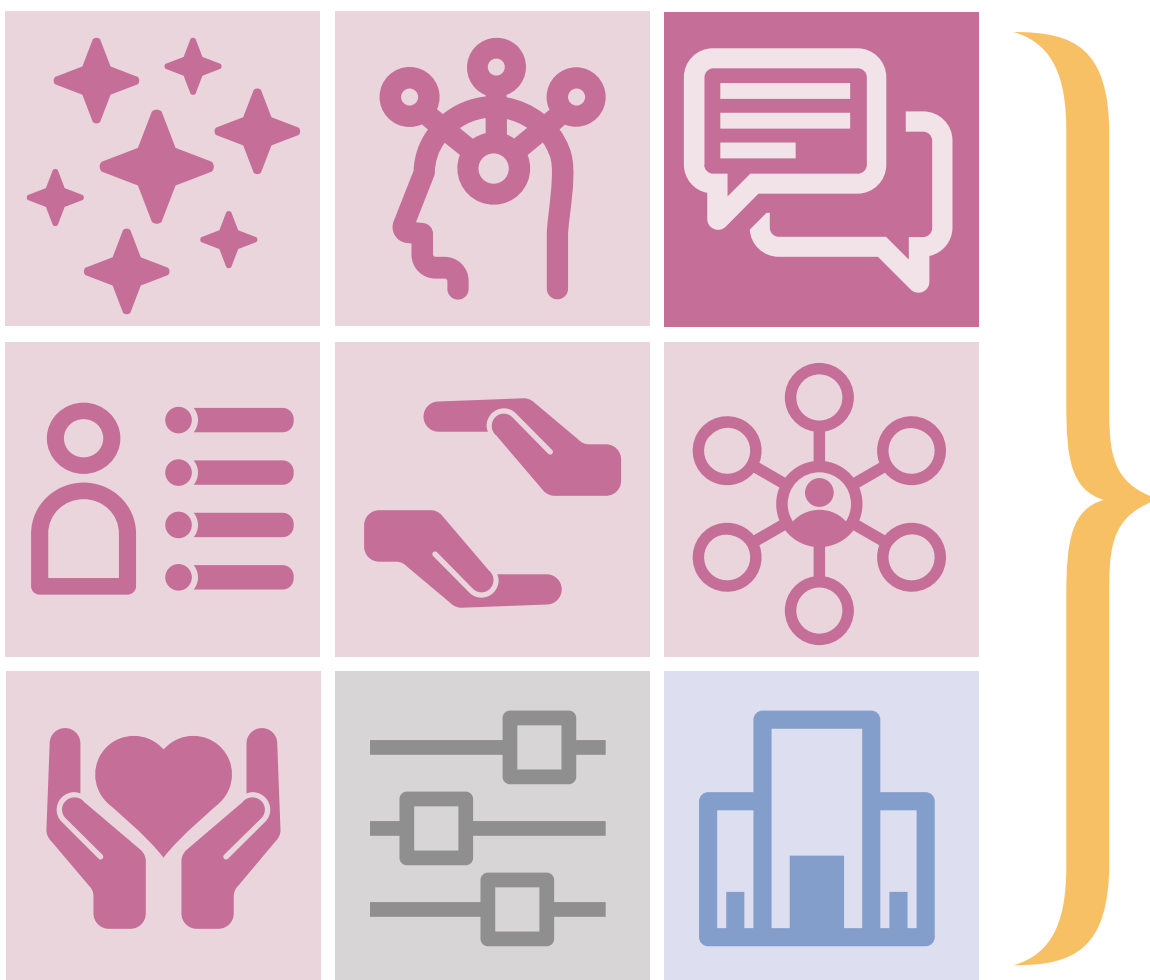


# The Competence Framework for Mental Health Peer Support Workers



## Part 2: Full listing of the competences

Developed by:

- National Collaborating Centre for Mental Health
- UCLPartners
- Care City
- Health Education England
- PPL Consulting

# Contents

	<b>About the documents</b>	<b>3</b>
	<b>Competence map</b>	<b>4</b>
<b>1.</b>	<b>Understanding the values of peer support and the principles that underpin its implementation</b>	<b>5</b>
1.1.	Values of peer support workers	5
1.2.	Principles of peer support	6
<b>2.</b>	<b>Knowledge for peer support workers</b>	<b>7</b>
2.1.	Knowledge of mental health and associated difficulties	7
2.2.	Knowledge of trauma-informed care	9
2.3.	Knowledge of local services and sources of mental health care	10
2.4.	Knowledge of professional, legal and ethical frameworks	10
2.5.	Knowledge of, and ability to work with, issues of confidentiality, consent and information sharing	11
2.6.	Knowledge of safeguarding procedures	13
2.7.	Knowledge of self-harm and suicide prevention, and procedures for maintaining safety	14
<b>3.</b>	<b>Core relational skills</b>	<b>15</b>
3.1.	Understanding of recovery-focused and person-centred approaches	15
3.2.	Able to draw on and share lived experience	16
3.3.	Able to develop and maintain a mutual and reciprocal peer relationship	17
3.4.	Able to engage and support families and carers	20
3.5.	Able to use active listening and communication skills in a peer relationship	21
3.6.	Able to work with difference	23

<b>4.</b>	<b>Supporting people as a peer support worker</b>	<b>26</b>
4.1.	Able to support people in their personal recovery	26
4.2.	Able to help people engage in activities that are meaningful to them	27
4.3.	Able to help people develop coping and problem-solving skills	28
4.4.	Able to collaboratively discuss care and support options	29
4.5.	Able to contribute to co-production of individual care and recovery plans	29
4.6.	Able to facilitate access to care and sources of support	30
4.7.	Able to support transitions in care	32
 <b>5.</b>	<b>Working with teams and promoting people's rights</b>	<b>33</b>
5.1.	Able to work as part of a team	33
5.2.	Able to work with other organisations and services	35
5.3.	Able to offer a personalised recovery perspective	36
5.4.	Able to promote the rights of people being supported	37
<b>6.</b>	<b>Self-care and support</b>	<b>38</b>
6.1.	Ability for PSWs to reflect on their work	38
6.2.	Able to make effective use of supervision	39
<b>7.</b>	<b>Meta-competences for peer support workers</b>	<b>41</b>
<b>8.</b>	<b>Optional skills: Using psychological approaches to support personal recovery</b>	<b>43</b>
8.1.	Able to help people to make use of psychological approaches to support their recovery	43
8.2.	Able to work with people in groups	44
8.3.	Able to support people's use of digital interventions	45
<b>9.</b>	<b>Competences for organisations supporting the peer support worker role</b>	<b>46</b>
9.1.	Ability to assure appropriate recruitment and support of peer support workers	46
9.2.	Ability to organise work-based supervision of peer support workers	49



# About the documents

**Part 1** of The Competence Framework for Mental Health Peer Support Workers (referred to as the Competence Framework for MH PSWs) is the **supporting document**, which contains important background information and discussion and is intended to be read before using the **competence framework (Part 2)**. **Part 3** is the **curriculum**, which is closely aligned to the competence framework. All three documents, including an online version of the competence framework, can be accessed on the [UCL website](#).

On the next page, the map of the Competence Framework for MH PSWs shows the nine domains of peer support work:

1. Understanding the values of peer support and the principles that underpin them
2. Knowledge for peer support workers
3. Core relational skills
4. Supporting people as a peer support worker
5. Working with teams and promoting people's rights
6. Self-care and support
7. Meta-competences for peer support workers
8. Optional skills: Using psychological approaches to support personal recovery
9. Competences for organisations supporting the peer worker role.

You can click on each domain or subdomain to take you to that page in this document. On the left margin of each page, there is a sidebar that can be used to navigate the document. It has links to each domain via the icons and a 'home' button to return to the map. When you click on an icon in the sidebar to go a particular domain, its subdomains are revealed in a drop-down list



These icons appears at the bottom of each page in Parts 1 and 2, to allow you to move forwards or backwards one page.

You'll see this icon when a topic of a domain in the competence framework is discussed in the supporting document; it can be clicked to take you to the supporting document web page. You'll also see it in the supporting document, linking to resources that are available online.

# Competence map

1. Understanding the values of peer support and the principles that underpin them

2. Knowledge for peer support workers

3. Core relational skills

4. Supporting people as a peer support worker

5. Working with teams and promoting people's rights

7. Meta-competences

8. Optional skills: Using psychological approaches to support recovery



6. Self-care and support

8.3. Able to support people's use of digital interventions

9. Competences for organisations supporting the peer worker role

1.

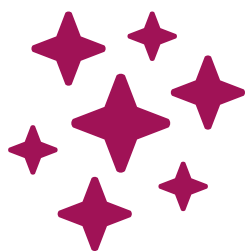
1.1.

1.2.

2.

3.

4.



# 1. Understanding the values of peer support and the principles that underpin them

5.

At the core of peer support is the value placed on the use of lived experience of mental health difficulties (including the experience of caring for someone with experience of mental health difficulties) and seeing this as a form of expertise.

6.

This means that the areas of knowledge described in this section are rooted in a PSW's experience and outlook, rather than from formal academic knowledge or training, and that they are applicable to all of the other sections.

7.

8.

See Supporting Document, Section 4

9.

- An ability to understand and implement the peer support role in a way that is in line with the values and principles of peer support

## 1.1. Values of peer support workers

- An ability to understand the values that underpin peer support and how they shape the ways in which PSWs work with and support people
- An ability to understand that the peer support role is rooted in working alongside the person to develop an **equal and trusting relationship**, characterised by:
  - **respect** – being non-judgemental and not making assumptions about or pathologising the person's experiences or beliefs
  - **reciprocity** – a willingness to give and receive support, and learn from difference, with both parties sharing their experiences and benefitting from this
  - **mutuality** – a non-hierarchical relationship that is of equal value to both parties, and is based on shared experience of service use and recovery
- An ability to draw on knowledge that peer support is:
  - **non-directive** – helping the person find solutions that work for them (rather than suggesting solutions)
  - **strengths-based** – focusing on and building a person's strengths and their ability to make use of the resources available to them
  - **recovery-focused** – creating hope and building autonomy, empowering the person who is being supported to define, lead and own their recovery, and enabling them to identify and work towards their life goals within their communities

1.

