

# Peer Support Worker Competence Framework for Mental Health

Full listing of the competences  
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### **Competence framework map: note about draft layout**

To aid navigation, this document includes links between the competence framework map and the full list of competences.

Overleaf, you will find the map with 11 numbered sections and their subsections. Clicking on any subsection in the map will take you to the relevant page of the competence framework.

At the end of each section, there is a link that can be clicked to return to the map.

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# 1 Understanding the values of peer support and the principles that underpin its implementation

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## 1.2 Principles of peer support

### 2 Practice issues for peer support workers

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2.4 Knowledge of professional, legal and ethical frameworks

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2.6 Knowledge and application of safeguarding procedures

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

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3.2 Ability to use active listening and communication skills in a peer relationship

3.3 Ability to develop and maintain a mutual and reciprocal peer relationship

3.4 Ability to draw on and share lived experience

3.5 Ability to engage and support families and carers

### 4 Self-care and support

4.1 Ability to monitor and respond to the need for self-care

4.2 Ability to make effective use of supervision

### 5 Supporting self-management

5.1 Ability to support personal recovery

5.2 Ability to help people engage in meaningful activities

### 6 Supporting access to care and facilitation

6.1 Ability to collaboratively discuss care and support options

6.2 Ability to contribute to individual care and recovery plans

6.3 Ability to facilitate access to care and sources of support

6.4 Ability to support transitions in care

### 7 Working with teams and promoting people's rights

7.1 Ability to work as part of a team

7.2 Ability to work with other organisations and services

7.3 Ability to offer a recovery-oriented perspective

7.4 Ability to promote the rights of people being supported

### 8 Intervention skills

8.1 Ability to provide individual interventions

8.2 Ability to provide group interventions

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### 9 Meta-competences

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9.3 Support

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11 Ability for staff who are not working as peer support workers to judge whether and when to share lived experience of mental health issues

# 1 Understanding the values of peer support and the principles that underpin its implementation

(See Supporting Document Section 1.3)

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

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

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

## 1.1 Values of peer support workers

An ability to understand the values that underpin peer support and how they shape the ways in which peer support workers work with and support people

An ability to understand that the peer support role is rooted in working alongside the person to develop an **equal and trusting relationship**, characterised by:

**respect** – being non-judgemental and not making assumptions about or pathologising the person's experiences or beliefs

**reciprocity** – a willingness to give and receive support, and learn from difference, with both parties sharing their experiences and benefitting from this

**mutuality** – a non-hierarchical relationship that is of equal value to both parties, and is based on shared experience of service use and recovery

An ability to draw on knowledge that peer support is:

**non-directive** – helping the person find solutions that work for them (rather than suggesting solutions)

**strengths-based** – focusing on and building a person's strengths and their ability to make use of the resources available to them

**recovery-focused** – creating hope and building autonomy, empowering the person who is being supported to define, lead and own their recovery, and enabling them to identify and work towards their life goals within their communities

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## 1.2 Principles of peer support

An ability to draw on experiential knowledge that peer support is based on the following principles:

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

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## 2 Practice issues for peer support workers

### 2.1 Understanding recovery-focused approaches

(See Supporting Document Section 1.4)

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

An ability for peer support workers to draw on their lived experience and knowledge of recovery-focused approaches, personal recovery and processes of self-determination that underpin peer support

An ability to draw on knowledge of the key principles of recovery-focused approaches, namely that:

recovery is self-defined by the person experiencing a mental health difficulty and discussions about their recovery and personal goals should be led by them

what recovery looks like will vary from person to person and that:

recovery is about living a meaningful, satisfying and purposeful life (the life they wish to lead)

recovery is unique to each person and will reflect their own goals and aspirations

there is a focus on people's strengths and on helping people to:

foster hope and optimism (a sustainable belief in themselves and a willingness to persevere through uncertainty)

identify, define and work towards the life they want to live, and having a sense of autonomy over their life

build the skills and strengths to manage challenges and setbacks

build their sense of self-esteem and develop a positive identity

support their ability to meet challenges in life through self-development and self-management

social inclusion is usually an important feature of recovery (that is, being involved with society or community through familial or community roles, voluntary activities, work, education, culture or leisure activities)

recovery is a progressive process that takes place over time, and will include learning from setbacks

An ability to draw on knowledge of factors which can affect a person's recovery, such as societal factors, familial relationships, traumatic experiences and environmental influences

An ability to draw on knowledge that personal recovery (focusing on the person and their own beliefs, values and goals) is a priority and should be distinguished from clinical recovery and the values or aims of the service or organisation

An ability to understand the importance of helping people to become active participants in their own care (for example by ensuring that they have the resources and opportunity to become well-informed about their mental health and any care or interventions they receive)

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## 2.2 Knowledge of mental health and associated physical health conditions

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

### 2.2.1 Knowledge of mental health difficulties

An ability to draw on a working knowledge of the range of mental health difficulties in people with whom peer support workers will be working, and that:

mental health difficulties can affect people of any age, class, ethnicity, religion or income

there are multiple causes of mental health difficulties and these will differ from person to person

the multiple causes may not be obvious or clearly known

mental health may change or present itself differently across a person's lifespan

An ability to draw on a working knowledge of the impact and effects of trauma on a person's mental health

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

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

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

An ability to draw on a working knowledge of the ways in which people experiencing a mental health crisis may present, holding in mind that such events:

are self-defined, so the ways in which they present will vary from person to person

can be a response to traumatic or difficult experiences

may reflect the person's sense that they are 'out of their depth'

are often marked by the person seeking urgent help

An ability to draw on a working knowledge of mental health diagnoses, with the aim of:

understanding how diagnosis is used within the mental health system (even while the peer support worker may take a critical perspective on its use and meaning)

helping people (who express a wish to do so) to understand their diagnosis and its meaning for them

helping the person to ask questions or discuss their diagnosis (where relevant) with mental health professionals

encouraging professionals to use plain language when talking to people about diagnosis (and avoiding the use of technical terms and jargon)

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

An ability to draw on knowledge of the ways in which mental health difficulties can affect functioning and individual development, for example:

impact on daily functioning and quality of life

impact on family functioning

impact on social isolation

difficulty in developing and maintaining intimate, family and social relationships

difficulty gaining and maintaining employment, voluntary work or education

### 2.2.3 Knowledge of associations between mental and physical health

An ability to draw on knowledge that people with mental health difficulties are more vulnerable to a range of physical health conditions (for example difficulties with weight gain, diabetes and cardiovascular disease)

