The Competence Framework for Mental Health Peer Support Workers (PSWs) – Consultation comments and responses

Note: The sections and page numbers refer to the document versions sent out for consultation, not the final published version.

Respondent 1

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Background document	4.5	18	16-18	I had to read this several times to understand it.	Possibly: hold in mind the purpose…?	Thank you for your comment. The document has been revised to clarify the text in this section.
Competence Framework	1.2	6	Cell 5	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 seems unpractical within the context of mental health organisation, given that there are restrictions built in to the service line the peer support is being offered e.g. if someone is being given a service under an adult community mental health team which is only operable 9:00am – 5:00pm Monday – Friday, a service user can't request to meet a PSW at 6:00pm for instance. There will, necessarily be things which restrict choice within each service line peer support is being offered. We don't want to set people up to fail, either our PSWs or service users if an expectation is placed on them that they can negotiate free choice.	-	Thank you for your comment. The authors acknowledge that full choice will not be possible, but encourage services to make choice available where possible and practical, throughout the Framework and its supporting document.
Competence Framework	2.4	11	Cell 2	An ability to draw on knowledge that ethical and (where relevant) professional guidance represents a set of principles. I'm unclear what this is referring to? Whose professional guidance?	-	Thank you for your comment. The professional guidance used would be decided locally. It refers to guidance produced by statutory and non-statutory organisations, some of which is discussed in the supporting document and its section of resources.

Competence Framework	2.72.7	15		I believe you have missed out how PSWs support recovery-focused approaches to risk management such as Safety Plans(ing). Our Trust, for example, is implementing Safety Plans across the Trust which will replace existing risk management plans. Our Peer Support Workers work alongside colleagues and service users and carers to help promote a safety rather than risk culture, changing the focus around responsibility for keeping oneself safe and facilitating the learning of skills in order to achieve this. As well as supporting the cultural change within the organisation and equipping staff with the knowledge and skills they need. This is a big part of our suicide prevention and self-harm reduction strategy and our PSWs have a vital role in this. In effect, the same principles of recovery and peer support are applied to self-harm and suicide prevention and that should be reflected in the framework.	-	The framework and supporting documents have been revised - please see the updated documents, in which we hope your concerns have been addressed. Under the section 'Able to offer a personalised recovery perspective', the competence has been amended to: "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: reviewing and updating risk assessment documentation to support co-produced safety plans developed with people"
Competence Framework	3.2.2	19		Re: non-verbal behaviour. Some mental health conditions mean that there is non-congruent facial expressions. This is equally true of our PSWs who may have these conditions. I would expect our PSWs to explain any personal barriers to open communication directly with the people they support and negotiate ways to improve communication between them. They need an ability to recognise their communication needs as well as the communication needs of the people they support. Having read the rest of this section on communication, I think this is written from the point of view of the PSW having no barriers to communication themselves, but all the barriers are one-sided, on the side of the 'supported'. This is never true of any aspect of Peer Support so this section should reflect that too please.	I suggest: 'using appropriate non-verbal behaviour that is responsive to what has been said (for example through appropriate, congruent facial expression or by nodding) or using lived experience of such difficulties to help overcome barriers to empathetic communication'.	Thank you for your comment. This point has been added to 3.5

Competence Framework	3.3.6	22		This would seem to be possible if working for a community mental health team or non-statutory, third sector, however, does not work for PSWs working in forensic services, acute wards/inpatient areas etc.	Change the wording from 'if the person prefers, which may not always be within the gift of the PSW to provide. To: where-ever possible follow the preferences of the person being supported with regards to meeting in locations….	Thank you for your comment. An edit has been made to reflect this.
Competence Framework	3.5	25		'To help families and carers feel comfortable and confident to ask questions when they are uncertain or confused'. I'm thinking about the research around suicide and carers - where carers had contacted MH services with concerns, they hadn't been listened to and subsequently their loved ones had died by suicide. In response our PSWs also use their role to help the carer be 'heard, listened to and responded to by the team their loved one is accessing support from' and wonder whether some of that can be reflected in the above statement. As it stands, the statement could be comfortable to ask questions of the PSW…. Also wonder whether some knowledge of the Care Act is a requirement here…or a useful signpost perhaps?	-	Thank you for your comment. We have added a competence to cover this (now under 3.4)
Competence Framework	4.1	26	Second paragraph:	I certainly wouldn't want my manager's name on my wellness plan which is a very personal plan. This statement feels too prescriptive and inflexible. I agree that organisations need to have systems in place and the PSWs need to know who to talk to for support, however, there are other places this can be documented, for example in supervision agreements and not necessarily on recovery or wellness plans.	-	Thank you for your comment. The paragraph has been amended (now in 6.1)
Competence Framework	4.2	27		I think other purposes of supervision is to: Help awareness and management of peer drift and ensure PSW is staying working within the Recovery Model.	-	Thank you for your comment. We feel this has already been include (now in 6.2)

Competence Framework	5.1	29	Cell 5	'Engage in actions that can lead to personal growth and development, even if these may be seen by others as challenging or INVOLVING A CONSIDERED RISK. Don't like the end of this statement. It's one thing for a PSW to be considered 'challenging' it is quite another for them to be deciding what is and what isn't a 'considered risk'. I would expect our PSWs to discuss openly with the other members of the service users' care team what the plans are that might involve a 'considered risk' and for it to be collaboratively considered together as a team, which includes the service user and carer within that collaborative agreement. But the final decision regarding any risk, considered or otherwise, would not sit with a Band 3, which is what our PSWs are.	-	Thank you for your comment. This has been discussed with the ERG and chair who recognised the issue but felt the term should be retained. As such the term 'considered risk' has been kept in the document (now in 4.1).
Competence Framework	6.4	35		Ability to support transitions in care could also include discharge planning out of services.	-	Thank you for your comment. We have included transitions as being 'within, across or out of organisations' to cover this (now in 4.7)
Competence Framework	10.1.3	47		I wonder whether there could be added something around should a PSW require help by mental health services, there is an understanding by the organisation that that can be accessed 'out of area' of the PSWs place of employment.	-	Thank you for your comment. This has been added to both the supporting document and competence framework.

Respondent 2

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Process				It is deeply troubling that the core development team (the NCCMH team and the UCL Partners and Care City team) is not, in the main, comprised of peer support workers, people with lived experience or leading researchers or practitioners in peer support. Many of the members of the Expert Reference Group were brought in late in the process.	-	Thank you for your comment. The NCCMH convened an Expert Reference Group, with peer support workers, people with lived experience, including researchers with lived experience. The ERG has been involved throughout the entire process and have contributed greatly to drafting the competences (described in the project timeline in the supporting document)
Process				There was no wider consultation and engagement during the drafting of the Competence Framework.	-	Thank you for your comment. There was a limited timeframe for the development of this work, so the first draft of the competence framework was written before the first ERG meeting as a starting point for discussion and revisions, with the aim of taking in all agreed feedback and suggested changes to the structure and content from the ERG members. Please see the project timeline on p.3 of the supporting document, which shows the stages of development and involvement including engagement.
Process				Whilst I appreciate the limited changes UCLP has made to the consultation process following feedback, it still has a number of drawbacks, including but not limited to: the length of the documents, the short timeframe, the lack of summary & the lack of clear questions linking to the document. This feedback document (Word table) is not user-friendly.	-	Thank you for your comment. The timeframe is mentioned in our response above, and in the supporting document. The consultation process was based on NICE's guideline process, and it was a general consultation on the documents rather than one with specific questions. Thank you for your points about the Word consultation comments table – again, this is based on NICE processes and was used so that all of the comments and feedback could be reviewed and processed in the time that we had.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Process				There is a lack of clarity re how greater points of contention will be addressed.	-	Thank you for your comment. More contentious points were discussed by the ERG in the 4th meeting, and the documents were revised after the meeting. The documents were then reviewed in focus groups. Please see the timeline on p.3 of the supporting document
Process				It is hard to see how the Consultation will elicit meaningful feedback from peer support workers or other actors who might be time poor.	-	Thank you for your comment. The month-long consultation was widely advertised, with focus groups organised by MIND to pick up this point.
Process				The documents are not accessible – e.g. have not been shared in Easy Read.	-	Thank you for your comment. The documents have been edited by an EasyRead editor, and were substantially revised again after the June ERG, taking in the views of the Developers and with a focus on the accessibility of the language.
Process				Finally, one could argue that providing competencies across an occupation or professional group is out of scope for the NCCMH and UCL based on previous competency development. NCCMH and UCL have previously focused on specific interventions and/or clinical groups (such as specialty services e.g. CAMHS or diagnostic based interventions). There is no evidence of prior scope for NCCMH/UCL to set standards or competencies for professional groups, e.g. psychologists, occupational therapists, social workers etc. Peer support, in a formalised form (i.e. in paid or voluntary roles, rather than in grassroots communities), is a professional group like psychology or nursing – not an intervention or specialism – and is developing its own professional identity across a broad range of practices, which in time may come with accredited or chartered professional bodies (e.g. Royal College of Psychiatry, Royal College of Nursing, British Association for Counselling and Psychotherapy) or may	-	Thank you for your comment. The NCCMH and UCL have experience in developing competences for professional staffing groups.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
				indeed become a regulated profession (e.g. Occupational Therapist, Psychologist, Social Worker). In the same way that it is not for NCCMH to set competencies for other professional groups, it is not for NCCMH to set competencies and frameworks for peer support.		
General				It is my view that the Competence Framework is not fit for purpose.	-	Thank you for your comment. Extensive revisions have been made to both documents.
General				The Framework does not reflect widely shared understandings of peer support (in practice or theory), nor does it reflect the values of peer support. It conflates and confuses peer support work with support work and clinical work.	-	Thank you for your comment. Following the revisions to the documents, the understanding, values and boundaries of peer support have been made clearer.
General				The Framework is too prescriptive.	-	Thank you for your comment. The competence framework has been organised in domains that include the core skills and knowledge, as well as additional/optional skills and knowledge for PSWs who want to increase their skills. We hope that this and other revisions to the documents make it more flexible.
General				The Framework does not reflect or engage with the evidence base in this area. There are significant gaps in the references which might explain the poor understanding of peer support presented in the documents.	-	Thank you for your comment. Please see the revised documents.
General				The Framework does not adequately convey the level of skill involved in peer support work, and risks diluting the specialist nature of the work.	-	Thank you for your comment. The documents have been revised, better presenting these aspects of the role.
General				The Framework does not set out some of the complexities of peer support, in particular the complexities of integrating peer support into a statutory workforce.	-	Thank you for your comment. Please see section 6 of the revised supporting document.
General				The Framework does not reference the diversity of peer support work in terms of models and practice.	-	Thank you for your comment.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General				The Framework does not articulate those areas in peer support where there is lively debate and no consensus, either in practice or in theory, including but not limited to: the role and meaning of recovery in peer support work, the intersections between a rights-based approach and peer support work, peer support as an intervention.	-	Thank you for your comment. Please see section 5 of the revised supporting document.
General				The Framework does not reference and address the fact that peer support is a grassroots and community-based movement and approach, with a rights-based, political focus. It is enacted in a number of settings (the community, mental health services, drug and alcohol services, the third sector, to name but a few), which has consequences on how (and whether) a competence framework should be articulated and how it should be informed.	--	Thank you for your comment. This has been included in the supporting document.
General				The basis of the development of the framework outlined in the Supporting Document suggests that competencies are required to tackle inconsistency and problematic implementation of peer support in systems. There is no evidence to suggest that failure to have a set of nationally directed competencies for the role of peer support worker has had any impact on the development of the role.		Thank you for your comment. Please see the revised supporting document.
Background document	1	4	1	This does not adequately reflect other, widely shared definitions and understandings of the 'core' of peer support (e.g. relational nature of peer support)	Please reference existing work on peer support: e.g. https://www.nsun.org.uk/peer-support-charter	Thank you for your comment. We have included references to other peer support work and organisations in section 4.
Background document	1	4	line 12-14	'Recovery' as a desirable outcome of peer support is a live, contested issue within both mainstream & peer support practice & literature. 'Preventing relapse and readmission' is a clinical lens & clinical outcome – peer support is not a clinical role (this highlights some of the tensions of integrating peer support in statutory settings).	Please reference existing work & contested areas on peer support & recovery (eg Steve Gillard), as well as critical work on recovery (e.g. RITB – also cited in many mainstream papers on recovery). Remove 'preventing relapse and readmission'	Thank you for your comment. This section has been amended, as has the section on 'recovery' (now 2.4), and Gillard has been referenced in Section 4 - however, it attempts to demonstrate the outcomes of peer support across both person outcomes and service outcomes.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Background document	1	4	16-17	There is no evidence to suggest that failure to have a set of nationally directed competencies for the role of peer support worker has had any impact on the development of the role.	Please provide evidence or remove	Thank you for your comment. This section has since been updated.
Background document	1	4	36	No evidence that this Framework would be beneficial to the VCSE sector, and given lack of VCSE engagement in the development of the Framework & clinical articulation of peer support role, it is highly unlikely to be.	Please remove	Thank you for your comment. The primary focus of this competence framework is to support the NHS workforce, however it will still be applicable to VCSE organisations.
Background document	1.2	5	14-15	Peer support exists & flourishes in numerous non MH settings	Please amend	Thank you for your comment. The document has been amended.
Background document	1.2	5	14-15	Peer support was developed in the community	Please provide context of development of peer support	Thank you for your comment. Please see new section 2.4, 'The origins of peer support'
Background document	1.2	5	15-16	This definition of peer support does not adequately reflect or draw on other, widely shared definitions of peer support	Please reference existing work on peer support: e.g. https://www.nsun.org.uk/peer-support-charter	Thank you for your comment. The document has been amended.
Background document	1.2	5	19-20	The idea that peer support workers need to be 'ready in their recovery journey' is highly loaded & contested, & does not reflect other, widely shared definitions of peer support	Please remove, or at the least, reference that this is highly contentious	Thank you for your comment. This section has been amended.
Background document	1.2	5	19-20	'relevant LE that matches the context or setting they are in' – not necessarily, misses the many nuances & complexities of what lived experience is & how a peer support relationship is built	Please remove	Thank you for your comment. The document has been amended.
Background document	1.2	5	21-22	'using a recovery as a tool'- again, highly contested & does not reflect other, widely shared definitions of peer support	Please remove	Thank you for your comment. This section has been amended.
Background document	1.2	5	23	'personal recovery- see comment 12 (40)	Please remove	Thank you for your comment. This section has been amended.
Background document	1.2	5	26	Whilst some peer support workers might work to develop people's skills in 'self-care & self-management', many don't, and many would not see this is as central to the role. Again, does not reflect other, widely shared definitions of peer support	Please remove	Thank you for your comment. This has been revised.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Background document	1.3	6	15	'Recovery' as a value is contested	Please remove or amend	Thank you for your comment. This has been amended. Please see the revised section 1 and 'recovery' section, 2.4.
Background document	1.4	7	line 1-23	This entire section needs to reflect the contested nature of recovery with peer support practice & theory. Would also be helpful to tease out the tensions between 'personal recovery' and 'clinical recovery' when a peer support worker is working in a statutory setting.	Please refer to wider literature & practice in this area	Thank you for your comment. As described above, this has been revised.
Background document	1.5	7	24	Surely all NHS workers are meant to work in a culturally competent way, not just peer support workers?	Please remove or amend	Thank you for your comment. This section has been extensively revised (see section 6.2)
Background document	1.5	8	line 12-14	This entire section is problematic & these lines in particular- it is not for peer support workers to ensure that all staff value the diversity of experience	Please remove	Thank you for your comment. This section has been extensively revised (see section 6.2)
Background document	2	9	8	These 4 areas covering the role do not reflect widely shared definitions of peer support, in particular 'Interventions'	Please amend & remove interventions	Thank you for your comment. Please see the revised core elements in section 5
Background document	2	9	13-14	Second clause is a support worker role, third is a clinical role. Neither are peer support.	Please remove	Thank you for your comment. This has been revised
Background document	2.1	9	16-27	This reads like a deeply impoverished account of the relational nature of peer support. It doesn't draw on any of the literature or practice in this area. The focus on peer support as useful when someone is on a waiting list for a therapeutic intervention is particularly unfortunate and manages to downgrade peer support.	Please rewrite	Thank you for your comment. This has been revised (see sections 2 and 5)
Background document	2.2	44113	line 28-7	This is link work/support work/signposting. Can be an additional thing that peer support workers can provide but is far away from being the core	Please remove	Thank you for your comment. This has been revised in section 5.2, including the different ways it can be appropriate for PSWs to connect with communities and resources
Background document	2.3	10	line 8-17	Is this advocacy or peer advocacy? Can be part of the role but is not central	Please amend or remove	Thank you for your comment. The document has been revised, reflecting your suggestion (see section 5.3)

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Background document	2.3	10		'safely challenge' suggests that peer support workers have a very limited role in challenging problematic practice, and inadvertently highlights the power dynamics at play	-	Thank you for your comment. The document has been revised, reflecting your suggestion (see section 5.3)
Background document	2.4	11	line 1-13	Peer support workers delivering interventions runs against widely agreed principles of peer support. This is one of many very problematic sections which seem to re-position peer support as a junior clinical role.	Please remove	Thank you for your comment. This was discussed in the June ERG, and there is new text about interventions in section 5 that addresses your feedback
Background document	3.1	12	line 1-10	No mention of the challenges presented by incorporating a community/grassroots/non-clinical approach (with different values and roots) in clinical settings. No mention of hierarchies at play. No mention of burnout, or emotional labour of peer support.	Please reference wide literature on this & consult with peer support workers in community & MH settings- e.g.:https://www.nsun.org.uk/blog/the-inconvenient-complications-of-peer-support	Thank you for your comment. Reference to these challenges has been brought in to the revised document.
Background document	3.2	14	line 6-8	The equation of peer support work with a 'story' is very problematic. Peer support is relational.	Please remove	Thank you for your comment. This refers to PSWs retaining ownership of their mental health information. 'Story' here is used as a metaphor, however the text has been edited for clarification (see 6.3.4).
Background document	3.3	14	24-25	Why 'should' peer support workers receive additional supervision from clinical staff? This is very contested in peer support, and comes with a number of assumptions.	Please amend	Thank you for your comment. This text has been amended (see section 6.3.1)
Background document	6	21-22	1-45, 1-7	This reference list goes a long way to explaining the document. It misses out crucial literature in the area. It also references documents such as the MHA 1983 which are irrelevant.	Please review extensively and update	Thank you for your comment. This has been reviewed and updated.
Competence Framework	1	5	Entire section	See comment 3 (31). This does not adequately reflect other, widely shared definitions of the 'core' of peer support (e.g. relational nature of peer support)	Please reference existing work on peer support: e.g. https://www.nsun.org.uk/peer-support-charter	Thank you for your comment. This has been referenced in section 4 of the supporting document.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	1.2	6	Entire section	See comment 3 (31). This does not adequately reflect other, widely shared principles of peer support (e.g. relational nature of peer support). Some (eg diversity) not just relevant to peer support; others (helping people learn from their experience & live well) does not reflect many iterations of peer support.	Please reference existing work on peer support: e.g. https://www.nsun.org.uk/peer-support-charter	Thank you for your comment. This section has been updated.
Competence Framework	2.1	7	Entire section	See comment 4 (32).	Please reference existing work & contested areas on peer support & recovery (eg Steve Gillard), & critical work on recovery (e.g. RITB – also cited in many mainstream papers on recovery)	Thank you for your comment. Gillard has been referenced in the supporting document.
Competence Framework	2.2.1	8	Entire section	Working knowledge of MH difficulties is a slippery competency (knowledge as defined & delivered by whom?). Being able to identify factors that 'promote wellbeing & emotional strength' is loaded. Peer support is relational & 'being-with'- not pushing people towards wellbeing.	Please remove or significantly amend	Thank you for your comment. This issue was discussed by the ERG and retained because this is very broad and basic knowledge.
Competence Framework	2.2.3	9	Entire section	Knowledge of physical health (& interaction between physical & mental health) not a necessary competency for peer support	Please remove	Thank you for your comment. This is meant to reflect working knowledge only, particularly if PSWs work in a statutory setting where an understanding of physical health may be required.
Competence Framework	2.2.5	9	Entire section	Incomplete and biased (also: not a competency and very hard to measure). Many, many reasons why people don't access support. Why not list structural racism as well? Doesn't go far enough to say it's not just subjective experiences of services which affect this.	Please remove or significantly amend	Thank you for your comment. This competence has been amended
Competence Framework	2.4	11	Entire section	Issues around boundaries in peer support are very live. This doesn't address any of them	Please refer to wider literature/ practice in this area	Thank you for your comment. Issues around boundaries specifically in relation to PSWs picked up elsewhere, especially in sections on communication and self-disclosure.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	2.5	12	Entire section	This entire section can be covered by an employer's policies & procedures re consent & confidentiality (where there can be variation). Doesn't need to be in this document. Furthermore 2.5.3 re information sharing completely bypasses the many ethical issues around this (highlighted in the vast literature on peer support).	Please remove	Thank you for your comment. Policies and procedures on consent/ confidentiality may vary, so these competences include the key issues related to the peer support worker role
Competence Framework	2.5.4	13	Entire section	See comment above	Please remove	Thank you for your comment. 2.5.4 was within 2.5, so is covered by the response above
Competence Framework	2.6	14	Entire section	This entire section can be covered by an employer's policies & procedures and applies to anyone working in mental health	Please remove	Thank you for your comment. This is an important area that applies to all staff, which is why we think it needs to be included.
Competence Framework	2.7	15	Entire section	This entire section can be covered by an employer's policies & procedures. There are variations in how different organisations respond to self-harm, and a vast body of research, activism and practice (including self harm peer support groups) which highlight the complexities & nuances around this - all of which are bypassed here.	Please remove	Thank you for your comment. This is an important area that applies to all staff, which is why we think it needs to be included.
Competence Framework	3.1	16	Entire section	See comments 17 and 18 (45 and 46). None of this is specific to peer support.	Please remove	Thank you for your comment. This is an important area that applies to all staff, which is why we think it needs to be included.
Competence Framework	3.1.2	17	Entire section	See comments, 17,18 and 40 (above). If you are going to list these factors, why not also name e.g. institutional racism? The list places the problem within the individual.	Please remove	Thank you for your comment. The framework and supporting document discuss the PSW working with/in organisations, and handling challenges there.
Competence Framework	3.2	18	Entire section	See comment 21 (49). This reads like a deeply impoverished account of the relational nature of peer support. It doesn't draw on any of the literature or practice in this area. The checklist for 'active listening' is incredibly basic and does not belong in a competency framework (there are many ways we can listen to others & create connection)	Please rewrite, and remove list of how to listen well	Thank you for your comment. These (now in 3.5) are all basic communication skills which underpin relational working and are important skills for all staff.
Competence Framework	3.2.3	19-20	Entire section	This is very simplistic, besides which is something that belongs in supervision/reflective practice	Please rewrite or remove	Thank you for your comment. This (now in 3.5) is an important area that

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
						applies to all staff, which is why we think it needs to be included.
Competence Framework	3.3.1	21	Entire section	The list is simplistic and reductive. should there be a list of this knowledge as a competency? Doubtful	Please rewrite	Thank you for your comment. This is an important area that applies to all staff, which is why we think it needs to be included.
Competence Framework	3.3.6	22	Entire section	Why is this a competency? Far too prescriptive	Please remove	Thank you for your comment. We feel that this (now in 3.2) is not overly prescriptive but indicates that PSWs should consider being flexible.
Competence Framework	3.4	23	Entire section	This reads like a deeply impoverished account of the relational nature of peer support. It doesn't draw on any of the literature or practice in this area.	Please refer to wider literature/ practice in this area and rewrite	This has been revised to accommodate concerns and reviewed by the ERG
Competence Framework	3.4	23		'conveying optimism and the hope of recovery' is contested within peer support.	-	Thank you for your comment. Most sources that we reviewed on peer support work included this element. We have amended 'recovery' to 'personal recovery'.
Competence Framework	3.4	23		The complexities of the function and action of sharing lived experience is missed out and is too prescriptive	-	Thank you for your comment. Please see the revised sections 2.1 and 4 of the supporting document
Competence Framework	3.4.1	23	Entire section	See comment 47.	Please refer to wider literature/ practice in this area and rewrite	Thank you for your comment.
Competence Framework	3.5	25	Entire section	An ability to engage and support families and carers is not necessary in many peer support roles. In many cases it may not be the right thing to do.	Please remove	Thank you for your comment. In some contexts it is very relevant, and this section makes clear that this is relevant 'where appropriate'.
Competence Framework	4	26	Entire section	Why should peer support workers maintain a focus on their self-care and self-management? Isn't this the responsibility of all healthcare staff? Self-care as a duty is a very contested area in peer support.	Please remove or amend significantly, referring to wider work on this	Thank you for your comment. We have made it clear in the supporting document that all staff should engage in self-care and PSWs should not be singled out.
Competence Framework	5	29	Entire section	See comment 4 (32), amongst others – role of recovery within peer support contested	Please refer to wider literature/ practice in this area and rewrite	Thank you for your comment. This section has been revised (now 5.3)

