Te Pou o te Whakaaro Nui

International peer workforce strategies

Key findings from a literature review of strategy documents

A literature review was undertaken to explore features of eight peer workforce strategies published by members of the International Initiative for Mental Health Leadership (IIMHL). Documents were examined for evidence of the peer workforce structure and service delivery, and links to an overarching workforce planning and development framework (Te Pou o te Whakaaro Nui, 2017a, 2017b). Other aspects examined were understanding of the current workforce and development activities across the five domains of workforce development (Ministry of Health, 2017). This brief provides an overview of the strategies examined and describes the main findings, to inform participants to the forthcoming peer workforce development forum.

Overview of peer workforce strategies examined

One strategy document was sourced from each of the US (Virginia), Canada (Ontario), and the UK (London). Five strategies were sourced from Australia, including one national strategy and four relating to locality-based peer workforce development (the Gold Coast area, and Queensland, Western Australia, and Victoria states). The purpose of each strategy is outlined in Table *1*, below.

Table 1. *Strategy Details and Purpose of the Eight Peer Workforce Development Strategies Examined*

Strategy details	Purpose
Cramp et al. (2017) *Best Practices in Peer Support: 2017 Final Report* (Ontario, Canada)	Identifies best practices and resources needed for mental health and addiction peer support workers and employing organisations to ensure peer support is effective, and appropriately incorporated into addiction and mental health treatment.
Far North Queensland Mental Health Alliance Peer Workforce Subcommittee (2016) *FNQ Peer Workforce Framework: Valuing Lived Experience* (Queensland, Australia)	A framework developed from industry perspective to provide direction to policy makers about the principles, values and guidelines that underpin mental health and addiction peer work.
Health Workforce Australia (2014) *Mental Health Peer Workforce Study* (Australia)	A report on the findings of the mental health peer workforce study and recommendations for development to strengthen the mental health peer workforce.
Mental Illness Fellowship Victoria (n.d.) *Peer Workforce Framework* (Victoria, Australia)	A framework for training and support strategies to develop the mental health peer workforce. A process for workforce development is also included.

ISBN 978-1-98-855128-9

Strategy details	Purpose
National Association of State Mental Health Program Directors (2014) *Enhancing the Peer Provider Workforce: Recruitment, Supervision and Retention* (Virginia, U.S.A.)	A toolkit to brief and guide community providers and hospitals to integrate peer workers into recovery-oriented mental health and addiction services and grow the workforce.
Peer Workforce Reference Group: Gold Coast Partners in Recovery (2015) *Mental Health Peer Workforce Development Plan Gold Coast 2015–20* (Gold Coast, Australia)	A mental health peer workforce development plan describing five objectives across recruitment, retention, training and development, organisational development, and sector development.
Tazim Virani & Associates (2015) *Development of a Peer Support Strategy for the South West LHIN (SWLHIN),* (London, U.K.).	Report on a proposed mental health and addiction peer support strategy for the South West Local Health Integration Network that describes peer values and guiding principles, vision and outcomes and areas of focus.
Western Association for Mental Health (2014) *Peer Work Strategic Framework* (Western Australia).	A framework to encourage further and continued embedding of peer work into the community mental health and addiction sectors.

Five out of the eight strategies covered both mental health and addiction peer workforce development. In relation to addiction services, most of these five strategies identified a focus on services working with people who have problematic substance use. There was no mention of problem gambling services as addiction services. The remaining three strategies from Australia made no mention of addiction services nor substance use and so are assumed to apply only to mental health peer workforce development (Health Workforce Australia, 2014; Mental Illness Fellowship Victoria, n.d.; Peer Workforce Reference Group: Gold Coast Partners in Recovery, 2015).

Discussion

Strategies were examined for evidence of workforce planning, understanding the current workforce, and development activities across the five domains of workforce development. Overall, the strategy documents had strong emphasis on many of these aspects.

- All strategies showed features of workforce planning.
- The future workforce needed was well articulated in terms of roles and values, although only half (4) strategies described competencies.
- Most strategies demonstrated strong engagement with the current status of the workforce and barriers and enablers to effective peer work.
- A wide range of workforce development activities were described for recruitment and retention; and learning and development.
- Activities aimed at developing organisational culture and evaluation were also described.

- Other aspects of information and research; and workforce development infrastructure were less well developed.

This section discusses these findings alongside the guiding principles for good workforce planning and development. These principles include strong stakeholder engagement; taking a strategic, evidence informed, multi-level or whole-of-system approach; that is equitable and sustainable; see Te Pou o te Whakaaro Nui (2017b).

