



**Mental  
Health  
Council**  
OF TASMANIA

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# CICD Project Briefing Paper

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## Briefing Paper

The purpose of this paper is to provide the reader with information about a Peer Worker Trial conducted by the MHCT between 1<sup>st</sup> April and 31<sup>st</sup> August 2019. The paper complements the Tasmanian Peer Workforce Development Strategy.

### Background

Funding was provided to the MHCT through the Community Inclusion and Capacity Development funding round of the National Disability Insurance Agency (NDIA) via the Department of Health and Human Services to conduct a trial of a peer education and support model to support people with psychosocial disability to engage with the National Disability Insurance Scheme (NDIS) and mainstream services.

### The Trial

A focus of the Trial was the use of supported decision making and the Mental Health Coordinating Council of NSW conducted training for the Peer Workers and other service provider staff on 1<sup>st</sup> April 2019. This aspect of the trial was identified in the original submission to the NDIA as an approach recognised in other jurisdictions as being client centred. Given the Trial's purposes of assisting people to access the NDIS supported decision making was also recognised as aligning strongly with the NDIS emphasis on individual choice and control.

### Clients

Agencies offered clients the option of working with a Peer Worker as part of the intake process with the aim of each 0.5FTE engaging 20 clients of the course of the Trial. Those who elected to work with a Peer Worker signed a permission form. This form also provides a framework for an initial discussion about Peer Work.

Three of the agencies were Partners in Recovery agencies and were chosen because they were actively transitioning clients to the NDIS.

### Peer Workers

One agency was able to redeploy an existing worker with lived experience of mental illness and recovery to the Trial. Three additional workers were recruited through an expression of interest process conducted by Flourish.

Qualifications and experience of the Peer Workers varied considerably from degree qualified with years of experience to one Peer Worker with no qualification or experience as a support worker.

Peer Workers met initially fortnightly and then monthly as the Trial progressed. Peer Workers were provided with monthly external supervision in addition to supervision within their employing agency.

### Participating Agencies

Mental health service providers were approached to gauge interest in participating in the Trial by employing a Peer Worker within their teams to support people with psychosocial disability to prepare for and make application to the NDIS and to access any other needed mainstream services. The participating agencies entered into a service agreement with the MHCT providing funds to employ the Peer Worker and for involvement in a Steering Group for the Trial.

Four agencies participated in the Trial employing a total of 2.5FTE across four workers.

Participating agencies were asked to adopt the position description developed for the Trial.

### Steering Group

The trial was supported by monthly Steering Group meetings of the participating agencies, Flourish and Mental Health Carers.

Development of Trial materials was guided by the Steering Group with the most detailed and expansive input coming from Peer Workers. Materials included:

