

# Consumer, Peer Support and Lived Experience (CPSLE) Workforce Development Action Plan

## Feedback document

This document outlines the feedback that was received on the draft Consumer, Peer Support and Lived Experience (CPSLE) Workforce Development Action Plan, and our responses to it.

Feedback was recorded during workshops in Cromwell, Dunedin, Invercargill and Oamaru, by the project manager for this work. The workshop transcripts and this feedback document have been reviewed by one of the independent facilitators for the workshop.

The final Workforce Development Action Plan is now available on the Te Hurihanga Time for Change website – [click here](#).

Significant amounts of the feedback received on the Workforce Development Action Plan were incorporated into the *Southern Model of Care for Peer-Governed Services*.<sup>1</sup> A model of care is a way of describing what types of services we need, and how they should work. This document is available [here](#).

Feedback received	Response to feedback
<b>Māori workforce</b>	
How do we ensure that we are supporting Māori workforce?	<p>The workforce plan includes three actions for supporting the Māori and Pasifika workforce:</p> <ul style="list-style-type: none"><li>• Ensure that at least one of the peer support apprenticeships is for Māori or Pasifika CPSLE workers</li><li>• Identify kaupapa Māori and Pasifika peer support trainers</li><li>• Identify if there is cultural-specific training for peer support</li></ul> <p>The model of care requires that peer-governed services recruit a diverse</p>

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<sup>1</sup> Non-peer services that are delivering peer support are also being encouraged to also implement the practice components of this model of care.

	<p>workforce, and that they prioritise the recruitment of Māori and Pasifika peer support workers (page 14).</p> <p>It is important that peer services are safe and supportive environments for Māori and Pasifika kaimahi. The equity requirements on page 11 of the model of care require that services have a focus on cultural safety and cultural confidence. Services need to recognise the value of tikanga and te reo me ona tikanga (Māori language, practices and beliefs).</p>
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### Youth workforce

<p>It is important to ensure that the needs and consideration of youth CPSLE workers are included in the workforce plan.</p>	<p>A new action has been added to the plan– “Consider specific workforce development needs of youth CPSLE workforce when implementing all other actions.”</p>
<p>How do you safely develop a genuine youth peer workforce? At some point they get older and can no longer be a youth peer.</p>	<p>The model of care requires that youth peer support workers are recruited for youth services, and that they will be offered support and training relevant to their needs (page 14).</p>

### Voluntary workforce

<p>When you say grow the workforce - is it about intentional peer support workers that get paid? We want to support and protect the volunteers as well.</p>	<p>The workforce survey was open to the voluntary workforce, and considered their training needs.</p>
<p>When they professionalised qualifications for whanau ora, they lost a lot of the Māori workforce. If we decide that peer support workers need a baseline level of training, we need to make sure there’s access for volunteers to get that training too.</p>	<p>Where possible, training will be available to the voluntary workforce as well. Some training may need to have limited places.</p>
<p>Before I got employed I was doing up to 40 hours a week voluntarily. We had to pay for rooms.</p> <p>I’m concerned that in the lived experience and addiction space, there</p>	<p>The model of care includes the voluntary workforce, and suggests that organisations could create pathways for volunteer peer support workers to move to paid positions (page 14).</p>

<p>are people doing the hard yards for no money.</p>	
<p>There are a lot of people in the community doing this work. We are committed volunteers and we are living in debt because of what we're doing. I often cant meet my ordinary household bills. It's all unfunded.</p>	
<p>People are doing this work without a title or a paycheck. We need to wrap a korowai around these people and awhi them into these recognised roles that they are doing.</p>	
<p>Training and credentialling of the peer workforce is important, but a lot of people volunteer. You still want a volunteer model. Eg AA and NA. What are the connections into that sort of group? There is an opportunity to provide training to the voluntary workforce.</p>	

### Consumer advisor workforce

<p>It's really hard to work in this space when everyone else is a peer support worker. It's hard to be accepted because I'm different. How are we going to support consumer advisors and everyone else who isnt a peer support worker?</p>	<p>There is an action in the Workforce Development Action Plan to provide support for consumer advisors.</p> <p>What this support includes needs to be identified by consulting with Consumer Advisors. This will be part of the implementation of the plan.</p> <p>The Hub for CPSLE workers will be required to form a network to connect and support Consumer Advisors.</p>
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### Culturally diverse workforce