## 1.2. Principles of peer support

- 1.1.
- 1.2.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- An ability to draw on experiential knowledge that peer support is based on the following principles:
    - **building safe and trusting relationships** based on sharing lived experience of mental health difficulties and services, and using this to develop connections
    - ensuring that relationships are built on the values of **mutuality** and **reciprocity**
    - respecting the **diversity** of each person's experience, and their particular background or cultural context
    - recognising and placing value on peers' personal **experiential knowledge** which can complement, or provide alternatives to, present models of mental health (for example, medical or psychological models)
    - enabling people who are supported to **exercise choice** about the way in which peer support is given and received, both directly and at an organisational level (influencing the ways in which peer support is integrated with and offered through teams)
    - enabling people who are supported to make use of their own **strengths, skills and strategies**
    - **working progressively** to help people learn from their experience and better equip themselves for living well
    - understanding and recognising the **communities** that people come from, the communities they choose to be a part of, and the ways in which these have and will shape their experiences
    - **working inclusively** by helping people to become (re)integrated into their communities or to overcome the challenges they may face around this, by building and strengthening **connections** with their families, friends, support networks and wider communities

1.

2.

2.1.

2.2.

2.3.

2.4.

2.5.

2.6.

2.7.

3.

4.

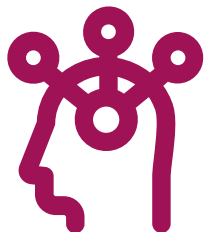
5.

6.

7.

8.

9.



## 2. Knowledge for peer support workers

### 2.1. Knowledge of mental health and associated difficulties

Peer support workers (PSWs) use personal recovery, person-centred and values-based approaches that do not focus on diagnoses or diagnostic classifications used by mental health professionals. However, it is helpful for them to have a working knowledge of these systems, to help them understand and work with people in the culture and context in which they are located.

#### Knowledge of mental health difficulties

- An ability to draw on a working knowledge of the mental health difficulties that people they will be working with could experience, and that:
  - mental health difficulties can affect people of any age, class, ethnicity, religion or income
  - there are multiple causes of mental health difficulties and these differ from person to person
    - the multiple causes may not be obvious or clearly known
  - mental health may change or present itself differently across a person's lifespan

---

- An ability to draw on a working knowledge of the impact and effects of trauma on a person's mental health
- An ability to draw on a working knowledge of the relevance of social disadvantage and adversity (and the absence of a valued role in society) on a person's mental health

---

- An ability to draw on knowledge of factors that promote wellbeing and emotional strength (for example, being involved in the community, being in employment or undertaking voluntary work, having better social support)

---

- An ability to draw on a working knowledge of the importance of families, carers and social networks in relation to mental health difficulties

---

- An ability to draw on a working knowledge of how people may experience a mental health crisis, holding in mind that such events:
  - are self-defined, so how they present will vary from person to person
  - can be a response to traumatic or difficult experiences
  - may reflect the person's sense that they are 'out of their depth'
  - are often characterised by the person seeking urgent help

1.  An ability to draw on a working knowledge of mental health diagnoses, with the aim of:
  - 2.  understanding how diagnosis is used within the mental health system (even while/if the PSW takes a critical perspective on its use and meaning)
  - 2.1.  helping people (who wish to do so) to understand their diagnosis and its meaning for them
  - 2.2.  helping the person to ask questions or discuss their diagnosis (when relevant) with mental health professionals
  - 2.3.
  - 2.4.  encouraging professionals to use plain language when talking to people about diagnosis (and avoiding the use of acronyms, technical terms and jargon)
  - 2.5.
  - 2.6.
  - 2.7.

### Knowledge of the impact of mental health difficulties on functioning

3.
4.  An ability to draw on a working knowledge of the ways in which mental health difficulties can affect functioning and individual development, for example:
  - 5.  impact on daily functioning and quality of life
  - 6.  impact on family functioning
  - 7.  impact on social isolation
  - 8.  difficulty in developing and maintaining intimate, family and social relationships
  - 9.  difficulty gaining and maintaining employment, voluntary work or education

### Knowledge of associations between mental and physical health

10.  An ability to draw on knowledge that people with mental health difficulties are more vulnerable to a range of physical health conditions (for example, difficulties with weight gain, diabetes and cardiovascular disease)
11.  An ability to draw on knowledge that physical illnesses (especially long-term conditions) are a significant risk factor for mental health difficulties, particularly anxiety and depression

### Knowledge of interventions for mental health difficulties

- 12.  An ability to draw on knowledge that interventions for mental health difficulties can be effective in helping to reduce symptoms and improve quality of life
- 
- 13.  An ability to draw on a working knowledge of the psychological, social and pharmacological interventions usually offered to people with mental health difficulties, and that:
    - 14.  interventions may be offered independently, sequentially or in combination
    - 15.  people accessing mental health services may not have a clear sense of the intervention options available to them
    - 16.  access to different types of intervention may be limited by availability and local service provision
  - 17.  An ability to draw on a working knowledge of the potential physical, psychological or emotional side effects of medications and other treatments prescribed for mental health difficulties

1.

## Help-seeking

2.

- An ability to draw on knowledge of barriers to accessing mental health support, such as fear, stigma and discrimination, including:
  - an ability to draw on knowledge that only about one in eight people with mental health difficulties is receiving active treatment from any source

2.1.

2.2.

2.3.

2.4.

2.5.

2.6.

2.7.

3.

## 2.2. Knowledge of trauma-informed care

- An ability to draw on knowledge that the experience of trauma is part of the life story of many people with mental health difficulties

4.

- An ability to draw on knowledge that people can be re-traumatised by negative experiences of services, for example giving them a sense that:

- they are viewed only through the lens of a diagnosis or label
- they have no choice over their treatment
- things are done 'to' them rather than 'with' them
- they do not have the opportunity to give feedback about the care they are receiving
- their trust has been violated
- they have been subjected to coercive practices

8.

- An ability to draw on knowledge that re-traumatisation can impact on a person's sense of self, their sense of others and their beliefs about the world, and that these beliefs can directly impact on their ability or motivation to connect with and use services

9.

- An ability to draw on knowledge that trauma-informed care involves ensuring that people who use services can feel that:
  - their physical and emotional safety is being addressed
  - they have choice and control over their treatment
  - they are part of collaborative care (that decisions about their care are made jointly)
  - providers of care are trustworthy
  - each contact validates and affirms them as individuals, and so empowers them
- An ability to draw on knowledge that trauma-informed care involves developing and maintaining a relationship that helps people to feel safe telling their story and to engage in a narrative that centres on 'what has happened to me'

## 2.3. Knowledge of local services and sources of mental health care

- An ability to draw on a working knowledge of the local statutory and non-statutory mental health support options (as well as local community organisations, activities and resources) with which PSWs will be engaging to help people achieve their personal goals, including:
  - what each organisation, service or resource is able to offer
  - how to access each organisation or service
  - whether services apply criteria that restrict access
  - any limits (or gaps) in the services being provided
- An ability to draw on knowledge of the relationships between the mental health team the PSW is employed in and other statutory and non-statutory services in the local community

## 2.4. Knowledge of professional, legal and ethical frameworks

The standards of conduct set out below are those expected of all individuals working in a health context. They refer to the issues of confidentiality and consent, areas that are described in more detail in other sections of the Competence Framework for MH PSWs.

- An ability to draw on knowledge that ethical and (where relevant) professional guidance represents a set of principles that need to be interpreted and applied to unique situations
- An ability to draw on knowledge of the local codes of ethics and conduct that apply to all professionals in the service, and how these are implemented in relation to:
  - capacity and consent
  - confidentiality
  - information sharing
  - data protection

### Ability to maintain appropriate standards of conduct

- An ability to maintain boundaries, for example by:
  - communicating the limits and boundaries of the role with the people they support
  - maintaining clear and appropriate personal and sexual boundaries with people they support, as well as their families and carers
  - ensuring that they do not use their position to further their own ends
  - not accepting gifts, hospitality or loans that may be interpreted as attempting to gain preferential treatment
  - identifying when a boundary has been crossed and determining how to respond appropriately



1. ■ An ability to recognise and work within the limits of their qualifications, knowledge, skills and experience, and to:
  2. □ only practise a particular therapeutic approach for which they have appropriate training and supervision
  - 2.1. □ where appropriate, refer to colleagues, services or organisations with the relevant level of training and skill
  - 2.2.
  - 2.3.
  - 2.4.
  - 2.5.
  - 2.6.
  - 2.7.

### Ability to maintain standards of competence

3. ■ An ability to maintain and update skills and knowledge through participation in continuing learning and development
  - an ability to seek opportunities to increase knowledge and skills

### 2.5. Knowledge of, and ability to work with, issues of confidentiality, consent and information sharing

Decisions about issues of confidentiality and consent will be influenced by the person's capacity, but assessing this is a formal procedure that is not part of the PSW role. As such, decision-making that relates to capacity should be based on discussion with (and support from) colleagues and supervisors.

### Knowledge of policies and legislation

8. ■ An ability to draw on knowledge of local policies on confidentiality and information sharing, and the ways these are applied when working within and between teams or organisations

### Ability to gain informed consent

9. ■ An ability to give people being supported the information they need to decide whether to proceed with meetings with a PSW, for example:
    - what these meetings would involve
    - the potential benefits of these meetings
- 
- An ability to invite and to actively respond to questions regarding peer support
- 
- An ability to draw on knowledge that individuals have a right to withdraw or limit consent at any time:
    - in the event of consent being declined or withdrawn, an ability to respect the individual's right to make this decision and the ability to seek advice from senior colleagues or a supervisor when required

1.

## Ability to draw on knowledge of confidentiality and information sharing

2.

