Endpoint Report

Baptist Community Services Peer Support Project Evaluation

Integrating peer work into workplaces

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EXECUTIVE SUMMARY

The following report outlines the findings from the data gathered in the second stage of the external evaluation of Baptist Community Service Peer Support Project. The second stage evaluation was conducted by the South Australian Community Health Research Unit (SACHRU) following completion of the first stage in March 2007. This report focuses on the integration of peer work into organisations and teams particularly during the past year, what factors drive this integration, and highlights examples of success.

Data was collected from qualitative interviews with peer workers, their managers and colleagues in various mental health service settings across South Australia.

SUMMARY OF FINDINGS

Expectations of managers/colleagues
There were a mix of expectations about taking on peer workers amongst managers and colleagues of peer workers. Those who had been involved in the movement towards incorporating peer work into practice were best prepared and had highest expectations.

> *I had high expectations because I personally value the concept of having a non-expert view. (Colleague)*

Expectations of peer workers
Peer workers expressed a variety of expectations around how they would be accepted into their new workplaces, including surprise as how easy the transition had been. Some did not have their expectations met regarding being accepted however.

> *It was harder to settle in and be accepted than I thought it would be. (Peer worker)*

Peer workers also expressed expectations around how their roles would develop and a number felt that they were somewhat under-prepared or unsure about what their roles would involve.

> *When I got into the job I didn't quite realise all that was involved. Perhaps I was a bit naïve. (Peer worker)*

Setting up the peer worker roles
Most organisations indicated that it took a significant time to develop and establish the peer worker roles. Those who were best prepared to take on peer workers had the least problems in establishing the roles.

> *There haven't been any challenges yet. We did it right to start with and had a clear idea of what we wanted. Other organisations had hurdles regarding the concept of PW and we learnt from that. (Manager)*

The peer worker/colleague relationship
In some cases peer workers felt instantly welcomed into their new role by their colleagues and peer workers very much valued the support and leadership provided by colleagues and managers. In many other cases peer workers felt that the challenge of proving themselves to other staff was very difficult and unfair. Many felt that the role of good management in alleviating such tensions, and in leading by example in the acceptance of peer workers is vital.

> *As a single PW we're not going to be able to change the culture. It's too much of a personal burden to feel like you're banging your head against a brick wall. Trying to get acceptance is too hard without support. (Peer worker)*

Organisational leadership around peer work
There was a perception that strong organisational leadership and commitment to peer work and the integration of lived experience was a fundamental determinant of the successful integration of peer workers. Some organisations felt that peer work naturally complemented their ethos.

> *A good culture already existed (i.e. inclusive practice) but it has allowed us to 'practice what we preach'. Having peer workers strengthens our convictions also. (Manager)*

In other organisations where there was not as strong leadership for peer work, peer workers felt more of a personal burden in demonstrating their value.

> *Leadership very much plays a role in the success of peer work. At (workplace) the management team is not so supportive. (Peer worker)*

Supervision and support/mentoring for peer workers
The management, supervisory and support mechanisms for peer workers differs across workplaces, however it is clear that both managers and peer workers value strong support mechanisms. A variety of views about the role of mentoring were expressed and most agreed that mentoring roles could be strengthened.

The peer worker/consumer relationship
The strength of the relationship between peer workers and consumers is seen to be the most compelling reason for the integration of peer work. This relationship is seen to be empowering, honest, humanising, relevant, and a valid addition to already existing clinical teams. Most agreed that there should be more peer workers to meet the needs of consumers as peer workers enhance recovery.

> *What peer workers provide to clients couldn't be provided by anyone in the medical profession. (Colleague)*

The role of peer workers in changing workplace culture
Peer workers are seen to have enacted significant cultural change in many workplaces due to their attitude, commitment, and ability to demonstrate the abilities of people who have a lived experience of mental illness, amongst other reasons.

The culture changed in the sense that recovery based practice is promoted even more now. I'm an example of that and I emphasise the capabilities of people with mental illness. (Peer worker)

Experiences of peer workers
Peer workers agreed that taking on their roles had in fact been a factor in validating their self worth and sense of purpose, and many felt that becoming a peer worker had improved their own recovery. Managers and peer workers agreed that there were particular requirements around balancing the wellbeing of peer workers with work commitments.

The findings indicate that there have been many successful aspects regarding the integration of peer work across different types of settings, but that there are areas requiring significant improvement.

Organisations, staff and clients value peer work as it can ultimately bring about better quality services. While many peer workers thrived in their roles, not all have experienced the support required or deserved during the process of integration. The findings indicate that the introduction of peer work was a significant process of change for some organisations, while other organisations had prepared well culturally and practically for the introduction of peer work.

