

A photograph of two people hiking away from the camera on a dirt path through a dense forest. The person on the left is wearing a dark jacket and a backpack with a red circular logo. The person on the right is wearing a dark jacket, a backpack, and has reddish hair. Sunlight filters through the trees, creating a warm, golden glow. The path is covered in fallen leaves and small rocks. The forest is lush with green foliage and tall trees.

Southern Peer-governed Services

Model of Care

Ngā mihi

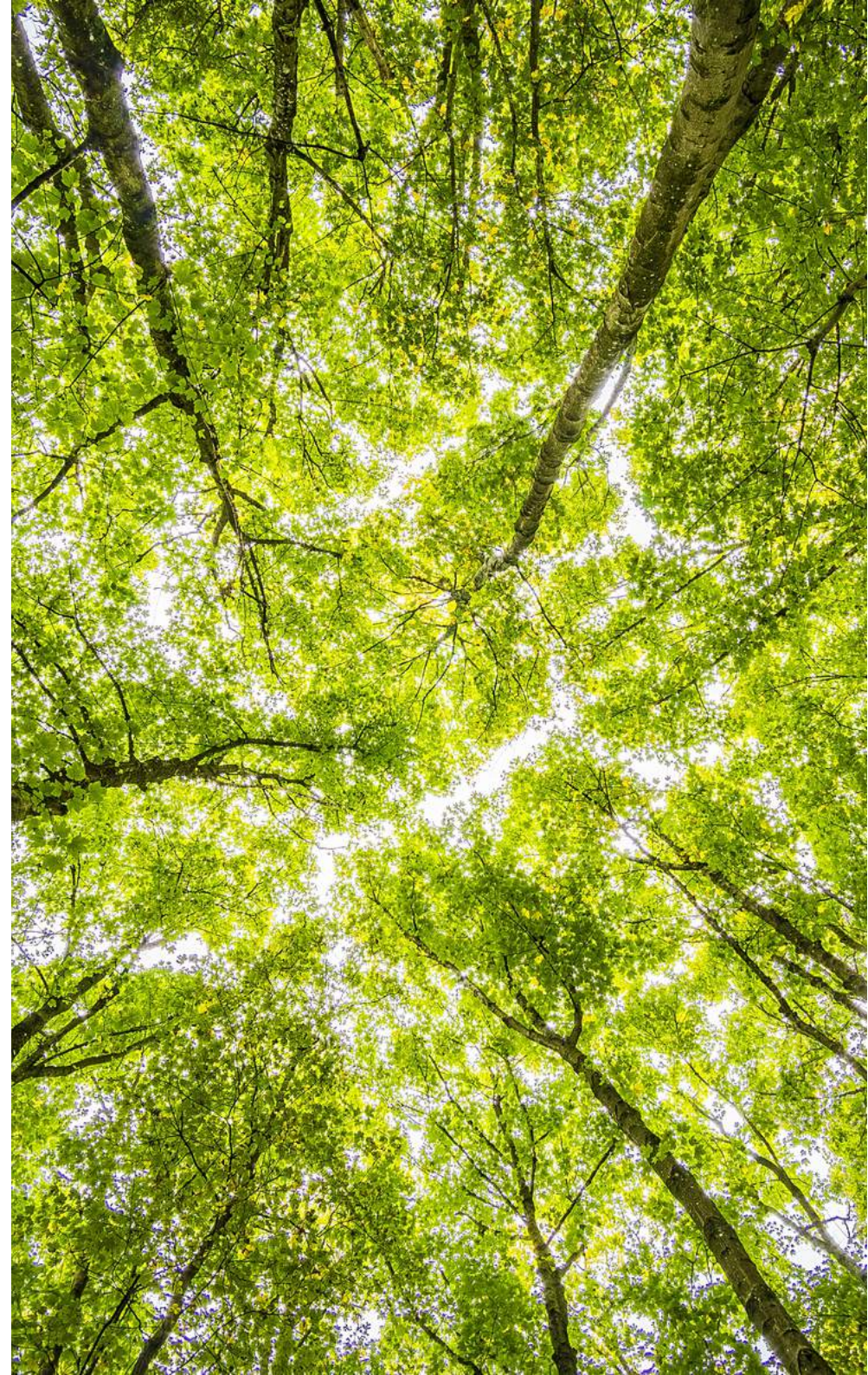
This document incorporates feedback we heard at 11 workshops held across the Southern district, plus written submissions received on an earlier draft model of care.

