

# Peer Framework

## For Health-Focused Peer Positions in the Downtown Eastside

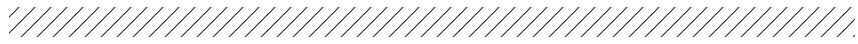


**VCH recognizes and values the multiple and critical roles that peer-run organizations play in the DTES. This includes preparing Peers for leadership roles and leading the entire system towards providing better, more respectful and person-centred services.**

### ACKNOWLEDGEMENTS

This document was written, edited, presented to diverse audiences, re-edited and debated on by the following people: Monica Coll, Simon Davis, Caitlin Etherington, Renea Mohammed, Sue MacDonald, Alex Scott and Sara Young, under the leadership and guidance of Andrew Day. We would like to thank the multiple people who gave us important feedback along the way.

# Context



## THE SECOND GENERATION STRATEGY (SGS) AIMS TO IMPROVE THE HEALTH AND WELLNESS OF RESIDENTS OF VANCOUVER'S DOWNTOWN EASTSIDE (DTES) BY RESHAPING THE DELIVERY OF VANCOUVER COASTAL HEALTH (VCH) SERVICES.

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Throughout the development of the SGS, the importance of peer involvement was acknowledged in order to:

- Reduce barriers to services by providing a more welcoming, safe and culturally responsive health care experience;
- Strengthen client attachment to care and the likelihood of clients seeking care when they need it;
- Exemplify a recovery orientation<sup>1</sup> (not to be confused with sobriety) where everyone is supported to reach their full potential, and;
- Create opportunities for employment for people with lived experience.

The commitment to peer work within the SGS also provides an opportunity to grow awareness, understanding and support for peer roles within VCH. Particularly, there is an opportunity to continue to learn from our community partners and people with lived experience in the DTES, who have an incredible depth and breadth of expertise leading, collaborating on, and informing significant projects, policies and organizations.

In 2015, a VCH working group was established with representation from both Harm Reduction and Mental Health Consumer Involvement teams, who have been supporting

and training peers for over twenty years. This group included people in identified peer positions. Together the working group reviewed national and international literature and interviewed partners from around the country, as well as colleagues within our own organization (a complete list of sources can be found on the last page of this document).

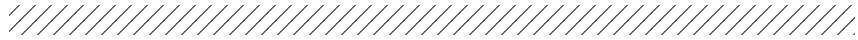
Once an initial draft framework was written, it was brought to multiple stakeholders in the Downtown Eastside for critique and feedback. We are grateful to the many people who have patiently and significantly shaped this document.

This framework is designed for use beyond settings where peer workers and peer consultants are already involved (such as in mental health and substance use services). The framework will be used to shape how peers are included in a new integrated model of community health service delivery – which means multidisciplinary teams, including peers, working together in one location – as well as within the very unique context of the DTES neighbourhood.

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<sup>1</sup> Substance Abuse and Mental Health Services Administration. [www.samhsa.gov/newsroom/press-announcements/201112220800](http://www.samhsa.gov/newsroom/press-announcements/201112220800)  
Substance Abuse and Mental Health Services Administration. [www.samhsa.gov/newsroom/press-announcements/201112220800](http://www.samhsa.gov/newsroom/press-announcements/201112220800)

# How to use the framework



THIS FRAMEWORK IS NOT INTENDED TO BE PRESCRIPTIVE FOR ORGANIZATIONS OUTSIDE OF DIRECT VCH PROGRAMS AND SERVICES.

It can be used to initiate discussion and debate with your colleagues and then tailored to your organization, setting and unique context. Please take what is useful and make it your own.

**An important note about money:** this framework includes suggestions for the minimum dollar amount peers should be remunerated from Levels 1-3.

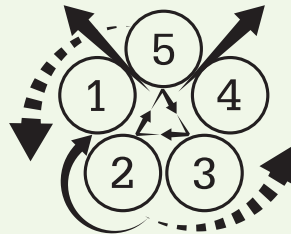
These minimums were set after consulting with community members and organizations about generally accepted rates in the DTES. We strongly recommend remuneration above these minimums where possible. Peer positions are not to be used as 'cheap labour' and must be compensated at a level comparable to similar non-peer positions in the organization.

