

# 6

## Management tools and guidance

This module addresses the topic of peer supporter management, including ethical issues and conduct within the role. It discusses the importance of setting standards for professional conduct and focusses on key issues such as maintaining client confidentiality and setting boundaries. Step-by-step guidance is provided on establishing a supervision structure for peer supporters. Other supportive approaches such as mentoring, and debriefing are explored, along with motivation and incentivisation of peer supporters. The important matters of self-care and facility care and support for the peer supporter are also addressed.

1. Ethics and conduct in peer support
2. Supervision of peer supporters
3. Mentorship
4. Debriefing
5. Care for the peer supporter
6. Performance evaluation
7. Disciplinary and dismissal procedures
8. Motivation and incentivisation of peer supporters



## LEARNING SPOT



An important topic which must be addressed with peer supporters is that of 'ethics'. In a health facility context, a code of ethics would refer to the core values of a given programme. In other words, it would provide the standards and guidelines for the healthcare team to follow. A code of ethics is usually supported by a code of conduct which tells employees what they may or may not do. It spells out rules about the behaviour that is expected of an employee. The difference between the two, is that a code of ethics influences judgement whilst a code of conduct has to do with actions.

In this module we will start by exploring ethics and behaviour as part of a broader discussion on Management Tools and Guidelines that will help facility managers to address concerns such as the supervision of peer supporters, debriefing and self-care amongst other things.

# 1. Ethics and conduct in peer support

## Code of ethics

Every facility should have a code of ethics that all staff, including peer supporters, should abide by. Training should always include a session on ethics and ensure that everyone understands the consequences of violation. Because ethical issues are not always straightforward it is important that there is a common understanding of the difference between conduct that requires disciplinary action and conduct that calls for dismissal. Conduct that calls for dismissal is usually related to an ethical breach, for instance when patient confidentiality is not respected. See below for further discussion of this.

Generally, a **code of ethics centres around respect for human rights**. Start developing or revising a code of ethics for your facility by thinking about the human rights issues that are relevant to your programme. Always take into consideration the country in which your facility is situated as well as the community that the facility serves.



A key aspect such as client confidentiality needs to be part of a code of ethics. Below is a sample code of ethics, based on four core moral principles in healthcare– autonomy (freedom of choice), non-maleficence (doing no harm), beneficence (doing what is good) and justice (fairness).

## Code of ethics sample template



### Code of Ethics

(Name of facility) strives to ensure that we deliver the highest quality of care to our patients and that we treat all patients with dignity, respect and courtesy.

We are committed to providing healthcare equitably and ethically to the communities we serve.

#### We uphold the following core principles:

##### 1. Respect for rights and dignity

We value and respect every young person as an individual in his/her own right, in his/her role as family member and a member of the community in which she/he lives;

##### 2. Responsibility to the communities we serve

We respect the relationships of young people with their parents or caregivers, siblings, other members of the family and those who play a significant role in their lives;

##### 3. Professional behaviour

We do not tolerate discrimination or exploitation of young people in any shape or form. We will uphold their rights including the right to participate;

##### 4. Confidentiality

We will use information appropriately; respect the privacy of young people, maintain confidentiality and avoid misuse of personal information; we respect the rights of young people to be informed about matters concerning themselves;

##### 5. Competence and Care

We facilitate the growth and development of each young person to achieve his or her full potential in all aspects of functioning;

##### 6. Integrity

We will maintain personal and professional integrity; monitor service quality and actively support the development of quality service delivery to adolescents and young people.

Adapted from: FICE-Bulletin (1998). A code of ethics for people working with children and young people.

## Ethical conduct

A code of conduct **outlines how a person should act in the course of their everyday work**. It is usually tailored to the facility or programme concerned and should be available to all staff. As a rule, a code of conduct is concise and clear.

When you draw up a code of conduct for your peer supporters it is important to remember that they were selected because they have had similar experiences to those of their young clients. This is one of the reasons why they are more easily able to form supportive relationships. Exemplary behaviour is not one of the criteria in the selection process for a very good reason. For example, a peer supporter who has engaged in unprotected sex is more likely to understand her client's reason for not insisting that her partner uses a condom. This doesn't mean that risk behaviour is ignored, rather it suggests that a peer supporter engages with his or her client from a place of understanding but shows seriousness in thinking and talking about the risks involved. The sample templates below will provide guidance in drawing up a code of conduct for peer supporters.

An illustration of a woman with dark skin and curly hair, wearing a pink headband, an orange patterned sleeveless top, and blue leggings. She is standing with her hands on her hips. A yellow speech bubble is positioned to her left, containing text.

*Because we are performing duties in a health facility, we have to make sure that we honour the clients, including their confidentiality, as if we were medical professions. Trust is a very important part of the role that we play.*

## Peer supporter code of conduct template



### Peer Supporter Code of Conduct

I (name) agreed to uphold this code of conduct in my work within the facility and the communities I serve.

1. Respect for persons: I will respect patients as persons and acknowledge their intrinsic worth, dignity and value
2. Best interests of well-being: I shall not harm or act against the best interests of patients, even when the interests of the latter conflict with their self-interest
3. Human rights: I will recognise the human rights of all people
4. Autonomy: I will honour the rights of patients to self-determination and to make their own informed choices and to live their own lives by their own beliefs; values and preferences
5. Integrity: I will incorporate these core ethical values and standards as the foundation of my professional conduct
6. Truthfulness: I will regard the truth and truthfulness as the basis of trust in my professional relationships with patients; unless overriding reasons confer a moral or legal right to disclose
7. Compassion: I will be sensitive to, and empathic with, the individual and social needs of patients and seek to create mechanisms for providing comfort and support where appropriate and possible
8. Tolerance: I will respect the rights of people to have different beliefs as these might arise from personal, religious or cultural convictions
9. Boundaries: I will not have sexual relationships with patients or take money from patients
10. Punctuality: I will be punctual and reliable in my duties
11. Self-care: I will make sure to take care of my own well-being and inform my supervisor if I am unwell
12. Role model: I undertake to do my best to act as a role model to my patients and the community that I serve

First name

Signed

Date

PATA (2018). Children, adolescents and HIV: a simple toolkit for community health workers and peer supporters

## Implementing a code of conduct:

	For peer supporters and staff	Implementation tips
<b>Assure and Protect confidentiality</b>	<ul style="list-style-type: none"> <li>• Hold information about peers and their concerns in confidence</li> <li>• Confidentiality is assured, except in cases where the young person is a danger to himself or herself or others or is involved in illegal activity</li> </ul>	<ul style="list-style-type: none"> <li>• Train and supervise peer educators on how and when to protect confidentiality outside of the peer education session</li> </ul>
<b>Respect values</b>	<ul style="list-style-type: none"> <li>• Pledge to respect peers' values regardless of whether they differ from one's own</li> <li>• Peer educators should promote self-examination of values but not impose their own values on others</li> </ul>	<ul style="list-style-type: none"> <li>• Provide peer educators with the skills to examine their own values and to respect the values of other people</li> </ul>
<b>Respect diversity</b>	<ul style="list-style-type: none"> <li>• Respect the diversity of peers, regardless of sex, sexual preference, language, ethnicity or culture</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that peer education activities accommodate the needs of diverse groups of young people (such as the location and accessibility of sessions or language used)</li> <li>• Discuss prejudice and how it can be counteracted</li> </ul>
<b>Provide updated, correct and unbiased information</b>	<ul style="list-style-type: none"> <li>• Always provide correct and factual information to peers</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that training curricula and other materials communicate accurate, current, and unbiased information</li> <li>• Create an environment in which continuous learning can take place</li> </ul>
<b>Promote gender equality and equity</b>	<ul style="list-style-type: none"> <li>• Provide the same information in a similar manner to both young men and young women</li> <li>• Be sensitive to the traditions and beliefs of the community, but do not condone or contribute to unjust practices (such as forced and early marriages, and gender-based violence)</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that male and female peer educators and supervisors are represented in the programme equitably.</li> <li>• Train and supervise peer educators to promote gender equity</li> </ul>
<b>Recognise personal boundaries</b>	<ul style="list-style-type: none"> <li>• Be honest about your own situation and behaviours but recognise that other people are not obligated to share personal issues or experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Create an atmosphere of trust where sensitive issues can be discussed freely</li> </ul>
<b>Be aware of individual limits and the role of referrals</b>	<ul style="list-style-type: none"> <li>• Acknowledge that education and training has limits. Peer education can, but will not always, increase knowledge, affect attitudes, and change behaviour</li> <li>• Peer educators should make referrals to specialists when needed</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that referral systems are in place</li> <li>• Train peer educators to conduct referrals</li> </ul>
<b>Avoid abuse of power</b>	<ul style="list-style-type: none"> <li>• Commit to using their skills and knowledge to improve the health of young people and refrain from using their position at the expense of others</li> </ul>	<ul style="list-style-type: none"> <li>• Train peer educators to use their status as a peer educator responsibly</li> <li>• Be sure programme staff and other volunteers are not abusing their position of authority over young people</li> </ul>

