

Peer support roles in the mental health workforce - examples of current practice

Recognising the benefits of 'lived' experience

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Foreword

In recent years the concept of peer support, where consumers/service users are employed as paid providers of services, has been acknowledged to offer an exciting addition to mainstream mental health services with the potential to transform the experience of both those using and providing services.

However, too often this debate has taken place in the absence of practical information about how peer support can actually operate. This paper seeks to promote these issues into this discussion by drawing on some of the available evidence and organisational experiences on the potential benefits from developing peer support systems. By making reference to existing good practice this paper provides some real working examples including:

- model job descriptions and person specifications
- learning and development programmes
- up to date links to websites

The paper places the development of peer support clearly within two of the underpinning themes of the latest mental health strategy, No Health without Mental Health, personalisation and recovery, both of which seek to redefine the power relationship between mental health professionals and individuals receiving services, and also the co-production agenda where individuals are encouraged to self-manage their condition and viewed as equal partners in their relationship alongside professional staff.

In summary this paper provides practical signposts to commissioners, practitioners, policy makers and – above all – service users to support local plans to develop and expand the peer support role and should be essential reading for anyone with an interest in making peer support a reality.

Dr Ian McPherson
Chief Executive
Mental Health Providers Forum

Acknowledgements

We wish to express our sincere thanks to Dr Ian McPherson and Together one of the leading mental health charities in the UK, for their support and help in producing this publication. As well as staff from some of the demonstrator sites referred to in chapter 2 for their enthusiasm and willingness to share with us some of the current work they have been undertaking to create and successfully implement the role of the peer support worker into their own mental health workforces.

This report was commissioned by Skills for Health and undertaken by Katie Cheeseman.

1. Chapter 1

Introduction – A working definition of Peer Support

"Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others whom they feel are "like" them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to "be" with each other without the constraints of traditional (expert/patient) relationships".

Sheryl Mead – Defining Peer Support (2003)
Independent Peer Support Consultant & Trainer (USA)

In the paper *Public services inside out: putting co-production into practice* the authors refer to the changing type of relationship between the 'passive' people receiving public services and those delivering them. They argue that with increasing pressure being placed on the public purse, services of the future are more likely to be provided less expensively by taking a grassroots approach enabling those people who use services to shape future service developments and delivery.

This approach moves away from a model that suggests the public know very little about how to deliver public services to one that seeks to identify the communities' aptitude and actively nurtures people to fulfil their potential, putting their skills and expertise to use to support others in their local community. Various initiatives introduced to the health service (e.g. Expert Patient Programme) have already gone some way to promoting peer support and the benefit of being able to draw upon one's own lived experience to support others in similar circumstances.

The Personalisation agenda in England is not simply about the delivery of individual health and social care budgets it places great emphasis on the continuing need to transform the relationship cultivated between mental health clinicians and practitioners who deliver services and those at the receiving end of their interventions.

Personalisation, aims to redress the traditional imbalance between professionals and service users, professionals are encouraged take on a far greater enabling role while service users are given the confidence to shift away from the role of 'passive recipient'. Enabling the delivery of person-centred mental health services, individuals are encouraged to take far greater control of managing their own mental health as well as being enabled to take more responsibility about the choices they make in order to achieve their own recovery. This style of approach not only improves the quality of people's lives but it also intensifies the call for the development of new roles within the mental health workforce building on the foundations laid out within the *New Ways of Working* publications.

In the mental health field the peer support role has been effectively developed in a variety of ways by the third sector and user-led organisations, examples of which can be viewed at [NMH DU](#). However, the emphasis by the Government on the Personalisation agenda and the variety of peer support successes in the third sector, provide statutory mental health providers (and commissioners) with plenty to think about in terms of their own approach to planning for the introduction of a new type of role in the workforce which harnesses the benefits to be gained from tapping into people's experience of living with their own mental health problems.

The increasing emphasis and importance being placed on the concept of 'recovery' in mental health provision further underlines the need to change the relationship between mental health professionals and individuals receiving services. The recovery model originates from the (service) user movement in the USA and came to prominence

among people using mental health services in the UK in the 1990s, there are a number of standards used to assess features of an individual's recovery although the user movement has often expressed concerns that the original recovery model and the defining standards have been 'hijacked' and 'professionalised' by statutory mental health providers.

The Centre for Mental Health has produced a number of key papers about recovery including *Making Recovery a Reality* (Shepherd, Boardman, Slade 2008). This paper provides an informed overview about the roots of recovery as well as defining the principles of recovery. For example in recovery-focused services individuals are supported to shape their own lives irrespective of their continuing mental health needs. People are encouraged to self-manage their condition and viewed as equal partners in their relationship alongside professional staff while increasing weight is placed on the personal qualities of staff (as much as their professional qualifications).

'Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential'

(U.S. Substance Abuse and Mental Health Services Administration, 2006b)

All citizens in our society today have the right to be active participants in their local community. For some people with serious mental health conditions their ability to exert control over their lives and to participate in their community becomes distorted and problematic and they may require assistance from others to fulfil their role as an active citizen. It has been recognised through research in the USA, New Zealand and the UK that access to a peer support worker provides an individual with the impetus and the necessary support to facilitate a reduction in social isolation and segregation and to help with an individual's recovery and re-integration back into local life. The value of support from someone who has their own lived experience of serious mental health issues, can lead to measurable improvements in an individual's outcomes in terms of their overall health and well-being and demonstrates a key measure of the success of the invaluable role fulfilled by peer support.

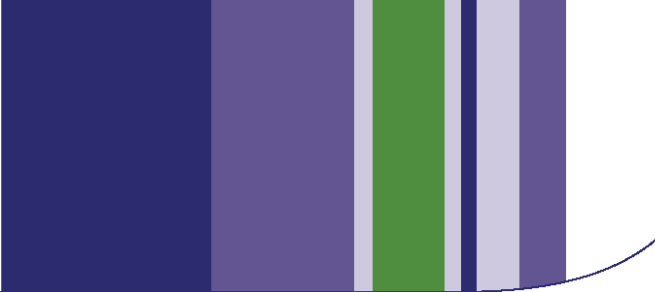
The 2010 publication *Lived experience leading the way; Peer support in mental health* draws on the definition of peer support outlined by Bradstreet (2006) who points to 3 types of peer support:

- (a) informal/unintentional and naturally occurring peer support
- (b) participation in consumer or peer-run groups/programmes,
- (c) and; the use of consumers/service users as paid providers of services sometimes referred to as intentional peer support, peer professionals or peer specialists.

Undoubtedly, all types of peer support have an important contribution to make to the mental health landscape, for the purposes of this paper however, we are focusing on a definition of a peer support worker as;

'an individual who has experience of having lived with their own mental health condition and who has undertaken their own recovery journey. They are someone who is employed in a paid capacity to draw upon and use their own lived experiences of mental health distress, to deliver services to others as an integral part of the mental health workforce. They are usually employed either directly by mental health trusts or via a third sector organisation'

The peer support worker in this 'paid' capacity becomes more than simply a passing acquaintance or in some circumstances a valued friend as is the case in more informal methods of peer support. The individual peer support worker is employed for the explicit reason that they themselves have their own experiences of having had a mental health condition which they are able to draw upon in a positive and educational way to help, assist and support others who themselves are commencing their own journey of recovery. The role itself provides an opportunity for



individuals who may well have ceased employment as a result of their illness to take an initial step back into meaningful employment. The peer support worker is expected to adhere to the same set of protocols and principles as any other employee of a mental health organisation which in itself given the nature of their role can in some circumstances present its own set of challenges, something which we will tackle in a later chapter.

1.1 The purpose of this paper

This paper has not been designed to argue for or against the emerging intentional peer support role in the mental health workforce or to provide the reader with a prescriptive step by step guide of how an organisation can implement plans to employ their own peer support workers. What this paper does is to provide 'food for thought' to draw upon experiences and examples from organisations who have already taken brave steps to develop and deliver their own peer support provision. We endeavour to give you some real working examples of documents such as job descriptions and person specifications, learning and development programmes and also to provide up to date links to websites which additional information to support you progress your own plans to implement the peer support role.

1.2 References and Links;

Department of Health (July 2010)

Equity and Excellence: Liberating the NHS

The Government's long term vision for the future of the NHS

Department of Health (2010)

A vision for adult social care: capable communities and active citizens

Department of Health (2007)

Putting People First: A shared vision and commitment to the transformation of adult social care

Think local, act personal; next steps for transforming adult social care (January 2011)

A sector-wide commitment to moving forward with personalisation and community based support

Bradstreet, S. (2006) **Harnessing the 'lived experience'**. Formalising peer support approaches to promote recovery. *The Mental Health Review*, Vol. 11, 2, 33-37.

