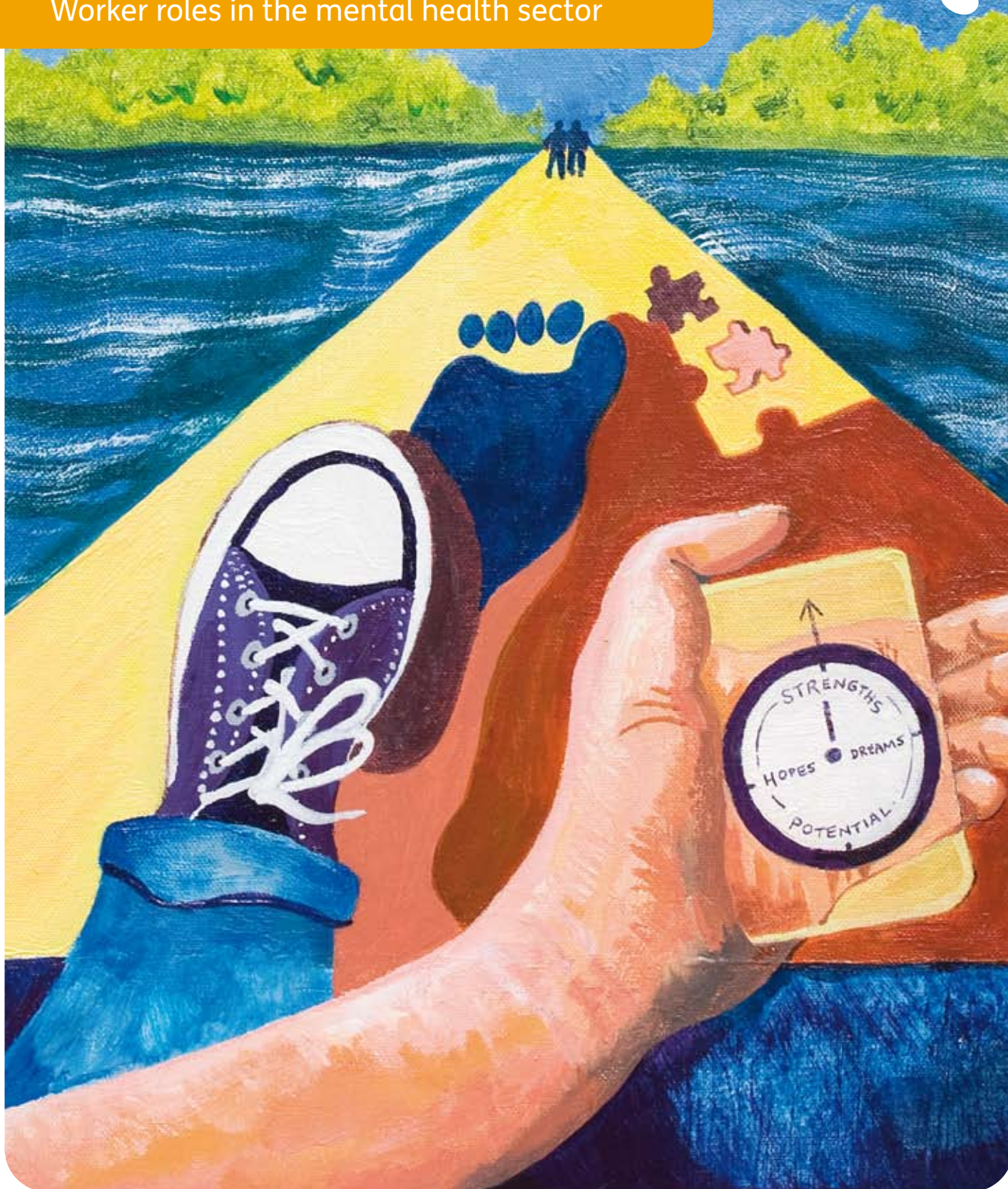


# Experts by Experience

Guidelines to support the development of Peer Worker roles in the mental health sector





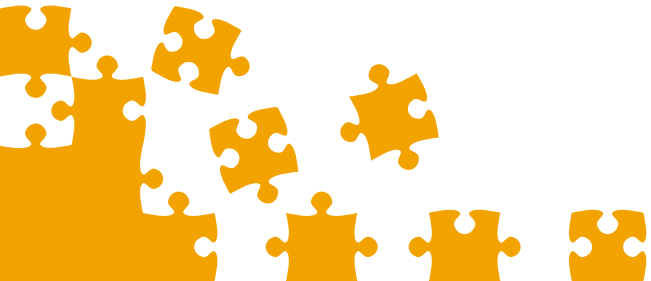


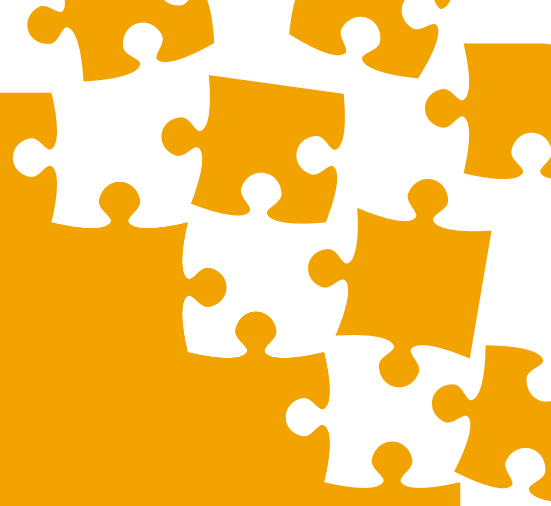
# Acknowledgements

These guidelines were written by Lesley Smith and Simon Bradstreet at the Scottish Recovery Network with initial consultation and drafting from Joanne McLean and colleagues at the Scottish Development Centre for Mental Health (now part of the Mental Health Foundation). We gratefully acknowledge the contribution of all of the members of the SRN Peer Learning Network who shared their learning and experience in support of this project

The guidelines are dedicated to the memory of Laurence Wilson who had a passion for developing peer worker roles.

Original artwork by Lorraine Nicholson.

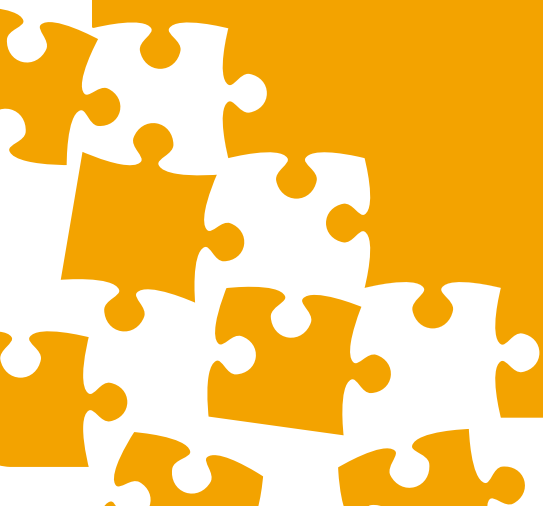




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# Introduction

## Supporting the development of peer worker roles in Scotland

For many years people who experience mental health problems have described the importance and value of support from others who have had similar experiences. They have described how it brings something different to what is found in professional support relationships. This now coincides with an intention to ensure that the services and supports we offer are more recovery focused. We aspire to have a mental health system where people with experience of mental health problems can lead their own recovery and be equal partners in care and support relationships, including opportunities to become involved in all aspects of service planning and delivery, locally and nationally. In short we need to better recognise the role of people who can rightly be described as experts by experience.

A great way to achieve this is by developing peer worker roles. Peer workers are not intended to replace any existing mental health services or roles, but rather are an opportunity to enrich the provision of mental health services through the direct participation and expertise that people with personal experience of mental health problems and using services can bring.

Across Scotland peer worker roles have been created in a variety of settings. Some are linked to a pilot programme to develop peer roles in five NHS Boards while others have developed more organically and gradually both in the voluntary and statutory sectors.

The purpose of creating these guidelines is to share the collective wisdom and experience of people who have been involved in developing peer worker roles, both in Scotland and further afield. It is our hope that, ultimately, these guidelines will support further commitment to, and development of, peer worker roles across the mental health sector in Scotland.

## About these guidelines

Developing any new work role can be a complex process and this is perhaps even more the case where one aspect of that role includes sharing personal experiences. The role of the peer worker in mental health services is still in its infancy in Scotland, and these guidelines are a response to an expressed need for support on how to successfully establish and ensure effectiveness of this unique role, while remaining true to the founding values of peer working.

An underlying assumption of these guidelines is that you will create a planning group to support the development of peer worker roles. We suggest it is fundamental to include a wide range of opinions and views in the development of roles and that creating a planning group that includes people with experience of using services is not only expected practice in any new service development but also in keeping with the underlying values of peer working and recovery.

We hope that the guidelines will be of worth to a wide range of interested parties including service commissioners, planners and managers, as well as others with an interest in developing or enhancing peer services. Given this broad audience we have tried to write them in a way which is clear and accessible.

In recognition of the potential variety of peer roles and settings as well as the qualities and skills of the peer worker we aimed to provide information that enables choices and options rather than take a prescriptive approach which in itself could be limiting.

As you will learn, the essence of peer working is relationship based with a focus on learning together. The guidelines have been developed with this in mind to encourage the planning group to also learn together.

We hope that these guidelines will also prove helpful to those with an interest in promoting mentally healthy workplaces for the whole team through encouraging the consideration of employer policies and practices.

## Structure

Part one of these guidelines is intended to offer further background to the peer worker role, to set out some overarching principles for peer working and to further examine some of the challenges and opportunities in developing peer roles.

Part two starts by introducing a model for the development and implementation of peer working from planning and preparation to developing and sustaining roles. By taking readers through this model and a series of exercise we hope to encourage reflection and discussion leading to well informed and considered implementation.

Working through part two should support the development of a comprehensive work plan for the successful implementation of peer workers roles.

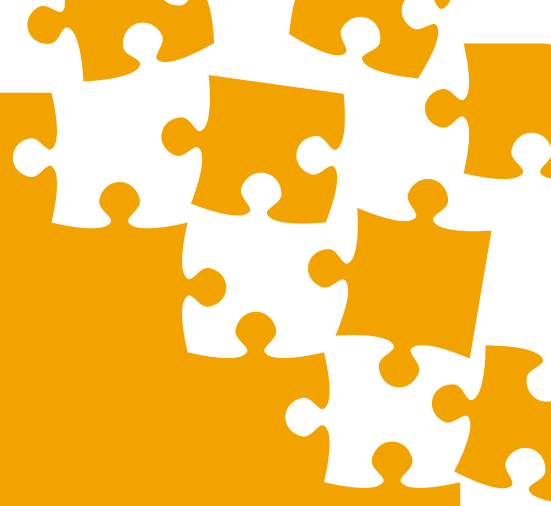
Part three includes a range of sources of further information and support that we hope will be of value.

## Language

The way we use language is a key element of recovery focused practice and is emphasised in training for peer workers. There are many different ways for people to understand their experiences and different ways in which experiences are interpreted.

In these guidelines we have attempted to take a 'person first' approach e.g. describing people as having 'personal experience of mental health problems' rather than service user or patient.