We are so thankful to everyone who has given their time and thoughts to developing this document to guide the development of peer-governed services.

We especially acknowledge our peers for sharing your experiences. We have also heard your hopes for a future where we can easily access support from people who know what it's like, and from services who respond in different ways.

To peer-governed services, we ask you to take this document and use it as your guide. This model of care is not just about meeting contract requirements. It's about being accountable to our peers and our community - this document includes what they would like from you, and what they need from your service.

February 2023



Background

In 2021 a review of the mental health and addiction system in the Southern District was completed by Synergia (a consulting firm). This resulted in a report called Time for Change – Te Hurihanga.

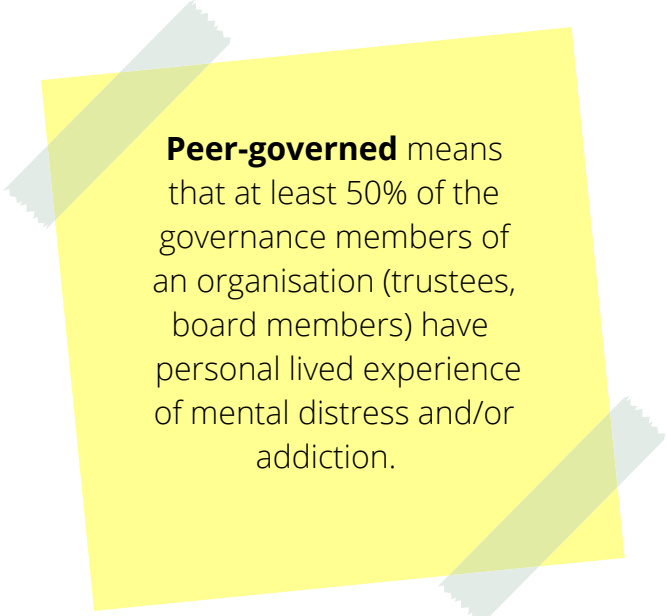
As part of implementing Time for Change - Te Hurihanga, Te Whatu Ora (Health New Zealand) is developing some **peer-governed services** in Southern. To do so, we needed a Southern “model of care”. A “model of care” is a way of describing what type of services we need, and how they should work.

In November 2022 **eight workshops** were held in Invercargill, Cromwell, Oamaru and Dunedin. At each location two workshops were held – one for people with lived experience only, and one for the community (including people with lived experience). All workshops were publicly advertised, and invitations were also distributed through local networks. A total of 95 people attended the workshops. Each workshop was co-facilitated by a facilitator with lived experience and a Māori facilitator with cultural expertise.

Background papers were produced before the workshops on:

- Developing a workforce plan for the Consumer, Peer Support and Lived Experience (CPSLE) workforce.
- Designing peer-governed mental health and addiction services.

Discussion at the workshop focused on the content of these background papers.



Peer-governed means that at least 50% of the governance members of an organisation (trustees, board members) have personal lived experience of mental distress and/or addiction.

Background

After the workshops, notes from the discussions were analysed and reviewed by an external contractor and by the Project Manager for this project. **Both of these people have lived experience of mental distress and addiction.**

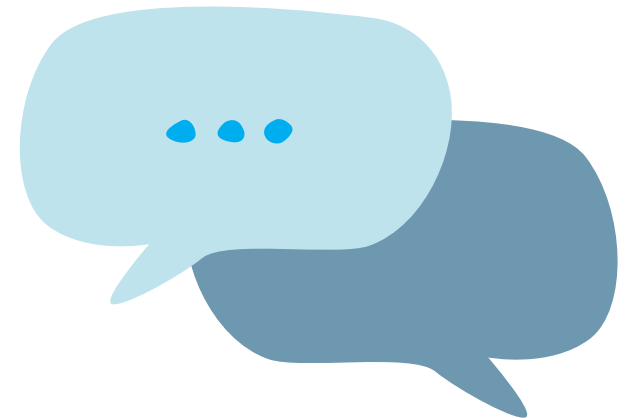
A draft model of care was then produced and released for **public consultation** from 6 December 2022 - 16 January 2023. 12 submissions were received.

