Supervising Peer Workers:

A Toolkit for Implementing and Supporting Successful Peer Staff Roles in Mainstream Mental Health and Substance Use/Addiction Organizations

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Self Help & Peer Support, is a consumer/survivor-led department at CMHA Waterloo Wellington. Self Help's Centre for Excellence in Peer Support is engaged in promoting and strengthening the practice of peer support work throughout the Waterloo Wellington mental health and addictions system.

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For additional copies of this report please visit https://cmhawwselfhelp.ca/programs-services/the-centre-for-excellence-in-peer-support/

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Glossary

As a field evolves and grows, so must the language used to describe it. That is certainly the case for peer support. So, we'll start by defining some of the terms that we've used frequently throughout this toolkit.

Peer Worker: Someone who identifies as having personal lived experience of a mental health or addiction issues and intentionally shares there lived experience as a means of providing support and connecting with others experiencing similar challenges.

Peer Supervisor: Someone who supervises a peer worker who has the experience of having been a peer worker themselves and identifies as having personal lived experience of a mental health or addiction issue.

Non-Peer Supervisor: Someone who supervises a peer worker who has never been a peer worker or provided intentional peer support themselves. This person may identify as experiencing mental health or addiction issues but has never done so in a peer worker role.

Non-Peer Colleagues: Co-workers or people the peer worker works alongside whom are not peer workers. Typically, social workers / social service workers, therapists, nurses, occupational therapists, recreation therapists, doctors / nurse practitioners, or administrative staff. These people may identify as experiencing mental health or addiction issues but do not intentionally use their lived experience in their role.

Peer Colleagues: Co-workers or acquaintances of the peer worker whom are also peer workers.

Participants / Service Recipients: People who access the services of the peer worker or the program of which the peer worker is a part. Non-peer staff may refer to them as "clients" or "patients". In peer-run settings these people may also be referred to as "members" or "peers".

Peer-led organizations or departments: Organizations run by people who identify as experiencing a mental health or addiction issue, for people experiencing mental health or addiction issue. These organizations (or sometimes departments of larger organizations) work to increase the empowerment, inclusion, and recovery of the people with mental health or addiction issues in society. Typically, consumer-run organizations offer peer support and self-help groups. They may also operate social enterprises.

Mainstream mental health and addictions services: Settings where people access mental health and addictions help or treatment and that are not peer-run. This includes traditional mental health and addictions settings such as hospitals, primary care offices, community mental health centers, and treatment centers. But it can also include almost any non-profit or government service such as shelters, drop-in centers / community centers, places of worship, schools, prisons, or community organizations working with marginalized populations. "Mainstream" refers to the settings cultural dominance within health or social services.

Recovery: A commonly used term to describe one's ability to have a quality life defined by them. It is a holistic perspective of wellness and not only based on managing illness and symptoms. It is self-defined and some people do not identify with this term. Organizations adopting a recovery philosophy ensure services embrace a client's right to self-determination, hope, empowerment, self-management, and meaningful choice/ dignity of risk.

Context

In 2010, when we implemented our first peer role in a non-peer setting, the peer worker's journey was rocky, to say the least. Everyone involved learned a lot about the barriers that peer workers face when trying to provide peer support in mainstream mental health and addictions settings. In our early experiences of supporting the implementation of peer support roles in mainstream settings we encountered organizations that were dominated by regulated health professionals (largely focused on illness and on symptom reduction) and where a recovery philosophy (focused on the holistic needs of an individual that support a quality life defined by that person) was not yet fully embraced. This set the stage for a culture shock for these early peer workers and their colleagues who struggled to figure out how this unique mode of helping could complement the existing work of the agency. As a result, the pioneering peer workers suffered in their work environments and their employers struggled to figure out why.

Despite the many challenges that peer workers faced in these settings the value of peer support shone through and more peer roles sprung up. Since that first peer role we have helped to design and implement 16 peer roles in a variety of non-peer settings. We regularly provide coaching or supervision to 35 peer workers. As our expertise in implementing peer roles grew we expanded our ability to support others through Self Help's Centre for Excellence in Peer Support. The Centre provides support and training to peer support workers and their agencies on implementing peer roles, training peer and non-peer staff on peer support practices and the value of the lived experience perspective. Part of this work has also included supervising and training peer workers who are working in non-peer settings such as hospitals and inter-disciplinary community health teams.

In our experience leading the development of peer support locally, provincially and nationally, we have seen trends emerge in the quickly evolving practice of peer work in mainstream mental health and addiction organizations.

- First, peer worker roles tend be implemented haphazardly and without full organizational support. This gives rise to a host of implementation issues in which supervisors of peer workers are regularly involved.
- Second, peer workers tend to struggle with a lack of role clarity. Co-workers, supervisors and sometimes peer workers themselves may ask "what is peer support work supposed to look like?"
- Third, peer workers struggle with isolation and role strain, especially when they are the only peer worker in their organization, which is often the case. We have seen cases where role strain results in a peer worker becoming a "junior clinician", meaning over time they become less recovery-oriented, adopt clinical language, and abandon the values of peer support in their work. Alternatively, we have also seen role strain lead peer workers to become overly rigid in their values, becoming "against the system", causing them to become further isolated and marginalized and preventing cooperative and interdisciplinary work from occurring. Although these two examples are extremes, many peer workers experience some degree of these strains in their work.

Through our experience we've learned that supervision is critical to addressing these and other challenges and ensuring successful peer roles. **The goal of this toolkit is to impact the success of peer roles by building capacity for effectively supervising peer workers.**

Our sincere thanks must be expressed to our community partners who have supported the development of this toolkit. We are grateful to have valuable relationships with our partners who believe in the power of peer support.

Getting the Most Out of This Toolkit

Whether you are new to peer support, or you have been working with peer support workers for some time, this toolkit is designed to address an often-forgotten aspect of peer work: effective supervision. This toolkit is aimed at helping people who are supervising and implementing peer roles to better understand peer support and its unique value proposition for mental health and addiction agencies so that they can support peer workers in unlocking the potential of this nascent profession in our communities.

The toolkit builds on three earlier pieces of our work:

- *Challenges of Implementing Peer Staff Roles in Mainstream Mental Health and Addictions Agencies* by Jay Harrison and Julia Read;
- *A Reflective Practice Tool For Mental Health and Addiction Agencies That Employ Peer Staff* by Jay Harrison and Julia Read;
- *Supervising Peer Staff Roles: Literature Review* by Keely Phillips.

All three documents can be found on our website.

Most of the supervision needs of peer workers are not unique to the practice of peer support, but are common needs across direct service work in the mental health and addiction system. For that reason, this toolkit focuses on providing resources that will help supervisors to address some of the unique issues for peer workers.

There are two notable areas not covered in this toolkit: reflective practice for peer support workers and evaluation of peer support roles. The Centre for Excellence in Peer Support is developing reflective practice tools for peer support workers and the Centre for Innovation in Peer Support is exploring how to best evaluate the fidelity, efficacy, and outcomes of peer support provided in non-peer settings.

We encourage you to use and adapt the tools in ways that are useful for you: in teams, one-on-one, or as reflective tools for yourself and your staff and colleagues. We'd love to hear how you've used the tools. You're welcome to share your experiences and other feedback by contacting Keely at the Centre for Excellence in Peer Support kphillips@cmhaww.ca.

Why Effective Supervision Matters

Supervision can make or break a peer role. Appropriate and adequate supervision is a critical factor to the success of peer roles and the research on peer support work confirms this.[1]

Maintaining fidelity to the core values and principles of peer support can be challenging for peer staff who are working in mainstream mental health and addiction agencies where there is often a pull toward adopting a clinical approach. **Supervision can minimize the drift that can occur when peer roles are implemented in mainstream settings.[2]**

Supervision can also prevent burnout[3] and improve job satisfaction. The link between supervision and job satisfaction is well established in other helping professions[4] and there is emerging evidence that this is also the case for peer work.[5] Job satisfaction is influenced by a peer worker's perceptions of the extent to which their work is understood by their supervisor.[6]

When peer workers are asked what is most important for their work, they regularly identify the importance of good supervision.[7] A 2015 consultation with peer workers from across Ontario found that **supervision was a top priority in the peer workforce.[8]**

However, the supervision of peer support workers is often plagued by two significant problems.

Problem one: Supervision is not adequate.

Many peer workers are not provided with adequate levels of supervision.[9] A recent workforce survey in Ontario found that only 51% of paid peer workers had regular individual supervision.[10] It's important to note that what constitutes an adequate amount of supervision may change over a peer workers career.

Problem two: Supervision is not appropriate.

As more peer roles are implemented in mainstream mental health and addiction systems, and peer workers are embedded in inter-disciplinary teams, there is a trend towards peer workers being supervised by social workers, nurses, occupational therapists, or other allied health professionals. The Ontario workforce survey found that more than half (59%) of paid peer workers were supervised by someone from a non-peer organization.[11] Given that this is the current trend it is important to ensure that supervisors understand peer support. Many peer workers indicate that their supervisors lack an understanding of peer support roles.[12]

Ensuring that peer workers have adequate and appropriate supervision is essential for making peer support work.

What Good Supervision Looks Like

Supervision is a multi-faceted relationship between a supervisor and supervisee. A supervisor has the authority to direct, support and evaluate the job performance of the supervisee. The supervisor is responsible for the performance of the supervisee and provides administrative, educational and supportive functions within a positive relationship to ultimately work to deliver excellent service outcomes that accord with agency policies.

Effective supervision of all staff in social services and healthcare is important to ensure quality services. Good supervision improves staff retention[13] and may be critical to resilient practice. Good supervision of peer workers is provided regularly and within a relationship where peer workers are supported to engage in reflective practice, self-care and are constructively challenged to engage in effective use of lived experience.

This is the ideal. However, not all supervisors in the mental health and addiction sector feel prepared to effectively supervise staff.[14] This may be especially true for the supervision of peer support workers, a role that is relatively new to most mental health and addiction organizations. All supervisors of peer workers should also be trained in basic supervision practices.

Supervisors of peer workers need to have a well-developed understanding of the peer role in order to properly evaluate peer worker performance and be able to articulate to other staff and service users what a peer worker does.[15] The supervisor sets the tone for how peer support is seen by the broader agency including senior leadership and the peer workers non-peer colleagues[16] and embodies the organizations commitment to peer roles.[17] Supervisors of peer workers must be strong advocates for peer roles and communicate the importance of them to the broader organization and system.[18] This is particularly relevant in today's mental health and addictions system when peer roles are relatively new within mainstream organizations and organizational cultures may be adapting.