FHI (2010). Evidence- based guidelines on youth peer education

## Client confidentiality: a core principle

### LEARNING SPOT



For peer supporters it is very important that they build trusting relationships with their clients. Keeping information confidential is an important part of this. Confidentiality can be breached in many ways, for example through emails, text messages, and by not being careful with client files or hard copies of documents. Peer supporters will often have access to client records making it necessary that they understand the importance of respecting confidentiality as well the circumstances under which a client's personal information can be shared, for example where there is a risk of harm to self or others.

When clients are minors, this issue is particularly complex, depending on the legal framework within which you are working, as there may in addition be legal limitations to the privacy of minors with regards to certain behaviours, eg. Underage sexual activity, substance use, truancy, etc. It will be important to ensure peer supporters are well-trained on the facility guidelines and approach in this area.

Confidentiality is especially important to adolescents and young people who are often very concerned about how and with whom, information about their health and behaviour is shared. In view of this it may be useful to prepare a letter, or similar document, written in a youth friendly manner, that gives reassurance on this issue. The template below (Figure 4) provides some guidance.

### Template for confidentiality agreement



#### You and your peer supporter

As a client in the adolescent programme at (name of facility), your well-being is very important to us. To make sure that you get the help you need you will be assisted by a peer supporter whose aim is always to be professional, respectful and trustworthy.

Professional support means you can expect your peer supporter to respect confidentiality. This means that he/she won't discuss you with anyone outside of the facility without your permission. The only exception will be if he or she feels that your safety, or the safety of others may be at risk. In this case he/she will speak to someone senior in the facility and will let you know about this.

Respectful peer support means that you can expect your peer supporter to honour your privacy. It will be up to you to decide what you want to share with your peer supporter but remember that you need only talk about things that you are comfortable to discuss.

Sometimes your peer supporter may offer advice or a suggestion, but he/she will not put you under pressure.

Trustworthy means that you can expect your peer supporter to be there for you. He/she will be on time and will listen to you during the time you spend together. This time may be spent in a counselling session, visiting your home, on follow up phone calls or any other activities that you and he/she decide on together.

As a client at the facility you should feel free to speak to your peer supporter if you have any questions, concerns or complaints about the programme.

By signing this letter, you and your peer supporters are agreeing to all the above.

Client (name)

Signature

Date

Peer Supporter (name)

Signature

Date

## 2. Supervision of peer supporters: a key concern

### LEARNING SPOT



Every peer support programme should make space for supervision. Supervision helps to ensure that peer supporters are successfully integrated into the healthcare setting. It provides a platform for those who are new to the role to learn and grow under the guidance of someone more knowledgeable and experienced; an opportunity to reinforce ethical behaviour; and a space to talk about issues such as job and role clarification, expectations and performance – all to ensure peer supporters perform their duties optimally.

No matter how much work experience a peer supporter might have had, it is generally recognised that professional supervision helps to ensure that peer supporters will be effective in their role.

Benefits to supervision are numerous. Because it provides an opportunity to think about feelings, thoughts and behaviour, it encourages peer supporters to examine attitudes and values that might impact negatively on the adolescents and young people with whom they work. Supervision also protects peer supporters themselves. By helping them to manage challenging and difficult situations, it provides a valuable sounding board that can assist in avoiding burnout. Burnout is discussed later in this module (see Section 6 below).

Poor supervision is one of the main factors contributing to low staff morale and poor retention. Yet it is often overlooked or inconsistently addressed, for example when supervision takes place at irregular times and without any clear format.

In the following subsections we will be thinking about how peer supervision can be structured for the best results.

### Steps towards effective supervision

#### LEARNING SPOT



A problem-solving approach and supportive style of supervision is recommended in order to develop the capacity of peer supporters and reinforce a team approach, making peers feel valued. For an effective supervisory structure various steps should be followed. It will also be important to ensure that there are tools and guidelines available to support the process. These include a clear job description (see **Module 5**), which can be used to structure supervision sessions and a performance evaluation tool. Performance evaluation is an important aspect of supervision and reviews should be regularly undertaken. This will be addressed elsewhere in this module.

The following checklist will help you to set up a framework for supervision.

## Checklist for setting up supervision



	Yes	No
1. Supervisor identified		
2. Supervisor trained to undertake supervision		
3. Protocols are available for supervision and expectations related to supervision are clearly understood		
4. Frequency of supervision determined (i.e. weekly or bi-weekly)		
5. Format of supervision agreed (eg. individual, group or both)		
6. Supervisor available to provide consistent supervision		
7. Job description for peer supporter available		
8. Performance evaluation tool available		
9. List additional tools required (eg. code of ethics)		

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit. Philadelphia, PA: DBHIDS

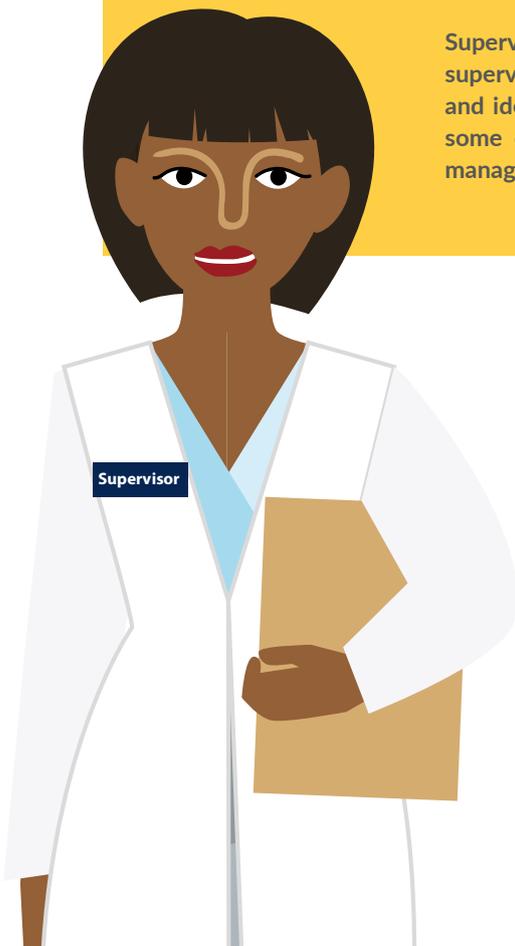
## Getting started: identifying a supervisor

### LEARNING SPOT



The person identified to provide supervision can be a designated, responsible staff member, such as a social worker, psychologist or other professional. To be effective, he or she needs to be able to build trust and establish boundaries.

