost half (49%) identified as having a close family member or friend who had experienced problems with ATOD use. Almost half of the respondents (47%) had disclosed this information in their workplace.

It is recommended that AOD Sector organisations refer to workplace best practice resources such as those accessible via WorkSafe Tasmania. The WorkSafe Tasmania website provides a range of resources and templates that can help employers to ensure they are providing a safe work environment for all employees.

The website also provides suggested policy templates and guidelines which can be helpful when used to support employees who disclose substance use in the workplace.

Equally important are the approaches suggested within the Guide for thoroughly preparing and planning for the introduction of peer workers.

As the literature shows, in terms of identified challenges, embedding peer work into service delivery may require a cultural shift to prepare an organisation to adequately support and navigate the whole team through the adoption and integration of this new way of working.

All emerging disciplines need to be underpinned by best practice approaches. A best practice approach to peer work requires a foundational knowledge base and ongoing professional learning.

As discussed by King and Panther in the 'Peer Support Themes Synthesis Report'[13], a thriving peer support workforce needs role clarity, recruitment, support and understanding from management and colleagues, training, supervision and connection within the workforce.

The Guide focusses on seven areas: defining peer work, organisational readiness, understanding and commitment, preparation and planning, implementation, sustainability and evaluation. It includes practical resources for use in embedding peer work into an organisation.

Part A: Definition of Peer Work and the Peer Worker Role

Part B: Organisational Readiness

Part C: Understanding and Commitment

Part D: Preparation and Planning

Part E: Sustainability

Part F: Implementation

Part G: Measuring the Impact of Peer Work

The increase in supporting evidence demonstrating the value of peer work has also identified a range of challenges that peer workers experience at an organisational level. Recent research undertaken with peer support workers by Scannell[14] found that:

> *"Peer support worker experiences included challenges establishing credibility, frustrations in managing systemic barriers, a lack of understanding as to what the role of peer worker entails by stakeholders, and scepticism from other providers about the value of the position."*

The Guide has been developed with these identified challenges in mind.

It supports organisations to better understand the value and purpose of peer work as well as its scope and potential.

PART A: DEFINING PEER WORK AND THE PEER WORKER ROLE

This definition, developed by the Victorian AOD Peer Workforce Community of Practice is described in the Strategy for the Alcohol and other Drug Peer Workforce in Victoria[15].

> *"A peer worker utilises their lived experience of alcohol and other drugs, plus skills learned in formal training, to deliver services in support of others."*

It also describes the key activities that a peer worker engages in:

> *AOD peer workers provide non-clinical assistance, utilising their personal experiences in a way that promotes understanding and fosters connection.*
>
> *Peer workers offer support to others who have shared experiences by:*
>
> - *Facilitating authentic connections*
> - *Sharing their personal experiences in a way that inspires hope*
> - *Offering help and support as an equal, within a defined role*
> - *Developing positive relationships that demonstrate the power and possibility of change."*

Meumann and Allan[16] conducted a literature review of peer support models in alcohol and other drug treatment. Their findings describe this general categorisation of peer support:

1. **Mutual-help groups (self-help groups)** – small, voluntary groups, usually formed by peers, focusing on mutual support, and structured around a specific purpose.

2. **Peer-run or peer-operated services** – these are services and programs that are planned, provided and operated by people with a lived experience. Individuals who do not have a lived experience may be involved in the service program but not in lead roles.

3. **Peer employees (peer specialists)** – peer support workers, teams or initiatives exist within a traditional service.

In line with the roles developed by participating organisations in the Pilot Project, the Guide focusses on guidelines for peer worker roles that fit within the third category of peer support.

Another definition, provided here, is sourced from DEN's Discussion paper 'Why Tasmania needs an alcohol and other drug peer workforce'[17]:

> *"Peer workers are defined as people who identify as having a lived experience of alcohol and other drug issues who are employed (either paid or volunteer) in designated roles within the public or non-government sector who use their common experience to support and inspire hope and recovery in others.*
>
> *A peer worker can also be an employee with lived experience of supporting a family member through substance use who, in a designated role in a service, provides referral, education and support to the family members of the person in treatment. The peer worker operates from their own lived experience and experiential knowledge, supported by training and mastering of competencies. "*

This aspect of peer work, supporting family members or loved ones, is often overlooked and is acknowledged in this organisational reflection:

> *"Peer work for people supporting a loved one with substance misuse is an area for further growth and opportunity."*

Learnings from the Pilot Project show that people who were trained in this specific aspect of family support peer work also need to navigate stigma, boundaries, confidentiality and self-care and that the peer work values of mutuality, authenticity, empowerment and hope are also applicable in this work.

A note about language and terminology: it is important to recognise that a broad range of terminology and descriptors have evolved to describe peer worker roles, these include, but are not limited to: peer educator, peer recovery coach, peer recovery specialist, peer support worker, and peer support specialist.

These descriptors provide additional nuance and role definition for the peer. In the interests of consistency the Guide uses the term peer worker as a general term that can encompass all of the above.

This is also a key point to consider in terms of developing a position description for your organisation. It is important to ensure that you are defining and naming the role appropriately to suit your own organisational context and the key activities that the role will entail.

The definition of peer work can also encompass people with living experience who are employed in roles that focus on harm reduction strategies, education and prevention initiatives. As described by the Australian Injecting and Illicit Drug Users League (AIVL) in the 'Peer Workforce Capacity Building Training Framework' (2019):

"Peer processes are acknowledged globally as a successful method of harnessing the organic and natural communication networks and structures that exist among injecting drug using communities. Peer processes enable the diffusion of education/prevention messages into parts of the community that mainstream organisations struggle to interact with."[18]

It is important to re-iterate that this Guide is primarily informed by the Pilot Project, which trained people with lived experience to undertake peer worker roles in services with a focus on recovery from AOD dependence and addiction.

However, it is suggested that the core principles outlined in the Guide are equally applicable for a peer worker with lived **or** living experience.

On this basis the Guide can be a useful tool to support an organisation's thinking when planning peer work as part of service delivery. As already noted, there are more specific tools and considerations that can be explored by referring to Harm Reduction Victoria and AIVL.

Another way of developing more insight into peer work is to think about the core values that underpin it. In both mental health and alcohol and other drug peer work sectors, a range of services[19] have identified core values that resonate with the principles and ways of working as a peer.

Te Pou[20] describes the following peer values:

- Mutuality - the authentic two-way relationships between people through 'the kinship of common experience'.

- Experiential knowledge - the learning, knowledge and wisdom that comes from personal lived experience of mental distress or addiction and recovery.

- Self-determination - the right for people to make free choices about their life and to be free from coercion on the basis of their mental distress or addiction.

- Participation - the right for people to participate and lead in mental health and/or addiction services including in the development or running of services as well as in their own treatment and recovery.

- Equity - the right of people who experience mental distress and/or addiction to have fair and equal opportunities to other citizens and to be free of discrimination.

- Recovery and hope - the belief that there is always hope and that resiliency and meaningful recovery is possible for everyone.