An ability to draw on knowledge that physical illnesses (especially long-term conditions) are a significant risk factor for mental health difficulties, particularly anxiety and depression

### 2.2.4 Knowledge of interventions for mental health difficulties

An ability to draw on knowledge that interventions for mental health difficulties are effective and help to reduce symptoms and improve quality of life

An ability to draw on a working knowledge of the psychological, social and pharmacological interventions usually offered to people with mental health difficulties, and that:

interventions may be offered independently, sequentially or in combination

people accessing mental health services may not have a clear sense of the intervention options available to them

access to different types of interventions may be limited by availability and local service provision

An ability to draw on a working knowledge of the potential physical, psychological or emotional side effects of medications prescribed for mental health difficulties

### 2.2.5 Help-seeking

An ability to draw on knowledge that fear (and sometimes experience) of stigma and discrimination can prevent people from seeking mental health care

an ability to draw on knowledge that only about one in eight people with mental health difficulties are receiving active treatment

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### 2.3 Knowledge of local organisations and services, and the provision of mental health care

An ability to draw on a working knowledge of the local statutory and non-statutory mental health systems and services (as well as local community organisations, activities and resources) with which peer support workers will be engaging to help people achieve their personal goals, including:

- |  |
|--|
| what each organisation, service or resource is able to offer |
| how to access each organisation or service                   |
| whether services apply criteria that restrict access         |
| any limits (or gaps) in the services being provided          |

An ability to draw on knowledge of the relationships between the mental health team the peer support worker is employed in and other statutory and non-statutory services in the local community

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## 2.4 Knowledge of professional, legal and ethical frameworks

The standards of conduct set out below are those expected of all individuals working in a health context. They refer to the issues of confidentiality and consent, areas which are described in more detail in other sections of this framework.

An ability to draw on knowledge that ethical and (where relevant) professional guidance represents a set of principles that need to be interpreted and applied to unique situations

An ability to draw on knowledge of the local codes of ethics and conduct that apply to all professionals in the service, and the ways in which these are implemented in relation to:

capacity and consent

confidentiality

information sharing

data protection

### 2.4.1 Ability to maintain appropriate standards of conduct

An ability to maintain boundaries, for example by:

communicating the limits and boundaries of the role with the people they support

maintaining clear and appropriate personal and sexual boundaries with people they support, as well as their families and carers

ensuring that they do not use their position to further their own ends

not accepting gifts, hospitality or loans that may be interpreted as attempting to gain preferential treatment

identifying when a boundary has been crossed and determining how to respond appropriately

An ability to recognise and work within the limits of their qualifications, knowledge, skills and experience, and:

only deliver an intervention or practise a particular therapeutic approach for which they have appropriate training and supervision

where appropriate, refer to colleagues, services or organisations with the relevant level of training and skill

### 2.4.2 Ability to maintain standards of competence

An ability to maintain and update skills and knowledge through participation in continuing learning and development

an ability to seek opportunities to increase knowledge and skills

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

Decisions about issues of confidentiality and consent will be influenced by judgements regarding the individual's capacity.

### 2.5.1 Knowledge of policies and legislation

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

### 2.5.2 Ability to gain informed consent

An ability to give people being supported the information they need to decide whether to proceed with meetings with a peer support worker, for example:

what these meetings would involve

the potential benefits of these meetings

An ability to invite and to actively respond to questions regarding peer support or peer support interventions

An ability to draw on knowledge that individuals have a right to withdraw or limit consent at any time:

in the event of consent being declined or withdrawn, an ability to respect the individual's right to make this decision and the ability to seek advice from senior colleagues or a supervisor when required

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

An ability to draw on knowledge that a duty of confidentiality is owed to:

the person to whom the information relates

any individuals who have provided relevant information on the understanding it is to be kept confidential

An ability to ensure that a person's information is treated as confidential and used only for the purpose for which it was provided

An ability to discuss issues of confidentiality with a person:

in relation to sharing information across organisations and services

to secure and record their consent to share information

An ability to draw on knowledge that confidentiality is breached where the sharing of confidential information is not authorised by the person who provided it or to whom it relates

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

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

there is explicit consent to the sharing of information

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

place the person, or family members or carers, the peer support worker, other mental health professionals or members of the public, at risk of significant harm

prejudice the prevention, detection or prosecution of a serious crime

lead to an unjustified delay in making enquiries about allegations of significant harm to others

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

#### 2.5.4 Ability to share information appropriately and securely

An ability to ensure that when decisions are made to share information, the peer support worker:

shares it only with the person or people who need to know

ensures that it is necessary for the purposes for which it is being shared

checks that it is accurate and up to date

distinguishes fact from opinion

establishes whether the recipient intends to pass it on to other people, and ensure the recipient understands the limits of any consent that has been given

ensures that the person being supported (or the person who provided the information) is made aware that information is being shared, where it is safe to do so

An ability to ensure that information is shared securely and in line with local policies

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

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## 2.6 Knowledge and application of safeguarding procedures

### 2.6.1 Knowledge

An ability to draw on knowledge of local and national safeguarding policies

An ability to draw on knowledge that safeguarding concerns can arise across the lifespan, from infancy through to old age

An ability to draw on knowledge of the type of abuse and neglect that could trigger a safeguarding concern, such as:

- physical abuse
- domestic violence
- psychological abuse
- financial or material abuse or exploitation
- sexual abuse or exploitation
- neglect
- abuse in an organisational context

### 2.6.2 Application

An ability to identify signs or indicators that could flag the need to institute safeguarding procedures

Where neglect, abuse or exploitation is suspected, an ability to respond appropriately by:

- discussing these concerns with the person being supported, and explaining (and agreeing) what actions need to be taken
- raising and escalating concerns in line with local safeguarding procedures

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

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

An ability to draw on knowledge of the factors that contribute to and increase the risk of self-harm, self-neglect and harm to others

An ability to recognise and respond to expressions of distress and self-harm, and to acknowledge and discuss these feelings with the person in an open and non-judgemental way

Where there is evidence that a person may present a significant risk of harm to themselves or others, an ability to respond to this in a timely manner by:

exploring the reasons for the person's acute distress, to determine whether there are any immediately applicable strategies that may be helpful and that the person has the resources to implement

if these strategies are ineffective, discussing, explaining and agreeing on the next steps with the person

drawing on knowledge of local policies and procedures for responding to risk, maintaining safety and safeguarding (specifically, the risk of harm to self or risk to others)

