



# Culture of Care

## Peer Support Implementation Space

Friday 5 September 2025, 14:00 – 16:00

NATIONAL  
COLLABORATING  
CENTRE FOR  
MENTAL HEALTH



Neurodiverse  
Connection



NCISH

# Welcome from our team!



**Mark Allan**

Peer support lead, CofC delivery team  
Head of peer work, TEWV  
Hearing Voices Network England, Vice Chair  
[mark.allan1@nhs.net](mailto:mark.allan1@nhs.net)



**Tom Ayers**

Director, National Collaborating Centre for Mental Health (NCCMH)  
[Tom.ayers@rcpsych.ac.uk](mailto:Tom.ayers@rcpsych.ac.uk)



**Sal Smith**

Head of Coproduction and Lived Experience,  
National Collaborating Centre for Mental Health (NCCMH)  
[sal.smith@rcpsych.ac.uk](mailto:sal.smith@rcpsych.ac.uk)



**Emily Daly**

National Advisor,  
National Collaborating Centre for Mental Health (NCCMH)  
[coc.ed@rcpsych.ac.uk](mailto:coc.ed@rcpsych.ac.uk)

# Housekeeping

- Please mute your microphone unless you are speaking.
- Cameras on or off, whatever is comfortable.
- We will not be recording today's session
- If you would like to ask a question or leave a comment, please use the raise hand or chat function within the meeting
- If you experience any technical difficulties, please email: [cultureofcare@rcpsych.ac.uk](mailto:cultureofcare@rcpsych.ac.uk)

# Shared principles



**Collaborative learning** – *Make the most out of the session, whatever that looks like for you.*



**Respect privacy** – *Protect carefully the privacy of people's stories. Ask what parts, if any, you can share with others.*



**Approach with kindness and curiosity** – *We've all been through stuff so let's look after each other in this space.*



**Diversity of views** – *respecting different viewpoints and experiences and being okay with sometimes disagreeing.*



**Language is important** – *If you want to improve culture, the way you speak to and about the people around you needs to support the building of trusting relationships.*



**Be kind to yourself** – *take breaks if needed, use our quiet space*

# Schedule of Events

Time	Event
14:00	<b>Housekeeping</b>
14:10	<b>Introductions</b>
14:20	<b>Information Sharing</b>
14:55	<b>Break</b>
15:05	<b>Discussion Space: Problem Solving and Sharing Successes</b>
15:50-16:00	<b>Closing</b>



# Introductions

- Name
- What provider / organisation with?
- What preparation for an inpatient peer role looks like where you are?
- Aspect of preparation you are most interested in covering?



# Preparation: Key Resources

- HEE - Competence Framework for Mental Health Peer Support Workers (Org Comps)
- ImROC - Peer Support Workers: A Practical Guide to Implementation
- Scottish Recovery Network – Let's Develop Peer Roles
- Peer Hub – Peer Support Implementation Guide



# Preparation: Themes

- **Creating PSW opportunities** – getting leadership buy in & funding
- **Identifying peer leadership & governance** – ensuring peer expertise integrated
- **Defining roles** – ensuring peer values and role fidelity (supernumerary!)
- **Preparing key organisational stakeholders** – such as recruitment, workforce, rostering
- **Preparing teams** – so they understand peer role, and how to support as colleagues
- **Preparing and supporting peers** – having a plan for recruiting, training, supporting, supervising, and connecting peers
- **Evaluation and evolution** – how you will learn from and share what's working well and what can be improved?



# Feedback: What You Would Like from the Space

- **Focus on practical issues / guidance**
- **Knowledge sharing / sharing best practice**
  - Recruitment (role structure, job descriptions, banding)
  - Workforce development
  - **Specifics of embedding & supporting inpatient PSW**
  - Developing career structures


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- **Networking and peer connection**
- **Collective problem solving**



# Preparation: Inpatient Specific & Practical

- **Preparing Ward Teams**
- **Inducting Peer Support Workers into the Ward**



# A Peer Worker's Perspective: The Value of Preparing Wards and Organisations to Work with Peers

**Emily Daly**

*Culture of Care National Advisor*

# A bit about me...

I have been involved in services as a patient and carer for over 26 years

I have a diagnosis of autism, EUPD as well as several physical health conditions

I have used many types of services including:

- CAMHS
  - community services
  - psychiatric liaison
- Adult
  - inpatient, sectioned and voluntary, upwards of 15 admissions varying from a few days to 3+ months
  - Community services including:
  - CMHT/Care Coordination
  - Specialist Therapy Services \*Dialectical Behaviour Therapy/Mentalisation-Based Treatment\*



# **My journey as a Peer Support Worker within the NHS**

# Why?

By **supporting** our workforce (including those with lived experience) to feel part of decisions being made to include new professions into the Multi-Disciplinary Team (MDT) we can create an atmosphere of **acceptance**, and even **excitement**, towards change.

