



STRATEGY FOR THE  
ALCOHOL AND OTHER  
DRUG PEER WORKFORCE  
IN VICTORIA



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# Strategy for the Alcohol and Other Drug Peer Workforce in Victoria



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# The AOD Peer Workforce

In Victoria, the AOD peer workforce is recognised as an integral part of quality service delivery, resulting in many organisations formalising and integrating peer work into their service.

The following definition has been developed by the Victorian AOD Peer Workforce Community of Practice:

**A peer worker utilises their lived experience of alcohol and other drugs, plus skills learned in formal training, to deliver services in support of others.**

AOD peer workers provide non-clinical assistance, utilising their personal experiences in a way that promotes understanding and fosters connection. Peer workers offer support to others who have shared experiences by:

- Facilitating authentic connections
- Sharing their personal experiences in a way that inspires hope
- Offering help and support as an equal, within a defined role
- Developing positive relationships that demonstrate the power and possibility of change

## Introduction

The *Strategy for the alcohol and other drug peer workforce in Victoria* (the Strategy) has been developed by Peer Projects at the Self Help Addiction Resource Centre (SHARC) in collaboration with numerous stakeholders and in consultation with the Victorian AOD Peer Workforce Community of Practice (CoP).

It has also been informed by a number of AOD sector agencies who have been champions for peer workforce development, as well as the work of our colleagues in the mental health sector.

## Purpose

The intention is for this Strategy to support resourcing and planning for AOD peer workforce development. It is envisaged that initiatives from this Strategy will be led by the AOD peer workforce, in collaboration with other peer workforce development stakeholders, supported by the Victorian AOD sector and government investment.

This Strategy describes the required activity needed to adequately develop, support and sustain the workforce. It aims to assist policy developers, funders, AOD peer workers and their employers to work towards a sustainable and thriving peer workforce.

# Stewardship of Victoria's lived experience workforce strategies

## **Victoria's lived experience workforce strategies comprise:**

- Strategy for the consumer mental health workforce in Victoria
- Strategy for the family carer mental health workforce in Victoria
- Strategy for the alcohol and other drug (AOD) peer workforce in Victoria

## **Stewardship of these strategies is held collectively by (listed in alphabetical order):**

- The Bouverie Centre, La Trobe University <https://www.bouverie.org.au/>
- Carer Lived Experience Workforce Network (CLEW) <https://www.tandemcarers.org.au/carers-lived-experience-network.php>
- Centre for Mental Health Learning (CMHL) <https://cmhl.org.au/>
- Centre for Psychiatric Nursing, Melbourne University <https://healthsciences.unimelb.edu.au/departments/nursing/about-us/centre-for-psychiatric-nursing>
- Department of Health and Human Services <https://www2.health.vic.gov.au/mental-health>
- Mental Health Victoria <https://www.mhvic.org.au/>
- Self Help Addiction Resource Centre (SHARC) <http://www.sharc.org.au/>
- Tandem <https://www.tandemcarers.org.au/>
- Victorian Dual Diagnosis Initiative Leadership Group (VDDI LG) <http://www.dualdiagnosis.org.au>
- Victorian Mental Illness Awareness Council (VMIAC) <https://www.vmiac.org.au/>

## **The Lived Experience Workforce Strategies Stewardship Group will:**

- Advocate for, promote and support lived experience workforces.

- Identify and drive opportunities to progress toward the vision of the strategies.
- Identify, create or advocate for funding opportunities to undertake actions of the strategies.
- Provide leadership and oversight for implementation of, and progress towards, strategy priorities.

Many consumers and carers have experiences of seeking support from both mental health and alcohol and other drugs (AOD) services. Lived experience workers may have experienced both mental health and substance use issues, or supported a family member or friend who has experiences of both.

The strategies and stewardship group create a unique opportunity for a more inter-sectorial and collaborative approach to supporting mental health and/or AOD consumers and their family/carers, regardless of which sector they interact with.

The strategies stewardship group includes representation from lived experience workforces, organisations and networks involved in research, mental health, AOD, and dual diagnosis. We come together in order to strengthen collaborative network alliances for the lived experience workforces and learn with and from each other.

We encourage organisations to adopt and support this action plan to expand and support the AOD peer workforce. Collective effort is required to achieve the objectives in this Strategy and activity is already happening within services and beyond. To ensure that activity is recognised and can be shared and promoted across the AOD peer workforce, please advise of relevant activity by contacting:

Peer Projects, SHARC Victoria  
**[peersupport@sharc.org.au](mailto:peersupport@sharc.org.au)**

# Vision for the AOD Peer Workforce

Peer Work will be understood, valued and recognised as its own professional discipline.

The Peer Workforce will be established as an integrated part of service design and become an embedded model in the sector.

Peer Workers and the sector will be supported by a central resource for Peer Workforce development.

The Peer Workforce will be provided specialised training, supervision, professional development and networking opportunities.