### 2.7.1 Sharing information to maintain safety

An ability to judge when it is in the best interests of the person to disclose information, taking into account their wishes and views about sharing information and holding in mind:

the immediacy of any risk (for example where there is clear evidence of suicidal intent, such as a plan)

that disclosure is appropriate if it prevents serious harm to a person

An ability (if practically possible) to ensure that the person is informed of communications between the peer support worker and other parties regarding risk

An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could place a person at risk of significant harm

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### 3 Communication and engagement skills

#### 3.1 Ability to work with difference

(See Supporting Document Section 1.5)

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

##### 3.1.1 Stance

An ability to work in a person-centred way
An ability to treat everyone with dignity, compassion and respect
An ability to ensure that people with mental health difficulties are treated with dignity, respect, kindness, compassion and consideration

An ability for peer support workers to:
equally value all people for their particular and unique characteristics
support people who experience mental health difficulties, even if they come from different social or cultural backgrounds
be aware of stigmatising and discriminatory attitudes and behaviours in themselves and others (and be able to challenge these)
develop the knowledge and skills to advance mental health equality

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

An ability to draw on knowledge that the demographic groups included in discussion of 'different' beliefs, practices or lifestyles are usually those that are or have been subject to disadvantage, discrimination or exclusion
An ability to draw on knowledge that because people will often be a member of, or identify with, more than one 'group' (for example, a gay person from a Black, Asian or Minority Ethnic community), the implications of different combinations of identity and lifestyle factors need to be held in mind
An ability to maintain an awareness of the potential significance for practice of social and cultural variation across a range of domains, including:
ethnicity, race and culture
gender, gender identity and sexuality
religion and belief
socioeconomic status
age
disability
communication and language
An ability to draw on knowledge of the relevance and potential impact of these social and cultural factors on mental health, and on the effectiveness, appropriateness and acceptability of particular mental health interventions

### 3.1.3 Knowledge of social and cultural factors which may have an impact on access to support

An ability to draw on knowledge of social and cultural issues that commonly restrict or reduce access to support, for example:

language and communication

marginalisation and isolation

mistrust of statutory services

lack of knowledge about available services and how to access them

the range of cultural concepts, understanding and attitudes about mental health that affect views about help-seeking, treatment and care

stigma, shame or fear associated with mental health difficulties or diagnoses

An ability to draw on knowledge of the potential impact of social inequalities and exclusion on the development of mental health difficulties, and on access to and experience of mental health services, resources, support and opportunities

An ability to draw on knowledge of the impact of factors such as socioeconomic disadvantage or disability on practical arrangements that influence attendance and engagement (for example transport difficulties, poor health)

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

Where people from a specific sociodemographic group are regularly seen within a service, an ability to draw on knowledge of relevant beliefs, practices and lifestyles

An ability to identify protective factors that is provided through membership of a specific sociodemographic group (for example the additional support offered by an extended family or community)

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

An ability to work collaboratively with people to develop an understanding of their culture and world view, and the implications of any culturally specific customs or expectations for the ways in which challenges or difficulties are described and presented, and:

an ability to apply this knowledge in order to work with the person in a manner that is culturally sensitive, culturally consistent and relevant (and which guards against cultural stereotyping)

An ability to take an active interest in a person's social and cultural background, and to demonstrate a willingness to learn about their sociocultural perspectives and world view (for the purpose of engaging with the person)

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

An ability for all peer support workers to draw on an awareness of their own backgrounds, group memberships and values, and how these may influence their perceptions of the person they support, their presenting challenge or difficulty and the relationship between the person and the peer support worker

An ability for peer support workers to reflect on power differences between themselves and the people they support, and to work to minimise them for the person's benefit

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## 3.2 Ability to use active listening and communication skills in a peer relationship

### 3.2.1 Knowledge

An ability to draw on knowledge that communication skills will help peer support workers gain an accurate sense of the concerns, needs and strengths of the person they support, helping them to:

- feel respected, heard and understood
- feel connected to others (and so feel less isolated and alone)
- express themselves and make sense of their experience
- reflect on and request the support that they feel is appropriate to meet their needs

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

### 3.2.2 Active listening and effective communication

An ability for the peer support worker to show that they are paying attention to the person being supported, for example through body language:

- sitting close (but not too close) to the person
- sitting 'square on' or next to the person (rather than across a desk)
- adopting an open posture
- maintaining an appropriate level of eye contact

An ability to listen attentively to the person by:

- actively listening to their verbal account and trying to make sense of their experiences, behaviours and feelings, and the social context in which these arise
- listening to the tone and pace of what is said, as well as its content
- helping the person to express themselves at their own pace (for example being comfortable with silences if the person is finding it difficult to express themselves)

An ability to help the person expand on or explore relevant issues by using:

- statements (for example, brief summaries of what has already been said)
- questions
- non-verbal prompts

An ability to ask both:

- 'open' questions (that require more than a 'yes'/'no' answer and encourage discussion)
- 'closed' questions (that usually have a specific answer and are best used to establish factual information)

An ability to judge when questioning is being experienced as helpful and when less so (for example where the person is feeling 'grilled')

An ability to listen to the person with empathy, by:

- actively trying to understand their perspective and the way they understand their situation
- reflecting their feelings

An ability to convey an empathic understanding of what has been said or conveyed, for example by:

paraphrasing what has been said (but not repeating word for word)

making short summaries that try to connect various aspects of what has been conveyed

using appropriate non-verbal behaviour that is responsive to what has been said (for example through appropriate, congruent facial expression or by nodding)

An ability to check the person's understanding by asking them to summarise the discussion and any decisions that may have been agreed

An ability to ask the person whether all the issues that they wished to raise have been discussed

An ability to maintain an awareness of one's own perspective or frame of reference in order not to inadvertently impose it

An ability to attend to indications that the person is finding topics distressing, or hard to discuss (for example by noting non-verbal behaviours such as agitation or excessive movement)

An ability to remain composed and continue to communicate sensitively with people experiencing distress

### 3.2.3 Overcoming barriers to communication

An ability to draw on knowledge that where verbal communication is challenging for a person, other forms of communication (such as drawing or writing) may be an effective and appropriate alternative

An ability to identify practical barriers to communication and to identify ways to minimise their impact, for example:

where the person is hard of hearing, using communication aids

where the person's age or developmental level raises questions about their ability to understand, adjusting the complexity of the language being used

the surrounding environment (for example relocating to a different space to assure privacy)