By putting **careful thought** into how the team get supported before a peer is employed, during the time they are employed and that there are mechanisms for raising any concerns in a professional and supportive way, teams are much more likely to respond well to a new peer within their service.

It also creates a good, supportive working atmosphere for the peer as they may (not always) be new to the role and this may have been the **first time** they have been able to walk through the doors of the ward **freely**. This experience should never be **overlooked** or **underestimated**.

This will hopefully lead to a long and **fulfilling** relationship that involves **everyone** such as nurses, healthcare assistants, doctors, the peer themselves, their supervisor and their patients and carers.

# Preparing the Ward Team

- **Link in with Team Manager**
- **Deliver PSW Team Prep**
  - 70% of team must attend training
  - Much more difficult in inpatients than community
    - Staffing numbers and stretch
    - Ward managers were generally less good at getting back to us
  - We implemented the following solutions
    - Started checking in that people were rostered on in lead up
    - Developed shorter version (from 3 hours to 1 hour)
    - Delivered to very small groups & even 1:1 at times
    - Delivered in ward-based rooms
- **Team readiness was considered but not via formal assessment**
  - A formal team readiness scale is a possibility to consider

# Team Preparation Training

- Introduce key terms (peer support, PSW)
- Peer support values
- Storytelling: Peer support impact
- PSW Role (narrative description, what we do, what we don't)
- **Team concerns discussion**
- Myth busting
- Share evidenced benefits of PSW & TEWV evaluation data
- Storytelling: PSW experience in role
- TEWV peer work professional structures
- Team responsibilities & ways team can support peer role
- Evolution of PSW in TEWV
- Share service specific role details – e.g. roles **supernumerary!**
- Workshop remaining role details
- Team hopes discussion



# Ward PSW Induction

- **Starts in recruitment**
  - Recruitment Day (meet manager, hear about team & role)
- **Peers train centrally before joining ward team**
  - Meet managers / team during a day early in training
- **Senior Peer Worker will have worked into ward team prior to peer joining**
- **Structured Introduction:**
  - Shadowing clinical colleagues
  - Work alongside a Senior Peer Worker to build confidence
  - Increased supervision frequency when starting lone PSW
- **Two peers on a team, or linked roles mitigation**



# Other Possibilities Space

- Please do share either verbally or chat any additional steps taken in your services!
- Is there anything people would like to explore further?

# Break



**Whole Group Discussion:**

**Problem solving & sharing successes**

**Can be preparation related or not**



# Upcoming Schedule

Session	Hour 1	Hour 2
1	Opening the Space (this session)	
2	Preparation	Problem solving / sharing successes
3	<b>Recruitment Thursday 23 October, 10.00 – 12.00 pm</b>	<b>Problem solving / sharing successes</b>
4	Workforce Development	Problem solving / sharing successes
5	Cultural Competency, Peer Support Commissioning & Workforce Diversity	Problem solving / sharing successes
6	Developing Career Structures	Problem solving / sharing successes
7	Evaluation	Problem solving / sharing successes
8	Developing Peer Leaders & Peer Networks	Reflections & what next?



# Checking Out

Thank You!

Please share your reflections and suggestions

We have a QR code for feedback on the next slide

Please contact us to let us know which sessions you would be prepared to share at: [mark.allan1@nhs.net](mailto:mark.allan1@nhs.net)

Looking forward to hearing from you and to the next session!

# With gratitude

- Thank you so much for coming today and for the work you continue to do to influence services and try to improve things for patients and families.
- If you could kindly scan the QR code and provide your feedback.
- You can also email [mark.allan1@nhs.net](mailto:mark.allan1@nhs.net) with feedback or suggestions or to volunteer to be part of the sharing at a session



<https://forms.office.com/e/Uk4LZEcy2Y>