**To describe the nature of the peer relationship in the mental health context, we will use the following terms:**

### **Peer Worker**

Someone who has personal experience of mental health problems who is trained and paid to work in a formalised role in support of others in recovery. Peer Workers are willing and able to share their personal experience on an equal level that supports, empowers and brings hope to the people they partner with. Internationally a variety of terms are used to describe peer workers including peer support worker, peer specialists and consumer advisors. We have deliberately chosen a generic title in recognition of this variety. It may be helpful to discuss the most appropriate job title for your envisaged roles at the planning stage.

### **Peer Support**

The support that peer workers offer to others who have shared experiences in common and:

- \* Share their personal experiences of recovery in a way that inspires hope,
- \* Have a way of being in a relationship that shows people that they have the power to recover,
- \* Offer help and support as an equal.

To be consistent we have used the word organisation throughout the guidelines to describe the place where peer workers are based. In reality this could mean service, team, organisation, partnership or strategic planning body for an area.



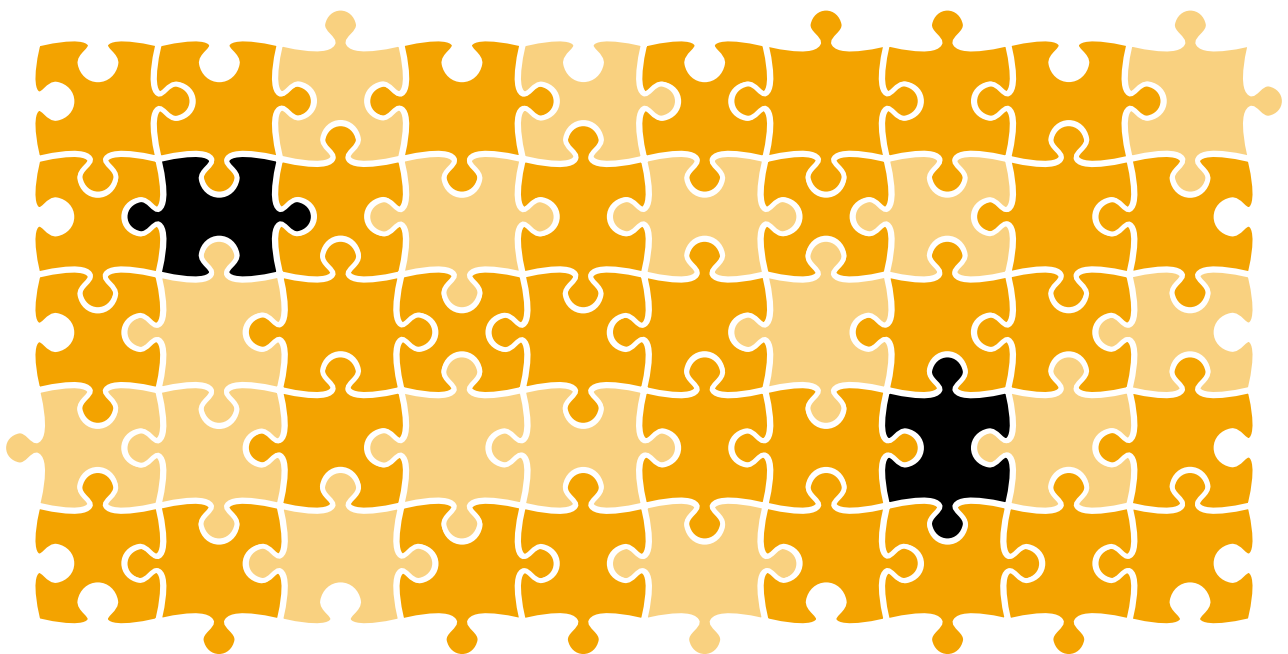
# Part One:




## Understanding peer support

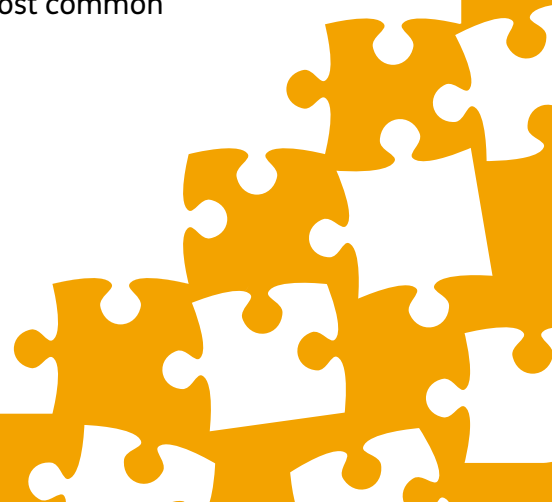
### Defining peer support

Peer support exists in many different forms in mental health settings. The informal sharing of experiences and knowledge between people using services is of course not new. Similarly peer support between people with shared experiences in self help and mutual support groups is well established. What is though new is the creation of specific peer worker roles within the mental health service system in support of recovery.

The following diagram illustrates the scope and variety of peer relationships from informal to formal.



-  Peer worker roles - most formal and least common
-  Mutual support and self help
-  Naturally occurring peer support - least formal and most common



While these different forms of peer support have common foundations they differ in the extent to which the roles are formalised. This process of formalising the naturally occurring peer relationships brings opportunities and challenges. These challenges can be mitigated and the opportunities enhanced through careful planning and preparation and by remaining true to the underlying principles and values of peer support.

*'The essence of peer support begins with informal and naturally occurring support, which is also normally the bedrock of service user groups. In essence, service users use their own knowledge and expertise to help both themselves and others. This help has the authenticity of being rooted in personal experience, which is acknowledged as the most powerful and effective way of learning. As peer support becomes more structured and organised, it can become more focused and helpful but care must be taken that its essence is not lost within these more formal and professional structures.'*

(Faulkner and Basset, 2010)

Peer support is generally understood to be a relationship of mutual support where people with similar life experiences offer each other support especially as they move through difficult or challenging experiences. Solomon (2004) brings together the following definitions to provide a comprehensive understanding of mental health peer support.

*'Peer support is an emotional support, frequently coupled with instrumental support, which is mutually offered or provided by persons having a mental health condition to others sharing a similar mental health condition to bring about a desired social or personal change'*

(Gartner and Riessman, 1982)

*'..a system of giving and receiving help founded on the key principles of respect, shared responsibility, and a mutual agreement of what is helpful.'*

(Mead et al, 2001)

*'Through the process of offering "support, companionship, empathy, sharing and assistance"... "feelings of loneliness, rejection, discrimination, and frustration"... are countered'*

(Stroul, 1993)

It is important to recognise the differences between the role of a peer worker and someone who works in the mental health sector and also happens to have personal experience of mental health problems. Borkman (1976) describes how peer workers draw legitimacy from both their experiential knowledge and expertise as follows:

- ✦ Experiential knowledge - information acquired through the process of one's own recovery.
- ✦ Experiential expertise - the ability to transform this knowledge into the skill of helping others to achieve and sustain recovery.

# Principles and values of peer support

*'Relate to a person's potential and you call forth greatness.'*

(Ike Powell quoted in Campbell and Leaver, 2003)

Peer support working is a potentially powerful way to support and develop recovery focused practice. Peer support and recovery focused practice are underpinned by a set of values that guide and inform the approach. The values of peer support are fundamental and provide an excellent way of understanding the relationship between peers, especially within the formalised peer relationship where one partner is in the paid peer worker role. Implementing peer worker roles needs to be developed in a way that is true to the values of peer support and as our starting point we have used the work of Sally Clay.

From her research on peer run programmes Clay (2005) described common elements of peer led services. She described these as the peer principle, the helper's principle and empowerment.

## The peer principle

The peer principle describes the nature of the relationship between the peer worker and the peer they are working alongside. The relationship is one founded on learning together rather than one person in the helper role and the other on the receiving end. The relationship is central and is grounded in the sharing of experiences with empathy and mutuality thus encouraging relationships that are equal, accepting and respectful.

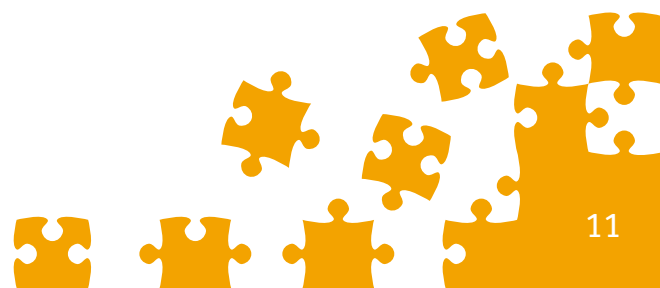
**Empathy** can be understood as the ability to relate with another person through understanding their experience from their point of view, often referred to as worldview. This is sometimes described as 'being in someone else's shoes'. As peer workers have personal experience of mental health problems they are in a unique position to offer support to others in order to improve the quality of their lives. Peers are considered to be able to closer relate in an empathic way through the power of having been there:

*"We've been there, done that, got the T shirt" which, to most of us, explains it all."*

(Highland Users Group, 2008)

**Mutuality** in the formalised peer relationship is described by leading commentator and educator, Shery Mead, as:

- ✦ Both people sharing.
- ✦ Learning from each other.
- ✦ Both figure out the rules of the relationship.
- ✦ Power structures are always on the table and negotiated.



This is imperative as mutuality can be a challenge in the formalised peer relationship as the formality in itself creates a power imbalance when one person is paid to provide a service and another is seeking support. Mead emphasises the need to maintain the mutuality within the formal peer relationship, despite one person being designated the ‘helper’.

*“Peer support is not like clinical support, nor is it just about being friends. Unlike clinical help, peer support helps people to understand each other because they’ve ‘been there’ shared similar experiences and can model for each other a willingness to learn and grow. In peer support people come together with the intention of changing unhelpful patterns, getting out of “stuck” places and building relationships that are respectful, mutually responsible, and potentially mutually transforming.”*

(Mead and MacNeil, 2003)

The peer worker creates an environment that facilitates the learning and exploration of what individuals would find helpful and useful or not in their recovery journey. Mead refers to the relationship as being intentional meaning that there is a reason and focus, for peers meeting together, i.e. the development of mutually empowering relationships.

## The helper’s principle

The helper’s principle is a corollary of the peer principle. This means that one consequence of the peer principle is that both people in a peer relationship can benefit. In other words it is of mutual benefit. It is well documented that having a valued role and an opportunity to contribute or ‘give back’ can have a powerful role in supporting recovery and peer workers benefit in this respect. Additionally the nature of the peer relationship also encourages peers to share experiences, approaches and strategies for recovery. In doing so this creates an equality whereby each person has something to contribute and the traditional expert/patient dynamic is challenged.

## Empowerment

Empowerment is about gaining confidence in one’s own capacity to make decisions and have control over one’s life. It is fundamental to personal recovery.

*‘It is the role of the peer worker to ensure that service users are empowered to take control of their own recovery, and encouraging an environment where both parties can share their experiences of what works.’*

(Campbell and Lever, 2003)

Power as a commodity is something which is rarely given away and most generally has to be taken in some form. An important aspect of the role of the peer worker is to create an environment which is conducive to people taking a greater degree of power and control in their own recovery.

