Derbyshire Healthcare
Peer Support Worker Toolkit

Derbyshire Healthcare
NHS Foundation Trust

Name:	
Role:	
Team:	
Start Date:	
Supervisor:	

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Introduction

This booklet has been created to support new peer support workers in their roles.

Peer support workers were introduced to our trust in 2016 and continue to provide a unique and highly valued perspective to our services. They use their lived experience to inspire hope for recovery and compliment clinical approaches to mental wellbeing improvement.

This booklet was created in partnership with Derbyshire, Staffordshire and Nottinghamshire Healthcare colleagues to help new starters in their journey of becoming a peer within the NHS.

It includes information that existing peer support workers and their supervisors feel would be helpful for those new to the role and there is a variety of information for you to read through and complete both individually and with your supervisor at a time to suit you.

So what is Peer Support?

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

'Peer support is an emotional support, frequently coupled with instrumental support, which is mutually offered or provided by persons having a mental health condition to others sharing a similar mental health condition to bring about a desired social or personal change' (Gartner and Riessman, 1982).

How the role of Peer Support Worker could operate within your Team:

- Supporting individuals to create goals in their recovery journey.
- Helping them to identify and overcome obstacles.
- Aiding them to create an action plan which prepares them to meet their goals.
- Using your lived experience to inspire and guide.

The Peer Principle

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

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

"We've been there, done that, got the T shirt" which, to most of us, explains it all." (Highland Users Group, 2008)

How will you use empathy to support an individual within your role?

- To assist the clients to know I have been in their position and understand
- To use lived experience to explain what helped me in their position.

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

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

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

"Peer support is not like clinical support, nor is it just about being friends. Unlike clinical help, peer support helps people to understand each other because they've 'been there' shared similar experiences and can model for each other a willingness to learn and grow. In peer support people come together with the intention of changing unhelpful patterns, getting out of "stuck" places and building relationships that are respectful, mutually responsible, and potentially mutually transforming."
(Mead and MacNeil, 2003)

What do you think are some of the challenges of being a Peer Support Worker?

- Helping clients to identify their motivations for recovery
- Supporting clients to realise their goals and how to reach them
- Working with clients with mental health difficulties that I am less familiar with

Supervision - What is supervision?

Supervision within the role will take place in a variety of ways; this will be in the form of individual supervision with an allocated supervisor and peer supervision that will be facilitated on a group basis, with other peer support workers. Individual supervision will be facilitated on a monthly basis and peer supervision will take place on a weekly basis.

Individual supervision is the process in which a peer support worker meets with a supervisor within the team on a face-to-face basis each month, for the purpose of reflecting on their practice, developing their skills and confidence in their work and supporting individual wellness. The relationship between supervisor and supervisee is a supportive and robust one that enables the supervisee to grow, learn and develop through reflection, learning and development prompted by the supervisor, within a safe space.

Supervision is about creating space for reflection on work practice, and gaining feedback, development and guidance on your practice. Effective supervision contributes to increased skills, knowledge and resilience, and to increased job engagement, decreased turnover and burnout. Ultimately, effective supervision helps to ensure that the people served by peer support services get the best quality of service possible.

How can you benefit from supervision?

Supervision can help you to:

- Identify and acknowledge strengths in your practice.
- Identify gaps in your knowledge and skills, and seek strategies to address them.
- Work through ethical dilemmas to identify the best course of action in particular client situations.
- Ensure your practice is safe – for you and for your clients.
- Better understand the environment that you practice within –organisational, legislative and socio-cultural.
- Maintain an awareness of your own health and take steps to address concerns if needed.

Who is your supervisor? How often will your supervision take place?

Who are your peers? How often will your peer supervision take place?

Wellness in the role

It is important to be mindful of your own mental health whilst in work which will enable us to be able to support people through their own recovery. Work your way's mission is to support people into paid employment, so that they can lead fulfilling and happy lives – but… we also want to support each other as best we can to promote good mental health within the team.

You may have a good idea of your own wellness tools and you may also want to look at this in private, rather than with somebody else however, it is a good idea to have an understanding of what tools support you in feeling well when at work and at home.

Wellness Action Plans also referred to as WAP plans were inspired by Mary Ellen Copeland's Wellness Recovery Action Plan® (WRAP®): an evidence-based system used worldwide by people to manage their mental health. The WAPs are a personalised, practical tool we can all use – whether we have a mental health problem or not – to help us identify what keeps us well at work, what causes us to become unwell, and how to address a mental health problem at work should you be experiencing one.