Supervisors should be open to bringing their own beliefs and experiences into the supervisory session, whilst at the same time remaining mindful of the concerns, needs and ideas of the peer supporter they are supervising. They should also be aware of some of the common concerns that peer supporters have, for example difficulty managing their time, or problems fitting into the healthcare team.



Some of the skills and capacities of supervisors are listed below.

## Skills and capacities of a supervisor

### What to look for: a person who:

- understands and supports the role of peer supporters;
- is open, receptive, trusting and non-threatening;
- can help peer supporters to deal with ethical and other dilemmas, boundaries, self-disclosure and self-care;
- is easy to approach and speaks openly;
- is pleasant, friendly and reassuring and able to create an environment where peer supporters can feel safe to address challenges and ask questions;
- can identify strengths and areas where further training may be required;
- has knowledge, has the necessary skills and can transmit these so that peer supporters can better meet the needs of their clients;
- can support peer supporters to develop the skills to fulfil their administrative responsibilities;
- recognises the importance of wellness and can promote self-care;
- is a role model for respect and co-operation.

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit.

A more in-depth description of the requirements of a suitable supervisor are listed below (Table 1). It may not be possible to identify a supervisor meeting all the criteria but is a useful guide:

## Desired knowledge, skills and attitudes of a suitable peer supporter supervisor

Knowledge/experience on the following issues / areas:	Skills needed in the following areas:	Attitudes to address / nurture:
<ul style="list-style-type: none"> <li>• Quality services</li> <li>• Resource mobilisation</li> <li>• Young people's needs, particularly those of the target population</li> <li>• Rights based approach; sexual and reproductive rights of young people</li> <li>• Potential of young people</li> <li>• Sexual and reproductive health issues Including youth services in annual programme budget (APB)</li> <li>• Programme development</li> <li>• Monitoring and Evaluation</li> <li>• Publicity</li> <li>• Diversity of young people</li> <li>• Gender issues</li> </ul>	<ul style="list-style-type: none"> <li>• Partnerships development</li> <li>• Creativity: thinking outside the box</li> <li>• Inspiring young people Including young people living with HIV/AIDS and other vulnerable groups in programmes</li> <li>• Programme development</li> <li>• Coaching/mentoring skills</li> <li>• Ability to create a conducive environment for young people, encourage sharing and trust, particularly through M&amp;E</li> <li>• Flexibility</li> <li>• A sense of humour</li> <li>• Ability to work with youth from different cultural, socioeconomic, and ethnic backgrounds and from different sexual orientations</li> <li>• Comfortable with sexuality education and SRH issues</li> <li>• Excellent communication and facilitation skills</li> </ul>	<ul style="list-style-type: none"> <li>• Sharing of knowledge/ information</li> <li>• Being receptive to criticism</li> <li>• Proactiveness, positive attitude</li> <li>• Passion for the job, and enjoying working with young people</li> <li>• Creating learning and personal development opportunities</li> <li>• A non-judgmental attitude</li> <li>• Respect for young people</li> <li>• Commitment to the programme goals and objectives</li> <li>• Open minded about other people's choices of religion, sexuality, values and other individual attributes (this includes provision of condoms to young people, and their right to access abortion services)</li> </ul>

From IPPF (2007). Included involve inspired: a framework for youth peer education programmes

## Code of conduct for peer supporter supervisors

Just like peer supporters, supervisors should have a clear code of conduct to guide them in their role. The sample code of conduct below may be helpful in developing a document for your supervisor:

### Code of conduct for supervisors

#### 1. Show respect to peer supporters by:

- Treating them courteously as they would like to be treated
- Welcoming differences and respecting their privacy
- Maintaining confidentiality in all aspects of their health status

#### 2. Work co-operatively with peer supporters:

##### Give appropriate credit to all contributions of the peer supporter. Be fair by:

- Handling matters consistently, with fairness and due process
- Using equitable and non-discriminatory management practices

#### 3. Have compassion towards peer supporters by:

- Understanding that work experiences can impact the lives of peer supporters
- Be aware of and responsive to individual needs and feelings

#### 4. Demonstrate trustworthiness by:

- Saying what you mean and meaning what you say. Model full, clear and honest communication and disclosure
- Employ good judgement and ethical behaviour in decision making, never compelling peer supporters to partake in unethical, improper or illegal conduct
- Avoid conflicts of interest by ensuring that outside interests, affiliations or activities do not influence or appear to influence decision-making, research activities or job performance

#### 5. Take responsibility for the actions and behaviour of peer supporters by:

- Being available
- Working directly with peer supporters
- Evaluating their performance at least twice annually
- Acting as a mentor and advocate for peer supporters
- Making time to mentor peer supporters and assist with debriefing
- Pursuing excellence and continuous improvement

#### 6. Take responsibility for your role as supervisor by:

- Explaining who they report to
- Explaining their roles and responsibilities in the facility and/or community
- Explaining working hours per day/week/month
- Confirming the monthly stipend they will receive
- Explaining how costs will be refunded if they are incurred
- Explaining steps to take in the case of a grievance or conflict
- Discussing leave and leave periods (annual and sick leave)
- Explaining who to contact if they are sick and unable to report to work
- Discussing the contracts they will be required to sign
- Explaining that their role as a peer supporter will not change their rights as patient
- Discussing the potential risk of working with people who have infectious conditions such as TB or communicable diseases
- Explaining their expected behaviour and code of conduct
- Discussing the equipment that will be provided for them to do their work

Adapted from: PATA (2018). Children, adolescents and HIV: a simple toolkit for community health workers and peer supporters.

## Different types of supervision: the best blend

### LEARNING SPOT

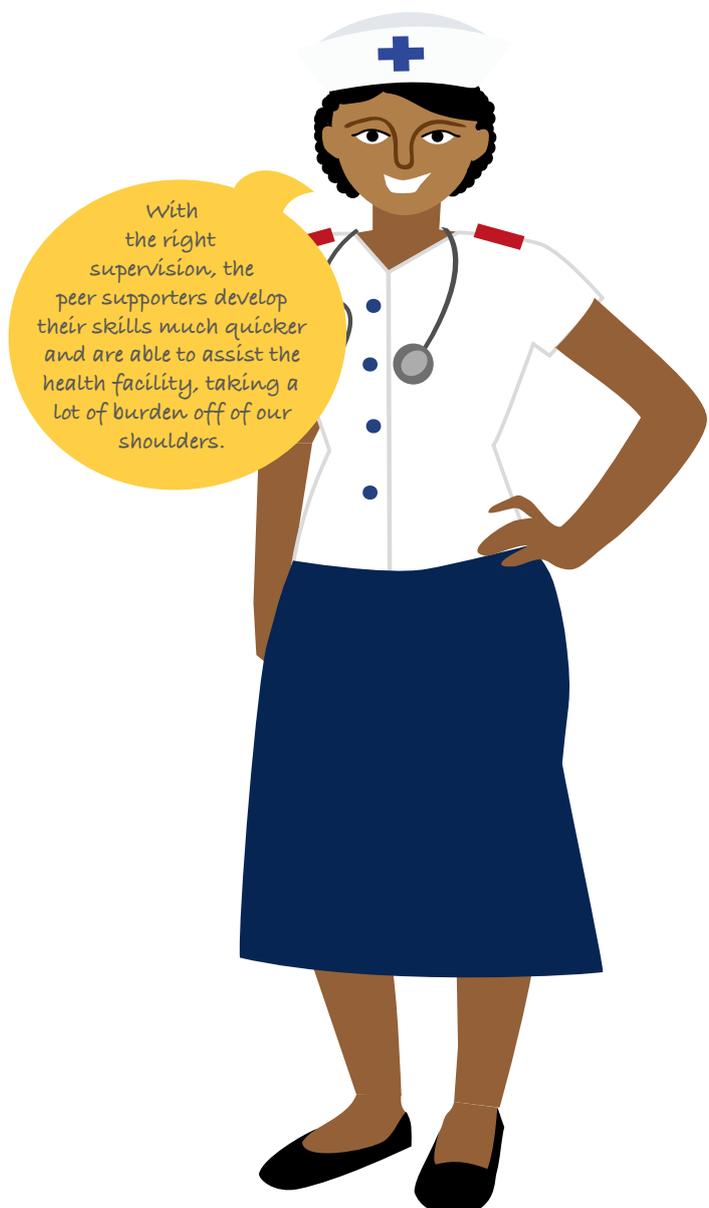


A common expectation is that at least three types of supervision will be included in work with peer supporters. These are: i) administrative; ii) formative; and iii) supportive.

