

GROWING DEDICATED PEER & CONSUMER ROLES IN ADDICTION SERVICES



Recovery can be infectious. Simply seeing a person living in recovery – when they have travelled a road similar to your own – can be life-changing. This is especially so in addiction where people share a ‘specialist knowledge’ based on a shared history, shared needs, and similar experiences, which allow them to communicate and connect in ways unfamiliar and unknown to people who have not been part of that world.

Perhaps it is this sense of connection that underpins the power of peer support which has, in various forms, been the back bone of the addiction treatment sector since the very beginning. However, whilst a third of all addiction practitioners identify as having their own lived experience of addiction (Adamson, Deering, Schroder, Townshend & Ditchburn, 2008) it is only in recent times that dedicated consumer and peer roles have been introduced into the paid workforce.

For people who are searching for hope it can be as simple as “seeing is believing”.

Peer support worker

The model of care used in addiction services benefits from a partnership between the clinical and the non-clinical workforce. Consumer advisor roles contribute to service planning and provision while consumer advocacy and peer support roles add value to the client journey.

To date, the peer and consumer roles have developed in ad hoc ways. While several mechanisms exist to support the growth of this workforce, including the development of the Matua Raki Consumer Leadership Group, some resource material (Matua Raki, 2010 & 2012), an agreed set of core

Figure 1: Example of a partnership between clinical and peer addiction workers



Peer Support – Linking people with treatment and support options. Our model of peer support showcases how both styles (clinical and peer support) can complement each other.

We are part of CCS AOD Coordination which gives us quick access to clinical support if issues arise outside the scope of practice of the peer support team.

competencies (Te Pou o Te Whakaaro Nui, 2014) and training (including supervision skills), there is no comprehensive plan for building the capacity and capabilities of the consumer and peer workforce within the addiction sector.

This is a proposal for a cohesive regional or national approach that provides an infrastructure and offers an overarching ‘umbrella’ for the development of the addiction peer and consumer workforce. This direction of travel is supported by the national *Mental Health and Addiction Workforce Action Plan* (Ministry of Health, 2017).



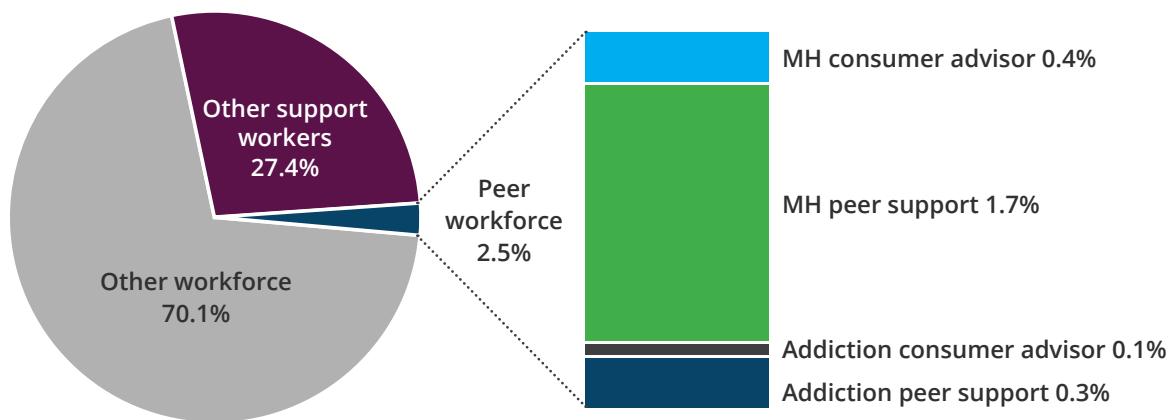
National Committee for Addiction Treatment

Matua Raki
National Addiction Workforce Development

THE ADDICTION PEER & CONSUMER SUPPORT WORKFORCE: SOME FACTS

While there are a number of policy drivers that explicitly support consumer participation in the planning, delivery and evaluation of addiction services, only 2.3 percent (31 FTEs) of the adult AOD and problem gambling workforce (1,316 FTEs) were in peer support and consumer advisor roles. A further 10.8 FTEs were employed in dedicated peer and consumer roles in child and youth addiction services (Werry Centre, 2016).

Figure 2: Peer & consumer roles by service groups (adult mental health and addiction services)



Most of the addiction peer and consumer support workforce is employed by NGOs (see table 1). However, it is important to note that there are a small number of addiction peer (2 FTEs) and consumer roles that are known to exist in DHB services, but which are not reflected in the *More than*

Numbers survey (Te Pou, 2015). In 2011, Matua Raki reported that there were 12.4 peer and consumer FTEs employed in DHB settings. The decline in reported numbers in DHBs, in less than a four year period, indicates that DHB roles in particular might need more focused attention.

