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fuse: HRPW Strategy 2022

Acknowledgement.

We would like to acknowledge the contributions made by the members of the Fuse Network, not only for their involvement in the development of this Strategy, but also their continued effort to promote the health and well-being of their communities.

The Harm Reduction Peer Workforce (HRPW) acknowledge the Wurundjeri peoples of the unceded lands of the Kulin Nation that we write this strategy upon.

The HRPW also pay our respects to all traditional custodians of the unceded lands around Australia and the world that we work, play and live upon. We pay our respects to elders and leaders past,

present, and emerging and extend that respect to all first nations peoples reading this strategy.

strategy

harm reduction peer workforce victoria

The 'Harm Reduction Peer Workforce' is the title we have chosen for ourselves, but we are also known as and referred to as the living experience peer workforce.

We are peers that work within a harm reduction framework. We bring a living connection to our community, people who use drugs, to our work practices.









Health and Human Services

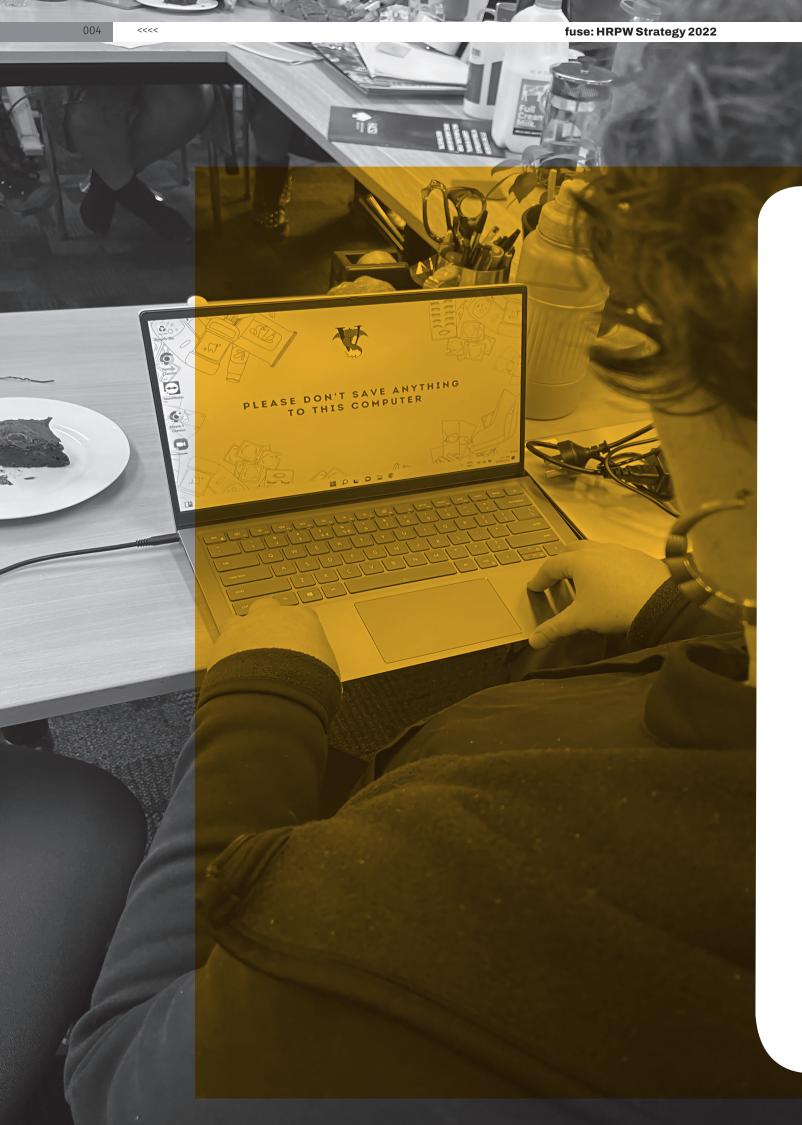












Contents

The Harm Reduction Peer Workforce: Fuse Initiatives	
Background	6
Future Directions	8
Introduction to the Strategy:	9
Community Ownership of the Strategy:	10
Purpose:	11
Vision for the Harm Reduction Peer Workforce	12
Making the Vision a Reality- Key domains	13
Making the Vision a Reality- Actions: 'Defining'	14
Making the Vision a Reality- Actions: 'Promoting'	15
Making the Vision a Reality- Actions: 'Supporting'	16
Making the Vision a Reality- Actions: 'Growing'	17
Harm Reduction Peer Workforce Fuse Network: Member	18



Harm Reduction Peer Workforce: fuse Initiatives

Background

The Victorian harm reduction peer workforce was established in 1987 with the formation of VIVAIDS which became Harm Reduction Victoria (HRVic).