- Administrative supervision deals with administrative tasks
- Formative (educative) is valuable in building the skills and knowledge that peer supporters need in their work.
- Supportive supervision is concerned with strengthening self-awareness and encouraging self-care.

The different types of supervision provide a good overview of where the peer supporter is strong and where she or he requires further development. This helps to ensure that clients receive quality services. Supervision also provides a reliable basis for overall evaluation of performance.

Not all supervisors are good at managing the roles of formative, supportive and administrative supervision. In some settings two supervisors are identified so that administrative supervision can be undertaken separately from supportive and formative supervision.



The table below, provides an overview of the different types of supervision.

## Supervision framework

Supportive supervision	Administrative	Formative (educative)
1. Helps to avoid peer supporter burnout	1. Orientates peer supporters	1. Assesses strengths and opportunities for growth
2. Helps resolve issues that can drain peer supporters emotionally	2. Explains administrative requirements and functions	2. Identifies the knowledge and skills needed for the work
3. Helps peer supporters to achieve a certain level of job satisfaction	3. Promotes knowledge and skills in administrative functions	3. Concerned with knowledge and skills development
4. Helps to ensure that clients receive quality services and that peers know how to perform a helping role	4. Monitors, reviews and evaluates peer supporter work	4. Identifies and provides learning resources
5. Develops and fine tunes peer supporter skills	5. Assists with time management	5. Builds professional identity
6. Encourages and reassures	6. Assesses peer supporter needs	6. Educates facility staff on the role of the peer supporter
7. May assist peers with dealing with their personal issues		7. Is a Health provider and peer supporter champion in the facility and community

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit and Boston University School of Social Work Center for Innovation in Social Work and Health, HRSA HIV/AIDS Bureau (HAB) (2009). Building Blocks to peer program success: A toolkit for developing HIV peer programs.

## Determining the frequency and format of supervision

The golden rule for supervision is that it should be conducted regularly, either weekly or bi-weekly, preferable at an agreed time and on an agreed day. It can be conducted in a group, or individually, as co-supervision or as peer supervision. Each model has its own advantages and is discussed further below:

### Group supervision

Group supervision brings peer supporters together, allowing for an exchange of information whilst at the same time building a team spirit. Generally, it is a good idea to ensure that both individual and group supervision are offered. The following tips provide a useful guide for supervisors running a group session.

## Supervisor tips for group supervision



### Tips For Group Supervision

- Start at the agreed time
- Follow the same format for each session for example a brief review of the previous session or a check in with each person
- Set ground rules collaboratively
- Decide on what is important and draw up an agenda. Remember you don't have to cover everything
- Keep to the allocated time: usually 60 or 90 minutes
- Encourage everyone to participate and show respect for their ideas
- Encourage peer supporters to think about problem solving rather than fixing
- Keep on track. It is important to think about primary issues and not allow long discussion. You can avoid this by setting a time limit for each person speaking
- Encourage peer supporters to think about their activities and interventions and the connections between these and the plans that clients develop for themselves

### What To Avoid

- Human resources issues such as salary
- Excessive complaints about other staff members
- Personal matters outside of the facility

Adapted from: Milwaukee Child Welfare Partnership for Professional Development (2008). Supervisor guide-book: a comprehensive guide to getting started as a supervisor in child welfare.

## Individual supervision

In individual, or one-on-one supervision only the supervisor and the peer supporter attend the session. This means that more attention can be focussed on the peer supporter and that he or she will have more time to discuss cases or share personal concerns. Individual supervision might be preferred by those who feel uncomfortable talking about their cases in front of others. Tips for individual supervision are provided below.

## Tips for individual supervision



### Tips For Individual Supervision

- Start at the agreed time
- Have a consistent structure for example: check in, discuss cases, address pressing issues, give strengths-based feedback, ask if there are any issues that need to be addressed, set expectations for the week
- Keep abreast of the cases that the peer supporter brings to supervision;
- Show respect by giving your full attention to the peer supporter, eg. do not take phone calls
- Keep a folder for each person receiving supervision to help you keep track of their needs and challenges and to record your observations
- Ask for feedback on the supervision
- Recognise growth and good work

Adapted from: Milwaukee Child Welfare Partnership for Professional Development (2008). Supervisor guide-book: a comprehensive guide to getting started as a supervisor in child welfare.

## Co-supervision/peer supervision

Your setting might also lend itself to co-supervision. In this type of supervision peer supporters themselves meet regularly to discuss their work without a supervisor being present.

Advantages:

- it fosters responsibility
- it increases self-confidence and independence
- it builds supportive relationships and helps to develop supervisory skills.

An alternative is peer supervision, where a more experienced peer supporter is given the opportunity to supervise his or her peers. Like co-supervision, this approach decreases reliance on expert supervisors whilst giving the peer supervisor a chance to build skills at a more senior level. However, this form of supervision will require that peer supporters are given training. It is also important that an experienced supervisor oversees the session, at least initially.

## Supervision of peer supporters in a community setting

Peer supporters can be active in the health facility, in the community or both. Regardless of the setting, supervision is essential. Various options exist for supervision at community level:

- non-governmental organisations provide supportive supervision
- village leaders can provide informal community supervision
- district and regional health offices might be involved
- a programme can be structured in such a way that peer supporters visit the health facility on a quarterly basis to obtain supervision, usually supplemented by group or peer supervision models (see Section 3.5)
- mobile technology can provide a way for peer supporters to keep in touch with their supervisors.

In cases where joint supervision involves a facility-based supervisor as well as a supervisor for community-based activities, it is important that clear channels for communication are established between the designated individuals. This will allow for feedback and ensure that links between community and facility remain strong. For a quick overview of the different options see below.

## Supervision options in the community

External supervision	Group supervision	Peer supervision	Community supervision
<ul style="list-style-type: none"><li>• Designated supervisor from facility</li><li>• District or regional health office involvement</li></ul>	<ul style="list-style-type: none"><li>• Designated supervisor supervises group of peer supporters in community setting</li></ul>	<ul style="list-style-type: none"><li>• An experienced peer supporter receives training to conduct group supervision</li></ul>	<ul style="list-style-type: none"><li>• Strong community-based organisations are trained to play a role in supervision</li></ul>

Adapted from: Tulenko, K. (September 2013). Supervision of community health workers.

## Helping peer supporters to understand the role of supervision

Peer supporters who have not had any experience of formal supervision may not know what to expect. For supervision to be effective it is important for the supervisor to create a safe environment where supervision can take place in an atmosphere of trust. This is best achieved by preparing peer supporters adequately. A good starting point is to prepare a supervisory agreement (see sample agreement template below).