- An ability to draw on knowledge that a duty of confidentiality is owed to:
  - the person to whom the information relates
  - any individuals who have provided relevant information on the understanding it is to be kept confidential

2.1.

2.2.

2.3.

2.4.

2.5.

2.6.

2.7.

3.

- An ability to ensure that a person's information is treated as confidential and used only for the purpose for which it was provided
- An ability to draw on knowledge that confidentiality is breached where the sharing of confidential information is not authorised by the person who provided it or to whom it relates

4.

- An ability to draw on knowledge that there is no breach of confidentiality if:

5.

- information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, and information has been shared in line with that understanding

6.

- there is explicit consent to the sharing of information

7.

- An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could:

8.

- place the person, or family members or carers, the PSW, other mental health professionals or members of the public, at risk of significant harm

9.

- prejudice the prevention, detection or prosecution of a serious crime
- lead to an unjustified delay in making enquiries about allegations of significant harm to others

- An ability to draw on knowledge that safeguarding needs usually take precedence over issues of consent and confidentiality

## Ability to share information appropriately and securely

- An ability to ensure that when decisions are made to share information, the PSW:
  - shares it only with the person or people who need to know
  - ensures that it is necessary for the purposes for which it is being shared
  - checks that it is accurate and up to date
  - distinguishes fact from opinion
  - establishes whether the recipient intends to pass it on to other people, and ensures the recipient understands the limits of any consent that has been given
  - ensures that the person being supported (or the person who provided the information) is made aware that information is being shared, when it is safe to do so
- An ability to ensure that information is shared securely and in line with local policies

1. ■ An ability to discuss concerns about disclosure with colleagues (without revealing the person's identity)

## 2. Ability to discuss confidentiality

- 2.1. ■ An ability to discuss issues of confidentiality with a person:
- 2.2. □ in relation to sharing information across organisations and services
- 2.3. □ to secure and record their consent to share information
- 2.4. ■ An ability to ensure that the person being supported is fully aware of the boundaries of confidentiality that apply in the context in which the PSW is working, for example:
- 2.5. □ where the PSW is part of a team, ensuring that the person being supported knows that the PSW is part of team discussions
- 2.6. □ discussing the person's concerns about information being passed on and the impact of these concerns on their relationship with the PSW
- 2.7.

## 3. 2.6. Knowledge of safeguarding procedures

### 6. Knowledge

7. ■ An ability to draw on knowledge of local and national safeguarding policies
8. ■ An ability to draw on knowledge that safeguarding concerns can arise across the lifespan, from infancy through to old age
9. ■ An ability to draw on knowledge of the type of abuse and neglect that could trigger a safeguarding concern, such as:
- physical abuse
  - domestic violence
  - psychological abuse
  - financial or material abuse or exploitation
  - sexual abuse or exploitation
  - neglect
  - abuse in an organisational context

### Application

- An ability to identify signs or indicators that could flag the need to institute safeguarding procedures
- Where neglect, abuse or exploitation is suspected, an ability to respond appropriately by:
- discussing these concerns with the person being supported, and explaining (and agreeing) what actions need to be taken
  - raising and escalating concerns in line with local safeguarding procedures

1.

2.

2.1.

2.2.

2.3.

2.4.

2.5.

2.6.

2.7.

3.

4.

5.

6.

7.

8.

9.

## 2.7. Knowledge of self-harm and suicide prevention, and procedures for maintaining safety

The competences set out below provide a basic overview of the skills needed to recognise and manage suicidal behaviour and self-harm. More comprehensive detail can be found in the [Self-harm and suicide prevention competence framework](#).

PSWs should not be expected to work independently with someone expressing suicidal thoughts; they should seek support from others (both for their own wellbeing and for the person's wellbeing and safety).

- An ability to draw on knowledge of the factors that contribute to, and increase the risk of, self-harm, self-neglect and harm to others
- An ability to recognise and respond to expressions of distress and self-harm, and to acknowledge and discuss these feelings with the person in an open and non-judgemental way
- Where there is evidence that a person may present a significant risk of harm to themselves or others, an ability to respond to this in a timely manner by:
  - exploring the reasons for the person's acute distress, to determine whether there are any immediately applicable strategies that may be helpful, and that the person has the resources to implement them
    - if these strategies are ineffective, discussing, explaining and agreeing on the next steps with the person
  - drawing on knowledge of local policies and procedures for responding to risk, maintaining safety and safeguarding (specifically, the risk of harm to self or risk to others)

### Sharing information to maintain safety

- An ability to judge when it is in the best interests of the person to disclose information, taking into account their wishes and views about sharing information and holding in mind:
  - the immediacy of any risk (for example, where there is clear evidence of suicidal intent, such as a plan)
  - that disclosure is appropriate if it prevents serious harm to a person
- An ability (if practically possible) to ensure that the person is informed of communications between the PSW and other parties regarding risk
- An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could place a person at risk of significant harm

1.

2.

3.

3.1.

3.2.

3.3.

3.4.

3.5.

3.6.

4.

5.

6.

7.

8.

9.



## 3. Core relational skills

### 3.1. Understanding of recovery-focused and person-centred approaches

There are many ways of understanding the meaning of recovery. Because recovery is person-centred it varies with each individual based on their own goals, beliefs, experiences and aspirations.

See Supporting Document, Sections 2.4 and 5.1.1


- An ability for PSWs to draw on their lived experience and knowledge of recovery-focused approaches, personal recovery and processes of self-determination that underpin peer support
- An ability to understand the importance of:
  - prioritising personal recovery (which focuses on the person and their own beliefs, values and goals) over clinical recovery (which will reflect the values and aims of the service or organisation)
  - helping people to lead and take control of their own personal recovery (for example, by ensuring that they have the resources and opportunity to become well-informed about their mental health and any care or interventions they receive)
- An ability to draw on the key principles of personal recovery-focused approaches, namely that:
  - recovery is self-defined by the person experiencing a mental health difficulty and discussions about their recovery and personal goals should be led by them
  - what recovery looks like will vary from person to person and that:
    - recovery is about living a meaningful, satisfying and purposeful life (the life they wish to lead)
    - recovery is unique to each person and will reflect their own goals and aspirations
  - there is a focus on people's strengths and helping them to:
    - foster hope and optimism (a sustainable belief in themselves and a willingness to persevere through uncertainty)
    - identify, define and work towards the life they want to live, and having a sense of autonomy over their life
    - build the skills and strengths to manage challenges and setbacks
    - build their sense of self-esteem and develop a positive identity
    - support their ability to meet challenges in life through self-development and self-management

1.  for most people, social inclusion is an important feature of their personal recovery (as part of a family, friendship group or community, or ability to play a part in society more widely)
2.  recovery is a progressive process that takes place over time, and will include learning from setbacks

3.  An ability to draw on knowledge of factors that can affect a person's recovery, such as societal factors (such as housing and educational opportunities), familial relationships, traumatic experiences and environmental influences
  - 3.1.
  - 3.2.
  - 3.3.
  - 3.4.
  - 3.5.
  - 3.6.

### 3.2. Able to draw on and share lived experience

4.  An ability to draw on and share lived experience of mental health and life experiences, as a core role of a PSW, for example by:
  - conveying an understanding of the person's experiences
  - helping to build the peer relationship
  - conveying optimism and embodying the hope of personal recovery

5. 
6.  An ability to draw on knowledge of the benefits, and also the risks, of sharing lived experience through self-disclosure, and to consider whether sharing lived experience:
  - is appropriately timed (that is, offered in response to issues raised by the person)
  - is relevant and appropriate to the other person's experience (both in content and in how much detail is shared)
  - is offered infrequently (so that it does not become a central focus and distracts from the person's own situation and needs)
  - matches the intensity, challenge and meaning of the person's experience
  - retains a focus on the person's needs, aims and goals

- 7.
8.  An ability to ensure that the main aim of sharing is to help the person, rather than being an opportunity for the PSW to gain relief or be supported for themselves
9.  An ability for the PSW to judge whether:
  - they are comfortable with others knowing about the information they are sharing
  - they have resolved the issues that they are sharing (so that the act of sharing does not trigger or worsen their own difficulties)

1.

## Sharing lived experience to support people

2.

- An ability for PSWs to safely share their personal experience in a way that:

- helps the person know that they are not alone
- supports, empowers and brings hope
- is relevant to the person and their circumstances
- uses their experience of recovery as an ongoing process (for example, by sharing their previous and ongoing personal efforts to maintain their health and wellbeing)
- helps people to discover the recovery and self-care practices that work for them
- maintains appropriate boundaries

3.

3.1.

3.2.

3.3.

3.4.

3.5.

3.6.

4.

- An ability for PSWs to step back from their own experience and reflect on how this may be different to the experience of others, in order to:

- find common ground across experiences
- recognise when the social and cultural context of the person's situation may reduce the relevance of the PSW's experience (and so influence what they do or do not share)
- explicitly acknowledge any differences between themselves and the people they support, to improve the peer relationship

5.

6.

7.

8.

- An ability to share specific experiences without indicating that these should be taken as solutions to the person's difficulties, for example:

- describing how the PSW has faced and overcome challenges, but being clear that this is an illustration of how challenges can be met, rather than being the route that the person should take

9.