We asked some of the supervisors we work with to tell us what they know now that they wish they knew when they started supervising peer workers. They said…

- "The value of training the team on peer support upfront and ongoing"
- "The history of peer support work"
- "The scope of peer support work"
- "How to document peer worker interactions with service recipients"
- "How to navigate when the peer worker needs to access help in the community that participants also use"
- "How to build organizational support for peer worker roles"

Another group of supervisors of peer workers[19] identified they wish they knew:

- "How to evaluate peer support work"
- "The governing body for peer workers"
- "How to properly recruit and hiring of peer workers"
- "How to be change agents when bridging peer philosophy in medical model numbers driven organizations and structures"

Supervising peer workers may not be all that different from the supervision of other staff in many respects. Peer workers need support in executing their work, navigating the policies of their workplace, and need regular and consistent feedback on their performance. However, the content of supervision with peer workers may differ from that of other staff, particularly because of how the newness of peer roles tends to lead to significant challenges related to role clarity that have the potential to undermine the integrity and quality of peer support that a peer worker provides. Specifically, supervision of peer workers should focus on the following areas in addition to regular supervision topics:

- Providing space for reflective practice.[20] Reflective practice needs to pay particular attention to how peer workers are drawing from and communicating their lived experience in their work. Reflective practice helps the peer examine performance and develop skills related to job duties.[21] For reflective practice to occur the supervisor needs to create a supportive and stimulating environment using strengths based approach.[22]
- Identifying areas for growth and setting professional goals.[23]

- Discussing accommodations (if needed) with their supervisor and maintaining workplace wellness.[24] Supportive supervision should focus on work performance and is not therapy.[25] Peer workers do not want their supervisors to monitor their mental wellbeing or recovery, and doing so could by risky for the supervisor/agency. Supervisors should be aware of the difference between supporting employees to maintain wellness in the workplace and monitoring worker mental health, avoiding the latter. Supervisors should ensure they are supporting all staff wellness, not hyper focused on the peer worker. Any staff could have their own lived experience of a mental illness/substance use or addiction, they just do not need to disclose for the basis of their role.
- Discussing boundaries, confidentiality, and dual relationships[26]. Peer workers should be aware they are not required to disclose any specific parts of their lived experience and have a right to privacy.[27]
- Avoiding cooptation and addressing it when it arises.[28]

We asked the peer workers we support to tell us the most important thing for supervisors to know about supervising peer workers. Here are their responses:

- "My story / experience is part of my work"
- "Listen and be supportive of my needs"
- "I can feel isolated as the single non-clinical voice at the table"
- "It is appropriate and encouraged and valid for a peer to share experience and trust that the peer will do so intentionally"
- "Welcoming a peer to the team can be challenging, know about the implementation issues for peer roles"
- "The core to peer worker effectiveness is their ability to share their lived experience with the people they serve"
- "Learning is mutual"

In addition to the support that a supervisor provides it can be very important for peer workers to build and sustain connections with a community of peer workers.[29] Regional and national networks of peer workers can nurture peer support practice. It may not be practical for the supervisors of peer workers to be peers themselves, but peer workers should have access to peer mentorship on a regular basis to help them maintain fidelity to peer support practice and values in their work.

Offering peer workers external supervision by skilled peer-led organizations is one way to help facilitate this connection to a peer community.[30] Connecting peer workers with external peer-organizations helps maintain the "peer-ness" of the role and when group supervision of peer workers occurs peer workers can provide one another support and share insights.[31]

Why Careful Implementation Matters

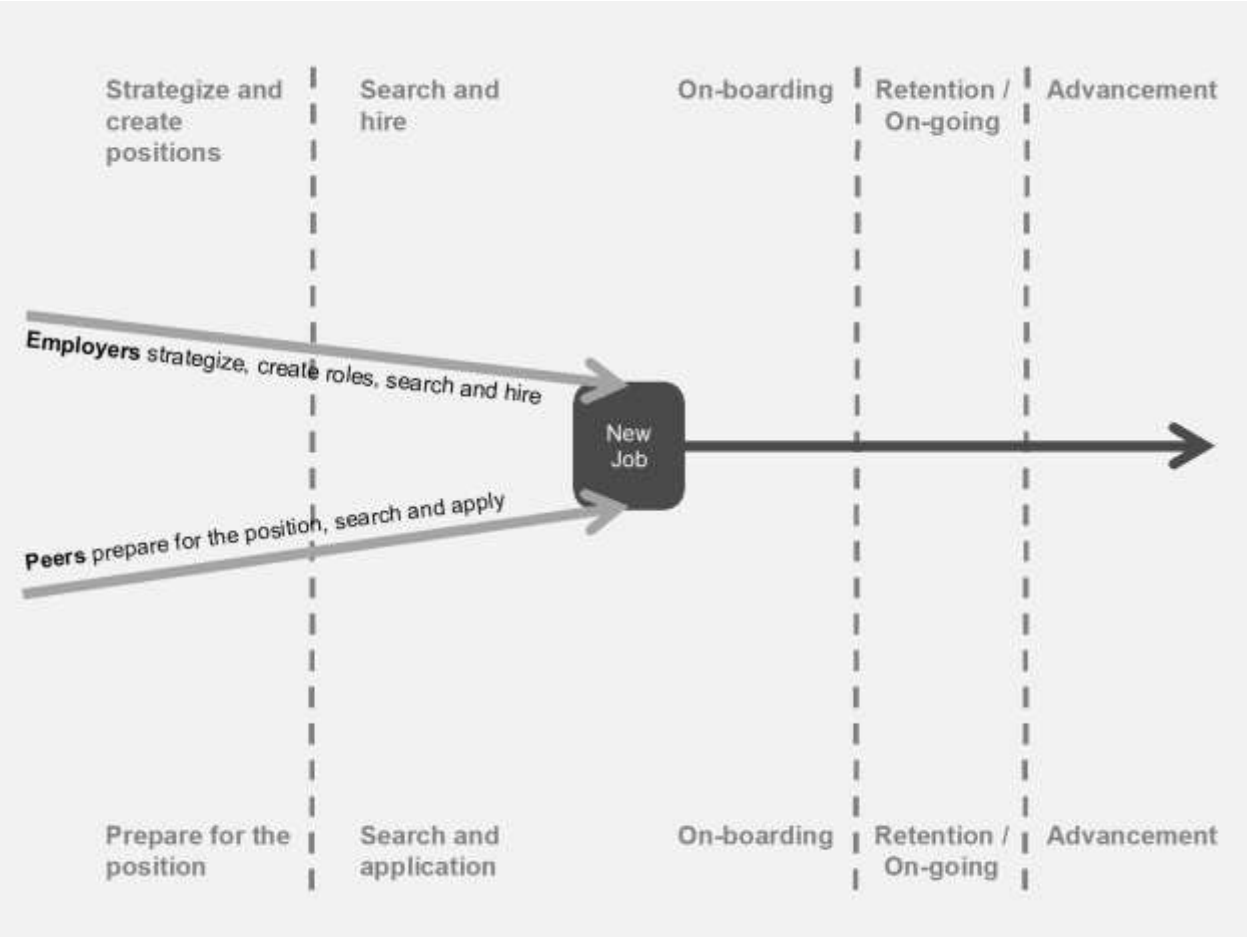
It is impossible to talk about supervising peer workers without first discussing how to implement a peer worker role in your workplace. We've found that effective supervision can be helped or hindered by how an organization initiates and implements a peer role. Whether your organization already employs peer staff, or is working toward implementing peer roles, this section will help you reflect on the impact of implementation on the success of peer support and the role of supervisors.

We know that peer workers experience a variety of challenges on the job.[32] These are the types of issues that supervisors play a critical role in addressing. For example:

- Gaining access to appropriate accommodations at work
- Lack of clarity within the organization as to the purpose of the peer role
- Inadequate compensation
- Cooptation
- Experiencing identity conflict as a professional and a past or current service user
- Isolation within a team
- Challenging or unhealthy relationships with non-peer colleagues who don't understand the role
- Challenging relationships with service users who don't understand the role
- Inadequate resources to do their work
- Lack of role clarity
- Inadequate or inappropriate supervision
- Inadequate or inappropriate training
- Barriers or other challenges to using lived experience effectively in their work

But we've learned that addressing these issues after peer workers are already hired usually doesn't get to the root of the problem. Our Peer Employment Journey Map has helped us and others to understand how problems that peer workers experience on the job actually spring from actions that were or weren't taken much earlier in the employment journey.

Peer Employment Journey Map



Harrison & Read. (2016). Literature Review: Challenges associated with the implementation of peer staff roles in mainstream mental health and addiction agencies. Kitchener, ON: Centre for Excellence in Peer Support, CMHAWW. [Link to full report]

Let's consider how implementation effects peer roles and the supervision of those roles by looking at a common challenge reported by peer staff: relationships with co-workers. Co-worker support for peer staff roles is important to the successful implementation of peer staff roles. Without collegial support agencies risk worker retention.[33] When peer roles are filled without first developing and communicating an internal consensus on the value of the role, and detailed job descriptions to guide the work, peer staff can experience ambiguity in the role and teams are often unsure of how best to integrate a peer support worker.[34]

Supervisors are influential when it comes to addressing staff resistance or ambivalence towards peer workers. But, ensuring that co-workers understand peer roles should start much earlier in the employment journey. Staff at all levels of the agency need to be involved in visioning and preparing the peer role. All staff can benefit from training on understanding peer support.

Many of the challenges that peer workers experience in their work can be traced back to how the role was initiated and implemented in the organization. Important activities in the planning phase include getting senior leadership buy-in; using a readiness checklist; identifying staff champions; defining and planning the role with multiple stakeholders; reviewing policies on hiring; creating job descriptions; and determining how the impact

of peer role will be evaluated. These upstream activities in the employment journey can be the key to setting a solid foundation for effective peer work.

Proper implementation of peer roles is important to supervision because supervisors are a key link between an organization's preparedness for the role and successful outcomes.

Peer roles are new to the mental health and addiction system and many organizations are still learning about what it means to have a peer worker on the team. Research has found, and our own experiences confirm, that peer roles implemented in workplaces that are not prepared for the role can become co-opted and stray from their philosophical base or peer workers can experience significant role conflict.

As organizations within the mental health and addiction system build their capacity to implement peer roles through careful attention, training and shifting practices to be recovery oriented, peer worker roles will be simpler to implement. Developing this capacity may be referred to as becoming peer positive.

Implementing a successful peer role is part of becoming peer positive. At a minimum, successful implementation will involve:

- Having a clear vision of the peer role, including it's unique value to the organization, that is based on a thorough knowledge of the history and practice of peer support
- A detailed job description and compensation package that is grounded in an up-to-date understanding of the field of peer support
- An organizational structure that allows peer support to be practiced with fidelity and integrity
- Training that is appropriate for the role
- Adequate and appropriate supervision structure that acknowledges the value of peer supervision

Partnering with a Peer Support Expert or a Peer-Led Organization

It is impossible to imagine an aspiring nurse being trained in nursing practices by anyone other than a nurse, or an occupational therapist being solely taught by a psychologist. Yet when non-peer organizations implement peer roles they often have non-peer staff teaching peer workers about peer support.

Peer workers need to learn peer support from seasoned peer workers and need to have ongoing connection to a community of other peer workers. This is an important part of maintaining the integrity of peer support and ensuring the quality of support that participants receive.