David Boyle, Julia Slay & Lucie Stephens (2010)

Public services inside out: putting co-production into practice

Sainsbury Centre for Mental Health (2008)

Making recovery a reality, Shepherd, Boardman, Slade

Thurstine Bassett, Alison Faulkner, Julie Repper & Elina Stamou

Lived experience leading the way; Peer support in mental health

First published on Together's website (<http://www.together-uk.org>)

30 September 2010

U.S. Substance Abuse and Mental Health Services Administration "National Consensus Statement on Mental Health Recovery" 2006b. Accessed online August 2008 at <http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/>

Peer worker research project - New ways of working in mental health services: assessing and informing the emergence of peer worker roles in mental health service delivery.

A research team led by Dr Steve Gillard at the Section of Mental Health, St George's, University of London (SGUL) and including a number of voluntary and statutory sector partners commences in July 2011 and will run for 21 months with the aim of testing the existing evidence on introducing peer worker roles in a range of mental health service settings in the statutory and voluntary sector in order to identify what works best in different contexts. The findings from this project will be used to develop guidance on recruitment, training and supporting peer workers. For further details please contact the project lead, Steve Gillard: sgillard@sgul.ac.uk or 020 8725 3614.

2. Chapter 2

The new Mental Health Outcomes Strategy, Recovery and Organisational Change

In February 2011, the cross-Government mental health outcomes strategy; *No health without mental health* was published, the strategy takes what is referred to as a 'life cycle' approach to mental health and underlines the importance of public health provision in promoting the population's mental health and well-being. A spotlight is also placed on early intervention approaches which prevent and reduce an escalation of mental health needs, in particular offering support to children and young people and building on the success of the Improving Access to Psychological Therapies (IAPT) programme and the early intervention in psychosis (EIP) model.

Not only does the strategy aim to reduce the number of people with mental health problems, it also seeks to help those people who go on to develop mental health problems to recover, highlighting the inter-play between mental health and physical health and the benefits of employment and good housing etc.

The Strategy outlines 6 key objectives to improve outcomes for people with mental health problems and which will contribute to the proposed outcomes frameworks (NHS, social care and public health). It is envisaged that all three frameworks will help to facilitate a shift away from the era of target driven performance, to providing people using services and the general public with a much better idea of how well the services they access are performing, the quality of those services and whether or not services are achieving better health and social care outcomes for the people they support and care for.

The **6 key objectives** are:

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good mental health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

The second agreed objective laid out in the mental health outcomes strategy asserts;

'More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live'.

This objective is supported by an ambitious drive to ensure that 'recovery' is firmly embedded into the core of modern mental health services with the support of a national recovery project sponsored by the NHS confederation, the National Mental Health Development Unit and building on the approach established by another key partner the Centre for Mental Health in *'Implementing Recovery: A methodology for organisational change'* (Shepherd, Boardman and Burns, 2010).

The aim of the national recovery project is to support NHS mental health provider organisations to successfully embed the concept of recovery into their organisational values, their policies and everyday practices and to learn

from current best practice from carefully selected demonstrator sites. The project also wants support organisations to encourage staff from all professions and backgrounds to adopt attitudes, behaviours and new skills that allow people using their services to achieve their life goals and to think beyond the barriers created as a result of their clinical diagnosis.

2.1 Learning from the 6 Demonstration Sites

As part of the national recovery project six Demonstration Sites have been identified – **Cambridge & Peterborough NHS Foundation Trust, Dorset Wellbeing and Recovery Partnership, Hertfordshire Partnership NHS Foundation Trust, Manchester Mental Health and Social Care Trust, Nottingham Healthcare NHS Trust and South West London & St George’s Mental Health Trust.**

These sites have been selected because they have exhibited an unwavering commitment to effectively embedding recovery-centred practice into their organisations and have agreed to not only share their good practice but to work alongside partner organisations with support from members of the project team set up to oversee the national initiative, to overcome obstacles and challenges which they may face along their own journeys of recovery.

2.2 The process of organisational change

The process of organisational change relies on a number of key components to ensure success and to bring about change that will improve outcomes for individuals and the effectiveness of the organisation. It is essential that an organisation has a shared vision outlining the direction in which it plans to travel. In the same way as service users are asked to identify their life goals as part of their recovery journey, organisations must outline their own vision for their future incorporating aspirational goals which once achieved are likely to deliver mental health services which are far more recovery-orientated.

Other factors which could be taken in to consideration alongside a strong visible leadership include, a commitment for change across the whole organisation is vital as well as continual two-way communication between leaders, staff and other key stakeholders. There must be robust planning to demonstrate how changes will be implemented and also measured for its success (or not as the case maybe). Learning and development programmes for employees will enable them to understand how change will impact upon their own roles within the organisations. As well as ensuring they have the right skills, knowledge and attitude and clear incentives will encourage individual employees, professional groups and multi-disciplinary teams to take enthusiastic ownership of their new roles, skills and methods of service delivery.

The *‘Implementing Recovery’* paper provides a methodology which helps mental health trusts with local stakeholders, service user organisations and others to self- assess their current position against the 10 key organisational challenges which they will be faced with while endeavouring to successfully implement Recovery. This assessment enables organisations to ascertain their priorities for action and to plan for organisational change. The authors of the paper recognise that creating recovery-orientated services will not be a ‘quick fix’ and that it is likely mental health organisations will require on-going organisational commitment to their Recovery agenda which it is likely will take a number of years to achieve.

2.3 Transforming the mental health workforce

There is recognition that the sustained drive and motivation to develop peer support roles among our mental health colleagues in countries such as New Zealand and the USA has certainly provided the impetus for the development of peer support workers in the mental health workforce in England. The *Implementing Recovery* paper clearly highlights the peer support roles importance in enabling the adoption of 'recovery' and the future transformation of mental health services.

As touched upon above, to establish a baseline for future actions and improvements, mental health organisations are required to assess themselves against the 10 key organisational challenges. There are three levels of achievement from which they can select - engagement, development or transformation. The engagement stage describes the type of actions that are likely to have taken place in an organisation that is just beginning to plan for the development of recovery-orientated services. Those organisations at the developmental stage are likely to be able to evidence changes which have occurred in the everyday policy and practice, alongside a shift in the ethos of the organisation and the embedding of the recovery culture. The transformation stage describes outcomes whereby there has been a significant transformation of an organisation and that their plans to deliver recovery-orientated provision are likely to have been realised.

Two of the ten key organisational challenges highlight the role of the peer support worker in transformed mental health services:

Challenge 3: Establishing a 'Recovery Education Unit' to drive the programmes forward.

For organisations to be able to describe themselves as having achieved the transformational stage of this challenge, organisation's must have established a 'Recovery Education Unit' which runs learning and development programmes for people who will be working as peer professionals alongside other mental health professionals and staff in multi-disciplinary teams.

Performance indicators identified to evidence that this challenge has been achieved include provision of competency standards for peer support workers, numbers of service users trained as peer professionals, and the numbers employed in multi-disciplinary teams (community and in-patient).

Challenge 4: Transforming the workforce

This challenge reminds us that we cannot fail to recognise that the peer support role will be an integral part of mental health workforce in the future. The peer support role and the benefits of employing people with 'lived experience' is interwoven throughout each stage of achievement for this challenge. Those organisations who assess themselves as being at the 'engagement' stage, must have recognised that a review of the skill-mix maybe required and then a re-balance achieved in terms of those people employed in traditional mental health roles and those whose 'expertise is derived from their own lived experience'. Those organisations at the developmental stage will have plans in place to create the role of 'peer specialist' across the organisation including job descriptions, training plans and supporting structures. While those organisations that have achieved major workforce transformation will have recognised that people who have lived experience of their own mental health problems can provide invaluable input into the workforce in a paid capacity, provided they are supported by the relevant governance structures including the necessary supervision arrangements and learning and development pathways.

The outcome indicators identified to evidence that this challenge has been achieved includes; clear job descriptions and person specifications for the peer support worker role and agreements in place for the development and delivery of training and the necessary support mechanisms.

2.4 References and useful links

Department of Health (February 2011)

No Health without mental health: a cross-Government mental health outcomes strategy for people of all ages.

3. Chapter 3

The peer support role – job descriptions and person specifications

'peer support services are effective in encouraging people to move from "patienthood to personhood ". Benefits include: decreasing hospitalisation and mental health service usage, reduction of symptoms of mental distress, increases in quality of life, improvements in social support and accommodation/housing, increased rate of volunteering and employment, less reliance on benefits, improvements in physical health (when this was targeted) and increases in use of recreational and community agencies; in addition as peer support workers cost less than clinicians – suggesting that they are cost-effective. Peer workers have also been used successfully in education, evaluation and training roles. All roles may lead to the decrease of stigma as people in services and communities see consumers contributing to services in a positive way'.

"Walk the walk and talk the talk" A summary of some peer support activities in IIMHL countries' (2010)

3.1 New Ways of Working

The various *New Ways of Working* (NWW) publications focused on providing a range of tools and techniques which would help to bring about change resulting in a major culture shift within the mental health workforce. Motivating the workforce to deliver effective individualised care and reshaping the traditional model of team working which relied heavily on the leadership of the consultant psychiatrist. NWW envisaged sharing responsibility and leadership throughout the team and working creatively with all relevant stakeholders to create a workforce which delivered cost effective, high quality, flexible and person-centred recovery-focused services using a competency and capability based model.

