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Peer Support Worker Competence Framework for Mental Health: Supporting Document

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1 Foreword

Developing a competence framework for peer support raises an important set of tensions. The role has its roots in the voluntary sector, placing it somewhat outside of statutory structures. Peer support workers are able to bring new and valuable perspectives to services and offer support to people which is rooted in lived experience and the authenticity this brings to relationships.

A competence framework could be seen as professionalising the role, imposing a standardised model of peer support, subsuming it into NHS services and shaping it in ways that current peer support workers may not recognise.

These concerns are real and completely appropriate. But equally, growing the peer support role through their employment within statutory services requires some specification of the role. And here lies an inevitable tension.

We are aware of these concerns and have tried to create a framework that is true to the values of peer support, which places lived experience at the core of the role and which sets out relevant knowledge and skills in a way that is congruent with the ethos of peer support. It is not intended to prescribe and constrain, but to support (and indeed to protect) the role.

We have worked closely with peer support workers and have been guided by their input and feedback regarding the language and shape of the framework. This has been subject to many phases of revision, but we recognise that for many in the field this may not meet the concerns noted above.

As such, we welcome feedback, on the basis of which we can refine and revise the framework over time to better meet the needs of peer support workers employed across a number of settings.

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1. Background

Lived experience as a form of expertise

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.

The development and expansion of new roles to support the mental health workforce was set out in the [NHS Long Term Plan](#) and Health Education England's report, [Stepping Forward to 2020/21: The Mental Health Workforce Plan for England](#). A significant area of expansion is the development and implementation of the peer support worker role, in which people with lived experience of mental health difficulties and services provide support to others who are experiencing similar challenges.^a

Mental health peer support work is distinct from that of mental health professionals. A key part of the role involves being with the person: supporting them within a mutual and reciprocal relationship, and giving them the space and opportunity to speak with someone who can provide empathy and understanding based on their own lived experience. Implementing peer support interventions is associated with positive effects on measures of hope, recovery and empowerment,¹ and on preventing relapse and readmission.²

Currently, there is great variation in how the peer support worker role is implemented in mental health services. In part, this reflects a lack of consistent national guidance about the role and an absence of consistent support systems such as supervision. This variation has had an adverse impact on the development of the peer support worker role, particularly in terms of integration within multidisciplinary health teams,³ which highlights the potential benefit of developing a competence framework and training curriculum that reflects the distinct identity of the peer support worker role.

1.1. The purpose of this document

This document describes the peer support worker role and its implementation in detail (see [Section 2](#) and [Section 3](#), respectively), setting out the background to a **competence framework** for peer support workers that can be used in statutory and non-statutory mental health settings and services (see [Section 4](#) for more detail). A competence framework is a collection of knowledge, skills and attitudes (or competences) outlined for certain professional groups, types of interventions, or areas of focus. The **Peer Support Worker Competence Framework for Mental Health** provides a detailed account of the relevant values, principles, knowledge and skills associated with peer support workers. The framework is closely mapped to a **curriculum** (see [Section 5](#)) to support the implementation and integration of the role within teams. The curriculum indicates the outline structure and content that a training programme could provide, and it is cross-referenced to the framework for more detail.

The competence framework is relevant across a number of contexts and organisations (from larger to smaller organisations), including:

^a We have used the term 'peer support worker' throughout this document and the competence framework. However, we acknowledge that people working in this role may have varying job titles, such as (but not limited to) lived experience worker, lived experience practitioner, peer practitioner, peer coach, peer supporter, peer mentor and peer consultant.

- 1 • voluntary sector, social enterprise or community organisations
- 2 • NHS organisations working in partnership with other voluntary sector or community
- 3 providers
- 4 • NHS organisations employing peer support workers directly in NHS posts.

5 Following a list of links to online helpful resources for peer support workers, their supervisors
6 and mental health services in [Section 6](#), [Section 7](#) contains the source material that was used to
7 develop the competence framework. Finally, there is information on how the framework was
8 developed including members of the Expert Reference Group who were involved in developing
9 the framework.

10 1.2. What is the peer support worker role?

11 The relationship between the peer support worker and the person receiving support is central to
12 the role. It is based on people learning together in a relationship that is mutual, trusting, safe,
13 non-judgemental and respectful, grounded in the sharing of experiences based on acceptance
14 and empathy.^{4,5}

15 The role is diverse and varied, located in statutory and non-statutory settings and covers all
16 areas of the person's mental health. Peer support workers draw directly on their lived experience
17 of mental health difficulties (including of caring for someone with mental health difficulties) to
18 offer emotional and practical support to people going through a similar type of experience, in a
19 similar setting or context, and to help them build personal, social and community connections.^{6,7}

20 Peer support workers need to have relevant lived experience that matches the context or setting
21 they are working in, and be ready in their recovery journey to support others.⁸ Being able to draw
22 on this personal experience and use their recovery as a tool to support others is the defining
23 feature of peer support workers, setting them apart from other staff roles. It allows them to
24 understand people in an empathic way that supports their personal recovery.^{3,4,9} They can help
25 people empower themselves, by increasing their sense of hope, helping them build autonomy,
26 improving their sense of community belonging and satisfaction in different parts of their lives,
27 and encouraging them to develop skills in self-care and self-management.¹⁰

28 Peer support workers do not replace existing professional roles. Rather, they can enhance the
29 provision of care with the direct participation and expertise of people with lived experience.⁴

30 Co-production

31 Embedding peer roles within services means that people with lived experience of mental health
32 difficulties are actively integrated into the planning, development, delivery and evaluation of
33 services. People with lived experience who are
34 providing peer support should be involved in all
35 stages of employment of peer support workers,
36 from planning their inclusion on the team, to
37 developing criteria for recruitment, interview,
38 selection, induction, integration and further
39 development within the team, to ensure the role
40 is properly embedded.

Further information on co-production can be found in [Working Well Together](#), which has guidance and tools for co-production when commissioning mental health services.

41 1.2.1. Specialist peer support worker roles

42 Peer support workers may have experience in particular settings or services, such as inpatient,
43 community mental health, forensic, perinatal, early intervention in psychosis, or children and

1 young people's mental health services, which provides them with specialist experiential
2 knowledge to support others in these settings.

3 Carers or family members

4 Peer support workers may be carers or family members with lived experience of mental health
5 difficulties or services. Family-based peer support often takes place in group settings, and peer
6 support roles for carers or family members share the same foundation as other peer support
7 workers, drawing primarily on personal experiential knowledge to work in a non-judgemental and
8 supportive manner to support other family members or carers.¹¹

9 The experience of being supported, having opportunities to get involved in parent or carer
10 groups, having an increased understanding of mental health and building personal resilience can
11 provide people with the motivation to support and connect with other family members or carers.

12 1.3. Principles and values of peer support for mental health

Bringing experience and knowledge to the role

Lived experience and experiential knowledge informs the foundation of peer support, helping to build connections between peer support workers and the people they work with.