## Framework goals

1. To outline shared language and concepts so that VCH can better understand, plan and evaluate the health-focused peer system in the Downtown Eastside.
2. To allow for greater consistency in VCH-funded peer experiences across DTES organizations and settings.

In order to accomplish these goals we have articulated what is complex and dynamic in a simplified way.

So while we know this system looks something like this:



To achieve our purpose here, we have expressed it like this:

1
2
3
4
5

## KEY FRAMEWORK DEFINITIONS

- **Peer:** Within this framework, a Peer has a role within a VCH service where their lived experience is identified and central to their role. In this case, this lived experience is similar to the client population in the Downtown Eastside. This could mean experiences with mental health or substance use issues that has had a significant impact on their life and/or a shared culture, Aboriginal, First Nations or Metis identity, gender, sexuality, experience with sex work, experience living or accessing services on the Downtown Eastside, and/or with other identities or experiences.
- **Person with lived experience:** While this term is not used in this framework, it is important to distinguish between peers and people, including VCH staff, who have experience with mental health, substance use

issues and/or other relevant experiences, but for whom this experience is not identified or central to their professional role.

- **Client:** Within this framework, a client is a person receiving peer services from someone with whom they share similar lived experience.
- **Recovery:** Within this framework, recovery refers to “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>2</sup> and *recovery* should not be interpreted as “sobriety”.

## FOUNDATIONAL PRINCIPLES

1. **Learning from peer expertise.** Peer contribution is not just to the client but to the entire system. Peers should be supported to inform the system and increase organizational relevance and legitimacy.

2. **A continuum of opportunities.** Organizations should have, or be working towards having, a continuum of peer positions representing a variety of levels (this will vary from organization to organization). Clients and peers should be supported to move through the continuum if and when it fits within their wellness journey.

3. **Roles that build on lived experience.** Within this framework, peer work is only considered as such if it:

- a) Draws on, and is directly related to, lived experience, and
- b) Happens in a health-promoting and/or harm-reducing context.

Other remunerated tasks play an important income-generation role in the DTES, and are in acknowledged in the framework, but they are differentiated from *peer work*.

4. **Gender and cultural safety.** Peer programs should be designed in a way that explicitly recognizes and counteracts the pervasive gendered and cultural power dynamics, as well as the additional and significant barriers that women, Aboriginal people, and other marginalized populations face in accessing appropriate care.
5. **Flexibility and support.** Drawing on their lived experience, peers play a unique and important role on our teams. At the same time, this lived experience may call for flexibility and support, such as accommodating episodic mental health or substance use issues as well as issues adjusting to the work environment. Non-peer staff need to be respectful of what it means to hire peers and be flexible and supportive of their peer colleagues.

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<sup>2</sup> Substance Abuse and Mental Health Services Administration. [www.samhsa.gov/newsroom/press-announcements/201112220800](http://www.samhsa.gov/newsroom/press-announcements/201112220800)

6. **Promoting hope and wellness.** Within a mental health recovery orientation, peers are working within every level of an organization, “offering people support, encouragement, and hope that recovery is possible.”<sup>3</sup>
7. **Focus on job performance.** Peers should be supervised based on their job performance, rather than their substance use or mental health experiences.
8. **Supporting grassroots peer organizing.** Grassroots peer-run organizations play a significant role in building individual peer and community capacity. The peer systems and programs should be designed to support the ongoing development of grassroots expertise.

## OPERATIONAL CONSIDERATIONS

1. **Embedding peer roles.** Peers are colleagues with a unique and valuable role and should be embedded as integral parts of teams (i.e. sit at site with the team, have explicit roles, be invited to all team meetings and events) whenever possible. Embedding peer positions becomes increasingly critical for Peer Levels 3-5.
2. **Clear role definition.** All roles, including that of the peer, should be clearly defined with particular emphasis on areas with potential confusion or overlap.
3. **Training for non-peer staff.** Staff teams that are new to having peers should have access to relevant support and training prior to, or as part of, the peer placement.
4. **Attainable outcomes.** Peer roles and responsibilities should be achievable and set peers up for success.
5. **Peer supervision.** Peers should have access to peer supervision and/or protected time to debrief with their peer colleagues.
6. **Clinical supervision.** Peers should have access to clinical supervision and assistance to address workplace and/or personal concerns impacting their work.
7. **Hiring to reflect diversity.** When recruiting and hiring a cohort of peers, attention should be given to ensuring diversity that represents the client population including, but not limited to, lived experience with mental health and/or substance use as well as ethno-cultural, Aboriginal, gender and sexual identities.