For those organisations or teams that were less prepared, it appears that there is a strong link to a lack of leadership and focus on the issue. Under these circumstances, peer workers tended to take longer to feel comfortable in their role, longer to feel accepted by other staff, and were more likely to express a risk of burn-out.

There are very good examples of the integration of peer work in settings across South Australia and these highlight how to alleviate some of the tensions which may otherwise arise during a process of organisational change.

The first stage of the BCS Peer Support Project evaluation focused on the value of peer worker training. This report analyses a broad range of factors in the integration of peer work. The next step is to learn by mistakes and from good examples, and disseminate best practice so as to ensure the development and success of mental health peer work.

INTRODUCTION

Following the mid point evaluation report in June 2007, this is the final report on the evaluation of Baptist Community Services (BCS) Peer Support Project.

The evaluation was conducted by the South Australian Community Health Research Unit (SACHRU) commencing in April 2006. The first stage of the evaluation focused on the training which is provided by BCS and the second stage, covered in this report, analyses the ways that peer work as a concept and peer workers themselves are integrated into workplaces.

The first stage of the evaluation, while focusing on BCS peer worker training, revealed a need to focus more on the process of peer worker integration. The first stage evaluation occurred at a time when many peer workers had been working for about 2-4 months, and preliminary issues were being raised around the process of integrating peer workers into organisations. This prompted further investigation of related issues in the second stage evaluation. The timing was appropriate given that peer workers had generally been employed for about a year and they could reflect, along with colleagues and managers, about the overall process of becoming a part of their team, their organisation, and their experiences along the way.

Broadly, the areas that were investigated included the factors which assist or impede the successful integration of peer work, and what it means to be a peer worker. Although this evaluation focused on the integration of peer work, ultimately it is a broader analysis of the factors which successfully provide a foundation for organisational and workplace change. The introduction of peer work was a significant event for some workplaces while for others it was a small step within a model and ethos that already existed.

METHODS

24 qualitative interviews were conducted by phone with clusters of peer workers, their managers and colleagues during September and October 2007. 31 interviews were anticipated however requests for interviews were rejected by some peer workers and some organisations did not respond to multiple requests to participate. Semi structured interview schedules were developed in consultation with BCS and in consideration of the clustered interview structure so as to triangulate data. Interviews were between 30 minutes and 1 hour in duration and were recorded by detailed handwritten notes.

Interviewees represent different workplace and organisational settings such as acute care facilities and supported residential facilities (45% total), and step

down hospital to community settings and community support settings (55% total). An almost equal division of government and non-government organisations are represented.

Interviews were analysed and common themes identified within and across mental health settings, focusing on aspects of how to successfully introduce and integrate peer work into a workplace.

Note that the term 'peer worker' has been used throughout this report to encompass a broad range of roles which employ people with a lived experience of mental illness so as to protect confidentiality. Also, peer workers and colleagues have not been identified in the report in any way (for example by numbering respondents) as clusters of responses may have identified workplaces. The data used to inform this report and the quotes included are inclusive of all interviewees.

Ethical approval for the evaluation was received from the Flinders University Social and Behavioural Ethics Committee.

FINDINGS

DESCRIPTION OF PEER WORKER ROLES

Peer workers are currently employed in a variety of settings across South Australia. In some settings, the role is specifically designed to utilise the expertise of lived experience, while in other roles the peer workers are in positions which are equally filled by non-peer workers, such as community mental health support workers. Many peer workers engage with clients while some are employed for organisational support and consultation.

The settings that peer workers are employed in include for example acute care facilities (including long term clinical care settings), supported residential facilities, step down hospital to community settings and roles in community support. The varied roles undertaken by peer workers are therefore dependent on the setting, but are also influenced by the organisation and the particular unit. For example, peer workers in acute wards may have different levels of involvement in case management (case conferences, providing direct advice to clinicians).

The different roles which peer workers undertake clearly impacts on the information below. Regardless, there are some strong themes, parallels, and lessons to be gained around the integration of peer work into organisations, and what this means for peer workers.

EXPECTATIONS

Expectations of managers/colleagues

Of the managers interviewed, some indicated that the introduction of peer workers into their unit or organisation was something which happened independent of them. Either peer workers were already in the organisation, or they were employed without specific input or impetus from that manager. Other managers were very involved in the whole movement leading up to employment of peer workers, as well as the practicalities such as writing job descriptions. In part this is a reflection of the different levels of managers interviewed.

