

Supporting people as a peer support worker

Able to support people in their personal recovery

(See supporting document, Section 5.1.1)

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

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

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

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
An ability to explore with the person how to create a self-care or wellbeing plan (if they choose) that:
builds on their natural strengths
supports their sense of wellbeing
helps them discover new areas of interest

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

Able to help people engage in activities that are meaningful to them

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

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

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

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

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

Able to help people develop coping and problem-solving skills

Coping strategies

An ability to work with the person being supported to:

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

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

Problem solving

An ability to explain the rationale for problem solving

An ability to help the person select problems, on the basis that these are both relevant and important for them and are ones for which achievable goals can be set

An ability to help the person specify the problem(s), and break down larger problems into smaller (more manageable) parts

An ability to identify achievable goals with the person, bearing in mind their resources and likely obstacles

An ability to help the person:

generate ('brainstorm') possible solutions

select their preferred solution

plan and implement preferred solutions

evaluate the outcome of implementation, whether positive or negative

test beliefs or assumptions that might get in the way of problem solving

An ability for the PSW to maintain a focus on encouraging the person to arrive at their own solutions (rather than making suggestions as to what these might be and so risking imposing these on the person)

Able to collaboratively discuss care and support options

An ability to explore with the person how they might discuss issues or concerns they have regarding treatment or intervention options with a health professional

An ability to engage the person in a collaborative discussion of the care and support options or choices open to them

An ability to give information about care and support options in a way that:

helps the person to have a clear understanding of the care and support options open to them (that is, the organisations, services and support available to them, and the way these are usually accessed)

helps the person raise and discuss queries or concerns

helps the person decide what is best for them

An ability to determine when the person's decision to try a particular approach or intervention:

is based on a collaborative choice

represents an active choice (rather than a choice that they experience as imposed on them)

Able to contribute to co-production of individual care and recovery plans

PSWs do not have formal responsibility for drawing up and monitoring care and recovery plans but can contribute to their development and use, depending on the service they work in.

An ability to work with people collaboratively, to participate in the development of their care, personal recovery or wellbeing plans

An ability to discuss a person's care or recovery plan with them, including any personal goals or objectives that would benefit from input from the PSW

An ability to help people develop an advance directive or statement (where appropriate) as part of their care plan or crisis plan (setting out their wishes regarding how they would like to be helped in any future crises)

Able to facilitate access to care and sources of support

(See supporting document, Section 5.2)

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

Identifying sources of support

An ability to draw on knowledge of available sources of support, for example:

local voluntary and community sector organisations or groups offering both emotional and practical support (including housing or financial)

local open-access mental health services

national websites and helplines

An ability to ensure that information about these sources of support:

is up to date

accurately describes the type of support that is on offer

An ability to draw on knowledge of social activities, resources or programmes within local communities and to help people access and engage in them, for example:

peer support programmes or groups

supported community engagement

group-based community activities (including religious, sport or leisure activities)

social participation interventions

voluntary work programmes or activities

life-skills programmes

employment interventions or programmes, such as Individual Placement and Support (IPS)

support from local social prescribers and link workers

An ability to convey information about organisations and services, to help the person make informed choices about the options they wish to pursue

An ability to identify organisations and services that are accessible to a person (for example, taking into account particular needs that may make it difficult to travel or to make use of the service)

An ability to help the person consider the type of support that matches their needs and situation, based (for example) on:

their goals

their expressed preferences

the nature and severity of their distress

their willingness to access services

An ability to discuss with a person the reach, responsibilities and limits of organisations and services, to identify those that are both suited to their needs and acceptable to them

Facilitating access to mental health services

An ability to facilitate access to a service through administrative or practical help (for example, by accompanying a person to an initial appointment or meeting)

An ability to draw on knowledge of the potential challenges that people may face when trying to access mental health services, such as:

practical challenges such as attending appointments

issues such as stigma

An ability to help people use problem-solving approaches to address these challenges

Signposting

An ability to draw on knowledge that signposting aims to help a person independently access sources of support that are relevant to their circumstances and goals, and of which they may not be aware

An ability to pass on contact information in a way that makes it likely to be remembered and used, for example:

written rather than verbal

using the medium most likely to be accessed by the person (for example electronically via social media or an app, or printed media)

An ability to establish that a person is willing and able to access the organisation, service or support

An ability to follow up with the person to see whether they have accessed the organisation, service, group, activity or programme, or whether they need a different type or level of support

Able to support transitions in care

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

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

anticipating the ending of an intervention, relationship or time with a service can lead to strong feelings and distress

where transfers of care are prompted by services being unable to manage the person's mental health difficulties or other behaviours, the transition between services represents a period of potentially increased risk

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

are given as much notice by the service as is practically possible

understand why the transition or transfer of care is taking place

can express their opinion on the transition or transfer of care

are informed about the timescale of the transition

are informed about the services that will be on offer

know what information will (and will not) be communicated to the new service, and that they are given the opportunity to discuss any concerns

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

discuss their concerns and feelings

identify issues that may make a transition or transfer of care problematic

identify and overcome barriers that make it less likely that they will stay in contact with the new service (for example, anxiety or anger about moving to a new service, upset over loss of contact with valued professionals)

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

where appropriate, helping the person to develop skills in independence, assertiveness and self-advocacy

where possible, providing continuity of support during the transition

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