### 3.3. Able to develop and maintain a mutual and reciprocal peer relationship

#### Knowledge of factors associated with building a peer relationship

- An ability to draw on knowledge of factors that can make a positive peer relationship more likely, including being:
  - respectful
  - warm and friendly
  - open and honest
  - trustworthy
  - alert and active
  - flexible and allowing the person to discuss issues that are important to them
- An ability to draw on knowledge of factors that can have a negative effect on the peer relationship, such as:

1.  being rigid
2.  being critical
3.  being distant or aloof
- 3.1.  being distracted
- 3.2.  making inappropriate use of silence

### Ability to develop and maintain the peer relationship

- 3.3.  An ability to build trust, develop rapport and be respectful
- 3.4.  An ability to demonstrate warmth, sensitivity and genuine concern, and provide encouragement and support
- 3.5.  An ability to listen and respond to the person's concerns in a manner that is non-judgemental, supportive and sensitive, and that conveys an accepting attitude when they describe their experiences and beliefs
- 3.6.  An ability to accept the person's experiences and concerns as valid, and help them discuss these
4.  An ability to help the person being supported express any concerns or doubts they have about the mental health service (including the PSW) or the intervention they are receiving, especially where this relates to mistrust, fear or doubt about the benefits
5.  An ability to establish the boundaries and purpose of the peer relationship in the initial meeting, including discussing the limits to confidentiality and information sharing

### Ability to grasp the person's perspective and world view

6.  An ability to establish the person's point of view by having an open and non-judgemental discussion, taking their concerns at face value and accepting their experience as valid
7.  An ability to understand how the person being supported understands themselves, their experience and the world around them, paying attention to any cultural, spiritual or personal beliefs that are particularly important to the person
8.  An ability to see and understand the other person's perspective (empathy) and to express this empathy and understanding through interactions with them
- 9.



## 1. Ability to recognise and address threats to the peer relationship

2. ■ An ability to recognise when there are strains in the peer relationship and address these, for example:
3. □ giving and asking for feedback in a way that demonstrates a genuine interest in the person
- 3.1. □ discussing the person's understanding of the role of the PSW and clarifying any misunderstandings
- 3.2. □ inviting the person to express any negative feelings about the peer relationship and discussing possible ways to improve these
- 3.3. ■ helping the person explore any fears they have about expressing negative feelings about the relationship between the PSW and themselves
- 3.4. □ acknowledging and accepting responsibility for any contribution to strains in the relationship
- 3.5.
- 3.6.
4. ■

## 5. Engagement skills

6. ■ An ability to determine a person's readiness to explore options or to try something new, in a manner that builds on their strengths and promotes self-determination
7. ■ An ability to draw on knowledge of the potential barriers to engagement and the ability to actively work with the person being supported or with colleagues to address these
- 8.

## 8. Matching the meeting location to the person

9. ■ An ability to be open to the possibility of meeting in locations that are not associated with mental health services if this is what the person prefers (and if this is possible within the service setting), for example:
- a local community space such as a library or café
- meeting outside, in a park or other quiet space
- An ability to balance flexibility in the meeting location with the need to maintain personal safety

## Managing endings

- An ability to prepare the person being supported for an ending of the peer support intervention, and:
- an ability to signpost the person being supported to other resources or sources of support, as required
- an ability to support the person to continue with their recovery journey after contact with the PSW has ended, appropriately independent of the PSW (or the mental health service)

## 1. 3.4. Able to engage and support families and carers

- 2.
- 3.
- 3.1.
- 3.2.
- 3.3.
- 3.4.
- 3.5.
- 3.6.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- An ability to draw on knowledge of the significance of families, carers or a person's wider social or community network in planning and providing care and support
  - An ability to draw on knowledge that caring for a person with mental health difficulties will have an impact on families and carers, particularly young carers
  - An ability to draw on knowledge that difficulties may arise between families or carers and the person with mental health needs
- 
- An ability to engage the person's family or carer (when appropriate):
    - to support the person, or be able to speak on their behalf (with their consent) in relation to the care they are receiving
    - to help families and carers feel comfortable and confident to ask questions when they are uncertain or confused
    - to support the person's family, carer, social or community network to look after their own mental health and wellbeing, if they experience difficulties as a result of the person's mental health needs
- 
- An ability to help families and carers be heard (and responded to), by the team from whom their loved one is accessing support
- 
- An ability to help families and carers access organisations and services that offer information, advice or support relevant to their needs (for example, by knowing the scope of available services, the support that they offer, and their access criteria)
  - An ability to provide support or information to families and carers to help them navigate the system, policies, processes or legal structures that may affect them

### Sharing information about the person with their family or carer

- An ability to share general information on mental health and wellbeing with the person's family, carers or members of their support network
- An ability to draw on knowledge of the limits of confidentiality and information sharing with the person's family, carers, or members of their support network
- An ability to draw on knowledge that if the person does not consent, it may not be appropriate to share their personal information with their family, carers or members of their support network

## 1. 3.5. Able to use active listening and communication skills in a peer relationship

2.

3.

### Knowledge

3.1.

3.2.

3.3.

3.4.

3.5.

3.6.

4.

- An ability to draw on knowledge that communication skills will help PSWs gain the best understanding of the concerns, needs and strengths of the person they support, helping them to:
  - feel respected, heard and understood
  - feel connected to others (and so feel less isolated and alone)
  - express themselves and make sense of their experience
  - reflect on and request the support that they feel is appropriate to meet their needs

5.

- An ability to understand that behaviours and actions can be a form of communication (for example, challenging or aggressive behaviour may reflect high levels of underlying anxiety or fear)

6.

### Active listening and effective communication

7.

8.

9.

- An ability for the PSW to show that they are paying attention to the person being supported, for example, through body language:
  - sitting close (but not too close) to the person
  - sitting 'square on' or next to the person (rather than across a desk)
  - adopting an open posture
  - maintaining an appropriate level of eye contact
- An ability to listen attentively to the person by:
  - actively listening to their verbal account and trying to make sense of their experiences, behaviours and feelings, and the social context in which these arise
  - listening to the tone and pace of what is said, as well as its content
  - helping the person to express themselves at their own pace (for example, being comfortable with silences if the person is finding it difficult to express themselves)
- An ability to help the person expand on or explore relevant issues by using:
  - statements (for example, brief summaries of what has already been said)
  - questions
  - non-verbal prompts
- An ability to ask both:
  - 'open' questions (that require more than a 'yes'/'no' answer and encourage discussion)
  - 'closed' questions (that usually have a specific answer and are best used to establish factual information)
- An ability to judge when questioning is being experienced as helpful and when it is less so (for example, where the person is feeling 'grilled')

1.  An ability to listen to the person with empathy, by:
  2.  actively trying to understand their perspective and the way they understand their situation
  3.  reflecting their feelings
3.  An ability to convey an empathic understanding of what has been said or conveyed, for example by:
  - 3.1.  paraphrasing what has been said (but not repeating word for word)
  - 3.2.  making short summaries that try to connect various aspects of what has been conveyed
  - 3.3.  using appropriate non-verbal behaviour that is responsive to what has been said (for example through appropriate facial expression or by nodding)
  - 3.4.
  - 3.5.
  - 3.6.
4.  An ability to check the person's understanding by asking them to summarise the discussion and any decisions that may have been agreed
5.  An ability to ask the person whether all the issues that they wished to raise have been discussed
6.  An ability to be mindful about one's own perspective and how this might influence their relationship with the person
7.  An ability to attend to indications that the person is finding topics distressing, or hard to discuss (for example, by noting non-verbal behaviours such as agitation or excessive movement)
8.  An ability to remain calm while showing empathy and continuing to communicate sensitively with people experiencing distress
- 9.

### Overcoming barriers to communication

- An ability to draw on knowledge that where verbal communication is challenging for a person, other forms of communication (such as drawing or writing) may be an effective and appropriate alternative
- An ability to work with the person to identify practical barriers to communication and to identify ways to minimise their impact, for example by:
  - asking the person about how best to communicate with them and how they would like to be communicated with
  - using communication aids
  - adjusting the complexity of the language being used
  - managing the surrounding environment (for example, relocating to a different space to assure privacy)

1. ■ An ability to address any difficulties a person has communicating or expressing themselves by making appropriate adjustments, such as:
  2. □ listening carefully and asking the person to clarify or repeat information if it is hard to understand what has been said
  3. □ allowing time for them to respond
  - 3.1. □ using simple, straightforward, everyday language
  - 3.2. □ limiting the number of key concepts or ideas that are communicated in a sentence
  - 3.3. □ using concrete examples (rather than abstract ideas)
  - 3.4. □ asking short, simple either/or questions (but taking care to avoid leading questions)
  - 3.5. □ creating a context for comments or questions (to help them understand the reasons for them)
  - 3.6.
4. □ regularly asking them to summarise or repeat what has been discussed (to check that they have understood accurately)
5. ■ To gain an accurate sense of the person's account, an ability for the PSW to be aware of (and avoid) any 'filters' they may find themselves imposing, for example:
  6. □ listening in a judgemental way
  7. □ making assumptions or jumping to conclusions instead of listening carefully

### 3.6. Able to work with difference

Working in a culturally competent way depends on valuing diversity, equality and inclusion, respecting the beliefs, practices and lifestyles of people who use services, and how these may impact on their mental health or experience of mental health services.

See Supporting Document, Section 6.2

#### Stance

- An ability to work in a person-centred way (providing care that is led by the person's concerns)
- An ability to treat everyone with dignity, compassion and respect
- An ability to ensure that people with mental health difficulties are treated with dignity, respect, kindness, compassion and consideration
- An ability for PSWs to:
  - equally value all people for their particular and unique characteristics
  - support people who experience mental health difficulties who come from different social or cultural backgrounds
  - be aware of stigmatising and discriminatory attitudes and behaviours in themselves and others (and be able to challenge these)
  - develop the knowledge and skills to advance mental health equality

## 1. Knowledge of the relevance and impact of people's beliefs, practices, demographic factors, identities and lifestyles

- 2.
3.
  - 3.1. ■ An ability to draw on knowledge that the demographic groups included in discussion of 'different' beliefs, practices or lifestyles are usually those that are or have been subject to disadvantage, discrimination or exclusion
  - 3.2. ■ An ability to draw on knowledge that people can be a member of more than one group or community and that the implications of different combinations of identity and lifestyle factors need to be held in mind
  - 3.3. ■ An ability to maintain an awareness of the potential significance for practice of social and cultural variation across a range of domains, including:
    - 3.4. □ ethnicity, race and culture
    - 3.5. □ gender, gender identity and sexuality
    - 3.6. □ religion and belief
    - socioeconomic status
    - age
    - disability
    - communication and language
4. ■ An ability to draw on knowledge of the relevance and potential impact of these social and cultural factors on mental health, and on the effectiveness, appropriateness and acceptability of particular mental health interventions

## 9. Knowledge of social and cultural factors that may have an impact on access to support

- An ability to draw on knowledge of social and cultural issues that commonly restrict or reduce access to support, for example:
  - language and communication
  - social exclusion and isolation
  - mistrust of statutory services
  - lack of knowledge about available services and how to access them
  - the range of cultural concepts, understanding and attitudes about mental health that affect views about help-seeking, treatment and care
  - stigma, shame or fear associated with mental health difficulties or diagnoses
- An ability to draw on knowledge of the potential impact of social inequalities and exclusion on the development of mental health difficulties, and on access to and experience of mental health services, resources, support and opportunities
- An ability to draw on knowledge of the impact of factors such as socioeconomic disadvantage or disability on practical arrangements that influence attendance and engagement (for example, transport difficulties, poor health)

## 1. Ability to communicate respect for a person and their family or carers

- 2.
- 3.
- Where people from a specific sociodemographic group are regularly seen within a service, an ability to draw on knowledge of relevant beliefs, practices and lifestyles
  - An ability to identify protective factors that are provided through membership of a specific sociodemographic group (for example, the additional support offered by an extended family or community)

3.1.