The success of peer work was seen to be absolutely linked to the involvement of both management and colleagues in the 'movement' towards accepting peer work as a concept and peer workers as service providers. The reason for this is that, as is discussed later, management can act as change agents and are best placed to undertake this role when they are well prepared and included in the

process leading up to change. Therefore, some managers and colleagues had very specific and positive expectations around peer work and how peer workers would integrate into the team, while others were unsure of what to expect. Anecdotally, interviewees indicated that many colleagues and some managers had low expectations of peer work, although this did not come through in those interviewed.

> *It's what we'd expected… because we knew what it was all about… we could pick the right person. (Manager)*

> *My expectations were that the person would fit the job description. They were quite high expectations as I played a role in developing them. (Manager)*

> *I had high expectations because I personally value the concept of having a non-expert view. (Colleague)*

Expectations of peer workers

In regards to being accepted into their workplace, peer workers had varying expectations. Some expressed pleasant surprise at how easily they were accepted while others reflected that perhaps they were naïve about the realities of their new workplace. On the whole, peer workers involved in non government and non-clinical settings tended to have their expectations around acceptance and integration better met although this was not always the case. This is strongly linked to the presence of strong leadership around peer work regardless of the setting or organisation.

> *This role is very different to what I expected. I thought I wouldn't be involved with doctors or have access to all 'staff things'… more 'us and them'. I thought there could be a view of peer work. I was worried people would judge me… like, how come he can work here? It's a very clinical setting which exacerbated my fears. I met my manager and a few other clinical people and they were great but I was still a bit worried. (Peer worker)*

> *It was harder to settle in and be accepted than I thought it would be. (Peer worker)*

> *It's pretty much what I expected. I'm well supported and never felt out of my depth. (Peer worker)*

Peer workers also had various expectations about the form that their new roles would take. Overall most peer workers appeared to have some misguided expectations regarding their new role, but most expressed that after some time they felt that the role was meeting their expectations regarding job satisfaction. There was no indication as to how peer workers could have better understood

their roles but other data implies that this is very little to do with the peer workers themselves but rather the dynamics of the organisation and team into which they enter (for example whether there is clear role definition for peer workers).

> *My expectations haven't been met (financially). But I get included in the team very well and that helps make up for the financial situation. (Peer worker)*

> *When I got into the job I didn't quite realise all that was involved. Perhaps I was a bit naïve. (Peer worker)*

INTEGRATING PEER WORK INTO ORGANISATIONS AND TEAMS

Setting up the peer worker role

Many interviewees recognised the significant time it took to get the peer worker role 'up and running'. Almost without exception there was a period where the peer worker roles needed to be clarified. Some peer workers found this difficult, and some interviewees recognised that there was a learning process which occurred within their organisation or team in order to identify what the role was. Some peer worker positions are still currently evolving.

Those with the fewest problems in setting up the peer worker role had prepared well for the process and had clear ideas about how the peer worker would fit into the organisation. Issues around the early stages of employing peer workers and getting the roles up and running closely reflects the experiences of stakeholders during the first stage of the evaluation, indicating the these issues are ongoing for some organisations.

> *They could offer more direction. We floundered a bit at times, especially at the start. Now we're busier though, doing more. It was so new that everyone was learning. (Peer worker)*

> *There haven't been any challenges yet. We did it right to start with and had a clear idea of what we wanted. Other organisations had hurdles regarding the concept of PW and we learnt from that. (Manager)*

> *At the start, there were some teething problems... like 'what are they going to do?' type of thing. (Colleague)*

Some peer workers felt that they had to explain their role to their colleagues, and that there had been misunderstandings. Furthermore, a few peer workers felt that lack of role definition may have exacerbated a lack of acceptance in their workplace.

Most interviewees recognised that even under good circumstances, the integration of peer work into a workplace takes time and a period of adjustment.

Interestingly, a few interviewees hinted that the successful integration of peer workers can be about quiet persistence rather than battling to claim their identity in the workplace.

> *Integration into the team is taking time... (Peer worker)*

> *Peer workers are very conscientious people and have become part of the team in a quiet fashion. (Colleague)*

> *He slowly earned the trust of staff and we talked about not being too proactive at first. (Manager)*

Most interviewees felt that organisations or teams had to adapt to the idea of having peer workers. Some managers were primed to take on peer workers and were supportive of the notion, but some interviewees noted that there was a less deliberate process of integration and that there was trial by error.

The Peer worker/colleague relationship

The preparation and ongoing commitment to integrate peer work smoothly into a team or organisation is vital. It was strongly suggested by a cross section of interviewees that planned integration, with ongoing support for both peer workers and other staff is integral.

