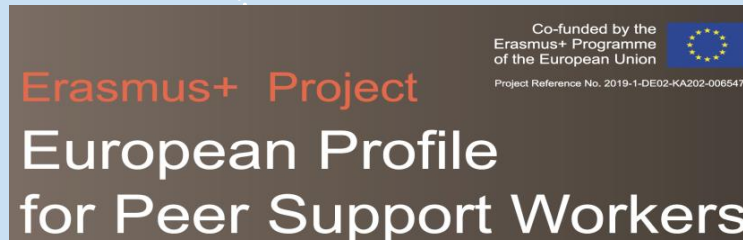


Presentation of Intellectual Output 5

IO5 - Recommendations for the use and positioning of Peer Workers in companies or teams

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IO5 – Recommendations for the use and positioning of Peer Workers in companies or teams

(Empfehlungen für den Einsatz und die Positionierung der Genesungsbegleiter*innen in Unternehmen oder Teams)

The work with IO5 has been a cooperation between

- **SSHF Norway** (Martin)
 - Ownership of IO5, coordination
 - N: Health facilities/psychiatric institutions, Social facilities
- **GRONE Deutschland** (Anna and Gudrun)
 - Product support
 - DE: companies, Health Facilities
- **CEDU Poland** (Tomasz & Team)
 - will prepare an introduction together with Anna
 - PL: NGOs, Social facilities
- **GGZ/Cordaan Netherlands** (Nanette and Odette)
 - summary / recommendations in the form of a memorandum



A short introduction

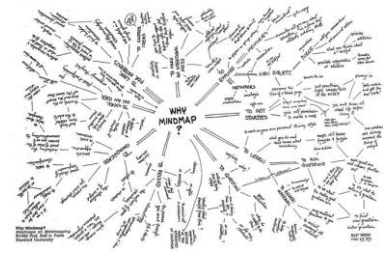
The introduction of a new role in institutions is a process where opportunities, risks, and changes go hand in hand; existing structures is changing, a space for the newcomers has to be created, old roles are facing critical questions, status groups feel threatened, etc.

In the case of the Peer Worker, it is also about the introduction of a Role where the competencies and tasks are mostly unclear to the already existing professional groups.

In addition to this, the Peer can also lead to a situation where the role models (Nurses, therapists, etc) feel threatened. This because the persons who until now needed (our) help have become helpers themselves, which makes the dichotomy or division of this role assignment more blurred, and can lead to different reactions (uncertainty, devaluation, feeling devalued, being able to admit your own weaknesses ...).

The goal of the IO5 has been to help design this process in such a way that it can be used productively by employees, institutions, users and Peers. We hereby present **Recommendations for a successful implementation of peer support**

The IO5 process



- Establishing a work-group
- Mapping the process, defining objectives and goals (what do we want to achieve with this)
- Finding out how IO5 fits together with the other IOs
- Discussions about the question contents, how many questions, how do we ask them, how many Peer Workers shall we ask, where do we ask
- Making a question form and determine the kind of institutions that shall be involved.
- Informing and sending out the question forms
- Documentation of the answers
- Evaluating the results
- Writing a summary/memorandum based on the pre-evaluated questionnaires about the position of the peer supporters in different organizations/companies.
- Presentation of the complete product

Questionnaire

on which the Memorandum is based

		Type of Institution			
		Health facilities	Social facilities	NGO's	Companies
Brief description of the organization in which the peer supporter is employed (e.g. hospital, office, company, department)		Norway/ Germany	Poland/ Norway	Poland	Germany
Criteria					
The field of work of the peer supporters and their tasks	What are your tasks and the results of your work in the facility?				
	Do you act independently? If so, in which areas?				
	In which areas and for which activities do you take responsibility?			NGO = Not-government organization	
	How are you perceived by the customers in the facility?				
	How are you perceived by colleagues and superiors in the facility?				
Competencies of the peer supporters and their involvement in the work of the institution	What basic skills do you need as a peer supporter to carry out your tasks in the facility?				
	Do you participate in team meetings, discussions, and conversations with other peer supporters?				
	Are you ready to share your knowledge e.g. B. by participating in trainings, meetings?				
	Do you need strong organizational skills?				
	Do you need therapeutic expertise? If yes, which?				
The recruitment criteria for a peer supporter	According to what criteria were you hired? (General education, specific peer support training, experience, skills)				
	Which aspects were decisive for your hiring?				
Type of contract, remuneration, career path and promotion opportunities	What kind of contract do you have?				
	Do you belong to a specific grade?				
	What is the possible career path for you? Are there opportunities for advancement?				
	Are there any further training opportunities for you? If so, who is funding it?				