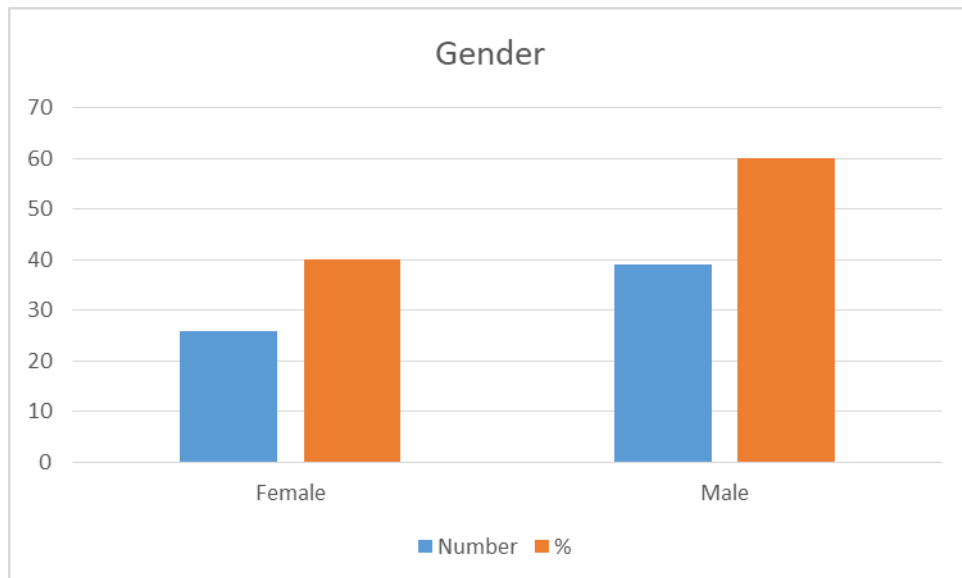
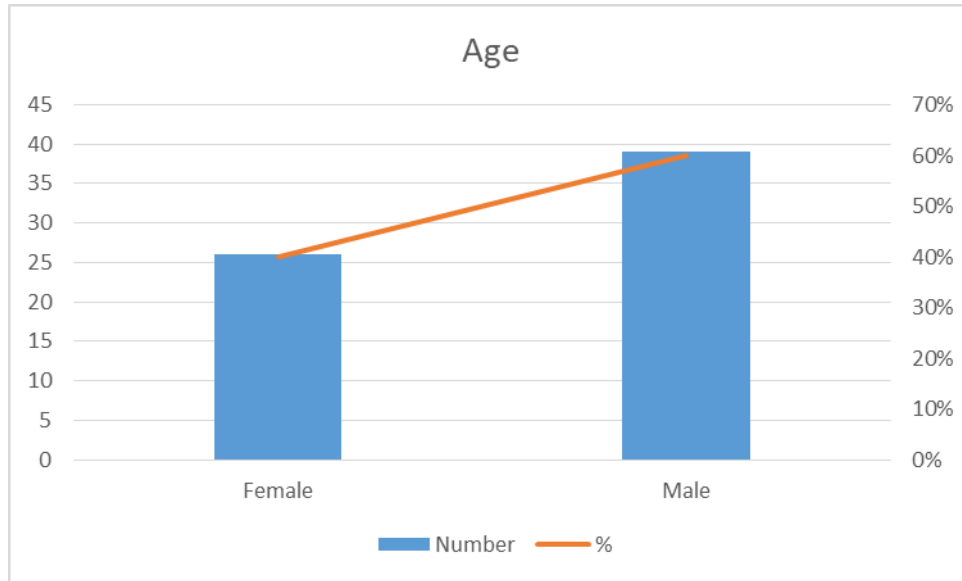
- Post-Trial surveys for clients, participating agencies, co-workers and the Peer Workers.
- Data to be collected during the trial

A two day workshop, Management of Workers with Lived Experience, was conducted by the MHCC on 3<sup>rd</sup> and 4<sup>th</sup> July 2019 and attended by participating agencies and other interested stakeholders. The need for this training had been previously identified by the MHCT and Department during the submission development phase. When agencies were approached there was immediate enthusiasm about the training given that all agencies expressed some concerns about lack of experience in managing Peer Workers and talked about perceived risks.