In a number of settings, peer workers felt instantly welcomed into their new role and workplace by staff. This often occurred in settings where there is a culture of acceptance and community/consumer consultation and in settings where a more deliberate process of integration had occurred. The role of management in leading by example and setting the 'tone' for acceptance of peer work was also noted.

However there is no doubt that a number of peer workers experienced strong barriers to being accepted as part of their teams. In fact, this was highlighted most often as the factor influencing the process of peer worker integration. The varied experiences of peer workers in integrating with colleagues supports the results from the first stage of the evaluation, although the idea that peer workers may be more sensitive to being 'looked down upon' was not identified by respondents in the second stage evaluation.

> *Attitudes of some of the nurses were hard to deal with. I was seen as unskilled and as an ex-patient. (Peer worker)*

> *There has been an attitude of staff seeing him (peer worker) as an outsider. They were scared of being reported on their practice. We had meetings regarding peer work and talks... he was a bit of a pioneer. (Manager)*

> *There is just one worker who goes behind my back… the support of my manager is very important. (Peer worker)*

> *It took a little bit of time to allow acceptance to be generated. There are still some nurses that don't accept peer work. (Colleague)*

Invariably, interviewees strongly agreed that management and leadership play important roles in gaining trust and respect of other staff, and in alleviating particular problems.

> *…those issues were dealt with quickly and there have been no further issues. (Colleague)*

> *There have been challenges with some personnel. They were quite disparaging and they were 'performance managed' and given formal first warnings. (Manager)*

It was recognised that some peer workers were pioneers and had to work hard to change the attitudes of other staff. This has implications for the wellbeing of peer workers and puts them at risk of burn-out.

> *As a single PW we're not going to be able to change the culture. It's too much of a personal burden to feel like you're banging your head against a brick wall. Trying to get acceptance is too hard without support. (Peer worker)*

Not surprisingly, peer workers often expressed a great deal of respect for their colleagues regardless of whether they had experienced difficulties in being accepted.

> *I respect the role of (type of worker) and I'm learning a lot from them. (Peer worker)*

Some peer workers indicated that gaining the respect of other staff was influenced by the ability to work 'at their level', for example being able to talk to doctors about clinical aspects of care. This is an interesting idea for strengthening the role of peer workers, but caution should be taken in considering this as a prerequisite for a successful peer worker. Ideally, peer workers would be respected for their non clinical skills in their own right. Another peer worker suggested that intimate knowledge of the program as a consumer has prepared them well for a smooth transition into peer work.

> *My clinical experience really helps. Otherwise a lived experience could contradict what the doctors say… I get more respect from clinicians as I at least have an understanding of the clinical side. (Peer worker)*

A factor which was perceived to promote peer worker integration is the bond between peer workers and the support which they provide to each other. In particular, peer workers felt that this professional bond reduced the isolation they sometimes felt in the workplace. However one manager noted that this type of relationship had been problematic in that organisation.

> *The other peer worker is great and really helps – we work closely together. And I really value the opportunity to have met my colleagues and worked with great people. (Peer worker)*

> *There have been some real issues regarding PWs wanting to bond with other PWs. There are strong friendships outside work and they socialise together. That can be hard and it's about management and leadership regarding professional practice. (Manager)*

Organisational leadership around peer work

The integration of peer work as a concept and of peer workers into organisations and teams was thought to be influenced by a number of factors. However interviewees often felt that strong organisational leadership was the strongest determinant of success.

As already discussed, managers have a potentially large role in leading by example and in creating a culture which is accepting of peer work. They also play a role in managing incidents where peer workers are treated inappropriately.

> *CNC support for peer work is vital. (Colleague)*

> *Leadership (CNC and head consultant) was crucial in making it work. (Peer worker)*

At a higher level, a number of interviewees indicated that the successful integration of peer work can be linked to the level of organisational support for peer work. Organisations which have an ethos of incorporating lived experience and who work in partnership with their consumer base were often more successful in integrating peer work. Peer workers felt truly valued and managers and colleagues instantly appreciated the input of peer workers and their lived experience.

> *(Organisation) is very supportive regarding employment of peer workers. They're open and committed to it. (Manager)*

> *A good culture already existed (i.e. inclusive practice) but it has allowed us to 'practice what we preach'. Having peer workers strengthens our convictions also. (Manager)*

A number of settings were not perceived as wholeheartedly welcoming peer work due to the lack of organisational support. Without leadership, generating cultural acceptance of peer work falls into the hands of individual peer workers. Some organisations recognised that significant work still needs to be done to provide the best support to their peer workers.