*“Empowerment happens when a person who is seen as the problem begins to see him or herself as part of the solution.”*

(Saul Alinsky quoted in Campbell and Leaver, 2003)

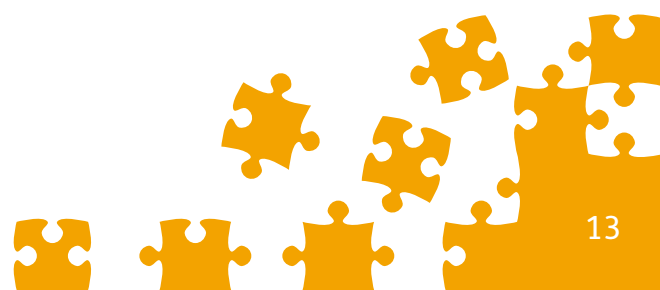
In creating empowering relationships the peer worker helps the individual recognise their own potential to take back what is already theirs. So often people with personal experience talk about how they gave up and didn't know how to move forward in their lives. Within the peer relationship, this means the peer worker explores with individuals the tools they currently use or would find helpful for their self care and recovery. For empowerment to be the goal, peer workers need to take a **strengths based approach** within the relationship that starts with what's strong not what's wrong. Strengths can be described in relation to:

- ✦ Personal character.
- ✦ Abilities and traits.
- ✦ Values and culture.
- ✦ Important relationships and culture.

By taking a strengths based approach the peer worker is recognising the individual as a whole person rather than focussing solely on the problem. Through focussing on what is going well for the individual, the peer worker creates a relationship that is both forward looking and solution focused. The focus on strengths encourages a positive relationship where both the peer worker and the person are aware of what they can do, rather than focussing on perceived deficits. This can generate hope, an essential part of recovery, while at the same time promoting resilience and the ability to better deal with periods of difficulty.

## **The case for developing peer role**

Experience and research suggest that peer support can offer immense benefits from a number of perspectives. Peer workers, people coming into contact with peer provided services and wider teams can all benefit from the enhanced perspective offered by peer support.



## The Scottish experience

The overall message from the *Evaluation of the Delivering for Mental Health Peer Support Worker Pilot Scheme (McLean et al, 2009)* was that peer support can be successfully implemented in a wide range of settings including acute inpatient care and community based teams. Despite being challenging to implement, it offered positive benefits for people using peer provided services, for peer workers and the teams in which they worked.

One key finding was that peer support works best when peer workers are based in settings that have a pre-existing commitment to the values and principles of recovery. Peer workers greatly enhance that commitment to recovery; however the role should not be used to introduce recovery to settings that do not already have a commitment to the values of recovery.

The evaluation went on to identify that peer workers had a unique and distinct role, offering mutuality, empowerment, modelling hope and the sharing of lived experience with people using the service. The way in which this was achieved varied depending on the setting the peers were based in. Activities undertaken by peer workers included:

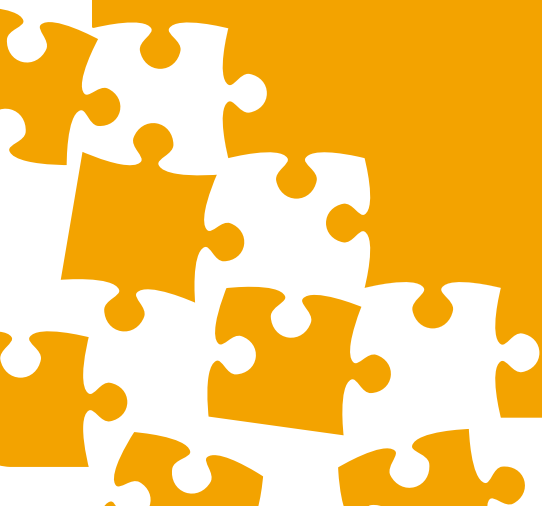
- \* Running groups and drop-in sessions.
- \* Working one to one with people.
- \* Developing and working towards recovery goals.
- \* Supporting people to use Wellness Recovery Action Plans (WRAP).
- \* Supporting people through transitions.
- \* Participating in team meetings and raising staff awareness.

The types of activities offered also depended on how the peer worker felt best able to share his or her lived experience.

Wider service system staff were mostly very positive and appreciative of the role, seeing it as complementing the overall goal of supporting wellness and recovery.

For a more detailed description of the process of implementation and the benefits derived from peer support in this pilot programme it is recommended that you take some time to read the *Evaluation of the Delivering for Mental Health Peer Support Worker Pilot Scheme* which can be accessed here: <http://bit.ly/srnpeer>

The following table summarises some of the key findings from the Scottish pilot sites evaluation.





People using peer provided services	Peer workers	Team
<p>Outcomes are enhanced.</p> <p>Increased sense of hope through peer workers modelling recovery.</p> <p>Can access a unique and helpful relationship that offers trust, empathy, motivation and mutuality.</p> <p>Learn about and share strategies of what works and is helpful.</p> <p>Improved understanding and relations with wider staff team as peer workers are able to act as a bridge between people using and providing services.</p>	<p>Peer workers can gain in confidence, competence and self efficacy.</p> <p>Working as a peer can contribute to enhanced recovery and stability.</p> <p>Peer workers are able to draw satisfaction from supporting others to help themselves and enhancing their team's ability to deliver recovery focused services.</p>	<p>Achieving key policy objectives around shifting the balance of care towards a collaborative approach to those who experience mental health problems achieving meaningful and fulfilled lives.</p> <p>Increasing the skills pool for employers to draw on to meet the needs of the people accessing mental health services.</p> <p>Peer workers can help to break down the 'them and us' culture that still exists within many mental health services.</p> <p>Improved involvement and engagement of people with the services they use and support/recovery/care/treatment plans</p> <p>Peer workers can challenge unhelpful staff behaviours and attitudes and help even the most progressive teams to be more mindful of the principles of recovery and develop more effective strategies for applying this to their practice.</p> <p>Reducing stigma across teams and organisations.</p>
<p>'A good source of encouragement and a good role model.'</p>	<p>'I think in a sense it's been very positive for my recovery, having meaning and purpose, but also being able to use my experience. It's been quite liberating to use it in a positive way and to give people hope and encouragement.'</p>	<p>'I think it's quite powerful for the staff to see 'Oh gosh! They are just like us'. Because in a big institution you often get that separation of them the service users and us kind of thing.'</p>



## The wider experience

Out with Scotland, while the evidence base for peer working is developing, there is increasing research to show that peer provided services are effective. A recent report from the Kings Fund (2010) summarised as follows:

*'There is a growing evidence base, mainly from outside the United Kingdom, that various forms of peer support can reduce the likelihood of psychiatric hospitalisation and demand for other services (Solomon 2004; Min et al 2007; Lawn et al 2008; Landers and Zhou 2009). Satisfaction rates among people using peer support services are often high, and an expansion in peer support is something that many user groups have advocated for a number of years.'*

As new evidence becomes available on the key role of empowerment and self stigma in personal recovery, peer involved services have been described as one way of promoting control and confidence for peer workers, while ensuring enhanced outcomes for people using peer support services (Warner, 2010).

Policy-makers and planners increasingly describe the potential for the employment of peer workers to offer multiple gains. The development of peer roles has been cited as an example of good practice in relation to the employment of people with experience of mental health problems (Perkins et al, 2009) and as a powerful means of promoting recovery-focused services that better value the lived experience of mental health issues (Shepherd et al, 2008).

## The cycle of change

In developing peer worker roles, you will be initiating a process of change within the organisation. Understanding this process and taking a longer term view should not only support your peer worker planning and implementation but also contribute to the development of personalised and recovery focused support and care throughout the organisation.

The cycle of change in developing peer roles is summarised opposite.

In any change cycle it is important that leadership is established to support and encourage the change and that management are fully committed from the outset. In part two of these guidelines we will revisit some of these steps in more detail as we introduce and work through a stepped model of implementation and development.

## Developing

- \* Consolidate achievements of peer service
- \* Evaluate process and outcomes
- \* Reflect on way forward

## Planning

- \* Establish need for peer workers
- \* Establish interest in role
- \* Ensure relevant resources available
- \* Assess and develop recovery focused practice

## Adapting

- \* Allow role to develop in light of experience
- \* Adjust support systems
- \* Respond to needs of the service
- \* Problem solve
- \* Develop tools and techniques
- \* Identify new training needs

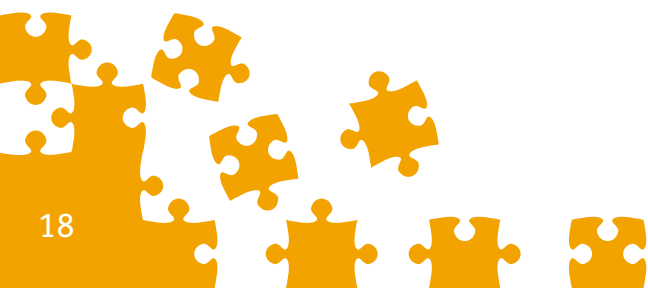
## Establishing

- \* Introduce peer workers to supportive team
- \* Develop policies and systems
- \* Feedback from service users, peer workers and team members

## Common hurdles

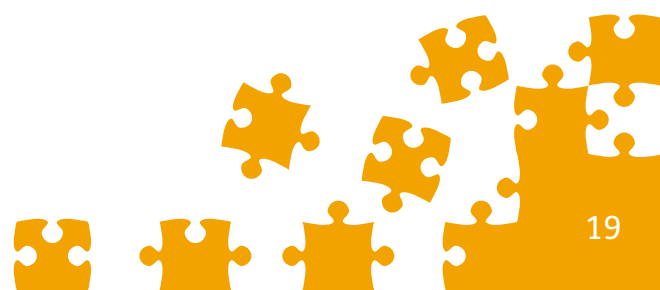
There are undoubtedly challenges in developing peer worker roles. The following table has been adapted with permission from an American publication to highlight some of the more common hurdles (Bluebird, 2007).

Hurdle	Suggestions
Peers gaining the trust of staff	This hurdle will probably be experienced by most peer workers even when staff have been adequately prepared. Not all staff will embrace the concept of peers providing services. The strategy or planning group can identify how the peer worker will be supported. This group can also identify ways to work with resistant staff. Peer workers may learn to work closely with staff that are supportive and wait for others to follow when they are ready.
Working alone	Peers workers working alone can be a challenge for many. Consequently, it is advisable to have more than one peer worker in staff teams whenever possible. Also offer peer workers access to a community of their peer colleagues for support, reflection and learning.
Overworked, Overtired, Over-extended	Peers workers may work too many hours and not take enough time to rest and relax. Often peers take on too many responsibilities or they don't know how to pace themselves. It will be important for supervisors to assist individuals with their workload and help peer workers that might be experiencing difficulties such as "letting go" of a situation or person.
Serving on too many committees	Peer workers can often be asked to represent the 'service user' voice and be part of every committee, which prevents them from interacting with people whom they are serving. It is important that they are not asked to be on every committee unless related to their role. People using services and collective advocacy groups should be invited to contribute.
Inflexible job duties	A job description contains basic duties but after someone has been in post for some time, a work plan can be developed jointly by the peer support worker and their supervisor which is reviewed periodically. A work plan should allow for flexible duties involving the peer worker's special interests, skills, and creativity.



Hurdle	Suggestions
Keeping your eye on the prize	Occasionally peer workers become too comfortable in their positions as equal members in teams and forget to maintain their focus on peer support.
Fear of speaking up	Peer workers may not always feel safe to speak up about observed mistreatment or abuse for fear of retribution or losing status. It is for this reason that there must be a supervisor and/or support with whom they have easy access and can report problems confidentially.
Stuck - no way to move up the ladder	As the peer worker role is so new it is likely that they will be unable to move higher in their careers or receive salary increases. Whenever possible, there should be a means of career advancement. This could be through creating a structure of peer working in the service or team that fully supports the role through supervision, training, management etc. Making funding available for advanced education is one way to help people progress in their careers.