Reflecting on these values is a useful way to fully understand the unique and valuable perspective that peer workers bring to the work they do. It can provide more insight into how peer workers approach their role and in what ways their work can complement a clinical AOD counselling or treatment role.

PEER WORK ROLE DESCRIPTIONS

As part of the Pilot Project each of the partner organisations developed peer worker roles and position descriptions. These roles reflect the diverse work and programs that each organisation provides.

For example, the Salvation Army developed a position description which describes the following key roles and responsibilities:

> *"The Matrix Program Volunteer Lived Experience Mentor will work within the Matrix Program team to provide appropriate and effective support to clients completing the Matrix Program. In this role you will be required to draw on your own lived experience of recovery from substance dependence to provide knowledge and instil a sense of hope for the future."*

Youth, Family and Community Connections developed a role with this summary:

> *"In this role you will draw on your lived experience of recovery from substance misuse, to instil confidence and hope in others about the journey of recovery. You must have a lived experience of your own substance misuse and a good understanding of your own processes of recovery. You must be willing to purposefully use your own story or experiences to help others further their own understanding of their recovery."*

Holyoake's Peer Worker position description states:

> *"AOD Peer Support Workers will work as part of the Holyoake team to deliver evidence-based treatment options for individuals affected by their own or another person's AOD use. AOD Peer Support Workers will specifically draw on their lived experience of problematic substance use to engender hope in people who are accessing services and programs at Holyoake. AOD Peer Support Workers will provide client support which is welcoming, responsive and flexible and encourages clients to engage with Holyoake."*

These full position descriptions, as well as a checklist for developing a relevant and contextualised position description for you organisation or service, are included in Part F: Implementation.

In terms of role scope and potential, one of the peer project partners shared this reflection:

> *"Peer Worker roles aren't necessarily all client facing. While there is a natural place for peer work in one on one and group work settings, there is also opportunity in capacity building for allied sector workers, health promotion & prevention and also reviewing documents & processes relevant to clients."*

When thinking about the development of position descriptions, one project partner made the decision to undertake a co-design process with their peer workers to develop the key activities and deliverables within their position descriptions.

This process allowed the peers to have input that reflected their specific lived experience and how that intersected with additional areas of lived experience such as Justice, Child Safety or Family Violence.

> *"We thought it was important to recognise each peer worker comes with their own unique set of experiences and strengths, and to not acknowledge and offer the chance to utilise these would be short-sighted."*

Equally important to consider is how these roles can be co-designed with perspectives shared by people with lived experience. This is where a Lived Experience Advocate could play a role to inform peer worker position descriptions.

This service is currently offered by the ATDC though the Lived Experience Advocate (LEA) service. The LEAs can provide the perspective of a person who has a lived experience of alcohol and other drug use, helping to shape how AOD services are delivered.

PART B: ORGANISATIONAL READINESS

What is organisational readiness and why is it important?

Organisational readiness can be described as "the extent to which organisational members are psychologically and behaviourally prepared to implement organisational change"[21].

It is worth considering that "a high level of organisational readiness is usually associated with a successful change because organisation members are more likely to invest in the change initiative and exhibit more cooperative behaviours, resulting in more effective implementation of the change."[22]

A key first step for including peer work as part of service delivery is to think about the capacity of your organisation and the community in which your program operates before implementing a new program, intervention, or organisational policy.

When considering building in peer work as part of service delivery this advice was put forward by one of the Pilot Project team members:

> *"Think about it! What does it mean for us?*
>
> *When an organisation is undertaking a peer it's actually a responsibility, so in order to take that on, we need to think how we are able to meet all those needs.*
>
> *Some services may come into this thinking this sounds great… but when working in the AOD field we need to consider those vulnerabilities for people who are in recovery."*

For peer work to become a successful part of AOD service delivery, it is important that the whole organisational team understands the perspective that peer work brings as well as recognising its complementary role in supporting AOD clinical work.

Organisational readiness ensures there is understanding across the whole organisation of important aspects such as role clarity and mechanisms for support, working effectively in a multi-disciplinary team, professional learning, supervision and reflective practice.

This reflection from another Pilot Project team member highlights how peers can be set up for success and can work effectively within the scope of their role:

> *"All staff [need] to be made aware of the distinct role of a peer worker so their skills are utilised, and peers are not asked to do things which are outside of their role."*

There are a number of challenges for peer work within an AOD context identified by both Scannell (2021) and Meumann and Allan's literature review, including: role clarity, personal issues with health and stress, boundaries, inadequate training and supervision, workload and financial compensation.[23]

The Pilot Project has demonstrated how some of these challenges have occurred within a Tasmanian context and are discussed with suggested solutions in Part C: Understanding and Commitment.

SHARC (Self Help Addiction Resource Centre), based in Victoria, includes, among other things, Peer Projects that support the growth, development and sustainability of Victoria's Alcohol and other Drug (AOD) Lived Experience Workforce.

SHARC refer to 5 key domains that are required as a part of all organisational readiness processes:

1. Defining peer work and the peer worker role.

2. Understanding and Commitment – to the practice of peer work and the value it brings.

3. Preparation and Planning – such as recruitment, position descriptions and policies.

4. Implementation – Communication: including role clarity and clear position descriptions.

5. Sustainability.

The Guide deliberately focuses on each of these domains as well as providing resources to support the implementation process.

ORGANISATIONAL READINESS TRAINING

Key team members within all organisations should undertake organisational readiness training to ensure a smooth transition into a system that values lived experience and knowledge, and develop the skills and knowledge needed to implement the change.

Please contact DEN to find out about organisational readiness training options:
admin@den.org.au
www.den.org.au

PART C: UNDERSTANDING AND COMMITMENT

In developing the Guide, DEN has consulted extensively with current peer workers, providing opportunities for peers to share their thoughts about what they think a thriving peer workforce should look like, including any challenges they found during the Pilot Project.

The following challenges noted by the peer workers during the feedback process, have also been identified in current peer research[24,25].

These included:

- Being a volunteer, which is often not financially sustainable

- That feedback from facilitators and counsellors is rarely given, and often only when specifically asked for. Debriefing is part of most organisations' protocols but even after 'big emotional sessions' peer workers found that it was rarely addressed.

- Peer workers felt that there was stigma attached to them and their work

- Some peer workers felt that staff with qualifications looked down on peer workers

- Peer workers didn't feel trusted or recognised for their area of knowledge and expertise

- Peer workers would have liked to have seen their training become nationally recognised to reinforce the legitimacy and value of their skills and work. For example, a nationally recognised Certificate IV in AOD Peer Work.

- Needing support options for peer workers including supervision and debriefing opportunities, which can help to avoid potential challenges such as boundary breaches

For one organisation involved in the Pilot Project, the inclusion of peer work in their service delivery offering has prompted a shift in perspective. Team members have started reporting a reduction in stigmatising attitudes toward substance use across the organisation:

> *"Having people share their experiences in an intended and purposeful way has increased interest and understanding in using lived experience to provide non-clinical, yet very beneficial, supports."*

The peer workers also identified a number of solutions and opportunities to address the challenges they had experienced. The following suggestions reinforce the value of a co-design process when developing peer worker roles and position descriptions for any organisation seeking to employ peer workers.