> *Leadership very much plays a role in the success of peer work. At (workplace) the management team is not so supportive. (Peer worker)*

> *Leadership is so important in setting up the process... as well as management. The next layer is the organisational commitment that's needed. It's about process and policy development. (Manager)*

A few interviewees noted that without organisational support and high level leadership around peer work, that the roles become tokenistic and undervalued. Without truly recognising the skills of peer workers, leaders cannot initiate the necessary cultural change that is vital to the integration of peer work.

> *Some directors have views which don't help... they don't recognise peer workers' skills and it's tokenistic. (Manager)*

Supervision and support for peer workers

The supervision and support mechanisms for peer workers are varied across different settings. Overall, peer workers seemed satisfied, and very much value the level of support they receive.

> *It's mostly about balancing life and work and (organisation) supports me in that. My manager is very supportive. (Peer worker)*

Managers raised some questions about the best supervision and support mechanisms for peer workers. The question of who should provide supervision was noted. Most felt that the level of support was adequate but at least one interviewee questioned whether organisations would be able to continue that level of support with the introduction of more peer workers. It appears that clarity around the role of supervision versus mentoring (discussed later) needs to develop within some organisations or teams.

> *CNCs were nominated for line support. It's not a good way... as a system it's better for peer workers to be able to choose. I don't agree with the process. (Manager)*

> *There should be more support for peer workers. They should have their own role specific supervisors. As a social worker I can only support them to an extent but they need advice regarding their role. (Colleague)*

Now there are fantastic supervisory structures but in the past there were problems especially with those in leadership positions. (Manager)

Some workplaces identify particular supervision mechanisms for peer workers while others intentionally supervise peer workers as for all other staff.

Supervision is the same for all workers. The only difference is when a special need arises for a peer worker. (Manager)

I've been advised to treat peer workers as any other staff. (Manager)

Peer workers identified that they had been very well supported regarding ongoing training for their role. A few managers also recognised the particular training requirements of peer workers, especially given that some peer workers had not done any training such as the BCS Introduction to Peer Work course. Also, some peer workers haven't worked for many years and as with all staff, honing a skills base is important.

In terms of support from the organisation, they've been very supportive regarding training. We're given every opportunity. (Peer worker)

You can't assume that peer workers will naturally move towards having the right skills base. We really need to work on that... moving towards employment means different skills are needed. Performance management helps but exploring those issues with peer workers is so beneficial and it becomes about capacity building and not just management. (Manager)

Mentoring for peer workers

Mentoring occurs for a large number of peer workers but some are currently receiving supervision only. Of those receiving mentoring, some are linked into the BCS mentoring process, while others have mentoring within their organisations.

Peer workers seem to value mentoring although a few mentioned that they did not take up the offer of some mentoring programs. Most interviewees across the spectrum recognise the value of mentoring especially in the early stages of setting up a peer worker in their role however a few did not feel it was necessary. These results are aligned with the experiences of both peer workers and organisational stakeholders reflected in the first stage of the evaluation around the value of mentoring to both peer workers and the organisation.

Mentoring – it's about avoiding mistakes. Clients are so complex that mentors can help identify nuances of each client. (Line manager) can't help every day so mentors are vital. (Peer worker)

Mentors can help peer workers break down barriers in connecting with clients. (Manager)

BCS mentoring is very effective for us. I had a fantastic relationship with one staff member but he needed to discuss other things with the mentor e.g. issues of closure. I stopped his mental illness from dominating our relationship. We often meet with all 3 of us so it's collaborative. (Manager)

Mentoring is seen as a forum to discuss issues particular to peer work such as working with a lived experience of mental illness.

It's helpful. We get to talk about working with an illness. It's outside of the organisation therefore we can say things we otherwise wouldn't say. (Peer worker)

Many interviewees also appeared to see mentoring as an additional support in circumstances where line managers simply can't offer sufficient input. It is not clear whether interviewees felt this higher level of support was needed due to the nature of peer work or because the roles are new and evolving. Some interviewees questioned whether mentoring should be external or internal.

Peer workers need external support. They do have that but it needs to be more prominent. They need more dedicated support. We can try but they need at least once per week. (Manager, talking specifically about the scenario of having more peer workers to manage)

Structured mentoring from BCS could be really good but support needs to be embedded both in the organisation and externally. (Manager)

I never had the need for external mentoring. I'm lucky to be able to talk to supervisors but it could be helpful if you didn't have that comfortable relationship. (Peer worker)

Only one interviewee questioned the need for mentoring and discussed the risk of demeaning peer workers.

