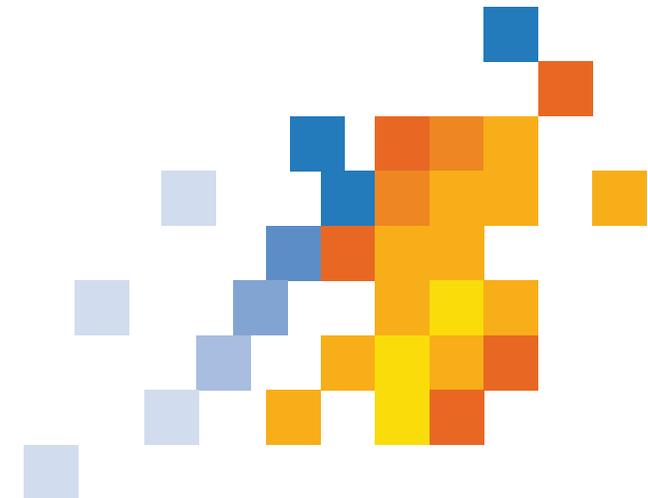




# Peer Support Toolkit

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# Introduction

There is a strong tradition of peer support in the drug and alcohol field. The people involved go by various names – recovery champions, buddies, peer mentors and more – but the gist remains the same: that people themselves in recovery from drug and alcohol use can be authentic and effective voices in supporting others along their own journeys.

Some peer supporters (by which we also mean all those people who identify as ‘recovery champions’, ‘peer mentors’ etc) are paid for their work but the majority are not. For both groups, working to help others becomes part of the recovery journey itself – by supporting another and adding to their recovery capital the peer supporters themselves derive wellbeing. In many ways peer support is a label applied to a multitude of processes and human interactions which have happened for decades, or even centuries. The Washingtonians were a society in the 1840s formed in Baltimore, Maryland to create, through peer and mutual support, the environment necessary to facilitate abstinence from alcohol and a recovery from drinking. Since then many organisations and initiatives have arisen, with peer support and mutual aid coming to be recognised by many as key elements in recovery.

Anecdotally, much of which is valued by those in recovery is a long way from a formalised treatment interventions and much more akin to the normal dynamics of friendship – sports played together, music created in a group, eating and drinking and having a ‘safe space’ away from drugs and alcohol with non-using peers who are, or become, friends and won’t judge someone on their history.

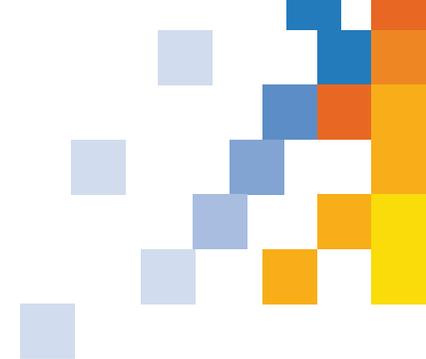
Peer supporters, properly looked after, can be a vital resource to any organisation. Motivated by personal experience, they bring skills and real world know-how, flexibility and dedication in working practices and a high level of empathy with clients and colleagues. For the person in recovery, having a support worker or buddy who has been through a similar process of drug or alcohol use adds weight to their advice and makes them credible and approachable.

For the peer supporter, work may be valuable as a way of lending a helping hand to other people going through hardships they recognise and relate to. It may also be a way of gaining valuable experience of employment and a pathway back into paid work, especially for a person who has been unemployed long-term or perhaps in prison.

But this doesn’t come for free for organisations. Peer supporters need to be supervised, supported and monitored just like anyone else. Services need to spend time developing effective recruitment, support and supervision processes which ensure both that peer supporters possess the competencies they need to do a good job, and that they have effective channels for seeking support and feedback. Also, that those in recovery whose progress is rightly celebrated as an exemplar to others feel comfortable asking for help if they run into issues of their own.

This toolkit brings together information for peer supporters and their managers. During its development the Skills Consortium extensively consulted peer-supporters to get the real deal from the ‘experts from experience’. Input was also sought from public health, policy and workforce development experts.

January 2015



# Being a peer supporter

## What is peer support?

Job descriptions shared throughout the project use the following statements to explore the purpose of peer support:

- “To support and mentor drug and alcohol users through treatment and into meaningful activities including education, training and employment”<sup>1</sup>
- “To inspire and support substance users to move towards recovery away from drug misuse and related harm”<sup>2</sup>
- “To support service users into and through recovery acting as a positive role model for them and the service. Advocate and signpost service users, providing accurate and up to date information for them.”<sup>3</sup>
- “Peer Mentors are those who have had previous issues with drugs and/or alcohol use and have overcome their dependency. They are role models and an inspiration to others.”<sup>4</sup>
- “Champions provide positive practical and emotional support to individual service users who are on their own recovery journey and facilitate service user recovery groups.”<sup>5</sup>

The typical picture which emerged from mapping out job descriptions and role profiles was of

- someone with personal experiences of drug or alcohol use who
- moves service-using peers safely towards recovery
- through support, groups, sign-posting, friendship.

The emphasis is on someone with personal rather than professional knowledge of drugs and alcohol using that expertise to support, mentor and encourage others through treatment and towards the sometimes hazy or ill-defined state that is recovery. Many people have differing views on what recovery is but three useful definitions are:

- “voluntarily sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society”<sup>6</sup>
- “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential”<sup>7</sup>
- “a lived experience of improved life quality and a sense of empowerment; ...the principles of recovery focus on the central ideas of hope, choice, freedom and aspiration”<sup>8</sup>.

Peer support roles generally emerge through grass-roots service-user organisations or are organised by treatment providers, both voluntary and statutory (NHS). Bear in mind that experiences of peer support may be very different within an informal grass-roots, service-user led organisation than a large treatment provider with a neatly defined role and job description! There is a high degree of variation – some peer supporters carry out structured case-work with clients and may link up with associated services such as housing, benefits or mental health, whilst others provide much less formal social support.