Peer workers identified the importance of the whole organisation being on board and the need to prepare other staff with a focus on organisational culture, before peer workers are introduced into their programs.

This includes, but is not limited to:

- Including an explanation of peer work as part of new staff induction to ensure consistent understanding and expectations from the outset.

- Including all staff in discussions about the purpose of peer work to increase understanding of what role a peer worker can fill.
  Discussions may include:

    - how clients work with their peer worker

    - what value the peer worker can bring to the client's experience and the organisation,

    - evidence (statistics) that back up how effective peer workers can be.

    - explaining how the client/peer worker relationship can be a proactive and reciprocal experience.

- Identifying some of the difficulties peers may experience when starting this role and how the team can work together to support them.

- Setting up a buddy system between peer workers and other staff to show the benefits of working together.

- Developing a system for regular and ongoing communication to help sharing of information across the team.

- Peer workers participating in solution focussed meetings with other staff.

Peer workers who feel a part of the team and are included in team meetings feel that they can more effectively undertake their roles and work well within the team environment.

Some peer workers expressed concern that the knowledge and understanding of the leaders who had taken part in the organisational readiness training hadn't always filtered down effectively to the frontline staff within the organisation.

This feedback suggests the need for an ongoing development and training framework for the staff directly delivering services alongside peer workers. This would include training for any new staff joining the organisation, as well as opportunities for existing staff to continue to increase their knowledge and understanding of the purpose and benefits of peer work.

The following work practice should also be adopted across all levels of the organisation:

- Peer workers are introduced to relevant staff and clients.

- Peer workers meet with facilitators prior to group work sessions to be briefed about any information they need to know and are provided a run-down of the session and what to expect.

- All staff understand the debrief process and peer workers have the opportunity to debrief after the session.

- Support is provided to peer workers to build trusting and inclusive relationships with facilitators to co-facilitate group sessions.

- Policies are developed to help facilitate inclusive communication across the organisation.

- Clear and well written position descriptions are developed to highlight relevance, expectations, adaptability and training of peer workers.

- Opportunities provided to peer workers to share experiences with organisational managers and talk through feedback and any grievances.

- An inclusive space to highlight who the peer workers are. For example, a photo of the peer workers in a visible location so the clients and other staff know exactly who the peer workers are and that they can approach them.

- Ongoing training for peer workers to highlight the relevance of their qualifications and experience.

WHAT DOES A THRIVING AOD PEER WORKFORCE LOOK LIKE?

A thriving AOD peer workforce would allow for recognition of prior knowledge and lived experience and an environment of continual professional development (onsite, equal, relevant, and inclusive learning and specialist training opportunities) to build trust and respect and a high standard of practice.

As explained on the website Lived Experience Leadership[26], this can be thought of as lived experience expertise which describes the knowledge gained through lived experience and how it is (purposefully) applied.

The following statements include perspectives of newly trained peer workers in the AOD sector in Tasmania. These reflections describe learnings and insights that can be applied in the process of establishing peer workforces.

Peer workers are part of a paid workforce.

Peer work needs to encompass supporting significant others.

Being able to promote peer work in the community – Peer workers can have a role in doing this.

Peer team connection with the whole team is important. One peer worker reported their experience of attending whole team days and that helped them to feel part of the team.

Addressing stigma and making sure peer workers know "It's OK about our past."

A feedback mechanism is in place which can capture and share constructive feedback as well as the effectiveness of peer work and reinforces the positives for example: Client retention and engagement.

That the team can provide professional feedback, guidance and validation.

Peer workers are in a great position to identify and fill service delivery gaps and when supported by organisations can work to address them.

Clients are engaged and motivated to come and take part in programs because they feel heard by peer workers who respond with empathy and without judgement.

Peer workers can change the 'vibe' in groups and build rapport with clients easily and break down barriers between staff and clients.

PART D: PREPARATION AND PLANNING

PEER TRAINING AND PROFESSIONAL DEVELOPMENT

Evaluation of the Pilot Project demonstrated the benefits of specific training to develop skills and knowledge around peer worker core competencies. The training provided as part of the Pilot Project equipped the peers with the necessary skills required to work effectively with clients, such as skills applicable to navigating boundaries, confidentiality, purposeful disclosure and working within a team.

The following peer core competencies were developed by SHARC as part of the Strategy for the Alcohol and Other Drug Peer Workforce in Victoria.[27]

1. Peer workers encourage self determination.

2. A peer worker's primary focus is on peer-to-peer relationships.

3. Peer workers operate as an equal, within a defined role.

4. Peer workers demonstrate the power & possibility of change.

5. Peer workers understand best practice peer work & seek opportunities to increase their knowledge & skills.

6. Peer workers embrace diversity.

A well-trained peer workforce is crucial for providing confidence and certainty for services when employing peer workers.

The peer workers who completed the training also expressed their interest in continued training and opportunities to undertake a recognised training qualification to provide suitable recognition of their knowledge and skill development.

It was also noted that lived experience in and of itself is not the only essential criteria required to become a peer worker:

> "A lived experience of substance misuse & recovery is not qualification on its own. Peer Workers need to demonstrate good interpersonal communication, may be required to undertake written communication and undertake professional responsibilities. For some, a period of traineeship type role may be required?"

Some peer trainees also reported that the training program had prompted them to reflect on their journey of recovery and had assisted them to move from an identity of a 'person using substances' to instead identifying with the role of 'being a peer worker'.

Peer workers also reflected on the importance of appropriate training and a supportive workplace culture around disclosing their lived experience.

This aspect of peer work has the potential to reinforce a sense of vulnerability and perpetuate feelings of internalised stigma if not supported appropriately in the workplace. As these two peer worker reflections highlight:

"Training is really important so that peer workers have the skills to manage issues such as boundaries, and self-disclosure (purposeful disclosure)."

"Clear policies and procedures and induction processes are important, especially to assist peers to navigate how to protect their personal information for example."

In this sense, the concept of purposeful disclosure is an important part of a peer worker role and requires appropriate training and organisational support so that a peer worker can discern what is appropriate and when, in terms of sharing their lived experience; and that they can maintain psychological safety for themselves, within the workplace setting, whilst effectively supporting the client they are working with.

Policies and procedures provide processes to follow around debriefing and ongoing reflective practice in relation to the work of purposeful disclosure.

PEER SPECIFIC SUPERVISION

Providing supervision for peer workers is so important. Supervision provides a confidential and safe co-reflective space to examine and better navigate any potential challenges.

It is also useful for the broader team to use supervision as an opportunity to reflect on their engagement with peer workers and potential power imbalance between their role and the role of a peer worker. Especially in situations where peer worker roles are new to an organisation's scope or service delivery offering.

SHARC shared their observations of situations where peer workers who only undertook task or role-related supervision sessions with an AOD clinician or counsellor had experienced 'peer drift'.