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	5.2	30	Entire section	Ability to engage people in meaningful activities is not a peer support competency- it's an occupational therapist one, for example, or a support worker one. Wrong competency framework.	Please remove.	Thank you for your comment. Most sources that we reviewed on peer support work included this element. This section has been revised (now 4.2).
Competence Framework	6	31	Entire section	Discussing care and support options is not a core competence of peer support work. More advocacy/support work.	Please remove.	Thank you for your comment. Most sources that we reviewed on peer support work included this element. Please see revised section 4.4.
Competence Framework	6.2	32	Entire section	Contributing to individual and recovery care plans is not a core competence of peer support work. Some organisations will ask for this, others won't.	Please remove.	Thank you for your comment. Most sources that we reviewed on peer support work included this element. Please see revised section 4.5.
Competence Framework	6.3	33-34	Entire section	Signposting is not a core competence of peer support work.	Please remove.	Thank you for your comment. Most sources that we reviewed on peer support work included this element. Please see revised section 4.6
Competence Framework	6.4	35	Entire section	Supporting someone through transitions in care is not a core competence of peer support work.	Please remove.	Thank you for your comment. Most sources that we reviewed on peer support work included this element. Some text has been added above the competences (4.7) to make it clearer
Competence Framework	7	36	Entire section	This entire section is problematic. It could have 'ability to work in a team' as a competency without the very prescriptive breakdown of what this means.	Please edit	Thank you for your comment. We feel that the detail is important to understand what is involved in this competence.
Competence Framework	7	36		Also- when should peer support workers NOT challenge problematic team behaviour?	-	Thank you for your comment. This will always require a PSW to use their judgement and critical or strategic thinking.
Competence Framework	7.3	39	Entire section	See comment 4 (32) and others on recovery & peer support	Please reference existing work & contested areas on peer support & recovery	Thank you for your comment. See section 5.3 and supporting document section 4.
Competence Framework	7.4	40	Entire section	Is this (peer) advocacy?	Please amend	Thank you for your comment. The ERG decision was to avoid the use of the term 'advocacy' when describing the role.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	8	41	Entire section	Peer support is not a (sub) clinical role delivering interventions. Whether peer support is an intervention is incredibly contested- and peer support workers delivering interventions such as CBT or OD would make them CBT or OD practitioners. The nature and role of peer support is lost here.	Please remove.	Thank you for your comment. This has been amended, and the term 'interventions' has been removed. Please see the revised supporting document and section 8 of the framework.
Competence Framework	8.2	42	Entire section	See comment 59 (above). It's also surprising to say the least that group work in this context seems to refer to a psycho-educational group, rather than peer support groups which are at the heart of peer support (see vast literature around the history of peer support)	Please remove	Thank you for your comment. This has been amended – see section 8.
Competence Framework	8.3	43	Entire section	Providing digital interventions is not a core competency of peer support	Please remove	Thank you for your comment. This has been amended – see section 8, with 'optional skills'
Competence Framework	8.4	44	Entire section	Impoverished understanding of coping strategies & their function, at odds with peer support understanding in this area	Please refer to literature & practice, and amend 9	Thank you for your comment (on now section 4.3)
Competence Framework	9	45	Entire section	Not sure why meta-competencies are needed as well- seem to replicate what is in both documents with the same issues	Please remove (or explain rationale)	Thank you for your comment. We feel that meta-competences are always relevant to ensure flexible and appropriate practice for any staff member.
Competence Framework	11	53	Entire section	Not sure why section on other MH staff sharing their lived experience is in this document	Please remove (or explain rationale)	This has been removed.

Respondent 3

Section	Comments	Specific suggestion	Response
Process	There is a lack of clarity re how greater points of contention will be addressed.	-	Thank you for your comment. More contentious points were discussed by the ERG in the 4th meeting, and the documents were revised after the meeting. The documents were then reviewed in focus groups. Please see the timeline on p.3 of the supporting document
Process	It is hard to see how the Consultation will elicit meaningful feedback from peer support workers or other actors who might be time poor.	-	Thank you for your comment. The month-long consultation was widely advertised, with focus groups organised by MIND to pick up this point.
Process	The underlying ontology and epistemology of the people re putting together this framework is the antithesis of peer support. You have used traditional approaches (i.e. top down) to attempt to create a non-tradition educational/learning framework. I.e. you have brought together the usual suspects – however if you had started with the values of peer support you would have used a co-productive process that would have put people with lived experience of mental health and of peer support involving some of the most marginalised communities front and centre of delivery right from the start. Eg BAME, LGBTIQ+. When the Federation for Community Development learning was invited to develop a similar framework for community development (NOS) they went out and consulted with community development workers from the start. Community development workers led and facilitated the process. It is clear from the nature of how your framework was created that the outcome will be exclusionary.	-	Thank you for your comment. The ERG made up of people with lived experience were involved in the framework from the start.
General	The language is accessible for academics and those whose main job is to train using similar frameworks. It is not accessible by members of the public, nor by community based organisations from whom the whole approach originally came and there is a real and present danger that they will be excluded from this framework. The benefit of peer support will be limited and there will be a negative impact on marginalised communities. By this I mean that community-based peer support workers may be forced to call themselves something else because the content, processes of recognition and processes of assessment (i.e. the professionalisation of peer support under this framework) may lead to them no longer being acknowledged as peer support workers.	-	Thank you for your comment. We have revised the language in the supporting document and will work on revising the language in the framework where possible. However, as the framework is the foundation of a curriculum and training structure, the language needs to reflect this.
General	It is my view that the Competence Framework is not fit for purpose.	-	Thank you for your comment. Thank you for your comment. Please see the revised documents, to which substantive changes have been made.
General	The Framework does not reflect widely shared understandings of peer support (in practice or theory), nor does it reflect the values of peer support. It conflates and confuses peer support work with support work and clinical work.	-	Thank you for your comment. Following the revisions to the documents, the understanding, values and boundaries of peer support have been made clearer.
General	In 2013 I was a researcher for the Jigsaw report https://www.mind.org.uk/media/5910954/piecing-together-the-jigsaw-full-version.pdf. What we found was the existence of a diversity of different forms of peer support and the value that people derived from them:	-	Thank you for your comment. There are a variety of forms of peer support; and although the framework focuses on people working in statutory settings it is compatible with a wider variety of roles.

Section	Comments	Specific suggestion	Response
	• self-help groups • mutual peer support • formal approaches to peer support • recovery and intentional peer support • other formal approaches to peer support • peer mentoring • supporting the development of peer support • online peer support, therefore your approach is too restrictive and will by its very nature squeeze out this diversity.		
General	The Framework does not reflect or engage with the evidence base in this area. There are significant gaps in the references which might explain the poor understanding of peer support presented in the documents.	-	Thank you for your comment. Please see the revised documents.
General	The Framework does not adequately convey the level of skill involved in peer support work, and risks diluting the specialist nature of the work.	-	Thank you for your comment. The documents have been revised and restructured.
General	The Framework does not set out some of the complexities of peer support, in particular the complexities of integrating peer support into a statutory workforce.	-	Thank you for your comment. The documents have been revised and restructured. Please see section 6 of the supporting document and section 9 of the competence framework on integration into the workforce.
General	The Framework does not reference and address the fact that peer support is a grassroots and community-based movement and approach, with a rights-based, political focus. It is enacted in a number of settings (the community, mental health services, drug and alcohol services, the third sector, to name but a few), which has consequences on how (and whether) a competence framework should be articulated and how it should be informed.	-	Thank you for your comment. This has been added to the supporting document.
General	There is only one mention of social inequality – though discrimination as it relates to mental health is discussed. This is not acceptable given the role of discrimination and stigma in creating mental ill health and the importance that people with lived experience place on understanding it as part of their recovery journey. It is completely unacceptable given the experiences of BAME and LGBTGI+ people in particular that there is no direct mention of racism, homophobia in the framework. This is crucial to ensuring that there will be sufficient diversity within the workforce of peer support workers and that they have the means to share with their peers their own experiences of discrimination and marginalisation. The framework needs to prioritise this aspect of peer support and ensure that it is well embedded within its values.	-	Thank you for your comment. Please see the section 6.2 in the supporting document, which has been revised
General	Also, there is no direct mention of the social model of mental health by name. This feels like a push for a clinical approach, an interventionist model which fails to recognise the human befriending aspect of peer support. I recognise the need for boundaries but this then must become part of the boundaries consideration rather than it being ignored as a whole.	-	Thank you for your comment. Please see the revised supporting document, where changes have been made that address these issues.
General	Values – politics and power is missing. The notion of empowerment without a consideration of power is problematic. This needs also to be considered within the context of 3 above	-	Thank you for your comment. Empowerment is referred to in the documents.
General	The aim (purpose) of the profession feels weak and undeveloped and emphasises the process without sufficient recognition of the context within which people live. It implies that the problem is simply that people with mental health issues are the ones with the problem and that the context from which they emerge is not in and of itself problematic. The primary aim of peer support workers (and one that underpins all of the other functions) is to use their experiential knowledge to provide people with the right level of support, and connection.	Aims (page 10) 2.1 Providing support - 17	Thank you for your comment. Please see the revised supporting document.

Respondent 4

Document	Comments	Specific suggestion	Response
General	This framework confuses peer support with clinical mental health interventions and outcomes.	The current framework is not relevant or useful to peer support work and subsequently requires a 'back to the drawing board' approach. Please recruit peer support workers, people with lived experience, and leading researchers and practitioners in peer support to co-produce a rewrite of the framework.	Thank you for your comment. People with lived experience have been involved in the development from the beginning, and the document s have been revised based on their and the consultation's input.
General	The framework is too prescriptive: it doesn't reflect the fact that peer support is primarily personal and relational. Peer support – both in terms of what it looks like and its aims and outcomes – is bespoke and unique to the people taking part and to every individual peer relationship. This framework doesn't reflect the diversity of peer support.	-	Thank you for your comment. The supporting document and framework have been revised to try to reflect the diversity of the role and its relational values
General	It doesn't reflect the opportunities and challenges of integrating peer support into clinical services when peer support is inherently distinct from clinical care, but can complement it if everyone understands what peer support is and what it's for.	-	Thank you for your comment. Please see the revised sections on integrating peer support into the workforce.
General	It doesn't reflect the controversy around ideas such as recovery-oriented approach or peer support as an intervention. It's extremely clear that no one within the peer support community has had much input in writing this framework, and, for this reason, it seems to be a framework that's primarily clinical and not really about peer support at all.	-	Thank you for your comment. A reflection on the recovery critique has been added to the supporting document.
Background document	It's not clear whether this framework is supposed to apply within specialist mental health settings, ie. perinatal. Perinatal mental health services are expanding rapidly at the moment across the country and recruiting a lot of peer workers. These peer workers need specialist knowledge and skills which do not apply in general mental health settings, and this would also be true of other specialised services. There is a danger that this framework will be used where it is not appropriate and this will have a detrimental effect upon peer support within some services.	Be clear that this framework is not applicable in specialised services such as perinatal mental health. If you would like it to be applicable in perinatal, a separate piece of work is needed to use the perinatal peer support principles and HEE thought piece on peer support in perinatal services to create bespoke guidance that can be included. This process should be co-produced with mothers with experience of perinatal peer support.	Thank you for your comment. The framework is designed for a mental health context, but can be expanded to cover other areas.

Respondent 5

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Background document	1 – Background	5	7	'Peer support work is distinct from that of mental health professionals'.	Should read: 'Peer support work is a key mental health professional role with the added value of lived experience that makes it distinct and unique.'	Thank you for your comment. We have edited the text in this section to provide greater clarity over the role PSWs play.
Background document	1 – Background	5	14	'There is much variation ….'	We feel that the role of PSWs have not been sufficiently valued and also that there hasn't been access to funding streams to systematically support the expansion of PSWs as mental health professionals. It would be useful to add this detail to this paragraph.	Thank you for your comment. We have revised this section to place greater emphasis on the expansion that will occur in the NHS and how the competence framework can support this.
Background document	1 .3 Principles & values of peer support	7	Table	'Non-directive'	We recognise that the framework does include reference to specific interventions, including brief CBT, but we think it is worth re-emphasising in this section that whilst peer support should not be about people being told to do things, we do feel that it is helpful for PSWs to be able to make helpful suggestions, as appropriate and respecting boundaries with the PSWs working solely within the client's frame of reference. Therefore we suggest that you take out the 'rather than suggesting solutions' wording from the Non-Directive box.	Thank you for your comment. We have edited the text in the principles section .
Background document	1.4 Supporting personal recovery	8	In the 3rd para	'providing a lived example of their own recovery'	We think this section should reiterate that recovery is not a linear process and most people will experience relapses as part of their journey. There is a slight concern here that the wording used suggests that PSWs become 'recovered' at a particular point and then maintain this, when this is not the case as people naturally experience fluctuations in their mental health and wellbeing. This recovery journey is appropriately reflected elsewhere in the background supporting document, but not in this particular section. Additionally, relapse etc. within PSWs can make for a richer, more meaningful context to develop professionally and personally as a PSW.	Thank you for your comment. Please see the revised 'recovery' section, 2.4

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Background document	1.2 What is the peer support worker role?	Para 3	Para 3	'peer support workers need to have relevant lived experience that matches the context or setting they are working in'	We would suggest this be added to as our experience has shown that it isn't always necessary to match individuals based on their particular experience of a mental health condition and in fact we have positive experiences of matching people with very different mental health problems. We do however recognise that a peer-led self-help group needs to be run by individuals that have direct experience of the condition that the self-help group focusses on. This is also applicable to addiction support groups.	Thank you for your comment. We have changed the text to 'similar kinds of experiences' to be more flexible, rather than saying that experiences have to exactly match (now 2.1).
Background document	1.2.1	4	1st Paragraph	'Specialist peer support worker roles'	Possible addition: Specialism may also involve particular unique factors of lived experience such as; ethnicity, religion, LGBTQ+ status, age, homelessness, traveller status, substance misuse, and a wide variety of other recovery experiences.	Thank you for your comment. We have added a point reflecting that these factors may contribute to working in a specialist area (2.1.1)
Background document	3.1	13	Table	'Embedding the team within roles … integrating peer support workers into multi-disciplinary teams while maintaining clear role boundaries …Strong leadership within the team'	Possible addition: - It is useful to value and promote lived experience at all levels and in all roles within an organisation, particularly those of leadership. Peer coordinators, managers and senior managers bring their own knowledge and understanding of lived and professional experience in terms of peer working which can naturally be beneficial to the support and integration of peer workers into health and social care teams.	Thank you for your comment. We have amended this section (now 6.1)
Background document	3.1	14	Table	'Lack of appropriate of effective supervision'	Although we acknowledge that further information regarding supervision is contained at a different point in this document, is it useful also to include some of the following at this point: Promotion of reflective practice/supervision is essential both in the training of peer workers and at an organisational level within teams. This may take the form of one to one or group supervision. Whilst peers themselves, when helped to do so, can often formulate their own effective mutual reflective supervision mechanisms, it is also essential to maintain a provision from appropriately experienced reflective supervisors/facilitators either from within or external to the organisation. It is essential that all reflective supervisors have an excellent understanding of the peer role and it's unique characteristics.	Thank you for your comment. This section of Table 1 has been amended.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	2.2.4	10		'people accessing mental heath services may not have a clear sense of the intervention options available to them'	Possible addition: - Understanding that people can be appropriately supported by peer supporters to have a greater sense of control and choice around determining which intervention options are the most appropriate for themselves.	Thank you for your comment. This is an important issue which is covered in section 2.1 and 4.4.
Competence Framework	2.2.5	10		'Help Seeking"	Possible addition: - An ability to help people overcome the barriers that prevent them from accessing help.	Thank you for your comment. This is now in the revised section 2.1
Competence Framework	2.4.1	12		'An ability to maintain boundaries for example by"	Possible addition: - Understanding that lived experience can place additional challenges on peer workers in terms of boundaries and triggers. Knowing how and when to access appropriate personal and professional support if this occurs.	Thank you for your comment. This is an important issue which is picked up elsewhere in the framework.
Competence Framework	3.2.2	20		An ability to maintain an awareness of one's own perspective or frame of reference in order not to inadvertently impose it	Possible addition: ' An ability to maintain an awareness of one's own perspective or frame of reference in order not to inadvertently impose it with effective use of person centred communication techniques such as "I" statements.'	Thank you for your comment. This competence has been revised in 3.5. However, it was decided not to be too specific in how people can do this, otherwise the framework will be seen as overly prescriptive.
Competence Framework	3.2	19 - 21		The following could be an additional point or in this section; 'Ability to use active listening and communication skills in a peer relationship' .. or may relate to section 3.3.5 .. or possibly may be an additional section by itself.	Strengths Based Communication Skills and Approaches - Knowledge and understanding of the usefulness of strength based approaches - Employment of strength based principles when engaging in conversations including; relationship based, person led, discovery oriented, asking questions rather than giving solutions, focusing on strengths rather than weaknesses and pathologies. - Knowledge of how to use strength based tools and techniques when appropriate.	Thank you for your comment. Focusing on and building on strengths have been emphasised in the revised competence framework.
Competence Framework	3.3.4	19 - 21		Ability to recognise and address threats to the peer relationship	Possible addition: - An ability to gain appropriate support for the peer worker when experiencing challenges in the peer relationship, through reflective practice, supervision and mutual help from other peer workers.	Thank you for your comment. We have added this point to the section.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	3.4			Ability to draw on and share lived experience	Possible addition: - An ability to reflect in supervision on the strengths, limitations and risks related to the peer workers use of their own lived experience story, and to gain appropriate additional support around this whenever necessary. For example when perceived “over sharing” has occurred or when the sharing has been received negatively.	Thank you for your comment. This has been included in the supervision section.
Competence Framework	7.2	38		Ability to work with other organisations and services Working with other organisations or services	Possible addition: An ability to recognise challenges when working with other organisations and services, including those that arise as a result of differing approaches in terms of values and principles of peer work, and to work with colleagues, a supervisor or team leader to plan how these can be managed	Thank you for your comment. We have made a slight edit to reflect this: ‘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’ (section 5.2)
Competence Framework	7.2			Ability to work with other organisations and services Communication with other organisations and services	Possible addition: An ability to constructively question practice that is based around limited ways of viewing peers as deficiency, symptom or problem based and to offer a different perspective based on the principles and values of peer working/recovery.	Thank you for your comment. We feel this has already been included.
Competence Framework	10.1.3 and 10.1.4	49			Possible addition: The provision of some basic peer support/recovery training and strength based approaches training for all staff within the organisation where peers are based to help share and promote the ethos, values and principles of peer working/recovery focused work to all.	Thank you for your comment. We have added: ‘An ability to provide training for all staff within the organisation to help share and promote the ethos, values and principles of peer support’ (section 9.1)
Competence Framework	10.2	51		Ability to supervise peer support workers	Possible addition: 10.2.6 Additional support and supervision - An ability to support the provision of other types of support and supervision wherever useful, to complement that already provided, including things such as peer support groups for peer workers, informal social /activities and other wellbeing related provision.	Thank you for your comment. We feel this has already been included in other sections.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	11	54		Ability for staff who are not working as peer support workers to judge whether and when to share lived experience of mental health issues	This seems to us like a useful section to include in terms of the support of other staff with lived experience and promoting the values and ethos of peer working. We would suggest that this is added. - An ability for staff with lived experience to engage in relevant aspects of peer support training, particularly related to values, principles, as well as the safe and effective use of story sharing.	The section on staff not working as peer support workers (formerly section 11) has been removed from the competence framework as it was outside of the scope of the project.

Respondent 6

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General				The supporting document and competency framework are not fit for purpose for a number of reasons. I have significant concerns about core assumptions, scope, evidence base and content which without resolution renders the competency framework invalid an unusable. My key concerns (not exhaustive) include:	-	Thank you for your comment. The supporting document and competence framework have been substantively revised and restructured with ERG members, which has hopefully addressed many of your concerns.
General				The roles the supporting document states it is providing competencies for are too large and are not generally peer support worker roles. This shows a lack of understanding of lived experience work, and the 'specialist' nature of peer support work being a specific kind of relational practice and not a generic term. The first paragraph of the support document has a footnote which says: "We have used the term 'peer support worker' throughout this document and the competence framework. However, we acknowledge that people working in this role may have varying job titles, such as (but not limited to) lived experience worker, lived experience practitioner, peer practitioner, peer coach, peer supporter, peer mentor and peer consultant." – 'Lived experience worker' and 'lived experience practitioner' are catch-all descriptors for lived experience roles (like clinician or medic), of which one is a peer support worker (c.f. nursing competencies would not apply across all clinical roles, for example). Peer coach and peer mentor are not peer support workers, but have their own unique skill sets around how they work with service users – around coaching methodologies or mentoring skills. The role scope, therefore, is reaching outside peer support, which suggests a fundamental incorrect assumption of what peer support work is.	-	Thank you for your comment. Please see the revised documents, in which the peer support worker role has been better defined.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General				There is a fundamental gap in understanding the outcomes that peer support workers are working to, so it feels like the document is 'pointed in the wrong direction' in terms of what the roles are trying to achieve and how they will achieve it. Clinical/health outcomes are assumed rather than relational ones. Unfortunately, this sets the competencies up to be inappropriate from the outset.	-	Thank you for your comment. Please see the revised documents
General				The scope of the competencies is too large and directive, incorporating a range of requirements that are irrelevant to peer support worker occupational standards or that are too restrictive on modes of practice.	-	Thank you for your comment. The competence framework has been revised and restructured based on ERG and consultation input, and the framework covers what is expected of all PSWs in statutory services and others - and it reflects the commissioning scope.
General				I have concerns that the evidence reference in the document has been used to support a conclusion, rather than being the source from which a conclusion is drawn. An example of this is in one of the first statements that underpins the reasoning for developing the framework: "This variation has had an adverse impact on the development of the peer support worker role, particularly in terms of integration within multidisciplinary health teams,3 which highlights the potential benefit of developing a competence framework and training curriculum that reflects the distinct identity of the peer support worker role". This statement is evidenced by *Jacobson N, Trojanowski L, Dewa C. What do peer support workers do? a job description. BMC Health Services Research. 2012;12:205* – an 8 year old paper based on a small evaluation of a state-provided peer support programme in the US. This is insufficient evidence to support a conclusion about all mental health peer support in the UK and reflects my concern with the way evidence has been used in this document.	-	Thank you for your comment. Please see the revised documents, including how and where the Jacobson paper has been cited.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General				The framework takes positions on elements like knowledge of mental health conditions, recovery oriented care, provision of interventions etc which are contrary to peer support perspectives and/or currently debated in peer support in mental health services and broader communities. There is no, or insufficient, evidence presented to provide due basis on which to take a national stance on these issues at this stage, which restricts the relevance of the competencies to a very small proportion of peer support worker roles in specific organisations.	-	Thank you for your comment. The documents have been significantly revised, including no longer referring to PSWs delivering interventions. Each section suggests that a 'working knowledge' (rather than detailed knowledge) of these areas would be helpful, a stance arising from the ERG. As such, it is basic knowledge, and does not preclude other positions/stances.
General				The framework does not consider the impact of legislation/policy on relational work or how peer supporters might respond to legislative/policy restrictions in line with professional values. This is very important for work in mental health systems and VCS organisations where policy decisions can impact on the approach to peer support. This is clearly articulated in a significant amount of literature on peer support, yet is not mentioned in the document as a core part of the competencies.	-	Thank you for your comment. Knowledge of legislation and policies are in 2.4 of the framework, and this knowledge will feed into how PSWs respond to the impacts of them including when they get supervision and support in their organisation.
General				The supporting document and competencies feel restricted to a singular cultural perspective and I do not feel they create the scope to enable culturally relevant peer support across the UK, one of the fundamental principles of peer support across complex and diverse communities. There is significant debate in research literature about culture and, importantly, human rights and intersectionality, which is not considered in the documents.	-	Thank you for your comment. Please see the revised section 6.2 that discusses cultural competence, a theme that recurs in several sections.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General				There are elements of the document which I consider to be discriminatory towards people who have experienced mental health challenges or unusual experiences, or indeed people with different beliefs or 'characteristics' – either by express statement or absence of reference. Again, there is significant research literature about discrimination in mental health systems which is not part of the evidence base for the document, and is a gap in the development of these competencies. I would welcome the opportunity to highlight these elements of the document to the authors in a tracked changes/commented document with reference to the evidence base.	-	Thank you for your comment. The documents have been revised in ways that we hope address your concerns.
General				A consistent theme across the documents is that opinion is presented as fact, and some key assumptions have been made around the foundations of the work which have impacted on the quality of the framework, particularly around assuming that 'success' in peer support is the same as success in clinical support.	-	Thank you for your comment. This reflects a theme identified for ERG discussion. However, this point is well made, though it is already contained in the framework and supporting document.
General				There is no reference in the document to frequent forms of peer support work including group work, telephone peer support and online peer support, that account for sizeable parts of the peer support workforce.	-	Thank you for your comment. These have been included.
Process				Firstly and significantly, it is unusual for a set of professional standards or competencies to be set from outside the professional group and imposed upon it. Previous competency frameworks drafted by NCCMH/UCL have been in relation to interventions or specialties, not an occupation. I would be grateful for the opportunity to understand the decision making behind this work, and the project scope.	-	Thank you for your comment. Previous frameworks have included staffing and professions.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Process				Where national competencies are required for an emerging professional group, it is generally best practice to support the professional group to create their own competencies, with guidance on how to present them – see Skills for Health National Occupational Standards methodology. There are several models of peer support in the UK with their own values, principles and competencies. Leading the development of core principles from within the profession would have been more efficient and effective. The competencies should be aligned with existing training and knowledge within peer support around core standards. It would be helpful to understand why the work was commissioned in the way it was.	-	Thank you for your comment. The documents have been revised with the ERG, which included PSWs. How the work was commissioned has also been described in the supporting document.
Process				I am confused by the membership of the ERG. I note the absence of grassroots peer supporters in its membership, or even a wide breadth of different systemic (NHS or VCS) approaches.	-	Thank you for your comment. Please see the revised Developers section in the supporting document, where the roles of the ERG members have been added.
Process				Further, I understand that the ERG has not been greatly involved in drafting the competencies or well consulted. I am concerned the knowledge base for the core competencies comes from outside the profession, hence why they are so inappropriate for peer support worker roles.	-	Thank you for your comment. In consideration of the project timescale, the first draft of the competence framework was written before the first ERG meeting as a starting point for discussion and revisions, with the aim of taking in all agreed feedback and suggested changes to the structure and content from the ERG members. Please see the project timeline on p.3 of the supporting document, which shows the stages of development and involvement including engagement
Process				This feedback process is unhelpful. It is too late in the process to provide any constructive feedback on core values, principles or competencies and the documents are too far developed to offer detailed feedback about arising issues. Because of the number of significant issues I have found with the document content and design, I am only in a position to provide overarching feedback on sections. The document is at proof-read stage in its development, which is not a stage for constructive feedback on content. Earlier access to the core ideas could have presented unnecessary work.	-	Thank you for your comment. We have engaged in a continual process of working with the ERG to develop the competence framework. The public consultation was held at the same stage that any other public consultation would be. Since the consultation, the documents have been significantly revised and restructured to take in the input from the consultation and further ERG and focus group meetings