Peer support is a unique, non-clinical discipline that is often incorporated into clinical teams. Maintaining fidelity to the practice of peer support is a challenge in some interdisciplinary settings. Under these conditions, peer workers need to remain vigilant to the pressures they may experience to conform to the clinical approaches of their teammates. Just like their teammates, it is important that they conduct themselves in a way that is consistent with their role and practice discipline.

Peer workers are not cheap clinicians. They are hired to serve as peer workers and when they lose fidelity to the approach they are no longer best serving the participants they support. When peer workers are able to provide peer support with integrity this makes their work in interdisciplinary teams more effective.

Peer support is a quickly growing field. Peer workers need to maintain a connection to the field as it continues to evolve. Staying current in one's discipline is important to all allied-health professionals. One way to do this is for non-peer organizations to partner with peer support experts and peer-led organizations.

These partnerships have several benefits:

- ✓ **Assistance in developing the role.** Experts from peer-led organizations can play a role in visioning a new peer role, providing support and feedback on job descriptions, and providing expertise on what makes peer support unique.
- ✓ **Access to peer support specific information.** Peer support experts are up-to-date on the current academic literature in the field and are aware of the emerging trends.
- ✓ **Peer specific lens**. Peer-led organizations are familiar with service delivery from a lived experience lens and can help peer workers understand how to stay grounded in peer support practices.
- ✓ **Peer spaces are unique.** Peer spaces can be safe zones for peer workers and are often vibrant communities where participants immerse themselves in and contribute to building a culture of solidarity.
- ✓ **Training for peer workers.** Many peer support organizations offer training opportunities for new peer workers and provide the opportunity for new staff to learn from experienced peer workers.
- ✓ **Access to a community of peer workers.** Peer workers benefit from connecting with others in similar roles. By partnering with a peer-led service your agency's peer workers can possibly attend networking opportunities and trainings. Many peer organizations have communities of practice that bring peer workers together to share resources and provide each other with support.
- ✓ **Provide external supervision to peer workers.** When peer workers are integrated into clinical teams it can be particularly important for them to receive external supervision from a peer supervisor to help them maintain the integrity of peer support.

What is Peer Support? Why is it unique?

The quickly growing proliferation of peer support roles in mental health and addictions settings gives the appearance of a new – perhaps fad – technology on the scene. However, peer support in mental health and addictions has a long history and a distinct philosophy.

Understanding the roots of peer support helps supervisors and others involved in supporting peer roles to articulate the unique value of peer roles and understand how it complements other supports that an organization may provide.

Values of Peer Support

The following values and principles of peer support were developed by Self Help & Peer Support to articulate our understanding of peer support and how it is practiced. This is based on more than two decades of providing peer support services in our community.

Peer workers believe in recovery and demonstrate recovery values. Peer workers believe in a person's ability to direct the improvement of their health and wellness and that there is hope about the future. Recovery is about meeting and accepting a person for where they are at and at the pace in which they will move forward. An individual's greatest strength is who they are. Recovery is a process of self-discovery and moving towards wellness. It is designed by the individual. Peer workers value:

- Hope – Recovery cannot occur without hope. Peer workers encourage hope, focusing on people's strengths and abilities.
- Empowerment – Peer workers provide individuals with opportunities to exercise control and power with respect to their lives.

- Self-determination – Peer workers recognize and honour that individuals will make their own life decisions.
- Meaningful choice – Peer workers recognize that individuals have the right to make their own choices, and we encourage people to make informed decisions. All individuals are entitled to the dignity of risk that is inherent in making choices.
- Diversity and inclusion – Peer workers strive toward the elimination of prejudice and discrimination on the basis of mental health and/or addiction issues. Peer workers are committed to anti-oppressive practices.
- Life long learning and personal growth – Peer workers demonstrate their on-going learning and growth about wellness and empower others to do the same.
- Peer workers demonstrate integrity, authenticity, and trust

Peer workers work from a lived experience perspective. The intentional sharing of personal lived experiences of addiction and/or mental health issues are the cornerstone of peer support work. Through sharing lived experiences an authentic, empathetic relationship is created between the peer supporter and the person supported. This relationship is unique within the mental health and addictions system. Peer workers may also be Family Peer Workers where they have lived experience as a caregiver supporting someone through this journey and they offer peer support to other family members/caregiver. When working from a lived experience perspective peer workers will:

- Value the shared common experience and the lived experiences of individuals with a mental health and/or addiction issue (peers). This shared lived experience provides a context that allows people to work together. From that shared common experience a relationship begins, that allows for a common starting point which can lead to different and deeper understanding of what that experience means and how it defines and shape our present situation.
- Value shared responsibility and shared accountability. Each person shares in the responsibility of making the relationship meaningful for themselves and each individual is accountable for their thoughts, feelings and actions with respect to the relationship.
- Value the non-clinical approach of peer support. Peer workers will not rely on clinical diagnosis, and will avoid labeling or treatment in peer support. While information about clinical interventions may be discussed and provided treatment is not the outcome, principle or nature of peer support. In other words, "the clinical outcomes are 'side effects' of an authentic peer relationship"[35]

Principles of Peer Support

Recovery Skills. Individuals should have opportunities and should be supported in their efforts to learn and achieve the following:

- Personal development – Peer workers focus on supporting individuals to learn skills and providing opportunities that allow for personal growth.
- Leadership – Peer workers provide opportunities for others to learn and develop leadership skills.

Recovery Identity. Individuals should be encouraged and supported to see themselves as people with unique strengths and abilities.

- Promote wellness – Health is more than the absence of illness. Peer workers take a wellness approach that encourages healthy lifestyle choices.
- Foster holistic approach – Peer workers recognize each individual as a whole person. A peer worker's interactions support self-awareness and consideration of all aspects of an individual's life.

- View people as having a life beyond the Addiction and Mental Health System – Individuals leave the system. Peer workers help people to move on in life and ensure that people are aware of services still to them available if needed. People are not viewed as, or expected to be, life-long participants.
- Non-judgmental support – Peer workers have an understanding of their personal values and inherit biases and how they impact on peer support relationships. Peer support is provided free of judgement regardless of an individual's values and choices.

Recovery Communities. Peer workers recognize the importance of a valued social role and recovery-focused environment and:

- Treat all individuals with dignity and respect
- Support individuals to view themselves as valuable and contributing community members
- Support the community to become a place where individuals recover
- Use recovery-oriented behaviour that is respectful and without prejudice, bigotry or discrimination

Recovery Relationships. Peer workers nurture:

- The growth and contribution of peer to peer connections
- The role that family and friends play
- Culturally safe support

Authentic Use of Lived Experience

It is essential that peer workers be authentic about their own recovery. Being authentic about their recovery means:

- A peer worker talks openly about their personal experiences with the mental health and addictions system. They are savvy and careful about how they criticize the system but they do not shy away from pointing out areas where the system currently fails to meet people's needs and where it needs to evolve. They recognize when the system is helpful.
- A peer worker is more than an inspirational role model. Peer workers present themselves as having a diversity of skills and talents and also openly share areas they are working on growing. Peer workers share their personal experiences of doing the hard work of recovery.
- A peer worker is not afraid to say to colleagues, to people supported, and to supervisors "I am having a hard day / time right now."
- A peer worker has well-developed strategies that they use to maintain wellness and continues to explore new ways of strengthening their wellbeing. Peer workers continuously and intentionally share their ways of coping, moving on, building resilience, and finding wellness with their teams and people they support.

It is common for co-workers and supervisors of peer workers to be uncomfortable with a peer workers authenticity. Supervisors and co-workers of peer workers can support a peer workers authenticity by:

- Contribute to interdisciplinary understanding by expressing their own thoughts and understandings on the mental health and addictions system and on methods of helping. Everyone is working to help people achieve wellness, sometimes there is disagreement on the preferred way to do so.
- Get to know the peer worker and make personal connections. Never refer to the peer worker as an inspiration or role model, doing so can alienate the peer worker from the team and put pressure on the peer worker to always "be well." This is an unrealistic expectation of any co-worker!

- Express when they are having a hard day too and let others know what they can do to help. Hard days are not illness. Be careful not to assume that a peer worker having a hard day equates to them being in distress or ill. Hard days are part of being human. Ask what you can do to help like you would for any other staff having a difficult day.
- Sharing (but not advising) their own ways of coping and building resilience.

Myths and Misconceptions About Peer Support and Peer Workers

Myth #1: Peer workers are less educated than other mental health and addiction workers.

Peer workers are drawn to peer support practice from a variety of educational backgrounds. In Ontario 74% of peer workers have completed college or university.[36] Many workplaces expect peer support workers to have several years of experience working in mental health or addiction settings. Peer workers usually become interested in formalized peer support (provided through an organization) because of a passion they develop for peer support after their own experiences of recovery. As the diversity of peer support roles grow, the educational and experiential requirements of peer roles become more varied as well.

Myth #2: Peer workers don't need training.

Currently, in Ontario there is limited formal training on peer support practices before people start in peer support roles. But all peer workers need training and on-going professional development. This training and development need to be offered by experienced peer support workers who are knowledgeable about the evolving field of formalized peer support.[1]

Myth #3: Peer workers lack appropriate boundaries with the people they support.

Sharing lived experience is an expected and essential part of the peer role. Peer worker training includes learning about defining and negotiating boundaries in peer relationships, and in mental health and addictions agency environments, and on how and when to intentionally share lived experience effectively.

Myth #4: Peer workers will "dump" their experiences on people they are supporting – doing more harm than good.

Peer workers are trained on how to intentionally share their lived experience in ways that are most helpful to the people they are supporting. Peer workers are encouraged to extend an invitation of lived experience sharing and to clearly explain their roles to participants when first starting a peer support connection with service recipients.

Myth #5: Peer workers will be triggered by what they encounter when working the in mental health and addiction system.

So will other workers. Triggers are different for every person, not all staff/peers will get triggered and some will be triggered by different things from each other. As part of their process to becoming a Peer workers – many peers have developed wellness plans and coping strategies that help them build resilience. On-going reflective practice in connection to mentors and a community of peer workers

1 A list of many peer trainings in Ontario can be found on page 73 of https://amho.ca/wp-content/uploads/Best-Practices-in-Peer-Support-Final-Report-2017.pdf

helps peer staff identify and work through the challenging parts of their work. Many peer workers model their self-care practices in their work with the people they support.

Myth #6: Peer workers were never really that sick or addicted in order to have recovered so well.

This is an example of a stereotype or misconception of peoples understanding of the different experiences of mental illness/substance use/addiction and can lead to discrimination.

Myth #7: Peer workers are junior case coordinators.

Peer support is a specific discipline and way of interacting with individuals. While there are often overlaps with other roles, peer support is grounded in a unique philosophy that values lived experience knowledge as equal to clinical knowledge.

Myth #8: Peer support is about a bunch of people sharing stories of trauma, "rock-bottom," bad experiences of the system, or just "being depressed together".

Peer support is about finding hope. Often people need to have their fear, pain, anxiety, anger validated by someone who has been through similar circumstances in order to make room for hope. Peer workers are trained in trauma-informed peer support practices.

Myth #9: Peer workers will encourage the people they work with not to take medication.