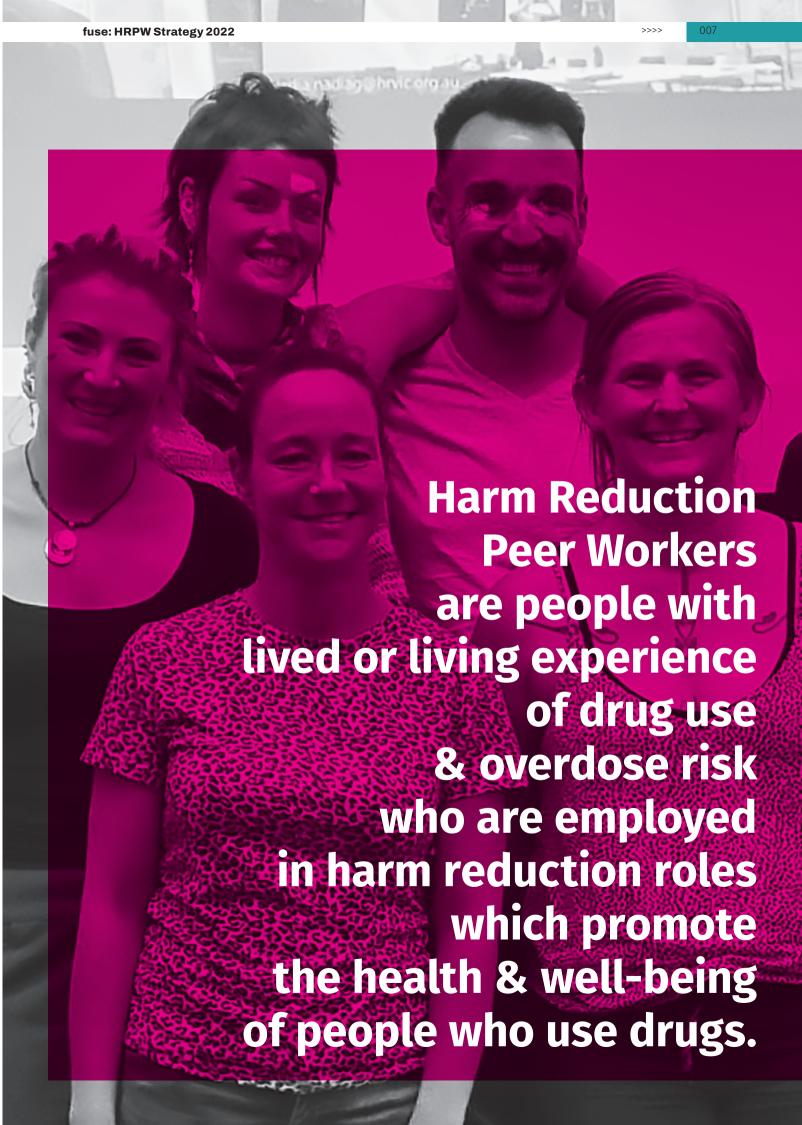
HRVic employs people with lived and living experience of drug use and operates within a harm reduction and community development framework promote the health and well-being of people who use drugs, and by enhancing the capacity of the health and human services sector to respond to the needs of people who use drugs. In the wider harm reduction and Alcohol and Other Drugs sector, people with living experience of illicit drug use and overdose risk have sometimes been employed by mainstream organisations in roles utilising this experience, despite the roles not being designated peer roles.

This approach is perhaps understandable in an environment

where drug use is stigmatised and sometimes illegal, but it has the potential to further stigmatise the experience and capacity of this workforce.

In 2017, the Reducing Harmful Drug Use through Peer Led Networks (RHDUPLN) initiative was funded by the Department of Health & Human Services (DHHS). It was one of number of funded initiatives aimed at reducing opioid overdose and other harms related to illicit drug use. Localised solutions appropriate for different settings and populations were encouraged as was engagement of the affected community utilising peer networks and peer workers with living experience of drug use and overdose risk.

HRVic and APSU were engaged to provide support to the Harm Reduction Peer Workers (HRPWs) employed under the RHDUPLN local initiatives.



future Directions

In 2021 HRVic and APSU completed the RHDUPLN support initiative.