13
14 The values and principles that underpin peer support are central to the competence framework,
15 and they are described in Table 1. It is important for services to ensure that they are upheld
16 throughout recruitment, training and supervision.⁷

17 **Table 1: Core principles of peer support**^{7,12,13}

<p>Empathy and respect</p> <p>Understanding another's experience from their perspective and being genuinely interested in them as a person.</p> <p>Being non-judgemental, and not making assumptions about or pathologising the person's experiences or beliefs.</p>	<p>Inclusive</p> <p>Respecting the diversity of people's experience and each person's background, culture or membership of a particular community.</p> <p>Working with people to identify, engage with and be included within their chosen communities.</p> <p>Ensuring support is available to everyone; helping people find ways to feel included in their community and society.</p>
<p>Mutuality</p> <p>Each person's experience is of equal value. Both people can learn from each other within an equal, accepting and respectful relationship (based on sharing and shared experiences).</p>	<p>Non-directive</p> <p>Helping people to find solutions that work for them (rather than suggesting solutions).</p> <p>Validating people's experiences and acknowledging that each person is the expert in their own experience.</p>
<p>Progressive and strengths-based</p> <p>Helping people to learn from their experience and equip themselves to move forward.</p> <p>Focusing on a person's strengths, helping them build them up and develop their ability to make use of the resources available to them.</p>	<p>Reciprocity</p> <p>Both people benefit from sharing their experience. Everyone learns from one another and everyone's contribution is considered to have equal value.</p>
<p>Recovery-focused</p>	<p>Safe</p>

<p>Creating hope and building autonomy, empowering the person to define, lead and own their recovery, and to identify and work towards their life goals.</p> <p>Supporting people to find a way of understanding their experiences in a way that makes sense to them, in the context of their own lives, values, beliefs and culture.</p>	<p>Providing people with a safe, non-judgemental environment to share their experiences.</p> <p>Supporting peer support workers to use their lived experience to safely support other people.</p>
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1 1.4. Supporting personal recovery

Recovery

There are many ways of understanding what recovery is. Being person-centred, it always varies with each individual, based on their goals, beliefs, experiences and aspirations.

2
3 Recovery is self-defined by the person as they identify and discover what they want in their lives.
4 It is based on self-determination and self-management, centring on finding and maintaining
5 hope, developing a positive identity outside of mental health services, building a life that they
6 feel is meaningful and planning their future.^{14–17}

7 Personal recovery is experienced by the person, who determines what recovery means and
8 looks like to them. It can be influenced by a range of factors, such as societal influences, the
9 impact of trauma and adverse experiences, and family or community connections. Personal
10 recovery should be distinguished from other forms of recovery, such as clinical recovery (which
11 focuses on the service's clinical goals for the person) and service-defined recovery (which is
12 based on organisational priorities and targets, such as standards for discharge and service
13 accessibility).^{17,18}

14 Peer support workers can support people's personal recovery by helping them live the life that
15 they want to live, and to live it well. They do this by promoting hope and belief in the possibility of
16 personally defined recovery, and by providing a lived example of their own recovery.^{6,19} They
17 can empower people to have independence and autonomy over their lives, by helping them build
18 increased self-esteem, self-efficacy, self-management, and improve social and community
19 connections.^{12,19,20}

20 Peer support workers have the potential to promote a personal recovery approach within
21 services. By representing the perspective and voice of lived experience, peer support workers
22 can support staff to improve their understanding of the importance for people to define, own and
23 lead their own recovery.

24 1.5. Equality, inclusion and diversity

Cultural competence

Peer support workers need to work in a culturally competent way, which depends on: valuing diversity, equality and inclusion; respecting the beliefs, practices and lifestyles of the people they work with; and understanding the ways in which social or cultural differences may impact on people's mental health or experience of mental health services.

25

- 1 Peer support workers are well positioned to support a range of people from diverse communities
2 and areas, particularly those who are less likely or reluctant to seek mental health care because
3 of fear, stigma or discrimination. Recruitment of peer support workers should reflect that
4 diversity, and the needs of the local communities and
5 populations they work with, as part of a broader move
6 towards influencing recruitment and staffing diversity
7 throughout the wider health and social care workforce.
- 8 An important part of the role is to work towards
9 promoting and advancing equality, inclusion and
10 diversity, using experiential knowledge to interact
11 appropriately with difference by considering the entirety
12 of a person's experience and background, and making
13 sure that all staff value diverse experiences.

The resource [Advancing Mental Health Equality](#) supports commissioners and providers to tackle mental health inequalities in their local areas.

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2. Specific functions of the peer support worker role

The peer support worker role varies depending on the service or systems within which the person in the role operates, the experience and skills they bring to the role, and the opportunities available to them for training and development, which may lead to skill advancement and career progression. The competence framework encompasses all levels of the role, from those new to peer support to those who have been in the role for some time and are ready to progress into more senior positions.

Broadly, there are four main areas covered by the role:

1. Providing support
2. Being a facilitator or connector
3. Promoting the rights of people being supported
4. Providing specific interventions.

These functions reflect the flexibility of peer support, which can range from supportive conversations and 'being with' a person, to supporting people to access other services or resources, to focusing on a particular intervention.

2.1. Providing support

The primary aim of peer support workers (and one that underpins all of the other functions) is to use their experiential knowledge to provide people with the right level of support, and connection (see [Section 2.2](#)). Giving people the space to talk, and share their feelings and stories, can help them build an understanding that makes sense to them in the context of their life and experiences. This can be particularly important when people have shared their experiences of trauma that may be recent or from childhood, where being able to talk about these in a mutual way with a peer support worker can help them move forward in their recovery journey.

Being supported in a way that helps people feel listened to and less isolated can be an effective intervention in its own right. For example, if a person is on a waitlist for a therapeutic intervention with a service and is linked with a peer support worker, this can provide them with support that helps them start to improve their mental health and wellbeing.

2.2. Being a facilitator or connector

Peer support workers can play a role in facilitating people's connections and links with their communities, supporting them to access services, groups, activities or programmes, and helping them develop their own resources and strengths so they can build on these connections.^{3,7}

Being a facilitator or connector can involve:

- helping people to define what 'community' means to them, so they can identify the communities they are part of and those they wish to belong to
- working with a person to identify resources and services in their communities that would benefit their mental health and wellbeing
- facilitating access to these resources, by accompanying them to groups, activities or programmes, or supporting them to independently engage with these
- supporting people to stay linked in with organisations or services (which may include working with the person to overcome any barriers to access)

- 1 • helping people to rebuild social and community
- 2 networks or to (re-)engage with their chosen
- 3 communities
- 4 • providing additional support around transitions
- 5 or transfers of care (especially following
- 6 discharge from inpatient care), to improve
- 7 continuity of care for the person.