<p>There are a lot of conversations about how to make a culturally diverse workforce that relates to people's needs. We need to reach into those ethnic communities to identify peer support workers.</p> <p>If diversity is not practical, then another option might be co-working or having</p>	<p>The model of care has a focus on diversity.</p> <p>It includes guidance on the need to recruit a culturally diverse workforce: "It is particularly important for peer support services that the workforce reflects the diversity of people who are accessing services. Organisations will have</p>
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<p>partnerships, or involving whānau. Dont work in isolation.</p>	<p>recruitment policies and practices that support the recruitment of people from diverse communities and experiences” (p14).</p> <p>On page 12 it says: “services will be accessible and welcoming to people of all cultures and identities.....staff will have an understanding of how to support people from diverse backgrounds.”</p>
<p>The facilitator asked an attendee who was a former refugee - what would training in a former refugee community look like? If you wanted to train peer support workers?</p> <p>The response was - we are a young community. Services are the ambulance at the bottom of the cliff. Red Cross and Wellsouth are doing some work. We need more education. We need agencies to understand how to engage with people. The system puts people in boxes. Training is talking to people, at basic level, telling people that it’s ok to be anxious. Most people’s journey is 10 years. Some people have been in camps for 20 years. Engaging with services is the hardest bit for them.</p>	<p>Under the model of care organisations are required to provide/access training to support priority population groups, including former refugees.</p> <p>The workforce plan includes an action to provide training on supporting former refugees. This was the most common training need identified by the people who completed the workforce survey, and will be prioritised.</p>
<p><b>Workforce in non-peer organisations</b></p>	
<p>Working with a non-peer service can be a risk to peers – a psychological risk. Peers are othered and there can be bullying. Agencies policies and things dont align to peer support workers. Theyre trying to put you in their box.</p>	<p>The model of care acknowledges the need to ensure that non-peer (mainstream) services appropriately implement peer support.</p>
<p>Policies need to align with the way peer workers work.</p>	<p>In the system changes part of the model of care, it says that guidance will be provided to support mainstream organisations to implement peer support (page 24). This guidance is a set of resources, based on a project done at Corstorphine Baptist Community Trust,</p>
<p>They do a policy that they think will work with peers but they dont understand the huge difference. There needs to be someone who is specialised in writing policies that work for peers.</p>	<p>on how non-peer organisations should safely and effectively implement peer support.</p>

<p>I realised I'm being employed by an organisation that hasn't had peer support before, and they really have no idea of what we are. Even though they've developed the role, because they don't understand and haven't employed peer workers before, I feel quite unsupported. I took two weeks sick leave for my mental health.</p>	<p>One of the resource modules is on policies, and the need to ensure that policies align with the way peer workers work.</p> <p>The Workforce Development Action Plan includes an action to provide guidance to non-peer organisations on how to implement peer services.</p>
<p>I don't feel supported. We have supervision but that fell apart. We were supposed to get 10 sessions in a year and we got 4. There needs to be education for the organisations employing us.</p>	
<p><b>Recruitment and retention</b></p>	
<p>How do we identify and support those people who want to come into this work?</p>	<p>The model of care has a strong focus on recruitment.</p> <p>It acknowledges that employment can be a major contributor to people's recovery, but that some people experience barriers that hold them back from seeking employment, for example, criminal history. The model of care requires that organisations recognise this, and that they identify people and awhi (embrace, support) them into the workforce. Organisations are required to reduce barriers to employment wherever possible (page 14).</p>
<p>The only way to entice the workforce is to make them feel like it's a great role for them. People early in recovery can be unsure about the next step.</p>	
<p>Services don't want to employ me because of my criminal history.</p>	
<p>Part of building the workforce is making the roles look attractive to people, and building up a network of people in recovery.</p>	
<p><b>Network/Hub</b></p>	
<p>The hub could be a place where you come to find out about national peer groups, like Thriving Madly etc. It could tell people which groups are available, which ones are safe to join.</p>	<p>Agreed – this would be a good function of the hub.</p>
<p>With the hub, would it be advertised out to people to work as peer support workers, or will it be existing roles working there.</p>	<p>This is new funding. It is an increase.</p>