An ability to address any difficulties a person has communicating or expressing themselves by making appropriate adjustments, such as:

listening carefully and asking the person to clarify or repeat information if it is hard to understand what has been said

allowing time for them to respond

using simple, straightforward, everyday language

limiting the number of key concepts or ideas that are communicated in a sentence

using concrete examples (rather than abstract ideas)

asking short, simple either/or questions (but taking care to avoid leading questions)

creating a context for comments or questions (to help them understand the reasons for them)

regularly asking them to summarise or repeat what has been discussed (to check that they have understood accurately)

To gain an accurate sense of the person's account, an ability for the peer support worker to be aware of (and avoid) any 'filters' they may find themselves imposing, for example:

listening in a judgemental way

making assumptions or jumping to conclusions instead of listening fully

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### 3.3 Ability to develop and maintain a mutual and reciprocal peer relationship

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

An ability to draw on knowledge of factors that can make a positive peer relationship more likely, including being:

- respectful
- warm and friendly
- open and honest, as shown through self-reflection
- trustworthy
- alert and active
- flexible and allowing the person to discuss issues that are important to them

An ability to draw on knowledge of factors that can have a negative effect on the peer relationship, such as:

- being rigid
- being critical
- being distant or aloof
- being distracted
- making inappropriate use of silence

#### 3.3.2 Ability to develop and maintain the peer relationship

An ability to build trust, develop rapport and be respectful

An ability to demonstrate warmth, sensitivity, concern and genuineness, and provide encouragement and support

An ability to listen and respond to the person's concerns in a manner that is non-judgemental, supportive and sensitive, and which conveys an accepting attitude when they describe their experiences and beliefs

An ability to validate the person's experiences and concerns, and help them discuss these

An ability to help the person being supported express any concerns or doubts they have about the mental health service (including the peer support worker) or the intervention they are receiving, especially where this relates to mistrust or scepticism

An ability to establish the boundaries and purpose of the peer relationship in the initial meeting, including discussing the limits to confidentiality and information sharing

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

An ability to establish the person's point of view by having an open and non-judgemental discussion, taking their concerns at face value and validating their experience

An ability to understand how the person being supported understands themselves, their experience and the world around them, paying attention to any cultural, spiritual or personal beliefs that are particularly important to the person

An ability to see and understand the other person's perspective and to express this empathy and understanding through interactions with them

#### 3.3.4 Ability to recognise and address threats to the peer relationship

An ability to recognise when there are strains in the peer relationship and address these, for example:

giving and asking for feedback in an open and curious way
discussing the person's understanding of the role of the peer support worker and clarifying any misunderstandings
inviting the person to express any negative feelings about the peer relationship and discussing possible ways to improve these
helping the person explore any fears they have about expressing negative feelings about the relationship between the peer support worker and themselves
acknowledging and accepting responsibility for any contribution to strains in the relationship

### 3.3.5 Engagement skills

An ability to determine a person's readiness to explore options or attempt something new, in a manner that builds on their strengths and promotes self-determination

An ability to draw on knowledge of the potential barriers to engagement and the ability to actively work with the person being supported or with colleagues to address these

### 3.3.6 Matching the meeting location to the person

An ability to be open to the possibility of meeting in locations that are not associated with mental health services if this is what the person prefers, for example:

a local community space such as a library or café

meeting outside, in a park or other quiet space

An ability to balance flexibility in the meeting location with the need to maintain personal safety

### 3.3.7 Managing endings

An ability to prepare the person being supported for an ending of the peer support intervention or relationship, and:

an ability to provide additional support, or signpost the person being supported to other resources or sources of support, as required

an ability to support the person to continue with their recovery journey without over-reliance on the peer support worker (or the mental health service)

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### 3.4 Ability to draw on and share lived experience

An ability to draw on and share lived experience of mental health and life experiences, as a core role of a peer support worker, for example by:

conveying an understanding of the person's experiences and so helping to normalise them

helping to build the peer relationship

conveying optimism and embodying the hope of recovery

An ability to draw on knowledge of the benefits, and also the risks, of sharing lived experience through self-disclosure, and to consider whether sharing lived experience:

is appropriately timed (that is, offered in response to issues raised by the person)

is relevant and appropriate to the other person's experience (both in content and in how much detail is shared)

is offered infrequently (so that it does not become a central focus and distracts from the person's focus and needs)

matches the intensity and challenge of the person's experience

retains a focus on the person's needs, aims and goals

An ability to ensure that the main aim of sharing is to help the person, rather than being an opportunity for the peer support worker to gain relief or support for themselves

An ability for the peer support worker to judge whether:

they are comfortable with others knowing about the information they are sharing

they have resolved the issues that they are sharing (so that the act of sharing does not trigger or worsen their own difficulties)

#### 3.4.1 Sharing lived experience to support people

An ability for peer support workers to safely share their personal experience in a way that:

helps the person know that they are not alone

supports, empowers and brings hope

is relevant to the person and their circumstances

uses their experience of recovery as an ongoing process (for example by sharing their previous and ongoing personal efforts to maintain their health and wellbeing)

helps people to discover the recovery and self-care practices that work for them

maintains appropriate boundaries

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

find common ground across experiences

recognise when the social and cultural context of the person's situation may reduce the relevance of the peer support worker's experience (and so influence what they do or do not share)

explicitly acknowledge any differences between themselves and the people they support, to improve the peer relationship

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



describing how the peer support worker has faced and overcome challenges, but being clear that this is an illustration of the ways in which challenges can be met, rather than being the route that the person should take

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### 3.5 Ability to engage and support families and carers

An ability to draw on knowledge of the significance of families, carers or a person's wider social or community network in planning and providing care and support

An ability to draw on knowledge that caring for a person with mental health difficulties will have an impact on families and carers, particularly young carers

An ability to draw on knowledge that difficulties may arise between families or carers and the person with mental health needs

An ability to engage the person's family or carer (when appropriate):

to support their loved one, or be able to speak on their behalf in relation to their care

to help families and carers feel comfortable and confident to ask questions when they are uncertain or confused

to support the person's family, carer, social or community network to look after their own mental health and wellbeing, if they experience difficulties as a result of the person's mental health needs

An ability to help families and carers access organisations and services that offer information, advice or support relevant to their needs (for example, by knowing the scope of available services, the support that they offer, and their access criteria)

An ability to provide support or information to families and carers to help them navigate the system, policies, processes or legal structures that may affect them

#### 3.5.1 Sharing information about the person with their families or carers

An ability to share general information on mental health and wellbeing with the person's family, carers or members of their support network

An ability to draw on knowledge of the limits of confidentiality and information sharing with the person's family, carers, or members of their support network

An ability to draw on knowledge that if the person does not consent, it may not be appropriate to share their personal information with their family, carers or members of their support network

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## 4 Self-care and support

### 4.1 Ability to monitor and respond to the need for self-care

(See Supporting Document Section 3.2)

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

This means that named managers or supervisors should be included in any plans that relate to self-care (such as wellness and recovery plans), so that peer support workers know whom they should talk to if they need support to put these plans in place.