### Sample supervision agreement template



#### Supervision Agreement

(insert name of supervisor)

and

(insert name of supervisee) agree to the following:

#### Type of supervision

Individual  Group  Both

Individual supervision will take place  (insert agreed frequency eg. weekly)

Group supervision will take place  (insert agreed frequency eg. weekly)

#### 1. Goals of supervision

- To ensure that clients receive quality services
- To promote professional development
- To build skills and competencies

#### 2. Supervisor Responsibilities

- Ensure that supervision takes place on a regular basis as agreed
- Work together with the supervisee to identify strengths and areas for improvement
- Respond to training needs and make sure that the supervisee has access to any resources s/he might need as well as to training opportunities
- Make sure that the supervisee and facility staff clearly understand the roles and responsibilities of the supervisee
- Ensure that the supervisee effectively supports the needs of his or her client and provides guidance and support where necessary
- Together with the supervisee, draw up an agenda for supervision
- Assist the supervisee to develop professional goals
- Address support needs related to administrative tasks

#### 3. Rights of the Supervisor

- Raise and speak about any concerns regarding performance
- Observe the supervisee's work and provide direction if needed

#### 4. Supervisee Responsibilities

- Be prepared to discuss case work as well as any challenges
- Ask for help if he/she is unable to cope with a situation or when it is outside the scope of practice
- Be open to feedback and willing to make any changes necessary
- Be prepared to give feedback on action items identified in a previous session
- Be open. If he/she is feeling overloaded or overwhelmed, talk about it
- Think about her/his professional development: identify skills gaps and training needs

#### 5. Supervisee Rights

- Get regular supervision at the agreed time
- Participate in setting the agenda for each session
- Get constructive feedback on areas that may need improvement
- Be given the chance to act on feedback before formal documentation of a problem

- Have access to their supervisor or  (name of alternative)

This agreement can be changed at any time at the request of the supervisor and supervisee

We jointly undertake to work together towards making sure that supervision is both supportive and effective

Signed (supervisor)

Signed (supervisee)

Date:

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit. Philadelphia, PA: DBHIDS

## Tools for effective supervision

Earlier we said that a supervisor and peer supporter should always have access to a job description and a code of ethics. Both are important in the provision of effective supervision. In addition, there are various tools that may be helpful in running and documenting supervision sessions and tools that can be provided to peer supporters to assist them in their role and provide a basis for discussion at supervision sessions. For example, the checklist below will help supervisors to plan and run their sessions by setting an agenda and keeping track of items discussed.

### Sample agenda checklist



#### Agenda items for supervision

1. **Performance:** How are things going? What is working well and what is not going so well?
2. **Education and growth:** What skills are needed to engage effectively with peers; are there any resources that might contribute to skills development; review of progress against agreed goals.
3. **Relationships:** Are there any problems in relationships with co-workers; what are these and how might they be resolved?
4. **Management issues:** Are there any issues with regards to policies and procedures; is there anything that interferes with the ability of peer supporters to deliver a quality service?
5. **Wellness:** What are the challenges and performance factors that might interfere with wellness; are these factors impacting on performance currently; how might they be resolved?

Adapted from: Swarbrick, M. (2010). Peer wellness coaching supervisor manual. Freehold, New Jersey. Collaborative support programmes of New Jersey, Institute for Wellness and Recovery Initiative.

It is important to capture, and document information related to the agenda items. A simple way of doing this is to use a document plan. The sample template, below, provides guidance on how to structure this:

## Sample template session document plan



### Supervision session plan

Staff name: Belinda Maithufi

Supervisee: Jane Seakomela

Date: 28 July 2019

Format of supervision: Individual

Group

Agenda items discussed:

1. Performance
2. Education and growth
3. Relationships
4. Management issues
5. Wellness

Follow up on action items; changes or new approaches

1. Jane feels she is coping well in some, but not all, areas of her work
2. Jane keen to improve skills related to developing a client treatment adherence plan
3. Jane feels that co-workers think she spends too much time with her clients
4. Jane does not feel that the amount of time she spends with clients should be restricted (Protocols suggest 15 mins)
5. Jane is feeling stressed; she does not feel she can be effective in addressing client issues in the expected time frame

Agenda items discussed; changes or new approach	Person responsible
<b>1. Education and growth: developing an adherence plan with client:</b> <ul style="list-style-type: none"> <li>• Adherence training to be conducted September Jane to attend.</li> </ul>	Belinda Maithufi
<b>2. Relationships/ education and growth:</b> <ul style="list-style-type: none"> <li>• Assist Jane in structuring sessions and identifying core issues</li> <li>• Role play a session with Jane</li> </ul>	Belinda Maithufi
<b>4. Re-visit protocols in light of above</b>	Belinda Maithufi
<b>3. Wellness:</b> Stress reduction techniques addressed: Jane to use these	Jane Seakomela

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit.

For a quarterly, six monthly or annual supervisory review, the questionnaire below could also be provided to peer supporters to complete in advance of a face to face meeting where it can be used to guide the review. This questionnaire could also be used as part of a performance review (see below):

## Peer supporter 3-/6/-12-month check-in template



1. What was the best day you've had as a peer supporter in the last 3/6/12 months? What were you doing? Why did you enjoy it so much?

2. What was the worst day you've had as a peer supporter in the last 3/6/12 months? What were you doing? Why did it trouble you so much?

3. What challenges have you had to face that have affected your ability to perform to the best of your abilities?

4. How can we support you to be able to perform your role better, i.e. resources, training, support, etc?

### Below to be completed with supervisor

Action	Person/s responsible	Timeline for completion

Adapted from: Interior Health (2018). Getting Started: A Guide to Develop and Deliver Peer Support Services

Peer supporters will also benefit from access to tools to assist them in setting and implementing goals and ensuring they are meeting the expectations of their role. Regardless of how regularly supervisors meet with peer supporters to provide supervision, peer supporters should submit a weekly plan to their supervisor which can be used to identify priority activities for the week. In addition, a weekly report should be prepared by peer supporters, providing a record of their activities over the last week. Comparison of plans and reports can also assist to identify where weekly goals are being achieved and where peer supporters are not meeting their plans/goals for the week and may need more assistance. Plans and reports can provide a useful starting point for supervision sessions.

When peer supporters are new to the role, or when they are in the process of establishing a relationship with a new client, they may benefit from using the below checklist (Figure 14) to evaluate their own performance, particularly around the counselling/support component of their role. This can then be discussed in supervision and ways to improve on this addressed.

## Evaluation checklist:



Questionnaire			
	Yes	No	Not applicable
Did I establish rapport in my greeting and opening conversation?			
Did I ask open-ended questions?			
Did the client speak as much/more than I did?			
Did I get information on the client's perspective on his/her illness and treatment?			
Did I give information in response to goals, concerns and problems that the client expressed?			
Did the client show that he/she understood the meaning of the information provided?			
Did I provide too much information?			
Did I assess whether the client has adequate social support?			
Did I discuss referral needs and options with the client?			
Did we agree upon a plan of action for the immediate future?			
Did I deal with the client's and my own emotional reaction?			

Adapted from: IMPAACT/AIDS MARK (2001). Quality Assurance Measures for VCT Services

It is also important to provide peer supporters with a channel of communication for any problems encountered in their relationship with their supervisor. Should this situation arise, they should know that they have someone who they can discuss this with who will take their concerns/grievances seriously; treat information confidentially; and take steps to address concerns.



# 3. Mentorship

## Peer mentorship



### LEARNING SPOT

Supervision can be strengthened further through peer mentorship. In this approach, a supervisor identifies a more experienced peer supporter that the new peer supporter can work with. Less experienced or new peer supporters are given the chance to learn through direct observation and workplace support whilst at the same time benefitting from hands-on observation of day-to-day service delivery. This is a good way of orientating the new person to your facility and to the work requirements.