We need to develop a network to connect up peers regardless of where they live.	Agreed – this is an intended function of the hub.
The network could be responsible for distribution of peer resources and info.	
We need to make sure we do meet face-to-face. New peer support workers need support when they are starting out.	Face-to-face meetings may be facilitated, however the hub is district-wide, so virtual meetings will also be required.
Peer supporters will connect as peer supporters. Doesn't have to be geographical/face-to-face.	Agreed.
The network could be quality control. It could give us shared language and shared principles.	Agreed.
<b>Training needs</b>	
There needs to be a peer support training pathway. It would be good if people can work with existing WRAP plans. It is important for people to achieve small goals as they develop and grow, without it being too pressured.	An action to support access to WRAP (Wellness Recovery Action Plan) training has been added to the plan.
I worry about health and safety and accountability. How much are peer support workers holding on to without passing on their concerns? People need to know when they need to pass information on. This needs to be included in training.	<p>This would be covered in foundational peer support training.</p> <p>The Workforce Plan includes an action (8.1) to support access to core/introductory peer support training.</p> <p>Safe practice will also be supported through peer supervision. The model of care requires all peer support workers in Te Whatu Ora-funded services to have external supervision.</p>
Training also needs to include self-care.	We have added a new action to support access to WRAP (Wellness Recovery Action Plan) training.
Training needs to include collaborative notewriting.	We are not aware of any training that is easily accessible about collaborative notewriting. Organisations may offer internal training/guidance about this.

We need to start the training from the bottom-up.	Training will be available to people in grassroots roles.
Education need to be visible.	The new hub will share information about available training.
There needs to be a baseline template for peers to be trained in terms of how they engage, and for themselves. It should be strengths-based.	The model of care outlines the training that organisations are required to provide/access, on page 15.
I did intentional peer support but I feel like there hasn't been anything further. It was great because you could go back each week and co-reflect but once that stopped it wasn't available. There has been some coreflection since then but it was really limited because of the numbers. It would be great if there was something ongoing.	The new hub could provide a local co-reflection group.
We need something more than IPS.	There are other options than IPS. Examples include the 50 hour Peer Support 101 micro-credential, and the Peer Support Apprenticeship programme. The new hub will be a resource to access for information on training options.
<b>Cultural training</b>	
We need to understand different communities. Its different reo. We should be trained in those areas so we're not disrespecting whānau. Its about knowing the community.	The model of care says: "services will be accessible and welcoming to people of all cultures and identities.....staff will have an understanding of how to support people from diverse backgrounds (page 12)."
Alongside learning about other cultures, part of that involves learning about what your worldview brings to that space. Learning about bias and how we are working with people. We need to learn about ourselves.	The model of care requires that "services will have a focus on cultural safety and cultural confidence"(page 11). Staff must be enabled to practice in culturally safe ways, and organisations must provide cultural supervision.
Part of the journey to cultural safety is learning own cultural awareness. Cultural safety needs to be defined by the person on the end of the service.	

<p>When people are going through cultural training is it going to be a broad set of training so people can identify the different lens between European perspectives and Māori and Pasifika? As soon as people see brown skin they think we're all the same. We're not. Is it going to be all built in together so it's multicultural?</p>	
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## Apprenticeships

<p>Regarding the proposal to have 2 peer support worker apprenticeships – we received feedback at multiple workshops that there should be more across the district.</p>	<p>We believe there was some confusion at the workshops, and that people understood that only 2 peer support positions would be created across the district. We are investing in 13 FTE (full-time equivalent) peer support workers for the new peer services, plus the two 0.5FTE peer support apprenticeships identified in the plan, and the 1 – 1.5FTE for the hub.</p>
<p>People can get Ministry of Social Development funding for apprenticeships. We want to provide scholarships that are fully funded.</p>	<p>The apprenticeships will be funded, to work 0.5 FTE (20 hours per week).</p>
<p>Regarding the proposal for peer support apprenticeships to be 0.5FTE – it was suggested that they could be full-time or else it excludes people who would like full-time. It was said that part-time work diminishes peer support.</p>	<p>Having two part-time apprenticeships supports two people to achieve their qualification. Full-time employment opportunities may be available through the new peer-governed services.</p>
<p>Is it an opportunity to have a collaboration of services that are putting their hands up for placements etc, to generate some systems change?</p>	<p>This is a good idea and may be something that the hub could coordinate, once it is established.</p>