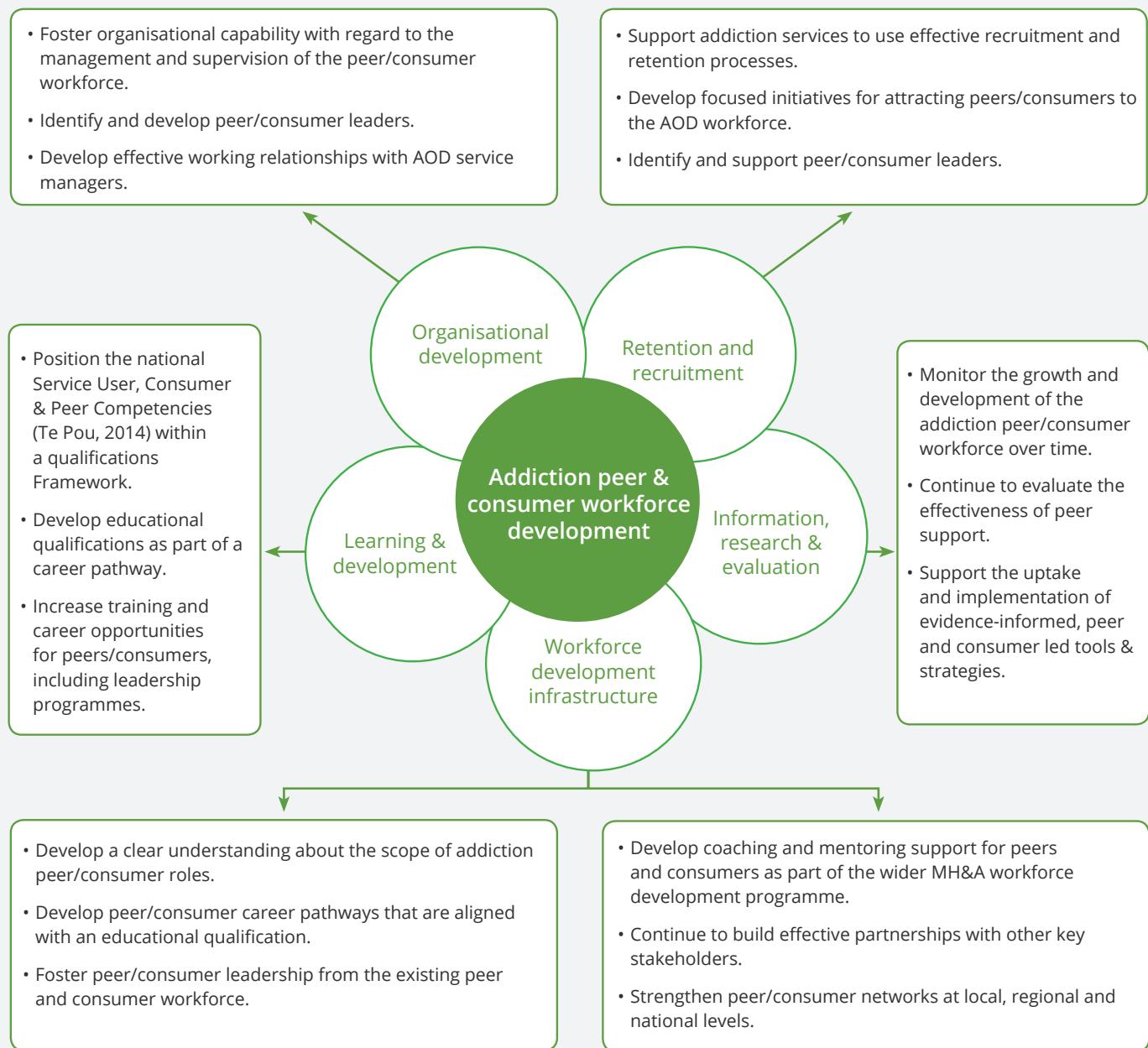
Provider	Service types	Peer & consumer workers	%	Family and whānau peer workers	%
DHB	Mental Health	13.7	96%	-	-
	MH & AOD	0.5	4%	-	-
	AOD & Problem Gambling	-	0%	-	-
	DHB total	14.2	100%	-	-
NGO	Mental Health	133.9	78%	10.6	69%
	MH & A	7.1	4%	1.2	8%
	AOD & Problem Gambling	30.7	18%	3.5	23%
	NGO total	171.7	100%	15.3	100%
Total peer & consumer workforce:		185.9		15.3	

In order to achieve meaningful growth in the capacity of the consumer and peer workforce, a clear strategy is required that actively identifies potential candidates and utilises existing supports to engage people in training (eg, fees scholarships through Careerforce). For example, to achieve a 100 percent increase in the number of consumer and peer workers in the addiction workforce over the next two years would require 15 people per annum to undertake a level 4 programme of study.