Think about the fit between the peer supporter and his or her mentor, eg. will the mentor and peer supporter be able to work well together; does the mentor have enough time to take on this role and is she or he competent to do so?

The checklist below provides a list of factors that should be taken into consideration.

### Choosing a peer mentor checklist



Choice of a peer mentor		
	Yes	No
1. Does the mentor have enough time to mentor a peer supporter?		
2. Does the mentor have the capacity to mentor a peer supporter?		
3. Does the peer mentor have a positive attitude towards his or her work?		
4. Has the peer mentor demonstrated competence in his or her work?		
5. Does the peer mentor understand the mentorship role and the opportunities it presents for self-development?		
6. Will the mentor and peer supporter be able to work well together?		

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit.

# mentor

Remember to prepare the peer mentor for his or her role. The mentor should be familiarised with any reporting tools that the peer supporter will be required to complete and should provide the necessary guidance. To facilitate learning the mentor can give the peer supporter responsibility for completing specific tasks within agreed timelines. Time should be set aside for the peer mentor and supervisor to discuss progress with the peer supporter. As a first step in introducing a mentorship approach, the mentor may benefit from a checklist, such as the sample checklist below.

## Peer mentor checklist



Choice of a peer mentor
1. Introduce yourself: give the peer supporter an idea of who you are, what your role is and share some of your experiences of the work. Don't forget to ask the peer supporter what s/he hopes to learn from you
Date: Notes:
2. Introduce the peer supporter to the adolescent and young people who attend the facility; talk about some of the successes you have experienced; highlight some of the challenges and strategies you have found helpful in assisting young people to overcome these
Date: Notes:
3. Make sure that the peer supporter is introduced to all staff with whom s/he will be working; describe the work that each person does and the connections between them;
Date: Notes:

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit.

## Job shadowing



### LEARNING SPOT

Another way to provide new peer supporters with opportunities to learn is through job shadowing. In this approach the peer supporter follows a supervisor or other experienced staff member as he or she carries out her daily activities. Job shadowing can be especially helpful for peer supporters who may be struggling with certain aspects of their work and could benefit from observing a more experienced member of staff.

Job shadowing is discussed in more detail in **Module 5**.

## 4. Debriefing

Supervision, mentorship and job shadowing all help to ensure that peer-supporters are given the direction and guidance needed to achieve the best possible outcome for their clients. Part of this has to do with making sure that any negative effects of patient involvement do not compromise the ability of the peer supporter to continue to perform optimally. Most health providers recognise that caring for others may expose them to stressful situations that can result in psychological or physical distress.

### LEARNING SPOT



Debriefing is a process where individuals who have experienced high stress are helped to recover and build resilience. It is not counselling but can be thought of as a stress reduction technique that minimises the impact of adverse events and helps to avoid their recurrence. Since debriefing gives people the chance to think about their experiences, reflect on what happened and why, as well as on opportunities to do things differently, it has value in different contexts. For instance, whilst every effort is made to ensure workplace safety, a peer supporter in the community may witness a criminal act or other form of violence. In this context, debriefing can play an important role in helping the peer supporter to process the experience, whilst also providing an opportunity to address safety considerations.

Below is a debriefing checklist that can assist you to address important aspects of the process (see below.)

### Debriefing checklist



1. Introduction: This can be to a group or individual; each person makes a statement about what happened
2. Understand and respond to safety issues: People are often left feeling vulnerable following an adverse incident; allow space to talk about these feelings
3. Allow for ventilation of thoughts and feelings: It is important to allow people to talk about their feelings in a safe, non-judgemental space where unique reactions can be validated
4. Build awareness for possible reactions: Talk about the reaction that might occur in the days, weeks and months following the event
5. Be aware of cognitive, emotional and physical reaction to the event: Stay alert for maladaptive behaviours that surface during debriefing, for example anxiety, avoidance. These provide an indication of the need for more intensive intervention
6. Remember that debriefing on its own is not enough to facilitate recovery: Make sure that people know about any additional resources available to them
7. Remember the aims of debriefing are to help a person or persons to regain a sense of safety, security and well-being so that disruptions to their professional life are minimised and they are able to continue to provide their patients with the necessary care and support

Harrison R., Wu., A. (2017). Critical incident stress debriefing after adverse patient safety events. *American Journal of Management Care*.

## 5. Care for the peer supporter

### Self-care



#### LEARNING SPOT

One of the most important components of any peer support programme is self-care. Being a peer supporter is a stressful role. The risk of burnout is high in health care and peer supporters are no exception. It is important to remember too that peer supporters, by their very definition, represent the vulnerable population you are working to support through the peer supporter programme, and as such, are dealing with many of the issues of your clients in their personal lives. For all these reasons, it is very important to monitor for stress and burnout.

Stress can be experienced in a number of different ways:

- Physically, eg. Tiredness and exhaustion
- Emotionally, eg. Anxiety / depression and mood changes
- Cognitively, eg. Difficulty concentrating
- Behaviourally, eg. Missing work frequently, decreased work effectiveness, self-destructive behaviour, eg. Substance abuse
- Spiritually, eg. Increased or decreased interest in religion, questioning the way things are

Burnout is a state of emotional, physical and mental exhaustion that is caused by excessive and unrelenting stress. When that stress continues over a long period a person who is experiencing burnout will feel overwhelmed, emotionally drained and unable to meet work demands. This makes it especially important that peer supporters can identify the signs of burnout and take steps to avoid it. Self-care should always be addressed in supervision.

Adapted from PATA (2017)  
: Children, Adolescents and HIV: a simple toolkit for community health workers & peer supporters

Being able to talk to my fellow peer supporters helps me to stay on track and feel as though I am supported. The PATA whatsapp group for peer supporters is a great way to engage with peer supporters across different countries. This helps me with ideas on how to do things differently. I can learn from others and also share my challenges.



One way to assess the well-being of a peer supporter is to have the peer supporter complete a self-care questionnaire for discussion with his or her supervisor. The sample questionnaires below (Figure 18 and 19), can be used for this purpose. This is not a comprehensive list of questions but can be used as the basis for talking about self-care strategies.

## Self-care questionnaire checklist



Peer supporters should be asked to consider how often they are partaking in the activities below.

	Sometimes	Always	Never
<b>Physical self-care</b>			
1. Eat regularly			
2. Eat healthy food			
3. Get exercise			
4. Make sure I get enough sleep			
<b>Psychological self-care</b>			
1. Make time for self-reflection			
2. Try to decrease stress in my life where possible			
3. Am open to trying new things			
4. Can say “no” sometimes			
<b>Emotional self-care</b>			
1. Spend time with other people.			
2. Praise myself			
3. Love myself			
4. Make time for the important people in my life			
<b>Spiritual self-care</b>			
1. Support causes I believe in			
2. Meditate, sing or pray			
3. Have a spiritual connection or community			
4. Am hopeful and optimistic			
<b>Work self-care</b>			
1. Take breaks (eg. lunch)			
2. Set limits			
3. Don't take on too much: balance my case load			

Adapted from: Transforming the pain: A workbook on vicarious traumatisation. (1996). Self-care assessment worksheet.