## Qualifications

<p>I don't have qualifications. I'm winging it. I'll do what I can. It has to be more structured and planned and thought out. I need to have something behind me.</p>	<p>There are training opportunities available. The 50-hour Peer Support 101 micro-credential is a good place to start. The new hub will be able to provide information on training options.</p>
<p>I would like to have more face-to-face than careerforce. More face-to-face training or on zoom. It needs to be</p>	<p>This feedback is noted – we will pass on to the new Hub that some face-to-face training options would be appreciated.</p>



<p>accessible. People learn in different ways. Ive spent years in dark holes really sick. I wasnt learning computers and zoom. It can be a major barrier. We have to fit in a certain box. The box needs to change.</p>	
<p>Does there need to be a minimum standard qualification for peer support other than their lived experience? Some very basic training.</p>	<p>Peer support is not currently regulated, and there is no minimum qualification to be a peer support worker.</p> <p>In our model of care we require that all peer support workers in Te Whatu Ora-funded peer-led and peer-governed services have core/introductory training in peer support.</p> <p>The Hub will be a resource for information on available training.</p>
<p>The last thing we want to do is send a message that people have to be qualified to do some form of peer support.</p>	<p>There is a spectrum of peer support, including the “natural peer support” that happens when people meet informally and share experiences. This does not require training/a qualification.</p> <p>This plan is focused on the CPSLE workforce. We want to support the CPSLE workforce to develop, and training helps to do this.</p>
<p><b>Barriers to training</b></p>	
<p>It costs a lot to do training. It would be good to have people here who can train-the-trainer.</p>	<p>A new action has been added – “Fund two peers to attend “train the trainer” Intentional Peer Support training, so they can deliver IPS training locally.”</p>
<p>I can’t get a training incentive allowance. Not everyone wants to do tertiary training. Even stuff like, a course in South Dunedin, helping whānau, is difficult to access.</p>	<p>The Hub will be a place to get information about support to do training.</p>
<p>Lack of training is an issue. IPS is full up.</p>	<p>There can be difficulties accessing IPS training. That is why we have added a new action, to fund two peers to qualify as IPS trainers, so they can deliver IPS training locally.</p>

Education needs to be funded. Get rid of the barriers.	Some training will be funded through the Hub or through this Workforce Development Action Plan.
<b>Career Framework</b>	
There needs to be a career framework for peer support.	There are a growing number of options for peer training, but there is no one framework. This is an issue that is being discussed nationally, through the implementation of Te Pou's Consumer, Peer Support and Lived Experience (CPSLE) Workforce Development Action Plan.
<b>Supervision</b>	
8.5 says "enable access to peer supervision." It needs to be stronger, mandatory.	The Workforce Development Action Plan says that peer supervision is required.  The model of care says that external peer supervision is mandatory for all peer support workers in Te Whatu Ora-funded services.
Supervision might be too expensive.	The Hub will provide supervision to peers working in Te Whatu Ora-funded services.
The most valuable thing to me is peer-peer supervision. There has got to be a place for cultural supervision too. We need to prioritise the value of lived experience over degrees.	
We need to make sure people are supported to stay well. They are surrounded by people experiencing distress.	
Peer supervision – would they have access to peer supervision outside of their workplace? It is a small workforce, and there will be lots of pressure if only a limited number of people do peer supervision.	
<b>Mentoring</b>	
Mentoring – I'm aware that there are mentors in the careerforce training. I'd like to see local mentors who know local issues, and who know the local community.	The Draft Workforce Development Action Plan had an action that said "Develop a formal mentoring programme to support isolated peers".