Peer support is grounded in an empowerment approach and the belief that every individual has uncovered – as Patricia Deegan has called it – "personal medicine" within them. Personal medicine are actions an individual takes to further their wellness. It can include activities, relationships, self-care practices, spirituality, etc, and works in collaboration with traditional medicine. Peer workers never give advice or try to sway people to one treatment or approach.

Myth #10: *Peer support is anti-psychiatry / anti-system*

Peer support is about individual choice and helping people find personal wellness. Peer staff acknowledge that psychiatric care, medication, and involvement with the mental health/addictions system are helpful to many people. Many peer workers have a collection of experiences (good and bad) with the system. Peer staff often enter into paid peer work to "give back" to services that helped them. Skilled peer workers have an awareness of any biases they carry and work with peer supervisors / other peers to lessen the impact of these biases and learn how to use their critiques of the system productively.

Peer Work in Peer-Led and Non-Peer Settings

It is helpful for both peer and non-peer supervisors to understand how peer work may be impacted by various workplace features and the different risks and benefits of both peer-led settings and non-peer services. The following chart briefly summarizes some common differences between peer and non-peer settings.

Workplace Features	Peer Led Settings	Non-Peer Services
Leadership & Supervision	Organizations or departments intentionally led by people with lived experience. Staff are supervised by experienced peer workers.	Organizations or departments where leadership are not intentionally PWLE. Peer staff often supervised by social workers, nurses, or other healthcare professionals.
Staff	All staff and volunteers are people with lived experience.	Staff teams are interdisciplinary, often with only one peer worker per team.
Services	Peer support is the core service provided.	Peer support is one of many services provided.
Culture	Peer support is the dominant workplace culture and staff openly talk about their lived experiences and recovery.	Workplace culture may be clinical. Non-peer staff are less likely to talk about their lived experiences and recovery.
Service Philosophy	Service philosophy is grounded in peer support and recovery values.	Varies, may be more clinical or many service philosophies may exist within integrated teams
Risks	Peer work is not understood or valued by larger system; peer work becomes siloed.	Peer workers may drift to more clinical approaches; peer workers may face mistreatment and discrimination in their workplaces; role clarity can be a challenge.
Benefits	Fewer value conflicts between staff and agency; can serve as an independent voice for people with lived experience. Peer-led services are a necessary touchstone for peer staff in non-peer services.	Peer support is more visible and accessible throughout the system; peer work becomes part of every mental health/ addictions team
Peer Workers in all Settings	**Grounded in peer support and recovery values**: Hope, Self Determination, Empowerment, Meaningful Choice and Harm Reduction, Diversity & Inclusion, Shared Common Experiences, Non-Clinical Approach, Shared Accountability and Shared Responsibility **All peer workers need:** 1) training in best practices of peer support and intentional sharing of lived experience, delivered by an experienced peer worker; 2) regular connection to other peer supporters; 3) continued professional development; and 4) regular peer supervision.	

What Makes a Peer Worker?

What makes someone a peer? And what makes a good peer worker?

At a minimum, peer workers must have personal lived experience. This means that they have experiences of marginalization similar to those of the people they will be supporting. But lived experience alone is not sufficient to be a good peer worker. Peer Support Canada, the national body in Canada that certifies peer workers provides a set of competencies for peer workers. The full explanation of these competencies can be found on the PSC website (http://peersupportcanada.ca/).

- Hope
- Demeanor
- Interpersonal Relations
- Communication
- Self-Management & Resiliency
- Flexibility & Adaptability
- Self-Awareness & Confidence
- Initiative & Commitment
- Critical Thinking
- Teamwork
- Continuous Learning & Development

In addition, in our experience supervising peer roles we've found that the following are important competencies for effective peer workers:

- Understanding of intentional use of lived experience
- Understanding of / experience with formalized peer support
- Recovery philosophy / core values of peer support
- Interpersonal skills such as strong communication and conflict resolution
- System / resource knowledge
- Understanding of marginalization and oppression
- Boundaries of formalized peer support relationships
- Strong self-care
- Managing Biases
- Understanding the importance of language
- The journey of the peer relationship
- Saying goodbye

The following chart helps to explain how a peer worker is more than just someone with lived experience of a mental health or substance use/addiction issue. Successful peer workers have engaged in intentional training to learn how to use their lived experience effectively in a mental health and addiction setting.

- Often involves expereinces of marginliazation and/or of accessing services
- Always involves a journey of recovery and development of new coping tools/ ways of dealing with distress

- Includes an understanding of intentional use of lived exp.
- Gained through interactions with peer support
- Grounded in peer support values, principles, and ethics

- Gained through employment / volunteer expereinces or through participating in peer support services

- Other tasks of peer roles (documentation, planning) tend to require college or university level education
- Training / awareness in anti-oppressive practices, recovery oriented practice, group facilitation, adult learning principles

- Peer work is an evolving field requiring peer staff to engage in on-going learning
- Peer workers need to have connection to other peer workers and peer support specific supervision/ mentoring

What Supervision Looks Like at the Centre for Excellence in Peer Support

Peer workers supervised by the Centre for Excellence in Peer Support said that when they're engaged in peer supervision they want to discuss…

- How to be a better peer worker
- Personal wellness and recovery
- Role clarity
- Problem solving
- Work wellness planning
- How the peer worker relates to their knowledge base

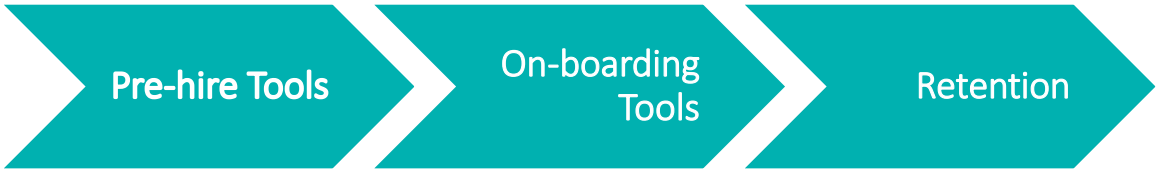
Currently we use two different models of support to peer staff, depending on the agency preference and needs.

<table>
<tr><th></th><th>Model A</th><th>Model B</th></tr>
<tr><td>Supervision Arrangement</td><td>✓ Peer staff are supervised (administrative and supportive) by the Centre for Excellence in Peer Support.
✓ Peer staff have a "field supervisor" at agency they work out of.</td><td>✓ Peer staff are administratively supervised by their non-peer department / agency.
✓ The Centre for Excellence in Peer support provides coaching / mentoring and training to peer staff and their teams</td></tr>
<tr><td rowspan="3">Frequency and structure 1:1 peer support specific supervision</td><td>✓ Monthly (minimum), flexible to accommodate need
✓ Is combined with administrative supervision (discussing performance and workplan)</td><td>✓ Weekly or every other week the first few months of implementation
✓ On-going coaching ranges from twice monthly to once every two months</td></tr>
<tr><td colspan="2">✓ Additional supervision needs to be provided by all supervisors if peer worker is struggling, returning from a leave, or facing changes in their work</td></tr>
<tr><td colspan="2">Discussion of:
✓ Relationships with colleagues / workplace culture
✓ Using lived experience / core peer support practices
✓ Reflective practice
✓ Self care and workplace wellness strategies
✓ Boundaries
✓ Navigating conflict
✓ Opportunities to strengthen lived experience voices</td></tr>
<tr><td>On-boarding peer staff roles</td><td colspan="2">✓ Includes shadowing in a peer service for several days
✓ Includes training the interdisciplinary team on peer support philosophy, history, and practices</td></tr>
</table>

	✓ Includes in-depth training for peer staff on core practices of peer support
Community of Practice	✓ All peer workers attend monthly Community of Practice meetings that are reflective practice focused
Benefits & risks	✓ All supervisors need defined role / strong role clarity and good communication between supervisors ✓ Both models can lead to over-supervision and a risk of triangulation between peer workers and their supervisors ✓ When implemented well both models help peer workers feel supported and confident in their roles ✓ Model B may allow for stronger integration within teams

The Tools

The remainder of this toolkit provides a series of tools designed to assist non-peer supervisors in implementing and supervising peer staff. Each tool will be useful at different phases in a peer workers employment journey. Each tool indicates at what phase (pre-hire, on-boarding, or retention) it may be most useful at; however we suggest becoming familiar with all the tools prior to peer role implementation.



- Are we ready for a peer role? Organizatonal readiness checklist
- Peer support within a tiered model of care
- General job description for peer workers

- Welcome to the team
- Guidelines for communicating about peer support services
- Guidelines for defining tasks of peer workers
- Documentation guidelines for peer worker
- Peer support service expectation statementss

- Getting to role clarity
- When peer worker duties conflict with peer support values
- What a successful peer role looks like

Are We Ready for a Peer Role?

Organizational Readiness Checklist

Senior Leadership / Board of Directors

- ☑ The organization can articulate why it is hiring a peer worker and what outcomes they anticipate with the addition of a peer worker role.
- ☑ The organization has conducted a readiness audit identifying and addressing all areas where barriers to success of the peer role may be present. This may include:
    - Ensuring privacy of peer workers previous experience as a client of the organization
    - Ensuring appropriate access to client records, agency resources, trainings
    - Addressing how peer workers as non-regulated staff will be held accountable to best practices of peer support
    - The relevance and benefits/challenges of the peer role being part of a staff bargaining unit
- ☑ Training to the board and senior leadership on the value, outcomes, and core practices of peer support
- ☑ Senior leadership supports the implementation of a peer worker role.
- ☑ The organization is grounded in recovery values and principles and this is reflected in the staff's use of recovery-based language and procedures.
- ☑ The organization has scanned its policies and procedures to ensure that there are no unnecessary barriers for peer staff
- ☑ Are people with lived experience engaged in all areas of your organization eg.as Board members; Advisory committee; providing ongoing feedback to satisfaction and program development etc.

Human Resources

- ☑ There is a clear and defined job description for the peer worker. The job description lists specific activities they will be providing (e.g., running up to three recovery and peer support groups a week) and the amount of time they are expected to spend on the different functions on their role (e.g., 60% in direct participant interactions, 20% administrative duties, etc.)
- ☑ The salary range for the peer worker is competitive with other roles that perform similar duties and have similar responsibilities. At minimum peer workers are paid a living wage.
- ☑ The number of hours of the position and schedule of the position reflect program needs and not the perceived desires of peer workers (e.g, positions are sometimes part-time or avoid early mornings because it is perceived by employers that peer workers cannot handle full-time or working mornings).
- ☑ The organization is clear on what qualifications they are looking for in a peer worker (e.g., previous work experience, education, and training in peer support).
- ☑ The hiring committee knows to ask the potential candidate about 1) their understanding of and training in peer support and 2) how they will use a peer support approach (including intentional use of lived experience and sharing wellness strategies) in specific scenarios they are likely to encounter in the role. Questions will not be asked to a peer about their health and wellness that would not be

asked to all other staff. Employers may ask candidates for examples of how they handle stressful work situations.