I'm a bit 'iffy' about mentoring in peer work... it's almost a bit demeaning as it implies they don't know what they're doing. Supervision is very different and that regular contact is vital. (Colleague)

A number of managers indicated that the structure for mentoring could be more clearly defined. For example, it appears that the link between supervision and mentoring could be made clearer in some cases. Also, some managers were not aware of what mentoring services are available, or were not aware specifically of what role the mentor is playing for the peer workers they are managing. One

respondent suggested that direct feedback could be provided from mentor to manager.

> *I'm not too aware of the structure. I've not heard from BCS mentors so I don't know. They could send emails with feedback on a particular peer worker so that I know that they're getting that support. (Manager)*

The potential for expansion of mentoring roles was discussed and most respondents felt that this would be valuable. The expansion of mentoring roles needs to occur within a context of strong structural supports such as organisational support for mentors, clear role definition and understanding of where mentors fit in the organisational structure. Some interviewees noted that peer workers are currently doing additional training to become mentors but that there are no mentoring positions identified. This should be addressed at the organisational level to ensure there is a clear role for those who are being trained as mentors.

> *One peer worker is doing mentor training at the moment but there's no role for a mentor… it would just be part of their extra work. (Manager)*

ORGANISATIONAL VALUE FOR PEER WORK

The peer worker/consumer relationship

The main rationale for employing peer workers is the benefits which are provided to consumers. In many cases this benefit is derived via a direct relationship but in other cases the services are seen to be enhanced via indirect input by peer workers into the organisation or team.

The peer worker/consumer relationship is seen to be beneficial to the recovery or consumers due to providing an example of hope, and also due to the nature of the relationship. Interviewees invariably reported that the peer worker/consumer relationship is more trusting, humanising and empathetic than could be possible with any other professional.

> *It goes a long way to showing light at the end of the tunnel. (Peer worker)*

> *What peer workers provide to clients couldn't be provided by anyone in the medical profession. (Colleague)*

> *He gets information about the clients we wouldn't otherwise find out. It adds a different layer of progress for the client. They tell him different things that are actually vital to their treatment. It brings a new understanding to our team. (Manager)*

Anxiety is a really important factor in treatment compliance so the peer worker is vital there. When we can't break through often a peer worker can. (Colleague)

Consumers are also believed to value having access to peer workers and many interviewees expressed that there could be many more peer workers employed (in clinical and community settings).

I've heard people say 'I might not have lost 10 years of my life if I'd had access to a peer worker'. (Colleague)

Seeing clients respond so well to peer work compared to those clients without a peer worker is reassuring. (Peer worker)

Interviewees suggested a few potential pitfalls in the peer worker/consumer relationship and indicated that these aspects should be managed accordingly. Rather than highlighting weaknesses in the relationship, most interviewees preferred to indicate ways that the maximum benefits can be derived, and again, these appeared to be about good management and support for peer workers.

A challenge has been about setting boundaries. Some clients attach very quickly... because when you're unwell you're incredibly lonely. Someone who can relate to that equals hope. (Peer worker)

I've been to see people and it's pulled up stuff from the past. But support has always been offered to me. (Peer worker)

It's very individual. Matching personalities, interests etc is important but you also don't want them to get too dependent. It also depends on the phase of recovery as to which peer worker is better for the client. (Manager)

One weakness is that clients see him as a non-professional... smart clients know the peer worker's limitations in getting them resources and if he can't get them what they want then they don't engage. (Manager)

For those organisations where peer workers offer benefits to service quality rather than providing a direct consumer relationship, interviewees felt that there were significant benefits to staff, the organisation, and indirectly the consumer. These benefits were perceived to include reduced pressure on other staff and the organisation, improved mindset and understanding for other staff, and consequently improved quality of service for the consumer.

Many clinicians see really unwell people all day everyday so it's a good reminder for them of what's possible. (Colleague)

We work within the principles of recovery but integrating that into practice is hard. Therefore peer work helps this integration for (other staff) and gives a

better understanding of mental health and they get more of a client driven focus. (Manager)

It's about providing a 'value adding' service to what clinicians are already doing. (Colleague)

The role of peer work in changing workplace culture

Interviewees framed the value of peer work for organisations and teams in terms of the cultural shift which has occurred in many settings. Although, as previously discussed, the purpose of peer workers should not be to enact workplace change there are without doubt a number of benefits to the way workplaces operate which have occurred with the 'presence' of peer workers. In some settings the cultural shift is seen to have been very significant, while in other settings the introduction of peer workers has been another small step in an ethos of recovery based practice. In some settings, peer workers are not identified as such and therefore play a minimal role in enacting cultural shift in terms of using their lived experience.

