

## Peer-support services FAQs

### 1. Who is a peer?

A peer means someone who has experienced mental health challenges and/or addiction. In peer support services the person accessing the service and the peer support worker may both be referred to as peers.

### 2. What is peer-support?

A peer support worker walks alongside a person experiencing mental distress and/or addiction. They share the knowledge and skills they have gained from their own experience of distress, and their peer support training. In peer support both people learn from each other. Peer support is based on key principles including respect, mutuality, choice, and hope.

### 3. Why are peer-support services being developed in Southern?

The need to develop more peer support services was identified in the national mental health inquiry, [He Ara Oranga](#), and stakeholders gave a very strong message through the 2021 [Te Hurihanga - Time for Change](#) review that they wanted to be able to access peer support.

### 4. How does this align with what national documents say about peer-support?

The development of peer- support services align with national documents including:

[He Ara Oranga : Report of the Government Inquiry into Mental Health and Addiction 2018](#)

[Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing \(health.govt.nz\)](#)

[He Ara Āwhina \(Pathways to Support\) framework](#)

### 5. How are peer-support services being developed?

A model of care for peer-governed services has been produced through a co-design process involving people with lived experience and our community. The

co-design process was led by the Pūkenga Kaupapa, Project Manager, with lived experience.

A “model of care” is a way of describing what type of services we need, and how they should work.

The model of care was based on feedback from eleven workshops, written submissions, background papers and a literature review. Each workshop was co-facilitated by a facilitator with lived experience and a Māori facilitator with cultural expertise. The model is what our community has told us they want and need for peer-support services in Southern.

## **6. What does peer governed mean?**

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. All the staff (including the manager) must be people with lived experience too.

## **7. What does people with lived experience mean?**

This means people with personal lived experience of mental distress and/or addiction.

## **8. What is the model of care?**

The model of care can be read [here](#).

The model of care for peer-governed services sets out:

- 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
- The types of organisations who will be eligible to be funded by Te Whatu Ora to deliver peer-governed services
- The 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.

## **9. Who is the new provider for peer governed services in Dunedin?**

Te Whatu Ora Southern has selected the Life Matters Suicide Prevention Trust through the Request for Proposals (RFP) process to be the provider of a new peer-governed service in Dunedin.

Life Matters Suicide Prevention Trust | Te Whare Oranga Ngākau is an existing peer-governed service.

#### **10. What services will this provider offer?**

Life Matters will provide a peer-governed service that is based on the values, principles, and objectives in the model of care, particularly ensuring that services are accessible and supportive for Māori. The peer support services provided will be aligned with national and local strategy for peer support services.

Peer support will be offered individually, in groups and to any person in mental distress/with addictions. The service will focus on supporting adults.

The new service will include raising awareness and understanding in our communities of the support they can receive at the Hope Centre through an education/outreach programme into our community.

#### **11. When will the service start?**

The service will be implemented in a phased way with the anticipated start date of peer governed services being by 1 November 2023, with the service anticipated to be fully running by February 2024.

#### **12. What hours will the service be available?**

Based in the Hope Centre, 63 Hanover Street in Dunedin, the new service will provide peer support to people experiencing mental distress and/or addiction six days a week: Tuesday 9am–5.30pm, Wednesday – Friday 9am–9pm, Saturday and Sunday 1pm –9pm.

#### **13. How can people access the service?**

People are able to self-refer, drop-in, contact Life Matters by phone/text/email/online or be referred by another service.

Peer support will be mainly face-to-face, but also via phone/text/online and staff will also provide outreach support in the community.

#### **14. How will the service fit in with other mental health services already available?**

Life Matters will work collaboratively with clinical and other services to ensure wraparound support for tāngata whaiora.

### **15. What else is happening to develop and support the peer-support workforce?**

Alongside developing peer services, Te Whatu Ora Southern is supporting the development of the peer workforce and has completed a comprehensive Consumer, Peer Support, Lived Experience (CPSLE) Workforce Development Action Plan. The plan can be read [here](#), and is based on feedback received during a [workforce survey](#) and consultation, as well as a background paper and literature review. It links strongly to the [Competencies for the Consumer, Peer Support and Lived Experience \(CPSLE\) Workforce](#) and the [National CPSLE Workforce Development Action Plan 2020 – 2025](#).

It is a comprehensive plan that covers all five domains of workforce development. Some actions are focused on those who work in the CPSLE workforce or would like to do so. Other actions are focused on developing the mental health and addiction workforce as a whole, because we know from existing research that this is critical to ensuring that CPSLE roles are understood, appropriately utilised and ultimately successful.

An RFP for a 'hub' to connect CPSLE workers across the district, provide some training and supervision, and support good practice has just closed.