The [Community Mental Health Framework for Adults and Older Adults](#) contains more detailed information on connecting people to their community.

8 2.3. Promoting the rights of people being supported

9 The rights of people being supported can be promoted at the individual and organisational level
 10 (see Table 2), and peer support workers may require additional experience or training so that
 11 they have the confidence to carry out this part of the role. Peer support workers will also need
 12 the support of their supervisors, senior management and other team and service leaders, so
 13 they can effectively promote the rights of people receiving care. They will need this support to be
 14 able to safely challenge the culture within teams, to encourage a personal recovery-oriented and
 15 person-centred approach to care.

16 **Table 2: How mental health peer support workers can promote people's rights, and**
 17 **support and facilitate change**^{3,5,7,12,21,22}

At an individual level:	At an organisational/service level:
<ul style="list-style-type: none"> • Act or speak on people's behalf, to ensure they have as much choice in their care as possible and are directly involved in decisions about their personal care and treatment • Help people understand the mental health system and their rights, including any policies, processes or legal structures that may affect them • Work with people to address any challenges to accessing a service or an infringement of their rights • Empower people with the skills and abilities to speak for themselves and have their voice heard • Facilitate conversations with other professionals, to support people to discuss their medication, diagnosis or treatment (when they wish to) • Connect people with independent advocate services. 	<ul style="list-style-type: none"> • Educate staff, other services and the public about the functions and value of mental health peer support work • Make professionals more aware of the technical language they use and encourage the use of plain language when talking to people about mental health, diagnosis or medication • Provide the voice of lived experience to improve people's understanding of the perspectives and concerns of people being supported, to facilitate engagement and person-centred care • Support and promote recovery-oriented practice, inclusion and equality throughout the service • Challenge attitudes and practice that undermine peer support, its values and principles, or personal recovery • Support and promote co-production in service development and evaluation (see Working Well Together for guidance on co-production when commissioning mental health services) • Support and promote equality, inclusion and diversity (see Advancing Mental Health Equality for guidance on tackling inequalities in mental health care)

- **Raise concerns** about unsafe practice by staff or services.

1 2.4. Providing specific interventions

2 With **appropriate training, supervision and support**, peer support workers can deliver specific
3 interventions,^{3,7} such as:

- 4 • support for self-management, self-help and self-care
- 5 • coaching
- 6 • active listening and counselling
- 7 • problem-solving and coping strategies
- 8 • behavioural approaches
- 9 • support with developing care plans (including crisis, safety or recovery plans)
- 10 • brief cognitive behavioural therapy interventions
- 11 • family work or interventions (such as Open Dialogue, behavioural family therapy).

12

13

Knowing the limits

Peer support workers need to work within the limits of their knowledge, skills and training. They should not be asked or required to provide interventions beyond their competence, or beyond the scope or function of their role (such as administering medication, conducting specific assessments or engaging in physical restraint).

3. Implementing the peer support worker role

3.1. Embedding the role within teams

The culture and values of the organisation, including staff attitudes and leadership, are crucial for the support of the role's development and to keep it embedded within teams. The more that services and teams embrace a culture of reflexive practice and openness to change, the better placed they will be to embed these roles within their workforce.²³

There are, however, a number of challenges to embedding peer support workers within teams,^{4,21,24} which have been outlined in Table 3 along with potential solutions.

Table 3: Potential solutions to challenges that may arise in the embedding of peer support workers for mental health

Challenges	Potential solutions
Integrating peer support workers into multidisciplinary teams while maintaining clear role boundaries	<ul style="list-style-type: none"> • Strong leadership within the team, to ensure clarity and agreement about the role of peer support workers, and enable peer support workers to establish themselves as part of the team • Values and principles for peer support supported by other staff • Clearly established recruitment and staffing processes that are co-produced with people with lived experience of providing peer support, to ensure peer support workers are appropriately supported throughout the process • Having a clear plan and identified support to enable peer support workers to integrate in the team • Identifying and valuing the specific contributions peer support workers make to the programmes and settings in which they work, including understanding and acknowledging the value of lived experience¹⁰ • Ensuring peer support workers have a physical base from which they can work, with access to rooms that are suitable for meeting with people, or support within the service's policy to enable them to meet with people offsite (if working within an NHS service)
Acceptance by other professionals	<ul style="list-style-type: none"> • Regular communication with other staff members throughout the recruitment, establishing and embedding of peer support workers within the team • Working openly and honestly through any concerns or queries staff may have about the role • Ensuring the peer support worker role, function and purpose is understood by all members of the team, and is supported by leadership and management²³ • Staff training and professional development activities on the importance of peer support • Sharing success experiences as a team, to inspire hope and persistence¹⁰

Insufficient communication or connection with other peer support workers, leading to isolated working	<ul style="list-style-type: none"> • Having at least two peer support workers within any programme or team to prevent isolation and improve the level of support they receive • For the peer support worker to connect with an existing peer network outside of the mental health organisation in which they are based,²³ or receiving support to develop a local peer network with other peer support workers • Ensuring peer support workers have access to group or peer supervision
Lack of appropriate or effective supervision	<ul style="list-style-type: none"> • Having clearly established line management and supervision arrangements, including role-specific supervision from senior or more experienced peer support workers • Making sure additional support or supervision is easily available to peer support workers when they need it
Unclear role definitions	<ul style="list-style-type: none"> • Having a clearly defined role and job description, that is regularly evaluated, reviewed and updated^{3,10,23} • Including specific functions in the job description, to protect the peer support worker from working outside of their job role and to allow them to challenge unsafe practice or care that is not person-centred • Providing clear opportunities for career progression, with protected time for learning or professional development

1

2 3.1.1. Career pathways

3 Supervisors or service managers should work with peer support workers to outline potential
4 career pathways or opportunities, giving them a sense of how the role may progress and helping
5 them regard peer support work as a career or helping them identify other career opportunities.
6 Opportunities for professional development or career progression may involve identifying the
7 relevant knowledge and skills (as outlined in the competence framework) needed to become
8 more senior in the role, for example as a senior peer support worker, peer coordinator or a peer
9 support worker with more specialist intervention skills. Supervision can also be used for peer
10 support workers to identify further development opportunities around leadership, management or
11 supervisory skills.

12 3.2. Support for peer support workers

13 Ongoing support for peer support workers (such as protected time for training, shadowing,
14 ongoing skill-building, resourcing, supervision and access to a peer network) is essential to
15 encourage continuing development.^{23,25} Encouraging peer support workers to share their
16 learning with other peer support workers, by linking in with peer networks or receiving support to
17 establish a local peer network, will ensure that they are not working in isolation and can help
18 improve the quality of their experience in the role.