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Process				The framework seems to pay little attention to the core skills for peer support relational work, which have been restricted to one section (section 3). (My feedback to the content of the section is outlined below). This is a process issue. In terms of how the scope was developed.	-	Thank you for your comment. The ERG have reviewed the framework in light of clarifying the relational aspect of peer support work, and appropriate edits have been made throughout.
Process				There needs to be a distinction between occupational standards and organisational standards. This document contains both.	-	Thank you for your comment. We have not included occupational standards, but rather competences for organisations when they employ PSWs to ensure they are properly supported.
Process				My summary feedback below articulates my position that in fact the competencies are too far down the line and too far from helpful to be adopted or changed, and would require a full rewrite, and redesign of the development process from the beginning.	-	Thank you for your comment. Please see the revised document.
Background document	All	All	All	The summary document is frequently inaccurate and significant statements are not referenced by evidence. Often the content is contradictory and misleading. It is not in keeping in with the views and experiences of the peer support workers, professional leads and community reference groups that have been involved in the development of peer support in my organisation and others that I am in contact with, or the majority of research and evidence that I am aware of. I am happy to provide a comprehensive literature/reference list that has supported the development of the work in TEWV.	Rewrite by authors with expertise in peer support, including its origins, values and principles across a range of approaches in grassroots and systemic settings.	Thank you for your comment. Please see the revised document.
Background document	All				Include in the re-write details of who the work was commissioned by and what it is intended to inform, and the scope of the competency framework once completed – including who, if anyone, will have to comply with it.	Thank you for your comment. This has been made clearer in the revision of the document.
Competence Framework	1			Requires redraft. Many of the values and principles are not consistent with a number of peer support models, their definitions are vague or inconsistent with other core value descriptors in peer support.	Rewrite	Thank you for your comment. The principles are consistent with those outlined by the HEE task and finish group, as part of the PSW roles group. The documents have been revised and restructured.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	2.1			There is no requirement for peer support to be recovery focussed – this is one model of peer support and is not the model we use in TEWV, nor is it widely used outside the NHS (And certainly not in grassroots peer support)	Remove	Thank you for your comment. The principles are consistent with those outlined by the HEE task and finish group, as part of the PSW roles group.
Competence Framework	2.2			This is in direct contravention of any peer support principles I am aware of internationally. There is absolutely no need for peers to have any knowledge of any diagnostic or illness framework. In fact, evidence suggests it can impede their work by setting peer supporters up with a diagnostic frame rather than an experiential one.	Remove	Thank you for your comment. The framework suggests that a working knowledge of these issues is helpful because it aids understanding the system in which PSWs might be working, and takes care to indicate that this does not mean an acceptance of the diagnostic model.
Competence Framework	2.3			Just needs a rewrite, language issues mostly to focus around the human relational experience of community connectedness, rather than the goal of being part of a community.	Rephrase	Thank you for your comment. The documents have been revised and restructured.
Competence Framework	2.4.1			Freedom to act and organisational policies about limits should be outlined locally, not nationally, where not dictated by law. Relational skills around negotiating boundaries etc should be articulated with other relational skills in section 3.	Remove	Thank you for your comment. This section reflects following local policy and guidance.
Competence Framework	2.5			This seems pretty standard around confidentiality, however this is legislative/policy. It only becomes a competency when this is considered in the context of a peer relationship.	Rewrite to consider the impact of legislation on the peer relationship, or; Remove: this is a legal requirement, not a competency	Thank you for your comment. The framework is situated in the context of a peer support relationship - so this section is a competence.
Competence Framework	2.6			As for 2.5, above	Rewrite to consider the impact of legislation on the peer relationship, or; Remove: this is a legal requirement, not a competency	Thank you for your comment. The framework is situated in the context of a peer support relationship - so this section is a competence.
Competence Framework	2.7			Duty of care is also a legal responsibility and for 2.5. This is poorly articulated in this section, including how it is titled and how the subject is focussed. Would be better to concentrate on how peer support workers can focus on relational approaches when supporting people in distress or experiencing ‘extreme states’.	Reframe and rewrite	Thank you for your comment. We feel that this is a very specific and critical example of duty of care, and needs to be retained.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	3			Of the document, I would suggest this section would be about the core competencies of peer support. This, however, is a very poor articulation of peer support communication and relational skills. There are sections which are discriminatory. My experience and experience of experts who have informed the development of our programme suggests that these types of guidelines are ineffective in interpersonal work.	This section should form the core of the document, but requires a reframe and rewrite.	Thank you for your comment. This section has been renamed 'Core relational skills', to indicate its core nature. It has also been restructured, with 2.1 moved to this section. Please also see the revised supporting document
Competence Framework				I am prepared to send a fully commented chapter to you to express the detail of my concerns to this section, if you would accept an annotated attachment (not possible in this format of feedback)	-	Thank you for your comment. We apologise that we were not able to accept feedback other than in this form, but we are needed to use one method to review and process every comment from all contributors. The 'Specific suggestion' box can be used to copy text from the document and show the suggested changes.
Competence Framework	4			It is discriminatory to have peer support singled out as a profession that needs to pay attention to 'self-care'. This is a personal responsibility like any other staff member, and not a role responsibility.	Remove	Thank you for your comment. We have clarified in the supporting document that all staff should engage in self-care and PSWs should not be singled out.
Competence Framework	5			Supporting recovery is one model of peer support. It is not the model that is used in our organisation, or many others nationally outside the NHS. This could be an elective element of a competency for staff specialising in peer mentoring or recovery focusses peer support, but should not be applied across all peer support workers.	Make elective, not core – or remove. If made elective, there should be other elective modules which present other models of peer support. Any elective modules should be designed by the people who have developed that particular approach to peer support.	Thank you for your comment. There was much discussion about this in the June ERG, and section 2.4.1 of the supporting document was heavily revised. It explains why the personal recovery model was agreed to be included in section 4.1 of this competence framework
Competence Framework	6			This is employer dependent, and not a core component of peer support. It is an elective rather than a core component, depending on organisational need, and in many cases would be addressed by individual organisations. The role of a peer support worker in navigating care within an organisation needs careful thought. This is too directive and leaves no space for core principles like 'nothing about us without us', where the peer support worker's main role is to advocate for the voice of the service user to be heard in their care, not to speak on their behalf or encourage the	Rewrite and make elective, not core – or remove.	Thank you for your comment. This organisational section (now section 4) has been included to protect PSWs interests, and given the commissioning context it is not helpful to suggest that these supports should be optional.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
				service user to comply with treatment, organisational policies or service need.		
Competence Framework	7			This is a very limited understanding of rights issues and not commonly found in peer support. It needs a redraft if it is to be adopted. It also misses core skills and knowledge around human rights, social models of disability etc etc. It has a lot of content which is unnecessary or probably employer specific, and misses some core competencies for peer support around human rights.	Rescope and redraft. Should be defined by people with experience and knowledge about mental health human rights and the history of peer support.	Thank you for your comment. The emphasis in this section is more on working with the team in order to promote rights, and so has more of a focus on the former than the latter.
Competence Framework	8			Peer support workers should not have interventions as part of their core competencies. If individual employers want to adapt their roles to enable this, it is my opinion that they should use existing roles, such as counsellors or therapists, etc, and consider the lived experience elements of those roles. Or, alternatively, do it exclusively in their own governance structures. Peer support work does not involve delivering interventions, since its practice in itself is enough.	Remove	Thank you for your comment. Section 8 has been substantively revised, making it clear that these are optional skills for PSWs that are not core, and explaining the psychological approaches (not interventions) that would be used in the role.
Competence Framework	10			This is unnecessary adds unneeded complications to the framework.	Remove	Thank you for your comment. Where PSWs are in employment, and especially in an NHS context, organisations will want to ensure that their employment practices support (and do not hinder) their capacity to undertake the role, which is why we have included this section (now section 9).
Competence Framework	11			This does not relate to the role. There is guidance available to support employers in implementing peer support. Employer competencies should be kept separate from role competencies. Out of scope.	Remove	Thank you for your comment. This section has been removed from the framework because, as you said, it is out of scope.

Respondent 7

Section	Comments	Specific suggestion	Response
General	The length and language of this document are not accessible. The lack of summary or Easy-Read option limits the potential for feedback from a broad range of audiences.	-	Thank you for your comment. The documents have been edited by an EasyRead editor, and were substantially revised again after the June ERG, taking in the views of the Developers and with a focus on the accessibility of the language.
General	As a document entirely focused on peer support workers and peer support more generally, the 'supporting role', rather than core development role of the Expert Reference Group in the production of this framework, is problematic. This appears a stark illustration of the continued 'additional' nature of peer research/support/consultation.	-	Thank you for your comment. The ERG has been involved throughout the entire process and have contributed greatly to drafting the competences. See revised section 1.3 of the supporting document for more info.
General	The prescriptive nature of creating a 'competency framework' is at odds with the core values at the heart of peer support, organic and relational support. Although you acknowledge the tension, this issue still stands.	-	Thank you for your comment. The competence framework has been organised in domains that include the core skills and knowledge, as well as additional/optional skills and knowledge for PSWs who want to increase their skills. We hope that this and other revisions to the documents make it more flexible.
General	Many of the competencies are not essential to peer support work, they are often rigid and somewhat dogmatic. This competency list is so extensive, it appears to place a large burden of care/understanding/'getting it right' onto the peer support worker. If this were a document read by staff, it might create very high and limited expectations, and for those looking into peer support roles, it might lead to fear over the large burden/expectation/responsibility that is expected of them.	-	Thank you for your comment. We have delineated the competences and skills that are core and those that are additional, and made this clearer on the competence map.
General	The grassroots community-based origin of peer support is not given due attention or value. The history of peer support and its political beginnings is necessarily central to any attempt to define/categorise/create any form of peer support.	-	Thank you for your comment. These have been touched on in section 2.2 of the revised supporting document, but discussing them in depth is outside the scope. We have signposted to other sources that contain more detailed insight into these issues in section 8 of the supporting document.
General	The emotional labour involved in peer support is not readily acknowledged in either document. Aspects of the competencies framework around 'teaching' other staff and being a 'facilitator' are not necessary competencies of peer support. It is not fundamental to peer support to educate others, and notions like this often lend themselves to peer support workers being expected to take on the emotional burden of teaching others to value their experience.	-	Thank you for your comment. We have delineated the competences and skills that are core and those that are additional, and made this clearer on the competence map. Both documents have also been revised, following the consultation, June ERG meeting and focus group meetings.
General	'Recovery' as a desirable outcome is contentious: this is the subject of vast debate within the field, despite the less clinical approach taken towards recovery here.	-	Thank you for your comment. We have made clearer and strengthened the distinction between clinical and personal recovery in the supporting document.

Section	Comments	Specific suggestion	Response
General	The experience of trauma appears to be sidelined in both the competency framework and the supporting document. The importance of both acknowledging and working with trauma is fundamental to all peer support work, peer support is a trauma informed model. Not only this, but training around trauma and a deep understanding of trauma is fundamental for anyone working in mental health.	-	Thank you for your comment. Please see 2.2 in the revised framework, which is a new section on knowledge of trauma-informed care
General	Secondary trauma is common in mental health work. This could be acknowledged at various points as a potential byproduct of such work for peer support workers, especially considering how working in such contexts can often be triggering.	-	Thank you for your comment. There are sections on self-care and using supervision, which should cover this.
General	The idea of a 'recovery-focused' model of peer support is not only highly contentious in conversations around peer support, but also somewhat at odds with an understanding of trauma.	-	Thank you for your comment. The documents have been revised – please see new sections 2.4 and 2.4.1 in the supporting document, and 2.2 on knowledge of trauma-informed care in the competence framework
General	Competencies around 'communication': Communication skills are not always verbal. Trauma and mental health are embodied experiences. In this way, there are other ways of communicating and understanding that go beyond the verbal or beyond 'active listening' in the traditional sense.	-	Thank you for your comment. Non-verbal communication is described in 3.5 of the framework.
General	Although working with difference is incredibly important, not just in peer support work, it is important to acknowledge that often peer support workers should be matched with those most likely to have similar experiences to share, and who individuals might feel more comfortable around. For example, if a patient is suffering from PTSD as a result of domestic abuse, it would never be appropriate to match a female victim with a male peer support worker.	-	Thank you for your comment. The importance of PSWs working with people with similar experiences is discussed in the Introduction, 2.1 and 5.1 of the supporting document.
General	More generally, we experience the world in a gendered, racialised way. This should be acknowledged (in either the supporting document and the competencies). The notion that an individual can 'see and understand the other person's perspective' (p.21) is questionable.	-	Thank you for your comment. The documents have been revised – please see 6.2 in the supporting document, and 3.6 in the competence framework, which discuss and explore equalities. The competence you have commented is about the ability to have empathy with the person, which peer support workers should be able to do
General	Competencies around working in a team appeared to place a lot of the burden on the peer support worker to ensure that they are valued, that proper treatment of them is upheld. This burden should not be on them alone, the organisational competencies are arguably much more important.	-	Thank you for your comment. We have included a section on organisational competences.
General	An ability to provide interventions (group or individual) is not a key competency of peer support work. This is too narrow and too specific. It is good that you acknowledge in the organisational competencies that the role should not be used to fill employment gaps in the team or service, however, at points it appears that this might be the case when some of the key competency of peer support work detailed appear very much like more clinical mental health work.	-	Thank you for your comment. We have delineated the competences and skills that are core and those that are additional, and made this clearer on the competence map.

Respondent 8

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General		Whole		It is very disappointing that time was not given to ensure this was at least co-produced at best led by people who really know and understand peer support, i.e. peers and service user leaders. This consultation is too little too late and the format is distinctly unfriendly to service users. Not accepting other feedback looks like a further attempt to shut the majority of people out of the process. Please proceed no further without proper consultation	-	Thank you for your comment. We have co-produced the framework with people with lived experience and have engaged in a public consultation which was open to everyone.
Background document		Whole		The background document is good as far as it goes. However much of the working done within the service user movement seem to have been omitted e.g. https://www.nsun.org.uk/peer-support-charter	Broaden to include evidence from the service user movement	Thank you for your comment. We will signpost to other sources of information from service user organisations.
Competence Framework	1.1	5			Add empathy to the values	Thank you for your comment. Empathy is not one of the HEE or ERG identified principles, but it is implied within the other principles.
Competence Framework	1.2	6		My peer is my equal, otherwise this is not peer support	Add Equality to the principles	Thank you for your comment. Equality is already included in the principles, mainly under reciprocity.
Competence Framework	1.2	6		Peers must be able to work alongside people who are ‘stuck’ as well as helping those who can progress	Omit ‘working progressively’	Thank you for your comment. Progressive is one of the HEE identified principles and it was also agreed by the ERG. The thinking behind this is that PSWs shouldn't be supporting someone forever - there should be a point in time when someone can progress forward in their life without a PSW.
Competence Framework	2.1	7		Document 1 highlights the self-defined nature of recovery for peer work yet while articulating this, the section goes on to be quite prescriptive. Not everyone wants to be socially included	Social inclusion section add something along the lines of ‘if wanted’	Thank you for your comment. We have added this to the text.
Competence Framework	All			‘An ability’ or ‘able to’ are used monotonously throughout and the language is frequently over complex	Re-word to ensure that the language is both varied and simple	Thank you for your comment. This format is standard in many competence frameworks and reflects the fact that this is a technical document.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	2.2	8 to 9		Peers should be a bridge between supported peers and teams supporting them and above all learn from the expertise that the supported peer has. Drawing on knowledge as some kind of expert obliterates the peer-worthiness of the relationship. If it isn't something that comes from lived experience it is NOT a peer role	Remove the entire section and replace with something like: • Open to learning from the expertise of the peers they support • Prepared to explore with them the nature, and impact of their diagnosis and life experiences • Work to understand their meaning to the person • Respond to this as a fellow human being • Encourage other professionals to talk to people in a language they understand • Be alongside and enable people to seek expert advice as necessary e.g. about the effects of medication or the range of psychological therapies that may be available	Thank you for your comment. This section identifies the working knowledge that PSWs working in MH contexts will need in order to understand the system they are working in - as such it is pragmatic, and is not an endorsement of these models.
Competence Framework	2.3	10		This knowledge is useful but should primarily be discovered with the supported peer. This will mean that peers learn together	Replace with: Explore and learn with the peer about other local services and how they might be accessed	Thank you for your comment. This is covered in a later section.
Competence Framework	2.4	11			Add; value the professional difference of being a peer worker	Thank you for your comment. This aspect of the peer support worker role is discussed in various parts of the revised supporting document.
Competence Framework	2.4.1	11		Peer support workers are not therapists	Change 1st point of para 2 to Be clear that if they deliver any specialist intervention or therapeutic approach for which they have specialist training and supervision sits outside their peer support role	Thank you for your comment. The peer support worker's role in relation to delivering interventions has been clarified in section 5 of the supporting document, and section 8 (optional skills involving using psychological approaches) of the competence framework.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	2.4.2	11		Peers should have the opportunity to develop their knowledge and skills but with the proviso that career development may well be as a lived experience worker not as a peer	Add: 'to allow for career development as a lived experience worker'	Thank you for your comment. Career progression will be reviewed by the HEE Implementation group.
Competence Framework	2.5	12		It is not appropriate for peers to make judgements about their peers' capacity	Replace 'judgements about capacity' with 'judgements about risk'	Thank you for your comment. Capacity is an important part of risk judgments, though this section does need a small edit to make clear that PSWs will be working with others, and not expected to assess capacity by themselves. An edit has been made to the header of 2.5.
Competence Framework	3.5	24		Need to be clear this section is aimed at carer peers	Alter section title to 'Skills for family and carer peers	Thank you for your comment. This section is actually for PSWs who may have to work with the person's family or carers, but aren't necessarily a carer PSW. Skills for family and carer PSWs are the same as for PSWs.
Competence Framework	5.1	29		-	Add to 1st para: 'The tenacity to be with someone at a point where they are stuck'	Thank you for your comment. An edit has been made to this section (now section 4.1) - after this item "An ability to draw on knowledge that while setbacks may occur, maintaining hope and positive expectations can support people to achieve their goals" added as indent 'ability to persevere with peer is 'stuck'.
Competence Framework	6.1	31		This whole section apart from the last para, reads as if a peer worker is a care co-ordinator, with several careful readings I got the real sense of but the language is truly opaque	Re-write entire section from a peer perspective talking about peers being open to discussions about care and treatment options	Thank you for your comment. The suggested perspective is the one that has been taken, but has been made clearer by moving the final comps statement to the top. An edit has been made in this section (now 4.4)
Competence Framework	6.2	32		Peers should only write records that they have agreed with the peer they are supporting as required by the organisation. Many 3rd sector organisations are rightly much lighter in touch, this should be better reflected in this section as a whole	Rename section to Facilitating supported peers to make care and recovery plans	Thank you for your comment. We have included this as the framework is focused on statutory settings, where record keeping is a necessary part of the role in most statutory organisations (although local standards will apply).

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	6.2.1	32		In peer support the principle of 'Nothing about me without me' should apply	Final para should begin: 'Agree with the supported peer a concurrent record…'	Thank you for your comment. We have included this as the framework is focused on statutory settings.
Competence Framework	6.3.4	34		It is important to reflect too that literacy issues are more prevalent than people think so neither pen and paper nor electronic will work for a significant minority	Middle para: add: pictorial and easy read	Thank you for your comment. This has been added to the text.
Competence Framework	6.4	35	Para 2	Much of this sounds above the PSW pay grade	Delete points 1, 2, 4-6	Thank you for your comment. There should be no expectation that the PSW organises transitions; they are on hand to support the peer during transitions. An edit has been made - a header box has been inserted to make this clearer.
Competence Framework	7.1	36		There is no recognition here of the uniqueness of the peer role. If they are merely an agent of the team they cannot be the person's peer.	Revise 1st: 'A peer supporter is a bridge more alongside than part of a team as they should be alongside the peers they support	Thank you for your comment (on now section 5.1). Please see the revised supporting document, which discusses the uniqueness of the PSW role, including sections 2.3 and 6.
Competence Framework	7.1.3	37		Nothing about me without me. Peers should not be contributing to planning meetings about anyone, they should only support their peers to give their view	Delete this point	Thank you for your comment. We have adjusted the text so it focuses on PSWs supporting people to be involved in these planning meetings
Competence Framework	7.4	40	Para 5	A peer is NOT an advocate. Speaking for someone takes away their voice	Delete this para	Thank you for your comment (on now section 5.4). Please see section 5.3 of the supporting document, which reflects this. The competence has also been revised, and the competence just above this one ('…amplify their voice…have their voice heard…') reflects your comment.
Competence Framework	8.1	41		This list is alarming most of this might offer future directions for the peer as a lived experience worker but is not appropriate to offer in a peer support role as the relationship will lose its mutuality and equality	Para 2 keep active listening and self help, self-management and self-care, add experience based to problem solving and coping strategies. Delete all other interventions not based in lived experience	Thank you for your comment. This section has been significantly revised based on your comment.

