



## Common recommendations on the integration of peers in the health care system based on the outcomes of country specific analyses

### Common vision

We believe that we have to consider the potential and the values of people who went through recovery and rehabilitation. We have to look at them not only as ex-patients, but also as people taking an active part of their change and of the change of people around them.

Their experiences, personalities and their histories can provide significant contribution as role models to the helping process for recovery that is complementary to the work of professional staff.

Through a common process of learning and working, such as training on both sides and joint training, we strive to create a positive workplace environment, free from paternalism, indifference and prejudices, to foster empowerment of individuals, institutions, to impulse resilience among patients.





During our work, we identified some common statements, considered as good practices by the project stakeholders.

Each one was inspired by and linked to good practice examples in each partner's country.

## Common recommendations

### 1. The diversity and individuality of peers are assets and need to be respected by professionals and their organisations.

The special expertise and competencies of peers are experience-based and have their seeds in the individual biographies and personalities of the peers. This results in a diversity of tasks with different levels of responsibility/status for peers and requires a matching process between peers and professional/organisational needs.

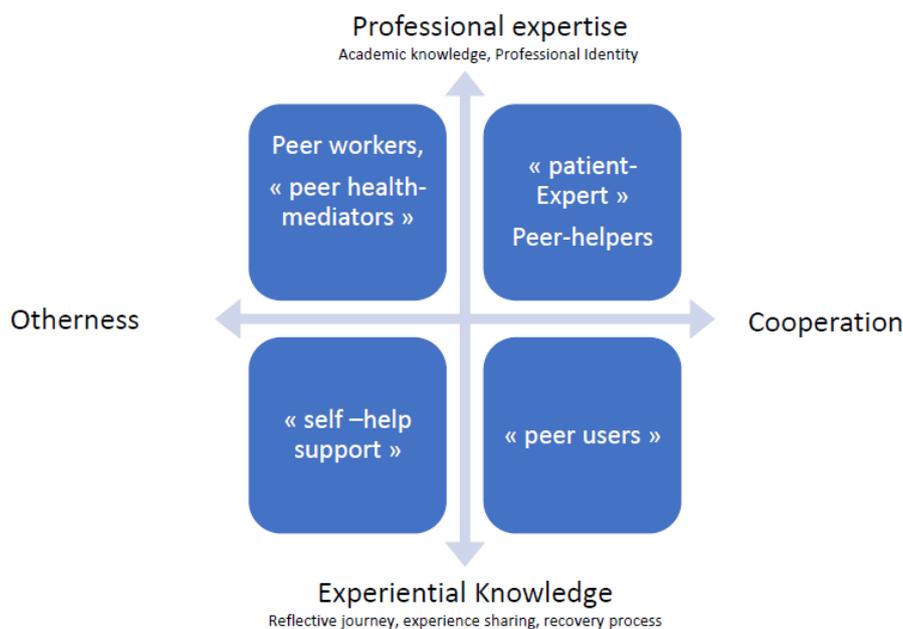
A description of potential tasks for peers helps for orientation, communication and the matching process.

#### Good practices:

COUNTRY: France

DESCRIPTION OF THE GOOD PRACTICE: different peer-helping models co-exist

WHY IS THIS A GOOD PRACTICE? Each of these models answer different specific needs, and requires various levels of training and involvement. This allows peer's involvement at each level/step of intervention.





**COUNTRY:** Italy, Lombardia Region

**DESCRIPTION OF THE GOOD PRACTICE:** Development of various experiences of peer support since 2000 in Lombardia:

Autonomous Mutual Self- Help Groups, management collaboration peers-professionals in the activities of the Departments of Mental Health, experience of association between users and cooperatives (Clan/destino of Saronno, NèP and Global Sport Lario di Como), awareness courses aimed at users. The first experiences began in 2005, with the Innovative Programs launched by the Lombardy Region, promoting the user as Social Facilitator. Now, there are various acronyms that are used to name the actor of peer-support: Social Facilitator, Peer supporter, UFE.

Since 2013, the various groups in Lombardy have agreed to take on the name of Expert in Peer Support (ESP). The cooperation with peers is a practice in public agencies, private organisations (cooperatives and associations of families) at regional and national level.

**WHY IS THIS A GOOD PRACTICE?** It's a bottom-up recognition process of the variety of the involvement of peers in the helping process.



## 2. Organisations and all their employees need to help peers to develop further.

Peers pursue different goals in life and have a different motivation to work as a peer. Some want to give back something to society on a voluntary basis. Some use peer work as a step (back) into employment. Some want to continue with vocational and academic training in health care professions. This means that organisations need to respect a peer's decision for personal changes and give him/her access to (further) training and development.

Recognized training programs help peers to acquire skills, competencies and knowledge so they can gain more confidence, responsibility and salary as a peer helper and/or to enter formal professional training.

### Good practices:

COUNTRY: Germany

DESCRIPTION OF THE GOOD PRACTICE: EX-IN training curriculum (further information on <https://ex-in.de/>).

WHY IS THIS A GOOD PRACTICE? It is a standardized training curriculum that is known in organisations and that stands for quality, continuity and transparency. It is recognized and financially supported by public authorities.