19 Teams that actively encourage self-care and wellness in their staff create a better working
20 environment, which further supports peer support workers in their role. Peer support workers
21 may need additional support for their mental wellbeing, such as: regular mental health
22 screenings or access to an employee assistance program; wellbeing procedures (ideally for all
23 staff); and reasonable adjustments, for example a flexible work schedule, changes to workload,

1 and supportive leave and sickness policies.²³ Peer support workers may also benefit from being
2 helped to develop their self-care skills or own recovery plan further, to ensure they can clearly
3 identify and manage any personal triggers of distress.

4 Supervisors and managers will need to ensure that the working environment for peer support
5 workers is safe and that individuals are supported to work safely with their peers and colleagues.
6 Services should ensure that peer support workers do not feel pressured or obliged to disclose
7 their story or mental health history to colleagues. It is important for peer support workers to have
8 ownership of their story and share it with other staff if and when they feel it is appropriate.
9 Services will need to ensure that staff understand this, particularly if any of them were previously
10 involved in the peer support worker's own mental health care or treatment. It may be necessary
11 to make arrangements for the peer support worker's care record to not be easily accessible to all
12 staff.

13 3.3. Supervision

14 The competence framework covers two aspects of supervision: the ability for peer support
15 workers to make effective use of supervision, and the ability for supervisors to supervise peer
16 support workers.

17 Supervision is defined in this framework as an activity that gives peer support workers the
18 opportunity to review and reflect on their work, and on their transition from being a supportive
19 peer to being a peer support worker. It is distinguished from line management or case
20 management, in that it provides the peer support worker with opportunities to model and practise
21 specific techniques or approaches, discuss challenges and successes, and discuss skills and
22 knowledge development.

23 Peer support workers should receive role-specific supervision from a senior peer support worker,
24 and additional supervision from a clinician when they work within clinical settings or
25 multidisciplinary teams. Role-specific supervision enables peer support workers to develop their
26 skills in applying their lived experience, and to help them keep their work true to the values and
27 principles of peer support. If there are no senior peer support workers within the service, role-
28 specific supervision needs to be found externally.

29 Supervisors should understand the values and principles that underpin peer support. They
30 should collaborate with the peer support worker to agree on the frequency, format and location
31 of supervision. Part of supervision should involve working with peer support workers to
32 understand, establish and protect the position and relationships they have with the team or
33 service in which they work, and support them to develop the skills they need (such as conflict
34 management or assertiveness) to continue to function as a peer support worker while also being
35 a team member.

36 Group or peer supervision is also important, as it enables peers to mutually share their learning
37 around using their experiential knowledge and problem solving, and discussing any other
38 relevant issues.

39 Detailed descriptions of the general knowledge and skills associated with supervision can be
40 found in the University College London (UCL) [supervision competence framework](#).

1 4. The competence framework

2 4.1. What is competence?

3 **Competence** is usually defined as the integration of knowledge, skills and attitudes. Peer
4 support workers need background knowledge relevant to their practice, but it is the ability to
5 draw on and apply this knowledge in different situations that marks out competence.

6 **Knowledge** helps people understand the rationale for applying their skills, so that they think
7 about how and why they are implementing them. This is critical – implementing the framework
8 and curriculum in a rote fashion and being concerned only with adherence can result in
9 ineffective practice. As such, it is important to view the framework as indicative rather than
10 prescriptive.

11 **Competence frameworks** are a collection of competences outlined for certain professional
12 groups and specific types of intervention or areas of focus. They form a link between evidence
13 and practice, and can be used to inform training, create an agenda for supervision and serve as
14 a means of self-monitoring.

15 4.2. The Peer Support Worker Competence Framework for 16 Mental Health

17 The Peer Support Worker Competence Framework for Mental Health is relevant to peer support
18 workers, their supervisors, peer coordinators, educators, trainers, team managers or
19 commissioners. The framework aims to be flexible, encompassing all skill levels from
20 foundational or core skills (common to all roles and level of experience) to more advanced
21 knowledge and abilities, with all aspects of the framework underpinned by an emphasis on the
22 value of experiential knowledge. This means that the framework is applicable to people who are
23 starting out and who may only require the core skills, to people who are ready for career
24 progression and can use the framework to identify the areas of competence they need to further
25 their professional development. In particular settings or roles, peer support workers may need to
26 focus on specific areas of competence, while – over time and with additional training – they may
27 develop further skills and abilities that will allow them to function across different settings or
28 roles.

29 The framework also recognises the variance in people's experiences, aiming to enable peer
30 support workers to function as effectively and flexibly as they need to, rather than constraining or
31 excluding them in any way. More specific skills or peer support roles in settings outside mental
32 health, such as physical health, dementia or perinatal services, may require further refinement of
33 the competence framework.

34 A number of other competence frameworks can be found on the [UCL website](#) for the delivery of
35 specific services, therapy modalities and clinical contexts. These should be referred to as and
36 when required. For instance, if a peer support worker wishes to expand their skillset in a
37 particular area, they can use these competence frameworks to identify the appropriate level of
38 training or professional development.

1 4.3. Organisation of the competence framework and map

2 The competence framework has been organised into ten domains, which sit under the
3 overarching values and principles of peer support. Taken together, these domains demonstrate
4 the knowledge and skills required of a peer support worker.

5 The **values and principles** of peer support represent the foundation that underpins the
6 implementation of the role. They therefore apply to the whole competence framework.