- ☑ The agency has a decision making framework for when potential employees have past convictions / criminal justice involvement. Past convictions related to mental health / substance use issues do not automatically preclude a peer from being hired. The timeframe, nature of the charge, and risk of further criminal behavior are taken into account.
- ☑ When checking references, the employer is careful not to disclose that the peer position requires lived experience of a mental health /substance use issue.
- ☑ The hiring committee should include a service recipient, team member, and someone who is knowledgeable about peer support practices.

The Supervisor

- ☑ A clear supervision structure that identifies who the peer worker reports to has been created. If multiple supervisors are being used, the role of each supervisor is identified.
- ☑ The peer workers supervisor(s) is a champion for peer roles.
- ☑ The supervisor has been trained in the history and values and philosophy of peer support and peer support practices.

The Team

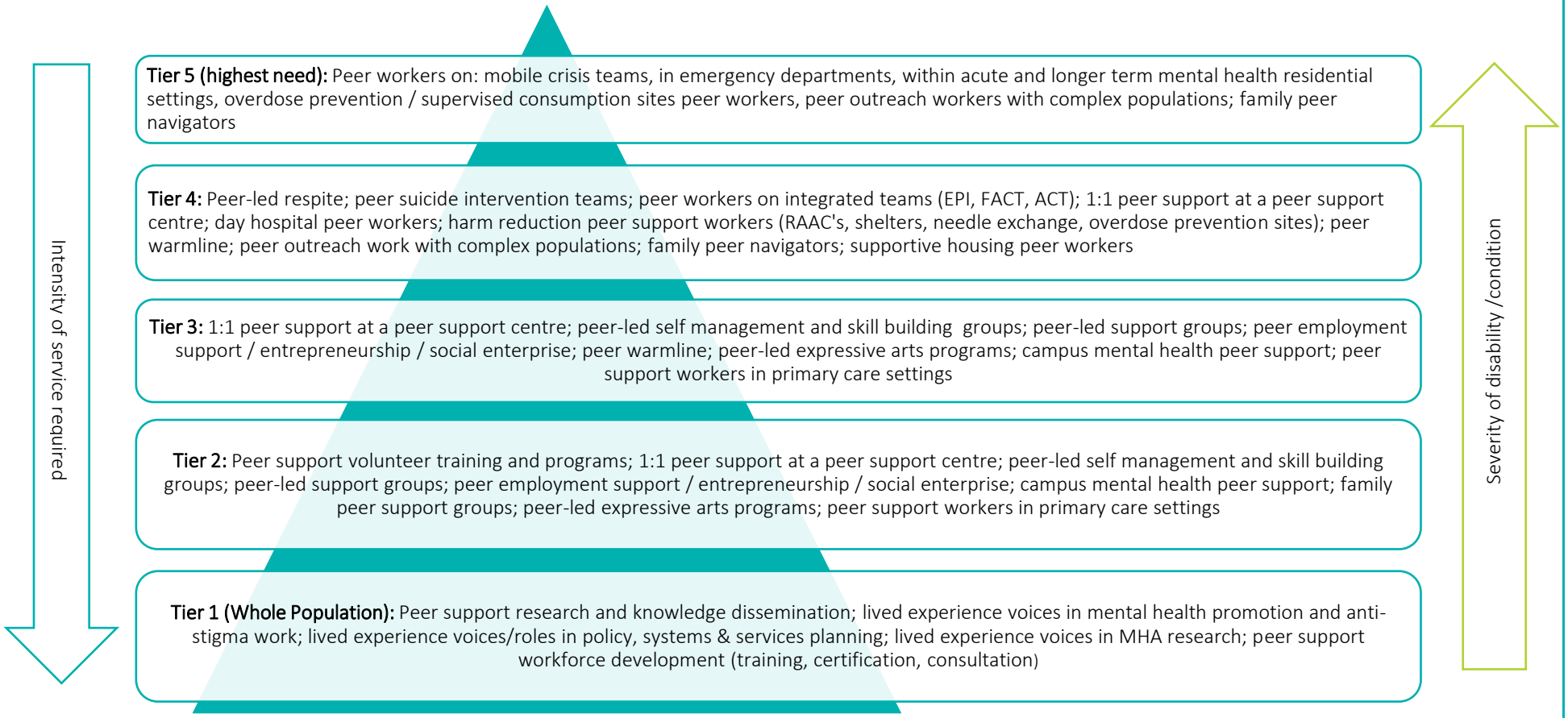
- ☑ If the peer worker will be placed in a team interdisciplinary teams are preferred.
- ☑ Communication regarding the addition of a peer worker to the team is consistent. In clinical settings developing a brochure explaining the peer role to staff and participants is recommended.
- ☑ Staff have received training on the value of peer support and know what specific tasks the peer worker will be doing.

Supporting the Peer Worker

- ☑ The peer worker has been trained in peer support practices. (Ideally five or more days of training dedicated to learning and practicing peer support).
- ☑ If on the job- training will occur a plan has been created to achieve this.
- ☑ The peer worker will have access to other peer workers, either within the agency or in the community on a regular basis.
- ☑ Accessing a peer worker community and ongoing training in peer support is built into the role.
- ☑ When the role is new the peer worker is able to access the support of a peer community at least once a month but may need to access it up to once a week.
- ☑ The organization has established partnerships with peer-led services that provide training, support, and peer-specific supervision and mentoring to the peer worker.

Peer Work within a Tiered Model of Care

Many mental health and addictions services are currently using tiered model of care to effectively address the level of care needs of the people they support. Peer support can be effective at all levels of care but may be in different settings or formats depending on the tier of care needed by individuals. The chart provides a snapshot at how peer support can be used across a tiered model of mental health and addictions care. (This tiered model of care is adapted from Brian Rush's work and it's important to note that people move up and down tiers of care through their experiences of illness and recovery).



Notes: 1) Does not represent the extent of training and skill required for peer roles or the level of accountability / responsibility of peer worker roles. 2) This chart is an ideal state and many peer support roles may not be currently present in the system. Currently there is large variation by geography of the extent / location of peer support offered.

Pre-hire | On-boarding | Retention

General Job Description for Peer Workers

NATURE OF WORK

This is a non-clinical role. A Peer Worker (PW) is a trained individual who has their own lived experience of having a mental health issue/s and/or Substance use/addiction issues who provides support one-to-one and/or group based support to People Engaging in Services (PES) at _____ (Health Service Providers), empowering them to make choices related to their life based on self-determination.

ESSENTIAL DUTIES

Peer Support is a values based practice. The successful candidate will put the values in action through the following:

- Establish and maintain relationship with PES (Person Engaging in Service) through developing trust and rapport and guided by the PES's agenda.
- Act as a role model in self-care and self-awareness
- Share your common experiences with PES as relevant
- Work collaboratively with PES, co-workers and the community
- Advocate with and, if necessary for, PES; with their consent
- Support PES to navigate the health and social services systems and connect to appropriate resources in their community to meet their needs.
- Support PES to address problems/issues and find solutions
- Support PES to set their own goals
- Support PES to create a life of their choosing
- Promote and facilitate education and awareness of peer support and person directed care
- Complete administrative duties and required documentation
- Work collaboratively with team members
- Participate in ongoing program planning and evaluation efforts
- Participate in administrative and reflective practice supervision
- Follow legal requirements and agency policies
- Other duties as required

ESSENTIAL EXPERIENCE AND TRAINING

- Personal Experience of the common challenges which people would seek services at your organization for. Ex. Personal experience with mental health issue/s and/or substance use/addition issues, or Personal experience as a family member to someone who lives with a mental health or substance use/addition issue.
- Training in Peer Support Work (Ex. Core Skills SHH/TEACH, Core Essentials OPDI, training by Centre for Excellence in Peer Support). Many trainings in Ontario listed in https://amho.ca/wp-content/uploads/Best-Practices-in-Peer-Support-Final-Report-2017.pdf beginning on page 73)
- Minimum of 1 year volunteer experience in an official peer support role

- Asset- Previous employed experience as a peer support worker

ESSENTIAL KNOWLEDGE, SKILLS AND ABILITIES

- Excellent Communication and listening skills.
- Open and non-judgmental
- Positive energy
- Ability to understand and connect with individuals. Recognizing and connecting diverse needs and values set.
- Alignment with the Core Values of Peer Support
- Comfort sharing your own experiences with others to inspire hope.
- Knowledge/familiarity of the mental health, addiction and social service systems.
- Understanding of the rights of people using healthcare services, specifically in mental health and substance use/addictions
- A holistic perspective of "health."
- Ability to work effectively in a wide range of settings (ex. Interdisciplinary teams, street outreach etc.)
- Comfortable working either one-on-one or in group settings
- A willingness to collaborate with others
- Well-organized and great ability for time management
- Ability to negotiate and resolve issues
- Comfort in working independently, or with minimal oversight
- Ability to draw on positive strengths and behaviors of others
- Acceptance of flexible working hours
- Ability to effectively complete documentation as required
- Computer proficiency
- Excellent Facilitation skills (*if required.)
- Excellent public speaking skills (*if required)

Pre-hire | On-boarding | Retention

Welcome to the Team

Checklist for Onboarding New Peer Staff

- ☑ The peer worker will receive the regular staff orientation
- ☑ If the peer worker was a former service recipient or is a service recipient of the agency they are working for extra precautions have been taken to ensure their privacy. The peer worker and previous worker are made aware of these precautions, boundaries are established, and extra supervision is allotted with both workers to ensure they can navigate these boundaries. Ideally, peer workers do not report to supervisors who provided them clinical services.
- ☑ The team has planned some intentional team building activities for when the peer worker arrives.
- ☑ The peer worker is informed of their right to access workplace accommodations and the process to do so. The employer will not automatically assume that the peer worker requires accommodations.
- ☑ If team members have concerns about having a peer worker on the team, they have been allowed to voice them and discussion to address these concerns has taken place.
- ☑ The peer worker may choose to appropriately share part of their personal experiences with their team members as a way to highlight what role their lived experience can play in supporting others.
- ☑ If the workplace is a clinical environment, the peer worker is provided with a workplace mentor who helps them navigate working in clinical settings. The role of the mentor is defined and has an end date.
- ☑ The peer worker has access to other peer staff workers for ongoing support and role development. (Other peer staff can be internal to the organization and or an external community of practice or Consumer Survivor Initiative)
- ☑ The peer worker receives an introduction to everyone's role on the team.
- ☑ Supervisors and other team members have already received training on understanding peer roles.
- ☑ Supervisors are connected to a Peer Initiative to support implementing peer work and meet regularly with other supervisors (internally or externally) that supervisors peer staff positions.