<sup>1</sup> Drug Aid – Peer Mentor (Paid) – Job Description

<sup>2</sup> Addaction – Community Recovery Champions

<sup>3</sup> CRI – Peer Mentor – Role description

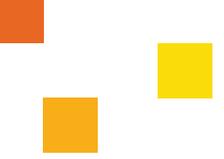
<sup>4</sup> Westminster Drug Project – Peer Mentors – Role Description

<sup>5</sup> Swanswell – Recovery Champion – Role Information Pack

<sup>6</sup> UKDPC – Recovery Consensus Statement – 2008

<sup>7</sup> SAMHSA – 2011

<sup>8</sup> RSA – The Potential of Recovery Capital



It's worth noting that peer support also exists in allied sectors – in the health sector, for instance, peer supporters work to support those with TB or HIV through their journeys.

Whilst peer support clearly has manifold benefits, it must be stressed that that it isn't a complete replacement for ongoing engagement with other services, including treatment.

### What is mutual aid?

Mutual aid is closely allied to peer support and indeed can be seen as a subset of peer support. Mutual aid is typically provided outside formal treatment and is one of the most commonly travelled pathways to recovery. Mutual aid groups come in many different types, with the most widely provided being based on 12-Step principles, for example Narcotics Anonymous and Cocaine Anonymous. Other forms include SMART Recovery, Intuitive Recovery and locally evolved structures.

The main difference is that mutual aid is often based on a structured group experience, with people coming together as equals to share stories and offer support. Peer support is typically about relationships between individuals who are not 'equal' – inherent in the concept is the notion of a role model whose progress in recovery is inspirational and provides a platform from which to help others less advanced in their recovery journeys.

Additionally peer support can be seen as an ongoing process, a web of recovery orientated-relationships that are not defined by attending meetings or groups. Whereas mutual aid typically uses semi-formalised structures of support (for instance the 12-step meetings), peer support can encompass continuous friendships and a multitude of informal social processes. Clearly the two concepts and processes can and do overlap, with the personal relationships developed in a mutual aid situation continuing outside convened meetings as a form of peer support.

Lastly mutual aid tends to emerge from user-led structures outside formal treatment, whereas peer support may be encouraged and commissioned by those treatment agencies. Engagement in both mutual aid and peer-support can, and should be, encouraged by practitioners looking to help change behaviour and improve outcomes.

The evidence base for mutual aid is clear, with the National Institute of Health and Care Excellence (NICE), the Recovery Orientated Drug Treatment Expert Group (RODT) and the Advisory Council on the Misuse of Drugs (ACMD) all looking at its role in recovery and reporting favourably. You can read more in Public Health England's 'Improving Access to Mutual Aid' – listed in Appendix C.

### What's the evidence that peer support is effective?

NICE recommend peer support and suggest that the benefits of these groups can be further enhanced if keyworkers and other staff in services facilitate contact with them, for example by making an initial appointment, arranging transport or possibly accompanying patients to the first meeting and dealing with any subsequent concerns.

'Medications in Recovery: Reorienting Drug Dependence Treatment' was produced in 2012 by the Recovery Orientated Drug Treatment Expert Group, chaired by Professor John Strong and contains a strong recommendation regarding increasing access to peer support for service-users:

"Promote choice by ensuring people in treatment have a range of peer-support options including 12-step, SMART Recovery and other local peer-support services".

The Findings' Hot Topics below provide more evidence if you'd like to read in-depth:

#### The therapeutic potential of patients and clients

([www.findings.org.uk/count/downloads/download.php?file=hot\\_user\\_involve.hot](http://www.findings.org.uk/count/downloads/download.php?file=hot_user_involve.hot))

#### 12-step mutual aid promises to plug the recovery resources deficit

([www.findings.org.uk/count/downloads/download.php?file=steps.hot](http://www.findings.org.uk/count/downloads/download.php?file=steps.hot))

### What kind of people provide peer support?

Anyone! Although the more formal opportunities, and especially paid positions, may have a higher requirement for entry, there should be many opportunities for involvement.

Every person's recovery journey is unique to them – a process resulting from their combination of historic drug or alcohol use, physical and mental health, wider recovery capital, attitudes and abilities, outlook, hopes and beliefs for the future. The decision to get involved with peer support, therefore, must be taken at a time when a person feels resilient, and ready to support others. Nobody should feel rushed into it – it can be demanding work which will involve others relying on you significantly.

### Why would I want to support my peers?

Many people get pleasure from helping others, especially those with recognisable issues and challenges in their lives, and give up their time without thought of financial reward to improve the lives of those who need a helping hand. Peer supporters who are paid by an employer will of course also derive professional benefits and satisfaction from helping others in this way.

Being a peer supporter can also be helpful in building skills for future employment as well as provide opportunities to meet people, both friends and useful professional contacts.

For those who do work voluntarily, the Institute for Voluntary Research and partners developed 'Assessing Voluntary Experiences: A portfolio of skills learned through volunteering' ([www.ivr.org.uk/component/ivr/assessing-voluntary-experiences](http://www.ivr.org.uk/component/ivr/assessing-voluntary-experiences)) which is designed to 'assist you to reflect upon your voluntary experiences, to help you identify the skills you have learnt or developed and to help you to interpret these skills and experiences for potential employers'. If you are currently volunteering this may be a good way of identifying the skills you are learning and use them in job applications.



### **How can I get involved with peer supporting?**

Contacting local treatment providers, mutual aid and service-user groups is the best bet. These can best be found by searching online or looking at the peer support organisations listed in Appendix F.

Your local council, local volunteer centre and regional Public Health team may be able to advise on local opportunities.

The Drink and Drug News (DDN – <http://drinkanddrugsnews.com>) service-user annual conference, held in Birmingham, brings together service-users from around the country to share good practice – this may also provide a chance for involvement and contact building.

### **Can I get a qualification from peer mentoring?**

You should certainly try to! It does depend somewhat on the organisation which the peer supporter is attached to. Some organisations are keen to qualify their staff and may have an NVQ or other qualification in place. If you would like to get a qualification out of your time as a peer supporter, have a word with your manager and make the case for why you think your contribution should be recognised.