The draft model of care was also considered at **three co-design workshops** in Dunedin (12 December 2022 - 24 attendees) and Invercargill (9 February 2023 - 41 attendees).

Feedback from the submissions and the workshops was again analysed by both an external contractor and the Project Manager. A **feedback document** collating the feedback and our responses to it has been publicly released.

This is the **final model of care**, based on feedback from all 11 workshops, the written submissions, the background papers and our literature review.

Please go to page 25 for information on how to download our project documents, including the background papers and the feedback document.



Contents

This document is a high-level model of care. It includes:

- The **principles and values** that peer-governed services need to be based on.
- The **objectives** that peer-governed services need to be working towards.
- How peer-governed organisations must commit to delivering equitable services and outcomes for **Māori tāngata whaiora and whānau**.
- What **types of organisations** will be eligible to be funded by Te Whatu Ora to deliver peer-governed services.
- What **types of services** peer-governed organisations will provide, and how they will be provided.
- Changes that are needed in the **wider system** to enable peer-governed services to work well.





Te Tiriti o Waitangi

Peer-governed organisations will commit to honouring Te Tiriti o Waitangi, and ensuring that services are accessible and supportive for Māori.

Equity for Māori

I am provided with the right support to help me to access the service I need. I have options. I have the right to be Māori in peer-governed services.

Self-determination

I can make my own choices about my life (with support, if I'd like it). My rights are upheld and respected. I have the right to define myself.

Participation

I can participate in, and lead, my own support. I am able to participate with others and make connections if I choose to.

When we access peer-governed services, our support will be based in the following values and principles. Some examples of how we could experience these are:

Mutuality

I can share experiences with my peers to co-create new ways of seeing, thinking and doing.

Experiential knowledge

I know that my own experience is valuable.

Mana enhancing

My (and my whānau) abilities and contributions are recognised and respected. I am empowered to express and extend manaakitanga to others in my own unique way.

Values & Principles

These values and principles also apply to peers working in services.

Values & Principles

Holistic

I am treated as a whole person, not just for my mental distress/addiction. I am supported to connect to other resources I may need to access for my wellbeing. I am recognised as a member of a whānau.

Supported decision-making

I am provided with the time, information, resources and support I need to make informed decisions.

Future focus

I feel that I am moving towards how I would like my life to be in the future.

These values and principles come from the peer workshops, the CPSLE Competencies, Enabling Good Lives, Intentional Peer Support, and the United Nations Convention on the Rights of Persons with Disabilities.

Dignity

My inherent dignity as a person is respected.