Guidelines for Communicating About Peer Support Services

DESIGN

- **Watermark the material with Core Values of Peer Work:** Hope, Recovery, Empathetic, Equal Relationships, Integrity, Authenticity, Trust, Lifelong learning, Personal growth, Self-determination, Dignity, Respect, Social Inclusion, Health and Wellness (Mental Health Commission of Canada).
- **Plain language- ensure any jargon is explained** (e.g. *Recovery, person with lived experience, harm reduction…etc.) **There are dynamic discussions in the field about the use of the term "recovery". There is not a general adoption of this word from people with lived experience. Therefore, the Centre attempts to explain the intention of the term through adopting a broader definition of "recovery" and often prefers to include or replace the term recovery with "wellness" or "having a quality life defined by you".* Recovery means "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." https://www.samhsa.gov/recovery

CONTENT

- **What is peer support?** "Peer support is intended to be rooted in hope through an empowering and empathetic relationship between people who have a similar life experience or circumstance in common" – *Centre for Innovation in Peer Support*

- **Who is a peer worker?** "Someone who has a similar life experience or circumstances to yours. They have engaged in special training and skill development to enhance their ability to support you in living the life you want." - *Centre for Innovation in Peer Support*

- **What do they do?** Add both elements

  1. General for ALL peer workers. Values based work. Choose several statements from Page 2 around what someone can expect from the peer worker.

  2. Specific to the exact organization and the role of that peer worker. Ex. They help facilitate groups. They can meet you in the community. They can have phone conversations. They can help discuss ideas of how to share your wants and needs with the team.

- **Quotes.** Include quotes from people who have or do receive services from your peer worker (or generate ones from others until you have your own). Quotes should express potential benefits and help people feel more comfortable in understanding peer work.

OPTIONAL: PROFILE

- Include an insert with a short profile of the Peer Worker profile. It may have a personalized message from the Peer Worker, specific details about who they are and what they do. The intention is to help individuals feel more connected to the peer before meeting them face to face. (Ensure that anything written will align with peer values- and would not be driven by illness story/intense personal details

Pre-hire | On-boarding | Retention

Guidelines for Defining Tasks of Peer Worker

The following guidelines may be useful when exploring whether a task is appropriate for a peer worker to do in their roles. This is does not include the tasks that all team members engage in such as staff meetings, trainings, required administrative tasks.

The task…

- ☑ Allows for the peer worker to use their lived experience
- ☑ Provides opportunity to connect with individuals in a way that builds rapport and facilities connection with services / team
- ☑ Aligns with service and organization goals
- ☑ Makes use of peer workers skill set
- ☑ Is non-clinical

The most essential criteria for determining if a task is appropriate for a peer worker is the use of lived experience

Let's look at these guidelines with some examples of the types of tasks that would be appropriate or not for a peer worker.

Example of tasks appropriate for a peer worker	Example of tasks <u>not</u> appropriate for a peer worker
The peer worker facilitates a group on self-care during which the peer worker shares their own strategies as well as missteps or what didn't work for them in a way that normalizes the importance of trying new things.	The peer worker is part of a staff compliment to a therapy group but does not use their lived experience as a means of relating group content to the participants.
The peer worker meets one-to-one with someone to discuss harm reduction strategies. The peer worker shares how in their recovery they found making safer choices to be scary and uncomfortable at first, validating the person's uncertainty about changing behaviours.	The peer worker is asked to hand out harm reduction supplies but not encouraged to discuss their own lived experience with substance use.
The peer worker is asked to drive a participant they work with to a doctor's appointment and provide support during the appointment. On the drive to the doctor's appointment the peer worker and the participant discuss communicating with the doctor about medication side effects. The peer worker shares their lived experience of communicating with doctors about medication concerns.	The peer worker is asked to drive a participant to a doctor's appointment and wait in the parking lot. The peer worker does not know the individual and there is no intended ongoing connection between the participant and peer worker.
The peer worker leads a mindfulness group, drawing from their personal knowledge and interest in mindfulness practice. The peer worker discusses the role that mindfulness plays in their recovery.	The peer worker's program does not provide after-hours support to individuals. The peer worker is asked to check-in with a participant on the weekend because the peer worker and participant live in the same apartment building.

When Do Peer Workers Use Their Lived Experience?

Based on feedback from current peer support workers the Centre for Excellence in Peer Support found that peer workers perform the following tasks that involve the use of their lived experience.

Providing support to individuals

- Connecting people with resources: employment resources, social assistance / financial, educational, food bank, housing, ID clinics, treatment programs
- Meeting 1:1 with people to share experiences
- Providing reassurance and support to someone in crisis
- Doing recreational activities with individuals
- Supporting people in court
- Visiting people at home or in hospital
- Taking people to appointments
- Helping people communicate with other providers
- Assistance with grocery shopping
- Navigating public guardian / trustee office
- Bus training
- Listening
- Helping people identify goals
- Helping people communicate effectively with the team

Providing support to groups

- Facilitating and co-facilitating peer support and recovery groups
- Facilitating service recipients volunteering as a group (e.g., Habitat for Humanity)

Providing support to other staff and to the mental health and addiction system

- Training other staff about peer support
- Conference presentations
- Talking with other staff about the realities of mental health / addictions and the impact of misperceptions and discrimination.
- Committee work
- Promotion of a better understanding of the individual experiences of mental illness, substance use/addictions supporting change at an organizational level
- Team meetings / supervision

Not all peer worker tasks draw from a lived experience perspective. There are other tasks that peer workers often engage in that may not be based in lived experience but are important to the service's work (being part of a committee, program or curriculum development, volunteer management, etc). We recommend that if a peer worker is engaging in these tasks that supervisors and peer workers monitor the amount of time spent on these activities to ensure that the majority of peer worker time is spent providing direct service that utilizes the peer workers lived experience.

Common peer worker tasks that do not use lived experience

- Reminder phone calls to participants
- Supporting people at appointments.

- Supporting people with transportation needs, (with goal of empowering people to eventually find and use independent transportation)
- Administrative tasks such as recording contacts / meetings, emails, preparing group resources
- Grant writing / report writing
- Team meetings / supervision
- Arranging transportation for participants

Documentation Guidelines for Peer Workers

Peer Workers "either (gather) minimal information about interactions with peers or keep notes in a collaborative, empowering and transparent manner" Scott. A 2012

1. TRUST- Ensure the Person Engaging in Services (PES) is fully informed about documentation, including, boundaries of confidentiality, what information is gathered and for what purpose, and what their rights are. Provide room for dialogue and questions. Ensure they are able to provide informed consent on what will be documented about their care. These conversations are not one time. Be open to discussing this whenever it may be needed.

2. SELF-DETERMINATION- Documentation reflects that the agenda of the meeting is directed by what the individual feels is important on that day. The peer worker can ensure this happens by asking at the beginning "what is it that you would like to get out of today's meeting together?" and at the end ask "did you get out of today what you wanted?", "Is there anything you want to make sure we do/or discuss next time?".

3. EQUAL RELATIONSHIPS- Peer Worker's should make every effort to engage in collaborative note taking. This means the notes are created by both peer worker and PES working together to decide what is documented. During the meeting the peer worker will make sure to ask the PES "what is important for us to document about our meeting today?" Ideally, "Collaborative Documentation is a person driven approach and interactive process that supports recovery oriented services in which documentation of the assessment, goal setting and progress notes is integrated into the delivery of service. The individual is face to face with the provider and engaged in the documentation process by providing input and perspective on their service." R. Priest 2017. If documentation is not possible face to face, the PES should feel they know exactly what will be documented by the peer worker about that visit.

4. INTERGRITY- A peer worker's documentation with a PES will be focused around the scope of practice of a peer worker, listed in the Peer Support Service Expectation Statements*. It will be strengths-based, peer core values based, non-clinical and capture lived experience perspective.

5. RESPECT- If there is something the PES shares that the peer worker must disclose, the peer worker will be honest with the PES about their boundaries and work with them to share the information together with the appropriate people.

6. Short and Concise- Specific that can be documented

- Date Service Provided
- Location of Service (phone, location/city)
- Collaboratively Documented (yes or no)
- Service Provided (group, one to one)
- Purpose of Service (what did the person want to get out of the meeting)

- Intervention Utilized (What values in action did the peer worker use)
- Individuals Response to Service (Did the person find the meeting met their needs)
- Plans for Follow Up

Peer Support Services Expectation Statements are to be used to document which values in action were used in the meetings:

QUICK GUIDE

Face to Face time

- Discuss the organizations policies and procedures around documentation and confidentiality.
- Ensure they understand how and what you will document from your time together and when you may need to share information and how you will handle that situation.
- Set the meeting agenda together based on their needs. “What is it that you would like to get out of today’s meeting together”.
- Ensure they were okay with how your time was spent.
- “Did you get out of today what you wanted?”
- “Is there anything you want to make sure we do/or discuss next time?”
- Ask “What is important for us to document about today’s meeting?”

Administration Time

- Write notes that are short and concise
- Date Service Provided
- Location of Service (phone, location/city)
- Collaboratively Documented (yes or no)
- Service Provided (group, one to one)
- Purpose of Service (what did the person want to get out of the meeting)
- Intervention Utilized (What values in action did the peer worker use)
- Individuals Response to Service (Did the person find the meeting met their needs)
- Plans for Follow Up

Peer Support Services Expectation Statements

What does good peer support look like? How do people being supported know what to expect? The following statements should be made available to people receiving peer support to assist them in understanding what to expect from a peer support interaction.

If you choose to meet with a peer support worker you can expect:

1. To be reminded that your health and wellness is unique to you.

2. The peer support worker to share their experiences when it may be helpful to you.

3. To be given encouragement.

4. To hear about community resources and different learning opportunities that are available.

5. To have help to explore options open to you when you have a decision to make.

6. To not have the peer worker express disapproval of you or the choices you make.

7. To have someone believe in you.

8. To have your feelings and opinions recognized as valid/worthwhile.

9. To be genuinely listened to.

10. They will honour commitments they make to you.

11. To discuss confidentiality.

12. To hear you are not alone in your experiences and struggles.

13. To be encourage me to do things for myself instead of doing things for me.

14. To learn from each other.

15. To be reminded that you have the right to express your needs.

16. The peer support worker demonstrates ways they take of themselves.

17. If you participate in a group, you will be encouraged to participate in a way that is comfortable for you and the group.

Getting to Role Clarity

Peer workers often struggle with a lack of role clarity or role ambiguity. In this activity we invite you to consider whether the following tasks are appropriate for a peer worker. Some of the activities or discussions are not appropriate for peer roles and may even conflict with the values of peer support.

Should a peer worker do this in their role?

	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
Activity	Allows for intentional use of peer worker lived experience	Builds rapport with people being supported / helps the peer worker learn about the individual	Encourages participant connections to resources / new perspectives	Duty of all team members?	Develops inter-disciplinary understanding of peer and other roles	Conflicts with peer support values, principles, or ethics	Is another team member better suited to this task?	Should this be a peer worker task?
Example #1: Talking 1:1 about dealing with stigma from friends[2]								
Example #2: Attending team meetings								

Thoughts from the Centre for Excellence in Peer Support

Example #2 (a) Yes (b) Yes (c) Maybe – may encourage connection to a peer community (d) No (e) No (f) No (g) No (h) Yes
Example #2 (a) No (b) Maybe – team discussions about individual may increase learning (c) No (d) Yes (e) Yes (f) No (g) No – everyone is equally qualified (h) Yes

Should a peer worker do this in their role?