This is where the peer worker can lose touch with the core values and intent of peer work and move towards a more clinically focussed approach to their role.

Additionally, in Scannell's research with peer workers, the following perspectives about peer supervision were shared:

"Some of the Peer support workers shared that their supervisors did not have a history of substance use or had never worked as a Peer support worker.

They expressed concern about whether this is an effective supervision model for a role built upon shared lived experience and shared that this often led to another level of their role being misunderstood or undervalued.

They observed individuals with clinical backgrounds attempting to transfer the skills to

> *supervision of Peer support workers and shared that it appeared disconnected from the nonclinical and informal nature of peer support.*
>
> *In particular, they identified a lack of understanding of the lived experience, recovery processes, the delicate balance of maintaining boundaries and personal disclosure, and not having the deeper level of understanding recovery experiences that they were looking for."*[28]

When employing peer workers organisations must ensure that they can access peer specific supervision to effectively support them in their role. As part of peer workers' ongoing professional development, discipline specific tools are useful to map progress, learning and achievements.

During the Pilot Project, the Salvation Army team developed a peer competency tool which was used for this purpose. This tool which has been generously shared by the Salvation Army team can be used during supervision to guide the conversation and the peer worker's reflection process and progress against these competencies.

The tool is similar in design to the Outcomes Star process[29] but also incorporates processes identified in the Stages of Change model[30] to assist the peer worker to reflect on where they are at as they develop further knowledge and skills against commonly identified peer core competencies, such as active listening, boundaries, self-care, confidentiality and purposeful disclosure. The tool can be found in Appendix E and is freely available to use.

PEER COMMUNITY OF PRACTICE

A community of practice (CoP) is a group of people who share a common concern, set of problems or interest in a particular topic, who come together to fulfil individual and/or group goals relating to their commonality.

A community of practice is a place to share best practice approaches or methodologies and to create new or share existing knowledge of the shared issue or topic on an ongoing basis.

Many communities of practice rely on face-to-face meetings or online web-based collaborative environments to communicate, connect and conduct community activities.[31]

A community of practice is considered to be a best practice approach to the development and establishment of a peer workforce within the AOD sector. It is recommended that all organisations encourage peer workers to use a CoP as a useful way to continue their learning process, through co-reflection and mutual support going forward.

We suggest printing this page as a handy visual guide for the whole team.

As an Alcohol and Other Drug Peer Worker

I am properly trained

I have completed a recognised peer training program and access professional learning

I am part of the team

There is regular communication and dialogue in my team

I understand my role

I have a position description and my supervisor supports me in understanding my role

I undertake regular supervision

I engage with peer specific and task supervision

I am in a supportive workplace

My employer has completed organisational readiness training

I engage with a Peer Community of Practice

I meet regularly with other peer workers to share learning and support each other

I know how to access support when I need it

If I need assistance to debrief or support my own wellbeing I know how to do this

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PART E: SUSTAINABILITY

Coupled with Organisational Readiness training, the Guide outlines how to be organisationally ready to include peer work as a part of ongoing AOD service delivery.

For any organisation considering including peer workers within their workforce, consideration should be given to the sustainability of these roles. To date, the majority of AOD Peer Workers have been engaged on a voluntary basis, which significantly places at risk the sustainability of such positions.

Within the sector there is recognition of the value and need for peer workers to be working in paid roles, and in 2022, the Tasmanian government announced specific funding allocations for paid peer work positions.

The adoption of paid roles also reflects the professionalisation of this emerging and growing workforce and aligns with expectations of an effective, well trained peer worker, who can demonstrate skills such as managing boundaries, reflective practice and purposeful disclosure.

As noted in feedback from the Pilot Project partner teams:

"It is important peer workers are paid employees to provide legitimacy to the roles and peer workers. Volunteer peer workers tend to burn out much quicker than their paid equivalents."

"We took the decision to pay our peer workers in order to make them feel valued and validated."

Consideration should be given to how the peer work position(s) in your organisation will be renumerated when developing a position description in your service. The role or service gap you are looking to fill needs to be matched accordingly with the duties, skills and expertise required as well as ensuring the role will be sufficiently rewarding for the peer worker you employ.

As noted previously, organisational readiness is an important part of the preparation process for any organisation seeking to build peer work into their service delivery.

Ensuring that all members within the organisation hold a shared understanding of peer worker roles strengthens the long-term sustainability of a valued and thriving peer workforce within the organisation.

Organisations need to be prepared to take comprehensive steps to integrate a different and complementary way of working with peer workers. When this is done well, there is less attrition and burnout for peer workers.

PART F: IMPLEMENTATION

In implementing peer worker roles within your organisation, it is important to consider the why, what, how and who.

Why?

Your organisation has discussed and identified the reasons why peer work would be a valuable addition to our service delivery.

These reasons should be clearly communicated to the whole team, with consideration given to why a peer worker would enhance service delivery for all aspects of the organisation, and why the work of all members of the team will benefit from having peer workers within their workforce.

What?

Your organisation has discussed and identified what the peer worker position description (PD) will look like, and how peer workers will be renumerated.

Some key questions to consider in developing a peer worker PD include the following:

1. What role will they fulfil within your organisation?

2. Are there specific gaps in your service that the peer worker can meaningfully fill?

3. What are the regular and non-regular tasks that the peer worker would engage in?

4. How will the peer worker's role support or interact with other team members and their roles?

5. Will the peer worker provide any other services (e.g., run groups, outreach)?

6. Where will they be positioned (e.g., where do they sit – do they have a desk, is it a shared space?)

7. What award will they be employed under?

8. Will their employment be casual, part-time or full-time?

All policies and procedures also need to be reviewed to ensure they include provision for peer workers:

For example:

9. What is your organisation's process for considering employees with a criminal history?

10. What is your organisation's process for supporting an employee to access a working with vulnerable people card?

11. Are there any gaps or ambiguity in your policies and procedures that need to be reviewed as a result of employing a peer worker?

12. What discipline specific support will you be able to provide for the peer workforce? For example, will your organisation provide a peer worker specific supervision process for peer workers?

How?

It is strongly recommended that your team undertakes organisational readiness training so that all relevant team members have an understanding of the key requirements and considerations for including peer work as part of your AOD service delivery.

Who?

Your organisation has identified key champion/s in the organisation to support the implementation of peer work, including:

- developing a PD;

- checking current policies and procedures;,

- recruitment processes; and

- supervision frameworks.

Once these steps are completed you are now in a position to begin recruiting for a peer work position. Once recruitment is completed, refer to the additional tools in this Guide, such as the Peer Competency Tool (Appendix E) to support the ongoing professional development and learning for the peer worker position.

PART G: MEASURING THE IMPACT OF PEER WORK

It is recognised that peer work is an emerging discipline within the alcohol and other drug sector, particularly in Tasmania.

The evidence base is growing, but there is always scope to continue measuring and evaluating how peer work contributes to preventing harm from substance use and supporting and assisting people's AOD recovery journeys.