## Results

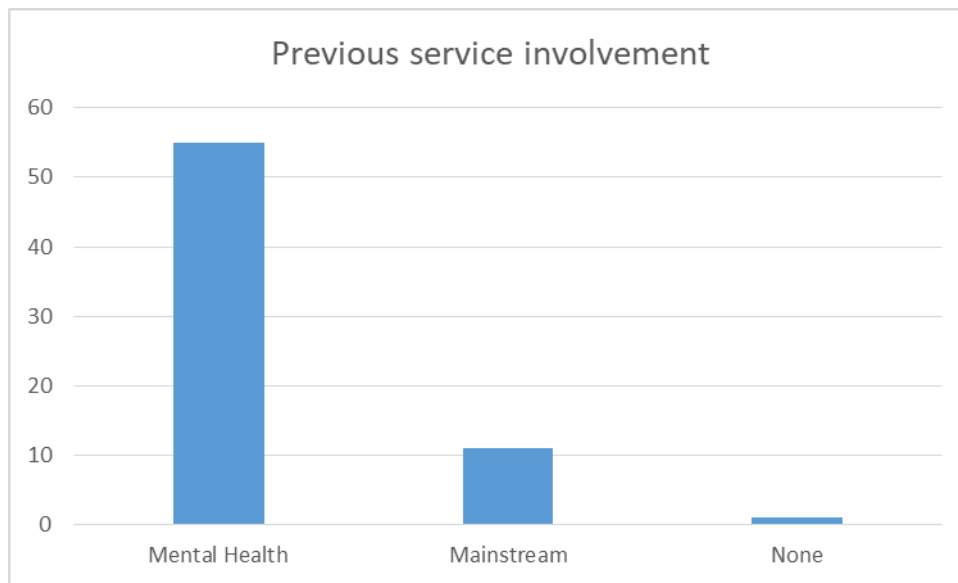
### Clients

65 clients engaged with the project.

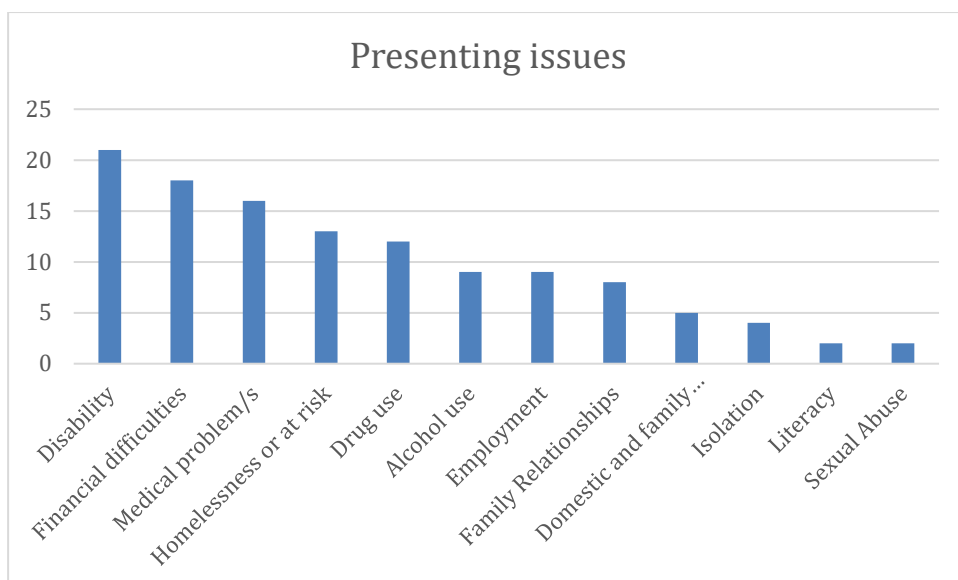


Clients were asked whether they had someone in a carer role – 32% said yes.