Organisations will be educated and adequately prepared for the introduction and sustainability of the Peer Workforce.

Adequate resources will be granted for the growth and sustainability of the Peer Workforce.

# Making the vision a reality: Key domains

## PRIMING

- Defining the discipline
- Agreed understanding
- Peer Workforce development framework
- Sector and organisational readiness

## RECOGNITION

- Resourced
- Adopted by sector and agencies
- Promoted

## SUPPORT

- Central resource
- Governance and accountability
- Practice guidelines
- Specialised training and practice supports

## EVOLUTION

- Research and evidence base
- Growing the discipline

### **Actions - Definitions**

DHHS - Department of Health and Human Services

SHARC - Self Help Addiction Resource Centre

VPWCOP - Victorian AOD Peer Workforce Community of Practice



# Making the vision a reality: Actions

1 PRIMING			
VISION	ACTIONS	TIMEFRAME	WHO
1.1 AOD peer work defined and an agreed understanding in the sector is reached.	1.1.1 Define AOD Peer Work in collaboration with key stakeholders.	Completed	VPWCOP SHARC
1.2 AOD peer work is supported by a sector wide peer workforce development framework.	1.2.1 Develop a Peer Workforce Development Framework that includes organisational readiness training, peer worker training, peer worker supervision and a peer worker community of practice.	Completed	VPWCOP SHARC
1.3 Organisations primed for peer workforce introduction.	1.3.1 Develop organisational readiness training. 1.3.2 Develop better practice guidelines for organisations regarding the introduction, support and sustainability of a peer workforce.	<12 months	SHARC TBA
1.4 Organisations encouraged to have peer work reflected in organisational systems.	1.4.1 Monitor peer workforce activity and outcome data through departmental reporting requirements.	<12 months	DHHS

## 2 RECOGNITION

VISION	ACTIONS	TIMEFRAME	WHO
2.1 AOD peer work is promoted.	2.1.1 Develop and implement a communication strategy to disseminate information about AOD peer work including values and outcomes. 2.1.2 Present peer work initiatives and developments at sector conferences, meetings and events.	<12 months	SHARC
2.2 AOD peer work recognised as a specific funded activity.	2.2.1 Fund and integrate peer worker positions into treatment framework.	<12 months	DHHS
2.3 Pay parity achieved with other professions.	2.3.1 Develop an AOD peer worker award or endorsed EBA that has parity with other professions.	<12 months	TBC

## 3 SUPPORT

VISION	ACTIONS	TIMEFRAME	WHO
3.1 A central resource for peer workforce development established and resourced.	3.1.1 Identify and fund an appropriate organisation for 2-3 years. 3.1.2 Develop a work plan developed for 2-3 years.	<12 months	DHHS
3.2 Peer workers provided regular, discipline specific supervision as part of their employment.	3.2.1 Develop and trial peer worker supervision model 3.2.2 Identify and resource peer worker supervision provider.	<12 months	SHARC TBA
3.3 AOD peer workers provided with consistent discipline specific training and professional development.	3.3.1 Develop and deliver AOD peer worker training specific to the discipline.	Completed	SHARC
3.4 Peer workers provided discipline specific networking opportunities as part of their employment.	3.4.1 Develop and prime Peer Workforce Community of Practice for future activity.	Completed	SHARC DHHS

## 4 EVOLUTION

VISION	ACTIONS	TIMEFRAME	WHO
4.1 Systems in place to inform DHHS on key issues relating to the AOD peer workforce and provide input into strategy reviews.	4.1.1 The AOD Peer Workforce Community of Practice to provide feedback to agencies and government.	Current	DHHS SHARC
4.2 Continuation of the Victorian AOD Peer Workforce Community of Practice.	4.2.1 Facilitate evaluation of peer worker activities, and document and distribute outcomes to consumers and the wider sector.	Current	DHHS
4.3 Research activities and a growing evidence base on AOD peer work.	4.3.1 Facilitate evaluation of peer worker activities, and document and distribute outcomes to consumers and the wider sector.	<12 months	TBC
4.4 Core Competencies and Practice Guidelines for AOD peer work.	4.4.1 Develop Core Competencies and Practice Guidelines in consultation with key stakeholders	Current	SHARC VPWCOP

## AOD Peer Workforce Community of Practice Membership

This strategy has been developed in collaboration with numerous stakeholders and in consultation with the **Victorian AOD Peer Workforce Community of Practice (CoP)**.