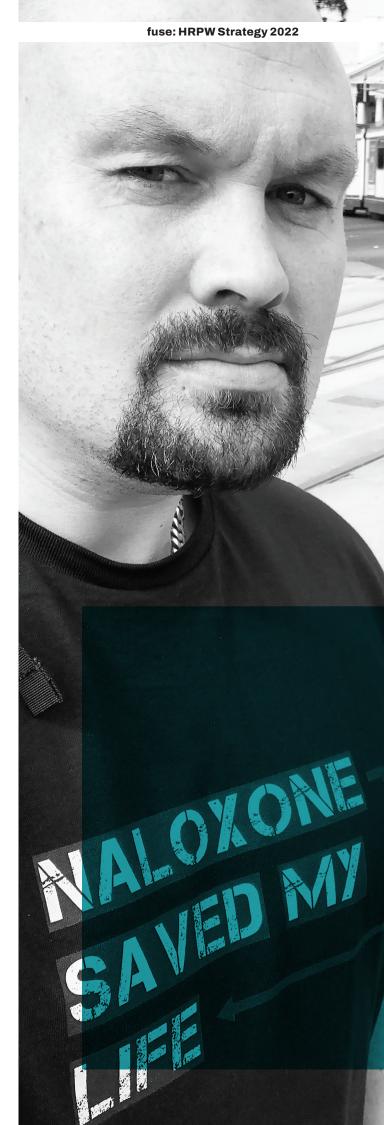
The Fuse Initiative commenced with the aim of further developing of the harm reduction peer workforce. This strategic direction has been endorsed by the RHDUPLN Steering Committee, which will transition to the Fuse Initiatives Advisory Group.

Consultations with the harm reduction peer workforce in 2020 and 2021 have highlighted two strategic priorities:

Peer workforce capacity and capability development.

Enhancement of sector and organisational readiness for the harm reduction peer workforce.

It is expected that the harm reduction peer workforce will continue to grow in numbers and strength. As such, the Strategy will provide a framework for the activities required to achieve a skilled and supported workforce.



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Introduction: the Strategy

The Strategy for the Harm Reduction Peer Workforce in Victoria has been developed by Harm Reduction Victoria (HRVic) and the Association of Participating Service Users(APSU) in collaboration with the Harm Reduction Peer Workforce (HRPW) Fuse Network.

Consultation with other key stakeholders, including AOD service providers who are champions for the Harm Reduction Peer Workforce and the Fuse Initiatives Advisory Group further informed the development of the Strategy.

The Strategy is intended to complement the other Victorian Lived Experience Workforce Strategies already in place.

The Strategy is intended to complement the following existing, lived experience workforce strategies*:

Alcohol and Other Drugs

Strategy for the alcohol and other drug (treatment) peer workforce in Victoria.

Mental Health

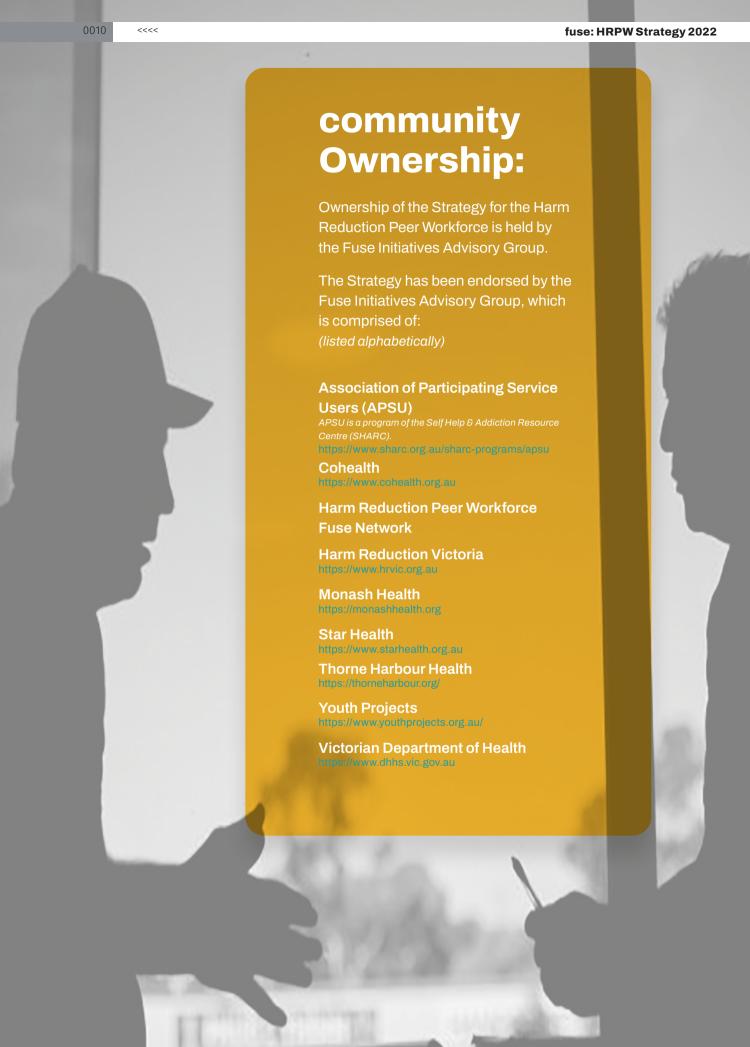
Strategy for the consumer mental health workforce in Victoria.