An example of answers received from Health Facilities in Norway

What are your tasks and the results of your work in the facility?

1. My tasks are to run day care (SOA) and Drop In. Join responsibility groups where the user wants it. Work to ensure that all people have a dignified life where they are (my driver at work), see and hear people who do not like to have many. Be a bridge builder between user and therapist. Work close to the user and work for positive change of attitudes and facilitation at system level.
I feel a great degree of achievement. I work to make the experienced consultants who come after me feel that municipality is a nice place to be.
2. I try to talk to the patients so that we do things together, if they want we can go for walks, and exercise as well. Otherwise, I work on a fairly similar line with the others in the team, in other words, FACT is a team that works with follow-up and treatment, with patients with the most serious psychiatric diagnoses in Lister, and there are many patients at TUD (forensic), and also challenges in psychosis and serious delusions.
3. My tasks are to follow up users, motivate and facilitate, e.g. for further treatment, go for walks and have conversations in the office, depending on what the user needs help with, after they have been mapped. Also shows up at collaboration meetings.
4. Conversations with users, to find solutions that can provide a better life. Coordinate user wishes with Drug Consultant, hub, GP, family and activities. Some practical assistance for users who have physical challenges or limitations. This in combination with conversations. Advice and support in connection with establishment in housing
5. Works with follow-up of younger and older drug addicts, is responsible for the day center, responsibility for coping group. Often a link between the user and the auxiliary device. Help

get them into treatment, into the therapist, get to the examination, support towards GPs, hubs. Mainly support talks. The conversations are based on their own goal, what they want and where they want. Uses recovery perspective in my follow-up. Feels that the work has a good effect. Several of those who have been followed up are either drug-free, out at work, or have managed to complete mappings and trauma treatments

Recommendations for a successful implementation of peer support

- This is an indication of **preconditions** and **points for attention** to make the use of peer support a success (*IO5: recommendations for the position of peer support workers in companies and teams*).
- In addition, this product contains information that can be used in the development of a training for managers (*IO6: Seminar concept for heads of psychiatric institutions and teams concerning the activities of peer supporters (entry requirements, key competences, position in the company)*).



Peer Support Workers / Care providers

First of all, we can implement the use of peer support in various ways. The two most commonly used forms are:

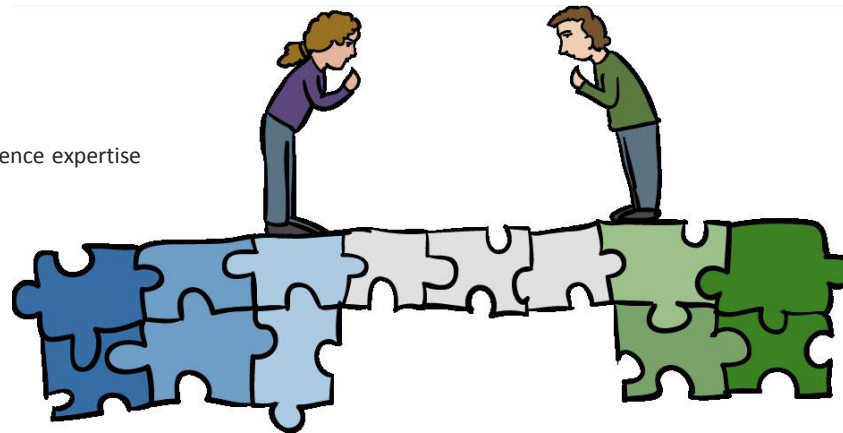
- **Peer support workers** (Peers, Likemenn) A peer support worker is generally not part of the team. Therefore sharing information with the team depends on the permission of clients. A peer support worker is more in line with the living world of clients
- **Care providers with experiential expertise** (Genesungsbegleiter, Ex-In, Erfaringskonsulent) As a care provider with experience expertise, you are part of the (treatment) team and are expected to share information about clients in the team. A care provider is part of the (medical) system world.