Respondent 9

Section	Comments	Specific suggestion	Response
General	The framework does not make clear whether it is for adults or for children and young people, or simply generic. However, on reading it, it is clear that it is not tailored for children and young people, and some of our comments below reflect this. As such it should make both its focus and context much clearer and be clear that it is referring to adult services and to peer support workers who are adults.	-	Thank you for your comment. We have made it clearer that the framework is for adults.
General	It would benefit from reference to a wider Expert by Experience / participation context, and arguably this role – certainly if designed for CYP - should only sit within such a context.	-	Thank you for your comment. We have made it clearer that the framework is for adults. Participation is described further in section 1, including a project timeline of revisions and development.
General	With this in mind, it may be helpful to service users and Experts by Experience to reference the personal journey or process that Experts by Experience may travel to develop their personal contribution to 'peer support'. We would be able to provide examples that have been developed.	-	Thank you for your comment. We have added blue boxes ('A note on…') at the start of several sections in the supporting document, to include some of the different views and experiences that people have expressed.
General	The framework is a narrow view of peer support workers and would benefit from a wider participation and advocacy context setting this out.	-	Thank you for your comment.
General	The advocacy aspect of peer support could be amplified, although it is articulated.	-	Thank you for your comment.
General	The framework is very long and would benefit from a summary – this is probably planned.	-	Thank you for your comment. Please see the revised supporting document
General	Is it also worth making clear that this is about a specific role – and not, for example, about 'peer support' more widely. And to illustrate for example other participation and peer support interventions.	-	Thank you for your comment. The documents have been amended to make clear it is the mental health peer support worker role

Respondent 10

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General				Peer supporters can draw from lots of models and knowledge as well as their lived experience. We have to be really careful though that they are not taking on clinical roles that are directive, or seen to have 'expert' knowledge. They are experts by experience who draw on that - as well as taking some useful tools and models to inform their interactions with clients. There is too much focus in the frame work on interventions (a word we don't use) and on care. We are alongside people navigating life, not just the care they receive or don't. This wont apply much to many peer supporters who are in third sector.	-	Thank you for your comment. This has been discussed and made clearer in the revised supporting document, with the competence framework aiming to be flexible and adaptable, with clear boundaries between the PSW and clinical roles.
General				There is a core set of tools we draw on like the WRAP plan and variants. Other useful tools we can draw on include motivational interviewing techniques, 'rolling with resistence', and the stages of change. Peer support grew from AA and NA where peers coach each other - it has to be mutual and reciprocal - don't lose this.	-	Thank you for your comment. Specific tools and techniques have not been included/recommended – it was beyond the scope of the project to review tools and techniques to recommend. The use of them is discussed in the revised supporting document 5.4 and competence framework 8.1. The mutual and reciprocal aspects of PSW are emphasised in the competence framework's Core Relational Skills section
General				We also cover trauma informed care, relational security, resilience, emotional intelligence, assertiveness and more in our training - not in huge depth but enough for peers to draw on the skills and knowledge they need to be most effective.	-	Thank you for your comment. As above, it was beyond the scope of the project to review and recommend specific techniques or training outcomes. The competences for organisations (section 9) include shared learning with other PSWs and meeting with a more experienced senior PSW and the training, support and supervision that takes place with them should inform PSWs of these issues.
General				We really need this framework to focus more on the unique power and impact that peer support can have in many settings and less on how it can support the system and duplicate other roles.	-	Thank you for your comment. Please see the revised supporting document, which discusses these issues.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General				Peer support is organic and informal, and now we are formalising we cannot lose its uniqueness and the onl way you will do this is by have people with lived expeirience and peer support experience to write the CF… there are many of them working in NHS up to band 8a who would be happy to do this. And have connections with peer champions in the third sector.	-	Thank you for your comment.
Competence framework				'An ability to draw on knowledge of factors which can affect a person's recovery, such as societal factors, familial relationships, traumatic experiences and environmental influences'	This should have some sub sections as it's a huge area for peer support	Thank you for your comment. We have added some examples, but adding further detail would expand the framework significantly. See also supporting document section 5.1.1
Competence framework	2.1			I feel like personal recovery is not fully understood or explored in this framework (more later). Recovery is a progressive process that takes place over time, and will include learning from setbacks' - makes it sound like recovery is something we must do well to be better people… as if it is morally better to be recovered. For me the whole concept of 'personal recovery' has not been captured in this framework, as opposed to 'clinical recovery' or 'functional recovery or social recovery which are important but are usually defined by others. Peer support is connecting with others who also have a personal recovery experience to share and learn from each other and make sense of it. This has not been adequately captured in the framework - more below.	-	Thank you for your comment. The supporting document has been revised (section 5.1.1) to explore the personal, subjective nature of recovery and its use in the framework (section 3.1)
Competence framework	2.1			Personal recovery is defined by the person and it is the person making sense of their own experience, what has happened to them, how they have dealt with it (survival strategies for example), how they can use resources around them to inner strength and external support.	-	Thank you for your comment. Please see the revised supporting document (section 5.1.1) and framework (section 3.1).
Competence framework	2.1			Also this statement is huge - how do peer supporters work within an system where personal recovery is not the priority? Organisational skills, like communication e.g. assertiveness, motivational interviewing, etc. required to work with teams that can be resistant to seeing the peer and patient perspective	-	Thank you for your comment. Please see the revised supporting document (section 5.1.1) and framework (section 3.1).

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence framework	2.2.1			Surely this should refer to lived experience as well as working knowledge		Thank you for your comment. Please see 3.2 on drawing on and sharing lived experience.
Competence framework	2.2.1			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	some subsections needed here, this is critical	Thank you for your comment. We meant to provide some high level information - adding additional detail would expand the framework significantly.
Competence framework	2.2.1			An ability to draw on a working knowledge of mental health diagnoses, with the aim of: understanding how diagnosis is used within the mental health system (even while the peer support worker may take a critical perspective on its use and meaning) Not sure about this, may not be necessary in all settings certainly not in liaison and diversion, young people or veterans for example. Diagnosis is not the most important thing for all and this shows how peer support doesn't fit well with a very directive competency framework.	-	Thank you for your comment. The intro para to this section (2.1) says, '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.'
Competence framework	2.2.1			Even if we share diagnosis our experience of it, whether it is 'right' for us, whether the treatment works is very individual. Lived experience is the shared denominator not diagnosis	-	Thank you for your comment. As above, please see sections 2.1 and 3.1 on drawing on lived experience and not focusing on diagnoses, respectively. They respond to the issues raised in your comment.
Competence framework	2.2.2			And the meaning for the individual - we are about personal recovery not just functional, so how does it feel and what does it mean to you to be limited in your goals and impact	-	Thank you for your comment. Please see also the revised section on personal recovery in the supporting document.
Competence framework	2.2.4			I think this is outside of peer support - we can share our own experience, with the message that what works for us might not work for others, but we are not here to know about interventions in any depth, we should signpost to clinicians	-	Thank you for your comment. This section is more about being aware of the interventions that may be offered, so they can support people who receive them.
Competence framework	2.2.4			NO this is dangerous and out of our remit. We can know about it from peer knowledge and shared lived experience, but this is not our expertise to offer	-	Thank you for your comment. This section is more about being aware of the interventions that may be offered, so they can support people who receive them.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence framework	2.4.1.			communicating the limits and boundaries of the role with the people they support	Something about how the peer support role is about mutuality and reciprocity and how we still have clear boundaries within this	Thank you for your comment. We feel this is already included in the core values and principles, and boundaries are also discussed sections 3.2, 3.3, 9.1 and particularly 2.4
Competence framework	2.6			2.6 Knowledge and application of safeguarding procedures	Add something about working with vulnerable people to understand safeguarding process, how it should be personal to them, and how to recognise risks that they may not be aware of e.g. digital fraud or grooming Community resources and peer to peer keeping safe strategies and awareness	Thank you for your comment. We feel that this is covered by the core values and principles, and other areas of both documents that discuss the importance of personalising the work being done. Community resources are covered in 2.3.
Competence framework	3.1			support people who experience mental health difficulties, even if they come from different social or cultural backgrounds - 'Even if' doesn't sound right here something about understanding people, appreciating their different social and cultural backgrounds	-	Thank you for your comment. An edit has been made to what is now 3.6, to: 'support people who experience mental health difficulties who come from different social or cultural backgrounds'
Competence framework	3.2.2			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	Too much detail,, surely no other helping profession has this in their competency framework we are not robots we are human and this comes naturally	Thank you for your comment. This level of detail is included in other competence frameworks.
Competence framework	3.3.1			An ability to draw on knowledge of factors that can have a negative effect on the peer relationship, such as: being rigid being critical being distant or aloof being distracted making inappropriate use of silence	Seems unnecessary to list unwanted behaviours when you have already listed the wanted ones and feel judgemental	Thank you for your comment. To gain competence in this area, people need to be aware of the positive and negative factors.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence framework	5.1.2			5.1.2 Self-determination, self-management and self-care An ability to support the person to make their own decisions and empower them to build autonomy 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	Personal recovery is not just about self-care or self-management,that is one aspect only. Personal recovery is about feeling at peace with what has happened to you, including the diagnosis, experience of services, treatment and the ongoing work of living with a serious mental health condition. Only when you have accepted or moving towards acceptance can you take responsibility if you can for these things.	Thank you for your comment on what is now under 4.1. Personal recovery is discussed in the revised sections 2.4 & 5.1.1 of the supporting document. Please also see the revised 5.3 of the framework.
Competence framework	5.1.2			There is something missing about the emotional impact of things that have happened to contribute to the mental health stigma and difficulties now. Acceptance of all this can sometimes only come from peer support - this is our unique contribution. Also we are always modelling how to do this so that others become peer supporters themselves. There is possibly a whole section about how to enable and build up informal peer support so that it is supported and safe.	-	Thank you for your comment. Please see supporting document section 6.2, which discusses stigma, and in 3.1 of the framework is this competence about the impact of things that have happened to contribute to mental health stigma: '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'
Competence framework	6.2.2 Care plans			This should emphasise that we work with a team in clinical services, and that in voluntary sector there may not be the same process.	-	Thank you for your comment. This area of competence depends on where the PSW works.
Competence framework	6.2.2 Care plans			Not the sole responsibility of peer support, but we contribute towards and very much strive to make it led by the person	-	Thank you for your comment.
Competence framework	7.3 Ability to offer a recovery-oriented perspective			Being the voice of the patient, representing patient perspective, working with service users to involve them in service improvements, eg.QI	-	Thank you for your comment.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence framework	7.3 Ability to offer a recovery-oriented perspective			The peer voice in teams can be a very powerful one to focus change on what will work for patients, if it is supported and heard. It can also a very difficult place for peers to be,This section includes` some higher level skills that should maybe go in a CF for coordinator /manager level peer roles.	-	Thank you for your comment. The framework is meant to encompass all levels of PSW roles.
Competence framework	7.4 An ability to work with people being supported to address challenges with, or barriers to, accessing organisations and services, or an infringement of their rights			Careful not to overlap with independent advocacy which is outside of our scope we are not independent or trained to do that role.	-	Thank you for your comment.
Competence framework	8.1			“Ability to provide individual interventions An ability to identify the approaches or interventions that are appropriate and acceptable to a person An ability to explain the rationale for an intervention and to answer any questions or concerns an ability to…” NO This is out of peer support scope It is directive work requiring full training and a clinical outlook It is doing to not doing WITH or ALONGSIDE Peer support is INTERACTION NOT INTERVENTION!! This will completely confuse and lead to peer supporters who are underpaid delivering interventions where other resources like psychology are stretched. I believe that aspect of these approaches e.g. parts of STEPPS or DBT or CBT can sometimes be shared usefully among peers, always with the proviso that 'this worked for me' 'what do you think? If it works for	-	Thank you for your comment. This section has been extensively revised, no longer referring to interventions but to optional/additional skills including using psychological approaches. Also see section 5 of the revised supporting document.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
				you I can share how I use it ' BUT if you want to access proper CBT or DBT then you need to be referred to someone in that clinical role who is trained		
Competence framework	8.2 Ability to provide group interventions			Peer led or co-facilitated groups are great but again peers should not be providing therapy groups. Hearing Voices, STEPPS, AA/NA etc include peers in the group to share their experience and support participants during the group work, they are not delivering an intervention, they are not therapists. So just bad wording but the rest of the section ok, but more on peer to peer groups, use of co-facilitation possibly even ref to peer trainer role in Recovery College		Thank you for your comment. As above, this section has been extensively revised, no longer referring to interventions but to optional/additional skills including using psychological approaches. Also see section 5 of the revised supporting document.
Competence framework	8.3 Ability to support the use of digital interventions			As above, peers do not assess, recommend or provide interventions in a clinical sense.		Thank you for your comment. As above, this section has been extensively revised, no longer referring to interventions but to optional/additional skills including using psychological approaches. Also see section 5 of the revised supporting document. And where it says 'digital interventions', this refers to non-clinical interventions because PSWs would not be able to deliver these.

Respondent 11

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Background document		5	33-39	Whilst I welcome a statement regarding the importance of people with lived experience 'co-producing' peer support, this seems to mostly refer to Peer Workers. People who are using services that Peer Support Workers are employed in (service users/ clients/ patients) should be equally part of this process, even if they are not Peer Workers themselves. This is particularly important as these are likely to be the people who are most directly impacted by how Peer Support Workers approach their roles. There is also a danger of 'using' Peer Workers as the 'go to' people to prove that 'co-production' has happened, which may exclude many other important voices	-	Thank you for your comment. We have added this point to this section (now at the end of section 5).
General	1.4 and throughout main framework			Concept of recovery is widely contested and debated amongst people with lived experience. Whilst some find it a very helpful way of making sense of their experiences, others do not, and it is not a universally accepted term. I do welcome your description of 'personal recovery' that is more self defined than other conceptualisations of recovery. However, if this framework was to be adopted widely, the inclusion of 'Recovery' may limit how it can be adopted in different organisations and groups. Personally, I find the concept of recovery based on 'hope' difficult for myself at some points in life (but not others) yet this hasn't excluded me from being able to support others in a meaningful way, or in fact play a leadership role in developing peer support within a voluntary sector organisation.	-	Thank you for your comment. Along with other comments from the consultation, ERG and focus groups, this has been taken into account and the section has been rewritten (see sections 2.5 and 5, and throughout, on 'recovery')

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Background document	1.2	5	21	It is unclear as to what being “ready in their recovery journey to support others” means, especially if ‘recovery’ is self-defined. The idea that someone has to be ready could be interpreted to mean that there is a ‘well’ and ‘unwell’ categorisation, and also may not allow for fluctuation that many of us (including people in many other professions without disclosed lived experience) may experience. I would instead suggest describing Peer Supporters being in a place where they are self aware and able to reflect, in order to support others, rather than being in a particular place in a ‘recovery journey.	-	Thank you for your comment. This section has been amended.
General	Throughout, but particularly: 2.3 and 3 of background; 7 & 10 of CF			There is repeated focus on Peer Support Workers’ ability to influence and challenge cultures within teams, but with less consideration of how they would be supported to do this, and the responsibility of leaders within organisations to do this. Whilst peer support can help change cultures, if places mostly on Peers’ shoulders, this can be at the huge cost of emotional burn out. It is only really successful when a strategic organisational approach is taken in which everyone has a responsibility, and the values of the entire organisation are consistent to support lived experience leadership and peer support. Whilst there is some recognition of organisational responsibility (e.g section 10), a considerable focus is placed on Peer Workers. This is an unfair expectation. I would suggest that this is addressed within any competency frameworks for people in leadership positions within an organisation.	-	Thank you for your comment. We have added this point to this section.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	Throughout but particularly section 8			There seems to be confusion between other supportive roles and peer support. There are many elements of this framework that read as a 'Community Support Worker' or 'Recovery Worker' competency framework, and on some places a framework for clinical practitioners. Section 8 in particular focuses on 'interventions' that many would argue is not part of a Peer Supporters role. For example, providing cognitive behavioural therapy interventions. There is also a risk of people with lived experience of mental distress being 'niched' here. If someone with lived experience wishes to provide CBT interventions, I would argue that they should be given equal opportunity to be able to train or be employed as a CBT therapist or a Psychological Practitioner within their own right, rather than doing this as part of a Peer Support role. Furthermore, there are many find terms such as 'intervention' problematic, particularly in relation to peer support, as it has connotations of 'doing to' rather than 'with'.	-	Thank you for your comment. This has been addressed in the revision and restructuring of the documents. Section 8 is now titled 'Optional skills: Using psychological approaches to support personal recovery'. Interventions referred to (such as digital) are non-clinical.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General	Overall comment			In addition to the comments above, I would argue that this framework appears to be too wide reaching and much of it does not read as a peer support specific framework. Whilst there are some sections that do refer to lived experience and mutuality outlines in the supporting document, the overall framework seems to refer to a range of wider 'catch all' supportive skills. Much of this could be applied with how anyone providing support within a particular organisation (e.g. some NHS Trusts) would be expected to work. However, this would depend on the culture and values of a particular organisation. For example, this overall framework may not work for many voluntary sector organisations, or user-led groups, and there is language and concepts that may be inconsistent with their organisational values. My suggestion instead would be that the framework is focused specifically on peer support, and all sections referring to 'interventions' etc would be removed. Instead the framework could be used flexibly in conjunction with an organisations existing frameworks that they would use with all of their staff (and/ or volunteers) and would be consistent with their organisational Values. This would also allow for integration. I would also suggest an organisational competency is looked at with an emphasis on organisations changing their culture to allow peer support to flourish, rather than peer support adapting to an organisation's culture if they are not compatible	-	Thank you for your comment. The revised documents aim to provide a flexible and adaptive competence framework, with scope for PSWs starting out and needing to learn about and acquire core skills, values, knowledge and attitude, and optional skills for those who wish to develop their role further. The sections on interventions have been revised extensively, and PSWs' contributing to a change in the culture of organisations is discussed at the end of 5.3 of the supporting document.
General	Overall comment				Inclusion of the history of peer support, service user/ survivor movement, as well as recognition of less formal types of peer support, and how the two link together, could be explored	Thank you for your comment. We have added more on this topic to the supporting document , but will signpost to other sources that can provide a more in depth discussion, as that level of detail is outside our scope.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Background document				It is unclear who the framework would apply to. Would it apply to people who are in formal volunteer roles as a Peer Supporter (which would include training, supervision etc) or only to Peer Support Workers in paid positions? If only the latter, there could be a risk of creating a hierarchy in which peer support is only seen as valued when it is coming from a paid worker, when in fact some service users (but not all) prefer to be supported by a volunteer Peer Supporter (and some, but not all, Peer Supporters prefer to do the role voluntarily). However, if it is the former, there could be a risk of over-professionalistion. This would be worth further consideration.	-	Thank you for your comment. In the supporting document, section 1.4, explains that 'The framework applies principally to formal paid MH PSW roles in NHS mental health services, but it will also be helpful to organisations in the voluntary community and social enterprise (VCSE) organisations…'. It also discusses other people to whom the framework will be useful, including those who work with PSWs. '
Competence Framework	11			I strongly suggest that this is removed from a Peer Support Worker competency Framework; However, it could be considered in competency frameworks for other roles within an organisation, instead.	-	Thank you for your comment. This section has been removed.

Respondent 12

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General	Overview/ Process			There is very much a need for a competence framework to protect the role of peer support, offer structure and consistency, increase the awareness as well as the value of the role. The framework may also contribute to the development of peer support training and career progression pathways which is all very positive.	-	Thank you for your comment. The framework is intended to be used to do the things you've mentioned, and to protect the role. Career progression is touched on, and will be reviewed by the HEE Implementation group.
General	Overview/ Process			Language - The framework for the most part is using language of a clinical nature which is unfamiliar to peer supporters across all sectors.	-	Thank you for your comment. We are reviewing the documents and revising the language where appropriate and possible.
General	Overview/ Process			Length – The resource is inaccessible due to the length.	-	Thank you for your comment. We are reviewing the documents with regards to length.
General	Overview/ Process			Detail – The framework is over prescriptive and often attempts to provide too much details, which restricts flexibility.	-	Thank you for your comment. The framework needs this level of detail to ensure it can effectively provide the foundation for training programs.
General	Overview/ Process			The peer support competence framework appears to have had input from people with lived experience, who have varying levels of peer support experience which is positive. However, it is important to note that; 1) Co-production – The framework has not been co-produced by peers 2) ERG – the group was set up after the process was started and members have publically stepped down as they felt their feedback was not being acted on 3) Engagement – a very limited number of peers/people with lived experience have been engaged. Ideally, this process would end and start again. This would allow for the resource to be co-produced, for the role to be modelled on what peer supporters currently do across sectors, engage with wider stakeholders from across the country, and set up an ERG in place from the onset.	-	Thank you for your comment. The competence framework was developed and co-produced with the ERG who were made up of peer support workers and people with lived experience. The group was established from the beginning - we have not had anybody step down, but rather people asked for their names not be published due to the unnecessarily strong negative reaction people were receiving on social media, so they wanted to protect themselves and their family. We have tried to engage as many people as possible during this process - and also opened the documents up to a public consultation.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General	Overview/ Process			If the ideal situation is not achieved, moving forward, this process must be co-produced. This would mean sharing power and responsibility for decisions making, amendments (to include removing, adding or changing sections) and authorship. Following the very successful focus groups, this would also present an opportunity to engage with wider group of peer support stakeholders, who are very keen to become involved.	-	Thank you for your comment.
Background document	1 (footer)			7 roles have been listed with an assumption that all are the same. Although these terms are commonly used interchangeable, there is a significant difference between the role of a 'peer support worker' and 'lived experience practitioner'. More thought is needed as to what role the framework is attempting to set out competences for. I cannot see how the framework can be implanted before this is issues is addresses.	Peer research to be undertaken to better understand the difference between these roles. Decision to be made on what role this framework is for.	Thank you for your comment. In the revision, the footnote has been removed to prevent confusion over roles.
Background document	1			No comment	No comment	-
Background document	1.1			The clinical natural of the framework will not be accessible to all VCSE organisations.	Add – The importance of a framework being able to protect role from being culturally absorbed in clinical practises, and improve the understanding of the peer support role across the NHS is missing in this section.	Thank you for your comment. We have added this point to the document.
Background document				Importance of protecting the role is missing here	-	Thank you for your comment. We have added this point to the document.
Background document	1.2			Good description of role, however, the history and context of peer support is missing.	Add – history and context of peer support.	Thank you for your comment. We touch on these issues in the supporting document, but discussing these in depth is outside the scope. Rather, we will signpost to other sources who provide a more detailed insight into these issues.
Background document	1.2.1			No comment	No comment	-