Included in the NWW work programmes were plans to implement various new roles including, Support, time and recovery (STR) workers. It was envisaged that this role would be adaptable, providing time to service users to support their recovery, facilitating the development of individual goals derived from an assessment of the person's strengths, needs and aspirations for the future. These workers were recruited, not for meeting essential criteria requiring professional qualifications but more so STR workers were recruited for their own personal talents and experience of mental health problems. It is the emergence of the STR role, a greater focus on delivering recovery-centred provision and an increasing recognition of the benefits of 'lived experience' in supporting people to recover, which has undoubtedly helped to pave the way for the peer support role.

3.2 Values and Ethics of mental health recovery and peer support

Mary Ellen Copeland and Sheryl Mead, spent much time and energy undertaking research to identify 15 values and ethics, these are;

1. There is hope. A commonly held belief has been that people who experience certain kinds of 'symptoms' can never get well, and will probably worsen over time. However, it is now known that people can and do get well and go on to do things that they want to do with their lives (Copeland; 1991; Ralph & Corrigan, 2005)
2. Self-determination, personal responsibility, empowerment, and self-advocacy are vital to recovery (Copeland, 1991).
3. Treating each other as equals with dignity, compassion, mutual respect and unconditional high regard is essential
4. We must afford all people unconditional acceptance as they are, as unique, special individuals, including acceptance of diversity with relation to cultural, ethnic, religious, racial, gender, age, disability, and sexual preference issues.
5. There are "no limits" to recovery.
6. Recovery and peer support are about choices and options, not final answers.
7. Participation in all activities is voluntary.
8. Each person is the expert on himself or herself.
9. Clinical, medical, and diagnostic language are avoided.
10. The focus is on working together to increase mutual understanding, knowledge, and wellness.
11. Peer support and recovery initiatives are adaptable to anyone's personal philosophy.
12. The emphasis is on strategies that are simple and safe for anyone and away from strategies that may have harmful effects.
13. Responses to difficult situations need to be "normalized".
14. The focus is on strengths and away from perceived deficits (Rapp, 1998).
15. The body of knowledge is always expanding and is infinite (Copeland & Mead, 2004).

3.3 Examples of job descriptions & person specifications for peer support workers

A job description outlines the purpose of a job, where within an organisational structure the job fits, the core responsibilities and requirements of the role and the main tasks to be carried out. Once an individual is recruited to a post, the job description also provides a framework from which to base an individual's objectives as part of a performance review or appraisal. A person specification helps to determine the right kind of person to do the job. It outlines what skills, attributes etc. are required to perform the job satisfactorily

Appendices 1 and 2 include the peer support worker job descriptions and person specifications currently in use by;

Hertfordshire Partnership NHS Foundation Trust
Cambridge & Peterborough NHS Foundation Trust
Dorset Mental Health Forum
Nottingham Healthcare NHS Trust

3.4 References and useful web links

International initiative for mental health leadership (IIMHL) <http://iimhl.com/> This is a useful website which focuses on identifying evidence of best practices and services that enable and support individuals in their recovery including peer support.

Department of Health (May 2007)
Mental Health: New ways of working for everyone

Mary Ellen Copeland (January 2006)
Involuntary commitment and Recovery: An innovative Mental Health Peer Support Program
<http://www.mentalhealthrecovery.com>

Copeland, M. (1991)
Learning to cope with depression and manic depression. Brattleboro, VT: Peach Press.

Copeland, M., & Mead, S. (2003).
Wellness Recovery Action Plan and peer support: Personal, group and program development. Dummerston, VT: Peach Press

Ralph, R., & Corrigan, P. (Ed.) (2005) **Recovery in mental illness: Broadening our understanding of wellness.** Washington DC: American Psychological Association.

Rapp, C. (1998). **The strengths model: Case management with people suffering from severe and persistent mental illness.** New York: Oxford University Press.

4. Chapter 4

Learning and development for peer support workers

'Fresh out of Peer Education Training I was raring to go, but did not really know what I would be doing other than supporting Peers. At the end of July, I was very fortunate to be given a position with the Cameo north team, which is an early intervention service for people with a first episode of psychosis. My role is to support the person, their family, and just to be there for them and listen to what they have to say. I also work closely with their care co-ordinators, supporting people on a practical level. One lady who I have been working closely with finds it very difficult to trust people and finds it hard to get out and about. So far, I see her every week around the same time to take her to collect her medication. The breakthrough in our relationship came when I shared some of my own personal story with her. She slowly started to open up and began to trust me and that is when things started to change. She is now asking to go out more, and with my help, over time her goal is to get out for regular walks and go into town. She said: "Without your help I wouldn't be able to do all the other stuff that my CPN doesn't have time to do." My role is to be there for people, in whatever way is needed. My job satisfaction is priceless'.

A Peer Worker from Cambridge and Peterborough NHS Foundation Trust

4.1 Current examples of peer support learning programmes

Walk the walk and talk the talk (IIMHL 2010), summarises peer support activities across a range of countries and identifies a number of learning and development programmes for peer support workers, some of which have been accredited to higher education establishments and others which were much more informal in their content and coverage.

As part of Cambridge and Peterborough NHS Foundation Trusts (C&P) project to implement the role of peer support development workers into their mental health workforce, the training package has been purchased from Recovery Innovations (USA). C&P have recruited and trained 2 Peer Educators from their own organisation to deliver the accredited programme developed by Recovery Innovations. As part of its approach to recruit peer workers, no one is able to apply for a peer worker post without having gone through the 4 week training programme.

The Recovery Innovations programme covers a range of modules;

Personal development and knowing yourself

- The concept of Recovery
- The power of peer support
- Developing self-esteem and managing self-talk
- Community, culture and environment
- Meaning and purpose
- Emotional intelligence

Turning point - preparing yourself for work

- Telling your personal story
- Employment as a path to recovery

Skill development

- Communication skills
- Conflict resolution
- Understanding trauma
- Substance abuse
- Being with people in challenging situations
- Peer support in action, partnering with professionals

Recovery Innovations recognises that being in employment is an important part of a peer support workers own recovery, potential peer support workers are helped to learn how to be proficient employees, and also how to teach other people to manage their own recovery. It believes that people taking on peer support roles are able to demonstrate one of the most important aspects of recovery, 'hope'. And in delivering services to others they are able to show people that having experience of their own mental health problems does not necessarily prohibit an individual from returning to work, or some kind of employment-related activity. Further information about the Recovery Innovations and the peer employment training can be obtained from their website (www.recoveryinnovations.org).

Hertfordshire Partnership Foundation Trust (HertsPT) has also purchased accredited peer support training from an external body. The training they have purchased has been developed by the Institute of Mental health, a partnership between Nottingham University and Nottingham Healthcare NHS Trust (www.institutemh.org.uk) and is delivered jointly by Nottingham University and a User-led organisation called Making Waves Ltd. (www.makingwaves.org). The training is delivered over 10 days and is delivered using an approach which draws on an individual learning from direct experiences. It too covers areas relating to Recovery, problem solving, working within clearly defined boundaries etc. This course is accredited to Sheffield Hallam University as a 20 credit module at level 4.

Herts PT also provides on-going learning and development through regular workshops including safeguarding, personal budgets and team-working. Peer support workers are actively encouraged to run their own workshops for others drawing on their own skills and knowledge, areas explored to date include; telephone techniques, motivation and commitment and Presentation skills.

4.2 Recovery Education Centres

The third organisational challenge laid out in the Centre for mental health paper Implementing Recovery describes the establishment of what is referred to as a 'Recovery Education Centre'. An example of this type of provision can be found at Nottingham Healthcare NHS Trust which aims to;

- Provide a base for recovery resources
- Promote an educational and coaching model in supporting people to become experts in self care on their recovery journey
- Break down barriers between 'us' and 'them' by offering training sessions run for and by people with experience of mental health challenges and people with professional experience.

www.nottinghamshirehealthcare.nhs.uk/our-services/local-services/recovery-education-centre

It is through the increasing availability of resources such as these which are accessible to service users and professionals alike that a recovery-orientated culture will be created within all NHS mental health provider organisations enabling the role of the peer support work to prosper within the mental health workforce.

5. Chapter 5

Preparing your organisation for the introduction of the peer support role

“Professionals will remain important, but they will have to recognise that their contribution needs to be made in a different way, acknowledging service users’ self-defined priorities. By contrast, we expect to see a greatly expanded role for ‘peer professionals’ in the mental health service workforce of the future. We recommend that organisations should consider a radical transformation of the workforce, aiming for perhaps 50% of care delivery by appropriately trained and supported ‘peer professionals’

Sainsbury Centre for Mental Health (2009): Implementing Recovery: A Framework for Organisational Change.