Family Carer Mental Health

Strategy for the family carer mental health workforce in Victoria.

* Stewardship of the above strategies is held by the Lived Experience Workforce Strategies Stewardship Group.

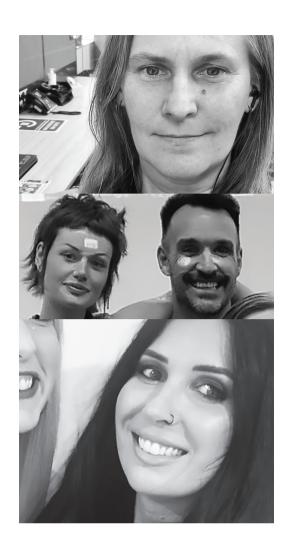
¹International HIV/AIDS Alliance (2015). Good practice guide for employing people who use drugs.



Purpose

This Strategy has been developed to support resourcing and planning for harm reduction peer workforce development. It is envisaged that the Harm Reduction Peer Workforce will inform and lead the development and sustainability of the workforce in collaboration with key workforce development stakeholders and with the support of the Victorian Department of Health.

The Strategy outlines the action required to achieve the vision of the development and the sustainability of the Harm Reduction Peer Workforce in Victoria. It aims to provide a framework for policy makers, funders, employers and harm reduction peer workers to work towards a sustainable and productive Harm Reduction Peer Workforce.



"[People Who Use Drugs] (PWUD) have insights and expertise that can help inform the planning, delivery and review of harm reduction and HIV services. When we involve PWUD in the design and delivery of services, our work becomes more relevant, targeted and accessible.

Employing PWUD sends out a clear message that they are valued partners and are welcome at all levels of service delivery. It also has a very practical set of benefits, helping services to better understand the needs and lived experience of PWUD"¹

Harm Reduction Peer Workforce: the Vision

RECOGNITION

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

INTEGRAL

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

SUPPORT

Harm Reduction Peer Workers and the sector will be supported by a central resource for Harm Reduction Peer Workforce Development

OPPORTUNITY

The Harm Reduction Peer Workforce will be provided specialised training, mentoring, supervision, professional development and networking opportunities

SUSTAINABILITY

Organisations will be adequately prepared for the introduction and sustainability of the Harm Reduction Peer Workforce

GROWTH

Adequate resources will be available for the growth and sustainability of the Harm Reduction Peer Workforce



Making the vision a reality:

key Domains



Defining

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



Supporting

- Central resource
- · Governance and accountability
- Practice Guidelines
- · Specialised training and practice supports