Although different forms of the use of peer support can be chosen, the preconditions and points of attention for successful use of peer support are not necessarily different. Good practice requires a good infrastructure

Questions answered

A: Which preconditions are important to make the use of peer support in organizations a success?

1. **Vision on recovery, recovery support and the use of expertise by experience**
2. **Cultural change**
3. **Working conditions**
4. **Job description**
5. **Education/training**
 - Peer support workers and care providers with experience expertise
 - All regular employees
 - Coaching team members
 - The organization
 - Training courses
 - Information for new employees



6. Preparation

- Tasks/responsibilities/expectation
- Team culture
- The Manager

7. Hiring policy

8. Introduction/onboarding period

- Employee skills

9. Support

- Intersession/Casualty
- Supervision
- Vulnerability
- Team Coach
- Contact with the source
- Development process for employees with their own experience
- Development process for volunteers with their own experience
- Thematic meetings & policy days

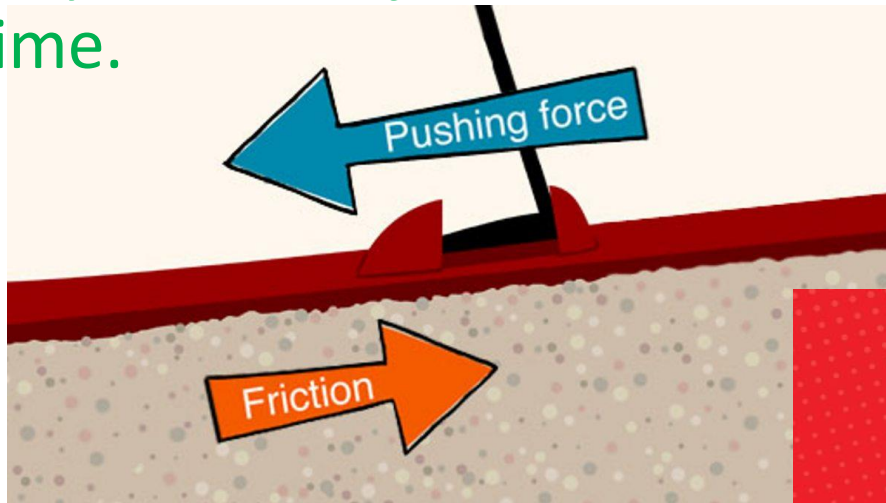
10. Absence policy

- Clarity
- Adjustments
- Tension

Questions answered

B: Points of attention!

when can we expect **friction** between the team and peer support worker/care providers with experiential expertise?
With awareness of the possible processes that can play a role, adjustments can be made in time.



- Workload at the location
- Conflict of loyalty
- Medical file
- Trust & privacy
- Coercive treatment
- Professional distance and proximity
- Living world & system world
- Resistance & Isolation
- Expertise



Last recommendation

This project gives a flying start for countries that have little or no experience in the use of peer support, but cannot skip the process that needs to be run.

Start small with a few peer support workers or care provider with experience expertise and build with each other with progressive insight on the next step using the competence profile, curriculum and other products from this project.



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Erasmus+ Project
European Profile
for Peer Support Workers

The implementation of the recovery vision including the use of peer support starts at the bottom of the organization at the client level and works upwards. for example:

- Create a support base among employees for working with peer support workers/care provider with experience expertise (added values).
- Educate managers to support peer support workers/care provider with experience expertise in teams.
- Focus on training, use and support of peer support workers/care provider with experience expertise in the organization.
- Let peer support workers offer self-help groups and develop and give courses on recovery and empowerment to clients.
- Let peer support workers and care providers with experience expertise train employees in recovery oriented thinking and working.
- Let peer support workers and care providers with experience expertise (and clients) think along in all kinds of projects concerning clients and care providers.