This should include ensuring that peer roles are allocated to community members who experience health disparities, including women and Aboriginal people in, at a minimum, a proportion that is relative to their population in the DTES.

8. **Attention to practical concerns.** Peers risk losing financial assistance and benefits when earning money elsewhere. When possible peer positions should be structured to accommodate individual needs related to maximum allowable earnings. Please request the VCH Caveats for Hiring Peers document for a full discussion of this issue.

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<sup>3</sup> Mental Health Commission of Canada.  
[www.mentalhealthcommission.ca/English/issues/peer-support](http://www.mentalhealthcommission.ca/English/issues/peer-support)

# Framework

## SUPPORTIVE PAID TASKS

(task is not related to lived experience and/or done in a health-promoting or harm-reducing context)

General Description	Role – Interpersonal	Role – Instrumental	Training	Qualifications & hiring process	Remuneration	Supervision	Parameters (F/T, P/T etc.)	Outcomes
Peer performs a relatively easy task as a way to engage and/or provide some meaning or structure to their day and/or provide money which may be an alternative to more risky income generation	Engagement with task supervisor  Conversation is not necessarily done with health-promotion and/or harm-reduction intention	Task is not necessarily related to their lived experience or done within an explicitly health-promoting and/or harm-reducing context  Complete task in a manner that is both safe and productive	As required by task, such as site orientation and instructions to complete task	Recent or current lived experience*  Hiring process can vary depending on role and context	<i>Minimum</i> of \$5 remuneration for a task – can and should be increased based on the context, time involved and nature of the task	As required by task	As required by task while being as flexible and low barrier as possible	Peer has greater self-efficacy and sense of belonging  Peer may be less likely to engage in high risk income generation activities  Peer continue to engage in supported task or choose to move to Level I Peer position
<p><b>EXAMPLE OF POSITIONS</b></p> <ul style="list-style-type: none"> <li>Low barrier, instrumental tasks such as cleaning</li> </ul>								

## SOCIAL ENTERPRISE

(not health-related or done in a health-promoting or harm reducing context)

Peer works in social enterprise	Varies depending on role	Varies depending on role	Varies depending on role	Varies depending on role	Varies depending on role	Varies depending on role	Varies depending on role	Varies depending on role
<p><b>EXAMPLE OF POSITIONS</b></p> <ul style="list-style-type: none"> <li>Retail position at social enterprise such as a thrift store or roastery</li> </ul>								

\* Similar and central experiences to the client population in the Downtown Eastside. This could mean experiences with mental health or substance use issues that has had a significant impact on their life and/or a shared culture, Aboriginal identity, gender, sexuality, experience with sex work, experience living or accessing services on the Downtown Eastside and/or with other identities.



# Level 1 Peer

General Description	Role – Interpersonal	Role – Instrumental	Training	Qualifications & hiring process	Remuneration	Supervision	Parameters (F/T, P/T etc.)	Outcomes
<p>Peer is approached and asked to help with an activity related to their lived experience. While they complete the task, the peer is engaged in a way that is health-promoting and/or harm-reducing.</p> <p>Focus is on peer experience and wellness</p> <p>Low barrier position</p>	<p>Present for or participating in health-promoting and/or harm-reducing engagement</p> <p>Discussing brief health-related tips and information</p> <p>Connecting non-peer staff to realities and trends “on the street”</p>	<p>Contributing to or completing task that is related to lived experience*</p>	<p>On the job, informal training related to both instrumental task and health promotion. This could include conversations about peer-to-peer health promotion, boundaries and self-care.</p>	<p>Recent or current lived experience*</p> <p>No formal work experience or resume required</p> <p>Recruitment and selection process is transparent, informal and flexible</p>	<p><i>Minimum</i> of \$7 remuneration for a task – can and should be increased based on the context, time involved and nature of the task</p>	<p>Ongoing but informal, from a peer or non-peer staff with training and experience supporting peers</p>	<p>As flexible as possible, providing choice without penalties for missing “shifts”</p>	<p>Peer has greater self-efficacy and sense of belonging</p> <p>Peer may be less likely to engage in high risk income generation activities</p> <p>Peer is more likely to use harm reduction or health promoting strategies</p> <p>Peer continues to engage in Level 1 or choose to move to Level 2</p> <p>Health service is better informed and has greater legitimacy</p>
<p><b>EXAMPLES OF POSITIONS</b></p> <ul style="list-style-type: none"> <li>▪ Making safer injecting and safer smoking kits in a group with casual discussion about harm reduction</li> <li>▪ Distributing water or blankets in extreme weather to community members, in combination with education on dehydration or hypothermia prevention</li> </ul>								