It is easy enough to assume that once an individual is employed to undertake the role of peer support worker that they simply become another member of the mental health workforce. There is a clear expectation of course, that peer support workers will adhere to all relevant organisational policies and protocols including such issues as confidentiality, maintaining professional boundaries, time-keeping and conduct, and treated as ‘equal’ to any other member of staff. In reality however, an organisation has to address a number of fundamental issues in order to prepare itself for the introduction of this new role and to ensure success. A number of challenges will need to be overcome to create an environment in which the peer support role will thrive as an active member of the mental health workforce and service users will reap the benefits.

5.1 How peer support ‘friendly’ is your organisation?

Listed below is a series of key questions which an organisation can ask itself (and act upon) to determine if it has created an environment which will sustain the peer support role.

- Have all relevant teams etc. received recovery training? Is practice within the teams/services recovery-orientated?
- How well prepared are the current workforce for the introduction of the new peer specialist role?
- Do staff understand the aims the new peer support worker role?
- Has there been effective communication with the workforce building up to the introduction of the new role?
- How ‘comfortable’ do team members feel about working alongside former users of their services? How might any issues be overcome?
- What type of supervision is in place to enable on-going support for peer support workers?
- Who will supervise peer support workers? How will this be delivered?
- Have all relevant HR and occupational health policies been reviewed to ensure that the organisation creates an environment that supports and encourages good mental health for all staff?
- Is the value placed on ‘lived experience’ by the organisation reflected in HR and Occupational health processes and procedures?

- Are managers and supervisors able to recognise the signs of mental distress? Are they aware of support that is available?

5.2 The importance of a clear framework for management and supervision

Like the Support, time and recovery (STR) role before it, it is important that peer support workers have ‘a *clear framework for management and supervision*’. If we use as our starting point the best practice for effective supervision and management outlined for STRs in the publication focused on learning from the national implementation programme (2008);

This may include:

- Developmental supervision from an allocated, suitably experienced person, scheduled at regular intervals;
- Regular individual performance reviews from their line manager;
- Supervision about working with a particular service user from that person’s care co-ordinator;
- Ad hoc supervision, for instance from a nurse in charge of a ward;
- Peer supervision as part of a peer support worker cohort; and
- Mentoring from a more senior member of their team or the person assigned to manage the organisation’s peer support project (where appropriate)

Currently however, there is no right answer in terms of how supervision is delivered to peer support workers, although a report from the Scottish Government emphasises the need to ensure that supervision includes a focus on the wellness of the peer support worker.

Most demonstrator sites have created their own approach to supervision. In Dorset peer support workers receive line management within the integrated health and social care team, while also receiving recovery supervision via the Dorset Mental Health Forum. Part of their recovery supervision requires peer support workers to complete advanced decisions and explore their self-management skills.

It is most probably fair to conclude that the way supervision is delivered to peer support workers will not typically reflect the type of supervision usually provided to staff in an NHS or social care setting, and will need to be responsive to the needs of individual workers.

It is also important to remember that in the first instance most peer support workers will be more familiar with receiving services from a mental health organisation rather than delivering them and change will be required to facilitate the development of professional working relationships with people previously providing their therapeutic and clinical interventions. Peer support workers undoubtedly, have a unique role in an organisation in that they are not clinicians delivering evidence-based interventions they are in effect being employed to promote individual recovery by divulging very personal information about their own experiences of mental distress, something which is only usually experienced second-hand by the majority of the current mental health workforce.

In Nottingham peer support workers are managed by a dedicated worker within the Trust, they receive their managerial supervision from that person, and peer supervision from a peer-run organisation outside of the Trust.

In Cambridge & Peterborough, peer support workers are supervised by the team leader or ward manager and professional peer supervision is provided by the Peer employment project manager.



5.3 Promoting good mental health at work

Maintaining good mental health is important not only for individuals being employed to undertake the role of peer support worker, but for the entire mental health workforce and preparing for the introduction of the peer support role is a good excuse for organisations to revisit their role in promoting good mental health.

The organisation SHIFT has developed a range of resources available for employers and employees to help raise awareness of mental health at work and how to respond when someone becomes unwell. www.shift.org.uk

5.4 References and useful website links

The Scottish Government (November 2009); **Evaluation of the Delivering for Mental Health Peer Support Worker Pilot Scheme**

Department of Health (December 2007) Mental Health Policy Implementation Guide, Support, Time and Recovery (STR) Workers; **Learning from the national implementation programme**

<http://www.scottishrecovery.net/> raising awareness of mental health recovery.

Appendices

- Appendix 1a Cambridgeshire and Peterborough NHS Foundation Trust - Job Description
- Appendix 1b Hertfordshire Partnership NHS Foundation Trust - Job Description
- Appendix 1c Nottinghamshire Healthcare NHS Trust – Job Description
- Appendix 1d Dorset Mental Health Forum – Job Description
- Appendix 2a Nottinghamshire Healthcare NHS Trust - Person Specification
- Appendix 2b Hertfordshire Partnership NHS Foundation Trust - Person Specification
- Appendix 2c Cambridgeshire and Peterborough NHS Foundation Trust – Person Specification
- Appendix 2d Dorset Mental Health Forum – Person Specification

Appendix 1a

Cambridgeshire and Peterborough NHS Foundation Trust

JOB DESCRIPTION

Post TITLE:	Peer Support Worker (PSW)
GRADE:	Band 3
HOURS:	Part-Time
LOCATION:	Within Adults or Older People Pathway Teams – inpatient and community settings
REPORTING TO:	Team Leader/Ward Manager
SUPERVISED BY:	Team leader / Ward Manager and professional supervision with Peer Employment Project Manager

The Trust Board has endorsed the concept of recovery as central to the working of the Trust. Recovery is embedded in the vision and values of the Trust.

A recovery-oriented system of care will;

- Focus on people rather than services
- Monitor outcomes rather than performance
- Emphasise strengths rather than deficits or dysfunction
- Educate people who provide services, schools, employers, the media and the public to combat stigma
- Foster collaboration between those who need support and those who support them as an alternative to coercion
- Through enabling and supporting self management, promote autonomy and, as a result decrease the need for people to rely on formal service and professional support.

Recovery is a user-led concept, emphasising hope, optimism and valuing individual aspirations and goals. The Recovery process is initiated and carried out by the person. As such the Trust cannot 'own' or 'implement' recovery, but can provide recovery-oriented services.

The Social Exclusion Unit Report (2004) highlights the experiences of people with mental illness, including unemployment, poor health, premature death, financial consequences and the impact of mental illness on children and families. Promoting social inclusion also links to recovery.

Our Trust values

- We will operate with integrity
- We will treat people with respect
- We provide excellent quality services
- We support our service users to achieve their personal goals for care and recovery
- Our services represent good value
- We respond to, and influence, the requirements of those commissioning our services

Job Summary:

(Team manager to insert specific information here regarding the team and the role the Peer Support Worker will have in that team).

As an integral and highly valued member of the multi-disciplinary team, the PSW will provide formalised peer support and practical assistance to service users in order for them to regain control over their lives and their own unique recovery process.

Through sharing the wisdom from own lived experience, inspire hope and belief that recovery is possible in others. Within a relationship of mutuality, facilitate and support information sharing to promote choice, self-determination and opportunities for the fulfilment of socially valued roles and connection to local communities.

The PSW will take a lead role in embedding recovery values within the service setting in which they work, alongside other Trust Recovery Champions, and act as an ambassador of Recovery for the Trust with external agencies and partner organisations.

The PSW will promote their role, through the provision of information and a range of learning opportunities for the multi-disciplinary team and others across the Trust.

There is an expectation that PSWs will be involved in the ongoing development of peer roles in the Trust including the Peer Support Training Programme and evaluation.

As a core member of the multi-disciplinary team, the PSW will work alongside an agreed number of service users on a 1:1 and/or group basis for at least 60% of their time. They will also have the opportunity to co-work with other colleagues.

Reporting directly to the Team Leader/Ward manager and under the professional supervision of the Peer Support Worker Lead(s), the PSW will be responsible for the delivery of peer support interventions as agreed within the peer relationship and feeding into the CPA process.

KEY RESPONSIBILITIES:

1. To establish a supportive and respectful relationship with service users.
2. Help individuals identify their own achievable and meaningful recovery goals and set recovery objectives, drawing on your mutual resources as peers and utilising a range of recovery tools, techniques and experience.
3. Model personal responsibility, self awareness, self-belief, self advocacy and hopefulness via the telling of own recovery story to inspire and instil confidence in peers.
4. Assist service users in creating a Wellness Recovery Action Plan (WRAP) and advanced directives to feed into the CPA process.
5. Share / teach coping, self-help and self-management techniques within the peer relationship.
6. Support service users to identify and overcome fears and within a relationship of empathy, trust and honesty, challenge negative self-talk.
7. Facilitate access to community groups and networks that enable service users to participate in community activities, in order to maximise opportunities for taking on socially valued roles and positive identity.
8. Accompany service users to appointments/meetings of their choice and perform a range of practical tasks, aligned to recovery goals.
9. Act as a positive role model showing professional and caring attitudes and behaviour towards other multi-disciplinary team members, service users and carers.
10. Have a focus on the rights of service users at all times.
11. Ensure that your peers recovery goals are integrated into the Trusts CPA process and are reviewed on a regular basis, liaising closely with care co-ordinators as necessary.
12. Work in a way that acknowledges the personal, social, cultural and spiritual strengths and needs of the individual.
13. Uses own initiative, personal experience and job related training in deciding on the approach and interventions required when working with a service user in delivering peer support, although supervision is available.