### **I'm in recovery and still use drugs or alcohol – I want to support my peers. Can I?**

It really depends, various organisations have differing policies. Whilst clearly recovery is a personalised journey and some people find a great deal of stability whilst using drugs and alcohol, some organisations will have a policy of all employees being drug free. This is more likely if the position is located in a treatment provider – many service-user led organisations have an inclusive model with those involved coming from a variety of backgrounds, at various points in their recovery.

### **Should I always disclose the full extent of my drug or alcohol use?**

Developing guidance on self-disclosure is the prerogative of every organisation, and advice on when or if to fully disclose to peers and others will vary. Some peer supporters have told us that full self-disclosure has helped them build relationships with others, but it's for every individual and their manager to decide exactly how and when disclosure should happen. Also consider whether a full disclosure will influence how service users see you in relation to other staff – it could be for the bad or good.

Of course for many peer supporters the people they work with are the same friends and peers they had when they were using drugs or alcohol and there is therefore no issue about deciding when or how to disclose past use.

### **I've got a criminal record, does that matter?**

Again, it depends on the organisation and what the record is. The Disclosure and Barring Service (DBS) is used widely to check people's history and suitability for working with vulnerable people. Some applicants may be debarred if the check returns serious criminal activity such as arson, some violent or sexual crimes.

You can read about the DBS process online ([www.gov.uk/disclosure-barring-service-check/overview](http://www.gov.uk/disclosure-barring-service-check/overview)). It's worth noting that volunteers can receive free DBS checks.

More likely, however, is that it uncovers lesser criminal activity which sometimes accompanies drug use. This need not be a cause for concern in itself. Many people with criminal records have not committed offences that will negatively impact on their capacity to volunteer.

No Offence ([www.no-offence.org](http://www.no-offence.org)) is an organisation which provides advice on criminal justice sector developments, including criminal records, and employment.

### **I want to start a peer support organisation – what should I do?**

The best method is to talk to others who have done it! Look online (including on Facebook and Twitter) for service-user groups to talk to. The annual DDN service-user conference will also be useful to this end, with much of it being devoted to sharing good practice, successes and challenges.

Local commissioners could also be good contacts – it's well worth seeking them out, establishing relationships and exploring the possibility of applying for a grant to help get the group up and running. It is also worth talking to local treatment providers to see if there are any opportunities available. In a time of decreased resources those commissioning services for substance users may be interested in hearing about cost-effective, relatively cheap options.

It may be valuable to get friends and peers together to support you in setting up a group. Consider conducting an informal skills audit of the group – everyone has something to offer. Further down the line people can use their skills to lead sessions on sports or music, or carry out advocacy work on behalf of peers.

If you do set up a group it's important to know about relevant legislation and principles of good governance. Organisations such as the Charity Commission ([www.charitycommission.gov.uk](http://www.charitycommission.gov.uk)), National Council for Voluntary Organisations (NCVO – [www.ncvo.org.uk](http://www.ncvo.org.uk)) and the various regional voluntary and community sector support organisations (check Regional Voices – [www.regionalvoices.org](http://www.regionalvoices.org)) provide free guidance. For more details, the book 'Voluntary but not Amateur' may be useful.

If you are serious about setting up an organisation it's worth researching what opportunities are open to you as a social enterprise. The Government webpage 'Setting up a social enterprise' may be of use, though please bear in mind that you should consult professional advice before proceeding down this route if it is something you want to do. Social Enterprise UK ([www.socialenterprise.org.uk](http://www.socialenterprise.org.uk)) also have a lot of information on social enterprises, with FAQs covering many of the areas of relevance, including the impact of legislation and policy.

### **Are peer supporters all volunteers?**

No, but most of them are. No precise auditing or surveying has ever been done on this. Service-user organisations are by definition usually grass-roots community organisations and alliances rather than bodies which are officially sanctioned or commissioned by national or government bodies.

### **I'm a volunteer peer supporter. What do I need to know?**

#### ***Volunteering and the law***

Volunteers do not currently have the same rights as fully paid employees, and the label of volunteer does not in itself have a precise legal meaning. Whilst any volunteer who has a written contract with an employer is likely to have certain rights many volunteers may not have full formal contracts. However even verbal arrangements and on-going working relationships can all constitute types of contracts in the eyes of the law. The arrangements that volunteers and their employers come to are likely to be varied and flexible.

It's best for volunteers to read up on the topic and then clearly communicate what is needed and expected on both sides through the whole process. Induction and supervision should be used by volunteers to clarify their status within the organisation and raise any questions on how volunteering may impact on any other elements of their life.

#### ***Benefits***

Job Centre Plus defines volunteering as 'when you choose to give your time and energy to benefit other people without being paid for it' and acknowledge that 'volunteering can give you a much better chance of finding paid work'. Usually there is no limit to the amount of volunteering a person can do whilst claiming benefits, as long as they continue to meet the standard criteria of their benefit scheme. In term of claiming Jobseeker's Allowance (JSA) a person who volunteers must also be: actively looking for paid work; available for work; able to attend an interview at 48 hours' notice; and able to start a job at a week's notice.

Regarding Employment and Support Allowance (ESA), voluntary work should be reported but will not affect your ability to claim ESA.



A person who volunteers full time for an organisation is described as a voluntary worker and if they receive an allowance from their employer to cover part of their basic living costs then they may not be eligible for benefits.

A person who does a paid job cannot decide to refuse payment in order to qualify as a volunteer and consequently claim any benefits available.

Volunteering England identifies the following key rules whilst claiming benefits:

- Keep to the normal rules of claiming benefits
- Tell your contact at Job Centre Plus or whoever pays your benefits before starting volunteering
- Only claim for out-of-pocket expenses incurred and never allowances

### **Expenses**

Volunteers can claim for expenses - out-of-pocket spending necessitated by the volunteering work such as travel and food - but no more than that. Worrying about being out-of-pocket is something that may deter people from volunteering as peer supporters. It is therefore advisable for managers to explain the expenses protocol to volunteers as early as possible to reassure them, however it is acceptable to encourage them to keep these costs to a minimum and to use the cheapest methods of transport available. It is best for volunteers to keep a record of any expenses and copies of receipts, tickets etc.