In part two we will elaborate on some of the issues identified here and suggest solutions as part of your planning and development process.





# Part Two:

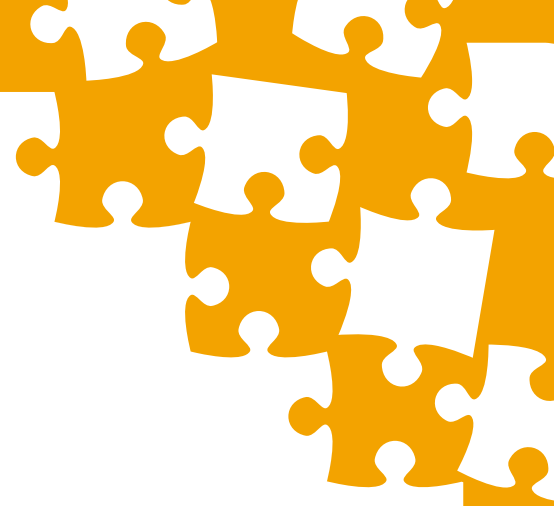
## Implementing peer worker roles

### Introduction

Part two of these guidelines will take you through a stepped process of peer worker role development. There are opportunities to develop your thinking through exercises and activities and we will develop some of the themes, principles and values identified in part 1.

We encourage an inclusive approach to the development of peer worker roles and strongly advise you value the involvement of people who have personal experience of mental health problems and/or use services throughout the planning process. An indicator of a recovery orientated service is where opportunities are created for people to be involved throughout the organisation and this is a valuable opportunity.

The following model has been developed based on the experience of creating peer roles in Scotland and from learning more widely. It outlines a four stage process of peer worker role development. Each stage ends with a summary and space for you to record any work that needs to happen as part of your planning process.



## Preparation & Planning

- ✦ Exploring motivation and considering implications
- ✦ Ensuring organisational commitment
- ✦ Financial Planning
- ✦ Developing a job description
- ✦ Identifying and preparing the team
- ✦ Anticipating common concerns in teams
- ✦ Line management and supervision
- ✦ Training

## Recruitment Process

- ✦ Planning for recruitment
- ✦ Interview
- ✦ Job readiness
- ✦ Job offer

## Supporting Peer Workers

- ✦ Induction
- ✦ Supervision
- ✦ Supporting wellness
- ✦ Supporting professional standards
- ✦ Maintaining peerness

## Developing & Sustaining

- ✦ Evaluation and review
- ✦ Career development
- ✦ Ongoing training and development
- ✦ Celebrate!



## Preparation and planning

Careful preparation and planning should ensure the foundation is laid for the effective and sustainable development of peer worker roles, whether within a geographical area, across an organisation or in a single service.

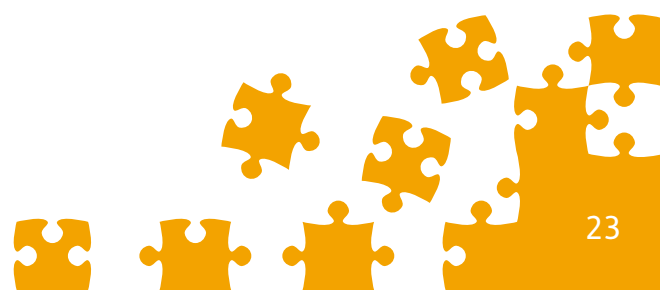
Experience shows that having strategic support for the development of peer roles is vital. Having senior management who champion the role shows leadership and organisational commitment. Successful implementation is enhanced where teams and organisations are well informed about the peer worker role, and supportive of its development at all levels. It may be tempting to take a 'try it and see approach', and employ peer workers without giving adequate time to planning for the role but in some instances this has led to challenges for services, for peer workers and to the role being discredited.

It's inevitable that at some stage you will meet resistance. In most cases this is borne out of fear or lack of knowledge. The clearer you are about why and how you will develop peer roles the more able you will be to overcome resistance and address other challenges.

This section will also help avoid the pitfalls that can result as a consequence of unclear job descriptions, mismatched expectations, poor peer worker performance or ill health, which can ultimately lead to the compromised implementation of peer worker roles.

## Exploring motivation and considering implications

By reading these guidelines it is safe to assume that you are in some way interested in being involved in developing peer worker roles. Many people are keen to see the development of peer worker roles because it seems like the right thing to do, but it's important to think more deeply about your motivation and to examine what peer roles will add.

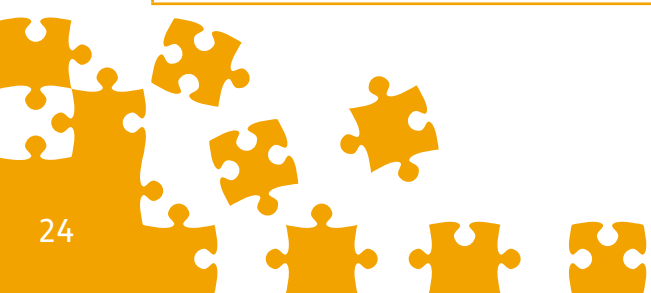


*To explore your motivation take some time to consider the following questions. You might find it helpful to refer to the table on page 15.*

What has inspired you to create peer worker roles?

What do you hope to achieve by creating peer worker roles?

What are the unique contributions of peer workers to this?



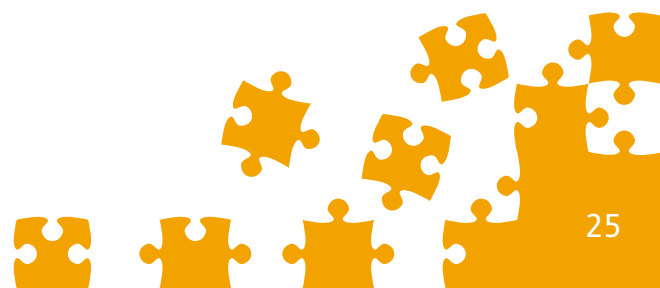
From our knowledge and experience, if you found it hard to answer any of these questions it's possible that you may need to take some more time to develop your understanding of the role. To do this you may want to refer back to part one of these guidelines, follow up some references or talk to others involved in developing peer worker roles.

Peer working is a unique role that should be seen as complementing the range of support options that people can access. Peer workers are living examples of recovery in action and employing them can demonstrate an organisational commitment to recovery and the value of experiential knowledge. Given this, peer workers are sometimes referred to as 'agents for change'. The risk in this is that unrealistic and unreasonable expectations can be placed on peer workers to transform non-recovery focused services by their very presence. In recovery focused practice all team members are agents for change seeking to build on their knowledge and practice to meet the needs identified by the people accessing the service.

When new funding is hard to come by, also be aware of creating roles for the sole purpose of saving money or to carry out tasks that other staff members are unwilling to do themselves. When peer workers are seen as a cheap alternative or taking jobs from others, there is the potential to create an environment that leaves peer workers open to resentment and for the role to be devalued.

A statement that reflects a well thought through rationale for development will be helpful in both the planning process and explaining to others.

Now that you have explored your motivation for developing peer roles, you may find it helpful to develop a statement that articulates your vision and intention in developing the role.



## Ensuring organisational commitment

Having explored your motivation for the development of peer roles, you should now consider whether you have adequate support and commitment across the organisation. Involving the right people at an early stage will create greater clarity about the role and help you anticipate potential issues and generate solutions.

As you develop strategic support and buy-in you should pay particular attention to the early involvement of Human Resources and Occupational Health. Both can play an important early part in successful role development.

Involving Human Resources early in the development of peer roles should ensure they are fully informed and, as a result, more able to offer advice and support. A well informed Human Resources team will be more able to:

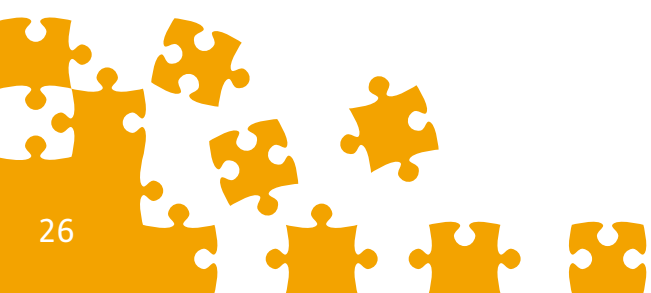
- ✦ Review and update relevant policies and procedures to take account of the unique peer worker role or establish additional policies and procedures relevant to peer working.
- ✦ Support the development of an appropriate, rather than a compromised, job description.

You may find this an appropriate time to review how the organisation supports the wellbeing of all its employees and any absence management (refer also to page 46: 'Make reasonable adjustments').

It has been known for Occupational Health to raise concerns about people who have been offered peer worker roles due to disclosures in relation to mental health. Occupational Health need to know that a pre-requisite of peer working is that people have lived experience of mental health issues. They are then more able to:

- ✦ Make a judgement on people's readiness for the role.
- ✦ Focus on recovery and wellbeing rather than illness and diagnosis alone.
- ✦ Discuss appropriate supports and adjustments.

Is there anything else you need to do to ensure strategic or organisational support?



## Financial planning

It is important to establish as early as possible whether funding is available to develop new posts or whether there are sources you can realistically access.

In financial planning it is usual practice to calculate costs for new roles on the midpoint of the salary scale plus 25% for additional costs. You should keep in mind potential costs incurred through:

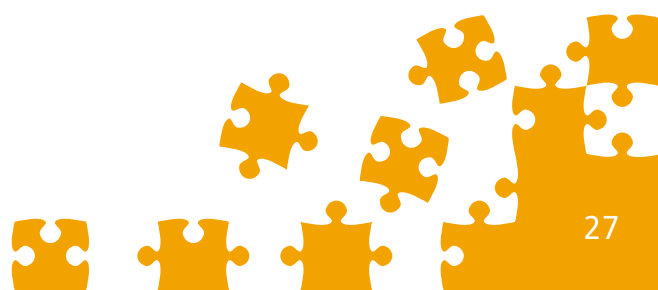
- ✦ Training - initial and ongoing.
- ✦ Support and supervision - particularly where externally provided.
- ✦ National insurance and pension.
- ✦ Relief cover.
- ✦ Travel and other expenses.

Pay is usually determined in relation to the role and responsibilities outlined within the job description and the pay for peer workers should be equal to comparable roles within the sector. Within the statutory sector and larger organisations the scope for pay setting is tighter as job descriptions need to be matched within the existing pay structure e.g. Agenda for Change within the NHS.

The table below summarises pay levels for peer workers in Scotland at the time of publication.

Current pay situation	
NHS	Band 3-majority Band 2-minority
Local Authority	Comparable to Community Support Worker
Voluntary sector	Comparable to support worker

You will notice that the NHS presently has two bandings. This is due to different NHS areas developing different job descriptions, resulting in different local bandings. Be mindful that a lower banding limits the scope of the role for peer workers, especially in relation to being able to facilitate recovery education and support groups.



A barrier to developing peer worker roles in the present financial climate is the lack of new, or reduced, funding. Some organisations are working with this challenge by reconfiguring their workforce to integrate more peer roles, as one means of developing a recovery focus. This may involve:

- ✦ Filling vacancies in the team with peer roles.
- ✦ Changing an existing role into a peer worker role where an employee shows an interest and has relevant experience and knowledge. (This process needs to be carefully managed and the post holder fully involved in, and committed to, the process. You may want to consider a trial period.)
- ✦ Exploring grants and funds that provide time limited funding to create a pilot to develop evidence in support of extended funding.
- ✦ Explore potential funding through local strategic planning processes.