An ability for the peer support worker to maintain a focus on self-management, self-care and their own health and wellbeing by:

working to their strengths

engaging in strategies such as stress management, using wellness and recovery plans, and seeking support from others when needed

anticipating challenges by responding to, and managing, symptom triggers and early warning signs

An ability to identify and manage any barriers to self-management or self-care, or to seek support from others

An ability for the peer support worker to judge:

when their work is creating excessive emotional demands and to put in place appropriate levels of self-care, and to discuss these demands with a supervisor

an ability to consider whether the experience of excessive demands may reflect personal factors (such as difficulties in their own recovery, or not being ready to start peer work)

when their own stressors or triggers may be resulting in unhealthy or unwanted attitudes or behaviours

when they have reached the limits of their responsibility or competence and when to seek advice, management or supervisory support, or assistance from others

An ability for the peer support worker to monitor and reflect on personal feelings or challenges that arise as a result of their work and role, for example:

issues arising directly from their work with people they support

conflict within the team, or unhelpful organisational pressures

An ability to monitor and reflect on the impact of any challenges and so judge when support or supervision is necessary, in order to:

help them maintain their own wellbeing

identify potential solutions

ensure that decisions about the best way forward are taken on the basis of careful reflection (for example whether to persist, adapt or stop a course of action)

continue working effectively and to maintain everyday activities and responsibilities

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## 4.2 Ability to make effective use of supervision

(See Supporting Document Section 3.3)

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

An ability to hold in mind that the main purpose of supervision is to:
support the delivery of peer support in line with its values, principles and focus on the value of lived experience as experiential knowledge
help peer support workers develop their skills in using experiential knowledge and their lived experience to support people
offer active support and encouragement to the peer support worker
enhance the quality of the care and support provided by peer support workers
encourage reflection about the impact of the work and peer support role, and where there are negative impacts or challenges, to identify potential solutions to these

### 4.2.1 Ability to work collaboratively with the supervisor

An ability to work with the supervisor to agree the parameters of supervision (for example agreeing the areas that need to be discussed, being clear about the respective roles of supervisor and supervisee, the goals of supervision and any contracts that specify these factors)

An ability to make the supervisor aware of any previous work or experience and identify their current learning or training needs

An ability for the peer support worker to:
engage with the supervisor as an active participant
present an honest and open account of the work being undertaken, including reflections on the emotional impact of the work
focusing on the issues that seem most important and relevant (aiming to select and concentrate on these)

### 4.2.2 Ability to engage in self-appraisal and reflection

An ability for the peer support worker to:

be open and realistic about their capabilities and to share this self-appraisal with the supervisor

reflect on and use feedback from the supervisor to further develop the skills for accurate self-appraisal, and to apply self-reflections in future work

### 4.2.3 Ability to engage in active learning

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

#### 4.2.4 Ability to use supervision to reflect on developing personal and professional roles

An ability to use supervision to discuss the personal impact of the work, especially where this reflection is relevant to self-care and to maintaining the likely effectiveness of the work

An ability to use supervision to reflect on the impact of the work in relation to development as a peer support worker

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## 5 Supporting self-management

### 5.1 Ability to support personal recovery

(See Supporting Document Section 1.4)

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 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 others as 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 which enable them to engage with their community
identify their hopes, strengths, accomplishments and challenges in order to achieve their goals
identify resources which will help them achieve their goals and which 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 support people to develop the skills to manage difficult situations, setbacks or challenges that may affect their recovery

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

An ability to support the person to make their own decisions and empower them to build autonomy
An ability to help people develop self-determination and self-management skills
an ability to recognise that each person will find their own approach to self-care
An ability to explore with the person how to create a self-care plan that:
builds on their natural strengths
supports their sense of wellbeing
helps them discover new areas of interest

An ability to support people to identify and choose the relevant support people, networks, services or resources required to achieve their goals
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## 5.2 Ability to help people engage in meaningful activities

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

supporting 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 programs

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

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## 6 Supporting access to care and facilitation

### 6.1 Ability to collaboratively discuss care and support options

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

An ability to convey information about care and support options in a manner that:

is tailored to the person's capacities, context and circumstances

ensures that the person has 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 this is usually accessed)

helps the person raise and discuss queries or concerns

An ability to judge when the person's agreement to pursue a particular intervention:

is based on a collaborative choice

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

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

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## 6.2 Ability to contribute to individual care and recovery plans

### 6.2.1 Documentation

An ability to draw on knowledge that a concurrent record of progress for each person being supported should be entered into the person's clinical record (usually after each contact), in line with the requirements of the local service, to document progress

An ability to ensure that records are maintained after each contact with the person being supported (or where relevant, with professionals connected to them)

An ability to write a concurrent record of progress that:

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

reflects on the person's wellbeing

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

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

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

identifies any significant issues or concerns that have arisen

### 6.2.2 Care plans

An ability to support people to collaboratively develop their own care or recovery plans

An ability to discuss a person's care or recovery plan with them, including any personal goals or objectives that may require input from the peer support worker

An ability to support people to develop an advance directive or statement (where appropriate) as part of their care plan or crisis plan

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### 6.3 Ability to facilitate access to care and sources of support

(See Supporting Document Section 2.2)

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.

#### 6.3.2 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 support)

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 characterises the level of support 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 placements and support

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

#### 6.3.3 Facilitating access to support

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 problem solve to address these challenges

#### 6.3.4 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 'paper and pencil')

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

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## 6.4 Ability to support transitions in care

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 ensure that 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 require additional support and preparation to successfully navigate transitions or transfers of care

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

where possible, provide continuity of support during the transition, or working with the new service to identify a named individual who can provide this level of support

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

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## 7 Working with teams and promoting people's rights

### 7.1 Ability to work as part of a team

An ability to draw on knowledge that working effectively as a team is important as it can have a positive impact on the experience of people using mental health services

An ability to draw on knowledge of the team's remit, shared goals, values, culture and practice

An ability to draw on knowledge of the roles and responsibilities of other team members

An ability to work as part of the service or organisation while retaining the perspective and ethos of peer support

