**Guidance on the application and promotion of peer work
in the context of the NDIS**

Authors: Janet Meagher and Dr Gerard Naughtin

Introduction

This paper provides an overview of peer work, the evidence of its benefits and its application in the National Disability Insurance Scheme (NDIS) context. It outlines a role for the National Disability Insurance Agency (NDIA) to promote the development of peer work as part of the range of choice for NDIS participants.

A longer technical paper will be available shortly that provides a more detailed overview of the evidence for the value and application of peer work in disability primarily based on evidence of the success of peer work in the mental

health sector.

Background

As part of the ongoing development of the NDIS and on the basis of advice from the Independent Advisory Council (IAC) in relation to the needs of people with psychosocial disability, peer work has been included as a support item that participants can purchase. Referred to as "peer support" it is priced at around $52 per hour, and comprises 'assistance with and co-ordination or management of life stages, transition and supports' from someone with lived experience of disability as well as other appropriate skills. Lived experience can also be built into any service type: this is a strategy that individual providers may pursue if they deem it relevant to their particular target market.

The current conceptualisation of peer work is largely drawn from its application in mental health systems in Australia and overseas. There is an emerging evidence base for the efficacy of peer work in supporting people who have experienced mental health challenges to develop the confidence and capabilities they need to lead contributing lives in the community. The evidence points to the effectiveness of peer work in promoting people's independence and contribution, and reducing their reliance on professionally provided services over their life time. The focus on the development of confidence and capability is relevant to all disability types, particularly those where cognitive disruption, motivation and/or emotional distress impair individuals' functional capacity or ability to engage in participation activities.

However, the evidence relating to the implementation of peer work in organisations and across systems suggests that merely creating the conditions in which peer work can occur (i.e. by providing a funding mechanism) is insufficient to ensure its development. There is a role for the NDIA to promote and support the development of peer work in order to expand the

range of services that NDIS participants can choose from.

This paper provides an overview of:
- what peer work is, and the evidence of its benefits
- the relevance of peer work in the context of the NDIS, and its broader application
- a role for the NDIA in supporting its development.

Discussion

Defining peer work
In the context of health and social integration or support services, peer work comprises services offered by a person who has integrated their experiences of living through similar, relevant life trajectories to those of service users. Formalised peer work is support provided by paid workers who are people with a personal experience of living with a disabling, traumatic health or life situation. Through their processing of this personal experience, they offer specific empathetic disability and personal support, enable empowerment and validation to others with comparable experiences.

Peer roles are different to traditional roles that happen to be filled by someone with a similar lived experience, for instance where an allied health practitioner or disability support worker also has a personal experience of living with disability. A person working in a traditional role may share a personal experience, but they are still operating within their primary role as a practitioner or support worker. These rely on conceptualisations of 'disability', 'impairment', 'otherness' or 'mental illness' that are grounded in an understanding of the individual as 'deficient' or 'less than whole'. The practices associated with such roles aim to ameliorate or make up for these deficits, and are often quite specific in focus. Peer work, on the other hand, is focused on 'providing support, encouragement and hope to another'. It aims to help people manage their personal, motivational, physical, sensory, health, cognitive and emotional situations more successfully, to cope with choice and control and to manage when things go wrong,

or when symptoms/conditions reoccur or worsen. Peer support is based on the belief that people who have faced, endured, assimilated and overcome adversity, and processed these experiences successfully as an adaptive experience, can offer useful support, encouragement, hope and mentorship to others facing similar situations. It is effective because peer workers are positive and 'other-centered' individuals who can enable others, in their own efforts, to engage socially and improve their lives.

Peer workers occupy various functions, including: personal support; vocational support; community and social integration; planning assistance and implementation of plans; skills development, coping enhancement and personal development; accommodation support; and, transitional support between different services and care systems. They may also be involved as personal supporters, educators, tutors and guides. Whilst having a lived experience of disability, illness or particular 'otherness' is essential to peer work, this is not the only capability upon which the role relies. Peer workers need skills appropriate to the delivery of support, as well as qualities and values that preserve the distinctive function of the role. These relate to self-determination and the promotion of human rights, instilling hope, purpose and social inclusion. An awareness of issues of marginalisation, exclusion and discrimination, the ability to think critically and reflect on what they do, the capability to make judgements based on reasonable possibilities and high degree of personal maturity, objectivity and empathy are all important. A peer worker is an occupational title for a person who has lived with an experience of impairment, 'otherness' and disability and is working to assist people facing similar experiences. Peer workers' lived experience cannot be replicated by professional training, although professional training should be a requirement for the provision of formalised professional peer support. Peer workers are important sources of information, motivation and mentoring for others.

In peer work, the notion of peer support does not just refer to

'what' is delivered: it can also be regarded as a modality, or way of helping someone make choices, exercise control in their lives and gain capacity for leading an independent and contributing life. At the core of peer support is the notion of affiliation with and connection to others like them. This connection is a deep, holistic understanding based on mutual experience where people are able to 'be' with each other without the constraints of traditional expert/vulnerable service user relationships. The peer support approach promotes a coping, wellness and inclusion mindset. Fostering responsibility and critical self-awareness, it assists the person being supported to find and develop their own personal resources, enabling them to be empowered with the knowledge and belief that they can and do have control over their own lives and their own future. In this sense, it is highly consistent with the principles of the NDIS.

Research evidence also demonstrates that there are different models of effective peer work. These differ in terms of who is involved in the set up and delivery of support, the types of support provided, the rationale for provision of support and how, where and when it is provided. These different models offer opportunities for local adaptation, within a broader framework of standardised ethics and values that are consistent across all models. It is the ethics and values of peer support that define its distinctive, radical intention and what it offers beyond support available in traditional or mainstream models. Most importantly, it is the value placed on the knowledge derived from living through an experience of illness, otherness, impairment and disability and the alternate forms of practice that is at the centre of all models.