Activity	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
1. Helping a person with OW / ODSP paperwork								
2. Attending a doctor's appointment with a person								
3. Leading a peer support group								

Thoughts from the Centre for Excellence in Peer Support

1 (a) Yes, if the peer worker has that lived experience (b) Yes (c) Connection to financial resources (d) No (e) No (f) No (g) Likely not (h) Likely
2 (a) Yes (b) Yes (c) Connecting to treatment resources (d) No (e) Yes, with doctor (f) No (g) No (h) Likely
3 (a) Yes (b) Yes (c) Yes – new perspectives on recovery, coping (d) No (e) No – however, often peer groups are co-facilitated by another team member. The presence of other staff lessens the peer component (f) No (g) No (h) Yes

Should a peer worker do this in their role?

Activity	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
4. Learning the same agency policies and procedures as other team members								
5. Accessing to participant files								
6. Documenting interactions with participants								

Thoughts from the Centre for Excellence in Peer Support

4 (a) No (b) No (c) No (d) Yes (e) No (f) No (g) No (h) Yes, this is part of being a staff member
5 (a) No (b) Yes, learning about participant (yet still recognizing the clinical perceptive it comes from) (c) No (d) Yes, team members likely have access to this and having access to the same information as the rest of the team is essential (e) No (f) No (g) No (h) Yes
6 (a) No (b) Maybe – notes should be co-created with participant when possible (c) No (d) Yes (e) Yes (f) No (g) No (h) Yes, although the note format likely needs to be unique to peer roles

Should a peer worker do this in their role?

Activity	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
7. Taking a participant to the food bank								
8. Helping a participant find housing/ look at housing								
9. Doing goal setting / recovery planning with participants								

Thoughts from the Centre for Excellence in Peer Support

7 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) Only if there is a dedicated outreach worker (h) Likely
8 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) Only if there is a housing worker (h) Likely
9 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) No, but may be a team approach (h) Yes!

Should a peer worker do this in their role?

Activity	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
10. Assisting the participating with employment searching								
11. Driving participants to appointments and waiting in the parking lot								
12. Dropping off mediations without conversing with the participant								

Thoughts from the Centre for Excellence in Peer Support

10 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) If there is an employment worker (h) Likely
11 (a) No (b) Not much (c) Yes (d) No (e) No (f) No (g) No, but this is a poor use of a peer worker's time (h) No, but it may be a task that all team members share
12 (a) No (b) No (c) No (d) No (e) No (f) No (g) No, but a delivery service is (h) No

Should a peer worker do this in their role?

Activity	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
13. Shopping for the participant								
14. Shopping with the participant								
15. Leading a recreation group with participants								

Thoughts from the Centre for Excellence in Peer Support

13 (a) No (b) No (c) No (d) No (e) No (f) No (g) No, this is not a person-directed approach (h) No
14 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) Maybe an occupational therapist (h) Likely
15 (a) Yes (b) Yes (c) Yes (d) No (e) Maybe – if done with staff (f) No (g) Maybe a recreation therapist or occupational therapist (h) Maybe

Should a peer worker do this in their role?

Activity	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
16. Sitting on workplace committees								
17. Training staff on recovery philosophy								
18. Assisting with restraints or seclusion of participants								

Thoughts from the Centre for Excellence in Peer Support

16 (a) Yes (b) No (c) No (d) Maybe (e) Yes (f) No (g) No – peer workers can offer a unique perspective and deserve representation on workplace committees (h) Yes
17 (a) Yes (b) No (c) No (d) No (e) Yes (f) No (g) No – someone who has been through recovery is uniquely qualified (h) Yes
18 (a) No (b) No (c) No (d) ?? (e) No (f) Yes – conflicts with the core peer support values of self-determination and dignity (g) Yes (h) No!

Should a peer worker do this in their role?

Activity	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
19. Responding to "code whites" or violent incidents								
20. Conducting a therapy session with a participant								
21. Completing paperwork for a participant								

Thoughts from the Centre for Excellence in Peer Support

19 (a) No (b) Not likely (c) No (d) Yes (e) No (f) No (g)No – responding by keeping all people safe is a responsibility of all direct service staff (h) Yes
20 (a) No (b) Yes (c) Yes (d) No (e) No (f) Yes – not in the scope of peer practice (g) Yes, a therapist. Peer workers do not offer therapy (h) No
21 (a) No (b) Maybe (c) No (d) No (e) No (f) Maybe (g) No (h) No

Should a peer worker do this in their role?

Activity	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
22. Writing lengthy notes on interactions with participants								
23. Helping a participant de-escalate from an anxiety episode / panic attack								
24. Conducting an assessment of suicide risk								

Thoughts from the Centre for Excellence in Peer Support

22 (a) No (b) No – taking notes does not further engagement (c) No (d) No – not all team members have the same recording guidelines (e) No (f) Yes (g) Yes – a therapist (h) No – peer worker interactions should be captured via a simple process
23 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) Not necessarily (h) Maybe
24 (a) Not likely (b) Yes (c) Maybe (d) Yes (e) No (f) No (g) Maybe, but all staff have a responsibility to respond according to the level of their training (h) Yes

Should a peer worker do this in their role?

Activity	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
25. Conducting a suicide intervention using ASIST skills								
26. Going for coffee / lunch with a participant								
27. Socializing with a participant outside of work hours								

Thoughts from the Centre for Excellence in Peer Support

25 (a) Maybe (b) Yes (c) Yes (d) Yes – if ASIST trained (e) No (f) No (g) No, but people new to suicide interventions require support when possible (h) Yes
26 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) No (h) Yes
27 (a) Yes (b) Yes (c) Maybe (d) No (e) No (f) Yes – may conflict with ethics of maintaining healthy boundaries (g) No (h) No

Should a peer worker do this in their role?

	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
Activity	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
28. Assisting a participant in finding information on medication or diagnosis or treatment options								
29. Attending court with a participant								
30. Phoning other service providers for the participant								

Thoughts from the Centre for Excellence in Peer Support

28 (a) Maybe (b) Yes (c) Yes (d) No (e) No (f) No (g) Yes (h) Preferably not, but helping people with an internet search is reasonable
29 (a) Maybe (b) Yes (c) Yes (d) No (e) No (f) No (g) Only if there is a court worker (h) Yes, but this may be shared amongst team members
30 (a) No (b) No (c) No (d) No (e) No (f) Yes – not self-determination / empowerment focused (g) Maybe a social worker (h) No

Should a peer worker do this in their role?

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	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
31. Phoning other service providers with the participant								
32. Doing the participants dishes for them/ cleaning a participants space								
33. Visiting a participant in their home								

Thoughts from the Centre for Excellence in Peer Support

31 (a) Maybe (b) Yes (c) Yes (d) No (e) No (f) No (g) Social worker (h) Yes
32 (a) No (b) No (c) No (d) No (e) No (f) Yes – not self-determination (g) No (h) No
33 (a) Yes (b) Yes (c) If focused on strategies of leaving the home (d) No (e) No (f) No (g) No (h) Yes

Should a peer worker do this in their role?

Activity	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
34. Buying drugs or alcohol for or with participants (as a means of harm reduction)								
35. Playing video games at a participants home								
36. Having a cigarette with a participant								

Thoughts from the Centre for Excellence in Peer Support

34 (a) No (b) Yes (c) Maybe – harm reduction (d) No (e) No (f) Yes – not self-determination (g) No (h) No
35 (a) Maybe (b) Yes (c) No (d) No (e) No (f) No (g) No (h) Yes
36 (a) Depends on the conversation while smoking (b) Yes (c) No (d) No (e) No (f) No (g) No (h) Yes

Should a peer worker do this in their role?

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	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
37. Conducting a formal assessment other on a participant								
38. Discussing and sharing coping strategies								
39. Discussing harm reduction techniques								

Thoughts from the Centre for Excellence in Peer Support

37 (a) No (b) Yes (c) No (d) No (e) No (f) Yes – not in scope of peer practice (g) Yes, clinician (h) No
38 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) No (h) Yes
39 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) No (h) Yes

Should a peer worker do this in their role?

Activity	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
40. Sharing their recovery story with other staff								
41. Discussing with a participant how to speak-up / express their needs and wants during a doctor's appointment								
42. Informing a participant of their rights (including right to refuse treatment)								

Thoughts from the Centre for Excellence in Peer Support

40 (a) Yes (b) No (c) No (d) No (e) Yes (f) No (g) No (h) Yes, with caution
41 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) No (h) Yes
42 (a) No (b) Yes (c) Yes (d) Should be (e) No (f) No (g) A rights adviser, a supervisor (h) Maybe

Should a peer worker do this in their role?

Activity	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
43. Discussing spirituality with participants								
44. Discussing sexuality with participants								
45. Discussing experiences of trauma and abuse with participants								

Thoughts from the Centre for Excellence in Peer Support

43 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) Chaplain (h) Yes
44 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) No (h) Yes if the person wants to – with caution (will you expand on why with caution?)
45 (a) No – intentional = minimize risk of harm (b) Yes (c) Yes (d) No (e) No (f) Yes – risk of harm, not trauma informed (g) A trauma therapist (h) No

Should a peer worker do this in their role?

Activity	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
46. Suggesting a different diagnosis or medication to a participant								
47. Discussing personal experiences of diagnosis with participants								
48. Discussing family relationships with a participants								

Thoughts from the Centre for Excellence in Peer Support

46 (a) No (b) Yes (c) Yes (d) No (e) No (f) Yes – is advice giving and not self-determination (g) A doctor (h) No
47 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) No (h) No
48 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) No (h) Yes

Should a peer worker do this in their role?

Activity	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
49. Sharing lived experience on dealing with withdrawal symptoms (from illegal drugs)								
50. Sharing lived experience on going off medication (prescribed and with doctor's involvement)								
51. Talking with a participant about personal hygiene								

Thoughts from the Centre for Excellence in Peer Support

49 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) No (h) Yes
50 (a) Yes (b) Yes (c) Yes (d) No (e) Maybe – if doctor and peer worker are discussing (f) No (g) No (h) Yes
51 (a) Yes (b) Yes (c) Yes (d) No (e) No (f) No (g) No (h) Yes, if the person wants to.

Should a peer worker do this in their role?

Activity	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
52. Encouraging a participant to adhere to treatment (e.g., medication, CTO's, therapy, etc) or to go off medication								
53. Encouraging a participant to reduce their substance use								

Thoughts from the Centre for Excellence in Peer Support

52 (a) No (b) Yes (c) Yes (d) No (e) No (f) Yes – not self-determination (g) A doctor (h) No
53 (a) Y, if that substance use is a shared experience. If the peer used harm reduction for themselves (b) No (c) maybe (d) Yes, if the mandate of the org. (e) No (f) Yes. It is driven by an agenda (g) Yes (h) No. They discuss only what the persons is interested in setting for their goals.
54 (a) No (b) No (c) No (d) Yes (e) No (f) Yes (g) Yes (h) No

Should a peer worker do this in their role?