And soon, there will be a call for expressions of interest to join a Southern Peer Workforce Development Advisory Group. Establishing this group is one of the actions in the workforce plan.

### **16. Are other peer support services being developed?**

Yes – an RFP for peer-governed services in Invercargill was released in February.

A preferred provider has now been identified in Invercargill and contract discussions are ongoing.

### **17. Has peer support been introduced elsewhere in NZ?**

Peer support is widely used throughout New Zealand. As of 2022 there were 425 FTE (full time equivalent) peer support workers working in NGOs.<sup>1</sup>

---

<sup>1</sup> <https://www.mhwc.govt.nz/assets/Workforce-paper-/Overall-Summary-Peer-Support-Workforce-Insights-Paper.pdf>

## **18. What evidence is there for the use of peer support?**

In July 2023 Te Hiringa Mahara | Mental Health and Wellbeing Commission released a report on the peer workforce.<sup>2</sup> They summarised the evidence as:

*Available research findings from Aotearoa New Zealand as well as internationally show that the use of peer support within mental health services contributes to greater hope, satisfaction, and quality of life for tāngata whaiora. It also contributes to modest improvements in psychosocial outcomes and probably a small reduction in admission or readmission to crisis services, including hospital services.*

## **19. How much is the peer support workforce expected to increase in Southern in the next few months?**

The Southern CPSLE workforce is likely going to grow by around 18.5 FTE in the next few months. This will as a result of the Time for Change – Te Hurihanga peer support services project and another initiative. This is a significant increase and great news for our Southern community.

To put this increase into context the peer workforce grew by 64 FTE across New Zealand between 2018 and 2022. This data and other information about peer support and lived experience workforce can be found in the following summary by Te Hiringa Mahara | Mental Health and Wellbeing Commission released this month (July 2023):

<https://www.mhwc.govt.nz/assets/Workforce-paper-/Overall-Summary-Peer-Support-Workforce-Insights-Paper.pdf>

## **20. What information will peer support workers have access to?**

Under our model of care, peer support workers will do collaborative note writing. This means that they will write notes about your peer support appointment together with you, so you will know what is in your file. If you don't want to be involved, then the peer support worker will write a summary about your time together. Peer support workers will not normally have access to clinical information. You can share any information you would like with your peer support worker.

## **21. What is the training peer support workers receive?**

---

<sup>2</sup> <https://www.mhwc.govt.nz/assets/Workforce-paper-/Overall-Summary-Peer-Support-Workforce-Insights-Paper.pdf>

For the new Dunedin service all peer support workers will complete Intentional Peer Support training before working with people. This is a common training course for peer support workers. They will also be supported to enrol in a National Certificate in Health and Wellbeing (Peer Support) (Level 4) qualification. This is an NZQA qualification that takes around 21 months to complete.

## **22. Can I have peer support worker as well as care from a clinical team?**

Yes, you can access more than one service.

## **23. What was the process to select a provider for peer-governed services?**

Following the co-design of the model of care, the Time for Change project team has worked through a robust RFP process to increase peer support options, firstly in the Dunedin area, and then in Invercargill.

The RFP process asked providers to propose a service that would implement the new model of care. All providers had to answer 32 questions, and provide information on:

- How their proposed service would: meet the needs of the Otepoti Dunedin community; be accessible to all people (including people with disabilities); work together with other services and supports; and support people to strengthen relationships with their whānau and community. Providers were required to provide information on a timeline for implementing their service, key people who would be leading the service, and significant risks associated with their proposal.
- Their organisation, including: how people with lived experience were involved in governance; the organisation's experience in service delivery; the values of the organisation (and alignment with the model of care); their size, structure and annual turnover; their operational and financial systems; their policies (including alignment with the Nga Paerewa Health and Disability Service Standards); how trauma responsive their organisation is and how it works to support the hauora (wellbeing) of people experiencing addiction. Organisations were required to explain how they valued lived experience at every level of their organisation and how feedback from tāngata whaiora influences their service delivery.
- Equity and cultural competence including: how they would support the right of Māori to be Māori in peer-governed services, what actions they would take to ensure equitable health outcomes, how they would provide

tikanga Māori based options, and how they would meet the equity requirements in the model of care.

- Their peer practice including their practice framework and how they use the *Competencies for the Consumer, Peer Support and Lived Experience Workforce*.
- How they would support the peer workforce including: supporting people through recruitment, workforce diversity, staff wellbeing and external peer supervision. Providers were asked how they would support the learning and development of staff and to describe all training that staff would receive.
- Broader outcomes, including: whether they were Māori owned, how they would reduce barriers to employment, and promote human rights and non-health outcomes such as improved housing and employment.