If you have a union agreement it would be wise to inform them of any development, particularly where it involves changes to job descriptions and terms and conditions.

## Developing a job description

Building on the earlier examination of your motivation in creating peer worker roles, the next step is to develop a job description and person specification. This needs to be done in a way that reflects the unique circumstances and needs of your service, and the people who use it, while demonstrating and staying true to the core values of the role.

Peer workers can perform a wide variety of job roles, founded in the ability to develop mutually empowering relationships. The following list provides some examples covering both one-to-one and group working.

- ✦ Supporting people to identify and work towards recovery goals.
- ✦ Supporting recovery education and wellness planning (e.g. Wellness Recovery Action Plans) and access to self help.
- ✦ Sharing personal experiences in a way which is purposeful and intentional.
- ✦ Supporting the development of problem solving skills.
- ✦ Identifying and supporting access to community resources and natural supports.
- ✦ Supporting people through transitions.
- ✦ Enhancing recovery focused practice in teams.
- ✦ Improving communication between people using the service and practitioners.
- ✦ Improving the teams understanding of lived experience.
- ✦ Staff awareness raising and recovery training.
- ✦ Participating in team meetings and reviews.

In developing a job description be aware of the need to allow flexibility for the role to develop in a way that harnesses a peer workers individual experience and strengths.

In developing a person specification you may find it helpful to make reference to the following table which gives examples of key knowledge, skills and values for the peer support worker role.

<p>Knowledge and experience</p>	<ul style="list-style-type: none"> <li>✦ Understanding of the power of sharing experiences.</li> <li>✦ Qualifications: general education.</li> <li>✦ PDA Mental Health Peer Support or willingness to work towards.</li> <li>✦ Other recognised peer training.</li> <li>✦ Working/voluntary experience.</li> <li>✦ Understanding of recovery and the elements which help and hinder the recovery process.</li> <li>✦ Understanding of expertise by experience.</li> <li>✦ Understanding of the ‘user movement’ and the value of lived experience.</li> <li>✦ Knowledge of tools and community resources.</li> <li>✦ Awareness of self help and self management resources.</li> <li>✦ An understanding of issues related to equality and diversity.</li> </ul>
<p>Skills and attributes</p>	<ul style="list-style-type: none"> <li>✦ Ability to share personal experiences of mental health and recovery in a way that supports, empowers and brings hope.</li> <li>✦ Active listening skills.</li> <li>✦ Ability to let people lead their own recovery.</li> <li>✦ Acting as a role model, sharing strengths and skills as appropriate.</li> <li>✦ Good written and verbal communication.</li> <li>✦ Maintain and model appropriate boundaries.</li> <li>✦ Mediation and negotiation skills.</li> <li>✦ Ability to form trusting relationships.</li> <li>✦ Promoting empowerment and self direction in support of recovery.</li> <li>✦ Computer/IT skills.</li> <li>✦ Ability to manage workload.</li> </ul>
<p>Values and attitudes</p>	<ul style="list-style-type: none"> <li>✦ Believe in possibility of recovery for all.</li> <li>✦ Demonstrated commitment to peer principles and values.</li> <li>✦ Belief individuals have internal resources to lead their own recovery.</li> </ul>

## Identifying and preparing the team

As we considered earlier, when identifying a suitable team or service in which to place peer workers it is important to ensure an existing commitment to recovery focused practice and values. This commitment might be seen in:

- ✦ Strong degree of interest in the development of recovery focused practice.
- ✦ A good level of understanding of the recovery process and the value of lived experience in supporting recovery.
- ✦ Active involvement in recovery and values based training and other initiatives, e.g. Ten Essential Shared Capabilities and Realising Recovery training or the use of the Scottish Recovery Indicator service development tool.
- ✦ A commitment to challenging stigma and discrimination and to the use of recovery focused language.

Peer workers can enhance recovery culture within teams but they cannot do this alone. The whole team needs to see themselves as change agents rather than place that burden of responsibility on peer workers alone.

Once you have identified a suitable team or service the next step is to start to prepare and inform the team. It is vital that the environment that peer support workers will be introduced to is welcoming, fully informed and supportive: 'Team preparation is essential to the successful introduction of peer workers.' (McLean et al, 2009). It is important that the team where the peer workers will be placed are involved in the planning process. The more involved the team, the more likely they will be to fully consider implications, anticipate potential challenges and consider opportunities. Early involvement will ensure team members feel part of the process and this should generate a sense of ownership and an investment in making it work. The development of peer roles can also offer a useful opportunity for all members of a team to consider their practice, policies and training needs.

Some ideas to consider when introducing new peer roles to existing teams include:

- ✦ Creating information sessions or workshops to introduce peer working and encourage discussion.
- ✦ Distributing information about peer support, e.g. research papers, articles, these guidelines.
- ✦ Asking Scottish Recovery Network for support and advice. We may be able to help you facilitate discussions.
- ✦ Inviting people from other services, where peer worker roles have been successfully developed, to talk about their experiences.



Try to include all members of a team or service in your awareness raising - this is particularly important in multi-disciplinary teams where there are a variety of different roles and professions.

It's also worth giving consideration to awareness raising about the new role more widely within the organisation, most importantly with people who are using your services.

## Anticipating common concerns

In team preparation it is important to create opportunities for members of the team and wider stakeholders to voice any concerns or questions, both individually and in groups. Genuine involvement, active listening and a problem solving mindset should help foster wider commitment.

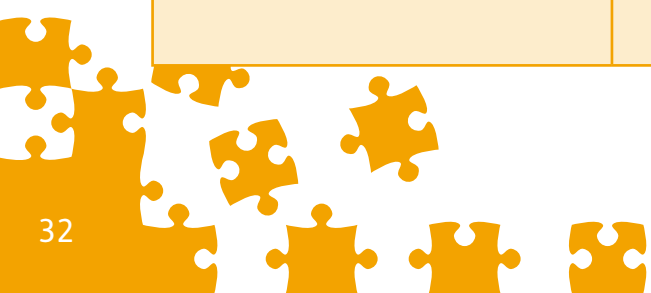
Remember a degree of resistance and anxiety is inevitable with any change. Where this does happen keep in mind that people usually resist change for understandable reasons. The best way to meet resistance is with an open and inquisitive attitude rather than by pushing back against it, which generates a struggle.

The following table summarises some of the concerns that may be raised and offers some possible responses.

Common concerns in teams	Possible responses
Peer workers will become unwell or relapse.	<ul style="list-style-type: none"> <li>✦ It is of course possible but the same is true for all workers.</li> <li>✦ Some evidence suggests that fulfilling a peer worker role can support and enhance personal recovery. This may be an opportune time for us to consider how we support the mental health and wellbeing of the whole team and our policies.</li> </ul>
Peer workers can't do the same work as other practitioners.	<ul style="list-style-type: none"> <li>✦ The role is not the same as other practitioner's. Peer workers' experience makes them well qualified to support and role model recovery.</li> <li>✦ We will have a clear job description to help provide clarity on role and purpose.</li> </ul>
They won't be able to handle the stress and will be triggered by working with people who've had similar experiences.	<ul style="list-style-type: none"> <li>✦ Peer workers will have to meet a range of competencies to be offered a post.</li> <li>✦ They've been trained to develop mutually empowering relationships and know how to anticipate problems.</li> <li>✦ Supervisors will support peer workers to manage work related stress and to consider their own needs. We will consider making adjustments to support people in their work.</li> </ul>

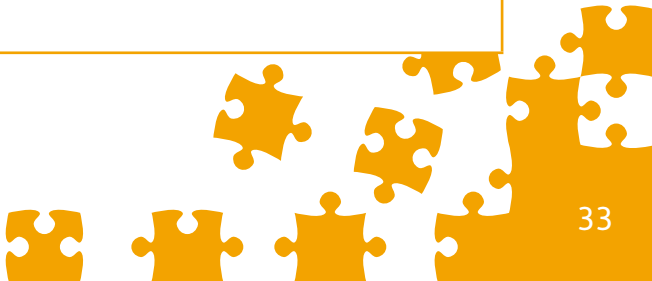


Common concerns in teams	Possible responses
Peer workers cannot work full time due to potential loss of benefits and or the level of responsibility.	<ul style="list-style-type: none"> <li>✦ Challenge the assumption that all potential peer workers claim benefits.</li> <li>✦ Assure people that applicants will be encouraged to seek advice on benefits where appropriate.</li> <li>✦ Acknowledge that some people may prefer to work part time.</li> <li>✦ Clarify that decisions regarding workload should be tailored to the individual and not based on the status of being seen only as someone who uses services.</li> </ul>
Peer workers aren't professional workers.	<ul style="list-style-type: none"> <li>✦ Peer workers should have gone through a rigorous recruitment process and training.</li> <li>✦ Peer working is a developing role with a developing ethical code and practices. This was true of all professional roles at one time.</li> </ul>
If peer worker roles are all about developing relationships and sharing experiences then they won't understand the importance of boundaries and confidentiality.	<ul style="list-style-type: none"> <li>✦ These issues are carefully addressed in training. We will assess understanding at recruitment and address during induction.</li> <li>✦ Peer workers will be subject to the same policies and procedures as the rest of the team.</li> <li>✦ Peer workers are in control of the aspects of their experience that they choose to share.</li> <li>✦ Negotiating boundaries and confidentiality in recovery supporting relationships can be challenging for all team members.</li> <li>✦ Supervision and support will make space for reflection on issues like boundaries and confidentiality.</li> </ul>
If a peer worker previously used this service then how do they relate to the people they know from before - isn't there a risk of dual relationships and role conflict.	<ul style="list-style-type: none"> <li>✦ Both are addressed in training and where it does happen, peers understand the need to negotiate a new type of relationship.</li> <li>✦ We can anticipate situations like this in supervision and continuing training.</li> <li>✦ We may need to review our policies in recognition of the arrival of peer workers.</li> </ul>



You might find it helpful to record some of the issues and concerns raised by team members during your planning stage and anything you have done to work through them.

Issues and concerns raised	How you have worked through them



## Line management and supervision

It is important to ensure that the identified line managers and supervisors understand, and are champions of, the peer worker role. This is especially crucial when peer workers join non-peer teams to ensure that they are supported to work to the underlying values.

*‘I think that your first line manager, the person that’s really your main supervisor, has to be really supportive, has to be willing to listen, has to also not be too sensitive about criticism. I don’t mean that any criticism that I’ve given is insensitive but I think that they have to be flexible and open and listen and be able to hear some things that maybe they don’t want to hear and not take it personally.’*

(McLean et al, 2009)

While in some cases the same person may line-manage and supervise peer workers, the pilot evaluation suggested that there was benefit in separating the roles. We will examine the role of supervision in more detail in the Supporting Peer Workers section.

## Training

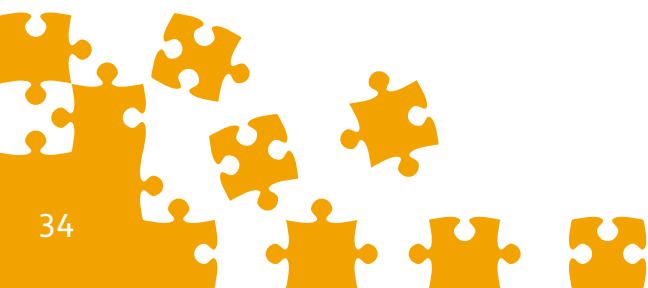
It is important to consider whether you would prefer to employ peer workers who have been trained prior to recruitment or whether you intend providing or accessing training after recruitment.