# Case study 1 Tim Sampey, Co-Founder of Build on Belief (BOB)

## What motivated you to set up BOB?

Well, there was no such thing as a weekend service at that point - everything shut down at 4pm on the Friday and you were cut loose till Monday. Also it was because I was bored and for once in my life I saw an opportunity when it came along and knew I could take it because I had nothing else to do!

## What were the biggest challenges in setting up BOB?

The fact that I didn't know what I was doing! Also the fact that within the treatment system, amongst the professionals, there were some who loved the idea of BOB and some who loathed it. They thought it was dangerous, risky, unprofessional, that service users should remember that they are service users and stay in their place. When it was first set up it was very untried and I always had the impression there was this strong split in the field between those in favour and those against.

Also just learning to run an organisation – the only business I'd been involved in before was selling drugs to other people – so playing within the rules, working out what the rules were was quite hard.

I'm a great believer in don't ask anyone – just do it yourself, then when you run out of ideas look to other people. I talked to other people in industry, project workers, commissioners etc and asked 'how would you handle it?' but only after I'd thought about it and decided on the design.

## Which were the key relationships you built in establishing BOB?

We were lucky as we had a wonderful commissioner who people weren't prepared to cross even if they were prepared to cross me! You need the right professional backing, some heavyweights to keep people at arms-length.

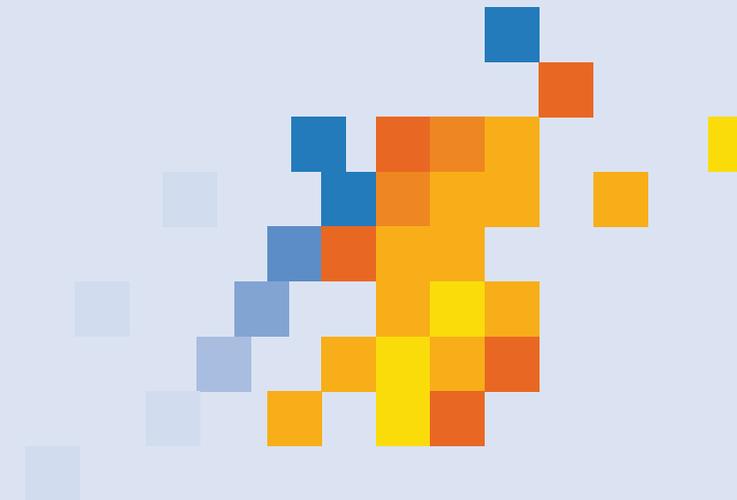
## What are the best things to come out of BOB?

I think in London we are in a major part responsible for commissioners wanting weekend services - I've always been very vocal, shouting about this for the past seven years. Also just demonstrating the fact that service users can build and run their own organisations independently with a bit of support - they don't need to be micromanaged. Just because you've had a substance use problem doesn't mean you're an idiot. I've also had a daughter, and that wouldn't have happened without all this either!

## What's the one piece of advice you'd give to someone setting up a peer support group?

If you're not prepared to work like a dog don't do it – it'll be double the effort and triple the time that you think. If you are in recovery yourself, you need to be able to step away from your own journey to help other people: just because it worked for you doesn't mean it'll work for them.

[www.buildonbelief.org.uk](http://www.buildonbelief.org.uk)



# Managing peer supporters

## Why should I employ peer supporters?

As noted in the first section, peer supporters provide a vital, passionate service in enabling and motivating service-users through their recovery. They can inspire and support others and the peer support work can play a key role in their own recovery. The Findings paper 'Self help – don't leave it just to the patients' (pdf - [http://findings.org.uk/docs/Humphreys\\_K\\_21.pdf](http://findings.org.uk/docs/Humphreys_K_21.pdf)) by Professor Keith Humphreys makes the case for practitioners and service managers being much more proactive in encouraging service-users into mutual aid and peer support.

## Do I need to put in place boundaries and a safeguarding policy for peer supporters?

Yes – it's non-negotiable. Any person who works with vulnerable people (which can include drug and alcohol users) needs to be fully appraised of the safeguarding policy of the organisation and should not start any kind of work without knowing what the policy is, how it must be implemented and how concerns are reported.

Part of safeguarding is boundary setting. This is something you should do with all new peer supporters. Discuss together the importance of keeping and maintaining boundaries. Topics to cover as part of boundary setting include mixing socially with the people receiving the peer support, entering client's homes, physical contact and sexual relationships. Make it clear that though the peer supporter may be the friend of the person they are supporting they aren't acting simply as their friend when carrying out peer support.

Whilst it's important to encourage proper boundaries it's important to acknowledge that a significant proportion of the clients the peer supporter engages may be friends. If the policy is too restrictive it may unintentionally cut off the peer supporter from his or her own social network of support – and perhaps even end up threatening their recovery.

## Do I need a confidentiality policy for peer supporters?

Yes. Confidentiality is very important when working around substance use. Substance users may have had traumatic experiences regarding drug or alcohol use or associated topics (e.g. mental health difficulties, domestic violence, bereavement) that they would not wish to be shared. Honest and open dialogue

will be more likely if service-users are put at ease by being aware of and confident in the confidentiality policy.

Confidentiality issues may also arise when a substance user in recovery returns as a peer supporter in the service they previously accessed for treatment. The worker may have pre-existing relationships with clients (including having used together) – in this case it's best they inform their manager.

Although the confidentiality of experiences shared by peers and clients is of paramount importance the exceptions must always exist for instances when the safety of an adult or child is at risk. In practice this means that all staff, including peer supporters, must be aware of the confidentiality policy of the organisation and make sure that clients understand it will be breached if there is a worry about the safety of an adult, a child or others.