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Background document	1.3			Really important to include principles and values of peer support, as these are categorically must be imbedded in the work a peer supporter undertakes. However, these are not universally agreed and different from supporting document to the main document? These 'principles' listed in the supporting document are given as 'values' in the framework detail. 'Trusting', 'community', 'connections', 'experiential knowledge', 'diversity', and 'empathy' are not consistently included in both documents.	Add – Better definition of values, and principles needed, so a clearer distinction can be made between the two. Greater consistency needed across the two documents. Add – Hope, choice and control, new ways of working	Thank you for your comment. We have clarified the principles across both documents and emphasised that these have come from the HEE working group and agreed by the ERG.
Background document	1.3			-	Amend - All references of 'recovery' to focus much more on 'supporting personal recovery'	Thank you for your comment. We will ensure this is emphasised throughout the document.
Background document	1.4			No comment	No comment	-
Background document	1.5		2	'particularly those who…'	Amend - 'and be of great support to those who may be less likely to access support because of fear, stigma, and discrimination by drawing on their personal experiences'	Thank you for your comment, we have added some of this text to this section.
Background document	1.5		8	This may be read that promoting and advancing equality, inclusion, and diversity falls solely on shoulders peer supporters, when of course this is the responsibility for all staff.	Amend – Make it clear that this is the responsibility of staff, but that peer supporters can use their lived experience in doing so.	Thank you for your comment, we will amend this section.
Background document	2			Very much agree with flexibility of role, and the first three of the four key areas.	Remove – Interventions (see comments further down)	Thank you for your comment.
Background document	2			Interventions – this term is clinical and is often used describe a directive support method. Future comments made about interventions made further down.	Amend – Make it clear that career progression in peer support has not yet been fully mapped out as this is an emerging role, but 'some' or 'much' of this framework will likely apply.	Thank you for your comment. This section has been revised to no longer refer to interventions. The section (8) of the competence framework has also been revised, describing optional skills in psychological approaches not interventions. Career progression will be reviewed by the HEE Implementation group.
Background document	2			Currently career progression in peer support in extremely limited and not fully mapped. This framework cannot therefore cover 'all levels of the role'.	-	Thank you for your comment. Thank you for your comment. Career progression will be reviewed by the HEE Implementation group.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Background document	2.1		18	'experiential knowledge' is not encompassing enough of what a peer support is able to bring to the role	Replace – use 'lived experience' instead	Thank you for your comment. We will make sure lived experience is emphasised over experiential knowledge.
Background document	2.1		25	Suggesting the service is used whilst 'on a waitlist' implies that it is a precursor to a clinical intervention, and not a support service within its own right.	Remove – the sentence talking about waiting list.	Thank you for this comment. Reference to a waitlist has been removed.
Background document	2.1			-	Add – how the role supplements other clinical roles.	Thank you for this comment. We will add this point to this section.
Background document	2.2			This section is well defined, however it does not cover the importance of being able to facilitate connections with peers. Important to add that a peer can be defined by many different factors, much more than just the same diagnosis.	Add – connecting with peers, people who they can directly relate to (which may be mental health in common, or other factors)	Thank you for this comment. We will add this point to this section.
Background document	2.3			Agree with this section being included, however, it is not clear from this or the framework what level of competence in required in the peer support role and at what point it may become a specialist 'peer advocacy' roles.	Amend – More descriptions of a peer advocacy required, including the different expectations when this is a standalone role.	Thank you for your comment. This section has been amended, referring more to PSWs promoting people's rights rather than being an advocate. It's been clarified that a PSW would need additional training to become a specialist peer advocate (5.3).
Background document	2.4			This section is contradicts the values/principles which the role is built upon. Many years of clinical training is required in order to provide many of these directive therapies. There is huge risk to both peer supporter and the person being supported in the relationship. This is not to say that a peer supporter is incapable of attaining such skills, but at the point in which they draw mostly from professional training and not personal experience, the role has stayed far from peer support.	Remove – This section must be removed and re thought.	Thank you for your comment. This section has been heavily revised and no longer refers to interventions. The new section can be found in '5.4: Providing a range of psychological approaches'.
Background document	3.1			This is incredibly important and very valuable in the supporting document. However, a competence framework is the not appropriate place. Organisations such as ImROC and others have written numerous reports on embedding peer support in clinical settings. To attempt to cover this huge challenge in 1 page in the supporting document and 6 pages in the framework is impossible.	Amend – Keep as reference but make it clear why it has been included?	Thank you for your comment. We will take this into consideration and signpost to other sources of information.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Background document	3.1			-	Action – All of section 3 and relevant sub-sections should be addressed by the HEE implementation group.	Thank you for your comment. Please see section 6 of the revised supporting document.
Background document	3.1.1			As previously mentioned, career progression in peer support is a huge challenge. There is no framework for career progression and the possible roles are yet to be fully understood or defined.	Remove – take out section 3.2. Additional research to be undertake – See CNW thought piece, funded by HEE.	Thank you for your comment. Thank you for your comment. Career progression will be reviewed by the HEE Implementation group. We have signposted to the HEE Thought Piece on career progression.
Background document	3.2		20	It is deeply concerning that a very clear assumption has been made that a peer support worker 'may need additional support'.	Amend – stress that self-care is important across all role, and reasonable adjustments and various support options are available to all. Highlight that support for any worker, not just specific to peer worker, should be self-defined, and explored with supervisors and colleagues. Remove – any reference to peer supporters needing anything 'additional'	Thank you for your comment. This section has been amended.
Background document	3.3			The type of, model and, approach for peer support supervision not unanimously agreed. It hugely important, however, the framework is attempting to cover a topic that needs to be better understood and researched.	Amend – shorten to describe different types, but do not specify that any particular model/approach is correct. As previously mentioned, this section should sit with HEE implantation group and not in the framework.	Thank you for your comment. This section has been revised and can be found at 6.3, now describing the function of supervision and a brief description of the different types.
Background document	4.1			No comment	-	-
Background document	4.2			This appears to repeat what has already been covered. Refer to previous points re career progressions,	Remove – Take out 4.2	Thank you for your comment. We think it is important to refer to career progression to support future development of the role/
Background document	4.3			No comment	-	-
Background document	4.4.			No comment (addressed in points below)	-	-
Background document	4.5			No comment	-	-

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Background document	5.1/ 5.2/ 5.3 /5.4			The curriculum is solely based on the framework competencies and therefore misses many topics, in particular, the historical context of peer support,	Remove – Referring to previous points, a curriculum that supports the implementation of the role should sit with the HEE implementation group. Furthermore, this should be moved forward alongside the emerging peer support apprenticeship.	Thank you for your comment. The curriculum is part of what we have been commissioned to deliver by UCLP and HEE.
Competence framework	1.1 & 1.2			Absolutely fundamental that values of peer support are included, and along with the principles, are imbedding in every aspect of the peer support role. However, these values are not universally agreed and lacks mentions of choice of control	Add – Hope, choice and control, new ways of working (there are many other values that are important to people that should be considered)	Thank you for your comment. Hope and choice for the person being supported are included in the values; choice and control for the person being supported is referred to in 2.2 Knowledge of Trauma-informed care. New ways of working for the PSW are referred to in 1.2 Principles ('provide alternatives to… present models of mental health'), 6.2 (incorporating active learning into practice) and 9.1 (sharing learning within a peer network),
Competence framework	1.1 & 1.2			-	Amend - All references of 'recovery' to focus much more on 'supporting personal recovery'	Thank you for your comment. This has been revised to focus more on supporting personal recovery. The supporting document has also been revised, as suggested – see section 2.4, and 4.2.
Competence framework	2.1			Agree by in large with the description, however there is far too much information here. The focus should be on supporting personal recovery as opposed to talking about recovery-focused approaches. No need to talk about 'self-determination', may be seen as jargon.	Amend - All references of 'recovery' to focus much more on 'supporting personal recovery'	Thank you for your comment – please see the responses above.
Competence framework	2.1			-	Remove – 'Self-determination'	Thank you for your comment. 'Self-determination' has been retained, because it ties in with the aims of the PSW's work with the person, as laid out in the principles of PSW (4.2) and elsewhere.
Competence framework	2.1			In one section there is reference to 'clinical recovery', 'recovery-based approaches, and 'personal recovery'. The latter is only referenced once when this should be the focus.	Amend – Focus on supporting personal recovery. Add no more than 2 lines that this sit alongside 'clinical recovery' which needs to be better defined.	Thank you for your comment. We've revised the sections on recovery in the supporting document to emphasise this, in 2.4 and 5.1.1.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence framework	2.1		17	'An ability to understand the importance of helping people to become active participants…'	Amend – Support people lead and take control of their own personal recovery.	Thank you for your comment. This change has been made.
Competence framework	2.2.1		Intro box	Focus should be on personal recovery and not being 'recovery-oriented'.	Amend	Thank you for your comment. This change has been made.
Competence framework	2.2.1		1, 2, 3, 4, 5	The first line 'An ability to draw on a working knowledge..' is enough	Remove - lines 2,3,4,5	Thank you for your comment. We have kept the lines 2-5 because they each discuss different things related to mental health difficulties. First there is knowledge of mental health difficulties in general, then 2-5 are the about knowledge of the characteristics that can have an impact on them, that there can be more than one cause, and finally that they can change in time.
Competence framework	2.2.1			The wording here like 'presents' sounds clinical. Too much information included after first point made.	Amend – 'working knowledge of how people may experience self-defined crisis'	Thank you for your comment. This change has been made.
Competence framework	2.2.1			-	Remove – lines 11-14	Thank you for your comment. It wasn't clear what lines are suggested to remove – line 15 is part of the same competence as lines 13 and 14 (re: '…promote wellbeing').
Competence framework	2.2.2			The subheading and first point, talking about effects on functioning, are written in clinical language. Too much information included after first point made.	Amend – working knowledge of the effect of mental health difficulties.	Thank you for your comment. We decided that to keep this as it is because 'functioning' and the other terms and language used in 2.2.2 are in common usage and we believe will be understood by users of the framework.
Competence framework	2.2.2			-	Remove – lines 2-6	Thank you for your comment. Please see the response above.
Competence framework	2.2.3			This comes across quite negative and cold.	Amend – An understanding of the effects mental health difficulties can have on a person's physical health, and how long term conditions can affect a person mental health.	Thank you for your comment. We decided to keep the specific health conditions, and what mental health conditions physical illness can be a risk factor for, because there is strong existing evidence for them, and their inclusion can add to the framework user's knowledge of these issues.
Competence framework	2.2.4			Too much information and worded using clinical language.	Amend – A working knowledge of the benefit of different mental health support options, such as medication, social support, and psychological support.	Thank you for your comment. This competence is quite detailed, but that is usual in a competence framework and also reflects the language that is likely to be used about interventions. 'Support' might be interpreted differently to 'interventions', which in this case

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
						refers to clinical interventions provided by clinicians.
Competence framework	2.2.4			-	Remove – All lines (replace with above)	Thank you for your comment. Please see the response above.
Competence framework	2.2.5			Too much information and worded using clinical language.	Amend – An understanding of the barriers to accessing mental health support, such as fear, stigma and, discrimination.	Thank you for your comment. This change has been made.
Competence framework	2.3			Too much information and wordy	Amend – An understanding of the support options available across statutory services; such as NHS and social care. An understand of the support options in the community, such as support provided by local charities, user-led groups and community centres.	Thank you for your comment. We have edited some of this text.
Competence framework	2.4			This sub-section us unnecessary and repetitive of section 2.5	Remove – all. In particular, any reference to therapeutic interventions, or using the term practise (a very clinical work) must be removed.	Thank you for your comment. Sections 2.4 and 2.5 cover different competences. References to interventions have been removed.
Competence framework	2.5.1			Short and sweet.	Amendment – ability to draw on knowledge of organisational policy and legislation on confidentiality.	Thank you for your comment. The ERG, chair and internal team reviewed this and decided that it was necessary to retain the content in the framework.
Competence framework	2.5.2			Too much information	Amend – an ability to support someone to access all the relevant information to make informed decisions. An ability to enable person to understand their rights to consent and to withdraw consent.	Thank you for your comment. The ERG, chair and internal team reviewed this and decided that it was necessary to retain the content in the framework.
Competence framework	2.5.2			-	Remove – all other lines	Thank you for your comment. The ERG, chair and internal team reviewed this and decided that it was necessary to retain the content in the framework
Competence framework	2.5.3			Based on feedback given on 2.5.1, this is not necessary and provides too much information. This should refer to current legislation and organisational policy.	Remove – all	Thank you for your comment. The ERG, chair and internal team reviewed this and decided that it was necessary to retain the content in the framework

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence framework	2.5.4			As above, unnecessary.	Remove – all	Thank you for your comment. The ERG, chair and internal team reviewed this and decided that it was necessary to retain the content in the framework
Competence framework	2.6.1			First line is all that is needed	Amend – ability to implement organisation policy on safeguarding	Thank you for your comment. The ERG, chair and internal team reviewed this and decided that the content was necessary to retain in the framework
Competence framework	2.6.1			-	Remove – all other lines	Thank you for your comment. The ERG, chair and internal team reviewed this and decided that it was necessary to retain the content in the framework
Competence framework	2.6.2			Unnecessary	Remove – all	Thank you for your comment. The ERG, chair and internal team reviewed this and decided that it was necessary to retain the content in the framework
Competence framework	5			This section is fundamentally what peer support it. This appears to be written very differently to other parts of the framework. In the most part, thus reflects the values/principles of peer support, in particular around enabling choice.	-	Thank you for your comment. The ERG, chair and internal team reviewed this and decided that it was necessary to retain the content in the framework. Please also see the section on recovery in the supporting document.
Competence framework	6			This section in its entiretiy does not reflect the values and places too greater emphasis on peer worker judgement and invervention. Language is also very wordy and clinical for example 'An ability to judge when the persons agreement to pursue a particular intervention'… I personally do not know what this means.	This section is beyond suggested changes and should be completely removed and redrafted with peers and wider stakeholders.	Thank you for your comment The emphasis on intervention has been removed, and the document restructured and amended in places, but it was necessary to retain the content in the framework.
Competence framework	8.1			This section contradicts section 1.1 & 1.2 in a very significant way. Many of the interventions listed are directive therapies. The peer support worker role must uphold the values of 'non-directive' 'mutual' and 'reciprocal' which cannot be achieved in these forms of interventions.	This section is beyond suggested changes and should be completely removed and redrafted with peers and wider stakeholders.	Thank you for your comment. This section has been redrafted as suggested, and is now '8: Optional skills: Using psychological approaches to support personal recovery'
Competence framework	8.1			There is scope in peer roles to draw upon experience of accessing interventions, and access training in order to be able to support interventions, but not deliver them.		Thank you for your comment. Please see the response above, and the revised document.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence framework	9			The meta competencies needs to more explicitly say that the peer support role it so support the person to choice the support, not to judge what is appropriate. This section should also outline how the principles and values will be applied in all interaction with the person they are supporting.	This section is beyond suggested changes and should be completely removed and redrafted with peers and wider stakeholders.	Thank you for your comment. Revision of other parts of the framework and supporting document emphasise what you suggest, - that the PSW role is to help the person to choose the support that they feel they need. We hope that this is clearer, and that this section is approached with that in mind.
Competence framework	10			This section should be explored further by HEE Implementation Group, using guidance written by ImROC and modelling on current practise.	Remove - This section should be removed and tasked to the HEE implementation group and not in the framework.	Thank you for your comment. This has been kept in as it is within the project scope.

Respondent 13

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Background document	Overview	N/A	N/A	The values are good but there is an assumption we all agree	Review all existing values/principles by peers	Thank you for your comment. This section and both documents were reviewed and amended based on discussion in the June ERG.
Background document	Overview			"When they reference the importance of values and culture – do the peers have to change this or is this the responsibility of services? It takes time to change culture and values of staff, especially with high staff turnover. It takes a lot to stand your ground and to not end up doing parts of a role that are not in your job description."		Thank you for your comment. We have tried to emphasise that PSWs need support to stand their ground - but it is up to leadership of the organisation to change the overall culture.
Background document	1.1 / 1.2	5&6		Should there be specialist peer support workers? As we as peer support workers/people we could do so based on lived experience such as sexual abuse, psychosis, depression, carers.	Please consider	Thank you for your comment. The competence framework may be updated at a later stage to fit with more specific PSW roles.
Background document	1.1/1.2	Page 4	Relates to whole section	Comment 1: There is no reference in the framework of the peer support history. It is trying to professionalise a grass-roots approach.	-	Thank you for your comment. We will reflect on the history of peer support in the document, but will signpost to other sources who can further explore the relevant issues, as an in depth analysis is outside the scope of this project.
Background document	1.1/1.2	Page 4	Relates to whole section	Comment 2: There should be more recognition and value placed on the benefits of the grass-roots, unpaid peer support worker.	-	Thank you for your comment. We will reflect on unpaid roles but as this document is primarily to support the roll-out of PSWs in the NHS, we will not go into depth on this issue.
Background document	1.1/1.2	Page 5	Relates to whole map	Concerns about need to hit targets to be funded, therefore, will dynamically change peer support.	-	Thank you for your comment. We will reflect on the challenge of remaining true to peer support in NHS roles/services.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Background document	1.1/1.2	Page 5	Relates to whole section	Comment 1: I am in favour of Peer Support but it sits uncomfortable with me with the amount of roles in the NHS that have the name 'peer' in them that seem recovery support worker roles that have been converted.	-	Thank you for your comment. We are clear on the definition of peer support worker in the competence framework, however we have no control over how the NHS may define it. Hopefully the competence framework will support further clarification and protection of the role in the future.
Background document	1.1/1.2	Page 7	Relates to whole section	Comment 3: There is something about language here. What is a 'peer' and what is a 'peer support worker'? I can see a split happening between peers that are paid and those that aren't.	-	Thank you for your comment. We will reflect on paid and unpaid roles, but it is out of scope for us to fully discuss this issue.
Background document	1.1/1.2	Page 12	Relates to whole section	Comment 8: Felt some grey areas regarding understanding peer support role. We know what doctor, psychologist etc do. There are also different peer support roles within statutory, voluntary and informal, such as friend.	-	Thank you for your comment. This section and both documents were reviewed and amended based on discussion in the June ERG.
Competence Framework	Overview	N/A	N/A	Too big, too complex and potentially intimidating for organisations considering peer support	-	Thank you for your comment. The competence framework has to be this detailed so that it can fully outline what may be encompassed by the role at all levels - from entry to more advanced roles. Where organisations need support to implement roles, they will have to seek this from commissioners and NHSE/HEE.
Competence Framework	Overview	N/A	N/A	I. Needs to be cut down to a more manageable size	Need a shorten version	Thank you for your comment. The competence framework is necessarily detailed so that it can cover all aspects of the role. A shortened version may lose critical content and could potentially confuse some areas.
Competence Framework	Overview	N/A	N/A	Is many cases the numbers headings and sub-headings are all that is necessary.	-	Thank you for your comment. There are significant risks to this form of shorthand because most items need some unpacking if they not to be open to different interpretation

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	Overview	N/A	N/A	Reading the values and principles of peer support is very helpful to local trusts, so their inclusion is very well received. However, the detail in framework contradicts the values. For instance; one of the values is 'non-directive' however, in section 8 we see clinical directive interventions such as CBT, counselling and behavioural approaches	-	Thank you for your comment, we're glad you think the values and principles are helpful. The detail in the framework, and the supporting document, have been revised to align better with them, including section 8 which no longer refers to the use of interventions.
Competence Framework	Overview			Peer support is not intervention, non-directive, why would we be identifying interventions	-	Thank you for your comment. Please see the response above.
Competence Framework	1.2	6	3 & 4	Concerns regarding people sharing their lived experience in statutory settings and how this might impact on them because of what they share. Disclosure concerns.	-	Thank you for your comment. PSWs disclosing information about themselves is covered in sections 3.2, 7 and 9.1.
Competence Framework	1.1 / 1.2	5&6		Is there anything in the framework about preparing teams (for example in the NHS) for incorporating a peer support worker	Maybe they should have a readiness framework!	Thank you for your comment. This is included in the framework in the organisational competences section both in the supporting document (section 6) and detailed competences (section 9).
Competence Framework	1.1 / 1.2	5&6		The word 'ability's is incorrect and over used.	'able to keep in mind' 'develop' 'capacity to' might work better	Thank you for your comment. We have adjusted the language where appropriate and reviewed it throughout.
Competence Framework	1.1 / 1.2	5&6		NA	Missing – empowerment	Thank you for your comment. Empowerment is referred to in the last value ('recovery-focused…'), as well as 2.2, 3.2, 4.1. It's also referred to in 4.2 (Principles) and 5.3 (Promoting people's rights) in the supporting document.
Competence Framework	1.1 / 1.2	5&6		II. 'Confidentiality' not included as a value or principle when it forms an important part of 'clients' trusting peer support workers. We have to choose what information to record, what to keep to yourself, balanced against risk.	II. Highlight the importance of balancing risk against confidentiality. More training for PSW around risk and safeguarding?	Thank you for your comment. Confidentiality was not identified as a principle in other pieces of work, so we have covered it in a separate area of competence.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	1.1 / 1.2	5&6		Do we need safeguarding guidelines standards for peer support? Especially for peer support in informal settings. Should there be a specialist safeguarding training for peer support?	Please consider	Thank you for your comment. Safety and risk are topics being covered by the HEE implementation group.
Competence Framework	1.1 / 1.2	5&6		I. Agree with the majority of the principles and values.	I. Person centred to be added to the principles and confidentiality.	Thank you for your comment. The person-centred approach of the PSW is referred to in the introduction to section 2 (Knowledge), and in relation to recovery (5.3), working with difference (3.6) and documentation/recording progress (5.1). See also Table 1 in the supporting document.
Competence Framework	2.1	7		Glad to see mention of 'societal factors' and 'environmental influences' included as factors which can affect a person's recovery (also referenced in 2.2.1).	Inclusion of specific examples, namely the impact of welfare reform, economic inequality and poor quality/choice of housing.	Thank you for your comment. We have added some examples to both the competence framework and supporting document.
Competence Framework	2.2	8		Agree on importance of using plain language.	Add mention of avoidance of acronyms – beyond the use of 'NHS' and 'GP' as they can be alienating and disempowering for people.	Thank you for your comment. We have added minimised the use of acronyms in the documents.
Competence Framework	2.3	10		Yes, agree.	Make mention of fact that local systems and services and that support worker needs to keep up to date (referenced for first time in 6.2.2, p. 32).	Thank you for your comment. Maintaining the records of the person is mentioned in 6.2.1, but we couldn't find a reference to it in 6.2.2.
Competence Framework	2.5	41609		Yes, agree.	How will the worker gain these competencies? Mention of specific training, e.g. GCP courses? (also applies to 2.6 and 2.7)	Thank you for your comment. It is expected they would gain these competences through training and professional development - either peer support specific or workplace specific.
Competence Framework	3.1.1	16		I. What does 'person centred' mean? So much detail about other things but nothing about something this important	I. Please amend	Thank you for your comment. Clarification has been added to the competence framework and supporting document
Competence Framework	3.1.1	16		I. Rather than ability. Bullet point 2: Everyone has the 'ability' it is not the correct word	I. It is a requirement. Bullet point 2: should say 'will treat' or 'ensure that all people are treated'	Thank you for your comment. The use of the phrasing 'An ability to…' is explained in 3.2.1 of the supporting document. The PSW is being asked to demonstrate their ability to do or act on each competence, because it's not possible for them to demonstrate that they 'will treat' (in the

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
						future) or 'ensure that all people are treated' (which could, in some situations, be beyond their power).
Competence Framework	3.1.1	16		Indicates them and us culture	Bullet points 2 & 3 are the same	Thank you for your comment (on what is now 3.6). Bullet 2 is about how the PSW treats all people. Bullet 3 is about the PSW standing up for people with mental health difficulties, and looks at how they are treated by others.
Competence Framework	3.1.1	16		I. Stance… what the heck? What does this mean?	I. Please amend	Thank you for your comment. 'Stance' (now in 3.6) is like 'attitude', but is about the point of view rather than the state of mind.
Competence Framework	3.1.2	16		I. This is just words	I. Needs to be better phrased, or explained better	Thank you for your comment. We slightly re-worded one of the competences, but have retained the rest (now in 3.6), to keep the necessary level of detail but not make these competences longer.
Competence Framework	3.1.2	16		This all feels too wordy, difficult to read/follow	Simplify – plain English	Thank you for your comment. We slightly re-worded one of the competences, but have retained the rest (now in 3.6), having reviewed the language with the ERG and chair.
Competence Framework	3.1.2	16		I. The example (…a gay person from) hell's bells! Are there examples throughout?	I. If there aren't examples throughout, take this out. If included, put the person before the label.	Thank you for your comment. We have deleted the examples from this competence and reworded part of it.
Competence Framework	3.1.2	16		I. The ability does not indicate the person 'is to do'	I. Remove ability reference	Thank you for your comment. The use of the phrasing 'An ability to…' is explained in 3.2.1 of the supporting document.
Competence Framework	3.1.3	17		The level of detail is what you would expect in curriculum delivery	Please condense	Thank you for your comment on what is now in 3.6. A curriculum (Part 3 of the project documents) is one of the main uses of the competence framework, which is why it requires so much detail so that it can be accurately translated into a training program.
Competence Framework	3.1.3	17		I. THE HEADINS ARE ENOUGH! FOR EACH SECTION AND SUB SECTION	I. GET RID OF THE REST. IT JUST CONFUSES	Thank you for your comment. Only using headings and subheadings (in now 3.6) may mean that some of the sections are misinterpreted, so it was decided to keep the competences.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	3.1.3	17		Overly Wordy, not clear English for reader	Please condense	Thank you for your comment. We needed to keep this level of detail in these competences, having reviewed the language with the ERG and chair
Competence Framework	3.1.3	17		I. Why focus on negative?	I. Focus on strengths	Thank you for your comment. This is focusing on understanding the barriers to access so they can be overcome.
Competence Framework	3.1.3	17		Marginalisation, what does this mean, what context?	Clear explanation required	Thank you for your comment. We have changed this to 'social exclusion' for clarity.
Competence Framework	3.1.3	17		Yes, agree.	Be more explicit about transport difficulties, namely lack of funds to pay for transport, poor transport links.	Thank you for your comment. This is probably too much detail for this section.
Competence Framework	3.1.4	17		Same as before, you just need the heading	Heading only required	Thank you for your comment. Only using headings and subheadings (in now 3.6) may mean that certain sections are misinterpreted, which would not be helpful for standardising responsibilities and competences.
Competence Framework	3.1.5	17		The heading is enough	Heading only required	Thank you for your comment. Only using headings and subheadings (in now 3.6) may mean that certain sections are misinterpreted, which would not be helpful for standardising responsibilities and competences.
Competence Framework	3.1.6	17		See previous; The heading is enough	Heading only required	Thank you for your comment. Only using headings and subheadings (in now 3.6) may mean that certain sections are misinterpreted, which would not be helpful for standardising responsibilities and competences.
Competence Framework	3.2.1	18		Quite ‘wordy’	Using more understandable language	Thank you for your comment (on now 3.5). We have reviewed the language with the ERG and chair and have made extensive revisions.as a consequence
Competence Framework	3.2.1	18		These are the essential basis for a peer support role	-	Thank you for your comment.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	3.2.2	18		I. Parts of the section are agreeable but the language is patronising.	I. Certain parts don't need to be included/need re wording. Terminology 'paying attention' are patronising terms. Unneeded advise – e.g. 'close but not too close'	Thank you for your comment. This section - and its wording - is largely based on those included in 'professional' frameworks.
Competence Framework	3.2.2	19		I. Recognising it's important to identify cues but worded quite clinically.	I. Wording in this document should be coproduced.	Thank you for your comment (now in 3.5). The language and content have been reviewed with the ERG and chair. It's been revised in places, and extensively in the supporting document, and it was decided that it was necessary to retain this content in the framework.
Competence Framework	3.2.3	19/20		I. No wiggle room for interpretation or individuality, too detailed.	I. Make less detailed in order for interpretation to be open and adapted locally	Thank you for your comment. We've given some detailed examples, but the main points (considering other forms of communication; minimising practical barriers to communication; making adjustments to communication) are intended to be applied flexibly and adapted.
Competence Framework	3.3.7	22		Not entirely clear what 'an ability to provide additional support' means in this context – does this mean that the ending can be delayed in certain situations or that additional support can be provided as an ending approaches? If the latter, it suggests that maybe this isn't the right time for an ending…Also unclear about 'ability to support the person to continue with their recovery without over-reliance on the peer support worker' – unclear how this is related to endings	Need to rephrase re: flexibility (see 'Comments' box)	Thank you for your comment - this edit has been made - changed indent to "an ability to signpost the person being supported to other resources or sources of support, as required".
Competence Framework	3.3			This is too wordy	Title with short explanation of what it means would be enough	Thank you for your comment. Only using headings and subheadings may mean that certain sections are misinterpreted, which would not be helpful for standardising responsibilities and competences.
Competence Framework	3.3.2			How is this different to 3.3	Don't need both	Thank you for your comment. This is all part of the same section.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	3.3.3			Title is enough	Take out all of the blurb	Thank you for your comment. Only using headings and subheadings may mean that certain sections are misinterpreted, which would not be helpful for standardising responsibilities and competences.
Competence Framework	3.3.4			CURIOUS WAY! Is this standing on one leg	Heading with short explanation	Thank you for your comment - this edit has been made – changed indent to: giving and asking for feedback in an open and which demonstrates curiosity about the person.
Competence Framework	3.3.5			Agree with this section, less patronising	Make sections shorter	Thank you for your comment. The level of detail was necessary for the framework.
Competence Framework	3.3.6	22		Yes, agree.	Mention possibility of meeting at the person's home if there are physical/mental health issues that may otherwise hinder peer support?	Thank you for your comment. We only meant to provide examples, and not to be exhaustive, so people can interpret this as required.
Competence Framework	3.3.7			Important section	-	Thank you for your comment.
Competence Framework	3.4	23		Use of term 'to normalise'.	Understand what is meant but 'normalise' can sound reductive. The aim of understanding the person's experiences is…? To make them less threatening/upsetting for the individual?	Thank you for your comment. We've changed this (in now 3.2), so it just reads "conveying an understanding of the person's experiences"
Competence Framework	4	Page 15	Relates to whole section	Comment 1:There is an awful lot in terms of number of sections. Will this be tailored to specific job roles? Many Peer Support Workers may not have come from a corporate background and may be put off.	-	Thank you for your comment (on now section 6). The framework is meant to encompass all job roles - so yes, individual organisations can tailor this as required.
Competence Framework	4	Page 15	Relates to whole section	Comment 2: It feels like a clinical competency framework with Peer Support slotted in.	-	Thank you for your comment. The supporting document and competence framework have been revised and restructured to try to address this.
Competence Framework	4	Page 15	Relates to whole section	Comment 3: Understanding peer support should be in staff's competency framework and organisation's policies.	-	Thank you for your comment. Policies and staff frameworks may vary, so these competences include the key issues related to the peer support worker role