3.2.

3.3.

3.4.

3.5.

3.6.

## 4. Ability to gain an understanding of the experience of specific beliefs, practices and lifestyles

- An ability to collaborate with people to develop an understanding of their culture and world view, and the implications of any culturally specific customs or expectations for the ways in which challenges or difficulties are described and presented, and:
  - an ability to apply this knowledge in order to work with the person in a manner that is culturally sensitive, culturally consistent and relevant (and that guards against cultural stereotyping)

6.

- An ability to take an active interest in a person's social and cultural background, and to demonstrate a willingness to learn about their sociocultural perspectives and world view (to help build a trusting relationship with them)

7.

## 8. Ability to demonstrate awareness of the influence of the peer support worker's own background

- An ability for all PSWs to draw on an awareness of their own backgrounds, group memberships and values, and how these may influence their perceptions of the person they support, the challenges or difficulties they present, and the relationship between the person and the PSW
- An ability for PSWs to reflect on power differences between themselves and the people they support, and to work to minimise these in order to promote reciprocal and equal relationships

9.

1.

2.

3.

4.

4.1.

4.2.

4.3.

4.4.

4.5.

4.6.

4.7.

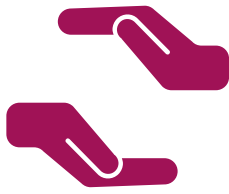
5.

6.

7.

8.

9.



## 4. Supporting people as a peer support worker

### 4.1. Able to support people in their personal recovery

See Supporting Document, Section 5.1.1

- An ability to support people in their personal recovery by helping them to:
  - identify their strengths, values and aspirations
  - share their experiences and feelings, and make sense of these (and the impact of cultural beliefs and interpretations on their ways of understanding)
  - define what personal recovery means and looks like to them
  - engage in actions that can lead to personal growth and development, even if these may be seen by other people as potentially challenging or involving a considered risk
  - develop a positive expectation of the future by promoting hope and belief in the possibility of recovery
  - (re)gain a sense of autonomy and choice over decisions that impact on their lives
  - (re)build their sense of identity outside of mental health services
  - develop and maintain positive relationships (for example, by reconnecting with their loved ones and their communities)

---

- An ability to help people identify and prioritise their own personal goals for recovery, by helping them to:
  - identify goals that enable them to engage with their community
  - identify their hopes, strengths, accomplishments and challenges so they can achieve their goals
  - identify resources that will help them achieve their goals and that are outside of mental health services (such as friends, peer groups, support networks or community organisations)
  - celebrate successes as they move towards achieving personal goals

---

- An ability to draw on knowledge that while setbacks may occur, maintaining hope and positive expectations can support people to achieve their goals
  - an ability to persevere and continue to stand by people when they are 'stuck' or finding it difficult to make progress
- An ability to work with people to develop their skills to manage difficult situations, setbacks or challenges that may affect their recovery



1.

## Self-determination, self-management and self-care

2.

- An ability to support the person to make their own decisions and empower them to build autonomy

3.

- An ability to help people develop self-determination and self-management skills
  - an ability to recognise that each person will find their own approach to self-care

4.

- An ability to explore with the person how to create a self-care or wellbeing plan (if they choose) that:

4.1.

- builds on their natural strengths

4.2.

- supports their sense of wellbeing

4.3.

4.4.

- helps them discover new areas of interest

4.5.

4.6.

4.7.

- An ability to work with people so they can identify and choose their sources of support, in the form of people, networks, services or resources, that they need to achieve their goals

5.

### 4.2. Able to help people engage in activities that are meaningful to them

6.

7.

- An ability to help people to identify (and problem solve) issues or concerns that make it difficult for them to access and engage in activities that are meaningful to them

8.

- An ability to draw on knowledge that, for many people, engaging in activities that have meaning and purpose can help their recovery by:

9.

- improving their sense of wellbeing
- improving their sense of identity, confidence and self-esteem
- helping them interact with others and build their social and community networks
- encouraging them to acquire or develop new skills
- providing a sense of structure or routine to their day

- An ability to help people identify activities that are meaningful to them, for example:

- hobbies
- exercise
- sport and other leisure activities
- educational and vocational courses
- creative programmes
- volunteering
- being involved in health and wellbeing initiatives or programmes

## 1. 4.3. Able to help people develop coping and problem-solving skills

2.

### 3. Coping strategies

4.

4.1.

4.2.

4.3.

4.4.

4.5.

4.6.

4.7.

5.

6.

7.

8.

9.

- An ability to work with the person being supported to:
  - discuss their coping strategies and identify the external resources available to them (such as family and friends)
  - identify (and reinforce the value of) existing coping strategies that the person feels work well
  - identify when (and discuss why) coping strategies they use do not work well
  - identify different coping strategies that may be more effective
  - consider how to implement skills and strategies that may be more effective ways of coping with difficult situations
  - identify any potential barriers to implementing new coping strategies

- An ability to support people to develop the skills to reflect on and review their coping strategies over time

### Problem solving

- An ability to explain the rationale for problem solving
  - An ability to help the person select problems, on the basis that these are both relevant and important for them and are ones for which achievable goals can be set
  - An ability to help the person specify the problem(s), and break down larger problems into smaller (more manageable) parts
  - An ability to identify achievable goals with the person, bearing in mind their resources and likely obstacles
- 
- An ability to help the person:
    - generate ('brainstorm') possible solutions
    - select their preferred solution
    - plan and implement preferred solutions
    - evaluate the outcome of implementation, whether positive or negative
    - test beliefs or assumptions that might get in the way of problem solving
- 
- An ability for the PSW to maintain a focus on encouraging the person to arrive at their own solutions (rather than making suggestions as to what these might be and so risking imposing these on the person)

## 1. 4.4. Able to collaboratively discuss care and support options

- 2.
- 3.
4.
  - 4.1.
  - 4.2.
  - 4.3.
  - 4.4.
    - An ability to explore with the person how they might discuss issues or concerns they have regarding treatment or intervention options with a health professional
  - 4.5.
    - An ability to engage the person in a collaborative discussion of the care and support options or choices open to them
  - 4.6.
    - An ability to give information about care and support options in a way that:
      - helps the person to have a clear understanding of the care and support options open to them (that is, the organisations, services and support available to them, and the way these are usually accessed)
      - helps the person raise and discuss queries or concerns
      - helps the person decide what is best for them
  - 4.7.
5.
  - An ability to determine when the person's decision to try a particular approach or intervention:
    - is based on a collaborative choice
    - represents an active choice (rather than a choice that they experience as imposed on them)
- 6.
- 7.

## 8. 4.5. Able to contribute to co-production of individual care and recovery plans

- 9.
- PSWs do not have formal responsibility for drawing up and monitoring care and recovery plans but can contribute to their development and use, depending on the service they work in.
- An ability to work with people collaboratively, to participate in the development of their care, personal recovery or wellbeing plans
- An ability to discuss a person's care or recovery plan with them, including any personal goals or objectives that would benefit from input from the PSW
- An ability to help people develop an advance directive or statement (where appropriate) as part of their care plan or crisis plan (setting out their wishes regarding how they would like to be helped in any future crises)

## 1. 4.6. Able to facilitate access to care and sources of support

2.

3.

Signposting is a form of self-help in which people are given information about accessing organisations and services that are relevant to their needs and goals. Taking steps to make it likely that people will access these is an important part of this process.

4.

See Supporting Document, Section 5.2

4.1.

4.2.

4.3.

4.4.

4.5.

4.6.

4.7.

5.

6.

7.

8.

9.

### Identifying sources of support

- An ability to draw on knowledge of available sources of support, for example:
  - local voluntary and community sector organisations or groups offering both emotional and practical support (including housing or financial)
  - local open-access mental health services
  - national websites and helplines
- An ability to ensure that information about these sources of support:
  - is up to date
  - accurately describes the type of support that is on offer
- An ability to draw on knowledge of social activities, resources or programmes within local communities and to help people access and engage in them, for example:
  - peer support programmes or groups
  - supported community engagement
  - group-based community activities (including religious, sport or leisure activities)
  - social participation interventions
  - voluntary work programmes or activities
  - life-skills programmes
  - employment interventions or programmes, such as Individual Placement and Support (IPS)
  - support from local social prescribers and link workers
- An ability to convey information about organisations and services, to help the person make informed choices about the options they wish to pursue
- An ability to identify organisations and services that are accessible to a person (for example, taking into account particular needs that may make it difficult to travel or to make use of the service)

1. ■ An ability to help the person consider the type of support that matches their needs and situation, based (for example) on:
  2. □ their goals
  3. □ their expressed preferences
  4. □ the nature and severity of their distress
  5. □ their willingness to access services
4. ■ An ability to discuss with a person the reach, responsibilities and limits of organisations and services, to identify those that are both suited to their needs and acceptable to them

### Facilitating access to mental health services

- 4.1.
- 4.2.
- 4.3.
- 4.4.
- 4.5.
- 4.6. ■ An ability to facilitate access to a service through administrative or practical help (for example, by accompanying a person to an initial appointment or meeting)
- 4.7.
5. ■ An ability to draw on knowledge of the potential challenges that people may face when trying to access mental health services, such as:
  6. □ practical challenges such as attending appointments
  7. □ issues such as stigma
8. ■ An ability to help people use problem-solving approaches to address these challenges

### Signposting

8. ■ An ability to draw on knowledge that signposting aims to help a person independently access sources of support that are relevant to their circumstances and goals, and of which they may not be aware
9. ■ An ability to pass on contact information in a way that makes it likely to be remembered and used, for example:
  10. □ written rather than verbal
  11. □ using the medium most likely to be accessed by the person (for example electronically via social media or an app, or printed media)
12. ■ An ability to establish that a person is willing and able to access the organisation, service or support
13. ■ An ability to follow up with the person to see whether they have accessed the organisation, service, group, activity or programme, or whether they need a different type or level of support

## 1. 4.7. Able to support transitions in care

2. PSWs are not expected to organise transitions in care but can have a role in supporting people through the process of transitions.