Other responsibilities

14. Attend multi-disciplinary team meetings to promote the use of self-directed recovery tools.
15. Attend clinical review meetings to feed back progress on recovery goals.
16. To raise awareness of recovery language with Trust staff by modelling positive strengths based, non discriminatory, non-jargon, non-medicalised language in all areas of work.
17. Support other members of the multi-disciplinary team in promoting a recovery orientated environment and in identifying recovery focused activities imparting information/education as required.
18. Abide by a PSW Code of Conduct (under development), so that the central focus of your work to inspire recovery is not compromised in any way.

General

1. To maintain up to date knowledge of legislation, national and local policies and issues in relation to both the specific client group and mental health.
2. To comply with the Codes of Conduct and to be aware of changes in these. To maintain an up to date knowledge of all relevant legislation and local policies and procedures implementing this.
3. To ensure that all duties are carried out to the highest standard and in accordance with currently quality initiatives within the work area.
4. To comply with all relevant Trust policies, procedures and guidelines, including those relating to Equal Opportunities, Health and Safety and Confidentiality of Information and to be aware of any changes in these.
5. To attend all relevant mandatory training as and when required to do so.

KSF Dimension	Gateway level	Full level
Communication	2	2
Personal & People Development	1	2
Health, Safety & Security	2	2
Service Improvement	1	1
Quality	1	2
Equality & Diversity	2	2
HWB1 Promotion of Health and Wellbeing	1	1
HWB2 Assessment and Care Planning	1	2
HWB4 Enablement to address Health and Wellbeing needs	1	2
HWB7 Interventions and Treatments	1	2

To be noted:

- This is not an exhaustive list of duties and responsibilities, and the post holder may be required to undertake other duties, which fall within the grade of the job, in discussion with the manager.
- This job description will be reviewed regularly in the light of changing service requirements and any such changes will be discussed with the post holder.
- This post is subject to the Rehabilitation of Offenders Act 1974 (Exemption Order 1975) and as such it will be necessary for a submission for disclosure to be made to the Criminal Records Bureau to check for previous criminal convictions. The Trust is committed to the fair treatment of its staff, potential staff or users in line with its Equal Opportunities Policy and policy statement on the recruitment of ex-offenders.

Post Holder's Name	Signature	Date
Professional Manager	Signature	Date
Senior Manager	Signature	Date

Appendix 1b



Hertfordshire Partnership 
NHS Foundation Trust

JOB DESCRIPTION

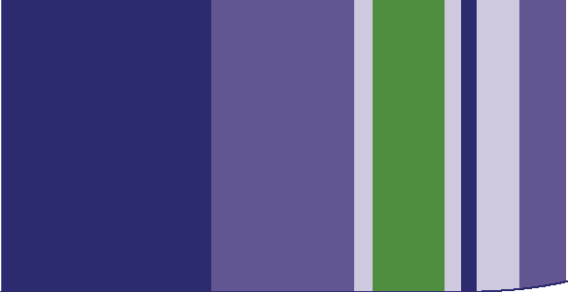
POST TITLE:	Peer Support Worker (PSW)
BAND:	3
HOURS:	As and when
LOCATION:	Within Adults or Older People Pathway Teams – in community settings
REPORTING TO:	Project lead
SUPERVISED BY:	Project lead and professional supervision

Hertfordshire Partnership NHS Foundation Trust (HPFT) has endorsed the concept of recovery as central to the working of the Trust. Recovery is embedded in the vision and values of the Trust.

A recovery-oriented system of care will;

- Focus on people rather than services
- Monitor outcomes rather than performance
- Emphasise strengths rather than deficits or dysfunction
- Educate people who provide services, schools, employers, the media and the public to combat stigma
- Foster collaboration between those who need support and those who support them as an alternative to coercion
- Through enabling and supporting self management, promote autonomy and, as a result decrease the need for people to rely on formal service and professional support.

Recovery is a user-led concept, emphasising hope, optimism and valuing individual aspirations and goals. The Recovery process is initiated and carried out by the person. As such the Trust cannot 'own' or 'implement' recovery, but can provide recovery-oriented services.



The Social Exclusion Unit Report (2004) highlights the experiences of people with mental illness, including unemployment, poor health, premature death, financial consequences and the impact of mental illness on children and families. Promoting social inclusion also links to recovery.

Job Summary:

Peer Support is based on the recognition that there is no better person to support the path towards recovery than someone who has walked the same path as that individual.

The PSW will provide formalised peer support and practical assistance to service users in order for them to regain control over their lives and their own unique recovery process.

Peer Support Workers engage with mental health service users to show empathy, share experience, inspire hope and promote recovery with the aim of assisting service users to gain and maintain independence in the community.

Their role is to focus on the day to day holistic support needs of service users. Self-managed care is essential to this: the supported person is encouraged to assess their own needs and to develop and implement a self management plan.

Peer support is delivered through promoting empowerment and choice and giving the opportunity for the exploration of meaning and purpose.

Reporting directly to the Project Lead under the professional supervision of the Service Development Manager, the PSW will be responsible for the delivery of peer support within mental health services.

Key Responsibilities:

1. To establish a supportive and respectful relationship with service users and/or carers.
2. Help individuals identify their own achievable and meaningful recovery goals and set recovery objectives, drawing on your mutual resources as peers and utilising a range of recovery tools, techniques and experience.
3. Model personal responsibility, self awareness, self-belief, self advocacy and hopefulness via the telling of own recovery story to inspire and instil confidence in peers.
4. Assist service users in creating a Wellness Recovery Action Plan (WRAP) and advanced directives to feed into the CPA process.
5. Share / teach coping, self-help and self-management techniques within the peer relationship.
6. Support service users to identify and overcome fears and within a relationship of empathy, trust and honesty, challenge negative self-talk.
7. Facilitate access to community groups and networks that enable service users and /or carers to participate in community activities, in order to maximise opportunities for taking on socially valued roles and positive identity.
8. Accompany service users and/or carers to appointments/meetings of their choice and perform a range of practical tasks, aligned to recovery goals.
9. Act as a positive role model showing professional and caring attitudes and behaviour towards other multi-disciplinary team members, service users and/or carers.

10. Have a focus on the rights of service users and/or carers at all times.
11. Ensure that your peers recovery goals are integrated into the Trusts CPA process and are reviewed on a regular basis, liaising closely with care co-ordinators as necessary.
12. Work in a way that acknowledges the personal, social, cultural and spiritual strengths and needs of the individual.
13. Uses own initiative, personal experience and job related training in deciding on the approach and interventions required when working with a service user and/or carer in delivering peer support, although supervision is available.

General

1. To maintain up to date knowledge of legislation, national and local policies and issues in relation to both the specific client group and mental health.
2. To comply with the Codes of Conduct and to be aware of changes in these. To maintain an up to date knowledge of all relevant legislation and local policies and procedures implementing this.
3. To ensure that all duties are carried out to the highest standard and in accordance with currently quality initiatives within the work area.
4. To comply with all relevant Trust policies, procedures and guidelines, including those relating to Equal Opportunities, Health and Safety and Confidentiality of Information and to be aware of any changes in these.
5. To attend all relevant mandatory training as and when required to do so.

Additional Information:

Knowledge and Skills Framework:

The post holder will be expected to meet the requirements of the NHS Knowledge and Skills Framework (KSF) appropriate outline for the post.

Approved outlines are available on the HPT e-ksf local library

Health and Safety

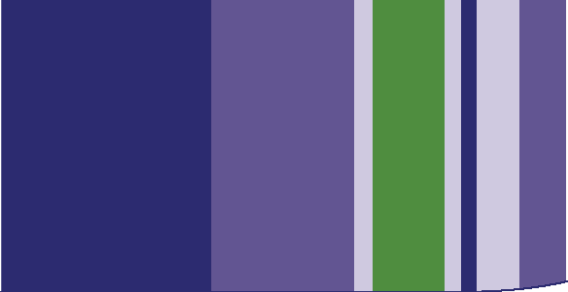
The post holder has a duty of care to themselves and to others with whom they come into contact in the course of their work as laid down in the Health and Safety at Work Act 1974 and any subsequent amendment or legislation.

Infection Control

All Trust staff will:

Act as a role model and champion for the highest standard of all aspects of infection prevention and control and implementation of all Infection Prevention and Control Trust policies and guidelines.

Demonstrate respect for the roles and endeavours of others, in implementing good standards of hand hygiene.



Value and recognise the ideas and contributions of colleagues in their endeavours to reduce the incidence of healthcare associated infection.

Equality and Diversity

Hertfordshire Partnership Trust is committed to providing an environment where all staff, service users and carers enjoy equality of opportunity.