*Thank you
for Listening!*

A: Preconditions

1. Vision on recovery, recovery support and the use of expertise by experience

A vision on the use of peer support cannot do without a vision on recovery and recovery oriented care

2. Cultural change

A cultural change to an organization that offers recovery oriented care or guidance with the use of peer support is a process of years (10-20 years). This requires involvement and a contribution from all parts of the organization.

3. Working conditions

There are good working conditions. Peer support workers and care providers with experience expertise are scaled equally with the same rights to a permanent contract as their colleagues.

4. Job description

There is a clear job description based on the (European) professional competence profile. This can be a job description for a separate role of peer support worker as well as a description of the additional tasks of an care provider with experience expertise. The set of additional tasks can be added as an addendum to the job description of the care provider.

5. Education/training

The peer support worker/care provider with experience expertise has received appropriate training with regard to the use of peer support (e.g. development of competences, development of the own recovery process, from I-story to we-story, dealing with resistance, etc.). The trainings are given by trainers with experience expertise.

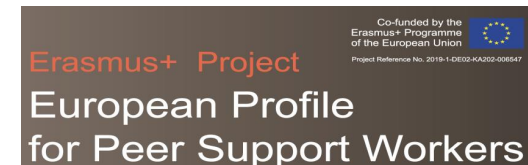
All regular employees. All employees have followed training on recovery, recovery oriented care and the use of peer support given by trainers with experience expertise. The assurance of the learned from training can take place

Coaching team members. Team members are coached in working together with peer support workers/ care provider with experiential expertise (also connected to recovery and recovery oriented care). Removal of the separation we/they regarding peer support workers/ care provider with experiential expertise and other team members.

The organization. The organization is aware of good practices elsewhere.

Training courses. All training courses for employees are in line with the vision of recovery, recovery oriented care and peer support.

Information for new employees. The information for new employees highlights the recovery vision and the use of peer support.



A: Preconditions



6. Preparation

Tasks/responsibilities/expectation. This preparation is important! There is an introduction and a good coordination of the peer support worker/care provider with experience expertise with the team. It makes it clear to everyone what the demarcation of tasks and responsibilities of the peer support worker/care provider with experience expertise is compared to the regular team members and what peer support worker/care provider with experience expertise and team can expect from each other.

Team culture. Team and peer support worker/care provider with experience expertise must fit together.

The manager. The manager has an important role in the implementation of the use of peer support.

- **Sample role.** The manager has a guiding role in recovery oriented thinking and working in the team.
- **Support.** The care provider with experience expertise receives sufficient support from the manager in completing his experience-based tasks.
- **Assurance.** There is a clear task for the managers to make sure that preconditions and points of attention are taken care of (e.g. room for intervision).
- **Scour/Tension.** The use of peer support can cause great tension through feedback to the team from a client perspective. Can the team deal with this tension? Can the peer support worker/care provider with experience expertise tolerate this tension? And can the team manager facilitate this?
- **Absence.** The peer support worker is hired in this specific position, thanks to his own experience or vulnerabilities. But because of these vulnerabilities, an experience worker may not be able to do his/her job at some point. This tension must be managed correctly by the manager in the event of absence (see also absence policy).

A: Preconditions

7. Hiring policy

A clear hiring policy for the use of peer support, including onboarding and training, is an important point of attention in the further professionalization of peer support. It can help to place the hiring policy implementation at a specific person to guard quality.

All levels and functions. Employees with experience expertise are preferably deployed at different levels/functions within the organization (e.g. also in HR, Communication, etc.).

Workplace. Clients from their own organization who develop into a peer support worker are generally not employed in the (admission) departments where they have stayed as clients. This means that when a peer support worker needs care work and care remain separate and the other care providers can not confuse client role and the colleague role.

Job posting text. Include experience expertise as an advantage for all professions in job posting texts.

solicitation committee. In order to ensure a good recruitment and selection of experience experts, it is important to include a peer support worker/care provider with experience expertise or other people with client experience on the application committee. Questions about vision on recovery, recovery oriented care and use of peer support can be included in the job interviews.