Dr Graeme Brown and colleagues at the Australian Research Centre in Sex, Health and Society (ARCHS), have developed a new process to evaluate peer-based activities among the communities involved in the Blood borne virus (BBV) response in Australia.

Their systems-based evaluation process has been developed around public health approaches of peer educators working in an outreach capacity with people who inject drugs.[32]

The elements that underpin this approach inform how to design evaluation measures for the specific qualities that peer work brings that are often missed in standard feedback processes.

The four elements that were identified as essential for the successful implementation of peer processes are interlinked and interdependent: 1. Engagement; 2. Alignment; 3. Adaptation; and 4. Influence.

Engagement

How the program maintains connection to the diverse community's experiences and understandings of its targeted communities.

Alignment

How the program picks up signs from the policy/community sectors as to what is changing and what thinking is emerging and then uses the knowledge to enhance program visibility.

Adaptation

How the program changes its approach, refining activities as new information or research comes to light from engagement and alignment insights.

Influence

How the program uses existing social and political processes to influence and achieve improved outcomes in both the community and policy sectors.

Dr Brown's W3 Project has a range of tools and checklists that can assist an organisation in applying this systems level approach to evaluating peer work. The principles for evaluating peer work impact must take into account the unique qualities of peer work and peer workers. That is, peer workers have the proven ability to connect with and be informed by people who are often stigmatised, marginalised, and recognised as hard to reach and engage.

The tools and further information can be found at: https://w3framework.org/

Appendices

Appendix A: Organisational Readiness Checklist

Download this checklist for Excel: www.den.org.au/resource/AOD-Peer-Worker-Implementation-Guide

ORGANISATIONAL READINESS CHECKLIST	YES	NO	IN PROGRESS	NOT RELEVANT	TOOLS	NOTES
WHY						
Our organisation has discussed and identified the reasons why peer work would be a valuable addition to our service delivery.						
There is understanding and agreement within the whole team of the reasons and benefits of including peer work as part of service delivery.						
WHAT						
There has been a discussion with relevant team members of the Peer work role and responsibilities and how they will fit within the organisation					Sample Position Descriptions - Appendix B: page 34, Appendix C: page 36, Appendix D: Page 39	
There has been a discussion with relevant stakeholders of suggested tasks that the Peer work role could include.					Lived Experience Advocate Service, Alcohol, Tobacco and other Drugs Council (ATDC): https://www.atdc.org.au/leas-request/	

ORGANISATIONAL READINESS CHECKLIST	YES	NO	IN PROGRESS	NOT RELEVANT	TOOLS	NOTES
It has been established what role the peer worker will undertake: full time, part time, casual and FTE equivalent.						
Gaps in service delivery have been identified that are relevant for a peer worker role.						
The range of tasks that the peer worker will undertake have been described in the PD. For example: • Group facilitation • Education • Advocacy to external providers • Community engagement • Capacity building - skill building • One on one support					Sample Position Descriptions - Appendix B: page 34, Appendix C: page 36, Appendix D: Page 39	

ORGANISATIONAL READINESS CHECKLIST	YES	NO	IN PROGRESS	NOT RELEVANT	TOOLS	NOTES
HOW						
Does your organisation have a process or policy for considering employees with a criminal history?					Human Rights: On the record: Recruitment (Chapter 5) https://humanrights.gov.au/our-work/human-rights-record-recruitment-chapter-5	
Does your organisation have a process for supporting an employee to access a working with vulnerable people card?					Apply for registration to work with vulnerable people: https://www.service.tas.gov.au/services/education-and-skills/working-with-vulnerable-people-including-children/apply-for-registration-to-work-with-vulnerable-people	
Are there any gaps or ambiguity in your policies and procedures that need to be reviewed as a result of employing a peer worker?					Organisational readiness training - contact DEN for information: admin@den.org.au, www.den.org.au	
Discipline specific support will be put in place to provide support for the peer workforce.					Peer specific supervision services - contact SHARC: www.sharc.org.au	

ORGANISATIONAL READINESS CHECKLIST	YES	NO	IN PROGRESS	NOT RELEVANT	TOOLS	NOTES
Organisational readiness training is scheduled for the team to understand the implementation of the peer worker role.						
A pathway and timeline to organisational implementation has been established.						
There are discipline specific supervision tools in place to support peer workers' ongoing professional development and reflective practice.					Peer Competency Scale - Appendix E: page 40	
There is a wellbeing policy in place within the organisation.						
Our organisation has considered the recruitment process including relevant criteria for the role					Recruitment considerations document: Appendix F: page 52	
We have a process in place to evaluate the effectiveness of peer work in supporting better outcomes for clients of this service.					W3 Framework: https://w3framework.org/	

Appendix B: Peer Worker Position Description Example - Youth Family and Community Connections

Peer Worker - AOD Trainee

Youth, Family & Community Connections

Job description

- Work for a North West Tasmanian Community Service Organisation

- Use your lived experience of substance misuse and recovery to support others

- Part Time (0.4 FTE),

ABOUT THE ORGANISATION

Youth, Family and Community Connections Inc. provide a range of services each with their own eligibility criteria. General criteria for each service area are:

- Accommodation: young people 13 to 20 years.

- Alcohol, Tobacco &Other Drugs (ATOD): any age – either their own or another person's drug/alcohol use.

- Family Support Services: 'vulnerable & at risk' families and children

Youth, Family and Community Connections Inc. operate under a 'no wrong door' policy – people accessing our Services for any reason will be assisted by our staff to locate and access the appropriate assistance for them.

Our Mission is: We will provide encouragement, support and resources to enable individuals and families to participate positively in the community.

ABOUT THE ROLE

This role will be part of our Alcohol, Tobacco and Other Drugs (ATODs) team- a multi-disciplinary team of counsellors and educators serving North West Tasmania including the West Coast and King Island.

YFCC are currently seeking a part- time (0.4FTE) Trainee Peer Worker to join the ATODs Team based in the Devonport office on a contract basis until 30 June 2021.

In this role you will draw on your lived experience of recovery from substance misuse, to instil confidence and hope in others about the journey of recovery. You must have a lived experience of your own substance misuse and a good understanding of your own processes of recovery. You must be willing to purposefully use your own story or experiences to help others further their own understanding of their recovery.

As a trainee and in supporting your ongoing learning and further opportunities for employment you will be provided with ongoing Professional Development opportunities and clinical supervision.

KEY RESPONSIBILITIES

- Build trust with peers who are untrusting of mainstream services, in order to improve service access.

- Participate and assist facilitation and evaluation of both therapeutic support groups.

- Support the capacity building of the alcohol and/or other drugs workforce and community through sector and community education presentations

- Provide lived experience consultation and advice in program design, service delivery, and evaluation.

- Challenge stigma and the barriers of discrimination to support the overall reduction of stigma towards substance-using populations.

- Participate in State-wide Professional Development workshops designed specifically for ATOD peer workers.

- Provide feedback on marketing and promotional materials including websites, flyers and social media content.