# 2

## Level 2 Peer

General Description	Role – Interpersonal	Role – Instrumental	Training	Qualifications & hiring process	Remuneration	Supervision	Parameters (F/T, P/T etc.)	Outcomes
<p>Peer requests and is chosen for an entry-level, supportive role within a health promotion or harm reduction program.</p> <p>If absent, programming can continue without them.</p> <p>The focus of the position is weighted towards their own experience and wellness</p> <p>Mid-barrier position</p>	<p>Engaging clients</p> <p>Listening and building relationships</p> <p>Connecting non-peer staff to realities and trends “on the street”</p>	<p>Supportive role in program delivery</p> <p>Primary role in one-on-one engagement that does not rely on pre-scheduled appointments</p> <p>Potentially supervising Level 1 Peers</p>	<p>On the job, basic, formal training related to both instrumental and interpersonal roles. This could include boundaries, harm reduction, community resources, etc.</p>	<p>Recent or current lived experience*</p> <p>No formal work experience required</p> <p>Written or verbal intent is sufficient in place of a cover letter or resume</p> <p>Transparent and competitive but flexible hiring process</p>	<p><i>Minimum</i> of \$10 remuneration for a task – can and should be increased based on the context, time involved and nature of the role</p>	<p>Regular, formal</p> <p>Peer supervision either on its own or in combination with non-peer supervision</p>	<p>Regular, part-time with as much flexibility as is possible based on what works for peer</p> <p>Missed shifts due to mental health or substance use issues, or due to adjustment to work, is anticipated and accommodated for</p>	<p>Peer has greater self-efficacy and sense of belonging</p> <p>Peer is more likely to use harm reduction or health promotion strategies</p> <p>Peer continues to engage in Level 2 or choose to move to Level 3</p> <p>Clients have better access and/or attachment to services</p> <p>Health service is better informed and has greater legitimacy</p>
<p><b>EXAMPLES OF POSITIONS</b></p> <ul style="list-style-type: none"> <li>▪ Assisting with health promotion groups</li> <li>▪ Promoting low-barrier services to underserved, difficult-to-reach community members</li> <li>▪ Outreach distribution of harm reduction supplies</li> </ul>								



# 3

## Level 3 Peer

General Description	Role – Interpersonal	Role – Instrumental	Training	Qualifications & hiring process	Remuneration	Supervision	Parameters (F/T, P/T etc.)	Outcomes
<p>Peer applies for and is selected in a supportive role within a health-focused program or team.</p> <p>The focus of the position is weighted towards the experience and wellness of clients.</p> <p>Mid-to high barrier positions</p>	<p>Engaging and supporting clients</p> <p>Listening and building relationships</p> <p>Providing some feedback to teams and speaking up on behalf of “client voice”</p>	<p>As part of a team, supporting peers to navigate a system and/or reach goals</p> <p>Supportive role in both program delivery and/or one-on-one engagement that might rely on pre-scheduled appointments</p> <p>Potentially supervising Level 1 &amp; 2 Peers</p>	<p>Enhanced, formal training required (could be provided on the job) related to both instrumental and interpersonal roles</p>	<p>Lived experience* does not need to be recent</p> <p>Some previous work experience necessary, does not need to be related</p> <p>Personal reference and resume required but gaps are okay</p> <p>Transparent and competitive hiring process</p>	<p><i>Minimum</i> of \$12 an hour but needs to be comparable to similar non-peer positions in the organization</p> <p>Can and should be increased based on the context, time involved and nature of the task</p>	<p>Regular, formal</p> <p>Peer supervision, either on its own or in combination with non-peer supervision</p> <p>Work or case load is mostly assigned and closely supervised</p>	<p>Regular, part-time with as much flexibility as is possible based on what works for peer and the program</p> <p>Occasional missed shifts due to mental health or substance use issues, or due to adjustment to work, are anticipated and accommodated for</p>	<p>Clients have better access and/or attachment to services</p> <p>Health team and or service is better informed and has greater legitimacy</p>
<p><b>EXAMPLES OF POSITIONS</b></p> <ul style="list-style-type: none"> <li>Facilitating and/or planning health promotion groups</li> <li>Scheduled shifts for harm reduction kiosk distribution</li> <li>Accompanying clients to appointments</li> </ul>								