Evidence for the efficacy and benefits of peer work
Peer work is currently recognised as an effective and positive intervention strategy in a range of contexts, for instance chronic illness (diabetes, heart disease, cancer), bereavement, alcohol and other substance abuse and in mental health. In these contexts, peer workers provide support that is regarded as practical and effective, and that can be complementary to

formal rehabilitation or clinical/medical services or, in some situations, offered as a stand-alone service. The efficacy of peer support work lies in the practical strategies that peer workers apply in their day-to-day practice focused on supporting people to find their own voice and building the personal hope, belief and capabilities they need to access a unique pathway to growth, contribution and inclusion.

The evidence base for the efficacy of peer work is rapidly growing. Better outcomes and increased quality of life are widely reported, as well as a reduction of overall service costs. Studies have shown that consumers involved in peer support initiatives:

- have a raised sense of empowerment and independence and can make significant gains in self-esteem
- have better decision-making skills and improved social functioning
- have higher levels of community integration, including lower rates of isolation, larger support networks
- have increased support seeking
- demonstrate greater pursuit of educational goals and employment and increased stability in education and training and in employment.

As well as individual benefits, there is evidence for other benefits of peer work, including:

- enhanced engagement with 'hard to reach' populations
- application to different cultural contexts, including indigenous and CALD
- assisting organisations to develop and maintain service cultures that are sensitive to and more inclusive of people's needs and aspirations
- cost effectiveness, including reduced reliance on in-patient services (in mental health settings).

Peer work also has added value in providing a meaningful career option for people living with disability. As well as providing immediate practical and financial benefits to individuals employed as peer workers, by placing value on the practical application of lived experience in the provision of paid assistance to others, employment as a peer worker can shift an identity from a 'marginalised, vulnerable client' to a valued worker with a particular expertise who is also a contributing citizen.

Relevance and application of peer work in the context of NDIS

The foregoing evidence demonstrates strong alignment between the function of peer support as developed in mental health and other contexts with the principles on which the NDIS is based: choice and control, independence, and self-management. Peer work in mental health has developed within a push for the recognition of the human rights of people with mental illness, and as such is consistent with contemporary disability policy in Australia to promote the social and economic inclusion and participation of people with disabilities.

Intentional development of peer work offers the NDIA a cost-effective way to support people with disability to achieve independence and to prevent the escalation of personal and support issues. Effective development requires valuing the power of lived experience as a base for specialised knowledge and expert practice in supporting people with disabilities to build capability and participation. By placing the knowledge and practice derived from lived experience alongside other expertise, the NDIA can enhance the provision of relevant supports to scheme participants, increase their opportunities and participation goals and promote their personal involvement, participation and empowerment.

Research has identified various barriers to the effective implementation of peer work in organisations and across service delivery systems. The attitudes of mental health

professionals towards services based on lived experience, a reluctance to refer people to peer services and a lack of targeted funding have all been identified as barriers to effective delivery. Moreover, without a clear understanding of the peer work role, it can be difficult to distinguish the unique benefits of peer support from other forms of support. In order to preserve its efficacy, the different and particular nature of peer work needs to be committed to by policy leaders, understood by system actors including referrers, other service providers, managers and support workers. Individuals, and their families and carers also need to understand what peer work is, how it works and why, so that they can make informed choice in relation to how they are supported.

There is evidence for strategies that can be put in place to maintain the integrity and efficacy of peer work. These include: leadership at all levels of a service delivery system committed to a model of peer work that is a clear alternative to mainstream support; clear understandings of what peer work is and what it offers; policy and procedures to develop and support the peer workforce and peer workers; specific targeted funding; and, the identification of specific outcomes for peer work.

This evidence suggests the need for a specific workforce development strategy for the peer workforce as part of the broader workforce strategy for the NDIS, as well as advice to planners and Local Area Co-ordination providers (LAC). Identified and appropriate specialised job roles, dedicated training and development with specific qualifications, a career pathway and professional supervision for peer workers are all required to support effective development of peer work in the disability support sector.

Recommendations

The concepts of peer work and peer support have been incredibly successful across a range of health and social support systems, and demonstrate the provision of optimum outcomes for participants. It is our contention that a cutting-edge disability support system would be one that utilises such 'disruptive technology' to maintain quality leadership and supports.

In particular, we recommend that:

1. The NDIA supports the development of peer support services across all disability categories as a means of expanding and maintaining choice and control for participants.

2. The NDIA incorporate within its strategic plan specific goals, actions and targets relating to the development and growth of a disability peer workforce.

3. The NDIA develop a promotion strategy to support the growth of peer support services, as part of the national roll-out of the scheme. Promotion would include advice to participants and potential participants, Local Area Co-ordinators and service providers on the value of peer support for people with disabilities.

4. The NDIA commission the development of a peer workforce guideline, and supplied to those providers who are introducing a disability peer workforce. The guideline would include advice on peer worker roles and capabilities, considerations in developing service models for peer support, governance arrangements, supervisory structures, recruitment strategies and training and skill development requirements.

5. The NDIA enter into discussions with the Australian Industry and Skills Committee and SkillsIQ Ltd on the inclusion of an accredited peer worker qualification in the Community Services training package.

6. The NDIA commission work to establish a preferred way to develop a minimum level of competency and a career pathway for disability peer workers.

7. The NDIA consider including specific registration standards for providers wishing to offer peer support services. Standards should reflect the capacity and capability organisations require for high quality peer workers in their delivery of effective peer support services.

2