3. ■ An ability to draw on knowledge that transitions in care (within and across organisations) can be distressing, and may be times of greater risk for the person, and that:

4. □ anticipating the ending of an intervention, relationship or time with a service can lead to strong feelings and distress
- 4.1. □ where transfers of care are prompted by services being unable to manage the person's mental health difficulties or other behaviours, the transition between services represents a period of potentially increased risk

4.2. ■ An ability to support the person during the transition or transfer of care, for example helping to check whether they:

- 4.3. □ are given as much notice by the service as is practically possible
- 4.4. □ understand why the transition or transfer of care is taking place
- 4.5. □ can express their opinion on the transition or transfer of care
- 4.6. □ are informed about the timescale of the transition
- 4.7. □ are informed about the services that will be on offer
5. □ know what information will (and will not) be communicated to the new service, and that they are given the opportunity to discuss any concerns

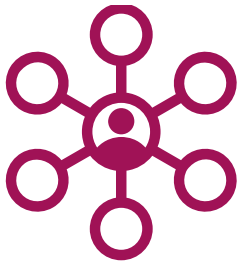
6. ■ An ability to discuss a person's feelings about the transition, and to work with them to:

7. □ discuss their concerns and feelings
8. □ identify issues that may make a transition or transfer of care problematic
9. □ identify and overcome barriers that make it less likely that they will stay in contact with the new service (for example, anxiety or anger about moving to a new service, upset over loss of contact with valued professionals)

■ An ability to draw on knowledge that people may need extra support and preparation to successfully navigate transitions or transfers of care, including by:

- where appropriate, helping the person to develop skills in independence, assertiveness and self-advocacy
- where possible, providing continuity of support during the transition

■ Where there are concerns that a transition is not progressing well, an ability to raise these by escalating any issues to an appropriate colleague or supervisor



# 5. Working with teams and promoting people's rights

1.

2.

3.

4.

5.

5.1.

5.2.

5.3.

5.4.

6.

7.

8.

9.

## 5.1. Able to work as part of a team

- An ability to draw on knowledge that working effectively as a team is important as it can have a positive impact on the experience of people using mental health services
  - An ability to draw on knowledge of the team's remit, shared goals, values, culture and practice
  - An ability to draw on knowledge of the roles and responsibilities of other team members
  - An ability to work as part of the service or organisation while retaining the perspective and ethos of peer support
- 
- An ability to work effectively with colleagues to:
    - enhance existing services and the care and support they offer
    - identify and resolve potential conflict or disagreement regarding the support or care provided to a person
    - improve their knowledge and understanding of the PSW role and:
      - how they fit within the team
      - the values and principles underpinning peer support
- 
- An ability to be aware of team dynamics that challenge effective working within the team, for example, when:
    - there are unhelpful power relationships
    - the PSW role is not recognised as a distinct and valued position
    - PSWs are not given the same status as those of other members of the team
    - tensions develop because of the PSW's dual role (being a member of the team and having a relationship with the person being supported)
  - An ability to consider how best to respond to these challenges, usually through initial and ongoing discussions with (and support from) a supervisor, and holding in mind basic conflict resolution strategies, such as:
    - presenting a case calmly and clearly
    - identifying when (and when not) to challenge problematic team behaviours
    - focusing on the problem (rather than on personal issues)
    - listening to the point of view of other team members
    - identifying potential strategies for resolving the issues
- 
- An ability to raise concerns about unsafe staff practice by following the service's policies and procedures

1.

## Communication with others in the team

2.

- An ability for the PSW to communicate effectively with the team (both verbally or in writing) about the support they are currently providing to people (based on a 'need to know' basis), and to:

3.

- record what information has been shared, with whom and for what purpose

4.

- seek advice (for example, from a supervisor) when in doubt about sharing information

5.

- An ability to discuss challenges to team communication (with a supervisor) and to consider how these can be best managed, for example by:

- identifying when (and when not) to challenge problematic team behaviours

5.1.

- presenting a case calmly and clearly

5.2.

- focusing on the problem (rather than on personal issues)

5.3.

- focusing on the future rather than the past

5.4.

6.

- listening to the point of view of other team members

7.

- problem solving (identifying potential strategies for resolving the issues)

8.

## Documentation

9.

- An ability to understand how work is documented in the setting in which the PSW is working, and to maintain a record of contacts with the people they support (in line with service guidelines and policies)

- An ability to understand that in statutory (and many other) settings an up-to-date record of progress for each person being supported should be entered into the person's clinical record (usually after each contact with the person being supported)

- An ability to write a record of progress that:

- is person-centred, providing a sense of the person or their experience

- reflects on the person's wellbeing

- addresses the goals and objectives set out in the person's care plan (where possible)

- is concise, legible, written in a style that is accessible, and signed and dated

- summarises the activities that have taken place to date with each person being supported

- identifies any significant issues or concerns that have arisen

## Care meetings

- An ability to contribute to meetings on planning, coordinating, maintaining and evaluating a person's care or care plan



## 1. 5.2. Able to work with other organisations and services

### 2. Working with other organisations or services

3. ■ An ability to draw on knowledge that collaborating with other organisations or services will directly benefit the person's care and wellbeing
- 
4. ■ An ability to identify and connect with organisations or services that are already involved with a person, or their family members or carers (where appropriate), and:
5. □ an ability to identify the roles and responsibilities of other organisations and services in relation to the range of care and support a person receives
- 
- 5.1. ■ An ability to contribute to meetings with other organisations or services to support the planning and coordination of a person's care
- 5.2.
- 5.3.
- 5.4.
6. ■ An ability to recognise challenges when working with other organisations and services (including those that reflect differences in values and principles), and to work with colleagues, a supervisor or team leader to plan how these challenges can be managed

### 7. Communication with other organisations and services

8. ■ An ability to recognise when it is appropriate to share information with other organisations or services
9. □ an ability to share relevant information with the appropriate agencies (based on the principle of 'need to know')
- 
- An ability to maintain effective communication (both written and verbal) with professionals in other organisations when it is relevant to the person's care and support
- An ability to identify potential barriers to effective communication and, where possible, to develop strategies to overcome these

## 1. 5.3. Able to offer a personalised recovery perspective

2. See Supporting Document, Section 2.4

- 3.
- 4.
5. ■ An ability to offer a personal recovery and person-centred perspective, for example working with staff to:
- 5.1. □ help them understand the PSW's role and remit
- 5.2. □ improve their awareness of the importance of treating people with dignity, respect, kindness and consideration
- 5.3. □ discuss (and possibly challenge) their attitudes and perceptions about mental health
- 5.4. □ improve their understanding of recovery-focused approaches (and especially the distinction between personal recovery, clinical recovery and service-defined recovery)
6. ■ understanding the importance of people defining, owning and leading their own personal recovery (rather than having recovery defined for them by professionals or the service)
7. □ explore ways to work in a recovery-oriented way with people
8. □ help them avoid unhelpfully technical language or jargon
9. □ understand the importance of co-production (involving people with lived experience of mental health difficulties in planning, developing, delivering and evaluating services), social inclusion and equality
- 
- An ability to help mental health professionals, organisations and services keep well-informed about the perspectives and concerns of people being supported, for example through:
- developing guidance for staff on how to talk with people in a person-centred and recovery-oriented way about diagnosis, medication or interventions
- reviewing and updating risk assessment documentation to support co-produced safety plans developed with people
- developing guidance for staff on how to use their lived experience in practice
- 
- An ability to support co-production in service development and evaluation, and:
- an ability to work with services to co-produce and co-deliver staff training
- 
- An ability to work with staff to make reasonable adjustments and ensure that environments are culturally sensitive and free from discrimination

## 1. 5.4. Able to promote the rights of people being supported

2. See Supporting Document, Section 5.3

3. ■ An ability to draw on knowledge of an individual's right to manage their own health and wellbeing

4. ■ An ability for the PSW to help people:

5. ■
- navigate the services and organisations with which they are in contact
  - understand the choices and options they may have over the care they receive
  - be aware of their rights in the mental health care system
  - understand the policies, processes or legal structures that might affect them

6. ■ An ability for the PSW to amplify the voice of the person they are supporting, so that they:

- feel listened to
- have their voice heard, especially with regard to decisions about their care

8. ■ An ability to help people raise and discuss questions and concerns about their care with relevant professionals (for example, regarding their diagnosis, medication or psychological interventions)

9. ■
- an ability to help people plan (and rehearse) how they could raise concerns about their care (for example, with whom and in what settings)

■ An ability to speak on a person's behalf to promote their inclusion and rights in situations such as treatment team meetings, with organisations and services, and with family members (where necessary) by:

- ensuring people are involved in jointly developing their care plan, and that they remain involved in further discussions about their care
- providing people with the skills and knowledge to advocate for their own rights
- facilitating access to health and social care services, other organisations, information, or alternative sources of support, such as advocacy services

■ An ability to work with people being supported to address challenges with, or barriers to, accessing organisations and services, or infringements of their rights

■ An ability to listen to a person's complaints or concerns about their care or treatment and respond in a prompt, open and constructive way, by:

- helping them to think about possible next steps, and what actions they would like to take
- seeking advice or support from a supervisor or team leader regarding the appropriate next steps
- following the service's complaints procedures (for example, referring concerns to independent mediators where appropriate)

1.