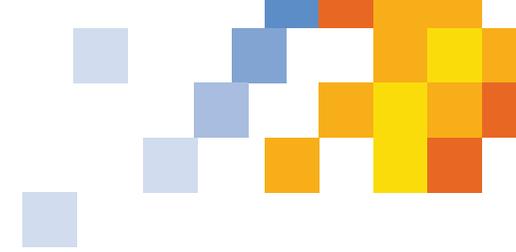
## What do peer supporters need in their induction?

As the first stage of training for a peer supporter, induction represents an important chance to have organisational structures explained, values conveyed and instilled and generally be put at ease.

A good induction will set the tone for a peer supporter's entire time working with an organisation, indeed a very poor induction may dissuade someone from sticking around. It needs to fully articulate the philosophy of the service and should also cover: a tour of the premises; explanation of health and safety protocols and core policies (including expenses); meeting other members of staff and hearing about their backgrounds and experiences; realistically setting and managing expectation; establishing working patterns; and a chance to raise initial worries and hopes. This dialogue should then be continued through the supervision process.

The work should be exciting at the start and it's important to capitalise on this enthusiasm. However, don't be tempted to rush things – take time to build up your contacts, skills and experience.

Lastly, identify with the peer supporter, their training needs, both specific to the role and for their personal development. Put in place and plan a timescale for having this training delivered to them.



### **How can I manage peer supporter's journeys?**

Firstly, by developing some internal guidelines or screening tool covering who the peer support is appropriate for. This can be used to determine whether the interested people you come into contact with are suitable for the peer support work.

Being honest about the possible outcomes and benefits for the peer supporter is essential. It's fine to stress how useful peer support work can be for individuals, and how it can help to improve CVs. However do be realistic – anecdotal evidence indicates that historically some schemes have given a blanket promise, or strong suggestion, to peer supporters that their taking part would lead to a paid job with the same service. This is unfair.

It's also worth thinking about how and when you should move peer supporters on to something else. Whilst many people engaged in the work will doubtless prove themselves to be dedicated and skilled, some may not be cut out for peer support work, or get 'stuck', without looking for future opportunities. Think about how to deal with those people, and what opportunities are available locally.

### **What do peer supporters need in their supervision?**

Whether volunteers or paid staff, peer supporters need on-going support and supervision just like anyone else. Volunteers are more likely than paid staff to work a smaller amount of hours per week and may therefore be more likely to be at risk of getting isolated and cut off from their manager.

Supervision is a chance for managers to catch up on the recent experiences, hear any worries, discuss progress and advise on any training and support needs. If you know the peer supporter has had a traumatic experience recently, make sure supervision is used to check on their wellbeing and happiness. Individual instances and events may not be upsetting in themselves but can sometimes have a cumulative, longer-term traumatic effect.

As well as general supervision to monitor performance and support needs peer supporters should also be given access to the same clinical supervision as other staff if they are working with clients. This is a chance to discuss individual cases,

work around stumbling blocks and ensure that the volunteers are confident in their work with clients.

Supervision is also the ideal chance to check in with the peer supporter regarding their own recovery journey – it's essential those inspiring others don't feel so much pressure to succeed that they can't ask for help themselves.

### **Do I need to keep a record of the work the peer supporters are doing and the effect they are having?**

It is a good idea to do this yes. Building an evidence base on how your organisation and its peer support works is very useful. You can use it in funding applications and work with commissioners.

Think of ways you record data on the progress of those who receive peer support – the more robust the data is, and the longer the period its collected over the more convincing it will be in showing the impact of your work.

There is a simple tool called the Warwick-Edinburgh Mental Wellbeing Scale which asks clients or service-users to state how they feel. It may be useful for monitoring the outcomes of the service users the peer supporters are working with. You see it at [www.healthscotland.com/documents/5238.aspx](http://www.healthscotland.com/documents/5238.aspx).

If you'd like to read more about measuring wellbeing, the New Economic Foundation's 'Measuring Well-being: a guide for practitioners' has more information ([www.neweconomics.org/publications/entry/measuring-well-being](http://www.neweconomics.org/publications/entry/measuring-well-being)), as does The Charities Evaluation Services' 'First steps in monitoring and evaluation' ([www.bath.ac.uk/marketing/public-engagement/assets/CES\\_First\\_Steps\\_in\\_Monitoring\\_and\\_Evaluation.pdf](http://www.bath.ac.uk/marketing/public-engagement/assets/CES_First_Steps_in_Monitoring_and_Evaluation.pdf))

### **Do I need a drug and alcohol in the workplace policy?**

Yes, this kind of policy is essential in laying down the ground-rules of what is and isn't acceptable in the workplace. If an incident does arise then having a policy containing guidance will be essential in supporting whatever course of action needs to be taken, and support provided.

The Health and Safety Executive has a webpage with some details and advice around drug and alcohol workplace policies ([www.hse.gov.uk/alcohol/drugs](http://www.hse.gov.uk/alcohol/drugs)). Bear in mind that this is generic information for any type of service – naturally organisations providing peer support to substance users may have to add more detail. Try contacting one of the peer support organisation listed in Appendix F to see if they have one they can share.

### **How can I recruit peer supporters?**

Linking up with local treatment providers will be essential in this.

The role profile in Appendix A can be used by managers when recruiting peer supporters. It should be used in combination with job descriptions when advertising and short-listing for a job, to describe to applicants the competencies they need to get the job. Using an effective role profile has the benefit of promoting transparency and equality throughout the process. Everything a candidate needs to demonstrate is clearly specified in a set of measures which apply to all people equally, regardless of any individual characteristics. Questions and tests used in recruitment can then be designed specifically to allow candidates to demonstrate competencies.

Talk to local peer support and mutual aid organisations. There may be opportunities for advertising your roles and making links.

### **What do I do if the peer supporter has a criminal record?**

Some people who wish to become involved with peer support will undoubtedly have criminal records.