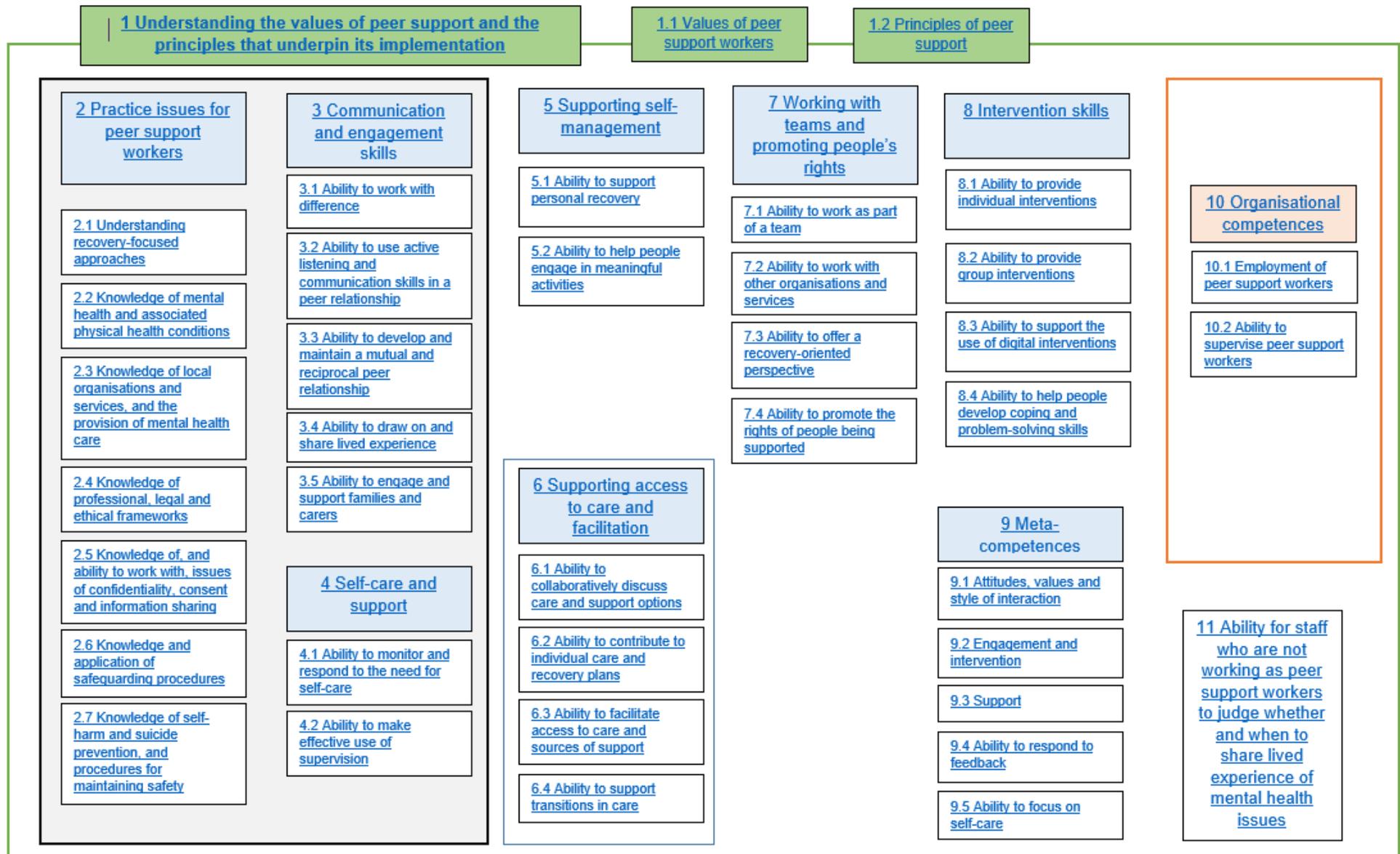
7 The other domains of the framework are:

- 8 • **practice issues** for peer support workers
- 9 • the **communication and engagement skills** needed to work with peers, mental health
10 colleagues, other services, and families and carers
- 11 • engaging in **self-care and support**, including effective use of supervision
- 12 • the skills required to **support people's self-management**
- 13 • **supporting access to care and facilitation** skills
- 14 • skills relating to **working with teams and promoting people's rights**
- 15 • skills in providing appropriate **interventions**
- 16 • **meta-competences**, which involve judgement, decision-making or self-reflection, and
17 guide the work of a peer support worker
- 18 • **organisational competences** related to how services can employ, support and supervise
19 peer support workers.

20 Each domain of the competence framework contains specific areas of knowledge and skill; the
21 boxes within the competence framework map in [Section 4.4](#) contain the relevant competence
22 statements that detail the skills and abilities required by a peer support worker to achieve
23 competence in that area. [Section 4.5](#) explains the construction and layout of the competences
24 within the framework.

25 4.4. Competence map

26 The framework headings have been arranged into a 'map' (overleaf), creating an accessible
27 visual representation of the framework's domains and sub-domains. The map illustrates the
28 progression of skills from foundational or core skills (on the left) to more specialist areas of
29 competence that require further training or development (on the right), surrounded by the
30 overarching values and principles of peer support work.



1 4.5. Layout of the competence statements

2 The competence statements are behaviourally specific, identifying what needs to be done in
3 order to carry out the activities required by peer support work. They have been kept as concise
4 as possible, and technical concepts are explained as they arise so that people do not have to
5 cross-refer to other sources.

6 The detailed lists of competences can be accessed [online](#). Most competence statements start
7 with the phrase '**An ability to...**', indicating that the focus is on the peer support worker being
8 able to carry out an action.

9 Some competences are concerned with the knowledge that a peer support worker needs in
10 order to carry out an action. In these cases you will often see the wording, '**An ability to draw
11 on knowledge...**', indicating that the focus is on the application and use of knowledge.

12 For clarity, each competence statement is set out in a box. These are indented where a fairly
13 high-level skill is introduced and needs to be broken down. In the example below, the high-level
14 skill [1] is about promoting the rights of people being supported. The indented skills that follow
15 [2 and 3] are concrete examples of what a peer support worker needs to do to achieve this:

[1] An ability to speak on a person's behalf to promote their needs, aims and rights by:
--

[2] ensuring people are involved in jointly developing their care plan
--

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

16 The indented competences make most sense if peer support workers hold in mind the high-level
17 skill that precedes them. The conceptual idea behind an action or behaviour should give peer
18 support workers a road map and reduce the likelihood that they apply techniques by rote.

1 5. The curriculum

2 The curriculum has been developed directly from the competence framework. It provides a
3 comprehensive, structured programme of learning to enhance peer support workers' knowledge.
4 It aims to guide the development of the practical skills necessary for supporting people as a peer
5 support worker.

6 The curriculum is divided into four key sections:

- 7 1. Underpinning understanding and knowledge
- 8 2. Communication and engagement skills
- 9 3. Self-care
- 10 4. Working in partnership

11 5.1. Underpinning understanding and knowledge

12 The introductory section of the Mental Health Peer Support Worker curriculum sets out eight
13 units that offer a foundational base relevant to peer support work. Working through this section,
14 people will gain an understanding of the peer support model, the rationale for peer support work,
15 and the implementation of the core principles of peer support work.

16 Section 1 units:

- 17 ● 1.1 Understanding the values of peer support and the principles that underpin its
18 implementation
- 19 ● 1.2 Understanding recovery-focused approaches
- 20 ● 1.3 Knowledge of mental health and associated physical health conditions
- 21 ● 1.4 Knowledge of local organisations and services, and the provision of mental health
22 care
- 23 ● 1.5 Knowledge of professional, legal and ethical frameworks
- 24 ● 1.6 Knowledge of, and ability to work with, issues of confidentiality, consent and
25 information sharing
- 26 ● 1.7 Knowledge of safeguarding procedures
- 27 ● 1.8 Knowledge of self-harm and suicide prevention, and procedures for maintaining safety

28 5.2. Communication and engagement skills

29 Section 2 contains five units that will enable students to gain an understanding of the knowledge
30 and skills associated with effective communication, building mutual and reciprocal peer
31 relationships, issues around drawing on and sharing their lived experience, and how families and
32 carers can be supported.