2.

3.

4.

5.

6.

6.1.

6.2.

7.

8.

9.



## 6. Self-care and support

See Supporting Document, Section 6.3

### 6.1. Ability for PSWs to reflect on their work

Self-care cannot take place in isolation: organisations need to have systems in place that are responsive to an individual's needs and that enable staff to agree on, and implement, appropriate adjustments that accommodate these needs.

This means that PSWs should be able to identify the people they would need to talk to in order to ensure that they receive the right support.

- An ability for the PSW to maintain a focus on self-management, self-care and their own health and wellbeing by:
  - working to their strengths
  - engaging in strategies such as stress management, using wellness and recovery plans, and seeking support from others when needed
  - anticipating challenges by responding to, and managing, experiences that trigger upset and/or early warning signs
- An ability to identify and manage any barriers to self-management or self-care, or to seek support from others
- An ability for the PSW to judge when:
  - their work is creating unhelpful levels of emotional distress and to put in place appropriate self-care
  - an ability to consider whether their experience of distress may be linked to social, environmental or personal factors (such as difficulties in their own recovery, or not being ready to start peer work)
  - work-related stress may impact on their effectiveness, how they behave at work and on other members of the team
  - they have reached the limits of their responsibility or competence, and when to seek advice, management or supervisory support, or assistance from others
- An ability for the PSW to monitor and reflect on personal feelings or challenges that arise as a result of their work and role, for example:
  - issues arising directly from their work with people they support
  - conflict within the team, or unhelpful organisational pressures

1. ■ An ability to monitor and reflect on the impact of any challenges, and so judge when support or supervision is necessary, in order to:
  2. □ help them maintain their own wellbeing
  3. □ identify potential solutions
  4. □ ensure that decisions about the best way forward are taken based on careful reflection (for example, whether to persist, adapt or stop a course of action)
  5. □ continue working effectively and to maintain everyday activities and responsibilities

## 6.2. Able to make effective use of supervision

Supervision is understood differently in different settings. Here, it is defined as an activity that gives PSWs the opportunity to review and reflect on their work with a senior PSW, clinician, or with colleagues in peer supervision. This includes talking about areas that they might experience as difficult or distressing. This definition distinguishes supervision from line management or case management.

See Supporting Document, Section 6.3.1

6. ■ An ability to hold in mind that the main purpose of supervision is to:
  - 6.1. □ support the delivery of peer support in line with its values, principles and focus on the value of lived experience as experiential knowledge
  - 6.2. □ help PSWs develop their skills in using experiential knowledge and their lived experiences to support people
  7. □ offer active support and encouragement to the PSW
  8. □ enhance the quality of the care and support provided by PSWs
  9. □ share good practice and positive outcomes
  - encourage reflection about the impact of the work and peer support role, and where there are negative impacts or challenges, to identify potential solutions to them

### Ability to work collaboratively with the supervisor

- An ability to work with the supervisor to agree the content and structure of supervision (for example, agreeing the areas that need to be discussed, being clear about the respective roles of supervisor and supervisee, the goals of supervision and any contracts that specify these factors)
  - An ability to make the supervisor aware of any previous work or experience and identify the PSWs current learning or training needs
- 
- An ability for the PSW to:
    - engage with the supervisor as an active participant
    - present an honest and open account of the work being undertaken, including reflections on the emotional impact of the work
    - focus on the issues that seem most important and relevant (aiming to select and concentrate on these)

1.

## Ability to engage in self-appraisal and reflection

2.

- An ability for the PSW to:
  - be open and realistic about their capabilities and to share this self-appraisal with the supervisor
  - reflect on and use feedback from the supervisor to further develop the skills for accurate self-appraisal, and to apply self-reflection in future work

3.

4.

5.

## Ability to engage in active learning

6.

- An ability for the PSW to follow through suggestions regarding relevant reading or additional training made by the supervisor or peers, and to incorporate this learning into their practice

6.1.

6.2.

7.

## Ability to use supervision to reflect on developing personal and work roles

8.

9.

- An ability to use supervision to discuss the personal impact of the work, especially where this reflection is relevant to self-care and to maintaining the likely effectiveness of the work
- An ability to use supervision to reflect on the impact of the work in relation to sharing their lived experience and their development as a PSW

# 7. Meta-competences for peer support workers

- An ability to balance the various roles of a PSW (for example providing support, promoting people's rights, facilitator, providing interventions)

## Attitudes, values and style of interaction

- An ability for PSWs to be aware of their own values, and to reflect on the ways that these values might affect (positively and negatively) the people they work with

## Engagement and intervention

- An ability to judge when it is best to refocus on goals that are seen as personally relevant or manageable/achievable by the person they are supporting, rather than continuing to explore other issues, which could lead to disengagement
- An ability to judge when social and cultural barriers to engagement may be relevant and need to be taken into consideration
- An ability to judge when to continue focusing on working with difficulties and when to step back, based on the level of engagement with a person
- An ability to identify and respond to implicit or explicit indicators that a person is at risk of disengaging from the interaction, for example by:
  - responding to and openly discussing explicit feedback that expresses concerns about important aspects of the conversation or proposed course of action
  - responding to implicit feedback that indicates concerns about important aspects of the discussion (for example, feedback through comments, non-verbal behaviour or significant shifts in responsiveness)
  - identifying when it seems difficult for people to give 'authentic' feedback (that is, responding with what they think the PSW wishes to hear, rather than expressing their own view) and discussing it with them
- An ability to balance flexibility and consistency when providing care and support, and delivering interventions
- An ability to judge when to offer self-disclosure and to decide what would be helpful to disclose and what should be held back

## Support

- An ability to match the intensity and timing of support to the person's needs, and to judge whether and when to increase or decrease the level of response
- An ability to judge when to offer support to the person or when to foster independence and their ability to self-manage

1.

## Ability to respond to feedback

2.

- An ability to discuss any feedback from people expressing concerns about the care, support or interventions they receive

3.

- An ability to detect and respond to implicit feedback that indicates that a person has concerns about the care, support or interventions they receive (for example, non-verbal behaviours, verbal comments or changes in behaviour or responsiveness)

4.

## Ability to focus on self-care

5.

- An ability for the PSW to judge when they have reached the limits of their responsibility and competence and when to seek advice, management or supervisory support, or assistance from others

6.

- An ability for the PSW to judge when they are experiencing unhelpful levels of stress and to prioritise taking appropriate steps to relieve this

7.

8.

9.



1.

2.

3.

4.

5.

6.

7.

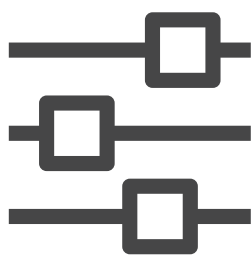
8.

8.1.

8.2.

8.3.

9.



## 8. Optional skills: Using psychological approaches to support personal recovery

See Supporting Document, Section 5.4

### 8.1. Able to help people to make use of psychological approaches to support their recovery

- An ability to maintain the core experiential, relational and nondirective role of the PSW while supporting people to make use of psychological approaches to support their recovery

---

- An ability to identify when it may be helpful for a person to make use of a psychological approach
- An ability to outline the rationale for using psychological approaches and answer any questions or concerns, ensuring that the person:
  - understands the rationale for using a particular psychological approach and how it might help them
  - indicates whether (or not) this is an approach that may be of interest
  - indicates their willingness to engage with (and try out) these strategies

---

- An ability to support the use of psychological strategies (with appropriate training, supervision and support), for example:
  - support for self-management, self-help and self-care
  - active listening
  - problem-solving and coping strategies

---

- An ability to work with the person to monitor and review the utility of the strategies being used and, if necessary, to adapt, change or stop the way they are working together
- An ability to respond to, and discuss with the person, any feedback regarding the strategies being used (whether this is given directly or indirectly)
- An ability to discuss and work together to problem-solve any difficulties the person may be experiencing with making use of the approach

1.

## Supporting people in crisis

2.

- An ability to support people who are experiencing a mental health crisis, by:
  - drawing on lived experience to inform the support being offered
  - keeping in mind the person and their values
  - using active listening skills to provide a sense of safety and reassurance
  - working with others to find or create safe spaces for the person
  - using knowledge of local resources, services and support to connect or signpost people to the appropriate service

3.

4.

5.

6.

7.

- An ability to help people who are experiencing or have experienced a mental health crisis to carry out, develop or update crisis plans, including advanced statements or directives, alongside the services providing care

8.

## 8.2. Able to work with people in groups

8.1.

8.2.

8.3.

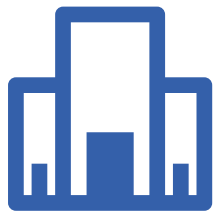
9.