Where appropriate (i.e. for those carrying out regulated activities) it's essential that peer supporters go through the DBS process which is detailed in section 1. Be realistic about the fact that some of the DBS searches will come back with criminal offences identified, and respond in a non-judgemental way – each individual should be assessed on their own merits and current position in their journey of recovery. Organisational policy and child or adult protection policies can be consulted and used to decide on the suitability of a candidate.

Being a peer supporter represents a chance for change and positive development and all employees should be given a chance to prove themselves without being handicapped by past actions.

### **What do I do if the peer supporter is still using drug and alcohol?**

For some time the idea of a “two year rule” was prevalent in the drug sector which purportedly demanded that employees (including peer supporters) must be drug free for two years before being employed. This was never a rule officially espoused by the National Treatment Agency (NTA) or anyone else but passed into common currency. It is potentially damaging to the recovery prospects of substance users and should not be used.

Instead, managers should refer to the policy of their organisation, as well as using their own judgement on a case-by-case basis to assess the needs, capabilities and competencies of potential peer supporters. Ask yourself ‘is this person fit to participate?’. Managers should also take into account the support structure the potential employee has in place to support their recovery. Someone with very little social support from friends and family, an unstable housing situation and other problematic issues in their life may be less ready to take up a support position than someone with an accepting community, supportive social network and stable housing.

As the NTA noted: ‘appointing someone to a post (voluntary or paid) should only depend on their competence to do the job...time drug-free is not an indicator of competence’.

What is essential is making it clear to peer supporters that no matter how prolonged and celebrated their recovery, they always have the right to come to their manager or colleagues with any worries about their own substance use. It is possible that some mentors feel they cannot be open about their own struggles if they are being held up by others as an exemplar of progress – this could have tragic results if help is not asked for and provided when needed.

## Case study 2 Si Parry, Co-Founder of MORPH

### What motivated you to set up MORPH?

At the time, I experienced a five month wait for a script. If you are an injecting heroin addict that's a long time - there's a chance you might not be alive.

So that was 2004, and having stopped using we decided to agitate for those needing treatment in the future. We started with a weekly meeting in a voluntary centre where we could use for free and they didn't mind we were ex-addicts, we then found out about advocacy and started sending out warnings about dodgy batches of drugs that were circulating locally.

### What were the biggest challenges in setting up MORPH?

Once we had got going as an independent charity it was initially getting used to a whole new language, whole new acronyms, initials and how the whole system worked, being in meetings and having to stop people, asking 'what's X mean?'. We knew nothing about fundraising, committees and stuff like that, but we were in the voluntary service and that info was easy to find.

People were a bit suspicious about it to start with, it was a new concept having people they would see as clients, from the other side of the tracks, at the meeting. At one meeting we were told off the record 'there was discussions about whether if you didn't get your own way you'd be climbing across the tables to punch people'.

Right at the start we started fundraising as we were paying for the warning posters out of our benefits. It was suggested we rent space in the voluntary centre, we got a bit of support and did a funding application, got some funding for a desk, a printer and office space, internet and land-line, a mobile so we took it from there. We just got on with it really, we came from a background of DIY culture, putting on gigs, punk rock/alternative, and we applied the same kind of thinking to MORPH.

### Which were the key relationships you built in establishing MORPH?

The commissioners, managers of the treatment services, the GPs, voluntary services. We hooked up with a regional advocacy forum, and created the Hampshire Users Federation, we called ourselves user-activists, we'd meet up and discuss stuff. Finally the NTA sponsored our regional South East forums, which was a useful two-way street.

### What are the best things that have come out of MORPH?

Our drug early warning system - it was used as example of good practice by PHE.

Also peer support for people who aren't opiate users, don't quite fit or are still using - we found from anecdotal feedback that people feel they can come to us, and we aren't going to give them grief. We are a source of info they can trust.

### What's the one piece of advice you'd give to someone setting up a peer support group?

Be careful about giving advice to other people, it may end up being inaccurate and come back to bite you! Don't worry and stress about feeling you have to have all the answers all the time, and be all things to all people.

Be as independent as you can be for as long as you can be. Local people who used drugs saw us a completely independent and that we came from their world – that was useful.