PEER & CONSUMER WORKFORCE DEVELOPMENT PRIORITIES

The Ministry of Health (2017) has developed a framework to help focus workforce development activity in the mental health and addiction sector. The five domains of this framework are outlined below, along with some associated activities that are designed to help grow and develop the addiction peer and consumer workforce.

Figure 3: Summary of workforce development priorities for the AOD peer & consumer workforce



Source: Adapted from Ministry of Health (2017, p17). Mental Health and Addiction Workforce Action Plan 2017 – 2021. Wellington. New Zealand: Ministry of Health.

WHERE TO FROM HERE?

Being a Peer Support Worker means my pain now serves a purpose. I am honoured to be a witness to my peer's growth journey and to be of support to them.

Peer Support Worker, Pregnancy and Parental Service

The growth and development of the peer and consumer support workforce is important for realising the strategic directions that are signalled in Rising to the Challenge (*Ministry of Health, 2012*).

The national Mental Health and Addiction Workforce Action Plan (*Ministry of Health, 2017*, p36) specifically notes that "people in the peer and consumer workforce are advocates and role models, and have a valuable role in shaping services and training and development of the mental health and addiction workforces as a whole".

The Mental Health and Addiction Workforce Action Plan includes the following priorities over the first 1-2 years:

- **Action 4.3 (c):** Increase recruitment and retention of the peer and consumer workforce by strengthening the infrastructure, providing effective leadership, management and supervision and strengthening networks at regional, and national levels.
- **Action 4.4 (b):** Increase training and career opportunities for the peer and consumer workforce, including by offering leadership programmes and meeting the requirement of the peer competency framework.

Matua Raki and the National Committee for Addiction Treatment (NCAT) are committed to the growth and development of the AOD peer and consumer workforce and look forward to working with the Ministry of Health and other key stakeholders in the addiction and mental health sector to implement these actions.

One of the proposed activities is to strengthen the peer/consumer networks at local, regional and national levels. This could be achieved by establishing a hub and spoke model that could help foster local and regional capacity developments, with national support. For example, the national workforce development lead for consumer and peer workforce (Matua Raki) could be further utilised to work with regional addiction services to identify potential consumer and peer workers, assist them with training opportunities, sponsor regional network gatherings, support training days and share stories of success at other national fora.

The members of the national consumer leadership group could also have a significant role to play in mentoring and coaching new consumer and peer workers in their roles and supporting them to have a voice in key sector developments.

The possible configuration of this hub and spoke model is envisaged in figure 4 on the following page:

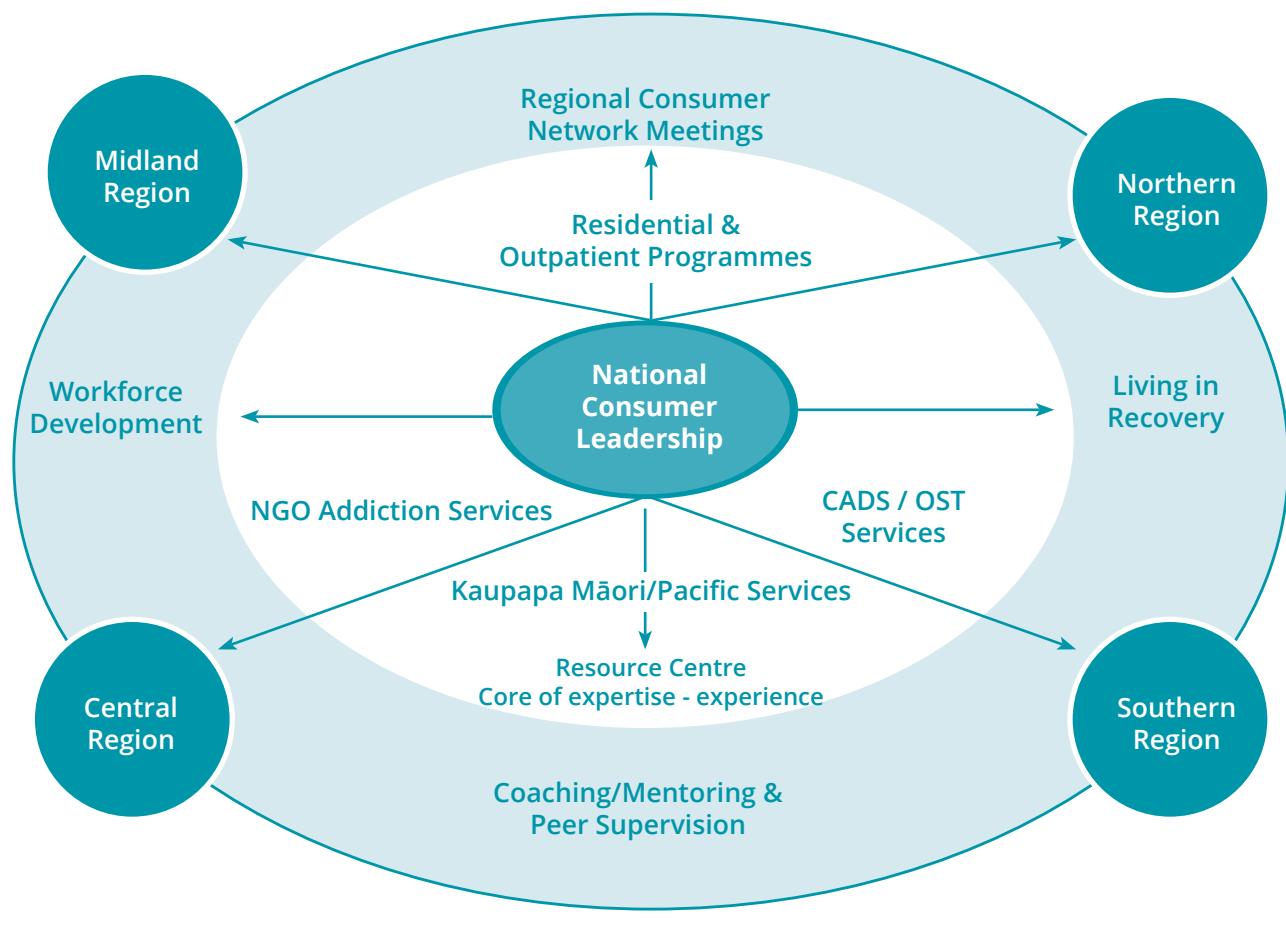
"For the consumer and peer workforce to develop and thrive, it needs committed resourcing, leadership support and equity of opportunities. An appreciation of some of the challenges inherent in the work that peer workers do is critical to ensuring the group is valued and supported".

Te Pou (2015b)



PEER AND CONSUMER NETWORK EVOLUTION

Figure 4: Building the infrastructure for the development of the consumer and peer workforce



(National Addiction Consumer Leadership) - Coordinate the consumer 'hub & spoke' model of care

Tasks

- Coordinate and facilitate quarterly consumer meetings in the 4 regions
- Liaise with local and consumer leadership
- Liaise with AOD service managers - form working relationships with managers/key staff to identify & support people from treatment to the regional consumer network meetings

Communication:

Social Media	Email	Newsletters	Video/tele conferences - link with key people to access equipment and support
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Regional Consumer Network Meetings:

These meetings are for people with a lived experience of addiction who want to be actively involved in supporting others; having input into service delivery and / or interested in exploring workforce opportunities. The meetings would give access to consumer & peer leaders, information and resources on related workshops/conferences and training etc

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Matua Raki Consumer Leadership Group (MRCLG)

The role of the MRCLG is to:

- support Matua Raki to respond to consumers/tāngata whai ora, and their families and whānau, to reduce addiction related harms.
- provide strategic direction and support to the Matua Raki consumer project lead to achieve the goals of the addiction consumer and peer workforce.

The group are all people with lived experience of addiction and recovery, who are working in designated consumer or peer roles in Aotearoa New Zealand. We meet in person three times a year before each addiction leadership day and bring our unique experiences of different adventures, adversities, treatment experiences and recovery pathways.

Our current members are:

- Damian Holt, *Addictions Advocate - MHAPS, Christchurch*
- Rangimokai Fruen, *Senior Co-Existing Problems Clinician - Tui Ora, New Plymouth*
- Joe Hall, *Peer Support Worker and Consumer Advisor - West Coast*
- Carolyn Swanson, *Service User Lead - Te Pou, Auckland*
- Rhonda Robertson, *Regional Consumer Advisor - Salvation Army, Auckland*
- Suzy Morrison, *Consumer Project Lead - Matua Raki, Auckland*
- Sheridan Pooley, *CADS Regional Consumer Advisor, Auckland*
- Marc Beecroft, *Regional AOD Consumer Advisory - Odyssey, Christchurch*

The National Committee for Addiction Treatment (NCAT) is the national voice of the addiction treatment sector in New Zealand.

NCAT provides expert advice on treatment for alcohol, other drugs, and problem gambling. For further information refer to <http://ncat.org.nz>



National Committee for Addiction Treatment

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