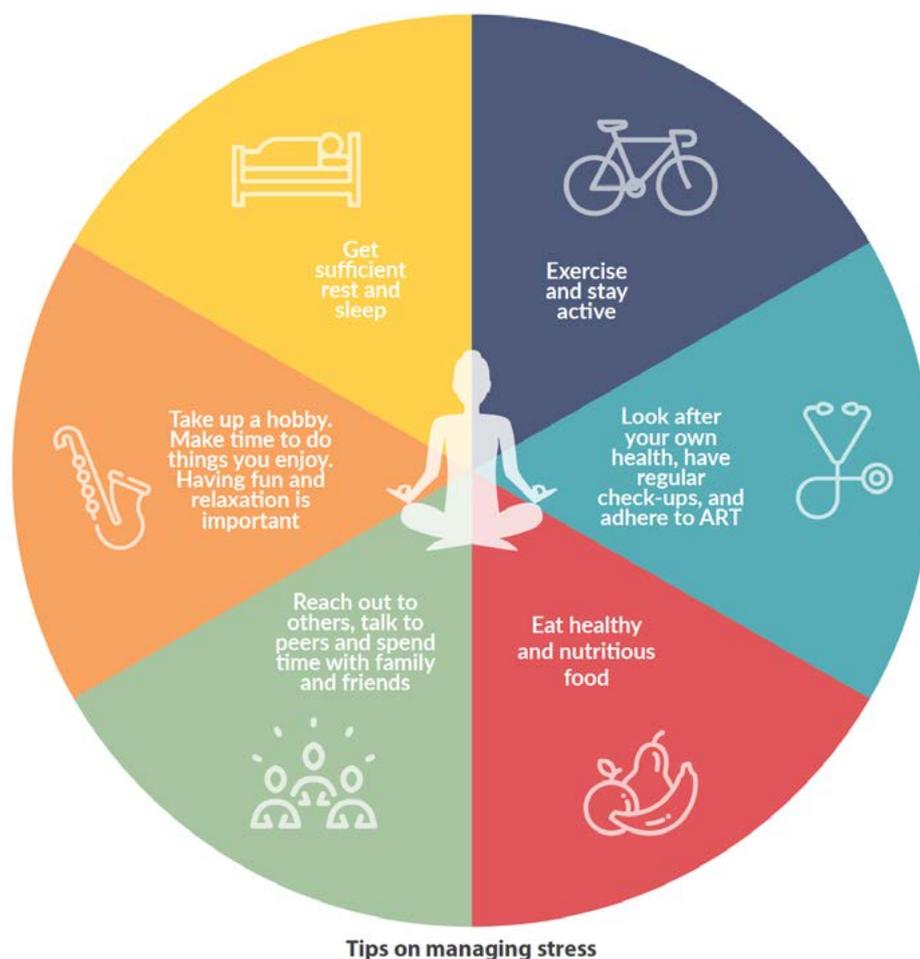
## Stress and fatigue checklist



	Always	Often	Sometimes	Never
Do you feel moody and have a hard time getting up in the morning?				
Do you have trouble remembering things and concentrating?				
Do you find yourself wanting to avoid being with people?				
Are you more impatient, irritable, nervous, angry or anxious than normal?				
Do you have little energy or find it hard to stay awake?				
Do you feel like you have the flu or have frequent headaches, fevers or swollen glands?				
Are you less active than before?				

PATA (2017): Children, Adolescents and HIV: a simple toolkit for community health workers & peer supporters. Adapted from AIDS Response (2011), Train the trainers manual: a guide to setting up a care for carers programme.

If the peer supporter answers 'always' or 'often' to some of the questions, the supervisor should talk to him / her about what he/she can change to help him/her to manage stress better and be healthier.



Below is a list of tips and suggestions that supervisors can share with peer supporters (in the form of a handout) as a starting point for discussing self-care with them. It offers ways for them to relax, reduce stress and take care of themselves on a regular basis. Ideally, this should be discussed at the outset of their position as a peer supporter and then revisited if/when the need arises. In addition, if peer supporters are experiencing high levels of stress, supervisors should arrange to meet with them more regularly for a limited period to offer additional support and to monitor their wellbeing and performance.

## Staying healthy checklist



### Staying healthy:

#### **Breathe deeply.**

Have you ever noticed your breathing when you are feeling stressed or moving too fast? It is probably shallow and tight. Take a few slow, deep breaths to relax.

#### **Take a walk.**

Get out. Go shopping. Play sports. Exercise not only helps burn off nervous energy but also allows you to leave the place causing you stress.

#### **Eat well.**

Busy people often skip meals or eat fast food too frequently. Heavy foods, too many or too few calories, and inadequate nutrition can make you feel lethargic. Eat vegetables, fruits, grains, and lean proteins – nutritious, high-energy foods.

#### **Drink water.**

Most people do not drink enough water and feel dehydrated, tired, and achy. Next time you feel dry or in need of a liquid 'pick me up', drink water instead of coffee, tea, or high-sugar drinks. Experts say that once you feel thirsty, you are already dehydrated, so drink up.

#### **Slow down.**

Do not worry; you do not have to stop. By making sure your mind is actually where your body is, you will feel (and appear) less scattered, think more clearly, and be more effective.

Time management and delegation strategies can help avoid confused priorities and schedule conflicts.

#### **Team up.**

If you are a stressed-out trainer or peer educator, you may not be letting other people help you get things done – whether delegating tasks to other peers or trainers, partnering with other groups, or simply networking for support and advice. Sharing the load with other people and staying connected to positive people can help prevent stress.

#### **Talk to someone.**

Talk to a close friend, family member or colleague about what is bothering you. It can help to work out ways of dealing with problems; it can help to better understand what is going on; it can help to keep things in perspective; it can provide an opportunity to get things off your chest; it can make you feel closer to people.

#### **Sleep well.**

A good night's sleep is not a luxury; it is a necessity for clear-thinking and mindful responsiveness. Aim to get a good night's rest by watching what you eat before you go to bed and taking a few minutes to slow down and transition from 'busy day' to 'restful night' – perhaps by listening to soothing music.

### **Loosen up.**

Tight muscles and narrow, critical thinking exacerbate stress and propel you towards burnout. Find ways to stretch both body and mind. Pray. Gentle stretching loosens tight muscles, while similar 'mind exercises', meditation or deep breathing can also ease tension and stress.

### **Have fun.**

Laughter is great medicine, so surround yourself with fun things and people. Choose to be around people who make you laugh, or just laugh at yourself when you get overly serious or unhappy. Do something creative, like sing, dance or draw. Do something you enjoy eg. reading, a sport, games.

### **Get away.**

Whether for an hour, a day, or a week, remove yourself from your work and concentrate 100 percent on someone or something else. Recharge yourself today so you are more productive and can enjoy your work tomorrow.

### **Be nice to yourself.**

Try and be aware of negative thoughts you have about yourself and consider whether they are justified. Think about the ways in which you are important and valuable to others in your life: friends, family, children, your community, the health facility where you support others

Adapted from: Youth Peer Education Toolkit. Trainer of trainers manual.

In the event that additional support, guidance and self-care does not alleviate symptoms of stress and burnout for the peer supporter, they should be encouraged to see a doctor to determine whether sick leave is appropriate. As per their contract, sick leave should be accompanied by a doctor's letter/sick certificate if it exceeds a certain number of days.

For further information, tools and resources on psychosocial support and stress management for peer supporters please see resource websites listed at the end of this module.

## **Physical safety and security of peer supporters**

In many cases, peer supporters will be travelling to and from work through or working in areas of high crime and violence, and may encounter hostility due to their role (as a peer supporter); their HIV-status; or sexuality; etc. Indeed, in many countries, homosexuality may not be legal.

While it may be possible to put measures in place to secure staff safety at health facilities, this is more challenging when staff and peer supporters engage in community-based work.

### **LEARNING SPOT**



It is important to consider the particular situations your peer supporters are likely to encounter in community-based work with reference to their identity; the culture and beliefs of the local community; the laws of the country (for example with respect to homosexuality) and the impact of this on their work/role. Safety and security of peer supporters and indeed all staff should be prioritised. Safety precautions should be thought through and put in place to protect peer supporters in their role and work. This may be especially pertinent where peer supporters are working with particular key populations, eg. Young MSM and sex workers.