Degree of understanding. The degree to which manager and team understand the concepts of recovery, recovery oriented care and peer support can also influence which form of use of peer support can best be chosen. If the manager and team have little or no experience with the use of peer support, it may be better to separate the role well and let peer support workers work with their own role in the team.

Seniority. Given the experience in the field, it is not recommended to let inexperienced peer support workers or inexperienced care providers with experience expertise work alone in a team. The risk of moving too much with the team and not giving enough feedback (so that no resistance is called) is high. Preferably, peer support workers/care providers with experience expertise are deployed with 2 people in a team. An experienced peer support worker or care provider with experience expertise can work on his/her own in a team. A care provider with experience expertise and a peer support worker working together can also be a good combination. Success depends partly on the tuning with and support in the team.

Employees with experience. Employees with their own experience can be offered a development process to develop their experiences into peer support. From this network, potential future care providers with experience expertise (or employees with experience expertise in other positions) can be recruited.

Volunteers. There is a development process for volunteers with their own experience and clients from their own organization who want to develop into a peer support worker / care provider with experience expertise. From this network, potential future peer support workers or employees with experience expertise in other positions) can be recruited.

A: Preconditions

8. Introduction/onboarding period

Employee skills. Sometimes peer support workers/care providers with experience expertise, before they start the job, have not worked for a long time or have never worked at all. A lot will come to the employee: getting used to a work rhythm, getting used to being an employee, further developing certain skills and knowledge and dealing with any remaining psychological vulnerabilities. Going back to work therefore requires extra demand from the peer support worker/care provider with experience expertise. A good onboarding period is therefore necessary. The following points apply:

Contact person. The contact person in a team ensures adequate reception on the 1st working day and prepares an onboarding program (e.g. getting to know colleagues, location, etc., explaining communication/consultation structure, etc.). The aim is that the peer support worker/care provider with experience expertise feel welcome.

Senior peer support workers/care providers with experience expertise. The new experience worker is linked to a (senior) peer support worker/care provider with experience expertise who is easily accessible to the new experience worker and who stimulates communication/interaction with other team members, gives feedback, etc. Preferably, this employee has already been involved in the selection procedure. The aim of this 'buddy' construction is to offer the new experience worker a good introduction and 'safe' working environment. Offer a tailor-made onboarding period.

Job coaching. Job coaching can be offered to the new peer support worker/care provider with experience expertise with attention to going back to work, building up in hours/tasks and financial matters (agreements with benefit agencies).

Expectations. Be open and clear in expectations, roles and tasks. Always tune in with the new peer support worker/care provider with experience expertise.

9. Support

Intervision/casuistry. A separate support structure is offered for intervision and casuistry for peer support workers/care providers with experience expertise by a senior peer support worker/care provider with experience expertise.

Supervision. Supervision is regularly provided for peer support workers/care providers with experience expertise by a senior experience worker/care provider with experience expertise.

Vulnerability. It requires a lot from peer support workers/care providers with experience expertise to swim against the current and use their vulnerability in the process. This requires extra attention for support in the workplace.

Team coach. If the organization works with a separate team of peer support workers, you can choose to appoint a team coach. The team coach provides individual coaching where necessary or organizes team coaching.

Contact with the source. It is important for peer support workers/care providers with experience expertise to keep in touch with the origin of their knowledge. This can be done by continuing to participate in self-help groups and or by remaining actively involved with client organizations. In this way, they themselves remain well informed and at the same time they feed these organizations with their expertise.

Development process for employees with their own experience. An employee network can be organized where employees with their own experience can find each other. This allows these employees to exchange experience knowledge, support each other and increase openness about being vulnerable in the organization. They can also be offered a development process to develop their experiences into experience expertise. From this network, potential future care providers with experience expertise (or employees with experience expertise in other positions) can be recruited.

Development process for volunteers with their own experience. There is a development process for volunteers with their own experience and clients from their own organization who want to develop into an peer support worker/care provider with experience expertise.