# 4

## Level 4 Peer

General Description	Role – Interpersonal	Role – Instrumental	Training	Qualifications & hiring process	Remuneration	Supervision	Parameters (F/T, P/T etc.)	Outcomes
Peer is playing a lead role within a program or team, with a high level of responsibility and autonomy  The focus of the position is on supporting clients  High-barrier positions	Engaging and supporting clients  Listening and building relationships  Providing regular feedback to teams and speaking up on behalf of “client voice”	As part of a team, supporting peers to navigate a system and/or reach goals  Primary role in both program delivery and/ or one-on-one engagement  Potentially supervising Level 1, 2 & 3 Peers	Enhanced, formal training required as a pre-requisite related to both instrumental and interpersonal roles	Lived experience* does not need to be recent  1-2 years of related work experience required  Related diploma is an asset but not required  Professional references and resume required but gaps are okay  Transparent and competitive hiring process	Compensation at market rate comparable to non-peer roles	Regular, formal  Peer supervision, either on its own or in combination with non-peer supervision.  Significant autonomy over work and direct responsibility for outcomes	Regular and either part-time or full-time, with as much flexibility as is possible based on what works for peer and the program  Occasional missed shifts due to mental health or substance use issues, or due to adjustment to work, is anticipated and accommodated for	Clients have better access and/or attachment to services  Health team and or service is better informed and has greater legitimacy
<p><b>EXAMPLES OF POSITIONS</b></p> <ul style="list-style-type: none"> <li>▪ Supports clients to set goals and navigate health system</li> <li>▪ Coordinates peer program</li> </ul>								

# 5

## Level 5 Peer

General Description	Role – Interpersonal	Role – Instrumental	Training	Qualifications & hiring process	Remuneration	Supervision	Parameters (F/T, P/T etc.)	Outcomes
Peer is playing a lead role in an organization or program  In addition to organization and staff, some focus is on the peer system  Primary focus is on the peer system  High-barrier positions	Systemic advocacy and supporting collaborations related to the Peer System  Providing peer mentorship  Willingness to publicly identify as a peer and discuss lived experience	Leading peer-based organizations or initiatives, including those related to improvement of Peer System  Training and education  Supervision of peer workers and mainstream staff from lived experience expertise  Advise on policy and mainstream services	Role-related formal training  Demonstrated knowledge of peer practices and systems	Lived experience does not need to be recent  2+ years of related work experience with progressive leadership  Experience supervising/ leading/ managing employees  Degree or diploma may be required  Professional references and resume required	Compensation at market rate comparable to non-peer roles	Regular, formal  Peer-based supervision if possible  High degree of autonomy over work and direct responsibility for outcomes  Additional support as requested and negotiated	Regular and either part-time or full time, with some flexibility or accommodations based on personal needs (relevant to any employee with a disability)	Peers at all levels of the system feel adequately supported  More peers are better included into the system
<p><b>EXAMPLES OF POSITIONS</b></p> <ul style="list-style-type: none"> <li>▪ Executive Director of a peer-based organization</li> <li>▪ Peer program manager or director</li> </ul>								

## PEER FRAMEWORK RESOURCE LIST

November 2015

- Angus, L., Cheney, C., Clark, S., Gilmer, R., and Wang, E. Oregon Health Policy Board. Workforce Committee. Non-Traditional Worker Subcommittee. *The role of non-traditional health workers in Oregon's health system* draft. Retrieved from <http://www.oregon.gov/oha/oei/Documents/nthw-report-120106.pdf>
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