Accessibility

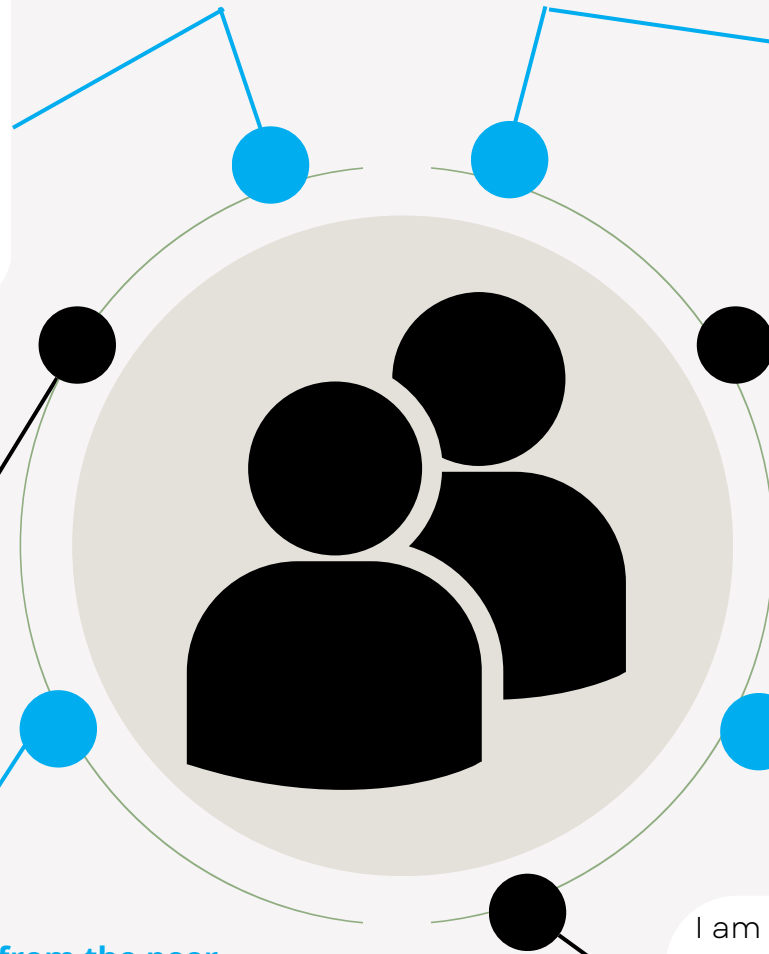
I am able to access peer-governed services. If I experience any barriers, these are addressed. Solutions and options are explored with me.

Hope and Wellbeing

I feel that the service promotes hope and that my peer support worker believes resilience and wellbeing is possible.

Relationship building Whānau enhancing

I am supported to build and strengthen relationships with my whānau and community, if I would like to. I am empowered to explore whānau as defined by me.



OBJECTIVES

Peer-governed services will be working towards key objectives. These will include:

To provide safe spaces for us to share ourselves, and our journey.

To provide opportunities for connection, so we can know that we are not alone.

To identify and support innovation to improve the experiences of peers accessing or working in the service.

To strive to achieve pae ora (mauri ora, whānau and wai ora) together as whānau.

To enhance the aspirations of mauri ora for all whānau – to live with good health and wellbeing.

To provide person-centred services that recognise our strengths and resources – both those of us who access services and those who work in them.

OBJECTIVES

Peer-governed services will be working towards key objectives. These will include:

To work together with other services and supports, as one system.

To value the diversity of lived experience, at every level of our organisations.

To provide developmentally-appropriate support that respects the needs and rights of young people (if relevant).

To recognise trauma, and be trauma-responsive services.

To empower whānau to be independent, self-managing and enable active participation in society including healthy lifestyles.

To enable transformative change through the power of lived experience and peer support.

To work in ways that address the wider determinants of health. To work with peers throughout their life course.

Equity for Māori

Each service will seek to develop relationships with local **iwi, hapū and kaumātua** to understand the most appropriate approach for their community.

Services will have a focus on **cultural safety and cultural confidence**. They will recognise the value of **tikanga** and **te reo me ona tikanga** (Māori language, practices and beliefs).

Services will be expected to:

- Provide training to all staff on **Te Tiriti o Waitangi** and how to actively apply the principles (including **tino rangatiratanga, equity, partnership, options and active protection of taonga**) within practice.
- Embed models of **holistic health** within their services such as **Te Whare Tapa Whā, Te Wheke and Te Pae Māhutonga**, recognising that mental distress and addiction impact on all aspects of a person's life. Training must be provided to enable staff to use these models within their work.
- Recognise and value **Mātauranga Māori** and engage in tikanga protocols and practices where appropriate.
- Enable staff to engage in culturally safe ways. Provide **cultural supervision**.
- Enable staff to provide **manaakitanga, karakia, mihi whakatau, pepeha and waiata**.
- Guide non-Māori staff to create space for **Māori to exercise Mana Motuhake (autonomous leadership) in their own way**.