Stakeholder engagement was strongly evident in all strategies, and included people who have lived experience, peer leaders and groups, organisation managers, and to a lesser extent cultural community leaders. Strategies also demonstrated engagement with research and other evidence, especially the benefits of peer support to people who access services.

Strategic, multi-level or whole-of-system approaches to peer workforce development ensure that peers are integrated and have influence across all levels. Most strategy documents provided very practical, service-level advice and support for implementing peer workforce roles within an existing workforce. Explicit multi-level or whole-of-system approaches were less evident, with only a few discussing peer roles and enablers for influencing and supporting organisation governance and service design; and development of regional or national, and academic leadership. Indicators and measures of progress to support quality improvement and evaluation at the service-level were described; but not ways to measure the progress towards building peer workforce capacity across the health system.

Strategies' also took an operational approach to exploring equity. Most strategies framed equity in terms of balancing roles and responsibilities between the peer and non-peer workforces, and ensuring organisations are sufficiently flexible to support peer worker's employment needs. In some strategies, specific advice was given for developing peer roles in cultural communities. Equity was not discussed in any strategy in relation to alignment of peer workforce representation to the people who access services; nor was there any assessment of equity in peer worker coverage across the health workforce locally, regionally, or nationally.

Sustainability was another area that was potentially underdeveloped in relation to multi-level or whole-of-system factors. Some strategies provided for the commissioning and funding arrangements needed to support peer workforce development. Career pathways within organisations was commonly discussed in strategies, as was peer worker wellbeing. However, there was little engagement with other areas impacting sustainability, such as developing the pipelines into peer work, and research into effective models of care, skill mix and workforce size.

Concluding comments

Examination of the key features of these strategies provides insight into the activities undertaken to develop the peer workforce internationally. In keeping with the emphasis of peer work on the voices and perspectives of people who access services, all the strategies were formed from strong engagement with peer stakeholders. Strategies reported engaging with evidence for the benefits of peer support. In the activities described, there was good coverage of recruitment and retention, learning and development, and organisational development

domains at the service-level. It would be helpful to emulate all these factors in the development of a New Zealand peer workforce strategy.

International strategies could have paid more attention to multi-level and whole-of-system development approaches. These would have helped to ensure all levels of peer work are addressed in strategies and help enhance equity and sustainability of the future workforce. This is a key area for New Zealand to show leadership. Approaching the New Zealand strategy development using the lens of the Ministry of Health's five domains of workforce development and guiding principles (Te Pou o te Whakaaro Nui, 2017b) will help to ensure attention is given to the operational and broader regional and national strategic aspects of peer workforce development.

References

Cramp, J., Indrakumar, A., & Sani, B. (2017). *Best practices in peer support*. Ontario: Addictions & Mental Health Ontario.

Far North Queensland Mental Health Alliance Peer Workforce Subcommittee. (2016). *FNQ Peer Workforce Framework: Valuing lived experience*. Australia: FNQ Partners in Recovery.

Health Workforce Australia. (2014). *Mental health peer workforce study*. Adelaide: Health Workforce Australia.

Mental Illness Fellowship Victoria. (n.d.). *Peer workforce framework*. Australia: Mental Illness Fellowship Victoria.

Ministry of Health. (2017). *Mental Health and Addiction Workforce Action Plan 2017-2021*. Wellington: Ministry of Health.

National Association of State Mental Health Program Directors. (2014). *Enhancing the peer provider workforce: Recruitment, supervision and retention*. Virginia, USA: National Association of State Mental Health Program Directors.

Peer Workforce Reference Group: Gold Coast Partners in Recovery. (2015). *Mental health peer workforce development plan: Gold Coast 2015-20*. Queensland: Gold Coast Partners in Recovery.

Tazim Virani & Associates. (2015). *Development of a peer workforce strategy for the South West LHIN (SWLHIN)*. London: Tazim Virani & Associates.

Te Pou o te Whakaaro Nui. (2017a). *Developing your workforce: An overview of a systems appraoch to workforce development*. Auckland: Te Pou o te Whakaaro Nui.

Te Pou o te Whakaaro Nui. (2017b). *Workforce planning guide: Getting the right people and skills in the future workforce*. Auckland: Te Pou o te Whakaaro Nui.

Western Association for Mental Health. (2014). *Peer Work Strategic Framework*. Perth: Western Association for Mental Health.