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	4	Page 15	Relates to whole section	Comment 4: A huge power of the Peer Support role is its flexibility. A framework is helpful and powerful for PSWs within statutory services. How much flexibility is there in quite a heavy-handed framework and how will it allow the role to evolve?	-	Thank you for your comment. The supporting document and competence framework have been revised and restructured to address this, including career progression. Career progression is being reviewed by the HEE Implementation group. As the supporting document now says, 'This framework is not a mandate. It aims to be flexible and adaptable, and to steer away from over-professionalising a role which, at its heart, is about human connection and relationships'
Competence Framework	4	Page 15	Relates to whole section	Comment 5: The more detail the framework has, the more it limits the role. It is very prescriptive. This does not allow for the evolving of the role.	-	Thank you for your comment. The competences are intended to cover the skills, attitudes, values and knowledge of the role, while including optional additional skills as well as core skills.
Competence Framework	4	Page 15	Relates to whole section	Comment 6 Could competencies be shown as 30 second video clips, or animation, in order to make them visual?	-	Thank you for your comment. This may be a possibility at a later stage, and can be considered by HEE.
Competence Framework	4	Page 15	Relates to whole section	Comment 7: The wording of the framework does not make it applicable to other peer support worker roles (e.g. volunteers). For example, the legal knowledge needed as a volunteer would be at a different level compared to a more 'senior' NHS role.	-	Thank you for your comment. The revised supporting document has a section on statutory and non-statutory settings.
Competence Framework	4	Page 15	Relates to whole section	Comment 8: Worried will create two tiers – NHS role and organic one outside. Need to protect roles outside of NHS.	-	Thank you for your comment. Roles within and outside the NHS will be different, but hopefully all will reflect the same core values
Competence Framework	4	Page 15	Relates to whole section	Comment 9: This framework would really put me off applying for a peer support worker role.	-	Thank you for your comment. We hope that the revisions made to the documents, following the consultation, ERG meeting and focus groups, make it more encouraging.
Competence Framework	4	Page 15	Relates to whole section	Comment 10: Competency framework needs to be relevant for your role e.g. management or worker role.	-	Thank you for your comment. The framework is meant to encompass all job roles - so individual organisations can tailor this as required, to be relevant to each role.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	4	Page 15	Relates to whole section	Comment 11 Concerns regarding impact of framework on local groups and networks. Community grass roots is based on lived experience.	-	Thank you for your comment. The revisions to the supporting document have tried to address this.
Competence Framework	4	Page 15	Relates to whole section	Comment 12: Peer support should be organic and fluid model for everyone. Need to encourage diversity and not put into a framework.	-	Thank you for your comment. The framework has sought to be flexible and adaptable with consideration of diversity, including the relational nature of the work and working with difference. The structure of the competences, with core, optional/additional and organisational sections, also seeks to address this.
Competence Framework	4	Page 15	Relates to whole section	Comment 13: Framework looks overwhelming.	-	Thank you for your comment. The supporting document has been extensively revised and is to be read first, to explain the context and framework (also revised), and both documents have been restructured.
Competence Framework	4	Page 15	Relates to whole section	Comment 14: Acknowledgement that there are pros and cons bringing in a framework, especially for NHS.	-	Thank you for your comment. This is discussed in the supporting document, including 2.3 on statutory and non-statutory peer support.
Competence Framework	4	Page 15	Relates to whole section	Comment 15: This framework would put brilliant potential Peer Support Workers off, seeing the amount of competencies.	-	Thank you for your comment. It is important to hold in mind that there are a core set of PSW competences, and these would be those which new PSWs focus on
Competence Framework	4	Page 15	Relates to whole section	Comment 16: Peer Support Work needs to be fluid in the way of working. The framework is buzz-wordy and acronym-based.	-	Thank you for your comment. Fluidity and flexibility are emphasised in the framework and its supporting document, and most acronyms have been removed from the framework.
Competence Framework	4	Page 15	Relates to whole section	Comment 17: A lot of this framework is overwhelming and clinical. The success we have is due to the organic way we work. The organic way we work engages people and connects them to the statutory services.	-	Thank you for your comment. The framework and supporting document have been changed where possible to plain English. The organic way of working people has been emphasised in the supporting document, and we hope it captures what you've said in your comment.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	4.1	26		II. An ability to judge emotional demands, not helpful and too wordy	II. Alternative – peer support workers frequently reflect on whether their work is causing them emotional distress and to raise concerns in supervision	Thank you for your comment - this edit has been made to this item “when their work is creating excessive emotional distress and to put in place appropriate levels of self-care, and to discuss these with a supervisor” and to the next item “an ability to consider whether the experience of distress may reflect personal factors (such as difficulties in their own recovery, or not being ready to start peer work)”
Competence Framework	4.1	26		Repetitive use of ‘demands’ and ‘excessive.	Re-phrase	Thank you for your comment. We have edited the language in this section.
Competence Framework	4.1	26		I. Too wordy	I. Simplify wording	Thank you for your comment. We have edited the language in this section.
Competence Framework	4.1	26		Don’t use ‘ability’ or ‘judge’	Replace ability and judge with reflection	Thank you for your comment. We have adjusted some of this language in the section.
Competence Framework	4.1	26	16-17	Reword ‘when their own stressors or triggers may…’	‘when past trauma relates to mental health services a peer is now working in’ (or work related stress)	Thank you for your comment. We have adjusted some of this language in the section.
Competence Framework	4.1	26		I. Overview	I. Remove the word ‘competence’, ‘excessive’, ‘ability’, ‘judge’, ‘strategies’ and ‘demands’	Thank you for your comment. We’ve made some revisions to this section (6), including removing ‘demands’ and ‘excessive’
Competence Framework	4.1	26		Overview	Remove the word competence, not needed	Thank you for your comment. We’ve kept ‘competence’ in here, to express when a peer support worker feels they have reached a limit in their role or what they feel they can do and so might need to seek support in their work.
Competence Framework	4.1	26		All the responsibility placed on the peer support worker not those supporting them. Assumptions made about why peer supporters would become ill – not the system, the person.	N/A	Thank you for your comment. We’ve made some revisions to this section (6), and to section 9, ‘Competences for organisations supporting the peer support worker role’ including on supporting peer support workers.
Competence Framework	4.1	26		‘judge’ implies responsibility on the part of the PSW when they may not be able to. In our NHS dep it is more our supervisors role to ‘judge’	Use terms like ‘be mindful of’ and ‘engage in reflection’ perhaps	Thank you for your comment. We have adjusted some of this language in the section.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	4.1	26	14	'demands may reflect personal factors…'	Add 'social and organisational factors'	Thank you for your comment. This has been added.
Competence Framework	4.1	26		An ability can be stick to beat people with		Thank you for your comment. We very much hope that this won't be the case with the competence framework. The wider revisions to the documents make it clear that this should not happen.
Competence Framework	4.1	26		N/A	I. Take out the word symptoms	Thank you for your comment. We have taken out 'symptoms' so it reads as 'triggers'
Competence Framework	4.1	26		What a lot of waffle. Could it not be worded more clearly?	-	Thank you for your comment. This is now section 6 and has been partly revised.
Competence Framework	4.1	26		There appears to be an implicit assumptions that peer support workers are very likely to have mental health relapse. Why?	-	Thank you for your comment. This is just covering any instances for when this occurs. These points around self-care could be relevant for any staff member.
Competence Framework	4.1	26		II. Ability? Surely it's a working progress. Don't want it to become a stick to beat someone with.	II. Alternative – display a commitment to self-management and seeking support	Thank you for your comment. Again, we very much hope that this won't be the case. The wider revisions to the documents make it clear that this should not happen.
Competence Framework	4.1	26		Find the word 'ability' a bit patronising.	Change the word ability	Thank you for your comment. The use of the phrasing 'An ability to…' is explained in 3.2.1 of the supporting document.
Competence Framework	4.1	26	5	-	Make seeking support a separate point	Thank you for your comment. This competence follows on from those about self-reflection/-care/-management, for times when a PSW could need some support from other people
Competence Framework	4.1	26		Strategies – Self-management. Where do they learn them from? How do you quantify someone self-managing?	-	Thank you for your comment. Self-management is for the person to decide, while strategies is a common term.
Competence Framework	4.1	26		I. Strategies is the wrong word.	I. Change the word strategies to be less jargony	Thank you for your comment. Strategies was seen as a common term appropriate for inclusion.
Competence Framework	4.2	27		III. Supervision is a two-way process. Current framework puts a lot of pressure on the individual PSW.	III. May be a section should also be included on saying what PSWs should expect from their supervision session	Thank you for your comment. There is a separate section on supervision, and cross-reference to the (already extant) supervision competence framework
Competence Framework	4.2	27		I. Supervision should be carried out by a peer, who understands the tensions of the unique role.	I. Please consider	Thank you for your comment. This is already covered in the framework.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	4.2	27		Ability to make effective use of supervision	Change to – Making effective use of supervision guidelines of how PSWs might make the best use of peer supervision	Thank you for your comment.
Competence Framework	4.2	27		I. Supervisions is a 2-way process	I. State this explicitly	Thank you for your comment. The 2-way nature of supervision is emphasised in the introduction text to this section (now 6.2) and the sub-section of competences about working "collaboratively with the supervisor". There is also a section of competences in section 9.1, with competences for "organisations supporting the PSW role". Also see 6.3.1 in the supporting document.
Competence Framework	4.2	27		I. Too many words	I. Cut down. Abbreviate to PSW, stop using 'support' so much. Take out the unnecessary words.	Thank you for your comment. We've abbreviated to "PSW".
Competence Framework	4.2	27		I. Cut out the over use of 'support'	I. Edit and maybe use the abbreviation 'PSW'	Thank you for your comment. We've abbreviated to "PSW".
Competence Framework	4.2	27		I. It makes it sound as though it is PSW's responsibility to make supervision useful/good.	I. The purpose of peer support supervision is… and the PSW should coming to… hold in mind that…	Thank you for your comment. There is also a section on competences for supervisors, so both responsibilities are laid out.
Competence Framework	4.2	27		Please use plain English. What is the difference between experiential – and experience.	Cut out 'experiential knowledge' just saying lived experience is enough.	Thank you for your comment. Experiential knowledge is what people gain from their lived experience, so they are different things.
Competence Framework	4.2.1	27		Over wordy	Just say the PSW should work collaboratively with the supervisor	Thank you for your comment. The first competence in this section (now in 6.2) has been partly reworded.
Competence Framework	4.2.1	27	19	I. Not about 'presenting and honest an open account'	I. Rephrase that point	Thank you for your comment. We've kept this in because this is important for supervision to be effective.
Competence Framework	4.2.1	27		I. Not enough focus on the importance of a good quality relationship with supervisor and other peers	I. Please add	Thank you for your comment. The competence framework contains competences that aim to make up a good quality and effective supervision relationship.
Competence Framework	4.2.1	27		I. Too wordy – could be said in one sentence	I. Peer support workers to work collaboratively with their supervisors and be prepared to make honest and open reflections on their practise, including the emotional impact.	Thank you for your comment and suggestion. We've kept the 3 bullets in this competence to divide the parts of it up.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	4.2.1	27		Word changes	Remove – 'ability' 'parameters'	Thank you for your comment. Text changed to: An ability to work with the supervisor to agree the content and structure of supervision
Competence Framework	4.2.2/4.2.3/4.2.4	27		Everyone can learn	Remove the word 'ability'	Thank you for your comment. The use of the phrasing 'An ability to…' is explained in 3.2.1 of the supporting document
Competence Framework	4.2.2/4.2.3/4.2.4	27		Not very strength based	PSW to reflect on their own strengths and use it to inform their work	Thank you for your comment. The PSW role being strengths-based is emphasised throughout, including the core principles and a section in 9.2 (organisational competences) about "maintaining a focus on strengths-based supervision".
Competence Framework	4.2.2/4.2.3/4.2.4	27		Everyone has the ability to learn – more of a guide	Suggest how PSW might engage in active learning	Thank you for your comment. The competence is not for setting out how PSWs can learn - this depends on their role and organisation they work within.
Competence Framework	4.2.2/4.2.3/4.2.4	27		Over use of the word reflection	Please change wording	Thank you for your comment. We've kept 'reflection' in these competences because it's an important part of supervision.
Competence Framework	5/5.1.2	Page 29	4	Comment 1: Concern regarding language such as "Ability to care". As feels like being told how to care.	-	Thank you for your comment. I haven't been able to find the words 'ability to care' in the document.
Competence Framework	5/5.1.2	Page 29	4	Comment 2: Why should peer support workers be told how to care? This is patronising.	-	Thank you for your comment. I haven't been able to find the words 'ability to care' in the document.
Competence Framework	5.1	29		I. I agree with most of the bullet points in 5.1, but is it complete?	I. Please consider	Thank you for your comment. We've tried to capture all aspects of what's required for supporting people in their personal recovery (now in 4.1).
Competence Framework	5.1	29		5.1 says about what help is needed, but it doesn't say how things should be done. Is that somewhere else in the framework?	Please consider	Thank you for your comment. The framework is not meant to outline how - this can be done locally.
Competence Framework	5.1	29		I. Section 5.1 needs a lot more detail because it is so important	I. Please consider	Thank you for your comment. Without more specific suggestions, we couldn't make changes based on your comment. The supporting document's section on personal recovery (5.1.1) has been revised.
Competence Framework	5.1	29		I. promote hope but be able to sit with 'stuck needs'	I. Refer to this	Thank you for your comment, this edit has been made.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	5.1	29	5	I. Who are 'others'	I. Please consider	Thank you for your comment. 'Others' includes anyone who might perceive certain actions as a risk.
Competence Framework	5.1	29		II. 'considered risk' is not a good term to use as different services require different levels of risk + PSW shouldn't be put in a position where they have to 'hold' all the risk	II. Remove 'considered risk' or change to reflect the comment (left).	Thank you for your comment - we have changed the language slightly.
Competence Framework	5.1	29		I. Supporting self-management?	I. Change to support and empowering others in their own personal recovery. Remove 'ability' – peer support workers to support people in their personal recovery by helping them to…	Thank you for your comment - this edit has been made. Header changed to "supporting peer's self-management" or "supporting the person's capacity for self-management"?
Competence Framework	5.1	29		I. Supporting self-management, of who?	I. Clarify that this is supporting others, change the name of this section.	Thank you for your comment. The heading of 5.1 has been edited.
Competence Framework	5.1	29		I. This whole section is THE ROLE	I. Please consider	Thank you for your comment.
Competence Framework	5.1	29	3	I. More natural language, understand how people interpret their world including trauma, social inequality, diversity	I. Please consider	Thank you for your comment. Trauma and equality/diversity and how they affect people's experiences and interpretations are described elsewhere in the documents.
Competence Framework	5.1	29		I. What does recovery mean? It is what is means to the person that is important - personal recovery. (not the definition hijacked by the NHS)	I. Please consider	Thank you for your comment. Please see sections 2.4 and 5.1.1 of the revised supporting document for explanation and discussion of recovery.
Competence Framework	5.1	29		Please don't halt all the risk	Reflect on this	Thank you for your comment. In this section (now 4.1), the competence asks the PSW to take considered risks when it's appropriate, not to stop doing this.
Competence Framework	5.1	29		Self-management? Meaningless?	Change to – supporting people to take control of their recovery? Empowering people to take control of their recovery?	Thank you for your comment. One of the core values is being recovery focused, so that runs through this and all sections.
Competence Framework	5.1	29		I. Isn't holding hope part of peer support?	I. Please consider	Thank you for your comment. Hope is included in the framework.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	5.1	29		It gives lists of the things to do with personal recovery. But each person only needs some of them. Some are more along the recovery road than others. How is this covered?	Please consider	Thank you for your comment. The framework is meant to include all the possible options - so it is up to the individual to decide what works for them in terms of personal recovery. They don't need to cover everything.
Competence Framework	5.1	29		I. Section 5 to support personal recovery, we often need to help the person deal with their issues and difficulties before, or as part of, their personal recovery. Is this covered in another part of the framework?	I. Please consider	Thank you for your comment. Yes, this is included.
Competence Framework	5.1	29		Maintaining hope and positive expectations might be a bit of a challenges if you are depressed.	Please consider	Thank you for your comment. We have included a point on helping people when they are 'stuck' which can cover some of this.
Competence Framework	5.1	29		I. Should training and the framework take into account of services where a person might only be given 6or10 half hour session of peer of support?	I. Please consider	Thank you for your comment. As provision will vary locally, this is a matter of service design rather than being specified in the framework
Competence Framework	5.1	29		How do we help person to know what they want?		Thank you for your comment. PSWs can help people understand or identify what they want by talking to them.
Competence Framework	5.1	29		I. More needed on resilience how to keep relationships going, how to motivate those who are stuck/passive/have few options because of social situation/health etc.	I. More needed on resilience how to keep relationships going, how to motivate those who are stuck/passive/have few options because of social situation/health etc.	Thank you for your comment. We have included a point on helping people when they are 'stuck' which can cover some of this.
Competence Framework	5.1	29		Using the word ability	Please remove	Thank you for your comment. The use of the phrasing ‘An ability to…’ is explained in 3.2.1 of the supporting document.
Competence Framework	5.1	29		Too repetitive	Simplify e.g. PSW should help people to develop tangible (SMART) goals	Thank you for your comment. We have reviewed this as it is necessary to keep the content in the framework
Competence Framework	5.1	29	16	I. ‘draw on knowledge’ isn’t the right word, It is about drawing on experience.	I. Change to experience	Thank you for your comment. The knowledge is likely to come from experience, so it might be both, but the knowledge of it is what the PSW will be using here.
Competence Framework	5.1	29		I. Celebrate where people have got to not just push forward	I. Include – understand when people are ready to move forward	Thank you for your comment. This is included.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	5.1	29		'Maintaining hope'	Change to 'holding hope'	Thank you for your comment. This edit has been made.
Competence Framework	5.1	29		I. Not comprehensive and too lengthy. Person-centred approach – making goals that are important to the individual and their personal recovery journey.	I. PSW to support others to make SMART realistic goals.	Thank you for your comment. All of this work towards goals should be carried out from a person-centred approach and with the person's personal recovery journey in mind.
Competence Framework	5.1.2	29		I. Using your lived experience is missing throughout	I. Please add	Thank you for your comment. This is included throughout the framework - it is a key factor in the work, and would be too repetitive to mention it in every section.
Competence Framework	5.1.2	29		I. Work towards these goals that may not be in a linear way. Help people cope with ups and downs drawing on your lived experience.	I. Please consider	Thank you for your comment. In supporting document 5.1.1 we talk about recovery not being a linear process, and handling setbacks or becoming stuck are included in the competences in this section.
Competence Framework	5.1.2	29		The self-determination ideas are worthy – but where is the reference to lived experience?	Please add lived experience	Thank you for your comment. This is included throughout the framework - it would be too repetitive to mention it in every section.
Competence Framework	5.1.2	29		Some people are not ready to do much of this	Please consider	Thank you for your comment. This will likely be part of the PSW role to support and 'sit with' people.
Competence Framework	5.1.2	29		Wording	Remove 'ability'	Thank you for your comment. The use of the phrasing 'An ability to…' is explained in 3.2.1 of the supporting document.
Competence Framework	5.1.2	29		I. Points are too laboured	I. Shorten substantially	Thank you for your comment.
Competence Framework	5.1.2	29		I. N/A	I. Replace 'help people develop' with 'Empower people'	Thank you for your comment. "help people develop" is more behaviourally specific.
Competence Framework	5.1.2	29		Don't feel this section is needed. Repetition of the previous sections.	Maybe all that is needs is – help others to identify and support their own support network	Thank you for your comment. This section includes competences that aren't included previously. The ERG reviewed the comment and felt the info should be retained
Competence Framework	5.1.2	29		People should choose whether they want to make a self-care plan.	Put know about options for self-care e.g. WRAP	Thank you for your comment. A slight edit has been made to the text.
Competence Framework	5.2	30		Order of the section.	Move the last sentence to the top.	Thank you for your comment - this edit has been made, with the final box relocated to the top as suggested.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	6.1	31	3	I. Too wordy – 'An ability to convey information about…'	I. Prepared to have a discussion of the choices available to help the person to decide what is best for them	Thank you for your comment. We have added the word 'choice' in to clarify.
Competence Framework	6.1	31	4	'Tailored to a person's capacity, context and circumstances' – patronising.	This whole section should be saying 'it is about their choice'	Thank you for your comment. We have edited the text in this section.
Competence Framework	6.1	31		I. Judge – not the right word.	I. PSW have discussions about other support services that are relevant to the individual's needs, and how these services can be accessed.	Thank you for your comment. 'Judge' has been replaced with 'determine'.
Competence Framework	6.1	31		Remove the word ability	Replace the word ability	Thank you for your comment. We've reworded the headings in the competence frameworks, but have kept the term 'ability'. Its use is explained in the supporting document section 3.2.1.
Competence Framework	6.1	31		Drop the judging	Remove 'judge' from the section	Thank you for your comment. Judge has been replaced with determine.
Competence Framework	6.1.	31		I. Plain English	I. Simplify this whole page	Thank you for your comment. We've revised the content and language in the supporting document, which needs to be read before the framework, and the headings in the competence framework (which has also been revised and restructured), but it was necessary to keep this content in the framework.
Competence Framework	6.2.1	32		Word changes	Remove 'concurrent' and 'ability'	Thank you for your comment. The text has been edited slightly in this section.
Competence Framework	6.2.1	32		I. Far too wordy. Peer Support notes should be written with people	I. PSW keep a full and accurate record of all point of contact in accordance with the services guidelines. Peer support noted should be written collaboratively with the individual where possible.	Thank you for your comment. How record keeping is done will be a local issue, and so will vary from location to location (as in the first line). We have edited this section with an additional first line: An ability to draw on knowledge of the ways in which work is documented in the setting in which the PSW is working
Competence Framework	6.2.1	32		I. Nothing about me without me	I. Agree any records with the person	Thank you for your comment. Records will need to be written in line with the service's policies.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	6.2.1	32		Each service will have rules, recommendations, actions about exactly what info should be recorded. Confidentiality has not been considered here either.	''In accordance with your service guidelines and recommendations'' Consider the impact of what you include as people can request own notes!	Thank you for your comment. This edit has been made.
Competence Framework	6.2.1	32		Just put..	Complete any record in line with your organisations policy, with the person wherever it can be done	Thank you for your comment. This is contained within these competences (now section 5)
Competence Framework	6.2.2	32		N/A	Remove 'ability'	Thank you for your comment. We've reworded the headings in the competence frameworks, but have kept the term 'ability'. Its use is explained in the supporting document section 3.2.1.
Competence Framework	6.2.2	32		'Advanced directive' what does this mean?	Remove	Thank you for your comment. Here is a link to the NHS page that explains advance directives: https://www.nhs.uk/conditions/end-of-life-care/advance-decision-to-refuse-treatment/ As an end-of-life plan, it's relevant to care plans and could need to be considered by peer support workers.
Competence Framework	6.2.2	32		I. This is very NHS-focused. Many voluntary organisations don't use 'care plans'	I. Reword – recovery plans/wellness plans/crisis plan	Thank you for your comment. This is because the framework has a statutory focus.
Competence Framework	6.2.2	32		I. Care plan and recovery plan are different	I. PSW may help someone to develop their own personal recovery plan	Thank you for your comment.
Competence Framework	6.2.2	32		I. Recovery plans are different to care plans. Care plans are more about treatment they receive from a service. Peer support is more about working collaboratively on wellbeing and recovery plans if this is somethings the individual wants to do. Creating a care plan or recovery plan should be a choice.	I. Please consider	Thank you for your comment. We have included wellbeing plans here - whichever plan gets created depends on the service the PSW works in.
Competence Framework	6.2.2	32		Advance directive is jargon	How about supporting people to record any wishes for how they may be helped in future crisis.	Thank you for your comment - this edit has been made: An ability to support people to develop an advance directive or statement (where appropriate) as part of their care plan or crisis plan (in which people can record any wishes for how they may be helped in future crisis)