Equity for Māori

Te Whatu Ora has committed to promoting equity throughout all Time for Change Te Hurihanga projects. Specific actions that will be taken through this project include:

- Prioritising investment in kaupapa Māori peer-governed services

Specific actions in the CPSLE Workforce Development Action Plan including:

- Identifying kaupapa Māori or Pasifika peer support trainers
- Ensuring that at least one of two peer support apprenticeships (scholarships) is for Māori or Pasifika workers.

Diversity

Services will be accessible and welcoming to people of all cultures and identities, including people from the LGBTQIA+ community and tāngata whaikaha (disabled people). Staff will have an understanding of how to support people from diverse backgrounds.

Ideally the staff and board of peer-governed organisations will also reflect the diversity of our communities.

Peer-governed Organisations

Peer-governed organisations will be funded to provide a range of services.

Who will oversee and work in peer-governed organisations?

“Peer-governed” means that at least half of the governance members of the organisation (trustees/board members) will be peers who have personal experience of mental distress and/or addiction.

The people who work in peer-governed organisations, including managers, will be peers too.

How will we ensure that organisations provide a good quality of service?

Standards

Peer-governed organisations will be required to meet the same standards as all funded health services (**Ngā Paerewa Health and Disability Services Standards**). They will need to find ways of meeting the standards while also staying true to peer values.

Policies

Peer-governed organisations will develop policies that meet the standards and reflect the values in this model of care. Policies will cover a wide range of issues including privacy, informed consent, and communication. Organisations must have a policy that requires collaborative note writing.

Clear peer support practice

Organisations will have a clear peer support practice (philosophy/way of working using lived experience). Examples of possible practices including tuakana-teina and Intentional Peer Support - but others could be used.

Peer-governed Organisations

How will organisations recruit, develop and support their workforce?

The key resource in peer-governed organisations are the peers who work/volunteer in them. Organisations will have good practices for recruiting and supporting their staff/volunteers.

Network

Organisations will participate in a network that connects CPSLE workers across services throughout Southern. The network will distribute best practice resources and training information, and it will work with any future national organisation for the CPSLE workforce.

Recruitment

It is particularly important for peer support services that the workforce reflects the diversity of people who are accessing services. Organisations will have recruitment policies and practices that support the recruitment of people from diverse communities and experiences, and prioritise the recruitment of Māori and Pasifika peer support workers. Youth peer support workers will be recruited for youth services, and they will be offered support and training relevant to their needs. When staff are recruited they are informed about this model and the CPSLE competencies, and are supported to implement them in their practice.

Employment can be a major contributor to people's recovery, however some people experience barriers that hold them back from seeking employment – for example, confidence, length of time out of the workplace, criminal history etc. Organisations will recognise this, and will proactively identify people and awhi (embrace, support) them into the workforce. This might include creating pathways for volunteer peer support workers to move to paid positions. Organisations will reduce barriers to employment wherever possible.

Competencies

A competency is a behaviour, knowledge and/or skill that people need to use to be effective in a job (paid or voluntary). Te Pou have published competencies for the Consumer, Peer Support and Lived Experience workforce. Organisations will use these competencies

Peer-governed Organisations

throughout their service – from initial job descriptions through to ongoing staff development.

Learning and development

A hub will be established within a peer-governed organisation to provide supervision, mentoring and some training to CPSLE staff in any service, including the voluntary workforce. This will be part of the network that will be established to connect CPSLE staff across organisations. The hub will aim to reduce barriers to training, and will also provide guidance on career pathways.

Organisations will be expected to provide/access training for their staff, including:

- Introductory/essential training in peer support will be mandatory for all peer support workers.
- Training on Māori models of health such as Te Whare Tapa Wha will be mandatory for all staff.
- Training on working with whānau will be required, including Supporting Parents Healthy Children training.
- Training to support priority population groups – Māori, Pasifika, former refugees, LGBTQI+, disabled people, youth, older people, people from diverse cultures and people with experience of the Mental Health Act will be prioritised.
- Management/governance training will be required for managers and leaders.