	Factors associated with strong peer worker roles in non-peer settings					Not part of a peer role	May not be part of a peer role	
Activity	(a) Allows for intentional use of peer worker lived experience	(b) Builds rapport with people being supported / helps the peer worker learn about the individual	(c) Encourages participant connections to resources / new perspectives	(d) Is it a duty of all team members?	(e) Develops inter-disciplinary understanding of peer and other roles	(f) Conflicts with peer support values, principles, or ethics	(g) Is another team member better suited to this task?	(h) Should this be a peer worker task?
54. Checking on someone's symptoms when asked by the team to look for certain things								
Other:								

When Peer Worker Duties Conflict With Values

It would be easy to say when a peer worker is being asked to perform a duty that conflicts with the values and principles of peer support that the peer worker should refuse or the agency should always be able to avoid asking staff to perform tasks that are not in line with the service discipline of the staff.

In reality, peer staff are sometimes asked to step outside of their scope to perform tasks that may conflict with their values and principles. This is not unique to peer work as many mental health and addiction staff of various professions experience value conflicts in their work.

Minimizing value conflicts is important in peer roles as value conflicts increase role strain and prevent successful integration of peer staff into mainstream services. There is no way to totally eliminate this value conflict. However, open discussion about the conflict amongst the team will help to diffuse the conflict and minimize the role strain.

The following exercise invites you to consider the different approaches to addressing a value conflict using specific examples. The framework can be used during supervision or as a team exercise to address value conflicts that peer workers face in their work.

Example #1: A peer worker working on an Assertive Community Treatment Team is asked to witness and record a person who is on Community Treatment Order (CTO) taking their medication. The peer worker, being true to the value of self-determination and meaningful choice disagrees with the approach of CTO's. Below are a few ways that the peer staff can cope with this value conflict.

Approach	Benefits	Risks
Peer worker refuses to perform the job task.	No value conflict.	Penalties may be severe, and could include job loss.
Peer worker talks with service recipient about how oppressive CTO's are.	Peer worker communicates value conflict to participant.	Peer worker creates a difficult situation for the employer, who is mandated to witness and record people taking their medication. Peer worker is working against their agency.
Peer worker asks another team member to take on the task.	Value conflict for the individual peer worker is avoided.	Peer worker may not be seen as a "team player" and other staff may become resentful. Extra work may be created if another staff person is visiting an individual just to administer medication.

Approach	Benefits	Risks
Peer worker strategically minimizes the amount of medication monitoring they do in their job, doing so only when there is another reason for the peer workers to do, compared to other team members.	Avoids the value conflict sometimes and provides more justification for when medication monitoring is a peer worker task.	Peer worker may be seen by other team members as stubborn or avoidant of job duties.
Peer worker reframes the experience of medication monitoring viewing it as something that every team member does and therefore contributing to successful integration of peer support roles.	The peer worker is viewed as a team player.	The peer worker may be straying from their values and/or becoming co-opted weakening their lived experience perspective.
The peer worker discusses the conflict with their supervisor. Together they explore ways to minimize the conflict.	The peer worker feels supported by supervisor.	The supervisor and peer worker may be unable to strategize ways to reduce the conflict.
All members of the team regularly discuss the conflict and how they reconcile it. The peer worker draws from personal and collective lived experience when discussing this, connecting the value conflict to the roots of the consumer-survivor movement.	Value conflicts are addressed and possibly minimized. The peer worker is less isolated in the conflict.	The value conflict is not resolved.

Here is another example. For this example you can identify three ways that you as the peer worker or supervisor would address the value conflict.

Example #2: A peer worker working in an outreach setting is supporting many people who use intravenous drugs. The agency is unwilling to allow harm reduction supplies (e.g., clean syringes / pipes) to be distributed to service recipients. The peer worker strongly believes that harm reduction is part of meaningful choice and sees harm being caused by a lack of harm reduction supplies.

Approach	Benefits	Risks
Discuss with the person what their needs are and the options. And if the person is interested in harm reduction supplies provide a warm transfer to connect to the appropriate service for that.	The person is provided informed choice You do not act against agency polices or procedures	Agency could see you as not being part of the organizational mandate or philosophy

Approach	Benefits	Risks
Discuss with supervisors about your position on harm reduction and see if there is any room for improved understanding and training at your organization.	You could bring further awareness into your organization	You may be seen as driving an alternative agenda from your organization.
Other:		

The Role of the Supervisor in Identifying Value Conflicts

Peer workers may be reluctant to talk about value conflicts fearing reprisal from their agency. However, discussion of value conflicts can contribute to services becoming more recovery-oriented and person-directed. We recommend that supervisors encourage peer workers to identify and discuss value conflicts. Regularly reviewing peer worker duties and the values and principles of peer support together is one way to identify potential areas of value conflicts. The supervisor can:

- Provide evidence for the why the task is a necessity, connecting the task to the agencies mandate or strategic goals;
- Examine if the agencies position on the task is warranted, or if it needs to shift to be more recovery-oriented;
- Assist the peer worker in connecting the value conflict to a specific value or principle of peer support;
- Invite the peer worker to talk with other peer workers / their community of practice about the conflict, seeking ideas from others on minimizing the conflict; and
- Facilitate team discussions on value conflicts as a way to reduce peer worker role isolation and provide all team members the opportunity to learn from a lived experience perspective and the peer worker the opportunity to learn from other disciplines.

What a Successful Peer Role Looks Like: Checklist

- ☑ Peer workers report high levels of satisfaction with their employment including: salary, job security, access to accommodations, benefits, supervision, job duties
- ☑ Peer workers have access to all workplace activities in which all other team members are involved (e.g., team/staff meetings, training and professional development opportunities, as appropriate and relevant to the peer role)
- ☑ Peer workers have access to the resources they need to do their role (this almost always includes a computer/workspace, access to participant files, office keys)
- ☑ Peer workers spend the majority (typically 60% or more) of their time directly supporting participants via one-to-one's, groups, or assisting people with accessing resources and navigating the system
- ☑ Peer workers have defined projects or tasks that they lead and are able to take initiative on, for example, leading a group or creating a new program
- ☑ Peer workers are trusted to work on their own without additional oversight that other staff would not receive
- ☑ When peer workers are involved in committee work or quality improvement projects they are informed about the expectations of their role and they are not used as a replacement for service user involvement
- ☑ Peer workers have a clear way of capturing and recording their interactions with program participants
- ☑ Peer workers have work plans and annual goals for the development of their roles.
- ☑ Peer workers receive annual performance evaluations and receive on-going feedback.
- ☑ Peer workers have defined tasks each work day and a "case-load" that is similar to the case-load of other team members.
- ☑ If there is a referral process for the participants that the peer worker provides support to, it is as objective as possible.
- ☑ All team members regularly refer people to the peer worker.
- ☑ All participants are aware of the peer worker and their role and are provided with consistent information on what the peer worker does.
- ☑ All participants are able to access the peer worker during their program participation, even if the support provided by the peer worker looks different for different individuals.
- ☑ The peer workers' insights and lived experience perspectives are regularly sought by team members.

Additional Resources

Understanding Peer Support

- Peer Support Canada: Peer Support Competencies; Peer Support Code of Conduct; Peer Support Core Values; The Peer Support Training Knowledge Matrix http://peersupportcanada.ca/
- National Peer Support Collaborative Learning Network. (2014). *Advocating and planning for a behavioral health peer support program.* Chapel Hill, NC: Peers for Progress. Pages 2 – 16. http://peersforprogress.org/wp-content/uploads/2014/03/20140313_advocating_and_planning_for_a_behavioral_health_peer_support_program.pdf.
- Cyr, C., McKee, H., O'Hagan, M., & Priest, R. (2010). *Making the Case for Peer Support.* Ottawa: Mental Health Commission of Canada. https://www.mentalhealthcommission.ca/sites/default/files/2016-07/MHCC_Making_the_Case_for_Peer_Support_2016_Eng.pdf
- Sunderland, K, Mishkin, W, Peer Leadership Group, Mental Health Commission of Canada. (2013). *Guidelines for the Practice and Training of Peer Support.* Calgary, AB: Mental Health Commission of Canada https://www.mentalhealthcommission.ca/English/document/18291/peer-support-guidelines
- Videos that demonstrate Intentional Peer Support (Sherry Mead's work) http://www.intentionalpeersupport.org/videos/

Reflective Practice Questions on Choosing to Implement a Peer Staff Role.

- Harrison, J., & Read, J. (2016). *A reflective practice tool for mental health and addiction agencies that employ peer staff*. Kitchener, ON: Self Help, CMHA WW. Page 11. http://cmhawwselfhelp.ca/wp-content/uploads/2016/11/Harrison-et-al-2016-A-Reflective-Practice-Tool-For-Mental-Health-and-Addiction-Agencies-That-Employ-Peer-Staff-cc.pdf.

Benefits of Hiring Peer Staff.

- Chinman, M., Hamilton, A., Butler, B., Knight, E., Murray, S., & Young, A. (2008). *Mental Health Consumer Providers: A Guide for Clinical Staff.* Santa Monica, CA: RAND Corporation. Pages 1-2. http://www.rand.org/content/dam/rand/pubs/technical_reports/2008/RAND_TR584.pdf
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- Jorgenson, J., & Schmook, A. (2014). *Enhancing the Peer Provider Workforce: Recruitment, Supervision and Retention.* Alexandria, VA: National Association of State Mental Health Program Directors. Page 1. https://www.nasmhpd.org/sites/default/files/Assessment%201%20-%20Enhancing%20the%20Peer%20Provider%20Workforce_9-15-14.pdf.

Other Checklists

- National Peer Support Collaborative Learning Network. (2014). *Advocating and planning for a behavioral health peer support program.* Chapel Hill, NC: Peers for Progress. Pages 27-28 http://peersforprogress.org/wp-

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- Jorgenson, J., & Schmook, A. (2014). *Enhancing the Peer Provider Workforce: Recruitment, Supervision and Retention.* Alexandria, VA: National Association of State Mental Health Program Directors. Pages 4-6. https://www.nasmhpd.org/sites/default/files/Assessment%201%20-%20Enhancing%20the%20Peer%20Provider%20Workforce_9-15-14.pdf
- Archara Consulting. (2015). *Peer Support Toolkit.* Philadelphia: City of Philadelphia, Department of Behavioural Health and Intellectual Disability Services. Pages 44-45. http://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf

Engaging People with Lived Experience

- Peer Positive Toolbook: Preparing organizations to better engage people with lived experience through equitable processes. https://static1.squarespace.com/static/55106381e4b047c7162f4e45/t/583c93558419c2644794372c/1480364905323/Peer+Positive+Toolbook+-+Final+%28November+24%29.pdf

Job Descriptions and Qualificatons

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- The Transformation Centre. (2016). A Curriculum for Supervisors: Supporting and Learning from the Peer Workforce. Sample Job Functions, page 56-57. http://transformation-center.org/wp-content/uploads/2013/07/DMH-Supervisor-Training-Manual-FULL-July2016.pdf
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- Peer Support Accreditation Canada. (2014). PSACC National Certification Handbook. Competencies for a Certified Peer Supporter. Pages 11-13. https://psac-canada.com/wp-content/uploads/PSACC-Certification-Handbook-2016.pdf
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