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	6.2.2	32		Don't put so much emphasis on care plans, many people do not want them.	Amend – If relevant and wanted	Thank you for your comment. As the framework focuses on NHS/statutory services, care plans are regularly used. Including the PSW in this ensures care plans remain person-centred rather than service-centred.
Competence Framework	6.3.4	Page 34	1,2 and 3	The role to fit competency regarding who to contact to say sign post on. Need to know this and cover during supervision. However, needs to different levels of competency depending on your role e.g. different if you have a senior role.	-	Thank you for your comment. There are competences around signposting in section 4.6, section 9 (signposting people when the peer support work is ending). Please also see section 5.2 of the supporting document.
Competence Framework	7.1	36	12, 13, 14	Person talked about that you need to be bold in order to be able to do this and stand your ground when trying to educate the team and not everyone would feel this way. They went on to say they tried to do this through team meetings and presentations.	-	Thank you for your comment. How to manage the role in the team is addressed in Table 1 of the supporting document, and in this section (now 5.1) in the competences on challenges to team communication.
Competence Framework	7/7.1			Comment 1: "When they talk about teams – how big is the team? Why does a peer support worker need to be part of a team? Felt about one to one work with peer. The framework feels brittle and stagnant."	-	Thank you for your comment. The framework is focused on PSWs in statutory settings, so considering competences for working in a team is appropriate.
Competence Framework	7/7.1			Comment 2: Concerns regarding peer voice being a lone one in the role.	-	Thank you for your comment. How to manage the role in the team is addressed in Table 1 of the supporting document, and in this section (now 5.1) in the competences on challenges to team communication.
Competence Framework	8.1			-	Should be ability to explain own experience of interventions not as a rationale	Thank you for your comment. This has been amended, and the term 'interventions' has been removed. Please see the revised supporting document and section 8 of the framework.
Competence Framework	8.1			Wrote in a way that is very clinical	Male more use of recovery language	Thank you for your comment. This has been amended, and the term 'interventions' has been removed. Please see the revised supporting document (including the section on recovery) and section 8 of the framework

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	8.1			Too many clinical interventions	Recovery approaches	Thank you for your comment. This has been amended, and the term 'interventions' has been removed. Please see the revised supporting document (including the section on recovery) and section 8 of the framework
Competence Framework	8.1			Peer Support is not therapy	-	Thank you for your comment. This has been amended, and references to 'interventions' including therapy have been removed.
Competence Framework	8.1			Far too much clinical language	Need to acknowledge are we talking about an awareness of CBT, DBT etc, rather than a qualification	Thank you for your comment. This section has been revised.
Competence Framework	8.1			Psychological interventions are directive	Please remove	Thank you for your comment. This has been removed.
Competence Framework	8.1			Clinical language	Needs to be written in lay/understandable terms	Thank you for your comment. This section has been revised. Please also see the supporting document.
Competence Framework	8.1			Clinical language	Needs to be written in lay/understandable terms	Thank you for your comment. This section has been revised. Please also see the supporting document.
Competence Framework	8.1			Mutuality isn't mentioned anywhere	-	Thank you for your comment. Mutuality is emphasised as a core values and within the principles (section 1).
Competence Framework	8.1			N/A	Language needs to be clearer	Thank you for your comment. This section has been revised. Please also see the supporting document.
Competence Framework	8.1			There is no choice here, this is being done too, then rationalised, not person centred	Wording needs to say support a person to choose the support they want to receive, identify with	Thank you for your comment. This section has been revised.
Competence Framework	8.1			Who has control, who makes choices		Thank you for your comment. This section has been revised.
Competence Framework	8.1			What do we mean by interventions	Don't over complicate things	Thank you for your comment. The term interventions is no longer used in this section.
Competence Framework	8.1			We do not have to explain rationale for intervention	It is a relational role	Thank you for your comment. The term interventions is no longer used in this section, and the relational nature of the role has been emphasised in the documents.
Competence Framework	8.1			-	Keep peer support what it is supposed to be RELATIONAL	Thank you for your comment. The relational nature of the role has been emphasised in the documents.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	8.1			-	Should be more about an ability to talk about interventions that have worked, but not for peers to carry out the interventions	Thank you for your comment. The term interventions is no longer used in this section.
Competence Framework	8.1			Peer support is not intervention, non-directive, why would we be identifying interventions	-	Thank you for your comment. The term interventions is no longer used in this section.
Competence Framework	8.1			N/A	Ability to listen to a person and discuss what they want needs to be emphasised	Thank you for your comment. Please see the revised documents, which now emphasise this.
Competence Framework	8.1			Is mutuality being done to the person	-	Thank you for your comment. This section has been revised.
Competence Framework	8.1			Peer support is not a therapy	Remove therapies	Thank you for your comment. This section has been revised.
Competence Framework	8.1			Peer support is not a therapy-language is not right	Awareness and experience of, to be shared with …	Thank you for your comment. This section has been revised.
Competence Framework	8.1			Not peer place to monitor and review actual interventions	An ability to recognise difficulties being found from specific clinical interventions and discuss with staff and service users	Thank you for your comment. This section has been revised.
Competence Framework	8.1			Asking peers to do things that are above pay grade or training peers to deliver therapies is undermining.	People are actually trained to deliver specific interventions; they are a higher band	Thank you for your comment. This section has been revised, and the importance of peer supporters not working outside of their role has been reframed and emphasised.
Competence Framework	8.1			Wrote in a way that gives gratification to the people who wrote this and not the people who do the job	Change language	Thank you for your comment. This section has been revised.
Competence Framework	8.1			Peer support is a non-clinical role, but this section is written in clinical language	Re write/use plain and simple, non-clinical language v	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41		I. Interaction not intervention	I. Please consider	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41		I. Peer support is peer support and supplements other services – It should not be used as untrained, standardised cheap therapy such as CBT	I. Please consider	Thank you for your comment. This section has been revised.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	8.1	41		I. Peer support should be able to draw on aspects of psycho social interventions to help present options to a person. They should not be trained to deliver 'interventions' that is another primary role.	I. Remove	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41		If a peer support worker does some of the psychological interventions (e.g. CBT, behavioural approach, family therapy) will they need additional specialist supervision? Will is still be a peer support role?	Please consider	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41		II. If peer support worker deliver some of the psychological interventions, will this just be doing a clinical role bust with cheap labour instead of paying the therapists to do it?	II. Please consider	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41		I some of the psychological interventions such as CBT and behavioural family therapy, do not fit neatly into the principles of peer support/ such as mutuality and reciprocity.	I. Please consider	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41		I. More about receiving training in order to be able to support interventions but not provide interventions within a peer role.	I. Please consider	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41		'provide psychological interventions' implies qualifications. Unless peer worker has specific qualifications/training they can understand but cannot provide.	Use knowledge of to inform support they support they give	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41		Most of these lose the unique quality of peer support which is about lived experience.	Rethink this whole section	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41		I. Peer support is more natural than an 'intervention'	I. Please consider	Thank you for your comment. This section has been revised.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	8.1	41		'Interventions' is very formalised. A lot of peer support work is informal, non-structured and ad-hoc. General peer support work doesn't always follow a linear step by step process.	Please consider	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41		I. Unless it is based on lives experience it cannot be peer support	I. Please consider	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41		I. Too much focus on self-management. Peer support is not a self-management programme. CBT and other interventions are not a part of peer support as it is directive. May need additional supervision – could be a break of boundaries.	I. Too much focus on self-management. Peer support is not a self-management programme. CBT and other interventions are not a part of peer support as it is directive. May need additional supervision – could be a break of boundaries.	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41	13-17	I. This is about clinical assessment and clinical management, NOT peer support.	I. Please consider	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41	13-17	I. There does not seem to be much that reflects mutuality and reciprocity on this page?	I. Please consider	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41	13-17	Peer support is not intervention	Remove who section, should not be about intervention	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41	13-17	Wording	Please remove 'ability'	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41	13-17	What about autonomy?	To let the supported peer lead whatever happens	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41	13-17	Receiving an interventions. What standards are the interventions assessed against? Intervention or treatment? Care plan? Interventions suggests something is wrong – peer support is about what happened to the person	Suggest being done to	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41	43843	Provide interventions?? Are we qualified to do this? And should we!?	Suggest/give a choice of types of support. Use experience of accessing interventions, don't deliver them	Thank you for your comment. This section has been revised.
Competence Framework	8.1	41	13-17	This all reads as things are being done to and not with	Re-write it!	Thank you for your comment. This section has been revised.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	8.2	Page 42	15 and 16	Successful engagement and organic approach works well, especially for BAME peer groups.	-	Thank you for your comment. This section has been revised. Please also see 6.2 in the supporting document on diversity and inclusion.
Competence Framework	8.1.1			Crisis Intervention	Not recovery language, take out	Thank you for your comment. This section has been revised.
Competence Framework	8.1.1			The word crisis means so many different things		Thank you for your comment. This section has been revised. Section 2 also discusses the knowledge of experiences of crisis.
Competence Framework	8.1.1			Not everyone knows about advance directives	Why not talk about wellness plans,	Thank you for your comment. This section has been revised.
Competence Framework	10.1.4	Page 48	4 and 6	What training and support will there be in regards to the evaluation of people around these competencies? How will they be supported? Need to take in to account if people work full time, part time and people's diversity. Person felt need to have accountability if statutory, or organic.How is flexible working taken into account and factored in?	-	Thank you for your comment. This section has been revised. Please also see section 9, which has competences for organisations to support, supervise and train peer support workers.
Competence Framework	10.1.5	Page 48	Relates to whole section	Needs to be a career path progression for peers and need to get these roles valued by staff. Felt a lot of misunderstanding around peer roles, especially in statutory settings, therefore, peers spend a lot of time explaining their role.	-	Thank you for your comment. Career progression will be reviewed by the HEE Implementation group.
Competence Framework	11	53		I think a distinction should be made about self-disclosure to colleagues and to clients as separate areas.	I would choose option 'c' as I feel it is very much related to the peer support competence framework but warrants a separate section for the issues raised within it to be covered fully. However, as stated in the 'Comments' section, it needs more information added – particularly as to why it would be worthwhile for practitioners who are not peer support workers to disclose their lived experience and the risk involved in this approach.	Thank you for your comment. This section has been removed.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
Competence Framework	11	Page 53	Relates to whole section	Section 11 sits with Nurse and other professional training, not peer support workers, so that they can comfortably disclose lived experience.	-	Thank you for your comment. This section has been removed.
General	Overview	N/A	N/A	Yes-need a framework nationally, but must be able to be flexible to each individual service/locality	-	Thank you for your comment. The framework is not meant to be prescriptive, so local services should be able to use it flexibly.
General	Overview	N/A	N/A	Framework would be helpful for evolving services	-	Thank you for your comment.
General	Overview	N/A	N/A	Framework needed but needs to be fit for purpose	-	Thank you for your comment.
General	Overview	N/A	N/A	No evidence of collaborative working around the values	More collaborative transparent values	Thank you for your comment. The values were developed collaboratively with the ERG, using the principles outlined by HEE's task and finish group from the PSW role implementation group.
General	Overview	N/A	N/A	All mental health care trusts should have been involved/invited into collaborative process to share experiences	CNTW would like to help, please involve us	Thank you for your comment. The national consultation, open to the public, was intended to allow for as many trusts or services to have their input.
General	Overview	N/A	N/A	Seems broken from get go as no/very little involvement took place	Consultation with peers, Trusts, Charities', Recovery Colleges etc. Should have taken place, What do they have in common, and what is different	Thank you for your comment. We developed the framework in collaboration with a number of people representing a range of perspectives.
General	Overview	N/A	N/A	Framework is good to educate other staff working alongside to understand the role and meaning of it	-	Thank you for your comment.
General	Overview	N/A	N/A	There is a need for national guidance, but this has not been done bottom up by communities or led by peers	Consult local trusts and third sector who are doing it, look for similarity	Thank you for your comment. We've included a timeline in the supporting document showing the rounds of revisions and collaboration, through meetings and the consultation. There's also the ERG member list at the back of document showing who was engaged with the project.
General	Overview	N/A	N/A	The language is too wordy	Review and revise the language	Thank you for your comment. The language has been reviewed and revised where needed.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General	Overview	N/A	N/A	It is good to have a framework, but the process has been rushed and doesn't appear to have been wildly consulted	Wider more inclusive consultation	Thank you for your comment. We opened up the consultation to the public to make it as inclusive as possible.
General	Overview	N/A	N/A	Would rather the framework take longer to produce and have a more collaborative outcome than the framework that is already available which there are a lot of disagreement with	-	Thank you for your comment. We held an additional ERG meeting at the end of June plus 2 focus groups, to collaborate with people and make further revisions.
General	Overview	N/A	N/A	Competency framework needs to sit within a whole approach to professionalism whilst not isolating peer supporters	-	Thank you for your comment. There is (intentionally) considerable overlap between the PSW and other NCCMH frameworks for professionals.
General	Overview	N/A	N/A	There is definitely a need for a national framework, although it has to be flexible so it can be adapted and applied at a local level.	-	Thank you for your comment. The framework is not meant to be prescriptive, so local services should be able to use it flexibly.
General	Overview	N/A	N/A	The current framework needs more 'wiggle room'. The document is too prescriptive and detailed.	-	Thank you for your comment. The framework has been restructured and revised, making its flexibility clearer. It includes core competences and also optional/additional competences for further skill acquisition and development, and organisational competences
General	Overview	N/A	N/A	The content is what you would expect from a curriculum, not a framework.	-	Thank you for your comment. A curriculum is one of the main uses of the competence framework, which is why it requires so much detail so that it can be accurately translated into a training program.
General	Overview	N/A	N/A	The process of designing the framework should be bottom up, not top down. Any framework for peer support roles must be led by peers, in true and not tokenistic co-production.	-	Thank you for your comment. There was a limited timeframe for the development of this work, so the first draft of the competence framework was written before the first ERG meeting as a starting point for discussion and revisions, with the aim of taking in all agreed feedback and suggested changes to the structure and content from the ERG members. Please see the project timeline on p.3 of the supporting document, which shows the stages of development and involvement including engagement.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General	Overview	N/A	N/A	The process should have started with time spent with the peer support community in local trusts and voluntary sector groups/ organisations to understand the peer support role. The framework could then have been modelled on good practise.	-	Thank you for your comment. We weren't able to do this in the project's timeframe.
General	1.1 / 1.2	5&6		Will there be different levels of training associated to the framework? For different purpose. e.g. Basic – perhaps for all, Intermediate – Slanted towards the needs of the various organisations, Advanced - as above	Please consider	Thank you for your comment. The framework has been organised into 9 domains that include the core skills and knowledge for PSWs who are starting out, and additional/optional skills and knowledge for PSWs who want to increase their skills. Organisational competences needed to support PSWs are also included.
General	1.1 / 1.2	5&6		The document loses the humanity, joy and uniqueness of peer support	Please consider	Thank you for your comment. We will consider this.
General	1.1 / 1.2	5&6		Reading this does not make me want to be a peer support worker. IT makes me want to throw myself under a truck. How would I know that I have these abilities until I gained the experience?	Please consider	Thank you for your comment. Experience is a necessary component to develop some of these abilities - so some competences will be signed off as people progress through their role.
General	1.1 / 1.2	5&6		Have the authors of the framework read the 2019 book 'peer support in mental health;	Please read 'peer support in mental health' 2019	Thank you for your comment. Yes, this was a main source for the framework.
General	1.1 / 1.2	5&6		Many peer support workers are part time. Are the full time workers who developed the framework aware of the challenge of working part time? For examples, getting paid for training?	Please consider	Thank you for your comment. This is likely outside the scope of the framework and will be up to local areas/services to resolve.
General	1.1 / 1.2	5&6		Who came up with the idea that this role should have a framework? It is not a professional role. Did it get written in consultation with peer support workers? Because the role cannot be understood without this?	Please consider	Thank you for your comment. The framework was commissioned by UCLP and HEE to support the introduction of 4700 new PSW roles into the NHS workforce on the back of the Long Term Plan.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General	1.1 / 1.2	5&6		Is the framework just for mental health peer support? Or is it also aimed at other types of per support?	Please consider	Thank you for your comment. The framework is focused on mental health PSWs, but the competences can be transferrable to other roles, although more specialist areas may require future adaptation of the framework.
General	1.1 / 1.2	5&6		I. Why is this a 'framework' and not just guidelines? Peer Support is not a one size fits all.	I. Emphasise adaptability, choice and flexibility. Peer Support is first and foremost about human connection.	Thank you for your comment. The framework is not intended to read prescriptively as guidance. The revised supporting document reflect the adaptability and flexibility of the framework.
General	1.1 / 1.2	5&6		II. Peer Support is not about qualifications, but life experiences. So having a single uniformed framework seems counter-intuitive.	Please consider	Thank you for your comment. The competence framework has been organised in domains that include the core skills and knowledge, as well as additional/optional skills and knowledge for PSWs who want to increase their skills, making it more flexible. It was produced to support the national programme of increased PSWs, so a common framework that is adaptable and flexible, was thought to be helpful
General	1.1 / 1.2	5&6		III. How much of the framework will be compulsory?	Please consider	Thank you for your comment. The framework is not compulsory - it is meant to be informative and to be adapted by services/organisations.
General	1.1 / 1.2	5&6		I. A structure/framework can help protect the role, making those with lived experience more likely to have a voice in discussions and decisions	Please consider	Thank you for your comment. This is part of the intention behind the framework - to support future development of the role.
General	1.1 / 1.2	5&6		I. Why hasn't the framework been co-produced?	I. More of a co-produced approach needed – go back to the drawing board, use focus with current peer support workers across a range of organisations.	Thank you for your comment. The framework has been co-produced with an ERG.
General	1.1 / 1.2	5&6		II. Do we need a framework? YES. Should it be compulsory? NO.	Please consider	Thank you for your comment. The framework is not compulsory - it is meant to be informative and to be adapted by services/organisations.
General	1.1 / 1.2	5&6		II. I doubt if a once size fits all framework will be useful to the and to large mental health charities and to small user-led groups. They all work differently.	Please consider	Thank you for your comment. It is expected that local areas and services will need to adapt the framework to meet the needs of their PSWs and people who use their service

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General	1.1 / 1.2	5&6		II. Why is the royal college of psychiatrists involved in developing a framework for peer support? Can peers be involved in developing a framework for psychiatrist (IF you really believe in mutuality)	Please consider	Thank you for your comment. The NCCMH was commissioned to complete this work, due to our technical experience in developing competence frameworks. No psychiatrist was involved in its development.
General	1.1 / 1.2	5&6		II. I am a bit concerned that the framework might be a bit too NHS based, because the NHS must be the biggest employer of people in the country.	Please consider	Thank you for your comment. The framework is focused on the NHS and the proposed introduction of 4700 roles as part of the long term plan - so it needs to be NHS-based to effectively support PSWs going into that sector.
General	1.1 / 1.2	5&6		I. Will the peer support framework also apply to other similar roles such as peer mentoring? And informal peer support?	Please consider	Thank you for your comment. The framework can be used, in part or in whole, by other similar roles, though it is primarily for the peer support worker role in statutory services
General	1.1 / 1.2	5&6		Framework; Feeling, Rubbish, After, Mental Health, Experience, We, Offer, Recovery, Knowledge	Please consider	Thank you for this comment, and the acronym. There are sections on recovery and knowledge in the framework and background document.
General	1.1 / 1.2	5&6		II. I agree with the idea of having a competency framework – It may help to protect peer support roles and increase understanding and awareness of peer support among professionals.	Please consider	Thank you for your comment.
General	1.1 / 1.2	5&6		Is there a space for anti-psychiatry peer support?	Please consider	Thank you for your comment. We touch on this in the roots of peer support, in 2.2 of the supporting document
General	1.1 / 1.2	5&6		II. In peer support the ‘’patient’’ is the expert on their own needs. Peer support should reflect this. In other words, any framework needs to be flexible. This is mental health, not bridge construction.	Please consider	Thank you for your comment. Expertise from lived experience is emphasised in the documents.
General	1.1 / 1.2	5&6		Why do we want a standards competence for peer support, when we do not have a standard competence for many other professionals etc.?	Please consider	Thank you for your comment. There are competence frameworks for many other professionals already. Competence frameworks can also support the expansion of the PSW role in the NHS.

Document	Section	Page	Line no.	Comments	Specific suggestion	Response
General	1.1 / 1.2	5&6		Framework should it have the room for change based on those with lived experience delivering the peer support. If so, how much? Answer – A lot.	Please consider	Thank you for your comment. The framework has been adapted to reflect this.
General	1.1/1.2	Page 6	Relates to whole section	Comment 2: A lot of the time, the 'support worker' part of the title is the only part that is heard. I prefer 'lived experience' in the title. Otherwise, Peer Support Worker's are having to justify and explain their role constantly.	-	Thank you for your comment. While there are different names for the role, 'peer support worker' was agreed to be used as the most commonly recognised and widely used title.
General	1.1/1.2	Page 8	Relates to whole section	Comment 4: Taking the organic nature of Peer Support into risk-averse, targeted services is going to affect the dynamic of the peer relationship.	-	Thank you for your comment. We have acknowledged this in the supporting document.
General	1.1/1.2	Page 9	Relates to whole section	Comment 5: We (meaning peers with lived experience) need to re-own the peer role and give the NHS another name for it.	-	Thank you for your comment. This is probably for discussion with HEE/NHS
General	1.1/1.2	Page 10	Relates to whole section	Comment 6: Acknowledged expertise from NHS but keep peer support organic.	-	Thank you for your comment. Please see the extensively revised supporting document, which we hope now addresses your concern.
General	1.1/1.2	Page 11	Relates to whole section	Comment 7: It should be organic. There is importance in distinguishing and appreciating that in society people support people with mental health without being in NHS roles. We need to value work outside of the NHS.	-	Thank you for your comment. Please see the extensively revised supporting document, which we hope now addresses your concern.