The Trust works to eliminate all forms of discrimination and recognise that this requires, not only a commitment to remove discrimination, but also action through positive policies to redress inequalities.

Providing equality of opportunity means understanding and appreciating the diversity of our staff, service users & carers and ensuring a supportive environment free from harassment. Because of this Hertfordshire Partnership Trust actively encourages its staff to challenge discrimination and promote equality of opportunity for all.

Confidentiality

All staff must be aware of the Data Protection Act 1984, and its subsequent amendments, which is now in force. This means that protection of data about individuals is a requirement of the law and if any employee is found to have permitted unauthorised disclosure, the Trust and the individual may be prosecuted.

Standards of Business Conduct and Conflicts of Interest

The Trust has adopted a Standards of Conduct Policy, which reflects NHS Management Executive Guidelines. It is the responsibility of staff to ensure that they do not abuse their official position for personal gain or seek to advantage or further private business or other interests in the course of their official duties. Staff should be informing their line manager if they are working for any other organisation to ensure that this Trust complies with the Working Time Regulations.

Information and Records Management

The post holder must be competent in using IT and have the relevant skills to carry out the activities required for the post.

To comply with the Data Protection Act 1998, Freedom of Information Act 2000 and Department of Health Code of Confidentiality in line with Trust procedures.

To adhere to the Trust's policies on records management including creation, use, storing and retention and disposal of records.

Adhere to the Trust's Corporate Identity (using the standard templates – available on www.hpt.nhs.uk).

Safeguarding Adults and Children

The Trust is committed to ensuring adults and children are protected and come to no harm from abuse. All employees have a responsibility to be aware of national and local policies, their individual responsibilities with regards to the protection and safeguarding of both adults and children, and must adhere to them at all times.

Organisational Change

As services develop and change, the post holder may be required to undertake other responsibilities within the Trust.

Review:

This job description is an outline, which reflects the present requirements of the post and is not intended to be an inflexible or finite list of duties and responsibilities. As these duties and responsibilities change and develop the job description will be amended from time to time in consultation with the post holder.

This post is subject to the Rehabilitation of Offenders Act 1974 (Exemption Order 1975) and as such it will be necessary for a submission for disclosure to be made to the Criminal Records Bureau to check for previous criminal convictions. The Trust is committed to the fair treatment of its staff, potential staff or users in line with its Equal Opportunities Policy and policy statement on the recruitment of ex-offenders.

Appendix 1c

Nottinghamshire Healthcare

NHS Trust

JOB DESCRIPTION

For Personnel use only

Job reference number :

Job Title: Peer Support Worker (PSW)

Reports to (post title): Ward Manager / Team Leader

Role Purpose: The role of peer support worker has been developed specifically for people who have lived experience of mental distress. Through sharing wisdom from their own experiences, Peer Support Workers will inspire hope and belief that recovery is possible in others.

As an integral and highly valued member of the multi-disciplinary team, the PSW will provide formalised peer support and practical assistance to service users in order for them to regain control over their lives and their own unique recovery process. Within a relationship of mutuality and information sharing, they will promote choice, self-determination and opportunities for the fulfilment of socially valued roles and connection to local communities.

The PSW will act as a recovery champion within the team and an ambassador of recovery for the Trust with external agencies and partner organisations. There is also an expectation that PSWs will be involved in the ongoing development of peer roles in the Trust including the Peer Support Training Programme and evaluation.

Role Context: The postholder will be required to work as part of a multidisciplinary team.

KEY ACCOUNTABILITIES

Working Practice

To establish supportive and respectful relationships with people using mental health services.

To help people identify their own Recovery goals

To support service users to identify and overcome fears within a relationship of empathy and Trust

To share ideas about ways of achieving Recovery goals, drawing on personal experiences and a range of coping, self help and self management techniques

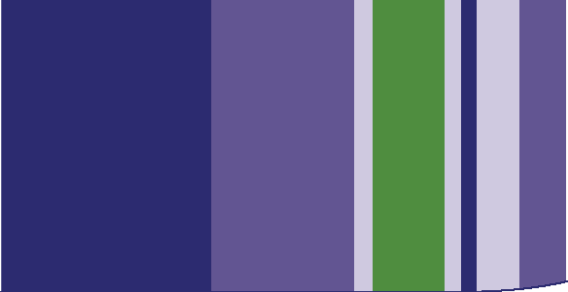
To assist others to create their own Recovery plans and develop advance directives

PERFORMANCE MEASURES

Appropriate professional standards are met.

Recovery benchmarking will demonstrate improvements.

<p>To model personal responsibility, self awareness, self belief, self advocacy and hopefulness</p> <p>To sign-post to various resources, opportunities and activities within the Trust and in communities to promote choice and informed decision making</p> <p>To accompany service users to appointments/meetings/activities of their choice and performing a range of practical tasks, aligned to recovery goals</p> <p>To raise awareness of recovery language among Trust staff by modelling positive, strengths based, non-discriminatory, non-jargon, non-medicalised language in all areas of work</p> <p>To support the team in promoting a recovery orientated environment by identifying recovery focused activities and imparting information and education as required</p> <p>Be actively involved in the continued development of the PSW training programme and in the ongoing evaluation of the PSW role</p> <p>To abide by the PSW Code of Conduct, so that the central focus of work, inspiring recovery, is not compromised in any way</p> <p>To act as an ambassador for the Trust with external agencies and partner organisations</p> <p>To undertake any other duties which may reasonably be regarded as within the nature of the duties and responsibilities/grade of the post as defined, subject to the proviso that normally any changes of a permanent nature shall be incorporated into the job description in specific terms</p>	
<p>Education and Development</p> <p>Attend and complete agreed induction programme</p> <p>If not completed to attend the Trusts Peer Support Worker Training Programme</p> <p>To identify personal developmental needs in conjunction with Line Manager and Recovery focused supervision</p> <p>Work to standards which equate to NVQ Level 3 Care Standards, undertaking further training as necessary</p> <p>To participate in mandatory training as required</p>	<p>Personal development and training targets are met.</p> <p>Participation in Personal Development Appraisals.</p>



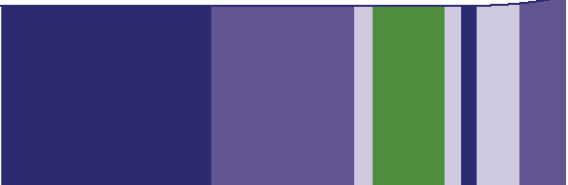
<p>Participate in regular supervision including recovery focused supervision</p> <p>Maintain a working knowledge of current trends in mental health, recovery and peer support by reading books, journals and accessing peer support networks</p>	
<p>Health and Safety</p> <p>To work within Health and Safety Policies in accordance with Nottinghamshire Healthcare NHS Trust, Nottinghamshire Social Services Department, Nottingham City Social Services Department, as applicable</p>	<p>Health and Safety Practices are adhered to.</p>
<p>Policies and Procedures</p> <p>The duties and responsibilities of the post will be undertaken in accordance with the Policies and Procedures of Nottinghamshire Healthcare NHS Trust and Nottinghamshire Social Services Department, Nottingham City Social Services Department as applicable.</p>	<p>Policies and Procedures are adhered to.</p>
<p>Risk</p> <p>To assist in risk assessments with multi-disciplinary staff, highlighting any changes in service users presentation relevant to their safety plan and feedback accordingly.</p>	<p>Risk Assessments and safety plans are implemented efficiently and effectively.</p>

DIMENSIONS

As a core member of the multi-disciplinary team, the PSW will work alongside an agreed number of service users on a 1:1 and/or group basis. The PSW will take a lead role in embedding recovery values within the service setting in which they work with other Trust recovery champions. Reporting directly to the Team Leader/Ward manager and under the professional supervision of the Peer Support Worker Lead, the PSW will be responsible for the delivery of peer support interventions as agreed within the peer relationship.

SKILLS, KNOWLEDGE AND EXPERIENCE

- To have lived experience of mental health problems
- To have experience of recovering a meaningful life
- To have experience of being in a supportive and enabling role
- To be computer literate in Microsoft office
- Ability to share personal story of recovery in a professional manner
- Ability to assist people to develop recovery plans
- Ability and willingness to reflect on work practice and be open to constructive feedback



Ability to work in an enabling and creative way

Willingness to support people with a range of needs to meet their recovery goals

Ability to manage stress and to plan and prioritise workload

Ability to carry out practical tasks

Ability to maintain a healthy home/work life balance

High level of self-awareness – ability to critically appraise own performance

Critical thinker

Understanding and practical knowledge of recovery

Understanding of the issues and concerns of mental health service users

Knowledge and commitment to service users rights

Understanding of the impact of stigma and discrimination

Knowledge of Mental Health Legislation

Knowledge of local policies in respect of safeguarding children and the protection of vulnerable adults

Able to organise and plan own work activities

NVQ 3 or equivalent level of knowledge training and experience

COMMUNICATION AND RELATIONSHIP SKILLS

Excellent written, verbal and non-verbal communication skills.