Specific groups within the CPSLE workforce may need support/training tailored to their roles and needs – for eg., consumer advisors, and the youth CPSLE workforce.

Organisations will identify and support peers into leadership roles and opportunities, either within the organisation or in the wider sector.

Peer-governed Organisations

Staff wellbeing

Staff wellbeing will be a priority for all organisations to support and retain the workforce.

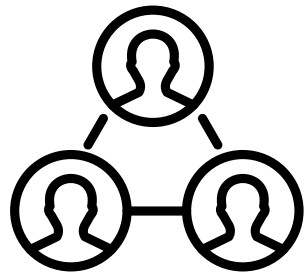
Supporting staff wellbeing could include:

- Flexible working conditions (hours of work, work environment, types of tasks)
- Wellness (hauora) planning for all staff (including management)
- Promoting tools for self-care
- Flexible workloads
- Providing access to counselling or peer support.
- Improving the work environment, including offering low-stimulation areas
- Ensuring lived experience is valued and celebrated at every level of the organisation (providing a mana-enhancing environment)
- Providing time for staff to connect to peer networks for collegial support

External peer supervision will be mandatory for all peer support workers working in a service funded by Te Whatu Ora.



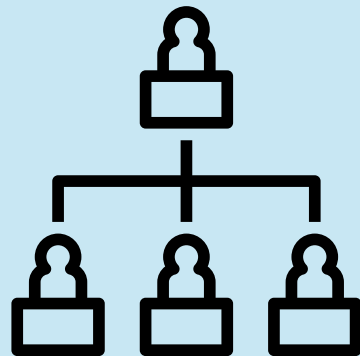
Peer-governed Organisations



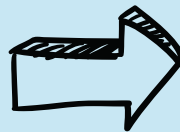
Governance
(Trustees,
Board Members,
Directors)



At least half must
be people with personal
lived experience of
mental distress and/or
addiction



Manager



Staff

All peers, people with
personal lived
experience of mental
distress and/or
addiction



Staff are respected and recognised as the key resource in peer organisations. Staff are well-supported, with flexible working conditions and self-care tools. Barriers to employment are reduced. Staff are connected to people working in other other organisations, through a network that supports them with some training, networking and supervision. When staff are recruited, they are informed about this model and the CPSLE Competencies, and supported to implement them in their work.

Ngā Paerewa Health and
Disability Services
Standards

Policies that reflect
the model of care
values and
principles

Clear peer support
practice
(for eg., tuakana-teina,
intentional peer support)

The CPSLE
Competencies

Services and Support

What types of services could peer-governed organisations provide?

Many people associate peer-governed organisations with peer support services. The focus of investment in this project will be on peer support, however proposals will be welcomed from organisations who would like to implement other types of CPSLE roles to contribute to system transformation.

The range of services/roles that will be considered are:

Peer support (individual, group-based, activity-based, online)

Peer support involves a relationship where two (or more) people give and receive support. It is based in peer values such as respect, shared responsibility and mutuality.

Organisations could deliver a range of peer support services, including individual peer support, groups, activity-based peer support, and online support.

Advocacy (individual and systemic)

Individual advocates work with people who need help to resolve a complaint and need support to explore their choices and options. They defend and promote people's rights.

Systemic advocates identify issues that affect a lot of people and/or that require a change to be made in the mental health and addiction system.

Advisory (Consumer Advisors)

Consumer advisors use peer values and recovery principles to advise organisations. They advocate that the experiences of people with mental health challenges and/or addiction should influence every part of the organisation.

Services and Support

Education

Educators provide education to peers, the health and social service workforce, and community members, using their lived experience.

A connector

A connector role^[1] would act as a bridge between the peer workforce and clinicians. They would provide training and guidance about how the two groups can work together.

From prevention through to crisis support

Peer-governed services could be provided across the continuum of support, from prevention (through education) through to crisis. Peer support can happen at any point of the journey.