Respondent 14

Document	Section	Page	Comments	Specific suggestion	Response
Background document			I know I'm now adding more to this, but ....on reflection and work we are doing in Peer support ...a vital role, competence is the ability to 'hold' a person. This is defined in our work as therapeutic holding in which we have developed a new service in which peer support workers are actually holding people in a safe space while they are waiting for therapy. this is very much about being held within a space, having human connection, being able to talk and just be listened too without a push for recovery, signposting etc. its working so well, people are not moving on and no need for therapy!! just thought i would chuck this concept in :-)	-	Thank you for your comment. This has been added to the supporting document to emphasise that this is a key part of the PSW role.
Background document	1.2	6	I would like to add that while the core principle of a PSW in this context is having lived exp of stuff, the PSW experience will be also different as its an individual experience and may well not be the same as the person who they are supporting .ie validating the individuals experience is different to theirs and how the person defines it and reacts to it. at the same time has the synergy in experience to be able to able to facilitate connection.	-	Thank you, we have added this to the document.
Background document	1.4	8	While I can see you have tried to be a little more critical here in regards of 'recovery' model and have made it very individual . But .....could be more critical around the whole agenda here by ref some at least more SU activist critique ? ie RITB anti recovery or nerorecovery . im saying this again as i really do feel we need to state something about this as while I'm aware the NHS as a whole has co opted 'recovery' it has been very much made into a more clinical approach ...and people must recover ! by whatever means ie recovery colleges et al. many people who use MH services or have used them have not recovered and have to manage MH stuff for the rest of their lives, although again its self-identified again where a person may feel on the spectrum and that must also be validated.	-	Thank you for your comment. This section (now 2.4) has been extensively revised and captures your suggestion. RitB have been referenced and linked in 2.4

Respondent 15

Document	Section	Page	Comments	Specific suggestion	Response
Background document	1.4	6	In the Background document in the recovery section page 6, 1.4 Supporting personal recovery. Would it be possible to put that recovery does not necessarily mean cured, it can mean living well with the illness? Many people see recovery as final, well, cured and better, when in reality the illness might always (but not always) exist. I know I have to live well with my illness. I have entitled my dissertation living with lived experience, because I think, being a peer support worker, people 'forget' that we are still often living with the illness. (which is rather annoying because if we were in wheelchairs they wouldn't expect us to suddenly get up and walk just because we have a job!) but with PSW they suddenly think our illness has vanished!	-	Thank you for your comment. This section (now 2.4) has been extensively revised and captures your suggestion.
Competence framework	Cross-refs	5	In the map and detail document, page 5, yes include cross references.	-	Thank you for your comment. In the competence framework, the map has cross reference links to the relevant sections. The online version also has clickable links to the sections. The supporting document contains an image of the map only.
Competence framework	Section 11	53	Page 53, section 11, other staff disclosing. This is always a contentious area. I know other staff can and do share their lived experience, but they are not PAID to do specifically that. It is personal choice if they chose to or not, a PSW does not have that, their job is, for the most part, sharing what their knowledge and expertise of living with that condition and illness is. I do agree it is important we get as many people as possible to share the experience but I do think it needs to be separate from PSW.	-	Thank you for your comment. Section 11 has been removed.
General			I like the rest of it, but think (from my evaluation of our service and some of the other PSW that I have spoken to too) that we should try and build up some form of progression. I know the peer support apprenticeships are on a slight delay at the moment, but this is a great example of helping people build up a career (if they would like to, not everyone does) from that knowledge of their lived experience. I have recommended a progressive route to our trust for PSW, which ends up with nursing associates training. Again I am aware that not everyone will want that but all but one of the PSW I interviewed and spoke with all wanted to progress and some had had to take on other roles just to get above a band 2 position in the NHS. We must be able to really value PSW and their knowledge and what they bring, so this might be another option.	-	Thank you for your comment. Work on career progression for PSWs is being done through the HEE implementation group.
General	Wellbeing tool/plan		Also might it be a good idea to consider a work well being tool/plan? As someone who has struggled with mental illness from childhood, I cannot always see when I am getting ill, so need to see it on paper or for others to be able to point out for me. Although this has not been the case for a while,	-	Thank you for your comment. This is included in section 5.4 of the supporting document and 4.1 of the framework.

			this is something I am aware that many PSW do (and all of the ones I interviewed stated the same).		

Respondent 16

Document	Section	Page number	Comments	Specific suggestion	Response
Background document	1	3	The definition of peer support is specific to 'mental health difficulties'. This section then continues to explain the role in relation to the expansion of the workforce in mental health. This suggests the document is specific to mental health and this should be made clear. Further on, in section 1.1 it is clear that you are referencing statutory and non-statutory mental health services.	-	Thank you for flagging this, we have now made it clear that the competence framework is specific to mental health.
Background document	1	3	In the explanation of the term (footnote), you suggest a range of terms used to describe peer support workers. While there may be many titles, there are some core details which acknowledge that the workers are providing support from a perspective of mutual, shared experience. 'Lived experience workers' or 'lived experience practitioners' (for example) may not have this function. If you are defining the competencies of the peer support worker role, this footnote needs to clarify the expectations of duties for a peer supporter, in contrast to other lived experience roles.	-	Thank you for your comment. We have amended this section and removed the footnote to prevent any confusion.
Background document	1	3	You make use of the phrase 'peer support intervention' which has been criticised by many people with lived experience who see peer support as a 'relationship' rather than an 'intervention'. This feels like it is centred on statutory services.	-	Thank you for your comment. In the revision of the documents, that phrase has been reworded or removed.
Background document	1	3	You highlight the variation in the peer support role as the problem which has impacted on the development and growth of the role. I am not convinced this is the correct focus. It may have impacted on the growth within statutory services, where the existing culture requires national guidance and frameworks to support any implementation. However, peer support has roots in and strong connections with the community. Here the barrier to growth is more likely to be about funding and resources that are flexible to the needs of the community.	-	Thank you for your comment. This section has been revised considerably and no longer refers to variation in the peer support role.
Background document		4	' carers or family members' – should this be 'of'?	-	Thank you for your comment. This section is meant to include all people from a person's support network, so it is 'or' to be inclusive.

Document	Section	Page number	Comments	Specific suggestion	Response
Background document			'family' needs expanding to include friend	-	Thank you, this has been added.
Background document	1.3	5	There are a number of different sets of principles. Is there an explanation about why you chose these? For example, there are various user led principles.	-	Thank you for your comment. The principles section now includes a better description for how these were identified. They were mainly based on HEE's principles, identified by their task and finish group for the PSW role.
Background document	1.4		I am not sure about the emphasis on recovery. This has been an emphasis within peer support in statutory services, but I am not clear it is as important a focus within voluntary sector services, which acknowledge the range of stresses within people's lives.	-	Thank you for your comment. The framework's primary audience is intended to be statutory services, though it will also be useful and appropriate for use by VCSE organisations. Please see section 2.4 in the supporting document for revised discussion about 'recovery'
Background document			There is also critique from people with lived experience, such as the work of recovery in the bin who speak about 'neo-recovery'. As well as understanding 'recovery-focussed approaches', peer supporters challenge and critique these approaches – this feels like it has been lost in the framework.	-	Thank you for your comment. Please see section 2.4 in the supporting document for revised discussion about 'recovery', and a reference/link to Recovery in the Bin.
Background document	1.5	7	I don't understand why peer supporters would have the responsibility for 'making sure all staff value diverse experiences.' Additionally, this whole section is looking out at difference – to understand what is different about other people and their experiences – without any inward reflection (to the individual or to the organisation) on the barriers they may present for specific groups of people.	-	Thank you for your comment. This document has been revised and updated.
Background document	2.3	9	Peer supporters have the knowledge and skills to support the person to feel empowered to ask questions. This is not always well-received by other healthcare workers/clinicians. While agreeing with the potential for peer supporters to promote the rights of people they support, both within an individual relationship and within the organisation, I am not clear that this is seen by organisations as part of their role. On the contrary, I suspect that organisations (and teams) do not want peer supporters to challenge existing ways of working. How would this work in non-statutory & statutory services? How does this overlap with commissioned advocacy services? Are such duties above their pay grade? If peer supporters are to challenge existing practice, what support is available for them? How would clinicians react to a peer supporter encouraging a client to ask questions, and potentially challenge, their diagnosis or treatment?	-	Thank you for your comment. This has been discussed with the ERG and thought an important part of the role for PSWs. We have emphasised that they will need support from supervisors and managers to be able to challenge organisational practice, which will be difficult, but may be needed in some teams.

Document	Section	Page number	Comments	Specific suggestion	Response
Background document	3.1		This reads as if it is for NHS organisations. Has this (section and whole document) been written with any input from voluntary sector organisations who are either specifically mental health-focussed, or who work in other fields and are employing peer supporters for mental health support?	-	Thank you for your comment. This document is mostly written for NHS organisations but it will be applicable for other organisations should they choose to adopt it.
Background document	3.2		The section on wellbeing support – should be clearer that this is appropriate to all staff and the Peer supporters shouldn't be picked out as potentially needing 'additional support'. In my experience, peer supporters have been very skilled at managing their own wellbeing. The potential problem has been with other team members who do not understand reasonable adjustments.	-	Thank you for your comment. This section has been revised to make it clearer that all staff benefit from wellbeing support and PSWs will need to identify for themselves whether they need additional support, which is what would be expected of any staff member.
Background document		15	I assume the map will be that shown in the compentency framework document. This map is helpful.	-	Thank you for your comment.
Background document			However, this basic map highlights how few of the sections are specific to Peer support (potentially just sections 3.3 and 3.4).	-	Thank you for your comment. The competence framework is supposed to be as comprehensive as possible, which means outlining skills and competences that will likely be shared by other professions.
Background document		18	Curriculum not included so can't comment on it	-	Comments on the competence framework have been transferred to the curriculum as they are based on the same content/language.
Competence framework	2.2.4		For example, section 2.2.4 of the competences suggests that PSW can draw on knowledge that interventions are effective. It doesn't mention that they also draw on knowledge that interventions aren't always effective, or on knowledge of barriers within the healthcare system to accessing interventions.	-	Thank you for your comment. Where it says 'interventions are effective', it isn't intended to mean all interventions or to include ineffective interventions. This has been included because it's important for PSWs to know that interventions can help and be effective.
Competence framework	2.5	12	In this whole section on confidentiality, there is nothing about the sensitivities of confidentiality in the specific practice of a peer supporter. Boundaries of confidentiality can be a particularly sensitive issue for Peer supporters who are often seen as separate to a clinical team and consequently seen as people who can be trusted with difficult information as part of a conversation. Understanding the boundaries of confidentiality and how to negotiate this with their client, is an essential, and specific, competency of peer supporters and needs more emphasis.	-	The section on confidentiality was revised to reflect this concern
Competence framework			There are many sections in the competences that are appropriate for all people working in mental health services (being carer-aware; self care; listening skills; using supervision; etc). It would be helpful to highlight the competences which are unique to peer supporters.	-	Thank you for your comment. The aim is to include all relevant skills and competences, even if these were to overlap.

Document	Section	Page number	Comments	Specific suggestion	Response
Competence framework	11		This then feels confusing in the final section where you ask if this is relevant to all staff and how it should be included. If you include generic competences in the rest of the document, why is this one section singled out as being about other staff? Where is the equivalent and specific section on peer supporters?	-	Thank you for your comment. This section has been removed from the competence framework.
Competence framework	10	47	Organisational competences – there is an implied assumption that peer supporters are more likely to be in receipt of benefits than other workers.	-	Thank you for your comment. The statement indicates "where PSWs are in receipt of benefits" so not an assumption, and especially relevant to p/t working
Competence framework	10		I am not familiar with any organisations who have the resources to support all potential job applicants with benefits advice. This advice would need to be pre-employment.	-	Thank you for your comment. This section indicates signposting people to benefits advice, not specifically giving it.
General			I am unclear where the impetus for development of this framework originated. It feels like a document that has come from a professional body within mental health care, and therefore takes a very specific lens on peer support.	-	Thank you for your comment. We have made the origins of this project clearer at the start of the supporting document.
General			I am familiar with the development of the range of applications of peer support far beyond the NHS or mental health and including the work of smaller grassroots and community led initiatives. A statement about the expectations of application of this Framework would be helpful, including in the title of the document: is it just for mental health settings?	-	Thank you for your comment. We have clarified in the document that this is for mental health settings though is applicable for other settings where PSWs work.
General			I am unclear of the purpose of the Framework. Is peer support in mental health sufficiently developed to warrant a specific framework, and does this limit potential for future flexibility? Is this piece of work just for curriculum development within your organisation? How does this fit with the proposed Apprenticeship: is it the same group of people involved and are the two pieces of work linked or are they competing? Will this Framework be imposed on the wider field of peer support? Who needs to agree to this to give it validity, especially where the roots of peer support in mental health are from an activist and survivor led perspective?	-	Thank you for your comment. We have added more content around context and commissioning at the start of the supporting document for clarity.

Document	Section	Page number	Comments	Specific suggestion	Response
General			I am unclear who was involved in the development: there is a limited list of people at the end of the document, but little detail of their wider affiliations or networks to reassure that a wider frame of reference is included or whether they have contributed as individuals. Where are the wider networks, including smaller local user led organisations who have done the ground work in developing peer support? The involvement of such networks may be essential depending on the use of the future Framework, to give it credibility and to ensure it meets a range of needs rather than the narrow focus of the specific organisations involved.	-	Thank you for your comment. We have updated the developers list (section 7 of supporting document) and added a project timeline in section 1.
General			One concern about the development of any Framework, is that it may focus attention on this one model at the expense of alternatives which may be more appropriate in their own settings, including locally or culturally. Reflecting the challenges of co-production across lived and learned experiences, it is essential for work on peer support to maintain and respect difference, and not merge into an ineffective dilution of original and perhaps opposed strengths. This is a skill and area of expertise for peer supporters in some organisations, who may have to hold to their space between service user/patient and healthcare professional/staff member. But this is not the case for all organisations and the framework needs to acknowledge the various settings for peer support in mental health. Similarly, this Framework should either be very specific about its focus for implementation, acknowledging that other models may be more appropriate across a range of settings, or it should be more inclusive in its development to ensure that it is required and relevant.	-	Thank you for your comment. Please see the revised sections on implementation of the framework in both documents, and the references to existing frameworks and charters in section 4 of the supporting document. Many of your other points have been picked up on in the revisions of the documents (working with difference, the position of the PSW between services and the person they are working with).
General			The Framework of competences is lengthy and could be applied to many different staff, not just peer support workers. Where is the unique aspect of peer support? While organisations may want reassurance that peer supporters will meet expectations around standard practices, such as those in relation to confidentiality, do these need to be included within this document to such an extent? This document feels like it has lost the uniqueness of peer support, clearly illustrating the risk of peer supporters being absorbed into an organisation and becoming just another member of staff.	-	Thank you for your comment. We've tried to capture this in the revised supporting document.

Respondent 17

Document	Section	Page	Comments	Specific suggestion	Response
Competence framework	11		All looks great to me - from my perspective, I would go with option B or C for section 11, as I am not sure how, in its current state, it is relevant to the peer support worker core competencies to be an effective peer support worker. However, I do think its important to keep in a different form or separately. Perhaps you reframe so that it is more about how senior PSWs might recognise when a staff member wants to share. Equally, I think if it was separate that would also make sense - as perhaps the section could be for psws and for staff members alike to consider how to share and recognise that people want to share their experiences if they wish to, separate from the 'core' competencies?	-	Thank you for your comment. This section has been removed from the competence framework.
Competence framework	Detail doc		And I think it's good to reference the background docs as you can refer back and forth easier.	-	Thank you for your comment.

Respondent 18

Document	Section	Page	Comments	Specific suggestion	Response
Competence framework	11		For section 11 I'd prefer option c	(We include it, but keep it separate to the peer support competence framework (i.e., when the framework is online, this part is in a completely different section so it is clear it is separate))	Thank you for your comment. This section has been removed from the competence framework.
Competence framework	Cross-ref		I like the cross references	(cross references to the background doc)	Thank you for your comment.
General			Happy with the framework and background document	-	Thank you for your comment.

Respondent 19

Document	Section	Page	Comments	Specific suggestion	Response
Competence framework	2.4.1	11	Need to add in that Peer Support Worker need to be clear of what their boundaries are on what they will share about their story and not to feel that they have to tell their whole story to every person they meet/support. Also need to consider that the Peer Support Worker's family may not want their part of the story to be told e.g. details of the effects on their sexual relationship during the Peer Support Worker's time of distress. Also relevant for section 3.4	-	Thank you for your comment. This is covered in section 3.4
Competence framework	2.5.2 Ability to gain informed consent	12	Also the potential risks of meeting with a Peer Support Worker as there are in any human interaction/intervention offered	-	Thank you for your comment. This is indirectly covered in other sections.
Competence framework	2.2.1	8	The need for curiosity and not working towards finding an answer of why the person may be experiencing what they are, and an ability to stay reflective of their own role in the system that may actually be part of the problem for the person receiving support.	-	Thank you for your comment. The importance of the PSW 'being alongside' the person being supported is discussed in sections 2.3 and 5, where the tension of the role in the system is also discussed.
Competence framework	2.7	15	Need to emphasise that a Peer Support Worker, especially if paid at Band 3, is not expected to support independently someone who is expressing suicidal thoughts. They have a responsibility to seek support from others both for their own wellbeing and for the person's wellbeing and safety.	-	Thank you for your comment. We have added text to the top box: "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)."
Competence framework	3.1.1 Stance	14	The need for a reflective and curious stance so that Peer Support Workers are aware of the need to consider where they may have bias and to seek clinical supervision to explore this.	-	Thank you for your comment. This is included in the second half of this section (though not quite the same wording)
Competence framework	3.1.2	16	"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" would it not be more appropriate to expect a Peer Support Worker or anyone at this pay/training/experience/qualification grade to remain curious about difference, to seek support about gaining this knowledge rather than expecting them to have it already?	-	Thank you for your comment. The framework has a primary use as a specification of training, and so this statement is partly about setting the training agenda, rather than referring to pre-existing knowledge.
Competence framework	3.1.5		This phrasing- #ability to gain an understanding of…' seems much more appropriate than saying 'an ability to draw on knowledge of..' which has been used throughout section 3	-	Thank you for your comment. Please see section 3.2.1 of the supporting document, which has been revised and explains the use of this phrasing.

Document	Section	Page	Comments	Specific suggestion	Response
Competence framework	3.1.6	17	“An ability for all peer support workers 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, their presenting challenge or difficulty and the relationship between the person and the peer support worker” how are they expected to gain this? Through regular (monthly individual) Clinical Supervision I hope.	-	Thank you for your comment. They would be expected to gain this through training and yes, from regular supervision as well as ongoing development.
Competence framework	3.2.2	18	This is quite a list which would be great for all staff; need to offer training to be able to reach this level of therapeutic relationship building and reflexivity with on going clinical supervision for monitoring.	-	Thank you for your comment. Ongoing training, learning and supervision is ideal.
Competence framework	3.2.3		“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” This far too sophisticated to be expected of a Peer Support Worker to use Speech and Language Skills. Instead should it not be that a Peer Support Worker needs to have an openness to learn new ways of communicating under supervision form a SaLT or Psychologist or Therapist?	-	Thank you for your comment. This is less focused on specialist SLT skills and more on using other nonverbal cues or other forms of communication that don’t necessarily need formal training.
Competence framework	3.3.2		The need for Peer Support Workers to be aware of being drawn in to unhelpful splitting in patients vs staff or medics vs nurses etc. Therefore they need to establish in their relationship building the boundaries of them being part of the staff team as well as having some understanding of the person’s current journey.	-	Thank you for your comment. Revisions have been made to cover this issue
Competence framework	3.4	23	Need to add in the Peer Support Worker’s willingness to engage in regular clinical supervision to enable them to remain as reflective as they can about their role, their own journeys, to discuss when they are being drawn in to someone’s similar story etc.	-	Thank you for your comment. There is a separate section on 'getting the best from supervision' which covers this.
Competence framework	3.5		Need for Peer Support Workers to understand the impact on parenting especially in the first years of life of a parent experiencing significant distress and the need to consider when to refer to specialist services e.g. Infant Mental health or Parent Infant Services or Perinatal Mental Health Services	-	Thank you for your comment. This is accurate in relation to perinatal work, but perhaps too specific for this framework.
Competence framework	4.1	26	It is not just about seeking supervision when it seems appropriate but also having regular supervision booked in monthly on an individual basis with someone they feel safe with to explore what they maybe had not even realised was going on the peer support or even staff to staff relationships- more preventative than reactive clinical supervision.	-	Thank you for your comment. The framework indicates that supervision should be agreed, but it is not able to specify exactly how things should occur – this is for local determination.

Document	Section	Page	Comments	Specific suggestion	Response
Competence framework	8		The document needs to be very specific that they type of interventions being suggested here are not therapy but can be therapeutic e.g. not individual counselling, talking therapy or group therapy/ Instead it is about using meaningful activities, sharing psycho-education or supporting someone to access psycho-education and being a co-facilitator with other staff. It is not appropriate to expect a peer support worker or anyone at this banding to be offering therapy either individual or group but they can be a fabulous asset as a co-facilitator or to support self- guided interventions. It is more appropriate to describe the role as being about supporting someone to help themselves to access digital support, or to consider their coping strategies (discussed in 8.4) etc.	-	Thank you for your comment. This section has been revised, and section 8 is now named 'Optional skills: Using psychological approaches to support personal recovery'

Respondent 20

Document	Section	Page	Comments	Specific suggestion	Response
Competence framework	1.1	4 and 53	Take out no. 11 from the box à Competency framework map	c) include it, but keep it separate to the peer support competence framework (i.e., when the framework is online, this part is in a completely different section, so it is clear it is separate)	Thank you for your comment - this section has been removed from the map and competence framework
Competence framework	1.1	4	Take out no. 10 from the box à Competency framework map	I would also move no. 10 into it's own box otherwise the domains and the competencies may be too confusing…?	Thank you for your comment - this section has been revised, including the title which is now '9. Competences for organisations supporting the peer support worker role'. It is placed in its own box in the map.
Competence framework	1.2	6	This list on pg. 6 of the full framework should reflect the list on pg. 5 section 1.3 of the supporting document which makes it easier to follow	-	Thank you for your comment - this has been updated.

Respondent 21

Document	Section	Page	Comments	Specific suggestion	Response
Competence framework	8.1	42	Some of the competencies in this section are more akin to a psychological wellbeing practitioner, and would be more suited to a role at Band 5 or above with specific training in psychological interventions.	The content I am not comfortable with is: “behavioural approaches / support with developing care plans (including crisis, safety or recovery plans) / group programs or interventions / brief cognitive behavioural therapy interventions / family work or interventions (such as Open Dialogue, behavioural family therapy) “	Thank you for your comment. This section has been revised, and section 8 is now named ‘Optional skills: Using psychological approaches to support personal recovery’
Competence framework	8.1		I do not think that it is appropriate for the peer support role to include psychological interventions, because the nature of the mutual reciprocal peer relationship does not fit with the provision of psychological interventions.	I think these should be implemented by staff with specific training and representative higher pay band	Thank you for your comment. This section has been revised, and section 8 is now named ‘Optional skills: Using psychological approaches to support personal recovery’
Competence framework	8.2	42	These competencies are far beyond what should be expected of the peer support role. The content I am not comfortable with is “An ability to monitor and manage group dynamics, such as the formation of sub-groups, or the impact of individual relationships on the rest of the group. My concern would be that the peer support role would be seen as a “cheap” way of providing psychological therapeutic interventions and to do this without adequate qualifications and training would put peer support workers and clients at risk. An ability to match the content and pacing of sessions to group members / An ability to identify and manage any emotional or physical risk” Again these competencies require a high level of skill, usually acquired through specific training in psychological interventions. Professionals providing such interventions should be appropriately qualified and skilled and their pay should reflect this.	-	Thank you for your comment. This section has been revised, and section 8 is now named ‘Optional skills: Using psychological approaches to support personal recovery’
Competence framework	11	54	I don’t think this section needs to be included in the peer support workers competency framework	-	Thank you for your comment. We have removed this section.

General			I think the framework is very comprehensive and detailed but asks way more than would usually be expected at Band 3. Many aspects of this framework are more in line with what would be expected of Psychological Wellbeing Practitioners at Band 5. In my opinion, to ask all this of someone, in addition to asking them to make themselves vulnerable at work by sharing their own history, would be exploitative at Band 3.	-	Thank you for your comment. We hope that the revisions and restructuring of the documents have made it clearer that PSWs should not be exploited or work beyond their responsibility, experience or knowledge.
General			I do not think it is appropriate for someone who is being asked to enter into mutual and reciprocal relationships with clients to then provide psychological interventions to the same clients.	-	Thank you for your comment. Following feedback and ERG discussion, the inclusion of 'interventions' in the supporting document (now section 5) and the competence framework (now optional skills in section 8) have been revised. The delivery of interventions has been removed, and using psychological approaches is now discussed and covered by the competences