A national qualification in Mental Health Peer Support has been developed by the Scottish Recovery Network, through the Scottish Qualifications Authority (SQA). A summary of the award, which is a Professional Development Award at level 7 on the Scottish Credit and Qualifications Framework, is provided in Appendix 1. It consists of two units, one theoretical and one practice based, both delivered over forty hours. If this award is not delivered locally you may wish to link up with other providers to support delivery. Both SQA and the Scottish Recovery Network can provide further information and advice in this regard.

In addition to this award a number of individuals and organisations offer peer training. When accessing training it is advisable to seek:

- ✦ Detail on course contents and method of delivery.
- ✦ Intended learning outcomes and method of assessment.
- ✦ References from previous customers.

Whatever your decision in relation to training, it may be helpful to consider what other educational initiatives and opportunities are available in your area for people who experience mental health problems that have a focus on recovery and people taking control over their lives.



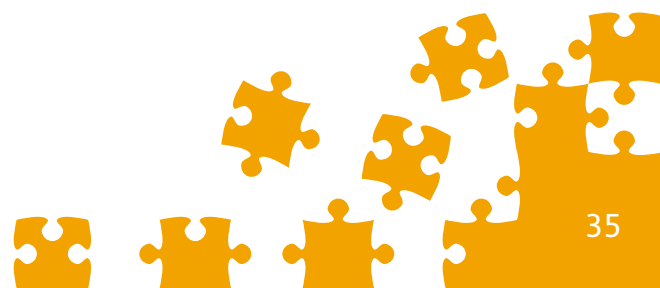
Examples of relevant educational initiatives include:

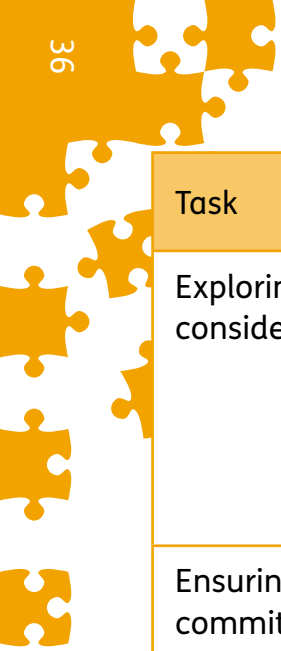
- ✦ Wellness Recovery Action Planning (WRAP) or other structured wellness planning or self management courses.
- ✦ Getting and keeping employment.
- ✦ Recovery education.

People who have undertaken peer training have described the benefits of participating in wellness planning initiatives beforehand.

## **Taking stock**

Before moving on to the recruitment stage you may find it helpful to use the following table to review your preparation and planning.





Task	What needs to be done	Who is responsible	By when	Outcome
Exploring motivation and considering implications				
Ensuring organisational commitment				
Financial planning				
Developing a job description				

Task	What needs to be done	Who is responsible	By when	Outcome
Identifying and preparing the team				
Anticipating common concerns				
Line management and supervision				
Training				



## Recruitment process

In the preparation and planning stage you laid the ground work for a successful recruitment by developing a clear job description and ensuring understanding and buy in from Human Resources and Occupational Health.

### Ensuring lawful recruitment

The nature of the peer role requires that you give careful consideration to how to sensitively approach candidates' experience of mental health problems, their recovery and wellness management, as well as to how to assess job readiness. Work with Human Resources to ensure that any job descriptions, application, recruitment processes and procedures appropriate to the role comply with relevant legislation, most notably The Equality Act 2010.

The Equality Act contains a number of exceptions that permit discrimination that would otherwise be prohibited. In certain circumstances, it is lawful for an employer to require a job applicant or worker to have a particular 'protected characteristic', in this case experience of mental health problems as one form of disability, provided they can show that it is an occupational requirement which is a proportionate means of achieving a legitimate aim (Schedule 9 of The Act).

Under section 60 of The Act, where an employer can demonstrate that a job has an 'occupational requirement' for a person with a specific disability or health issue, the employer may legitimately ask disability or health related questions at application or interview stage. This is one of the exceptions in The Act to the rule that questions about disability or health should not be asked until after a job offer has been made.

Given the law is subject to change and legal interpretation, it is strongly advised that you take advice on your approach to discriminating in favour of people with experience of mental health problems for peer roles. The burden of proof would be on you, as the employer seeking to rely on an exception under The Act, to prove that it is indeed a legitimate occupational requirement.

### Recruitment considerations

Planning an open and well thought out recruitment process should help ensure you appoint the best possible candidate for your new peer role. As with any recruitment, the aim is to satisfy as best you can the required competencies and values for the role.

When planning your recruitment it might be helpful to consider the following points.



## Advertising

Don't be tempted to limit your advertising to established service user groups or organisations. You may well miss out on potentially strong candidates that way.

There aren't many jobs that describe personal experience of mental health problems as an asset. As a result, where peer posts are well advertised they can attract a high number of applications.

Having taken advice, where you are satisfied that you have met the conditions to specifically advertise for people with lived experience of mental health problems under The Equality Act you should clearly state this as an occupational requirement of a protected characteristic in your advert.

An example of the type of wording to include in any advert (or application form) is: "Permitted under Schedule 9, Part 1 of The Equality Act 2010."

## Consider offering benefits and employment support advice

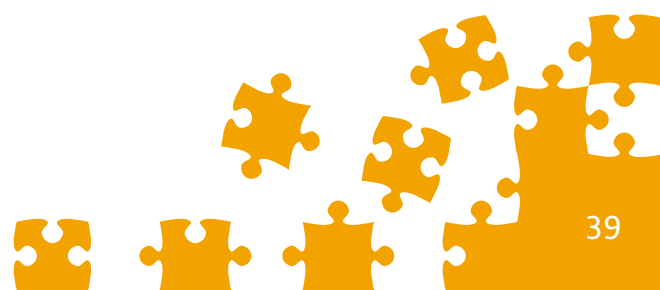
A major consideration for some potential applicants is the impact of employment on any benefits they may be receiving.

*"A failure to cope with the financial implications of the transition from benefits into employment can cause significant challenges to an individual's ability to retain employment and to cope with the changes in their circumstances."*

(McLean et al, 2009)

It may be worthwhile consulting a benefits expert for general guidelines about the impact of work on benefits to allow consideration of how employment could potentially affect peer workers. The Government has stated that no-one in work should be worse off than on benefits. At the time of publication sixteen hours is the minimum number of hours that would entitle someone to claim Working Tax Credits. This is an important consideration for a peer worker who chooses to take on part time employment. There is often a misconception among service providers about the 'benefits barrier' that prevents people from working sixteen hours or more per week. As the UK benefits system is complex, there will not be a universal answer and each person's situation will be unique to them. It is good practice to provide general advice but signpost people to employment support agencies or similar who can carry out financial assessments (better off calculations) to ensure candidates are fully informed.

Additionally, offering information on the sort of support that will be available in work, whether provided internally or via an employment support agency, would also be helpful and reassuring for candidates, particularly those who may not have worked for some time.



## Consider flexibility on hours

For some people starting out part time, having the potential to later increase hours, may be beneficial. Others of course may well be happy to move straight to full time working.

## Interview

Interviews can be anxiety provoking for anyone, particularly so for people who have been out of the jobs market for some time, as is possible with some applicants for peer posts. This anxiety can be heightened by the prospect of describing personal experiences at interview. Given this, it is worth taking some time to think about how you get the environment right for interview. You might want to consider:

- ✦ Having someone available to meet and chat with applicants as they arrive for interview. This gives an opportunity to answer any questions they may have, settle nerves and to offer assurance.
- ✦ Consider offering an opportunity for applicants to arrive early in order to read through interview questions.
- ✦ Think about how to set up the interview room in an open and welcoming manner

In planning the interview panel try to select members who have a good awareness of recovery, wellness management and peer working. There are obvious advantages to including people with lived experience of mental health problems on the panel, particularly those with experience of peer working.

Many organisations require all panel members to have completed recruitment training before sitting on a panel and it's certainly useful to ensure that all panel members are familiar with employability and equality legislation to ensure the process is fair and non-discriminatory.

There may be other ways for people who use the service to be involved in the process. This could range from asking for interview question ideas to holding group interviews with people using the service. Once the panel has been agreed, good practice would suggest that all members are involved in:

- ✦ Short-listing candidates for interview.
- ✦ Agreeing the selection criteria - to legally solicit and assess to what degree an applicant meets the experience knowledge, skills, abilities or attributes (required, desired or preferred) of the job.
- ✦ Setting the interview questions.

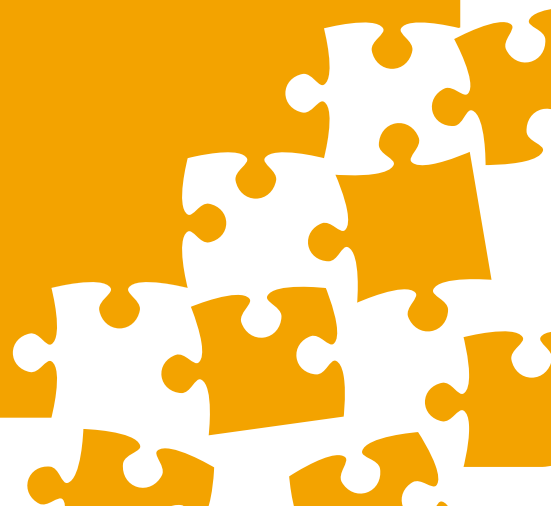
## **Job offer**

It will be helpful to explain as part of the interview process how applicants will be informed of whether they have been successful or not. To avoid further anxiety it would be helpful to inform successful applicants as soon as possible. Have a clear pathway that leads to a start date that allows time for all of the necessary checks including The Protecting Vulnerable Groups Scheme and Occupational Health checks. Keep in mind that there may be applicants who have been out of the job scene for a long time who may be unfamiliar with these processes. You may also need to take account of time required for transition from benefits.

Considering that unsuccessful applicants may have taken a considerable step in applying for the post it would be helpful to offer the opportunity for feedback, with options of discussing face to face, by phone or email. It may also be useful to provide information to unsuccessful candidates about where they can access training, information or support to develop their skills and potential for any future application.

## **Taking stock**

Before moving on to consider how best to support peer workers in post you might find it helpful to use the following table to review your recruitment planning.





Task	What needs to be done	Who is responsible	By when	Outcome
Induction				
Supervision				
Supporting wellness				
Supporting professional standards				
Maintaining peerness				

## Supporting peer workers

Having selected appropriate candidates to move into peer worker roles, it is important to think from the outset about the particular support needs peer workers may have to enable them to work to the best of their ability.

### Induction

Planning a good quality and relevant induction for peer workers will help ensure a smooth start and a proper welcome. The pilot evaluation identified that in some instances the induction provided was tailored for the band of employment, but not suited to the peer role, including a focus on tasks such as heavy lifting, leaving peers confused and poorly supported.

Take time to develop an induction programme that pays particular attention to the peer role and its underlying values. You may want to include:

- ✦ Organisational policies and procedures.
- ✦ Relevant legislation.
- ✦ Ethical considerations including awareness of confidentiality and boundaries.
- ✦ Visits to other parts of the organisation and introductions to other practitioners.
- ✦ Team working.
- ✦ The role of supervision.
- ✦ Taking care of yourself.