An ability to work effectively with colleagues to:

enhance existing services and support

identify and resolve potential conflict or disagreement regarding the support or care provided to a person

improve their knowledge and understanding of the peer support worker role and:

how they fit within the team

the values and principles underpinning peer support

An ability to be aware of difficult team dynamics that may challenge effective working within the team, for example when:

there are unhelpful power relationships

the peer support worker role is not recognised as a distinct and valued position

peer support workers are not given the same status as those of other members of the team

An ability to consider how best to respond to these challenges, usually through initial and ongoing discussions with (and support from) a supervisor, and holding in mind basic conflict resolution strategies such as:

presenting a case calmly and clearly

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

focusing on the problem (rather than on personal issues)

listening to the point of view of other team members

identifying potential strategies for resolving the issues

An ability to raise concerns about unsafe staff practice by following the service's policies and procedures

#### 7.1.1 Communication with others in the team

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

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

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

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

- |   |
|---|
| identifying when (and when not) to challenge problematic team behaviours    |
| presenting a case calmly and clearly  |
| focusing on the problem (rather than on personal issues)                    |
| focusing on the future rather than the past                                 |
| listening to the point of view of other team members                        |
| problem solving (identifying potential strategies for resolving the issues) |

### 7.1.2 Documentation and care plans

An ability to communicate important information to other members of the team, including about care plans and any concerns around them, in line with the requirements of the local service

### 7.1.3 Care meetings

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

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## 7.2 Ability to work with other organisations and services

### 7.2.1 Working with other organisations or services

An ability to draw on knowledge that collaborating with other organisations or services will directly benefit the person's care and wellbeing

An ability to identify and connect with organisations or services that are already involved with a person, or their family members or carers (where appropriate), and:

an ability to identify the roles and responsibilities of other organisations and services in relation to the range of care and support a person receives

An ability to contribute to meetings with other organisations or services to support the planning and coordination of a person's care

An ability to recognise challenges when working with other organisations and services, and to work with colleagues, a supervisor or team leader to plan how these challenges can be managed

### 7.2.2 Communication with other organisations and services

An ability to recognise when it is appropriate to share information with other organisations or services

an ability to share relevant information with the appropriate agencies (based on the principle of a 'need to know')

An ability to maintain effective communication (both written and verbal) with professionals in other organisations when it is relevant to the person's care and support

An ability to identify potential barriers to effective communication and, where possible, to develop strategies to overcome these

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### 7.3 Ability to offer a recovery-oriented perspective

(See Supporting Document Section 1.4)

An ability to offer a recovery-oriented and person-centred perspective, for example working with staff to:

- help them understand the peer support worker's role and remit
- improve their awareness of the importance of treating people with dignity, respect, kindness and consideration
- discuss (and possibly challenge) their attitudes and perceptions about mental health
- improve their understanding of recovery-focused approaches (including the difference between personal recovery, clinical recovery and service-defined recovery)
- understand the importance of people defining, owning and leading their own personal recovery (rather than having recovery defined for them by professionals or the service)
- explore ways to work in a recovery-oriented way with people
- avoid unhelpfully technical language or jargon
- understand the importance of co-production (involving people with lived experience of mental health difficulties in planning, developing, delivering and evaluating services), social inclusion and equality

An ability to help mental health professionals, organisations and services keep well-informed about the perspectives and concerns of people being supported, for example through:

- developing guidance for staff on how to talk with people in a person-centred and recovery-oriented way about diagnosis, medication or interventions
- reviewing and updating risk assessment documentation to support co-produced safety plans developed with people
- developing guidance for staff on how to use their lived experience in practice

An ability to support co-production in service development and evaluation, and:

- an ability to work with services to co-produce and co-deliver staff training

An ability to work with staff to make reasonable adjustments and ensure that environments are culturally sensitive and free from discrimination

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## 7.4 Ability to promote the rights of people being supported

(See Supporting Document Section 2.3)

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

An ability for the peer support worker to help people:

navigate the systems with which they are in contact

understand the choices and options they may have over the care they receive

be aware of their rights in the mental health system

understand the policies, processes or legal structures that might affect them

An ability for the peer support worker to amplify the voice of the person they are supporting, so that they:

feel listened to

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

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

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

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

ensuring people are involved in jointly developing their care plan, and that they remain involved in further discussions about their care

providing people with the skills and knowledge to advocate for their own rights

facilitating access to health and social care services, other organisations, information or alternative sources of support, such as advocacy services

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

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

helping them to think about possible next steps, and what actions they would like to take

seeking advice or support from a supervisor or team leader regarding the appropriate next steps

following the service's complaints procedures (for example, referring concerns to independent mediators where appropriate)

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## 8 Intervention skills

(See Supporting Document Section 2.4)

### 8.1 Ability to provide individual interventions

An ability to identify the approaches or interventions that are appropriate and acceptable to a person

An ability to explain the rationale for an intervention and to answer any questions or concerns

an ability to ensure that the person understands the rationale for a particular approach or intervention

An ability to provide psychosocial interventions (with appropriate training, supervision and support), for example:

support for self-management, self-help and self-care

coaching

active listening and counselling

problem solving and coping strategies

behavioural approaches

support with developing care plans (including crisis, safety or recovery plans)

brief cognitive behavioural therapy interventions

family work or interventions (such as Open Dialogue, behavioural family therapy)

An ability to consistently monitor and review progress with the person throughout an intervention (with the use of appropriate measures as required) and if indicated, to adapt, change or stop the work

An ability to respond to, and discuss with the person any feedback regarding the intervention (whether this is given directly or indirectly)

An ability to discuss and problem solve any difficulties the person may experience while receiving an intervention

An ability to discuss any preferences the person may have for an alternative approach to their care and support

An ability to identify and manage any emotional or physical distress, or seek support from a colleague or supervisor

#### 8.1.1 Crisis interventions

An ability to support people who are experiencing a mental health crisis, by:

keeping in mind the person and their values

using active listening skills to provide a sense of safety and reassurance

working with others to find or create safe spaces for the person

using knowledge of local resources, services and support to connect or signpost people to the appropriate service