To communicate effectively with a range of service users, carers, professionals and agencies

Receiving highly complex and sensitive information. Persuasive and reassurance skills required

Ability to develop and maintain sound working relationships with all members of the multi-disciplinary teams

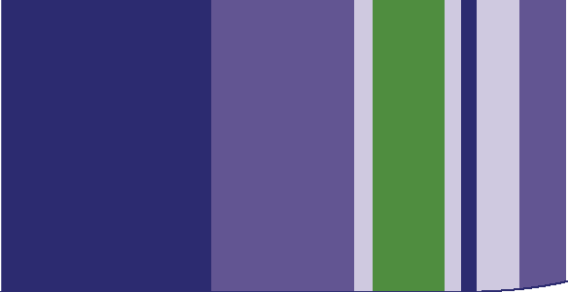
To be aware of professional roles within the therapeutic relationship

Willingness to use the Trust IT systems

Professional in appearance and behaviour

Able to manage conflict and to help others to do so

Good team-working skills



PHYSICAL EFFORT

In frequent requirement for movement and handling of service users and objects. May need to travel within service area, as required. Use of breakaway techniques may be required.

EMOTIONAL EFFORT

The role is emotionally demanding due to the nature of distress experienced by service users and the workers own lived experience

Issues may be encountered which may be emotionally distressing for the workers involved

WORKING CONDITIONS

Frequent exposure to potentially aggressive behaviour from patients, carers and relatives, and occasional actual aggression from patients.

The postholder will occasionally become exposed to communicable diseases

The postholder will occasionally come into contact with body fluids and foul linen.

ORGANISATION

Executive Director-Adult Mental Health

General Manager

Service Manager

Modern Matron

Ward Manager

Clinical Team Leader

Staff Nurse

This Post

SIGNATURES

After reviewing the questionnaire please sign to confirm agreement

Post holder:

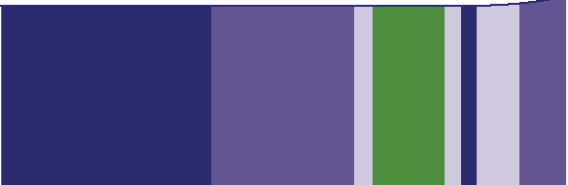
Date:

Line Manager:

Date:

Next level Manager :

Date:



Appendix 1d



DORSET MENTAL HEALTH FORUM Job Description

Peer Specialist 'Expert by Experience'

Purpose of the Post:

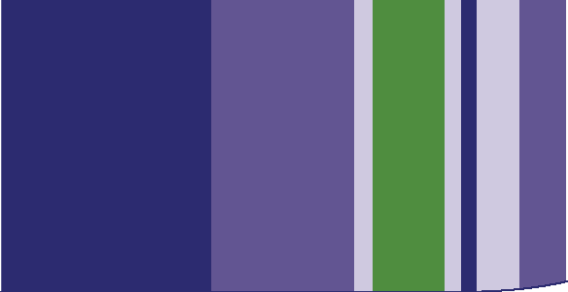
To improve the lives of people with mental health issues and their carers by:

- Promoting Wellbeing and Recovery to peers, staff and the general public, from a lived experience perspective.
- Modelling Recovery to other people with lived experience of mental health problems and to staff in mental health services.
- Supporting the Forum's Peer Representatives in their roles.
- Collecting and representing the views of people with lived experience.
- Assisting the Forum in achieving the outcomes and milestones which form the basis of the Forum's agreement with the Big Lottery Fund.
- Promoting the Forum's philosophy and practice of involvement of people with lived experience.

Possible Areas of Work for Peer Specialist:

(This is not an exhaustive list but is intended to give some examples of possible areas of work):

- Liaising and consulting with Peer Representatives and other people with lived experience, who may or may not access services in local areas.
- Representing the views of people with lived experience at local meetings.
- Representing the Forum and the views of people with lived experience in a variety of settings in local areas.
- Assisting in the development of peer led groups in the community.

- 
- Raising awareness of mental health issues in a variety of settings.
 - Assisting in the recruitment and training of mental health staff in the statutory and voluntary sectors.
 - Establishing good working relationships with Peer Representatives and mental health staff in local areas.
 - Representing the Forum at relevant conferences and local and regional events.
 - Assisting in delivering Psycho-Educational Courses with primary care mental health staff.
 - Working within statutory mental health services (e.g. Community Resource Teams) to promote and model the Recovery approach to people accessing the service and to staff members. Acting as culture carriers.

General:

- You will be required to fulfil your role by fully implementing and supporting the Dorset Mental Health Forum Policy and Procedures.
- Be aware of and act in accordance with the provisions of the Data Protection Act 1998.
- Undertake Induction and Training as required and later as identified in role.

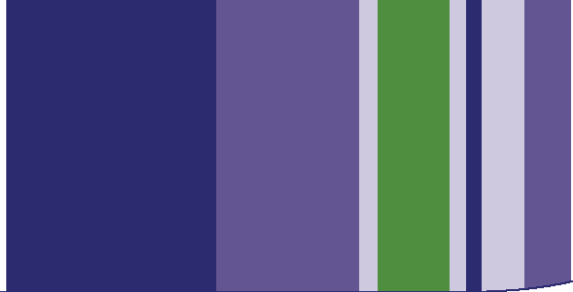
Appendix 2a

Nottinghamshire Healthcare

NHS Trust

EMPLOYEE SPECIFICATION FOR THE POST OF BAND 3 PEER SUPPORT WORKER

Attribute	Essential	Weight	Desirable	Weight	How Identified
Physical Characteristics	Good health record				
Qualifications/ Professional	<p>Good level of secondary education</p> <p>Completion or willingness to complete the Accredited Peer Support Worker Training</p> <p>Completion of own Wellness Recovery Action Plan (WRAP)</p>	10	<p>Level of educational attainment to NVQ 3/AS Level or equivalent</p> <p>Mental Health related qualification ie. Certificate in Community Mental Health or equivalent</p> <p>Willingness to undertake further training in line with the development of peer support</p>	8	Application Form
Experience	<p>Lived experience of mental health problems</p> <p>Experience of recovering a meaningful life</p> <p>Experience of being in a supportive and enabling role</p> <p>Independent living</p>	10	<p>Psychiatric hospital admission</p> <p>Experience of working in the public sector</p> <p>Experience of working in a team</p> <p>Experience of training, teaching, coaching / mentoring others</p> <p>Experience of using a range of self-management or recovery tools and techniques</p> <p>Experience of working across different organisational boundaries</p>	8	<p>Application Form</p> <p>Interview</p>



Attribute	Essential	Weight	Desirable	Weight	How Identified
Aptitudes / Skills	<p>Excellent written, verbal and non-verbal communication skills.</p> <p>Willingness to use the Trust IT systems</p> <p>Able to relate to a wide range of people</p> <p>Professional in appearance and behaviour</p> <p>Able to manage conflict and to help others to do so</p> <p>Ability to maintain a healthy home/work life balance</p> <p>High level of self-awareness – ability to critically appraise own performance</p> <p>Ability to demonstrate critical thinking</p> <p>Good team-working skills</p> <p>Ability to share personal story of recovery in a professional manner</p> <p>Ability to assist people to develop recovery plans</p> <p>Ability and willingness to reflect on work practice and be open to constructive feedback</p> <p>Ability to work in an enabling and creative way</p> <p>Willingness to support people with a range of needs to meet their recovery goals</p>	10	<p>Computer literate in Microsoft office</p> <p>Presentation skills</p>		<p>Application Form</p> <p>Interview</p>



	<p>Ability to manage stress and to plan and prioritise workload</p> <p>Ability to carry out practical tasks</p>				
Dispositional Attributes	<p>Range of life experiences</p> <p>Good team worker</p> <p>Ability to use initiative</p> <p>Reliable</p> <p>Flexible</p> <p>Resourceful</p> <p>Good organisational skills including time management</p> <p>Supportive to other colleagues</p> <p>Able to demonstrate a patient, non-judgmental, respectful and compassionate attitude</p>	10			Interview
Contractual Requirements	<p>Must be able to travel to a range of locations by own or by public transport</p>	10			Application Form Interview

This specification has been prepared in accordance with the Trust's Equal Opportunities Policy.

Specification prepared by Tracey Taylor

Designation.