Thematic meetings & policy days. The organization organizes yearly a number of thematic meetings and policy days with the entire group of peer support workers/care providers with experience expertise to strengthen mutual contact and keep the vision up to date.

A: Preconditions

10. Absence policy.

Clarity. Given the specific background/problems of the experience worker, an absence policy requires an extra alert attitude of the manager. At the start of the employment, clarity is therefore immediately given about the own management model, the underlying vision (distinction of absence/illness, division of roles between manager, employee and company doctor; the relationship with a general practitioner/own practitioner). In a neutral situation, where there is no absenteeism yet, expressing expectations provides a better understanding of the background and necessity of the policy.

Adjustments. As with any other employee, the employer is obliged to make adjustments to working conditions where necessary.

Tension. In addition, peer support is used to organize a change of values. It requires a lot of people to swim against the current and use their vulnerability in the process. This requires extra attention for support in the workplace.

Peer support has been developed on the basis of a (chronic) psychiatric disorder or traumatic experience. **It would be paradoxical to want to use peer support, but rather without the vulnerability.**

In case of frequent and/or imminent long-term absence, intervene quickly and adequately. There may be a dilemma for the manager here. Should one's limitations or vulnerabilities be raised or is this stigmatising?

The peer support worker/care provider with experience expertise is hired in this specific position, thanks to his own experience or vulnerabilities. But because of these vulnerabilities, an peer support worker/care provider with experience expertise may not be able to do his/her job at some point.

This tension must be managed by the manager in the event of default.

B: Points of attention

Scour or tension may occur when using peer support. This makes sense because the use of experience expertise aims to make the system world more in line with the living world of clients



Workload at the location

In the event of a (too) high workload, the care provider tasks should not be at the expense of the additional tasks of the care provider with experience expertise. The free space in the work of peer support workers/care providers with experience expertise must also be guaranteed. They also need space to stay near clients without agenda and be clinging to.

Conflict of loyalty

As an care provider with experience expertise, you can get caught between loyalty to clients and loyalty to the team you are part of. This conflict can be introduced at intervision or supervision meetings.

Medical file

The care provider with experience expertise, like his colleagues, uses the medical files of clients. As an peer support worker in a separate role, you are not part of the team and generally do not read medical files to support an open attitude towards clients.

Trust & privacy

As a care provider with experience expertise, you are part of the (treatment)team and are expected to share information about clients in the team. A peer support worker is generally not part of the team. Therefore sharing information with the team depends on the permission of clients. Explicitly asking the client for permission or inviting the client to his client meeting could largely solves the privacy issue.

B: Points of attention

Coercive treatment.

If the situation so requires, the peer support worker/care provider with experience expertise can be involved in situations with coercion and urge. This can present a moral dilemma, especially if the care provider himself has had to deal with coercion and urge himself. It is better to involve the peer support worker/care provider with experience expertise in the prevention of coercion and, if coercion is necessary, to be involved in the aftercare of the client.

Professional distance and proximity.

As a care provider, you usually keep professional distance to clients, while a peer support worker/care provider with experience expertise comes close by sharing his experiences expertise with clients in an appropriate way. The concept of professional proximity is still evolving and the choice of distance and proximity can feel in conflict for the care provider with experience expertise.

Living world & system world

A care provider is part of the (medical) system world, while a peer support worker is more in line with the living world of clients. The living world of clients and the medical system world are difficult to connect. The care provider with experience expertise is able to indicate where the system world can better fit in with the client's world. This can cause tension among the care provider with experience expertise if the team is not open to this innovation.

Resistance & Isolation.

A care provider with experience expertise can coach employees in the workplace in recovery oriented care because he can think and work from both the care provider perspective and the client perspective. This can provoke resistance resulting in an isolated position. It requires the care provider with experience expertise tact and sufficient experience in dealing with resistance. It requires the manager to support the care provider with experience expertise. Therefore, preference is given to two experienced workers or two care providers with experience expertise or a combination of these two roles.

Expertise.

Unsuccessful experiences cost support in the organization. Don't let teams experiment with the use of peer support themselves, but let the teams make use of the expertise of a project group/working group.