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

## 8.2 Ability to provide group interventions

An ability to work with colleagues to plan the basic structure and content of a group intervention, such as:
practicalities (for example, setting)
content of sessions (including resources and materials required)
roles and responsibilities of staff involved in the group programme
evaluation procedures
An ability to facilitate (either alone or with colleagues, depending on the service and the group topic) a group programme
An ability to establish an environment which is physically and emotionally safe, for example by:
discussing ground rules (for example, the importance of confidentiality and respect for others)
drawing attention to any breaches of the ground rules
helping all group members to participate
An ability to manage the group environment in a way that enables all participants to feel comfortable, so they can contribute and participate
An ability to engage with group members and build a positive relationship with each individual
An ability to work collaboratively with group members to develop individualised goals
An ability to monitor and manage group dynamics, such as the formation of sub-groups, or the impact of individual relationships on the rest of the group
An ability to match the content and pacing of sessions to group members
An ability to identify and manage any emotional or physical risk
An ability to explore and address any barriers to participation in the group, such as:
practical barriers (for example, transport or childcare)
social and emotional barriers (for example, anxiety around talking in a group or worrying about stigma restricting the topics the person is willing to discuss)
historical factors (for example, previous negative experience of groups)
An ability to promote and encourage regular attendance, while not stigmatising those who fail to attend sessions
An ability to plan for, reflect on and manage potential challenges to the group, such as:
disruptive behaviour
persistent lateness, absence or non-engagement
members who dominate a group
high levels of distress
An ability to manage the ending of the group
An ability to monitor and evaluate the group's outcomes

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### 8.3 Ability to support the use of digital interventions

An ability to draw on knowledge of digital interventions that can be used to support people with mental health needs

An ability to draw on knowledge of the various formats which can be used to access digital interventions, for example:

mobile phone apps

websites

video or telehealth options for 'virtual' therapy or meetings (such as skype or facetime)

An ability to support people to use digital interventions to improve their mental wellbeing, self-help and self-management, for example by:

helping to overcome any technical or practical barriers to using the intervention (such as not being familiar with using apps or having limited access to a computer)

identifying when the person is having difficulty using or engaging with the digital intervention, and helping to problem solve these, for example:

explaining the rationale for the digital intervention

helping to clarify goals and tasks associated with the intervention

identifying (and addressing) challenges to maintaining motivation

An ability to work with the person to evaluate the relevance, usefulness or effectiveness of the digital intervention

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## 8.4 Ability to help people develop coping and problem-solving skills

### 8.4.1 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

identifying 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

### 8.4.2 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 relevant 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 a preferred solution

plan and implement preferred solutions

evaluate the outcome of implementation, whether positive or negative

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

An ability for the peer support worker 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)

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## 9 Meta-competences

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

### 9.1 Attitudes, values and style of interaction

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

### 9.2 Engagement and intervention

An ability to judge when it is best to refocus on goals that are seen as personally relevant or manageable by the person they are supporting rather than continuing to explore issues that could lead to disengagement

An ability to judge when social and cultural barriers to engagement may be relevant and need to be taken into consideration

An ability to judge when to continue focusing on working with difficulties and when to step back, based on the level of engagement with a person

An ability to identify and respond to implicit or explicit indicators that a person is at risk of disengaging from the interaction, for example by:

responding to and openly discussing explicit feedback that expresses concerns about important aspects of the conversation or proposed course of action

responding to implicit feedback that indicates concerns about important aspects of the discussion (for example, feedback through comments, non-verbal behaviour or significant shifts in responsiveness)

identifying when it seems difficult for people to give 'authentic' feedback (that is, responding with what they think the peer support worker wishes to hear, rather than expressing their own view) and discussing it with them

An ability to balance flexibility and consistency when providing care and support, and delivering interventions

An ability to judge when to offer self-disclosure and to decide what would be helpful to disclose and what should be held back

### 9.3 Support

An ability to match the intensity and timing of support to the person's needs, and to judge whether and when to increase or decrease the level of response

An ability to judge when to offer support to the person or when to foster independence and their ability to self-manage

### 9.4 Ability to respond to feedback

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

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

**9.5 Ability to focus on self-care**

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

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

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## 10 Organisational competences

### 10.1 Employment of peer support workers

(See Supporting Document Section 3.1)

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

#### 10.1.1 Specifying the role

An ability for the organisation to develop a job description that clearly specifies the peer support worker's role, remit and boundaries, and to ensure that:

the role reflects the values and principles of peer support

the lived experience of the person being appointed is pertinent and relevant to the people and populations they will be working with

the role fulfils its purpose

the role is not used to fill employment gaps in the team or service

#### 10.1.2 Recruitment

An ability to develop recruitment criteria for peer support workers that:

reflect the likely pathways taken by such workers, for example recognising that:

there may be gaps in the person's employment history

there may be patterns of extended sick leave

consider qualities such as temperament, aptitude and wellbeing, motivation and self-efficacy as well as employment history

An ability for the organisation to plan for queries raised in the course of standard pre-employment checks, for example to ensure:

that occupational health units are aware that (by definition) peer support workers will have a mental health history

that where an application or a DBS (Disclosure and Barring Service) check flags a criminal history, arrangements are in place for HR (human resources) and clinical staff to consider its implications for employment and where possible, take positive risks to support those who might otherwise be excluded

An ability to offer support to potential peer support workers during the application process, for example:

ensuring that they understand the recruitment process

offering guidance about completing application forms

offering support regarding the interview process (for example, discussing the format of an interview, or offering interview practice)

Where peer support workers are in receipt of benefits, an ability to organise for them to receive benefits advice (so that they are aware of any financial implications arising from employment)

#### 10.1.3 Integrating peer support workers into the workforce

An ability for the organisation to ensure that before peer support workers are employed, other staff members:



have a clear understanding of the role and remit of the peer support workers being employed by the service, and of the models that underpin this role
have an opportunity to discuss any queries or concerns about the peer support worker role
understand that peer support workers should not be pressured to share their lived experience with their colleagues (that is, that they own their story and should be able to choose when, how and how much of their experience they wish to disclose)

An ability to monitor the ways in which teams relate to and work with peer support workers and to identify and manage any difficulties

Where the peer support worker has had previous contact with the service or staff to receive mental health care, an ability for organisations to ensure that the peer support worker's personal information and mental health history remains confidential

#### 10.1.4 Training, support and supervision

An ability to put in place reasonable adjustments tailored to the peer support worker's needs and which facilitate their capability to undertake the roles expected of them

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

appropriate training for the roles undertaken by peer support workers (including training around equality, diversity and cultural competence)

appropriate levels of supervision (specifying the expected frequency, duration and format of supervision sessions); this includes a supervisory structure and protected time that allows peer support workers to meet with at least one other more experienced senior peer support worker

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

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

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

An ability for the organisation to enable peer support workers to link in with peer networks to facilitate shared learning

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

#### 10.1.5 Career planning

An ability for the organisation to support the peer support worker to access further training or professional development activities

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

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

### **10.1.6 Developing the peer support worker role**

An ability for the organisation to consider how the peer support worker role could be developed at all levels, taking into account the needs of the people and populations being served

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## 10.2 Ability to supervise peer support workers