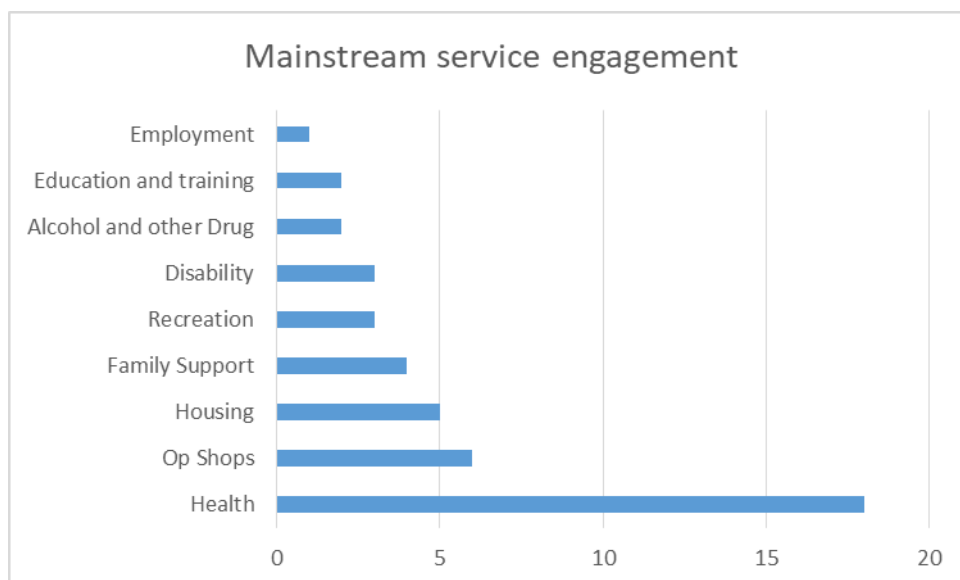
Clients were asked about previous service involvement.



In addition to mental wellbeing a range of other presenting issues were experienced by the client group.



Peer workers supported clients to engage with a wide range of mainstream service providers. In addition to those below clients engaged with libraries, coffee shops and other general community outlets.



40 of the 65 clients made application to the NDIS during the Trial.

29 Client surveys were submitted, a return rate of 45% . A summary of the feedback is as follows:

- 72% were very satisfied with the level and quality of engagement with their Peer Worker
- 82% believed they were a great deal to a lot better able to access and engage with services and the NDIS
- 82% said their expectation of peer support were met - from a great deal to a lot
- 67% felt they were able to make a great deal to a lot of progress to achieving their goals (Note for clients engaged towards the end of the Trial the support period was very short).

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*“The help of a Peer Worker made the process less stressful”*

*“Peer Worker had understanding”*

*“I wouldn’t manage to apply for NDIS without this support”*

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## Peer Workers

All the Peer Workers who participated in the Trial completed surveys. In summary:

- 80% felt satisfied to very satisfied with their level and quality of engagement with the trial
- 100% were satisfied to very satisfied with their overall understanding of the purpose of the trial
- 100% believed their involvement has increased their capacity to engage people with psychosocial disability by a lot to a great deal
- 80% used their lived experience of mental health challenges in supporting most to all clients
- 80% used their lived experience of recovery in supporting most to all clients

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*"I now have ongoing 2.5 days a week 'til June 2020!!...I think the supported decision-making training we did was really good."*

*"...The reflection in power and more level of engagement for Peer Worker need to be done in the mental health services"*

*"My experience in this trial has demonstrated that the support agencies need a lot more training and information to support a peer work programme"*

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## Participating Agencies

All participating agencies completed a post-trial survey. In summary:

- 100% were satisfied to very satisfied with the level and quality of engagement with the Peer Worker trial project
- 80% believed the Peer Worker involvement demonstrated an increased capacity to engage people with psychosocial disability by a lot to a moderate amount.
- Participating agencies reported some challenges in introducing Peer Work with three agencies reporting role clarification with co-workers as an issue and two reporting co-worker understanding of the value of Peer Work as an issue.



- Beyond client work agencies reported a range of other positive impacts resulting from employing a Peer Worker that included:
- Engagement with consumer organisations
- Modelling the use of consumer friendly language
- Modelling “talking safely”
- Policy/procedure review
- Education sessions for staff

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*When people were offered the option of accessing a Peer Worker there was a lot of interest  
“The Peer Worker was able to message that change is possible”*

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## Discussion and Findings

The Trial demonstrated the positive effects that employing a Peer Worker can have on workplace culture. Additionally, a range of Peer specific contributions to mental health service development emerged for some providers.

The Trial confirmed that clients will choose to be supported by a Peer worker when the option is available. Further, clients are very satisfied with the support received and make similar progress towards their goals as with other workers. Comments from clients and the satisfaction with engagement indicate that the value of Peer Work lies in the process for the client rather than any particular effect on outcomes. There was no discernible increase in client response to a question about progress towards goals that is usual in community services. To prove this definitively research could be conducted comparing Peer Workers against other workers within an agency.