33 Section 2 units:

- 34 ● 2.1 Ability to work with difference
- 35 ● 2.2 Using active listening and communication skills in a peer relationship
- 36 ● 2.3 Developing and maintaining a mutual and reciprocal peer relationship
- 37 ● 2.4 Drawing on and sharing lived experience
- 38 ● 2.5 Ability to engage and support families and carers

1 5.3. Self-care

2 Section 3 contains two units that aim to provide peer support workers with an understanding of
3 issues related to self-care and of the role of supervision, including their part in it.

4 Section 3 units:

- 5 ● 3.1 Ability to monitor and respond to the need for self-care
- 6 ● 3.2 Ability to make effective use of supervision

7 5.4. Working in partnership

8 Section 4 contains 14 units, which cover four domains. The first aims to help peer support
9 workers gain knowledge about supporting personal recovery and helping people engage in
10 meaningful activities. The second covers working with people to consider their care and support
11 options, while the third is about the knowledge and skills relevant to peer support workers
12 working as part of a team and promoting the rights of people being supported. The final section
13 covers the knowledge and skills relevant to providing individual and group interventions.

14 Section 4 units:

- 15 ● Supporting self-management
 - 16 ○ 4.1 Ability to support personal recovery
 - 17 ○ 4.2 Ability to help people engage in meaningful activities
- 18 ● Supporting care pathways and facilitation
 - 19 ○ 4.3 Ability to collaboratively discuss care and support options
 - 20 ○ 4.4 Ability to contribute to individual care and recovery plans
 - 21 ○ 4.5 Ability to facilitate access to care and sources of support
 - 22 ○ 4.6 Ability to support transitions in care
- 23 ● Working with teams and promoting people's rights
 - 24 ○ 4.7 Ability to work as part of a team
 - 25 ○ 4.8 Ability to work with other organisations and services
 - 26 ○ 4.9 Ability to offer a recovery-oriented perspective
 - 27 ○ 4.10 Ability to promote the rights of people being supported
- 28 ● Intervention skills
 - 29 ○ 4.11 Ability to provide individual interventions
 - 30 ○ 4.12 Ability to provide group interventions
 - 31 ○ 4.13 Ability to support the use of digital interventions
 - 32 ○ 4.14 Ability to help people develop coping and problem-solving skills

6. Helpful resources

The following is a brief list of links to online helpful resources for peer support workers, their supervisors and mental health services:

- [100 Ways to Support Recovery](#) – Guide and factsheet for professionals, developed by Rethink (2013)
- [A Day in the Life of Peer Support: 'Bridging the Gap'](#) – Patient information leaflet about peer support workers, produced by Central and North West London NHS Foundation Trust (2016)
- [Advancing Mental Health Equality: Steps and Guidance on Commissioning and Delivering Equality in Mental Health Care](#) – Resource developed by the National Collaborating Centre for Mental Health (NCCMH) (2019)
- [Community Mental Health Framework for Adults and Older Adults](#) – Developed by the NCCMH, NHS England and NHS Improvement (2019)
- [Competence frameworks for the delivery of effective psychological interventions](#) – Developed by UCL
- [Competencies for the Mental Health and Addiction Service User, Consumer and Peer Workforce](#) – Developed by Te Pou o te Whakaaro Nui, a national centre for evidence-based workforce development based in New Zealand, with additional resources for commissioners and providers
- [Core Competencies for Peer Workers in Behavioural Health Services](#) – Developed by the Substance Abuse and Mental Health Services Administration in the US Department of Health and Human Services (2018)
- [Developing Peer Support in the Community: A Toolkit](#) – from Mind (2017)
- [Equality Act 2010](#)
- [Experts by Experience: Guidelines to support the development of Peer Worker roles in the mental health sector](#) – Scottish Recovery Network (2011)
- [Guidelines for the Practice and Training of Peer Support](#) – Developed by the Mental Health Commission of Canada
- [How to Develop Peer Support within Liaison and Diversion Services](#) – Developed by the Revolving Doors Agency, in partnership with NHS England
- [Individual Placement Support Competence Framework](#) – Developed by the NCCMH and UCL (2019)
- [Liaison and Diversion Service Career and Competence Framework](#) – Developed by Skills for Health and Health Education England (2018)
- [Mental Capacity Act 2005](#)
- [Mental Capacity Act 2005: Code of Practice](#)
- [Mental Health Act 1983](#)
- [Mental Health Act 1983: Code of Practice](#) (2015)
- [Mental Health Act 2007](#)
- [Mental Health Peer Support in England: Piecing Together the Jigsaw](#) – A report from Mind on the state of peer support in England (2013)
- [Peer Support Workers: A practical guide to implementation](#) – from ImROC (2013)
- [Peer Support Workers: Theory and Practice](#) – from ImROC (2013)
- [Peer Support: Research and Reports](#) – List of resources from Mental Health America
- [Peer support resources](#) – from Nesta, an independent UK charity

- 1 • [Peer support resources](#) – from Together for Mental Wellbeing
- 2 • [Perinatal Peer Support Principles](#) – developed by the Maternal Mental Health Alliance,
3 Mind and the McPin foundation
- 4 • [Self-harm and Suicide Prevention Competence Framework](#) – Developed by the NCCMH
5 and UCL (2018)
- 6 • [Working Well Together: Evidence and Tools to Enable Co-production in Mental Health
7 Commissioning](#) – Developed by the NCCMH (2019)