Consumers have said that staff treat them differently when I'm there. They see me as a bit of a policeman I suspect. (Peer worker)

It changes the atmosphere. (Colleague)

He's changed the way we do things. Generally staff views have moved and people talk about clients more politely. There's been a lot of a cultural shift. Low performing staff have been pulled up… he's like another check and balance… and he gives good constructive criticism. (Manager)

The culture changed in the sense that recovery based practice is promoted even more now. I'm an example of that and I emphasise the capabilities of people with mental illness. (Peer worker)

However, many interviewees recognised that peer workers had worked incredibly hard to be accepted and to make small inroads into enacting cultural change and that often there were sacrifices made by peer workers during the first stage of their employment. Many indicated that the cultural change needs to occur in part before the introduction of peer workers so that they are supported and others suggested that it's too soon to tell if peer workers have created cultural change at all.

The culture needs to support peer work and then other staff would follow. As a single peer worker you're not going to be able to change the culture. (Peer worker)

The organisation had a client focus to start with...the managers (have a lived experience of mental illness) and a lot of the cultural change had already happened. (Peer worker)

Peer workers have only been here one year... it's a bit early to evaluate that as it takes time for cultural change to occur. (Colleague)

For peer workers it's very hard. In the community it's easier but on the wards it's about proving their worth. They feel stressed and uncertain and they're taking the burden of changing the culture of the wards. (Manager)

Managers often discussed their role in recognising the particular workplace culture which exists and in assisting peer workers to cope with the challenges of that culture. Some managers noted that the nature of the workplace provided particular challenges to peer workers, such as a fear of outsiders. As previously discussed, the role of management and leaders in initiating cultural change is vital to the success of peer work, and although many managers appear to be fundamentally supportive of peer work, interviewees indicated that this is not consistently seen.

A few interviewees noted that perhaps one barrier to gaining leadership on the issue of peer work is the issue of resources, and the idea that peer workers are currently (sometimes) viewed as additional to other staff rather than as vital components of the team.

The nature of the role is gradual integration. It's also a resource issue... peer workers will always be extra to other staff. (Manager)

PEER WORKER EXPERIENCES

Managers highlighted the fact that many peer workers are particularly conscientious workers and perhaps keen to appear capable at all costs. Managing this is linked to developing strong management, mentoring and other support structures.

I'm still living with mental illness so being able to talk to my manager has been great. I also have de-briefing meetings once a week and BCS has a mentoring program. My coordinator has also been a peer worker before so they offer mentoring. (Peer worker)

Despite the need to monitor and support the wellbeing of peer workers, interviewees overall felt that undertaking a peer work role was in fact a large determinant of peer workers' wellbeing. Peer workers reported that they had a strong sense of purpose in life, that they felt better about themselves, that their

mental illness had been validated, and that they appreciated the financial benefits of working.

> *It feels like my experiences were for a reason... it hasn't all been a waste. It's really a reason to keep going sometimes. Helping others get through it and witnessing their success is inspiring. (Peer worker)*

> *I'm finally out of poverty after 25 years. (Peer worker)*

> *It's been brilliant for my recovery. I'm busy making a real difference. (Peer worker)*

Peer workers highlighted the important steps in the process of becoming peer workers as firstly becoming well to some degree, and then usually undertaking some form of training. Peer workers often noted the importance of having people who believed that they could be successful, and that they sometimes felt it was just a matter of waiting for the right opportunity to arise.

> *This job was something I'd been waiting for... I was somewhat well for while before that and doing peer work at that stage really was the final step in my recovery. It put the challenge on me to finally move on. (Peer worker)*

> *Being stable in my illness really helped. My symptoms don't impact on my life as much. It took a very long time to build strength and get the skills to work. (Peer worker)*

> *Having people believe I could do it was the major factor... having the opportunity to prove I could do the job and get better. (Peer worker)*

The issue of balancing work and health for peer workers was consistently raised. Peer workers may or may not be still living with a mental illness, and therefore may have particular needs around support, supervision and training.

Of those interviewed, peer workers who have supportive supervisor feel more confident about managing the balance between their mental health and their work commitments. In part, this was because there were fewer stresses around having to prove their worth in the workplace.

Peer workers may have specific issues for managers such as requirements for working particular hours (due to the effects of medication or due to inability to concentrate for extended periods). In the event of a peer worker becoming unwell, additional issues may arise regarding taking extended leave and how best to balance the needs of the peer worker and those of the team or clients. Managers of peer workers whose work is additional to the 'core staff' or who don't have their own client load tended to offer comparative flexibility.