Promoting

- Resourced
- · Adopted by sector and agencies
- Promoted



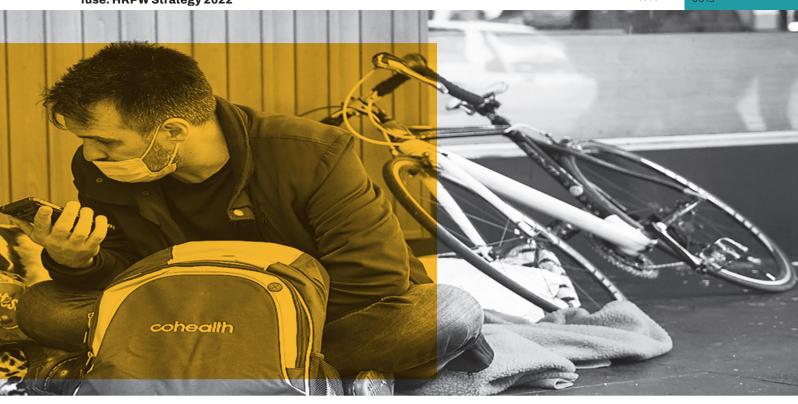
Growing

- · Research and evidence base
- · Growing the discipline



Defining

OBJECTIVES	ACTION	TIME FRAME	WHO
1.1 Harm reduction peer work is defined and an agreed understanding in the sector is reached.	1.1.1 Define Harm Reduction Peer Work in collaboration with key stakeholders.	Completed	∙HRVic •APSU •Fuse Network
1.2 Harm reduction peer work is supported by a sector wide peer workforce development framework.	1.2.1 Define a Harm Reduction Peer Workforce Development framework that includes organisational readiness training, peer worker career and skill development, peer worker support and the implementation of the Fuse Network.	Completed	•HRVic •APSU •Fuse Network
1.3 Organisations prepared for harm reduction 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 harm reduction peer workforce, including advice regarding organisational policy and procedures	< 12 months	•HRVic •APSU
1.4 Organisations are safe and inclusive workplaces for harm reduction peer workers.	1.4.1 Organisations participate in ongoing consultation, feedback and monitoring to ensure workplaces are supportive and inclusive	Ongoing	•HRVic •APSU •Fuse Network



Promoting

	OBJECTIVES	ACTION	TIMEFRAME	WHO
F	2.1 Harm reduction peer work is promoted within the AOD sector.	2.1.1 Develop and implement a communication strategy to disseminate information about Harm Reduction peer work and supports. 2.1.2 Present Harm Reduction peer work initiatives at sector conferences, meetings and events	< 24 months	∙HRVic •APSU
r	2.2 Harm reduction peer work is recognised as a specific funded activity.	2.2.1Fund and integrate harm reduction peer worker positionsinto mainstream AOD service system.2.2.2Funding sustainability acheived.	< 24 months	·DoH
		2.3.1		
F	2.3 Pay parity achieved with other professions.	Develop a harm reduction peer worker award or endorsed EBA that has parity with other professions.	< 24 months	∙HRVic •APSU

Definitions:

APSU - Association Of Participating Service Users

DoH - Department of Health

HRVic - Harm Reduction Victoria

HRPWFN - Harm Reduction Peer Workforce Fuse Network

Supporting

OBJECTIVES	ACTION	TIME FRAME	WHO
3.1 A central resource for harm reduction peer workforce development established and resourced.	3.1.1Identify and fund appropriate organisations for 2-3 years.3.1.2Develop a work plan for a 2 year outlook.	Completed	•DoH •HRVic •APSU
Harm reduction peer workers provided consistent, discipline-specific mentoring and support interventions as part of their employment.	 3.2.1 Develop and trial peer worker support intervention model. 3.2.2 Identify additional external discipline-specific harm reduction peer worker supervision providers. 	<12 months	∙HRVic ∙APSU
3.3 Harm reduction peer workers provided with consistent, discipline-specific career and skills development.	3.3.1 Develop and deliver harm reduction peer worker training specific to the discipline.	<12 months	∙HRVic ∙APSU
3.4 Harm reduction peer workers provided discipline-specific networking opportunities as part of their employment.	3.4.1 Develop and prime harm reduction peer workforce Fuse Network for future activity.	<12 months	∙HRVic •APSU •DoH



Growing

OBJECTIVES	ACTION	TIME FRAME	WHO
Systems in place to inform DoH on key issues relating to the harm reduction peer workforce and provide input into strategy reviews.	 4.1.1 Ongoing consultation with the Fuse Network. 4.1.2 The harm reduction peer workforce Fuse Network to provide feedback to agencies and government. 4.1.3 Transformation of Steering Committee to long term Advisory Group to guide the steady and sustainable growth of the harm reduction peer workforce. 	Current	•DoH •HRVic •APSU
4.2 Continuation and expansion of the harm reduction peer workforce Fuse Network.	4.2.1 Fuse Network is expanded to include staff with living experience who are employed in non-designated peer roles.	Current	∙DoH •HRVic •APSU
4.3 Contribute to the evidence base on harm reduction peer work.	4.3.1 Integrate the W3 framework into evaluation and reporting activities.	Ongoing	∙HRVic •APSU



HRPW Fuse Network: membership Victoria

The strategy was developed in collaboration with the Harm Reduction Peer Workforce Fuse Network. The Fuse Network represents the paid harm reduction peer workforce in the alcohol and other drugs sector in Victoria.

The Fuse Network was established as a core component of the Reducing Harmful Drug Use through Peer Led Networks (RHDUPLN) initiative in 2017.

In 2021, membership has been opened up to paid harm reductions peer workers employed outside of the RHDUPLN initiative.

The Fuse Network seeks to encourage shared knowledge and skills among the harm reduction peer workforce as well as providing a forum for mutual support.