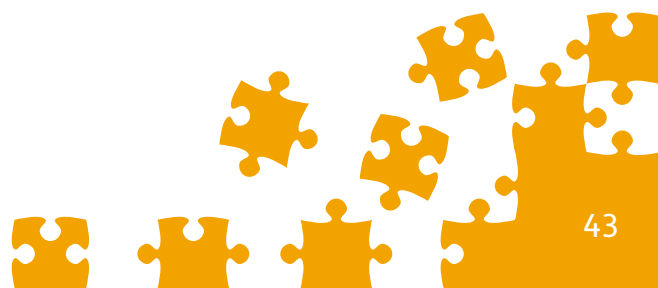
Keep in mind that some newly appointed peer workers may have little recent work experience. Try to ensure that opportunities are made available for peer workers in these circumstances to develop skills and experience that you may take for granted, whether that be in relation to team working or IT.

### Supervision

Support and supervision will provide the structure and safety net to make the position viable and successful. Supervision works best when it adopts a partnership approach that allows for reflection on working practices and relationships.

The peer worker's relationship with the person they are working with is at the very heart of the role. It can be a challenge to self-disclose on the one hand and to develop mutually recognised boundaries on the other. While policies and procedures are there to guide and safeguard, supervision is the forum to support peer workers in how they:

- ✦ Share experience to best effect.
- ✦ Build relationships.
- ✦ Establish boundaries.
- ✦ Bring the relationship to a satisfactory close.



Some considerations in ensuring successful supervision:

- ✦ Encourage a ‘coaching’ type approach to supervision. This reflects a recovery and peer approach as it is based on self-learning and growth.
- ✦ Develop opportunities for group supervision and reflection. Peer workers have spoken of the great benefits of meeting in groups with other peers to reflect on accomplishments, share challenges and problem solve, whether that be in formal group supervision sessions or through other networking and learning opportunities.
- ✦ Consider the creative use of modern technology, like web forums and video conferencing to support supervision over long distances. You don’t have to be in the same room to offer support.

## Supporting wellness

Given that peer workers are on their own journey of recovery it is important to think carefully about the organisational strategies for supporting wellness and recovery in the workplace. In doing so, it should be kept in mind that it is discriminatory to treat one person or group differently as a result of a disability and that includes peer workers. This means that anything required for a peer worker should be required for all staff. It is obvious that creating and maintaining a mentally healthy working environment should support all staff and brings out the best from the team.

The pilot evaluation identified that for many peer workers addressing and working through the challenges involved in taking up peer roles reinforced their own recovery but some did have periods of becoming unwell. In some cases this was in part due to the stress involved in taking up the new role. Most of those who became unwell returned to work feeling they could positively and constructively use the experience in continuing to offer support and mutuality to people using services.

*‘I would recommend it to a peer support worker. That is the thing that will make you the strongest, having an episode and coming through it, that is when your strengths really start.’*

(McLean et al, 2009)

## Support the sharing of personal experiences

Peer workers are continually making choices about how best to share experiences. In doing so they should be thinking about what is appropriate to share, the underlying intention and how they can take care of themselves. All of these elements should be addressed in peer worker training but employers should recognise that the sharing of experiences is a complex process and ensure that opportunities for reflection are available.

It should be kept in mind that as peer workers are expected to make a connection, at least in part, through the sharing of experiences there may be times when they may find this distressing. Over time, if the peer worker is unsupported, this could become overwhelming.

### *Take account of the potential for triggers and stressors in peer relationships*

There is the potential for peer workers to be affected by others experiences. Examples include working with someone describing traumatic experiences that have a strong resonance with the peer workers own experiences or working with someone who is actively self harming when that has been a coping strategy in the past for the peer worker. When this impacts on the peer worker, supervision is an appropriate forum to discuss feelings and explore appropriate ways to stay safe and maintain boundaries.

Other potential risks in peer relationships to be conscious of include peer workers:

- ✦ Feeling overly responsible for the recovery of someone they work with.
- ✦ Worrying about the message that will be conveyed should they become unwell.
- ✦ Feeling frustration when working with people who appear to be stuck or unable to move on.
- ✦ Slipping into problem solving mode rather than supporting self directed recovery.

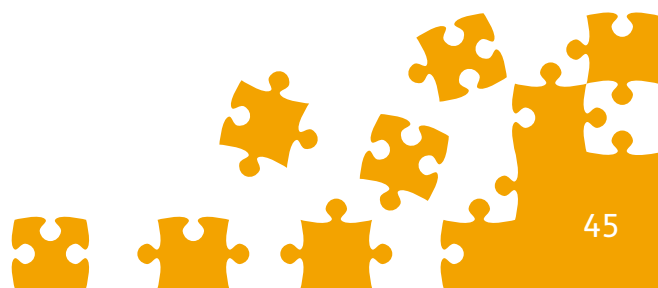
These can be significant stressors which should be considered through supervision.

### *Encourage self care*

Peer workers are experts in self care. They have spent a considerable part of their life working on their recovery and should have a good idea about what they need to do to stay well. Some may use tools like WRAP to help maintain wellness while others may take less formalised approaches to managing wellbeing.

Self care is underpinned by self awareness. Practitioners who know themselves well are more able to anticipate problems and work to their strengths. Having a supportive employer who actively encourages peer worker self care and the routine discussion of maintaining wellness across the team helps create a working environment that nurtures self care and awareness leading to a mentally healthy and recovery focused environment.

Whilst it is not advisable to require peers to share any wellness plans or self care strategies, as these can touch on a range of personal and non-work related issues, some peer workers may choose to develop a specific 'wellness at work' plan that would be appropriate to share in the supervisory relationship.



### **Be clear on your role**

Employers should keep in mind that despite your role as mental health service provider you are the peer workers employer and not their supporter or therapist. Working sensitively to develop clear and bounded relationships and avoiding the temptation to slip into the helper role will maintain trust and respect in the employer/employee relationship.

By clarifying and negotiating the boundaries of your role it should afford an opportunity for discussion of the type of support that the peer worker has outside work, and potentially, their thoughts on arrangements should they become unwell at work.

### **Make reasonable adjustments**

Employers have a duty, when the need arises, to take steps to remove, reduce or prevent the obstacles a worker with any disability faces. Making reasonable adjustments can be a good way to support peer workers in their role. Adjustments to consider include:

- ✦ Adjusting the work day to take account of the effects of medication.
- ✦ Flexible working arrangements that allow for personal appointments.
- ✦ Reducing workload/responsibilities during periods of stress.
- ✦ More regular support and supervision as required.
- ✦ Making a quiet space for time out.

### **Supporting professional standards**

The peer relationship can be complex as it requires peer workers to support, encourage and share experiences with a person whilst maintaining the distance that is required to be an effective worker.

Due to the nature and requirements of the peer worker role it is worth paying particular attention to certain support needs. Anticipating and making space for reflection on these issues will help peer workers be effective and comfortable in their role.

### **Maintaining boundaries and confidentiality**

Given that a key element of peer working is sharing experiences attention should be paid to the peer workers ability to develop and maintain professional boundaries. Where boundaries in peer relationships are negotiated and on the table from the outset this should help remove tensions but offering opportunities for review and reflection will help peer workers remain vigilant.

Similarly the sharing of experiences does not mean that confidentiality is any less important to peer workers than other practitioners. Peer workers should be expected to meet standards of confidentiality at all times and training and supervision should reinforce these standards.



### *The potential for dual relationships and role strain*

The potential for dual relationships should be considered when supporting peer workers. Dual relationships refer to scenarios where multiple roles exist between a practitioner and someone receiving support. Given peer workers have past or current experience of using mental health services the potential for this is increased. A peer worker may know their new colleagues as past supporters or have existing relationships with some people who access the service that they now work in. Having a clear job description and ensuring that peer workers are seen as integral and valued members of the team will help challenge any confusion.

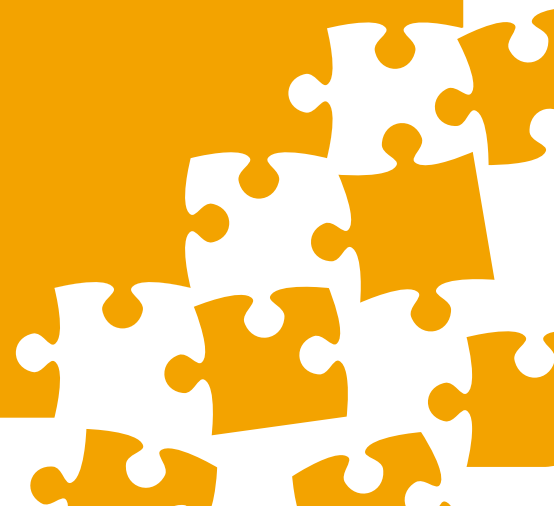
Dual roles can also create what has been described as role confusion where people may act inappropriately or become confused by the peer worker's new role and identity. Examples of this are when a colleague has a tendency to slip into a support role with them. Another is when a person using peer services sees the relationship more as a friendship and finds it hard to understand why there are clear boundaries to the relationship, for example, discussion around the keeping of secrets. This role confusion can also lead to what has been described as role strain for the peer worker, as they feel the pressure to 'fit' into both the identity as a worker and as someone who uses services.

It would be useful to have plans in place for how best to respond to these scenarios and ensure opportunities for reflection are made available. The supervisory relationship would be a good place for peer workers to explore these issues. Be mindful to keep the focus on the peer worker's role in the workplace.

To reduce the potential for dual relationships, consideration should also be given to the support a peer worker would receive should they become unwell.

There are no one size fits all solutions and responses will vary depending on the service type, location and the background of the peer worker. However, awareness is a useful starting point. It may also be sensible to review the organisational policies and procedures in light of introducing peer roles, being mindful that some resolutions may be universal whilst others may be more appropriate for a negotiated and tailored approach for each peer worker.

You may find it helpful to consider some of the scenarios related to dual roles in the following table.



A peer worker is...	What challenge does this raise?	Action plan
Working in a service that they have previously used		
Working in a service that they currently use		
Working in a service that they may potentially use in the future		
Friends with people who use the service		
A member of the same support groups as other people using the service		
Working with colleagues who have previously supported them		
Others?		

## Maintaining peerness and avoiding co-option

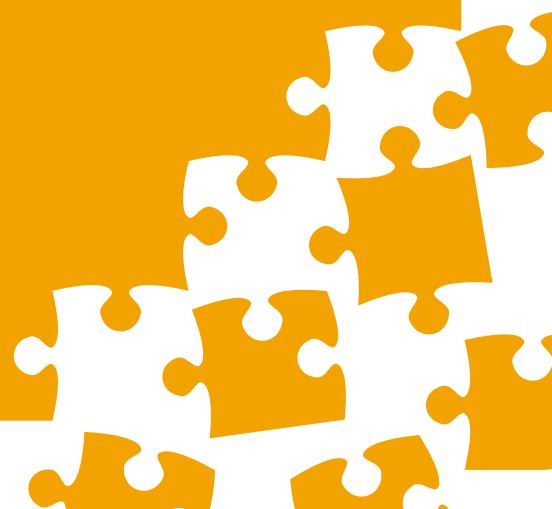
It's important that peer workers are encouraged and supported to remain true to their unique way of working. As we learned in part one of these guidelines peer worker roles have been developed in recognition of the unique contribution of lived experience to recovery. Peer workers can develop rich and productive relationships with people using services, based on concepts such as mutuality, empathy and empowerment. Where peers are placed in mixed teams it is entirely understandable that they will want to fit in and, in doing so unwittingly adopt non-peer ways of working. This is most likely in environments where other practitioners do not value or understand the peer worker role. Ultimately it could defeat the purpose of employing peers.