CONFIDENTIAL DRAFT

1 7. Source material

- 2 • Fairburn CG, Patel V. The impact of digital technology on psychological treatments and
3 their dissemination. *Behaviour Research and Therapy*. 2017; 88:19-25.
- 4 • Gillard S, Foster R, Gibson S, Goldsmith L, Marks J, White S. Describing a principles-
5 based approach to developing and evaluating peer worker roles as peer support moves
6 into mainstream mental health services. *Mental Health and Social Inclusion*. 2017;
7 21:133–43.
- 8 • Health Education England. *Care Navigation: A Competency Framework*. London: Health
9 Education England; 2016.
- 10 • Jacobson N, Trojanowski L, Dewa C. What do peer support workers do? A job
11 description. *BMC Health Services Research*. 2012;12:205.
- 12 • Nancarrow SA, Booth A, Ariss S, Smith T, Enderby P, Roots A. Ten principles of good
13 interdisciplinary team work. *Human Resources for Health*. 2013; 11:19.
- 14 • NCCMH. *Effective, Safe, Compassionate and Sustainable Staffing (ESCaSS) for Mental
15 Health Care: Guidance*. London: NCCMH; unpublished.
- 16 • NCCMH. *Individual Placement Support: Competence Framework and Curriculum: Guide*.
17 London: NCCMH, IPS Grow; 2019. Available from [www.rcpsych.ac.uk/improving-](http://www.rcpsych.ac.uk/improving-care/nccmh/other-work/ips)
18 [care/nccmh/other-work/ips](http://www.rcpsych.ac.uk/improving-care/nccmh/other-work/ips)
- 19 • NCCMH. *Self-harm and Suicide Prevention Competence Framework: Community and
20 Public Health*. London: NCCMH, UCL; 2018. Available from:
21 [www.rcpsych.ac.uk/improving-care/nccmh/other-work/self-harm-and-suicide-prevention-](http://www.rcpsych.ac.uk/improving-care/nccmh/other-work/self-harm-and-suicide-prevention-competence-frameworks)
22 [competence-frameworks](http://www.rcpsych.ac.uk/improving-care/nccmh/other-work/self-harm-and-suicide-prevention-competence-frameworks)
- 23 • NHS Employers. *Knowledge and Skills Framework*. Available from:
24 <https://www.nhsemployers.org/SimplifiedKSF>
- 25 • Repper J. *Peer Support Workers: A Practical Guide to Implementation*. London:
26 *Implementing Recovery Through Organisational Change*; Centre for Mental Health; NHS
27 Confederation's Mental Health Network; 2013.
- 28 • Repper J. *Peer Support Workers: Theory and Practice*. London: *Implementing Recovery
29 Through Organisational Change*; Centre for Mental Health; NHS Confederation's Mental
30 Health Network; 2013.
- 31 • Repper J, Perkins R. Recovery and social inclusion. In: *Mental Health Nursing Skills*.
32 Oxford: Oxford University Press; 2009, pp. 85–95.
- 33 • Scottish Recovery Network. *Experts by Experience: Guidelines to Support the
34 Development of Worker Roles in the Mental Health Sector*. Glasgow: Scottish Recovery
35 Network; 2011.
- 36 • Shepherd G, Boardman J, Slade M. *Making Recovery a Reality*. London: Sainsbury
37 Centre for Mental Health; 2008.
- 38 • Skills for Health. *Mental Health Core Skills Education and Training Framework*. Available
39 from: www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework
- 40 • Slade, M. *100 Ways to Support Recovery*, second edition. London: Rethink Mental
41 Illness; 2013.
- 42 • Sunderland K, Mishkin W, Peer Leadership Group Mental Health Commission of
43 Canada. *Guidelines for the Practice and Training of Peer Support*. Calgary: Mental
44 Health Commission of Canada; 2013.

- 1 • The Scottish Government. Guidance on the Principles for Planning and Delivering
2 Integrated Health and Social Care. Edinburgh: The Scottish Government; 2014.
- 3 • UCL Centre for Outcomes Research. Competence Frameworks for the Delivery of
4 Effective Psychological Interventions. Available from:
5 [www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-
7 groups/core/competence-frameworks](http://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-
6 groups/core/competence-frameworks)
- 8 • UCL Centre for Outcomes Research. Supervision of Psychological Therapies. Available
9 from: [www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-
11 groups/core/competence-frameworks-8](http://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-
10 groups/core/competence-frameworks-8)
- 12 • Watson E, Meddings S. Peer Support in Mental Health. England: Red Globe Press;
13 2019.
- 14 • Webber M, Fendt-Newlin M. A review of social participation interventions for people with
15 mental health problems. Social Psychiatry and Psychiatric Epidemiology. 2017;52:369–
16 80.
- 17 • World Health Organisation. Providing Individualised Peer Support in Mental Health and
Related Areas – WHO Quality Rights Training to Act, Unite and Empower for Mental
Health. Geneva: World Health Organisation; 2017.

CONFIDENTIAL DRAFT

1 References

- 2 1 Lloyd-Evans B, Mayo-Wilson E, Harrison B, Istead H, Brown E, Pilling S, et al. A systematic review
3 and meta-analysis of randomised controlled trials of peer support for people with severe mental
4 illness. *BMC Psychiatry*. 2014;14:39.
- 5 2 Johnson S, Lamb D, Marston L, Osborn D, Mason O, Henderson C, et al. Peer-supported self-
6 management for people discharged from a mental health crisis team: a randomised controlled trial.
7 *Lancet (London, England)*. 2018;392:409–18.
- 8 3 Jacobson N, Trojanowski L, Dewa C. What do peer support workers do? a job description. *BMC*
9 *Health Services Research*. 2012;12:205.
- 10 4 Scottish Recovery Network. *Experts by Experience: Guidelines to Support the Development of*
11 *Worker Roles in the Mental Health Sector*. Glasgow: Scottish Recovery Network; 2011.
- 12 5 Hendry P, Hill T, Rosenthal H. *Peer Services Toolkit: A Guide to Advancing and Implementing Peer-*
13 *Run Behavioural Health Services*. United States of America: The College for Behavioural Health
14 Leadership; Optum; 2014.
- 15 6 Watson E. The mechanisms underpinning peer support: a literature review. *Journal of Mental Health*.
16 2017;Early Online:1–12.
- 17 7 Repper J. *Peer Support Workers: Theory and Practice*. London: Implementing Recovery Through
18 Organisational Change; Centre for Mental Health; NHS Confederation's Mental Health Network; 2013.
- 19 8 Revolving Doors Agency. *How to Develop Peer Support within Liaison and Diversion Services*.
20 London: Revolving Doors Agency; 2019.
- 21 9 Mead S, Hilton D, Curtis L. Peer support: a theoretical perspective. *Psychiatric Rehabilitation Journal*.
22 2001;25:134–41.
- 23 10 Davidson L, Bellamy C, Guy K, Miller R. Peer support among persons with severe mental illnesses: a
24 review of evidence and experience. *World Psychiatry*. 2012;11:123–8.
- 25 11 Sunderland K, Mishkin W, Peer Leadership Group, Mental Health Commission of Canada. *Guidelines*
26 *for the Practice and Training of Peer Support*. Calgary: Mental Health Commission of Canada; 2013.
- 27 12 World Health Organisation. *Providing Individualised Peer Support in Mental Health and Related Areas*
28 *- WHO Quality Rights Training to Act, Unite and Empower for Mental Health*. Geneva: World Health
29 Organisation; 2017.
- 30 13 Gillard S, Foster R, Gibson S, Goldsmith L, Marks J, White S. Describing a principles-based approach
31 to developing and evaluating peer worker roles as peer support moves into mainstream mental health
32 services. *Mental Health and Social Inclusion*. 2017;21:133–43.
- 33 14 Andresen R, Oades L, Caputi P. The experience of recovery from schizophrenia: towards an
34 empirically validated stage model. *Australian and New Zealand Journal of Psychiatry*. 2003;37:586–
35 94.
- 36 15 Repper J, Perkins R. Recovery and social inclusion. In: *Mental Health Nursing Skills*. Oxford: Oxford
37 University Press; 2009, pp. 85–95.
- 38 16 Shepherd G, Boardman J, Slade M. *Making Recovery a Reality*. London: Sainsbury Centre for Mental
39 Health; 2008.
- 40 17 Slade M. *100 Ways to Support Recovery*, 2nd Edition. London: Rethink Mental Illness; 2013.