Recovery Team Manager

Date: 12th February 2010

Appendix 2b



Hertfordshire Partnership **NHS**
NHS Foundation Trust

PERSON SPECIFICATION

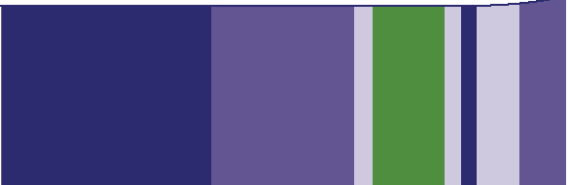
Organisation	HPFT
Post:	Peer Support Worker
Band	3
Department:	Self Directed Support Team

	Essential Criteria	Desirable Criteria
Education / Qualifications	<p>Good level of secondary education to GCSE level</p> <p>Level of educational attainment to NVQ 3 / AS Level or equivalent</p> <p>Evidence of working towards or completion of the Accredited</p> <p>Peer Support Worker Training</p> <p>Completion of own Wellness Recovery Action Plan (WRAP) or whole life plan</p>	<p>Related Health or Social Care qualification</p> <p>Willingness to undertake further training in line with the development of peer support</p>
Experience	<p>Lived experience of mental health problems or a carer of a person with mental health problems</p> <p>Wide range of life experiences to bring an enabling and positive view of opportunities for others.</p> <p>Experience of being in a supportive and enabling role</p>	<p>Psychiatric hospital admission</p> <p>Experience of working across different organisational boundaries</p>

	<p>Experience of working in a team or a group environment</p> <p>Experience of using a range of self-management or recovery tools and techniques</p>	
Skills / Abilities / Attributes	<p>Excellent written, verbal and non-verbal communication skills.</p> <p>Computer literate</p> <p>Willingness to learn the Trust's IT systems</p> <p>Able to relate to a wide range of people</p> <p>Professional in appearance and behaviour</p> <p>Able to manage conflict and to help others to do so</p> <p>Ability to maintain a healthy home/work life balance</p> <p>High level of self-awareness – ability to critically appraise own performance</p> <p>Critical thinker</p> <p>Ability to share personal story of recovery in a professional manner</p> <p>Ability to assist people to develop recovery plans</p> <p>Ability and willingness to reflect on work practice and be open to constructive feedback</p> <p>Ability to work in an enabling and creative way</p> <p>Willingness to support people with a range of needs to meet their recovery goals</p> <p>Ability to manage stress and to plan and prioritise workload</p> <p>Ability to carry out practical tasks</p>	<p>Presentation skills</p> <p>Computer literate in software applications such as Microsoft Word, Excel, Internet Explorer, Outlook Express etc</p>



<p>Knowledge / Understanding</p>	<p>Understanding and practical knowledge of recovery</p> <p>Understanding of the issues and concerns of mental health service users and carers</p> <p>Knowledge and commitment to service users rights</p> <p>Understanding of the impact of stigma and discrimination</p> <p>Knowledge of Mental Health Legislation</p>	<p>Appreciation of the community resources within the geographical location of the post and key partners</p> <p>knowledge of Trust Policies and procedures</p> <p>Understanding of the service delivery goals of the care pathway</p> <p>Knowledge of local policies in respect of safeguarding children and the protection of vulnerable adults</p>
<p>Personal Qualities</p>	<p>Emotional Maturity/ range of life experience</p> <p>Flexibility and Reliability</p> <p>Sense of humour</p> <p>Energy/drive, enthusiasm and tenacity</p> <p>Patient, Non-judgmental, Respectful and Compassionate</p>	
<p>Other Requirements</p>	<p>Must be able to travel to a range of locations</p> <p>Ability to transport / accompany peers to appropriate appointments</p> <p>A willingness to work flexibly through prior arrangement as the needs of the job dictate including unsocial hours and weekends</p>	



Appendix 2c

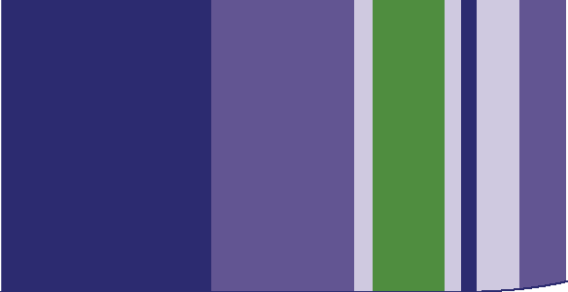
Cambridgeshire and Peterborough

NHS Foundation Trust

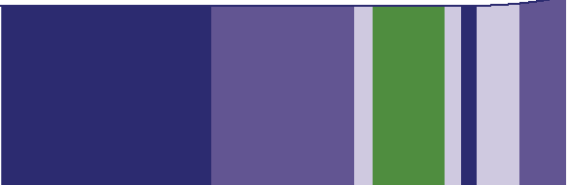
PERSON SPECIFICATION

Organisation	CPFT
Post:	Peer Support Worker
Band	3
Department:	Adult or Older Peoples Care Pathway

	Essential Criteria	Desirable Criteria
Education/ Qualifications	<p>Good level of secondary education to GCSE level</p> <p>Level of educational attainment to NVQ 3 / AS Level or equivalent</p> <p>Completion of the Accredited Peer Support Worker Training</p> <p>Completion of own Wellness Recovery Action Plan (WRAP) or whole life plan</p>	<p>Related Health or Social Care qualification</p> <p>Willingness to undertake further training in line with the development of peer support</p>
Experience	<p>Lived experience of mental health problems</p> <p>Wide range of life experiences to bring an enabling and positive view of opportunities for others.</p> <p>Experience of being in a supportive and enabling role</p> <p>Experience of working in a team or a group environment</p> <p>Experience of using a range of self-management or recovery tools and techniques</p>	<p>Psychiatric hospital admission</p> <p>Experience of working in the public sector</p> <p>Experience of training, teaching, coaching/mentoring others</p> <p>Experience of working across different organisational boundaries</p>



<p>Skills / Abilities / Attributes</p>	<p>Excellent written, verbal and non-verbal communication skills.</p> <p>Computer literate</p> <p>Willingness to learn the Trust's IT systems</p> <p>Able to relate to a wide range of people</p> <p>Professional in appearance and behaviour</p> <p>Able to manage conflict and to help others to do so</p> <p>Ability to maintain a healthy home/work life balance</p> <p>High level of self-awareness – ability to critically appraise own performance</p> <p>Critical thinker</p> <p>Ability to share personal story of recovery in a professional manner</p> <p>Ability to assist people to develop recovery plans</p> <p>Ability and willingness to reflect on work practice and be open to constructive feedback</p> <p>Ability to work in an enabling and creative way</p> <p>Willingness to support people with a range of needs to meet their recovery goals</p> <p>Ability to manage stress and to plan and prioritise workload</p> <p>Ability to carry out practical tasks</p>	<p>Presentation skills</p> <p>Computer literate in software applications such as Microsoft Word, Excel, Internet Explorer, Outlook Express etc</p>
<p>Knowledge / Understanding</p>	<p>Understanding and practical knowledge of recovery</p> <p>Understanding of the issues and concerns of mental health service users</p> <p>Knowledge and commitment to service users rights</p>	<p>Appreciation of the community resources within the geographical location of the post and key partners</p> <p>Understanding of CPA and the role of care co-ordinator and knowledge of Trust Policies and procedures</p> <p>Understanding of the service delivery goals of the care pathway</p>



	<p>Understanding of the impact of stigma and discrimination</p> <p>Knowledge of Mental Health Legislation</p>	<p>Knowledge of local policies in respect of safeguarding children and the protection of vulnerable adults</p>
Personal Qualities	<p>Emotional Maturity/ range of life experience</p> <p>Flexibility and Reliability</p> <p>Sense of humour</p> <p>Energy/drive, enthusiasm and tenacity</p> <p>Patient, Non-judgmental, Respectful and Compassionate</p>	
Other Requirements	<p>Must be able to travel to a range of locations</p> <p>Ability to transport / accompany peers to appropriate appointments</p> <p>A willingness to work flexibly through prior arrangement as the needs of the job dictate including unsocial hours and weekends</p>	

Appendix 2d

DORSET MENTAL HEALTH FORUM

Person Specification

Peer Specialist

'Expert by Experience'

Essential Criteria for Peer Specialist:

- Direct personal experience ("lived experience") of mental health problems.
- Awareness of mental health issues and mental health services.
- A clear understanding of the day-to-day issues affecting people with lived experience of mental health problems.
- An understanding and awareness of Wellbeing and Recovery principles and how to manage and support your own mental health.
- Willingness to take part in Recovery and Self-Management training within the Forum, for oneself and with an aim of then training and supporting Peer Representatives and other people with lived experience.
- Good communication / interpersonal skills.

Desirable Criteria for Peer Specialist:

Please note that although experience in these areas would be an advantage, training will be provided and available through the Forum.

- Some information technology skills.
- Knowledge of the infrastructure of mental health commissioners and mental health service providers in the local area.
- Ability to prepare and present reports.
- Full driving licence and own transport.
- Ability to work alone with access to day-to-day supervision.
- Ability to organise own work schedule.
- Some knowledge of regional and national organisations involved in mental health.
- Ability to read and summarise detailed information in preparation for meetings and in order to disseminate to others if required.
- Some experience in delivering training to a variety of people and settings.
- Knowledge of Mental health legislation.
- Knowledge of Government policies that relate to mental health service delivery.

Dorset Mental Health Forum wishes to encourage applications from people with disabilities. Where the Person Specification calls for particular qualifications or experience, we will consider waiving these requirements if an applicant who could not achieve them because of a disability can demonstrate he/she would be capable of performing well in the job and fulfils the criteria in other respects.

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