A particular skill of peer workers is their use of recovery focused language. If peer workers feel the need to talk about the people they work with in clinical terms, in order to fit in or to be understood then they risk neglecting the unique personal experience of the person they are working with. This can be a particular challenge for peer workers placed in environments where clinical language and interpretation of experiences is the norm.

In addition to routinely considering peerness in supervision it may be helpful to provide supplementary peer led training and group supervision, where people can share experiences and strategies and refresh their learning on the core values of peer working.

## Taking stock

Before moving on you might find it helpful to use the following table overleaf to review your plans for supporting peer workers in post.





Task	What needs to be done	Who is responsible	By when	Outcome
Induction				
Supervision				
Supporting wellness				
Supporting professional standards				
Maintaining peerness				

## Developing and sustaining peer worker roles

It is worth considering as part of your planning how you intend to sustain and develop peer worker roles. In doing so you should give consideration to the following points.

### Evaluation and review

How do you plan to assess and demonstrate the effectiveness and impact of employing peer workers? Having monitoring and evaluation evidence available could be invaluable when justifying further development and should be factored in from the outset.

It might also be helpful to factor in review periods when you can stop and reflect on whether things are working out as planned, what you have learned and possible adjustments to your approach.

You may find it helpful to use some of the information you gathered in the planning process to form a basis for later comparison. For example, if you identified significant concerns at the outset to what extent have these changed. Other things to consider in evaluation include:

- ✦ Qualitative and quantitative information.
- ✦ How to assess impact in relation to:
  - People using peer provided services.
  - Peer workers.
  - The wider team and organisation.

### Career development

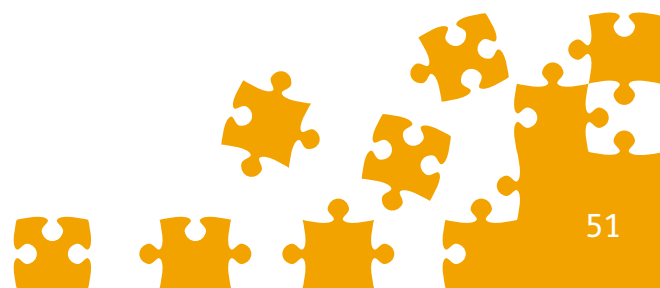
What possibilities might there be for career progression for peer workers. Might more experienced peer workers eventually move into supervisory or training roles?

### Ongoing training and development

What opportunities will be made available to help peer workers maintain existing skills and knowledge and develop new learning?

### Celebrate!

Don't forget to make time to celebrate achievements and share your experiences of peer working and recovery.



# References

- Bluebird, G. (2007). *Paving New Ground: Peers Working in In-Patient Settings*. National Association of State Mental Health Program Directors.
- Borkman, T. (1976). *Experiential knowledge: A new concept for the analysis of self-help groups*. *Social Service Review*.
- Campbell, J and Leaver, J. (2003). *Emerging New Practices in Organized Peer Support*, National Association of State Mental Health Program Directors.
- Clay, S. (2005). 'About us: what we have in common' in Clay, S ed. *On our own, together: peer programs for people with mental illness*. Vanderbilt University Press: Nashville.
- Faulkner, A and Basset, T. (2010). *A Helping Hand: Consultations with service users about peer support*. *Together*.
- Highland Users Group. (2008). *Peer Support: The Help Users of Mental Health Services Offer Each Other*.
- The King's Fund (2010). *Mental health and the productivity challenge: Improving quality and value for money*.
- Mead, S. and MacNeil, C. (2003). *Discovering the fidelity standards of peer support in an ethnographic evaluation* (Unpublished manuscript accessed at [www.mentalhealthpeers.com](http://www.mentalhealthpeers.com)).
- McLean J, Biggs H, Whitehead I, Pratt R & Maxwell M (2009). *Evaluation of the Delivering for Mental Health Peer Support Worker Pilot Scheme*. Edinburgh: Scottish Government.
- Perkins R, Farmer P & Litchfield P (2009) *Realising Ambitions: Better employment support for people with a mental health condition*. London: Department for Work and Pensions.
- Shepherd G, Boardman J & Slade M (2008) *Making Recovery a Reality*. London: Sainsbury Centre for Mental Health.
- Solomon, P. (2004). *Peer Support/Peer Provided Services Underlying Processes, Benefits and Critical Ingredients*, *Psychiatric Rehabilitation Journal*.
- Warner, R. (2010). *Does the scientific evidence support the recovery model?* *The Psychiatrist*.

# Appendix 1:

## Professional Development Award Mental Health Peer Support

### Unit 1: Recovery context

#### Outcome 1:

Explore the development of the recovery approach in mental health

- ✦ Mental health recovery and the recovery approach
- ✦ Key concepts of recovery
- ✦ Factors that can impact personal recovery
- ✦ Societal influences
- ✦ Effects of force and trauma

#### Outcome 2:

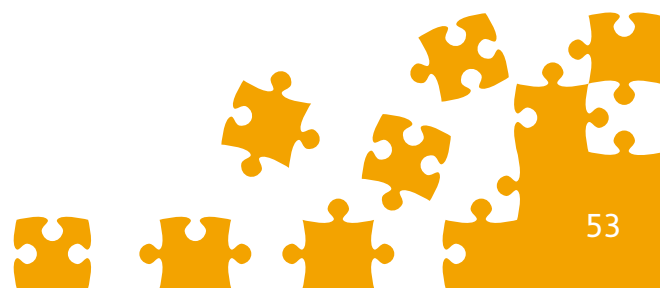
Define and understand peer support and its role in recovery

- ✦ Peer support through relationships
- ✦ Types of peer support
- ✦ Peer support and recovery
- ✦ How and why communicating experiences matters
- ✦ Self-help and self-management tools

#### Outcome 3:

Describe and explain the key concepts of formalised peer support

- ✦ Hope and belief and their contribution to recovery
- ✦ Empowerment, control and self-advocacy
- ✦ Choice and opportunity
- ✦ Mutuality and empathy
- ✦ Strengths-based approach to validating experience
- ✦ Positive risk-taking and moving forward



## Unit 2: Developing practice

### Outcome 1:

Apply a range of theories and concepts in the peer support role

- ✦ Purpose and principles of peer support
- ✦ Role modelling, hope and belief
- ✦ Resilience
- ✦ Power, choice and control
- ✦ Labelling, identity and self-esteem
- ✦ Trauma-informed peer support practice
- ✦ Strengths-based approaches

### Outcome 2:

Develop relationships based on peer support principles

- ✦ Establishment of peer relationships that are mutual and empathic
- ✦ Concept of the individual as an expert by experience
- ✦ Key ethical and diversity issues
- ✦ Communication and recording, with a focus on active listening and recovery language
- ✦ Working with risk

### Outcome 3:

Understand perspectives of the work role

- ✦ Peer support environment
- ✦ Role tension and boundaries
- ✦ Safe practice, self-care and confidentiality
- ✦ Role of supervision
- ✦ Setting personal goals and managing setbacks
- ✦ Promoting recovery culture and the understanding of change



# Appendix 2:

## Further information online

The following links are designed to give you some useful starting points for further research and learning. The list is by no means exhaustive as the breadth of knowledge on peer support is constantly expanding. Additional sources of information can be found in the references section. Non-UK resources are identified by the country of origin shown in brackets.

### General information on peer working

Scottish Recovery Network

<http://www.scottishrecovery.net/Peer-Support/peer-support.html>

Shery Mead Consulting (USA) <http://www.mentalhealthpeers.com>

National Association of Peer Specialists (USA) <http://www.naops.org/>

Peer Work Project (Australia) [www.peerwork.org.au](http://www.peerwork.org.au)

### Service examples

National Mental Health Development Unit <http://bit.ly/nmhdu>

Recovery Innovations (USA) <http://www.recoveryinnovations.org/>

Georgia Certified Peer Specialist Project (USA) <http://www.gacps.org/Home.html>

Penumbra - Plan 2 Change <http://bit.ly/plan2change>

Augment <http://www.augment.org.uk/peer-outreach-project.cfm>

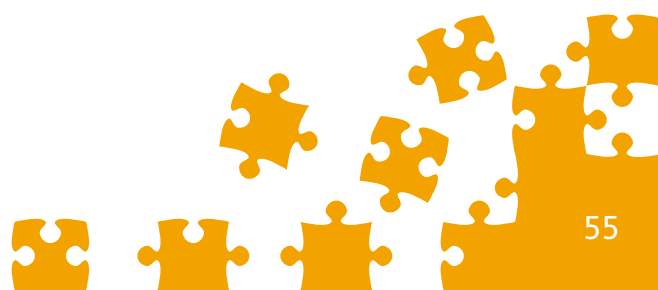
### Training providers and programmes

Arizona Department of Health Services - Peer Support Provider Training Materials (USA)  
[http://www.azdhs.gov/bhs/tr\\_resources/psp\\_training.htm](http://www.azdhs.gov/bhs/tr_resources/psp_training.htm)

Shery Mead consulting (USA) <http://www.mentalhealthpeers.com/trainings.html>

Mind and Body Learning and Development Ltd (New Zealand) <http://mindandbody.ac.nz/>

Depression and Bipolar Support Alliance (USA) <http://bit.ly/DBSAPeer>



## Research and consultation (see also references)

Together for Mental Wellbeing <http://www.together-uk.org>

National Mental Health Development Unit

<http://www.nmhdu.org.uk/news/the-peer-worker-research-project/>

## Guidelines and role development

Arizona Department of Health Service (USA) <http://www.azdhs.gov/bhs/guidance/peer.pdf>

National Association of State Mental Health Program Directors (USA)

[http://bit.ly/bluebird\\_guidebook](http://bit.ly/bluebird_guidebook)

National mental Health Development Unit- Establishing peer led services

<http://www.nmhdu.org.uk/news/establishing-peer-led-services/>

Pillars of Peer Support (USA) [www.pillarsofpeersupport.org](http://www.pillarsofpeersupport.org)

## Comparing peer services and approaches

International Initiative for Mental Health Leadership

[http://www.iimhl.com/iimhlupdates/walk\\_the\\_walk.pdf](http://www.iimhl.com/iimhlupdates/walk_the_walk.pdf)

Minnesota Peer Support Implementation Consultant's Report (USA)

<http://bit.ly/MinnesotaPeer>

## Self care

Wellness Recovery Action Planning (USA) <http://www.mentalhealthrecovery.com/>

Scottish Recovery Network on WRAP

<http://www.scottishrecovery.net/WRAP/wellness-recovery-actions-planning.html>

## Employment and support in work

Healthy Working Lives <http://www.healthyworkinglives.com/>

Mindful Employer [www.mindfulemployer.net](http://www.mindfulemployer.net)

Australian Human Rights Commission - Workers with Mental Illness: a Practical Guide for Managers <http://bit.ly/hreoc>

# About the Scottish Recovery Network

The Scottish Recovery Network aims to:

- ✦ Raise awareness of recovery from mental health problems.
- ✦ Learn more about the recovery experience, and the factors which help and hinder, and to share that learning.
- ✦ Share ideas and encourage and support action nationally and locally for the promotion of recovery.



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