- Offer mentor support to ATOD clients as they are moved into aftercare and treatment is wound back.

SKILLS & EXPERIENCE

- Lived experience of substance misuse and subsequent recovery;

- Well-developed verbal and written communication skills;

- Demonstrated ability to work with people from Diverse Cultural Backgrounds.

- Demonstrated ability to positively engage, interact and work with people who have complex needs;

Successful candidates will be required to clear probity checks including National Criminal History Record Check and Working with Vulnerable People card.

BENEFITS

- Salary Packaging providing tax benefits available for living and entertainment expenses

- Diverse and inclusive organisation

- Employee Assistance Program (EAP)

For a confidential conversation call (team leader) on (phone number) for any enquiries.

Appendix C: Peer Worker Position Description Example - Salvation Army

Position Description	
Position	Matrix Program Volunteer Lived Experience Mentor
Organisation	Salvation Army Bridge Treatment and Recovery Service
Program	Matrix Program
Location	63 Creek Road, New Town, Tasmania, 7008
Start Date	TBC – Flexible/Negotiable
End Date	TBC – Flexible/Negotiable
Time Commitment	• Minimum two group sessions per week • Minimum five hours per week • Minimum position length 20 weeks
Reports To	Dr Emma Richardson, Matrix Coordinator, Hobart
About the Organisation	The Salvation Army Alcohol and Other Drugs (AOD) Tasmania Bridge Program is an AOD recovery program that incorporates assessment and treatment programs for individuals who are dependent on substances, such as the Matrix Program.
About the Program	The Matrix Program is a 48-week evidence-based intensive outpatient program for substance dependence that incorporates individual, group, and family support. Since its development in the 1980s by the Matrix Institute (USA), research has demonstrated its effectiveness across the US and Australia in treating stimulant, alcohol, and other dependencies.
About the Role	The Matrix Program Volunteer Lived Experience Mentor will work within the Matrix Program team to provide appropriate and effective support to clients completing the Matrix Program. In this role you will be required to draw on your own lived experience of recovery from substance dependence to provide knowledge and instil a sense of hope for the future.

Position Description	
Key Responsibilities	• Work collaboratively with the Matrix Program team to support clients in a caring and non-judgemental manner • Provide peer support to people who are living with a dependence on alcohol and/or other drugs • Act as a mentor to clients by sharing common experiences, helping them to set appropriate goals, and providing relevant knowledge and information • Develop trust and rapport and establish and maintain appropriate relationships with clients • Co-facilitate Matrix Program groups and provide • feedback where appropriate • Assist in the reduction of stigma towards substance-using populations • Maintain own recovery and wellness, and be willing to take time away from volunteering role if required to do so • Ensure a high level of confidentiality and integrity • Complete Matrix Program volunteer lived experience mentor training, as well as other relevant training programs where required • Attend Matrix Program team meetings where appropriate • Participate in supervision sessions • Provide lived experience consultation and recommendations with regards to program design, service delivery, and evaluation • Assist with the training of new Matrix Program volunteer lived experience mentors • Assist with the promotion of the Matrix Program to other service providers • Comply with all Salvation Army Policies and Procedures • Comply with all legislative requirements

Position Description	
Skills, Experience, Attributes, and Qualities	• Lived experience of substance dependence • Capacity to relate to Matrix Program clients from a perspective of having a lived experience of substance dependence • Completion of the Matrix Program (minimum 20 weeks) • Practical knowledge and understanding of issues facing people who are dependent on alcohol and/or other drugs • Well-developed verbal communication skills • High level of emotional intelligence, including the capacity to show empathy and compassion to others • Ability to use own life experience to provide empathic support and to create a sense of hope for the future • Demonstrated ability to positively engage and work with people from diverse backgrounds and/or people who have complex needs • Ability to maintain appropriate boundaries with staff and clients • Strong commitment to teamwork • Demonstrated ability to self-reflect on own behaviour and recovery • Ability to travel to and from the Salvation Army Bridge Centre
Benefits	• Negotiable and flexible volunteering days and times • Free parking • Refreshments provided during groups • Work experience and skill development • Training opportunities • Support and supervision • Contribution to a worthwhile program and community • Increased social connection • Opportunity to give back to the Matrix Program

Appendix D: Peer Worker Position Description Example - Holyoake Tasmania

Position Description

AOD Peer Support Worker

About Holyoake:

Holyoake is specialist counselling service for people whose lives are adversely affected by alcohol, other drugs (AOD) or other addictive behaviours. Holyoake provides a range of research based, therapeutic programs for children, adults and families.

Holyoake is an accredited, secular, non-profit organisation governed by a volunteer Board of Directors.

About the Position:

AOD Peer Support Workers will work as part of the Holyoake team to deliver evidence-based treatment options for individuals affected by their own or another person's AOD use.

AOD Peer Support Workers will specifically draw on their lived experience of problematic substance use to engender hope in people who are accessing services and programs at Holyoake.

AOD Peer Support Workers will provide client support which is welcoming, responsive and flexible and encourages clients to engage with Holyoake.

AOD Peer Support Workers will have personal qualities of empathy and resilience as appropriate to working with clients with complex needs.

Essential Criteria:

- Demonstrated ability and relevant skills gained through a lived AOD consumer experience

- Ability to positively engage, interact and work with clients who have complex needs

- Well developed communication skills

- Experience with the Holyoake program model

- Ability to work collaboratively within a team environment

Highly Desirable Criteria:

- Demonstrated ability and experience in providing peer support for people who have AOD issues and co-occurring mental health issues.

- Tertiary qualifications in AOD/Mental Health

- Current Tasmanian Drivers Licence

Key Responsibilities:

- Provide peer support to Holyoake clients who are living with (or have experienced) AOD misuse through the understanding of common experiences.

- Works closely with Holyoake counsellors to provide a 'lived experience' view in the co-facilitation of group therapy sessions. Regularly provide targeted follow up to clients during the course of their journey at Holyoake.

- Build trust with peers who may be untrusting of mainstream services, in order to improve service access.

- Models hope and recovery, using a strengths-based approach.

- Brings a consumer aspect to the analysis, design and review of Holyoake programs and program materials.

- Documents client information and maintains client files and statistical data.

- Maintains good self – care practices and demonstrates great self-awareness and insight in relation to the maintenance of professional boundaries with clients.

Performance Review and Development

A performance review will be conducted at the completion of a 3-month probation period and annually thereafter

Conditions of Employment

- All peer support workers must provide a current National Police Check

- All peer workers must provide a Working with Children check

Holyoake respects and embraces diversity in ethnicity, gender, sexual orientation, age, physical ability, religious beliefs, family status and other ideologies.

Peer Support Worker to complete

I have read and understand the requirements of the position and agree to work under such conditions.

I understand that the position description is not intended to be all-inclusive and other related responsibilities may be negotiated to meet the ongoing needs of the organisation

Print Name:

Signature:

Date:

Appendix E: Salvation Army Peer Competency Tool

How to use the Peer Competency Tool (PCT)

The PCT is best used as a part of reflective practice in peer supervision. The rationale for creating a PCT is to clearly define the skills and expertise required for peer work. As peer work can be difficult to define, the PCT provides clear guidelines for expected skills and competencies, while allowing peer workers to see their current skills and improvements in real time.