It also opens up a dialogue with your manager or supervisor, in order for them to better understand your needs and experiences and ultimately better support your mental health, which in turn leads to greater productivity, better performance and increased job satisfaction. We all have mental and physical health needs, and this WAP has been designed to support us all to manage our health and wellbeing.

WAPs are also particularly helpful during the return to work process if you have been off work for any extended period, as they provide a structure for conversations around what support will help you and what reasonable adjustments might be useful to discuss and consider with your manager.

What should your WAP cover?

- Approaches you will take and behaviours you can adopt to support your wellbeing.
- Any workplace triggers for stress or poor wellbeing.
- Actions and positive steps you and your manager will take if you are experiencing stress or poor mental health.
- What support you might need from your line manager to ensure good wellbeing.
- An agreed time to review the WAP and any support measures that have been put in place to see if they're working.
- Anything else that you feel would be useful in supporting your mental and physical health and wellbeing.
- Early warning signs of poor mental health that your manager or supervisor can look out for.

Your WAP is not legally binding, but is intended as an agreement between you and your manager in order to promote your wellbeing including any adjustments you may wish to discuss.

Embed Wellness Action Plan	 Wellness Action Plan 2017.pdf

The eight core principles of peer support

These principles describe the core philosophy and values of peer support. It will help to keep developing your understanding of these as you progress in the role.

Mutual A relationship based on shared experience, empathy, authenticity and respect	**The experience of peers who give and gain support can never be identical. However, peer workers in mental health settings share some of the experiences of the people they work with. They have an understanding of the experience of mental health challenges, the meaning of being defined as a 'mental patient' in our society and the confusion, loneliness, fear, helplessness and hopelessness that can ensue.**
Reciprocal All contribute to and gain from the relationship in a shared process of problem solving	Traditional relationships between mental health professionals and the people they support are founded on the assumption of an expert (professional) and a non-expert (patient/client). Mental health professionals define the reality of those whom they serve within a range of different theories; this obviates the possibility of reciprocity. Peer relationships involve no claims to such special expertise but involve a sharing and exploration of different world views and the generation of solutions together.
Non-directive Within a peer relationship one person does not prescribe what is "good for" the other	Because of their claims to special knowledge, mental health professionals prescribe the 'best' course of action for those whom they serve. Peer support is not about introducing another set of experts who offer prescriptions based on their own experience - 'you should try this because it worked for me'. Instead, they help people to recognise their own resources and seek their own solutions
Recovery focused The relationship focuses on helping people to grow within and beyond what has happened	Peer support engages in Recovery focused relationships by • Inspiring **HOPE.** Peers embody Recovery and offer images of possibility. They are in a position to say 'I know you can do it' and generate personal belief, energy and commitment with the person they are supporting. • Sharing practical strategies and techniques to manage personal challenges and so help the person they are supporting to take back **CONTROL** of their personal challenges and define their own destiny. • Facilitating access to **OPPORTUNITIES** that the person values and enabling them to participate in roles, relationships and activities in the communities of their choice.

Strengths based It recognises people's courage, strengths and skills and how they can use these to pursue their dreams	Peer support involves a relationship that is not afraid of extreme emotions (whether these are of anger, despair, fear …) and is about being with someone in their distress. But it is also about seeing within that distress the seeds of possibility and creating a fertile ground in which the person can grow. It explores what a person has gained from their experience, seeks out qualities and assets, identifies hidden achievements and celebrates what seem like the smallest steps forward.
Inclusive Peers help people engage with and contribute to their communities	Being a 'peer' is not just about having mental health challenges but understanding the meaning of such experiences within the communities of which the person is a part. This can be critical among those who feel marginalised and misunderstood by traditional services[1]. Someone who knows the language, values and nuances of those communities has an understanding of the resources and possibilities within those communities. This equips them to help others become a valued member of their community.
Progressive A shared journey of learning and growing together	Peer support is not a static friendship but progressive mutual support in a shared journey of discovery; not just a buddy but a travelling companion with both learning new skills, developing new resources and reframing challenges as opportunities for finding new solutions.
Safe Feeling able to express ourselves freely in a supportive relationship, where everyone feels safe	Supportive peer relationships involve the negotiation of what safety means to both parties in terms of emotional safety. This can be achieved by discovering what makes each other feel unsafe, sharing rules of confidentiality, demonstrating compassion, authenticity and a non-judgemental attitude and acknowledging that neither of you have all the answers.