What will peer-governed services not do?

It is important that peer-governed services stay true to peer values. Services will not do activities that are inconsistent with peer values such as being involved with medication administration, or with seclusion. Peers may work in specialist settings (for eg. inpatient wards) but they will be supported to keep to peer values and practice.

[1] This role was suggested during a peer project workshop
Some role definitions come from Te Pou's CPSLE Glossary

Services and Support

Who are services for?

This model of care is for youth aged 12 and older, and adults (including over 65).

Where will services be provided?

Accessible locations

Peer services need to be easy for everyone to access,[1] and accessible to people with disabilities.

Rural and urban

Peer services need to reach rural communities. This could include use of a digital/virtual service, with support to help people to use devices/access the internet.

Grounded in communities

Services need to be embedded in their communities. This could mean being based in a physical building with other services/resources (for example, a wellbeing hub), or it could mean having strong connections with other services/resources in other ways.

Quality, culturally-safe and trauma-informed environments

If services are delivered from offices,[2] the environment will be welcoming, culturally-safe and trauma-informed. It will show that the people who access the service are valued.

[1] Virtually or in person.

[2] Services may also be based in people's homes or other locations

Services and Support

When will services be provided?

As far as possible, services will operate extended hours, beyond 9 – 5 on weekdays. Some peers have said that their crises don't always happen during business hours, and they need support at other times. Other peers have said they have work or education commitments during business hours, and they need services they can access at other times.

How will peer support services be accessed?

All peer services will be accessible by self-referral, enquiries from a support person, or referral from a professional/agency. People will not need to have a diagnosis. Depending on the type of service, some services could be by appointment, and some could be drop-in services. There was support for drop-in services during the consultation.

How will people know about services?

Services will be promoted so that people know about them. Organisations will use a range of promotional methods to reach a wide audience, including social media.

How will people's needs be identified?

People accessing services will identify their own needs, with support from their peer support worker if they would like it.

How will services work with other services and people who are important to me?

Working with whānau will be a key requirement for all services. Staff will be required to have training in working with whānau, and services will need to have policies that support whānau involvement. Services will need to be embedded in the community and know what resources are available. They will need to collaborate with community groups (such as cultural and faith-based communities) and with relevant agencies, to ensure opportunities for access and support are maximised.

Peer support workers will support people to access other services such as dental services, pharmacies, GPs, primary health, mental health and addiction services.

Peer support journey

Easy access

You can access support yourself, or someone can refer you. You won't need a diagnosis.