For further guidance on safety and security matters for both staff and peer supporters, please see the Safety and Security Toolkit listed at the end of this module.

## 6. Performance evaluation

### LEARNING SPOT



Performance appraisals need to be job related and standardised. An appraisal should always be conducted by someone who has good knowledge of the person and the job.

Peer supporters need to have their performance appraised at least every six months. Appraisal should be on-going and can be addressed through supervision. Communication is an important aspect of performance evaluation. Feedback on poor performance should always be given as soon as possible to give peer supporters a chance to remedy the problem before a formal evaluation is conducted.

Below are some key considerations for a performance appraisal:

### Tips for conducting a successful performance appraisal



1. Have a clear definition and agreement on the performance that is required
2. Give positive feedback when things go well
3. Give immediate feedback on poor performance to put things back on track
4. Agree to steps that will improve performance in the long term

PATA (2017). Peer support programme handbook.

Below are some tips which may be helpful for giving effective feedback to peer supports on their performance.

### Giving effective feedback



- If possible, preface your feedback with something positive before giving negative or critical feedback.
- Base your comments on facts not emotions.
- Be specific: give quotes and examples of exactly what you are referring to.
- Concentrate on what can be changed.
- Focus on one thing at a time: too much feedback will be overwhelming to the person.
- Be helpful: always consider your own motives for giving your opinions – are you trying to be helpful to the person or are you unloading some of your own feelings?

From COC Netherlands (2015). How to get the most out of your LGBTI Peer Education Programme: A Critical Reflection Manual for East and Southern Africa

performance

The template below is an example of a performance appraisal. It is based on the peer supporter job description and scope of work outlined in **Module 5**.

## Performance appraisal template



Name of peer supporter: Janet Ndlovu  
 Job title: Peer Supporter  
 Facility: Lilly Facility  
 Date appraisal completed: 28 June 2019  
 Period under review: May-June 2019

### Overall Principles of Appraisal

- Aims to build a participative relationship between the employee and his or her supervisor/manager;
- To enhance employee productivity; build capacity and increase job satisfaction;
- Give feedback on performance;
- Discuss an agreed development plan to:

1. Meet job requirements
2. Provide a basis for recognition and reward (where applicable)

Performance dimensions (allows peer supporter to rate himself or herself in advance on a scale of 1-5 with 5 being excellent performance. A supervisor rating of the peer supervisor is included in this version with a mutual rating that facilitates discussion and agreement where there is discrepancy between ratings)

Job requirements	Exceeds expectation	Always met	Mostly met	Sometimes met	Never met
	5	4	3	2	1
Key performance areas			Employee rating	Supervisor/manager rating	Mutual rating
Psychosocial activities <ul style="list-style-type: none"> <li>• Assist with implementation and facilitation of psycho-educational support group to address SRH</li> </ul>			3	3	3
In facility support <ul style="list-style-type: none"> <li>• Assist with facility bookings</li> <li>• Provide information and support to access SRHR services</li> <li>• Accompany patients to different services they are referred to</li> </ul>			4	4	4
Counselling <ul style="list-style-type: none"> <li>• Provide counselling for clients accessing SRHR services</li> </ul>			5	4	4
Educational <ul style="list-style-type: none"> <li>• Conduct talks in waiting area</li> <li>• Ensure availability of IEC material and distribute</li> </ul>			5	5	5
Administrative <ul style="list-style-type: none"> <li>• Reporting requirements met</li> <li>• Maintains information specified by the facility</li> </ul>			4	4	4

## COMMENTARY

Areas where you have done well:

The health talks are well -received and I have spoken about many things including sexually transmitted infections; HIV and safer sex options

Areas you feel could be improved and support needed:

To start and recruit for support groups where young people can obtain information and discuss sexual and reproductive health issues. This has been a problem because there is little space available at the facility

## ACTION PLAN (goals to be achieved in the next cycle)

- Identify a space to run support groups (July)
- Draw up table of dates and times (July)
- Recruit young people for a group (July)
- Establish groups (end August)

SIGNED: (supervisor)

(peer supporter)

Date

Adapted from: Human Resource Services (no date). How to prepare for a performance appraisal: a supervisor's guide. Retrieved from: <https://hrs.uni.edu/pd/perf-appraisal-supervisor>

## 7. Disciplinary and dismissal procedures

### LEARNING SPOT



As highlighted above, it is important to ensure there is a common understanding of the difference between conduct that requires disciplinary action and conduct that calls for dismissal, as well as the processes for addressing disciplinary and dismissal measures with peer supporters. Peer supporters should be informed of these and when necessary, the appropriate processes and procedures adhered to by their supervisor / management.

You may adopt the same procedure that is in place for staff, or you may wish to consider how this will need to be adapted for peer supporters. It is important to think through some of the challenges and issues likely to be encountered with a cohort of young peer supporters who are by definition representative of a client group facing numerous challenges. Behaviour that is not condoned may need to be explicitly discussed, even though it may be inferred from the code of conduct, eg. sexual/inappropriate relationships with clients; substance use at work etc.

# disciplinary

## 8. Motivation and incentivisation of peer supporters

### LEARNING SPOT



Effective and appropriate supervision, mentoring and debriefing plays a considerable role in retention of peers, as they frequently leave as a result of lack of support and burnout. However, it is good to think not only about how to retain your peer supporters, but how to motivate them. Peer supporter programmes where peers feel appreciated, supported and have full participation in, and ownership of, the programme have shown greater success.

Consider developing a fair, financially sustainable system of incentives and positive reinforcement to demonstrate to peer supporters that they are valuable members of the team in whom you are willing to invest. Such incentives do not have to be costly. Where costs are involved you may be able to arrange sponsorship from local businesses or other partners eg. t-shirts. Incentives should be separate from and in addition to the stipend they receive as discussed in **Module 5**. Incentives can be divided into two categories, namely enablers and motivators:

- Enablers create an enabling environment for peer supporters to fulfil their role as a peer supporter
- Motivators drive the peer supporter to continue in this role

They can be internal, personal factors as well as the external, environmental factors that inspire a peer supporter to work. Examples are included below.

#### Enablers

- Advancement within the programme or opportunities for increasing involvement
- Career training, professional development, skills building and livelihood opportunities
- Access to technology eg. Computer and internet access at the health facility
- Ongoing training for peer supporter development
- Opportunity to participate in higher level meetings/advocacy initiatives
- Provision of guidelines on safety and security for peer supporters while they are working or travelling to and from work

#### Motivators

- Public recognition including awards, certificates, announcements, eg. Peer of the month
- Items that contribute to creating an identity for peer supporters that they can feel proud of, such as name badges, T-shirts, backpacks, a logo or acronym for their project/programme/cadre
- Social and recreational opportunities
- Exchange and travel opportunities, eg. To other health facilities, partners

motivati

## KEY MESSAGES



1. All facilities should have code of ethics and a code of conduct that staff and PS are expected to abide by
2. Confidentiality is a key component of both codes and peer supporters should understand the importance of this as well as the circumstances where confidentiality should be broken
3. All peer supporters should receive regular supervision to assist them to perform their duties optimally
4. Care should be taken in identifying suitable supervisors and ensuring role clarity and code of conduct for supervisors and peer supporters
5. Models for supervision include individual, group, co-, peer and community supervision
6. Mentorship and job shadowing can also help to ensure peer supporters receive the necessary guidance for their role
7. It is important that self-care is prioritised by peer supporters to reduce risk of burnout and that supervisors monitor and support this
8. Performance evaluation of peer supporters should be conducted regularly
9. Motivation and incentivisation of peer supporters can contribute towards high retention and can be facilitated through initiatives that enable their work, recognise and reward their contribution and build their skills for further opportunities



on

## References

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Download the templates and checklists from this module.