The most challenging aspect is balancing mental health of staff with consistent support to clients and the implications of that… it has to be managed. I had situations where an un-well support worker can have spin off effects on the health of the clients. (Manager)

One worker has been 'down' for 3 weeks. That's hard for the rest of the team but they have empathy. But management becomes hard… using recreation and sick leave when they're unwell.

Some managers expressed a dilemma around wanting (or being told) to treat peer workers the same as other workers versus providing them with additional assistance to balance their mental wellbeing with work commitments. As with any staff member, it is important provide management that helps to balance wellbeing and work commitments regardless of whether the staff member is living with a mental illness. Some respondents recognised the importance of prevention of relapse and the importance of limiting stress at work in this issue. However, some managers feel that their hands are tied to be able to really offer the best balance for peer workers.

You can't do this work if you don't look after yourself… it's about prevention. It's also about supporting peer workers to know they can't fix clients and they have to stop caring once they leave. We don't want them to burn out. (Colleague)

The reality is that time off often means leave without pay. As a manager I'm therefore unable to respond. There needs to be a policy for supporting them when they become unwell… maybe a pause in their contract but then financially it becomes very hard. I've passed it to HR saying it needs to be addressed at a higher level. There's organisational support for that notion but I'm not sure how to achieve it. They're so valuable to us we don't want to lose them… but the issue is larger than our organisation. (Manager)

Make no mistake it sucks. Being permanent part time with annual and sick leave is good but mental illness isn't like the flu as there's no set recovery time. I'm not sure how this could be worked out… (Peer worker)

CONCLUSION

There are a number of very successful examples of the integration of peer work into organisations and teams in South Australia. These organisations set high standards for many aspects of workplace change, resulting in good outcomes for the organisation, peer workers and clients. A high level of insight and reflection can also be seen regarding areas for improvement in those interviewed.

There are other examples where peer work has been integrated less successfully. Most often, the downfalls of these settings can be seen in the feedback from peer workers themselves, but also from colleagues and some managers. It appears that there are significant areas for improvement in some settings, and that almost invariably, this requires strong leadership and advocacy around the need for peer workers and around the need to appropriately support peer workers.

Although there are many factors that influence the successful integration of peer work, the single most important determinant of success is very clearly whether or not there is genuine organisational leadership on the issue. This impacts on almost all factors influencing the integration of peer work, such as whether or not staff are accepting, and whether or not peer workers receive appropriate support in setting up and developing their role through what is potentially a very significant period of change both personally and for the workplace.

This evaluation found that without exception, peer workers are perceived as very important and highly valued. However, peer workers experienced various levels of feeling supported, and in some cases felt very under-supported, under-valued and occasionally victimised. Employers of peer workers must recognise that there are many aspects of workplace change which impact not only on peer workers but also other staff, and that it is absolutely vital to actively manage those aspects to ensure organisational wellbeing, staff wellbeing and quality services.

Given the period of considerable change which has occurred with the introduction of peer workers across a broad range of mental health settings recently, there have been areas of significant success for the sector, organisations, teams and clients. There appears to be new and evolving roles for Baptist Community Services into the future in advocacy and destigmatisation, monitoring and influencing systems change, and in developing the roles and opportunities for peer work.

RECOMMENDATIONS

- The findings of this report be contextualised within a broader understanding of the workings of the mental health and other sectors

- Organisations and teams consider the need for strong leadership for peer work given the significant cultural shift which may need to occur

- Every care is taken at all levels of the system to ensure the safety and support of peer workers. This includes:
  - Organisational preparation for peer work
    - training for staff
    - training for management/leaders
    - clarification of peer roles
    - clarification of peer work and mentoring roles within organisational structures
  - Appropriate management and mentoring structures for peer workers (within or outside of organisational structures) which consider:
    - the wellbeing of peer workers as high priority
    - the specific requirements of individual peer workers
    - the needs of the organisation/unit
    - potential challenges around peer worker integration

- This report is disseminated for broader consideration and to inform future planning at state, organisational and team level.

- Further discourse and research regarding mental health peer work occurs, particularly around the process of integration into organisations

Recommendations for BCS into the future:

- Involvement in broader systems advocacy for peer work – lobbying, research dissemination, education about the value of mental health peer work and how to increase uptake of peer workers in the broader mental health sector (e.g. NGOs)

- Ongoing commitment to training peer workers and mentors, including identifying and developing the role of peer work in a context of systems and sector change

- Involvement in the process of organisational cultural change for successful integration of peer work – training, advocacy, ongoing mentoring for peer workers, support and education for leaders, managers, other colleagues

- Further dissemination of information on the role of BCS in training and support for peer workers

- Seek additional funding to further the expansion of mental health peer work in South Australia (implementation or research funding)