- 1 18 Le Boutillier C, Chevalier A, Lawrence V, Leamy M, Bird VJ, Macpherson R, et al. Staff understanding
2 of recovery-orientated mental health practice: a systematic review and narrative synthesis.
3 Implementation Science. 2015;10:87.
- 4 19 Repper J, Carter T. A review of the literature on peer support in mental health services. Journal of
5 Mental Health. 2011;20:392–411.
- 6 20 Gould D. Service Users' Experiences of Recovery Under the 2008 Care Programme Approach.
7 London: National Survivor User Network, Mental Health Foundation; 2012.
- 8 21 Repper J. Peer Support Workers: A Practical Guide to Implementation. London: Implementing
9 Recovery Through Organisational Change; Centre for Mental Health; NHS Confederation's Mental
10 Health Network; 2013.
- 11 22 Machin K, Newbigging K. Advocacy - a Stepping Stone to Recovery. London: Centre for Mental
12 Health and Mental Health Network, NHS Confederation; 2016.
- 13 23 Ibrahim N, Thompson D, Nixdorf R, Kalha J, Mpango R, Moran G, et al. A systematic review of
14 influences on implementation of peer support work for adults with mental health problems. Social
15 Psychiatry and Psychiatric Epidemiology. 2019. doi:10.1007/s00127-019-01739-1.
- 16 24 Burr C, Rother K, Elhilali, L, Winter A, Weidling K, Kozel B, et al. Peer support in switzerland - results
17 from the first national survey. International Journal of Mental Health Nursing. 2019. doi:doi:
18 10.1111/inm.12665.
- 19 25 Ley A, Roberts G, Willis D. How to support peer support: evaluating the first steps in a healthcare
20 community. Journal of Public Mental Health. 2010;9:16–25.

21

CONFIDENTIAL DRAFT

1 Members of the Expert Reference Group

2 How this framework was developed

3 The NCCMH was commissioned by UCL
4 Partners and Health Education England
5 (HEE), and collaborated with Care City and
6 PPL, to develop a competence framework
7 and curriculum for peer support workers in
8 mental health.

9 The framework was co-produced with an
10 expert reference group (ERG) made up of
11 people who have lived experience of being a
12 peer support worker across various roles
13 and settings, including researchers, trainers,
14 practitioners and experts by experience.
15 This ensured that the framework was
16 proactively guided by expert opinion.

17 The framework was developed from existing
18 literature on peer support and competence
19 frameworks for mental health staff (see
20 [Section 7](#)), and further guided by the expert
21 opinion and experiential knowledge of the
22 ERG.

23 The NCCMH also worked with HEE's New
24 Roles in Mental Health Implementation
25 Group for Peer Support Workers as part of
26 the national programme to develop and
27 expand new roles to support the mental
28 health workforce.

29 Members of the ERG

30 Sarah Carr
31 Stephanie de la Haye
32 Mick Finnegan
33 Corinne Hendy
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56 Coordinator, UCLPartners

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59 John Craig, Chief Executive, Care City

60 Rebecca Graham, Director of HR and
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63 Development Lead, PPL

64 Alex Lloyd, Project Lead, UCLPartners

65 Julia Prudhoe, Project Lead, Care City

66 Iyoni Ranasinghe, Senior Consultant, PPL

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68 Health Education England

69 Sue Hatton, New Roles Senior Project Lead,
70 National Mental Health Programme

71 Sarah Mahoney, Mental Health Workforce
72 Specialist – National Mental Health Team

- 1 Natalie Moyanah, Mental Health
- 2 Apprenticeships and New Role
- 3 Implementation Lead (London)
- 4 **Health Education England**
- 5 **New Roles Implementation**
- 6 **Group: Peer Support Workers**
- 7 Jacqui Dyer MBE, Chair of HEE's Diversity
- 8 and Inclusion Mental Health Programme
- 9 Board Subgroup; Mental Health Equalities
- 10 Advisor, NHS England; Mental Health
- 11 Equalities Champion, Department for Health
- 12 and Social Care
- 13 Phil Hough, co-Chair of the New Roles in
- 14 Mental Health Implementation Group: Peer
- 15 Support Worker; Carer
- 16 Simon Hough, co-Chair of the New Roles in
- 17 Mental Health Implementation Group: Peer
- 18 Support Worker; Peer Support Worker,
- 19 Cheshire and Wirral Partnership NHS
- 20 Foundation Trust
- 21 Sarah Hughes, co-Chair of the New Roles in
- 22 Mental Health Implementation Group: Peer
- 23 Support Worker; Chief Executive, Centre for
- 24 Mental Health

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1 HEE's New Roles in Mental Health Implementation 2 Group for Peer Support Workers

3 Background

4 This work was developed as part of HEE's New Roles in Mental Health Implementation Group
5 for Peer Support Workers, which sits within the national mental health programme. The eight
6 New Roles in Mental Health Implementation groups have been working to deliver on the
7 recommendations and priorities agreed in March 2019 by the Mental Health Programme Board.
8 These have been designed to enable a national approach to introduce or develop these roles in
9 mental health settings at pace and scale.

10 The peer support worker group is one of the eight groups that regularly reports to the Mental
11 Health Workforce Delivery Group.

12 The eight groups cover:

- 13 • [registered mental health nurses](#)
- 14 • [nursing associates](#)
- 15 • [physician associates in mental health](#)
- 16 • [mental health social workers](#)
- 17 • [allied health professionals](#)
- 18 • [pharmacy and pharmacy technicians](#)
- 19 • [peer support workers](#)
- 20 • [psychological professions](#).

21 Some of these groups are looking at new roles, such as nursing associates and some of these
22 are roles that can be extended and upskilled to meet changing need, for example allied health
23 practitioners. Each role has a dedicated web page (see the links above) with key information,
24 downloadable products and links to other resources.

25 There is also a national chairs group which is a subgroup of the HEE Mental Health Programme
26 Board, responsible for shaping the delivery plan and reviewing priority projects. Professor Dame
27 Sue Bailey chairs this group to provide support, oversight and act as an advocate for this
28 programme of work.

29 HEE and their partners are developing a suite of resources to help services plan for, recruit,
30 retain and develop staff in these key roles. These resources include:

- 31 • competence and career frameworks
- 32 • good practice guidance and thought pieces
- 33 • case studies and examples of how these roles are already transforming services
- 34 • e-learning modules
- 35 • face to face conferences and workshops to introduce these new products and share
36 learning and good practice
- 37 • promotional videos and other digital assets.

38

1 **Developed by:**

- 2 ● National Collaborating Centre for Mental Health
- 3 ● UCLPartners
- 4 ● Care City
- 5 ● Health Education England
- 6 ● PPL

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28 **Authorship Statement**

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

33

34

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36 Peer Support Worker Competence Framework for Mental Health

37 *February 2020 (consultation period)*