(See Supporting Document Section 3.3)

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

### 10.2.1 Supervision structure – setting up the meeting

An ability to collaboratively develop an agenda for the supervision meeting, including (for example):

routinely 'checking in' with the peer support worker to help maintain focus on their self-care and any needs arising from this

helping peer support workers discuss psychological stresses arising from their work and the ways in which these can best be addressed

reviewing issues related to the people being supported by the peer support worker

reviewing any issues related to the development and maintenance of relationships with mental health teams

identifying challenges to working in a way that is in line with the values and principles of peer support

help with administrative issues (such as meeting any relevant local standards)

helping peer support workers review and manage their caseloads and schedules

An ability to draw on knowledge that meetings should include a review of any previously identified issues (and so identify and address any challenges)

An ability to gain knowledge of the people being supported by peer support workers

An ability to ensure that (over time) there is an opportunity to discuss all the people being supported by the peer support worker

### 10.2.2 Ending the meeting

An ability to draw on knowledge that at the end of the meeting the supervisor and peer support worker should agree on any steps to be taken and specify the ways in which these will be achieved

An ability to draw on knowledge that the content of discussions in supervision should be documented, identifying the next steps and any agreed goals

### 10.2.3 Maintaining a focus on strengths-based supervision

An ability to draw on knowledge that supervision should help peer support workers focus on the strengths of the person who is being supported, and on maintaining hope

Where peer support workers express frustration with a person's progress, an ability to empathise and redirect discussion to problem-solving issues that have emerged while maintaining a focus on the person's strengths and resources

Where peer support workers express concerns about their ability to carry out their roles, an ability to maintain a strengths-based perspective, identifying those areas in which they are succeeding

## 10.2.4 Giving feedback

### 10.2.4.1 Ability to create a context for giving feedback

An ability to ensure that the supervisory relationship is good enough to allow feedback to be accepted (and reflected on) by the peer support worker

An ability to detect whether the peer support worker is able to engage with feedback, and (if relevant) to identify and explore any factors that make this difficult for them

An ability to ensure that the peer support worker is in a position to make sense of (and use) the feedback (that is, that the feedback is congruent with their current level of understanding/ learning)

An ability to detect when feedback may have a negative impact on the peer support worker (for example, increased anxiety), and to manage any consequences in a supportive manner

### 10.2.4.2 Ability to give feedback in an appropriate manner

An ability to give feedback that:

is balanced (that is, the feedback identifies what the peer support worker did well, as well as what could be improved)

is clear and appropriately direct

focuses on specific aspects of the peer support worker's work (rather than making general observations)

When commenting on perceived challenges or difficulties, an ability to suggest alternative actions the peer support worker could take

An ability to phrase feedback in a manner that avoids the attribution of personal failure by:

focusing on examples of behaviour (as opposed to attributing challenges or difficulties to the peer support worker's personal qualities)

phrasing comments in a way which directs attention to the issues rather than to personal characteristics of the peer support worker

After giving feedback, an ability to encourage, be receptive to and to engage with any feedback from the peer support worker

## 10.2.5 Modelling and observing

An ability to collaborate with the peer support worker to identify areas that would be helpful to practise or review in supervision sessions

An ability to use modelling to demonstrate specific techniques and to aid learning:

clarifying with the peer support worker how supervision sessions that include modelling will be run (for example, whether they will also practise techniques that the supervisor has modelled)

setting up and conducting exercises that allow the peer support worker to practise or rehearse implementing strategies and procedures (for example, exploring ways to phrase questions, implementing specific techniques)

setting up and conducting role play of encounters that are relevant to the skills being demonstrated

An ability to structure practice sessions in a manner that ensures that the peer support worker is:

clear about the aim(s) of the practice session

appropriately prepared (for example, through prior discussion or modelling of the skills by the supervisor)

clear about the skills they are expected to practise/demonstrate

An ability to give feedback to the peer support worker that is accurate and constructive, focuses on both strengths and areas for improvement, and is task-specific (rather than global)

An ability to help the peer support worker to reflect on feedback

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## 11 Ability for staff who are not working as peer support workers to judge whether and when to share lived experience of mental health issues

Although this section does not directly relate to peer support, it is heavily influenced by its ethos and the professional culture envisaged by the peer support model (which challenges issues such as shame relating to the experience of mental health difficulties). As such it has direct relevance to all staff, and to the organisations that employ them.

Many, if not most, people have mental health difficulties at some point in their lives, and naturally this includes professional staff. However, while sharing this experience is at the core of peer support, this is not the case for staff who are employed in other roles. As such, whether and how to share information with colleagues and clients requires considered judgement.

When considering whether or not to share lived experience, an ability to maintain professional boundaries and an awareness of the potential for risk, for example ensuring that disclosure:

has some equivalence and direct pertinence to the issues that the person is facing  
does not become a regular feature of discussion

does not become a detailed and extended discussion of the practitioner's experience

will not harm the person, for example:

by sharing an experience whose intensity places a burden of concern on them  
by sharing so much information that the person experiences this as a shift of focus to the practitioner

An ability to judge when disclosure of information is more for the benefit of the practitioner than for the person, and to desist if this is the case

When there is significant difference between the social and cultural context of the health professional and the person being supported, an ability to judge whether and how this reduces the relevance of the practitioner's experience

An ability to limit sharing of experience to issues that are directly pertinent to the client

An ability to share experience in a tentative manner, so as to monitor its impact (making it possible to regulate the amount and intensity of information being shared)

An ability to ask the person for their response to the experiences being shared

When describing how past issues have been resolved, an ability to ensure that this is offered as one of many ways of managing issues rather than a solution that the person should adopt

An ability to draw on knowledge that disclosure of major and significant mental health issues can reduce the person's perception of their practitioner's competence

An ability to judge when the person is ready to hear information about the practitioner's experience (for example, not offering it before a sound therapeutic relationship has been established)

An ability for the practitioner to judge whether sharing information will have any adverse consequence for themselves (for example, by discussing issues that are unresolved, or that the practitioner subsequently regrets sharing)

An ability for the practitioner to use supervision to help them reflect on the impact of sharing their experience of mental health issues, both on themselves and on their clients

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## Developed by:

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

## Authorship Statement

Michelle Costa wrote the background document with input from Anthony Roth, who wrote the curriculum. Anthony Roth and Michelle Costa devised and further developed the competence framework map, extracted and wrote the competences, and conducted preliminary literature reviews. The work was edited by Nuala Ernest.

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Peer Support Worker Competence Framework for Mental Health  
February 2020 (consultation period)