- An ability to draw on lived experience when working with colleagues to plan groups, such as thinking about:
  - practicalities (for example, setting)
  - content of sessions (including resources and materials required)
  - roles and responsibilities of staff involved in the group programme
- An ability to contribute to establishing an environment that is physically and emotionally safe, for example by:
  - discussing ground rules (for example, the importance of confidentiality and respect for others)
  - drawing attention to any breaches of the ground rules
  - helping all group members to participate
- An ability to engage with group members and build a positive relationship with each individual
- An ability to be alert to group dynamics, such as the formation of sub-groups, or the impact of individual relationships on the rest of the group
- An ability to match the content and pacing of sessions to the needs and views of group members
- An ability to explore and address any barriers to participation in the group, such as:
  - practical barriers (for example, transport or childcare)
  - social and emotional barriers (for example, anxiety around talking in a group or worry about stigma restricting the topics the person is willing to discuss)
  - historical factors (for example, previous negative experience of groups)
- An ability to promote and encourage regular attendance, while not stigmatising those who fail to attend sessions

1. ■ An ability to plan for and reflect on potential challenges to the group, such as:
  - disruptive behaviour
2. □ persistent lateness, absence or non-engagement
3. □ members who dominate a group (to the exclusion of others)
4. □ high levels of distress

### 8.3. Able to support people's use of digital interventions

5. ■ An ability to draw on knowledge of digital interventions that people with mental health needs can use to support themselves
6. ■ An ability to draw on knowledge of the various formats that can be used to access digital interventions, for example:
  - 7. □ mobile phone apps
  - 8. □ websites
  - 8.1. □ video or telehealth options for 'virtual' therapy or meetings (such as Zoom or FaceTime)
- 8.2. ■ An ability to support people's use of digital interventions to improve their mental wellbeing, self-help and self-management, for example by:
  - 8.3. □ helping them to overcome any technical or practical barriers to using the intervention (such as not being familiar with using apps or having limited access to a computer, tablet or phone)
  - identifying when the person is having difficulty using or engaging with the digital intervention, and helping to problem-solve these, for example:
    - explaining the rationale for the digital intervention
    - helping to clarify goals and tasks associated with the intervention
    - identifying (and addressing) challenges to maintaining motivation
9. □



## 9. Competences for organisations supporting the peer support worker role

### 9.1. Ability to assure appropriate recruitment and support of peer support workers

Organisations should ensure that processes related to the employment of PSWs (such as the development of criteria for recruitment, interview, selection and induction) are co-produced with people with relevant lived experience of providing or receiving peer support.

See Supporting Document, Section 6

#### Specifying the role

- An ability for the organisation to develop a job description that clearly specifies the PSW's role, remit and boundaries, and to ensure that:
  - the role reflects the values and principles of peer support
  - the lived experience of the person being appointed is relevant to the people and populations they will be working with
  - the role fulfils its purpose
  - the role is not used to fill gaps in the team or service

#### Recruitment

- An ability to develop recruitment criteria for PSWs that:
  - reflect the likely pathways taken by such workers, for example recognising that:
    - there may be gaps in the person's employment history
    - there may be patterns of extended sick leave
  - consider qualities such as temperament, natural abilities and wellbeing, motivation and self-efficacy, as well as employment history

1. ■ An ability for the organisation to plan how best to manage queries raised in the course of standard pre-employment checks, for example to ensure:
  2. □ that occupational health units are aware that (by definition) PSWs will have a mental health history
  3. □ that where an application or a DBS (Disclosure and Barring Service) check flags a criminal history, arrangements are in place for HR (human resources) and clinical staff to consider its implications for employment and, where possible, take positive risks to support those who might otherwise be excluded
- 4.
5. ■ An ability to offer support to potential PSWs during the application process, for example:
  6. □ ensuring that they understand the recruitment process
  7. □ offering guidance about completing application forms
  8. □ offering support regarding the interview process (for example, discussing the format of an interview, or offering interview practice)
9. ■ Where PSWs are in receipt of benefits, an ability to organise for them to receive benefits advice (so that they are aware of any financial implications arising from employment)

### Integrating peer support workers into the workforce

- 9.1. ■ An ability for the organisation to ensure that before PSWs are employed, other staff members:
  - 9.2. □ have a clear understanding of the role and remit of the PSWs being employed by the service, and of the models that underpin this role
  - have an opportunity to discuss any queries or concerns about the PSW role
  - understand that PSWs should not be pressured to share their lived experience with their colleagues (that is, that they own their story and should be able to choose when, how, and how much of their experience they wish to disclose)
- An ability to monitor how teams relate to and work with PSWs, and to identify and manage any difficulties
- An ability to provide training for all staff within the organisation to help share and promote the ethos, values and principles of peer support
- Where the PSW has had previous contact with the service or staff to receive mental health care, an ability for organisations to ensure that the PSW's personal information and mental health history remain confidential
- Where the PSW requires care from a mental health team, an ability to discuss and, if appropriate, organise this outside the service in which they are currently working

1.

## Training, support and supervision

2.

- An ability to put in place reasonable adjustments tailored to the PSW's needs and that facilitate their capability to undertake the roles expected of them

3.

- An ability for the organisation to identify and put in place:

4.

- appropriate training for the roles undertaken by PSWs (including training around equality, diversity and cultural competence)

5.

- appropriate levels of supervision (specifying the expected frequency, duration and format of supervision sessions); this includes a supervisory structure and protected time that allow PSWs to meet with at least one other more experienced senior PSW

6.

- this can be provided internally or externally to the organisation, but must be undertaken in a context that is psychologically safe as defined by the PSW

7.

- An ability for the organisation to ensure that there are systems in place to monitor and support PSWs' wellbeing

8.

- an ability to identify (and where appropriate enact) plans to support PSWs who experience difficulties in the course of their work (for example, identifying sources of support, supporting the worker in having time off)

9.

- An ability for the organisation to enable PSWs to link in with peer networks to facilitate shared learning

9.1.

9.2.

- where a peer network does not exist, supporting PSWs to establish local peer support networks

## Career planning

- An ability for the organisation to support the PSW to access further training or professional development activities

- An ability for the organisation to identify career planning or progression for PSWs, both in the context of peer support and in preparation for other roles

- An ability for the organisation to provide opportunities or support the PSW to develop leadership and management skills, as part of their career progression

## Developing the peer support worker role

- An ability for the organisation to consider how the PSW role could be developed and embedded across the service, taking into account the needs of the people and populations being served

## 1. 9.2. Ability to organise work-based supervision of peer support workers

2.

3.

4.

5.

6.

7.

8.

9.

9.1.

9.2.

Supervisors of PSWs should understand the values and principles of peer support. Supervision should be role-specific (from an individual with active experience of the PSW role), with additional supervision from a colleague when they work within multidisciplinary teams.

See Supporting Document, Section 6.3.1

### Supervision structure – setting up the meeting

- An ability to collaboratively develop an agenda for the supervision meeting, including (for example):
    - routinely 'checking in' with the PSW to help maintain focus on their self-care and any needs arising from this
      - helping PSWs discuss psychological stresses arising from their work and how these can best be addressed
    - reviewing issues related to the people being supported by the PSW
    - reviewing any issues related to the development and maintenance of relationships with mental health teams
    - identifying challenges to working in a way that is in line with the values and principles of peer support
    - help with administrative issues (such as meeting any relevant local standards)
    - helping PSWs to review and manage their caseloads and schedules
  - An ability to draw on knowledge that meetings should include a review of any previously identified issues (and so identify and address any challenges)
- 
- An ability to gain knowledge of the people being supported by PSWs
  - An ability to ensure that (over time) there is an opportunity to discuss all the people being supported by the PSW

### Ending the meeting

- An ability to draw on knowledge that at the end of the meeting the supervisor and PSW should agree on any steps to be taken and specify how these will be achieved
- An ability to draw on knowledge that the content of discussions in supervision should be documented, identifying the next steps and any agreed goals

## Maintaining a focus on strengths-based supervision

1. ■ An ability to draw on knowledge that supervision should help PSWs focus on the strengths of the person who is being supported, and on them maintaining hope
2. ■ Where PSWs express frustration with a person's progress, an ability to empathise and redirect discussion to problem-solving issues that have emerged while maintaining a focus on the person's strengths and resources
3. ■ Where PSWs express concerns about their ability to carry out their roles, an ability to maintain a strengths-based perspective, identifying those areas in which they are succeeding

## Giving feedback

### Ability to create a context for giving feedback

4. ■ An ability to ensure that the supervisory relationship is good enough to allow feedback to be accepted (and reflected on) by the PSW
5. ■ An ability to detect whether the PSW is able to engage with feedback, and (if relevant) to identify and explore any factors that make this difficult for them
6. ■ An ability to ensure that the PSW is in a position to make sense of (and use) the feedback (that is, that the feedback is congruent with their current level of understanding/learning)
  7. ■ An ability to detect when feedback may have a negative impact on the PSW (for example, increased anxiety), and to manage any consequences in a supportive manner

### Ability to give feedback in an appropriate manner

8. ■ An ability to give feedback that:
  9. □ is balanced (that is, the feedback identifies what the PSW did well, as well as what could be improved)
  10. □ is clear and appropriately direct
  11. □ focuses on specific aspects of the PSW's work (rather than making general observations)
12. ■ When commenting on perceived challenges or difficulties, an ability to suggest alternative actions the PSW could take
13. ■ An ability to phrase feedback in a manner that avoids the attribution of personal failure by:
  14. □ focusing on examples of behaviour (as opposed to attributing challenges or difficulties to the PSW's personal qualities)
  15. □ phrasing comments in a way that directs attention to the issues rather than to personal characteristics of the PSW
16. ■ After giving feedback, an ability to encourage, be receptive to, and to engage with any feedback from the PSW



## Modelling and observing

- 1.
  - 2.
  - 3.
  - 4.
  - 5.
  - 6.
  - 7.
  - 8.
  - 9.
  - 9.2.
- An ability to collaborate with the PSW to identify areas that would be helpful to practise or review in supervision sessions
  - An ability to use modelling to demonstrate specific techniques and to aid learning:
    - clarifying with the PSW how supervision sessions that include modelling will be run (for example, whether they will also practise techniques that the supervisor has modelled)
    - setting up and conducting exercises that allow the PSW to practise or rehearse implementing strategies and procedures (for example, exploring ways to phrase questions, implementing specific techniques)
    - setting up and conducting role play of encounters that are relevant to the skills being demonstrated
  - An ability to structure practice sessions in a manner that ensures that the PSW is:
    - clear about the aim(s) of the practice session
    - appropriately prepared (for example, through prior discussion or modelling of the skills by the supervisor)
    - clear about the skills they are expected to practise/demonstrate
  - An ability to give feedback to the PSW that is accurate and constructive, focuses on both strengths and areas for improvement, and is task-specific (rather than global)
  - An ability to help the PSW to reflect on feedback