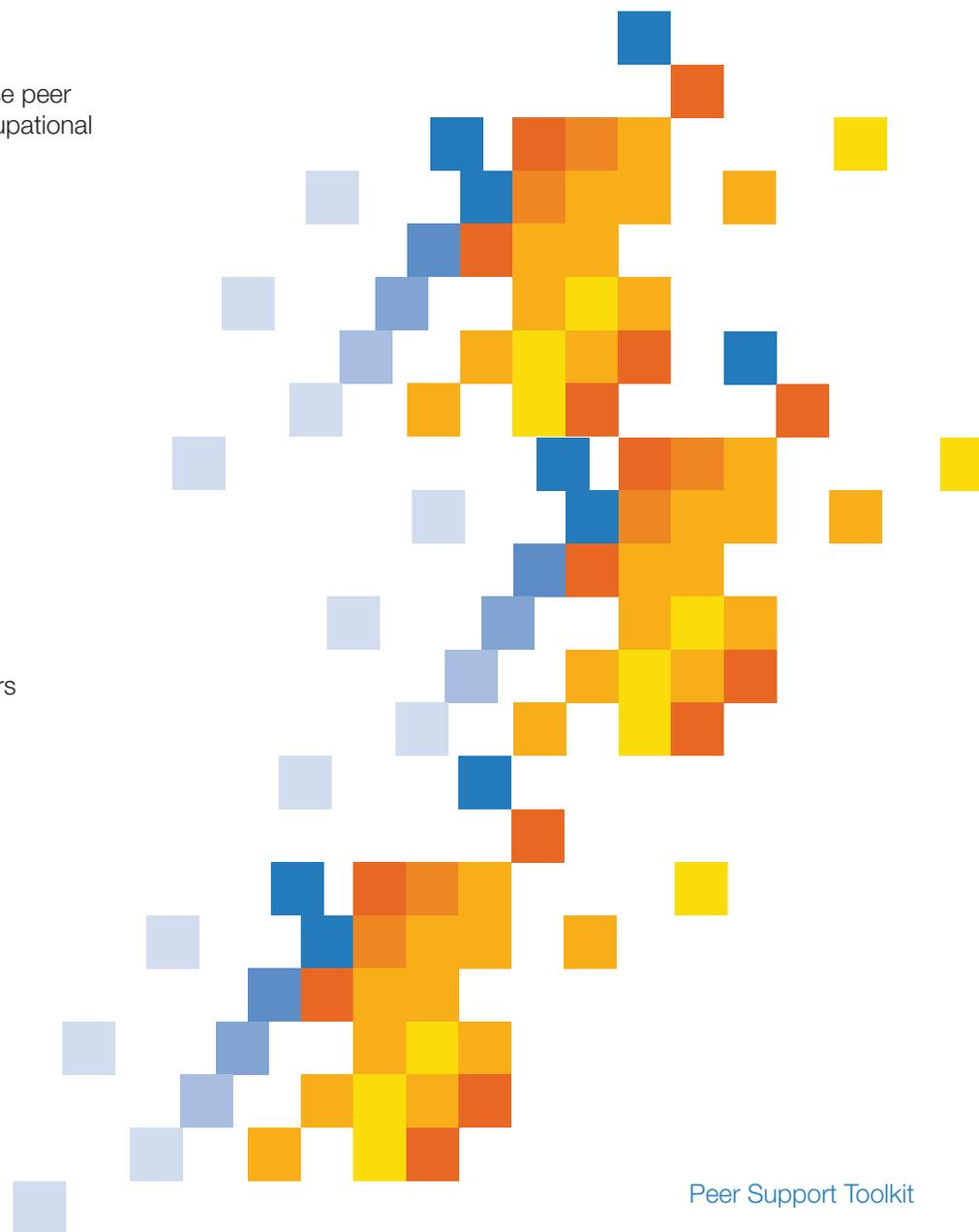
[www.southamptonvs.org.uk/SUS/our-services/Morph](http://www.southamptonvs.org.uk/SUS/our-services/Morph)

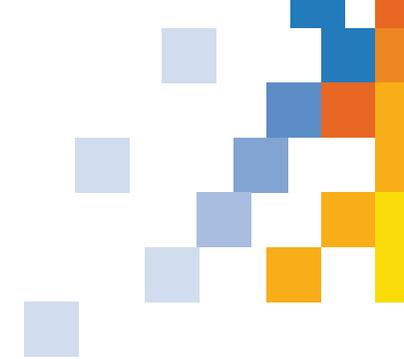
# Appendices – useful materials and forms

## A. Peer supporter role profile

You can use the suggested role profile below to recruit and supervise peer supporters. Each area of competence is taken from a National Occupational Standard (NOS).

- Establish communication with clients for advice and guidance  
<http://nos.ukces.org.uk/PublishedNos/LSIAG01.pdf>
- Support clients to make use of the advice and guidance service  
<http://nos.ukces.org.uk/PublishedNos/LSIAG2.pdf>
- Develop interactions with Advice and Guidance clients  
<http://nos.ukces.org.uk/PublishedNos/LSIAG3.pdf>
- Interact with clients using a range of media  
<http://nos.ukces.org.uk/PublishedNos/LSIAG4.pdf>
- Liaise with other services  
<http://nos.ukces.org.uk/PublishedNos/LSIAG12.pdf>
- Assess and act upon immediate risk of danger to substance users  
<http://nos.ukces.org.uk/PublishedNos/SFHAB5.pdf>





## B. Generic forms

### Job description form

**Job title** .....

**Department** .....

**Reporting to** .....

**Location** .....

**Grade** .....

**Date** ..... (when last updated) .....

**Main purpose of job** (one sentence describing the overall purpose of the job)

.....  
.....  
.....  
.....

**Main tasks of the job** (either list the relevant units from National Occupational Standards, or reference tasks to the relevant unit numbers)

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**Level of responsibility** (e.g. number of staff supervised, role as a team member, compliance with regulations/legislation etc)

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**Working conditions** (e.g. hours of work, expenses, any travelling required etc)

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## Appraisal form

Appraisee: .....

Appraiser: .....

**Section 1 Objectives agreed for the coming year:**

**To be achieved by when?**

.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

**Section 2 Any other actions to be taken**

**By whom?**

.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

Signature of appraisee: .....

Date: .....

Signature of appraiser: .....

Date: .....



## C. Further reading

### **Volunteer handbook** - Build on Belief

BOB's volunteer handbook contains everything a prospective peer supporter would need to know about their work. It includes role descriptions, background information, policies covering safeguarding, confidentiality etc, and more.  
<http://buildonbelief.org.uk/VOLHBOOKFINAL.pdf>

### **Improving access to mutual aid** – Public Health England

Two guides exist on this topic – one for commissioners and one for treatment service managers. These outline the appropriate role these two groups can play in supporting the further development of mutual aid and links with treatment services.  
[www.nta.nhs.uk/uploads/service-managers-guide.pdf](http://www.nta.nhs.uk/uploads/service-managers-guide.pdf)  
[www.nta.nhs.uk/uploads/commissioners-guide-to-mutual-aid.pdf](http://www.nta.nhs.uk/uploads/commissioners-guide-to-mutual-aid.pdf)

### **Mutual aid self-assessment tool Alcohol and drug recovery** –

Public Health England

This self-assessment tool has been developed to support local authority partnerships to improve their understanding of the availability of mutual aid locally, to identify any gaps that may exist and to highlight any potential barriers that may need to be overcome.  
[www.nta.nhs.uk/uploads/self-assessment-tool-final-pdf-version.pdf](http://www.nta.nhs.uk/uploads/self-assessment-tool-final-pdf-version.pdf)