The PCT is simple to use. For each competency category, peer workers read the behaviour definitions and reflect upon which definitions best illustrate their current level of skill and/or behaviours. The peer workers then take the number of their chosen definition and mark this on the Peer Competency Scale for that category.

The peer supervisor may challenge or encourage reflection around certain definition choices, providing feedback and exploring ways in which behaviour has or hasn't changed. The PCT can help guide further training needs and areas of focus for supervision and development.

To track improvements or regressions, the PCT should be completed on a three-monthly basis in individual supervision sessions. The PCT can also be used in group supervision sessions as a general reflective tool when issues arise in peer practice.

Peer Competency Scale

EXAMPLE:

Peer Name: Date: Review:

Client Role:									Peer Role:	
0	1	2	3	4	5	6	7	8	9

Boundaries:										
0	1	2	3	4	5	6	7	8	9

Confidentiality:										
0	1	2	3	4	5	6	7	8	9

Active Listening:										
0	1	2	3	4	5	6	7	8	9

Self Care:										
0	1	2	3	4	5	6	7	8	9

Purposeful Disclosure:										
0	1	2	3	4	5	6	7	8	9

Communication:										
0	1	2	3	4	5	6	7	8	9

Co-facilitation:										
0	1	2	3	4	5	6	7	8	9

Reflective Practice:										
0	1	2	3	4	5	6	7	8	9

Professional Development:										
0	1	2	3	4	5	6	7	8	9

Recovery Goals:										
0	1	2	3	4	5	6	7	8	9

Peer Competency Scale
Peer Work

BOUNDARIES

Maintenance	(10) I am currently managing my boundaries well
	(9) Reflective practice supports maintenance of my established boundaries
Action	(8) I have put boundaries in place but still require professional support
	(7) I'm learning how to put boundaries in place in certain areas of my professional practice/ personal life
Preparation	(6) I am starting to reflect on my boundaries and beginning to initiate change
	(5) I have more awareness around my boundaries
Contemplation	(4) I am trying some new strategies to improve my boundaries
	(3) I might need help to set boundaries
Precontemplation	(2) I can see what boundaries are, but I don't really need them
	(1) Lack of awareness around boundaries, no evidence of boundary setting

Peer Competency Scale
Peer Work

CONFIDENTIALITY

Maintenance	(10) I am currently managing confidentiality both personally and professionally
	(9) Reflective practice supports maintenance of established confidentiality practice
Action	(8) I practice good confidentiality but still require professional support
	(7) I'm starting to put confidentiality in place in certain areas of my professional practice/ personal life
Preparation	(6) I am beginning to initiate change in managing confidentiality
	(5) Confidentiality is not my area of strength but I am thinking about change
Contemplation	(4) I am trying some new strategies to improve my confidentiality
	(3) Trying to manage confidentiality is harder than I thought
Precontemplation	(2) I think I know what confidentiality is, but I don't really think it applies to me
	(1) Lack of awareness around confidentiality, no evidence of confidentiality

Peer Competency Scale
Peer Work

ACTIVE LISTENING

Maintenance	(10) I am currently using my active listening skills at a professional level
	(9) Reflective practice supports maintenance of my active listening skills
Action	(8) I am using active listening skills but still require professional support
	(7) I'm learning how to use active listening skills in my professional practice/personal life
Preparation	(6) I am beginning to initiate change as my awareness of active listening improves
	(5) My active listening skills need work; I am planning to change this
Contemplation	(4) I am trying some new strategies to improve my active listening skills
	(3) Active listening is harder than I thought
Precontemplation	(2) I think I know what active listening is, but I don't really think it's that important
	(1) Lack of awareness around active listening; no evidence of active listening

Peer Competency Scale
Peer Work

SELF CARE

Maintenance	(10) I am currently managing my self-care without support
	(9) Reflective practice supports maintenance of established self-care strategies
Action	(8) I have put self-care plans in place but still require professional support
	(7) I'm learning how to put self-care strategies in place in certain areas of my professional practice/personal life
Preparation	(6) I am beginning to initiate change by reflecting on my self-care strategies
	(5) My self-care is not strong in some areas
Contemplation	(4) Taking care of myself is hard work
	(3) Self-care is not something I am used to doing; maybe I need help
Precontemplation	(2) I think I know what self-care is, but I don't really need it
	(1) Lack of awareness around self-care, no evidence of self-care strategies

Peer Competency Scale
Peer Work

PURPOSEFUL DISCLOSURE

Stage	Statement
Maintenance	(10) I am currently maintaining purposeful disclosure in my peer work
	(9) Reflective practice supports maintenance of purposeful disclosure
Action	(8) I am becoming more confident in my purposeful disclosure skills but still require professional support
	(7) I am starting to practice using purposeful disclosure as a tool in certain areas of my professional practice/personal life
Preparation	(6) I am beginning to make changes in my purposeful disclosures while in my peer role
	(5) I can see that purposeful disclosure is not one of my strengths
Contemplation	(4) Purposeful disclosure is hard; I'm not sure I have the skills yet
	(3) Purposeful disclosure is not something I am used to; maybe I need help
Precontemplation	(2) I think I know what purposeful disclosure is, but I don't think it matters much
	(1) Lack of awareness around purposeful disclosure, no evidence of purposeful disclosure

Peer Competency Scale
Peer Work

COMMUNICATION

Maintenance	(10) I am currently using my communication skills without support
	(9) Reflective practice supports maintenance of established communication skills
Action	(8) I have sound communication skills but still require professional support
	(7) I'm learning how to better communicate with others in certain areas of my professional practice/ personal life
Preparation	(6) I am beginning to think about improving my communication skills in my peer role
	(5) My communication skills are not strong in some areas
Contemplation	(4) There's a lot to learn about communication skills
	(3) Communication skills are something I have not thought about much
Precontemplation	(2) I think I know what good communication is, but this doesn't apply to me
	(1) Lack of awareness around communication, no evidence of communication skills

Peer Competency Scale
Peer Work

CO-FACILITATION

Maintenance	(10) I am currently able to co-facilitate groups successfully without extra support
	(9) Reflective practice supports maintenance of established co-facilitation skills
Action	(8) I have improved my co-facilitation skills but still require feedback/support
	(7) I am trying some new ways to co-facilitate groups; I actively seek out feedback
Preparation	(6) I am beginning to think about how I can improve my co-facilitation skills
	(5) My co-facilitation skills are not strong in some areas
Contemplation	(4) There's a lot to learn about co-facilitation
	(3) Co-facilitation is something I have never done before; I need help
Precontemplation	(2) I can see what co-facilitation is, but I don't really think I need to do it
	(1) Lack of awareness around co-facilitation; no evidence of co-facilitation