The CoP was established in September 2017 and represents the paid peer workforce in the alcohol and other drugs (AOD) sector in Victoria. The CoP supports and cultivates the existing and emerging peer workforce and seeks to draw upon the collective knowledge, experiences and resources of our community to provide:

- Continuous professional development
- Collegiate support to underpin sharing, resourcing and collaborative problem-solving
- Opportunities for consultation and feedback to enhance the development of the peer workforce

The following CoP members have participated in the development of the strategy:

### COMMUNITY OF PRACTICE MEMBERS

NAME	TITLE
Brendan Ritchie	Peer Worker – Peer Projects, Self Help Addiction Resource Centre (SHARC)
Belinda Farmer	Peer Mentor – Family Drug Treatment Court, SHARC
Jon Benson	Peer Support Worker, Western Region Drug and Alcohol Centre (WRAD)
Jess Madex	Peer Mentor – Family Drug Treatment Court, SHARC
David Reichmann	Peer Support Group Peer Leader, Windana Drug & Alcohol Recovery
Steve Adams	Peer Support Worker - Alcohol, Tobacco & Other Drug Counselling, EACH
Jess Jordan	Peer Support Group Peer Leader, Windana Drug & Alcohol Recovery
Teesha Gardiner	AOD Peer Support Worker, Banyule Community Health Service
Jimmy McGee	Peer Educator and Mentor, SHARC
Darren Sims	Peer Mentor – Family Drug Treatment Court, SHARC
Ian McKerrill	AOD Peer Support Worker, Access Health & Community
June Beverley Williams	Family Reunification Peer Worker, WRAD
Lana Prince	Peer Mentor – Family Drug Treatment Court, SHARC
Renee Louis	Peer Mentor – Family Drug Treatment Court, SHARC

Lisa Doyle	AOD Peer Support Worker, Banyule Community Health Service
Luke Salienko	Peer Support Group Peer Leader, Windana Drug & Alcohol Recovery
Vanessa Hollo	Peer Support - Medication Support & Recovery Service Access Health and Community
Craig Payne	Peer Worker, Eastern Health Treatment Services
David DeBeen	Peer Worker, Barwon Health
Jane Dicka	Peer Worker, Drug Overdose Peer Education, Harm Reduction Victoria

## APPENDIX 2

### Development of the Strategy

The Strategy for the Victorian AOD Peer Workforce was created through a collaborative process. Initial planning for the AOD peer workforce began in 2017 and was led by Department of Health and Human Services (DHHS) Health and Human Services Workforce, Mental Health and AOD Workforce. Activities that have greatly contributed to the development of the AOD peer workforce include:

- DHHS's Workforce Development Roundtable for AOD Peer Workers (October 2017)
- AOD Peer Workforce Community of Practice (December 2017, January 2018, April 2018, July 2018, October 2018 and January 2019), SHARC and DHHS
- Victoria's AOD Peer Workforce Forum (June 2018), SHARC and DHHS

- Peer Support Capacity Building Project (2014 - 2017), SHARC and DHHS
- AOD Peer Workforce Readiness Project (2017 - 2018), SHARC and DHHS
- AOD Peer Workforce Development Project (2018 - 2019), SHARC and DHHS

The Strategy has been informed by the above activities, as well as the following:

- AOD Peer Workforce CoP, Vision and Values Workshop, 11th April 2018
- AOD Peer Workforce CoP, Strategy Review, 10th July 2018
- AOD Peer Workforce CoP, Strategy Review, 9th October 2018 and 25th January 2019.



# Organisations, resources and initiatives that support the AOD peer workforce

This section outlines existing structures (such as organisations and networks), resources and initiatives that will support achievement of the actions in this strategy. It is recognised that these structures and initiatives are growing and evolving, and the current content reflects the situation as at January 2019.

## Organisations

### **Centre for Mental Health Learning (CMHL)**

– a central hub for mental health workforce in Victoria and have lived experience leadership embedded through consumer and carer workforce development positions. They provide resources, support and advice for lived experience workers and their employing organisations. Further information is at [www.cmhl.org.au/peerinside](http://www.cmhl.org.au/peerinside)

### **Department of Health and Human Services (DHHS)**

– support mental health workforce and consumer and carer workforce through specific initiatives. See for further information: [www2.health.vic.gov.au/mental-health/workforce-and-training/lived-experience-workforce](http://www2.health.vic.gov.au/mental-health/workforce-and-training/lived-experience-workforce)

**Intentional Peer Support (IPS)** – a peer-led organisation that provide training on the Intentional Peer Support model. SHARC auspice the IPS Australia Hub – more information can be found at [www.intentionalpeersupport.org/what-is-ips/](http://www.intentionalpeersupport.org/what-is-ips/)

### **Self Help and Addiction Resource Centre (SHARC)**

– lead peer workforce development in the AOD sector, and support a number of peer projects including an AOD peer worker community of practice. They also promote collaboration between lived experience workers across mental health and AOD. Further information can be found at: <http://www.sharc.org.au/peer-support/>

## Networks

An online AOD peer workforce community of practice is hosted on Basecamp and managed by SHARC. To arrange access to this group contact [peersupport@sharc.org.au](mailto:peersupport@sharc.org.au)

## State-wide positions

AOD Peer Workforce Development  
Coordinator: [peersupport@sharc.org.au](mailto:peersupport@sharc.org.au)