COUNTRY: Czech Republic

DESCRIPTION OF THE GOOD PRACTICE: Within the system of providing social services in the Czech Republic, it is possible to employ a peer in the position of a "social worker. In order to do this, the person must fulfil the minimum education requirement, which is the completion of a course called "Qualification Course for Social Workers".

WHY IS THIS A GOOD PRACTICE? Therefore, peers currently provide their services in the position of "social workers" with a specifically adjusted job description for peer positions within the system of social services. As employees they are regularly paid for their work, and organisations employing peers can use subsidies to pay them.



### 3. The experience-based knowledge of peers needs to be validated so peers have access to formal vocational and academic training.

Educational organizations and training providers need to find methods, instruments and procedures to recognize the experience-based qualification of peers, so this form of qualification can get connected to the formal qualification system.

For example a completed peer training can fulfill prerequisites to enter a vocational or academic training program or gives credits within a formal qualification training program.

#### Good practice:

COUNTRY: France,

DESCRIPTION OF THE GOOD PRACTICE: The University of Paris recognizes the experience-based knowledge of peers to admit them in university Bachelor curriculum “Peer health Mediators”, instead of secondary school diploma usually required in other Bachelor curriculums.

WHY IS THIS A GOOD PRACTICE? The validation of the life experience is an alternative way for the peer to obtain a university degree.



#### 4. The integration of peers in an organization needs to be facilitated and prepared.

Considering, on the one hand the tradition of health care organisations, the possible bias of professionals and on the other hand the diversity of peers, the collaboration of peers and professional is an important learning zone for most people. So, the impulse for the integration of peers can be quite different, a bottom-up or a top-down process. In order to facilitate the integration of peers, it helps to invest in organisational communication before and in the beginning of their engagement process and to develop an organisational framework for peer support.

##### Good practices:

COUNTRY: Malta

DESCRIPTION OF THE GOOD PRACTICE: Job shadowing process in all departments of the organisation and supervision offered

WHY IS THIS A GOOD PRACTICE? Peers who, after completing a drug rehabilitation program and remain clean (without relapse) for 3 years, if they show potential, they are encouraged by the organisation to apply for a job as Therapeutic Facilitators. When employed, these staff members receive job shadowing and training on a one-to-one basis in all of Caritas' units, so they get familiar with the whole work carried out in the organisation. Peers are also provided with an initial package of supervision sessions to help them during the process and reflect on their personal progress on the job.

COUNTRY: European HelpEx Project

DESCRIPTION OF THE GOOD PRACTICE: HelpEx Curriculum

WHY IS THIS A GOOD PRACTICE? The HelpEx Curriculum is designed in order to prepare and facilitate the cooperation between peer-helpers and professional staff.



## 5. Peer work needs acknowledgement and appreciation.

Peer work is valuable and needs to be rewarded by the organisation. Besides financial payments acknowledgement can be given in different ways, e. g.

- Connecting peers to important information and professional development
- Connecting peers with each other on a regional / international ... level and with other members of the organization
- Giving peers platforms to raise their voices and make them heard and seen
- Celebrating together

### Good practices:

COUNTRY: France

DESCRIPTION OF THE GOOD PRACTICE: The “health democracy” has been a part of the French health system laws since 2002.

WHY IS THIS A GOOD PRACTICE? Through an associative system of representation at the political level, the voice of users is heard and taken into account in the decision-making process.

There are prizes given by the health minister to reward the involvement of the patients in the health democracy (“Tomato social club”, a patient’s association, obtained this prize). This is an important recognition for the patients, for their rights and possibilities to take an active part in the society.



## 6. The integration of peers to the salary system is a priority because the contribution of peers shall become a quality standard in the helping system and service delivery.

As politics and society ask for the involvement of experienced facility users in the provision of services, they cannot expect to get this for free. The value of experience-based knowledge of peers need to find a representation in the pay scales of the health care system. When advocating for this, it helps when peers can show that they have completed a peer-specific training.

### Good practices:

COUNTRY: Germany

SHORT DESCRIPTION OF THE GOOD PRACTICE: According to the funding rules for ambulant services for people with mental health problems or substance abuse problems of the public authorities on sub-regional level („Bezirketag“), EX-IN peers can be financed up to 16.040 € per year including indirect costs. This allows one or two paid positions for peers in the organisation. EX-IN financial rules  
[https://www.baybezirke.de/data/download/sozialpsychiatrische-dienste\\_musterrichtlinie\\_stand2020.pdf](https://www.baybezirke.de/data/download/sozialpsychiatrische-dienste_musterrichtlinie_stand2020.pdf)

COUNTRY: France

DESCRIPTION OF THE GOOD PRACTICE: the Regional Health Authority is now funding the training and the salary of peer-health mediators.

WHY IS THIS A GOOD PRACTICE? These practices allow the integration of peers to the salary system.





## Call for change

In order to make the collaboration of peers and professionals a standard in our helping system, it is crucial to make clear that investing money in peer work development is a rewarding strategy for public budgets.

Let's open the doors of our health and social care institutions and involve our neighbours.

Let's facilitate the exchange between patients, professionals, citizens and institutions, in a horizontal way.

Let's all become "human peers"!



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