Working with services and people who are important to me

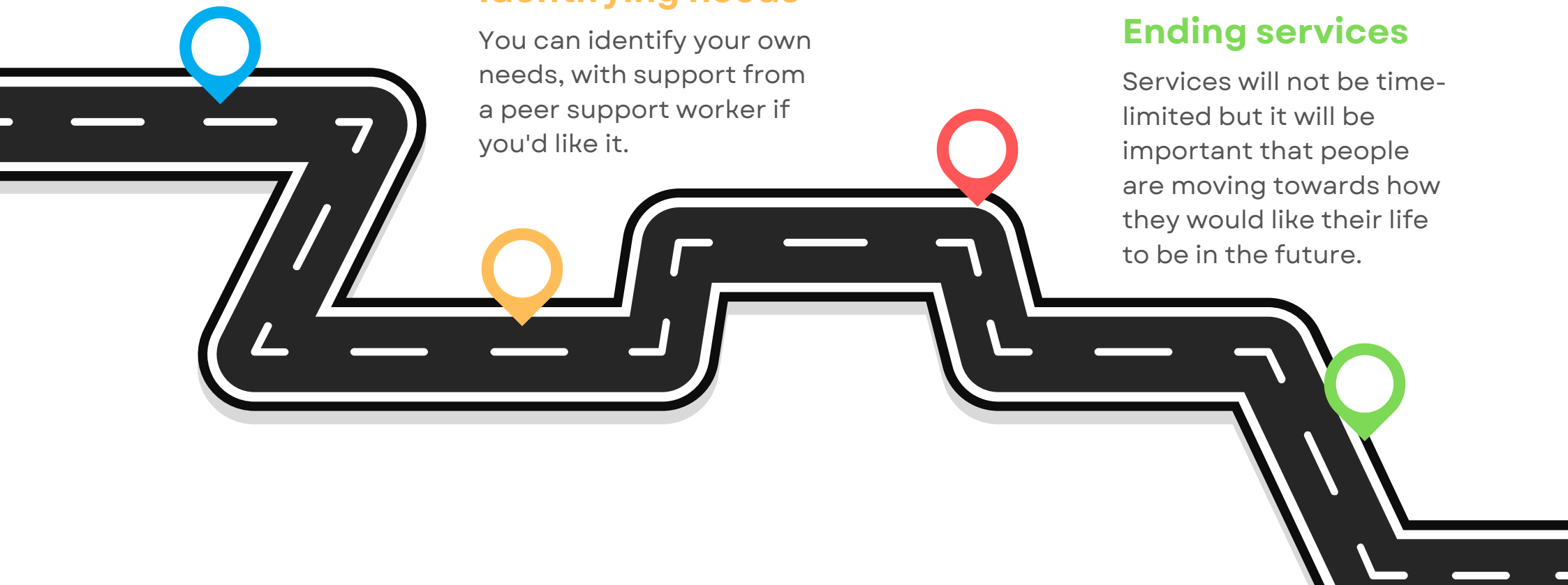
Services will work with whānau and other services, if you'd like them to.

Identifying needs

You can identify your own needs, with support from a peer support worker if you'd like it.

Ending services

Services will not be time-limited but it will be important that people are moving towards how they would like their life to be in the future.



System changes

It is not enough to simply set up new peer-governed services. The system needs to change so that these services can succeed.



Raise awareness and understanding of roles

It is critically important that clinicians/referrers understand the role/value of CPSLE roles. The roles will be promoted, and training will be made available to help clinicians understand how to work with the CPSLE workforce.

Pathway to access clinical support

During the workshops it was suggested that it can be difficult for peer services to access clinical support.

A pathway needs to be established so that peer services can easily access clinical support if needed, particularly in emergencies.

Sustainable funding for peer-governed services

Many peer organisations have been unfunded or underfunded for some time. Sustainable funding is needed for peer organisations to develop, expand and strengthen.

System changes

It is not enough to simply set up new peer-governed services. The system needs to change so that these services can succeed.

Southern Peer Workforce Development Advisory Group

A peer-led advisory group needs to be established to advise, and help monitor, all initiatives involving the peer workforce.

Support non-peer organisations

This model focuses on peer-governed organisations, however there are non-peer (mainstream) organisations providing peer support services too. Time for Change acknowledges the need for both types of services.

Guidance* will be provided to support mainstream organisations to implement peer services. Mainstream organisations will be encouraged to embed this model of care for their peer support services, as much as possible.

*This means existing written resources that have been developed.

Project documents

This model of care has been produced through a co-design process involving people with lived experience and our community. The co-design process was led by a Project Manager with lived experience, as part of the Time for Change Te Hurihanga programme.

Our key project documents are available online, including:

- The **background papers** we produced before our first round of workshops.
- A document collating the **feedback** we received on our draft model of care, and our responses to the feedback.
- **Meeting notes** from three co-design workshops, where we discussed how to apply the draft model of care.
- A **glossary** that provides explanations of key terms we use in our documents, and some **additional information**.

Click on the Time for Change logo to go to the website where you can download our documents.



A photograph of a forest path. Sunlight filters through the trees in the upper left, creating a warm, golden glow. The path is covered in fallen leaves and leads into the distance. The lower half of the image is darkened to provide a background for the text.

"As peer support in mental health proliferates, we must be mindful of our intention: **social change**. It is not about developing more effective services but rather about **creating dialogues that have influence on all of our understandings, conversations and relationships.**" –

Shery Mead, Creator of Intentional Peer Support