Some of the challenges identified by participating agencies underline the importance of agencies establishing appropriate peer supervision structures. In developing a Peer workforce specific training is highly desirable and to this end the MHCT has partnered with TasCOSS to

develop Peer Worker education tailored to suit peer induction and specifically working with clients to access the NDIS.

It is useful to note that Peer Workers undertake the same support role as other workers and so it is prerequisite that they possess the same capacities as other workers to be successful. Generally, this includes either an allied health qualification or at a minimum Certificate IV in Community Services together with appropriate experience. The Peer Worker brings their own experience of recovery to the support relationship as an addition not a replacement.

A long standing issue for the mental health sector has been the how to increase the availability of Peer Workers/develop a Peer workforce. One of the early drivers in this regard was when what is now the Department of Social Services required Peer Workers to be part of the Personal Helpers and Mentors Service (PHaMS) design. 20% of team members in the program (notionally one in each team of five) were Peer Workers. For those agencies involved this began a journey of exploration about the nature of Peer Support, management of Peer Workers, relationships with non-Peer Workers. In some agencies it led to broader employment opportunities as Peer Work became accepted and valued. It would be fair to say that this PHaMS effect has dissipated and that apart from some initial moves within mental health services little impetus to employ Peer Workers is present. The only agency in this Trial able to readily identify an existing Peer Worker was a PHaMS agency.

It is clear from the Trial that the agencies derived benefits from employing Peer Workers but the history of Peer Work development outside of PHaMS would suggest this will be insufficient to drive development of a Peer workforce.

Should clients begin regularly requesting support from Peer Workers we might expect this to prompt agencies to respond however it is difficult to see how this might occur in the absence of an existing Peer Worker option for clients. A kind of chicken and egg problem.

Contractual requirement has been shown to work in the example of PHaMS and it is reasonable to expect that development would flow from a similar requirement in state government and Primary Health Tasmania service agreements.

Within the NDIS context employment of Peer Workers could be achieved by the inclusion of a Peer Support item in the NDIS support catalogue. Given the high interest of clients in this Trial it can be expected that should the option be available many NDIS plans would contain the new item. In effect a Peer workforce would develop over time in response to market demand resolving the chicken and egg problem.

Peer Support can be divided into two types. Firstly, there is Peer Support to assist people to achieve their goals akin to the support provided by other workers in the sector. It is this type of support discussed above. The second type of support relates specifically to the NDIS and was a particular focus of the Trial - support to make application to the NDIS and develop and NDIS plan.

The Trial demonstrated that many people with psychosocial disability are unable to make application to the NDIS without support. There is no service to support those individuals. Where a person is supported by a provider to make application there is an implicit understanding that if successful the person would look to that provider to deliver the supports. It is not possible to eliminate this conflict of interest for the provider and the sense of obligation for the client.

Through discussions during the Trial the value of an independent support service to assist people with psychosocial disability to make application to the NDIS emerged. Such a service would not carry a conflict of interest and where a successful application is made would be ideally placed to support the client to implement their NDIS plan. This service could employ Peer Workers and potentially be governed by people with lived experience of mental illness. The service could be further developed to support people to take control of the plans by offering plan management services and skill development including resources to enable independence. This a key NDIS objective.

Naturally the service could encompass a broad service navigation function that assists people to access all mainstream services in much the same way the workers did in this Trial.

## Recommendations

- That Peer Worker education be made available state-wide.
- That a workshop in relation to managing Peer Workers be made available state-wide.
- That Primary Health Tasmania and Department Health consider including a requirement to employ Peer Workers in mental health service agreements.
- That a state-wide support service be established to assist people with psychosocial disability to make application to the NDIS, develop their NDIS plan and develop self-management capacity.