Peer Competency Scale
Peer Work

REFLECTIVE PRACTICE

Maintenance	(10) I am currently using my communication skills without support
	(9) Reflective practice supports maintenance of established communication skills
Action	(8) I have sound communication skills but still require professional support
	(7) I'm learning how to better communicate with others in certain areas of my professional practice/ personal life
Preparation	(6) I am beginning to think about improving my communication skills in my peer role
	(5) My communication skills are not strong in some areas
Contemplation	(4) There's a lot to learn about communication skills
	(3) Communication skills are something I have not thought about much
Precontemplation	(2) I think I know what good communication is, but this doesn't apply to me
	(1) Lack of awareness around communication, no evidence of communication skills

Peer Competency Scale
Peer Work

PROFESSIONAL DEVELOPMENT

Maintenance	(10) I currently have the skills I need to successfully provide peer support
	(9) I am continuing to reflect upon ways to improve my practice at work
Action	(8) I am using supervision to discuss ways to further improve my skill set
	(7) I am completing relevant training to improve my professional skills
Preparation	(6) I am beginning to think about how my professional skills can improve my peer work
	(5) I can see that my professional skills are strong in some areas, and require work in other areas
Contemplation	(4) There's a lot to learn about professional development
	(3) Professional development is something I have never done before; I need help
Precontemplation	(2) I think I know what professional development is, but I'm not sure I need it
	(1) Lack of awareness around professional development; no evidence of professional development

Peer Competency Scale
Peer Work

RECOVERY GOALS

Maintenance	(10) I am currently managing my recovery goals well
	(9) Reflective practice supports maintenance of established recovery goals
Action	(8) I have put recovery goals in place but still require professional support
	(7) I am putting recovery goals in place in certain areas of my life
Preparation	(6) I am beginning to think about my recovery goals and future plans
	(5) My recovery goals are not strong in some areas
Contemplation	(4) Maybe setting recovery goals could improve my peer work
	(3) I've never really set recovery goals; I need help
Precontemplation	(2) I think I know what recovery goals are, but I don't really need them
	(1) Lack of awareness around recovery goals; no evidence of recovery goals

Appendix F: Peer Worker Recruitment Considerations

What is Peer Work?

A person in a peer worker role is an employee with lived experience of substance use who, through a designated role in a workplace, supports the wellbeing of clients with drug and alcohol issues. A peer worker can also be a person with lived experience of supporting a family member through substance use who, in a designated role in a service, provides education and support to the family members of the person in treatment.

The peer worker operates from their own lived experience and experiential knowledge, supported by training and developing peer work competencies.

Peer worker is the general term which can include specific roles for this workforce such as peer educator, peer recovery coach, peer recovery specialist, peer support worker, and peer support specialist.

The kind of help that peer workers provide to people can be drawn from personal experiences of navigating challenging issues, substance use problems, supporting family members or friends who have experienced substance use issues, treatment, recovery, and engaging with services.

This assistance can take many forms and some examples include:

- To feel welcomed and to learn about what support alcohol and drug services can provide.

- Normalising and de-stigmatising substance use issues and learning how to access help.

- Sharing one's own personal story and experiences purposefully with others.

- Providing information and resources.

- Providing guidance and helpful suggestions based on the things that a peer worker has learned and have found useful.

- Providing advocacy for people who may need some support to get their needs met.

- Encouraging and supporting people to speak up, provide feedback and make suggestions to improve how services are delivered.

Peer training or prior knowledge

In addition to drawing on lived experience of substance use, a peer worker needs to demonstrate a level of knowledge and skill that can be utilised as part of a peer worker role.

Core competencies can be described as the knowledge, skills and abilities a person needs to have to effectively perform a role or job.

These core competencies have been developed by SHARC and Victoria's Peer Workforce Community of Practice (SHARC, 2019) and focus on the following:

- Peer Workers encourage self determination

- A peer worker's primary focus in on peer to peer relationships

- Peer workers operate as an equal, within a defined role

- Peer workers demonstrate the power and possibility of change

- Peer workers understand best practice peer work and seek opportunities to increase their knowledge and skills

- Peer workers embrace diversity

As part of the recruitment process it is recommended that a peer worker can demonstrate knowledge and understanding of these competencies through completing peer work training or gained through work experience.

Things to think about before applying

Who can be a peer worker?

Criteria include a person having their own lived experience of substance use issues for themselves or a family member and having received treatment, counselling or support at any alcohol or drug related health service.

Peer worker wellbeing

The nature of the Peer Worker role is to explore and reflect on lived experience and to learn how to share that with others, and to support other people who are experiencing the same or similar circumstances.

When thinking about undertaking this role it is important to recognise that this type of work may prompt peer workers to revisit very personal, difficult experiences. With this in mind, we suggest that the following aspects are considered:

- Their current mental and physical health and how providing Peer Support may impact their ongoing recovery and wellbeing.

- Current support networks, such as services, health care professionals, family, friends etc.?

- Are effective self-care strategies and habits in place?

- Is there insight into early warning signs, triggers and a plan for how to seek professional support if needed.

- Has the person had a recent rehabilitation or hospital admission or period of being acutely unwell or relapse?   We recognise that recovery is complex and would recommend that people can take time out to focus on their health and wellbeing as a priority.

It is also important to recognise, that anyone can experience stress or difficulty at any time and that any EAP or employer support processes that are in place should apply equally for any employee in your organisation.

Peer worker eligibility criteria to consider

Does the peer worker meet the eligibility criteria? Please check the list below.

- ☐ I am aged over 18

- ☐ I identify as having a "lived experience" of substance use challenges or other challenges (such as addiction) and accessing treatment/support services

- ☐ I identify as having a "lived experience" of supporting a family member experiencing substance use challenges or other challenges (such as addiction) and accessing treatment/support services

- ☐ I am willing to share my personal experience in an appropriate, recovery-oriented way

- ☐ I have not undertaken a recent rehabilitation program or hospital admission for substance use issues

- ☐ I have active self-care strategies and support and can describe what they are

- ☐ I can identify the strategies, resources and other factors that have contributed to my recovery and wellbeing

- ☐ I currently have or am eligible to apply for a Working with Vulnerable People Card.

- ☐ I can provide a copy of a National Police Check

- ☐ I am contactable by email and telephone and will check these regularly.

- ☐ I can provide proof of receiving the required number of COVID-19 vaccinations.

- ☐ I agree to attend regular Supervision (co-reflection) sessions as part of my peer work role.

- ☐ I agree to have a discussion with my employer or access EAP services if my health and wellbeing is impacted and I need to access additional support.

Suggested interview questions:

Can you share some thoughts on what kind of things have helped in your recovery and wellbeing journey?

Part of the peer work role may revisit some difficult circumstances about your own lived experience and how to share this experience. Can you talk about the steps you take to look after yourself to manage these kinds of stressors and how you link in with support when you need it?

Part of the peer work role may require you to respond to people sharing challenges or difficulties related to their substance use. Can you talk about the steps you take to look after yourself to manage these kinds of stressors and how you link in with support when you need it?

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