### **Resources to support facilitated access to mutual aid for drug and alcohol recovery** – Public Health England

“A new toolkit of resources for use by partnerships, treatment providers and keyworkers will help them understand what links are in place between local treatment services and mutual aid groups, and to do more to encourage clients to attend and participate as part of their recovery journey.”  
[www.nta.nhs.uk/New%20resources%20to%20support%20facilitated%20access%20to%20mutual%20aid%20for%20drug%20and%20alcohol%20recovery.aspx](http://www.nta.nhs.uk/New%20resources%20to%20support%20facilitated%20access%20to%20mutual%20aid%20for%20drug%20and%20alcohol%20recovery.aspx)

### **A briefing on the evidence-based drug and alcohol treatment guidance recommendations on mutual aid** – Public Health England

This briefing clearly outlines the existing evidence base for mutual aid, and touches upon peer support, covering NICE, the ACMD and the RODT.  
[www.nta.nhs.uk/uploads/mutualaid-briefing.pdf](http://www.nta.nhs.uk/uploads/mutualaid-briefing.pdf)

### **Medications in recovery: re-orientating drug dependence treatment** -

Recovery Orientated Drug Treatment expert group

The final report of the John Strang-chaired Recovery Orientated Drug Treatment expert group, this report provides an overview of how the treatment system can best support the recovery of heroin users.  
[www.nta.nhs.uk/uploads/medications-in-recovery-main-report3.pdf](http://www.nta.nhs.uk/uploads/medications-in-recovery-main-report3.pdf)

### **Turning evidence into practice: helping clients to access and engage with mutual aid** – National Treatment Agency

The first in a series of briefings to support commissioners and providers who want to improve the recovery orientation of their services as recommended by ‘Medications in recovery: re-orientating drug dependence treatment’.  
[www.nta.nhs.uk/uploads/rr\\_facilitatingmutualaid\\_jan2013%5B0%5D.pdf](http://www.nta.nhs.uk/uploads/rr_facilitatingmutualaid_jan2013%5B0%5D.pdf)

### **Pathways to Employment in London** – A guide for drug and alcohol services - DrugScope

Report outlining some of the challenges facing substance users in London. It contains information and good practice for services and managers.  
[www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/employment-report-revised.pdf](http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/employment-report-revised.pdf)

### **Staff development toolkit for drug and alcohol services** – National Treatment Agency

Resource covering many tools and topics useful to volunteer managers, including National Occupational Standards.  
[www.nta.nhs.uk/uploads/nta\\_staff\\_development\\_toolkit\\_2006.pdf](http://www.nta.nhs.uk/uploads/nta_staff_development_toolkit_2006.pdf)

## D. Resources and organisations

### **Association of Volunteer Managers (AVM)**

Independent organisation representing managers of volunteers – campaigns, develops and disseminates good practice.  
[www.volunteermanagers.org.uk](http://www.volunteermanagers.org.uk)

### **The Aurora Project**

Organisation in Lambeth offering peer mentoring around drug and alcohol use.  
<http://auroraprojectlambeth.org.uk>

### **Bournemouth Alcohol & Drug Service User Forum (BADSUF)**

Peer support organisation offering advocacy, support and advice.  
[www.badsuf.com](http://www.badsuf.com)

### **The Basement Project**

Peer support organisation covering drug and alcohol use, based in Halifax.  
<http://basement.sharepoint.com/Pages/default.aspx>

### **Build on Belief (BOB)**

Peer support organisation based in West London.  
[www.buildonbelief.org.uk](http://www.buildonbelief.org.uk)

### **Drink and Drugs News (DDN)**

Website and monthly magazine covering the sector. Run an annual service-user conference.  
<http://drinkanddrugsnews.com>

### **Just People**

Just People is an initiative from Prison Advice and Care Trust (pact) which promotes volunteering in the criminal justice sector. Just People recruit and prepare volunteers for work with other organisations in the sector.  
[www.justvolunteer.org](http://www.justvolunteer.org)

### **Job and skills search**

Job and skills search is a searchable online database of volunteering opportunities developed by Direct Gov.  
<http://jobseekers.direct.gov.uk/homepagevw.aspx>

### **MORPH**

Service-user led organisation offering peer support for drug and alcohol users.  
[www.southamptonvs.org.uk/SVS/Our-Services/Morph](http://www.southamptonvs.org.uk/SVS/Our-Services/Morph)

### **National User's Network**

Organisation offering peer support.  
<https://groups.yahoo.com/neo/groups/nationalusernetwork/info>

### **Oxford User Team (OUT)**

Peer support work around Oxford – large amount on the website on peer support and activism.  
[www.oxfordshireuserteam.org.uk](http://www.oxfordshireuserteam.org.uk)

### **Red Rose Recovery**

Organisation based in Lancashire covering both peer support and family involvement for those affected by substance use.  
[www.redroserecovery.org.uk](http://www.redroserecovery.org.uk)

### **Release**

Organisation providing information and legal advice on drugs and the law.  
[www.release.org.uk](http://www.release.org.uk)

### **Recovery is Out There (RIOT)**

A peer-led organisation which uses recovery champions for those with drug or alcohol issues.  
[www.recoverychampions.com](http://www.recoverychampions.com)

### **Service User Involvement Team (SUIT)**

Established and very active Wolverhampton based peer support organisation.  
[www.suiteam.com](http://www.suiteam.com)

**Sheffield Alcohol Support Service (SASS) – Alcohol Recovery Community**

Organisation doing a lot of work around alcohol and peer support and empowerment in Yorkshire.

[www.sheffieldalcoholsupportservice.org.uk/arc](http://www.sheffieldalcoholsupportservice.org.uk/arc)

**UK Recovery Foundation**

Organisation promoting asset-based recovery in communities round the country.

[www.ukrf.org.uk](http://www.ukrf.org.uk)

**Volunteering England**

Volunteering England is a charity and membership organisation which seeks to promote volunteering in England. Its work includes policy, projects, good practice development and research.

[www.volunteering.org.uk](http://www.volunteering.org.uk)

**Volunteering Good Practice Bank (Volunteering England)**

Volunteering England have put together this large, searchable online bank of information for both volunteers and volunteer managers.

[www.volunteering.org.uk/resources/goodpracticebank](http://www.volunteering.org.uk/resources/goodpracticebank)