<p>It would be ideal to develop a local mentoring programme. With local knowledge. We could have people from our area training other people in this area. A tuakana-teina approach.</p>	<p>To recognise the strong feedback about having a mentoring programme, this action has now been expanded to make the mentoring programme available to all peers.</p>
<p>People need mentoring. Careerforce dont do anything. Ive helped someone with low literacy who doesnt know how to use computers. We read the question out and then I get the person to talk. I help him to structure it. And I tell him how to get the education he needs.</p>	
<p>I lose marks [on assignments] because I dont do it the way they want. But I understand it. I am dyslexic. I dont use the right words and I get marked down.</p> <p>A mentoring programme would help with this.</p>	

## Leadership

<p>I dont see how peer leaders are identified and who identifies them. Ive seen some things in Te Whatu Ora that are shoulder tapping - they wouldnt be the people that the lived experience community might have chosen. The Dunedin community is different to Oamaru and Invercargill. It should be locals chosing locals.</p> <p>It's not just having the workforce but having a strong network of people to be able to go to and ask – who do you look to? We know who our leaders are.</p>	<p>We expect that as the Hub develops a network of the CPSLE workforce over time, that Te Whatu Ora will be able to come to the Hub to receive workforce feedback, from representatives chosen by the CPSLE workforce.</p>
<p>There needs to be a high level pathway to governance/management.</p>	<p>The Workforce Development Action Plan includes an action to “provide training/support to develop people with lived experience to take management and/or governance roles”.</p>

## Workforce wellbeing

<p>In any situation where there has been stress put on the peer support worker it is the responsibility of the next 'rung up</p>	<p>The model of care says that external peer supervision is mandatory for all</p>
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<p>the ladder' to provide comprehensive debriefing. Who cares for the carers? There needs to be something put in place.</p>	<p>peer support workers in Te Whatu Ora-funded services.</p> <p>The Hub will provide supervision to peers working in Te Whatu Ora-funded services.</p>
<p>The intention to set up new roles is great. Support doesn't always get put in place.</p>	<p>The model of care has a section on staff wellbeing (page 16), that provides significant guidance on how organisations need to support and retain their workforce.</p>
<p>Lots of people are working on their own in different ways. There are safety issues and people burnout</p> <p>There needs to be support for the workforce ongoing after training.</p>	
<h3>Standardisation</h3>	
<p>I'm a bit concerned when you try to direct peer support across different organisations. When you standardise the system you take the individual away. Do you end up with the lowest common denominator instead of the innovative one or two?</p>	<p>We are not standardising the system. Organisations can chose their own peer practice. We are providing high-level guidance about the values and principles that organisations need to work towards, and some guidance on how organisations need to operate. This guidance comes from extensive community consultation, and reflects what the community needs and expects of services.</p> <p>Innovation is encouraged under our model of care. One of our objectives is "to identify and support innovation to improve the experiences of peers accessing or working in the service".</p>
<p>Is the intention for the training to be a standardised national model?</p>	<p>Not at this stage.</p>
<h3>Job descriptions</h3>	
<p>We need to make sure we create job descriptions so people have really defined roles.</p>	<p>Yes. This feedback will be included in the <i>Guidelines to Implementing the Southern Model of Care for Peer-Governed Services</i>.</p>
<h3>System changes – non-peer workforce</h3>	
<p>We need to raise awareness of the value of peer support.</p>	<p>The Workforce Development Action Plan includes an action to "deliver</p>

<p>Clinicians need to understand the role of peer support workers and the value. Training for clinical workforce is a massively high priority.</p>	<p>training about peer support for the clinical workforce”.</p> <p>The need for increased awareness among the clinical workforce is also highlighted as a critically important “system change” in the model of care.</p>
<p>If we’re training peer support workers, why cant we educate the community about the work that we do? And about tools that get us through. Our community doesnt know about resources like 1737 or what peer support is.</p>	<p>This is beyond the scope of our current piece of work.</p>
<p><b>Other feedback</b></p>	
<p>Whoever is doing peer support has to be able to support a person they disagree with. What if that person is very different to you? How do you identify people who might have ingrained prejudice?</p>	<p>Part of developing the peer support workforce is developing a safe workforce that uses the CPSLE competencies for their work. If they experience difficulties, then supervision is the place to take them up. We are requiring that peer support workers have supervision.</p>