[1] Davidson et al, 2012; Faulkner and Kalathil, 2012; Mental Health Foundation, 2012

CASE STUDY: BEING A PEER SUPPORT WORKER

In 2019, as I was approaching the end of my discharge from the Early Intervention Service (EIS), I began to form the idea that perhaps through peer support, I could share my own story of psychosis and my journey to recovery to help others feel less alone.

I was filled with many doubts, '*Would I be good enough? What if no one wants peer support? What if no one finds it useful? Will it be too distressing for me to hear other people's stories?*'

However, from the moment that I put my idea forward for volunteering my time to offer peer support, I have had nothing but complete support from the EIS team. My care co-ordinator at the time was very encouraging and quickly helped set up a meeting so I could put forward my ideas to other members of the team. Despite feeling quite nervous about meeting everyone, I was made to feel very welcome. I felt that I was listened to and that my personal experience of psychosis was valued. It was so encouraging to receive such positive feedback and enthusiasm from the team. This positive response really helped to raise my confidence and belief in my ability to help develop an exciting new volunteer peer support service which would make a positive difference to those affected by psychosis.

After my discharge from EIS, I was allocated a supervisor to support me on my peer support journey. I was also promptly placed on the NHS induction training course which enabled me to begin volunteering as soon as possible. My first peer support session alongside the service user's care co-ordinator and went really well. I was very happy to hear that the service user as well as their care co-ordinator had found it helpful. I went on to do 11 more face to face peer support sessions over the next few months. It was really exciting to see this new service develop and to even have another peer support volunteer join the team.

Unfortunately, just as peer support began to really take off, this new service was put on hold by the pandemic. However, myself and Chris were still supported through online team meetings with our supervisors to find alternative ways to offer peer support safely. This included doing online sessions with service users and carers groups as well as creating a recovery booklet to share our personal stories of psychosis and recovery with others.

The wonderful supervision received throughout has been crucial in the success of developing the peer support service. Regular supervision has given me the opportunity to discuss how peer support is going, to reflect on the experience and to find ways to improve the service.

Supervision has also been key in ensuring that my own mental health and wellbeing needs are been met when offering peer support. For example, I was encouraged to complete an 'Employees Wellbeing Plan' with my supervisor. This plan outlined things such as; ensuring that I always have the opportunity after a peer support session to have a debrief with the care co-ordinator to allow time for reflection and to discuss any issues raised. This has been extremely helpful and has made me feel very supported throughout my peer support journey.

As well as great supervision, I have also really appreciated being made to feel like part of the EIS team. I have been invited to attend staff meetings, staff training and encouraged to complete additional training including the 'Mental Health First Aid' course to develop my skills further. I was also very touched to receive a card and gift from the team last Christmas to show their appreciation for the work I'd put into peer support.

Overall, the process of helping to develop the new EIS peer support service has been really positive and extremely rewarding. Since the easing of restrictions, we are now able to continue offering socially distanced face to face peer support alongside online sessions and we are beginning to see the number of referrals increase. I feel very hopeful and excited about the future of peer support within EIS and the positive impact it will have for those recovering from psychosis.

Amanda, Peer Support Worker, Derbyshire Healthcare Foundation Trust.

A letter from a peer support worker, to a peer support worker

Dear newly appointed peer support worker,

I have pulled together some words which will hopefully make sense to you as you gain experience and progress on your journey.
This document provides reflective experiences of working as a Peer Support Worker within the NHS. The aim of this letter is to show insight, offer guidance, structure and other supportive materials.

The important thing to recognise before anything else is that you have earnt your place in the team and there are good reasons for your successful application. You would not have been offered work with the NHS if you were not identified as having a strong willingness to work, learn, adapt and show compassion. Everybody in the team plays a key part in supporting clients to reap the benefits of progression, goal setting, recovery and ultimately being happy. Seeing your clients happy and working well with them provides a mutually beneficial, working professional relationship.

Another important note - don't take my word for everything. I am only one person with one bunch of opinions. I would encourage you to learn from your own experiences and make your own calls and judgments on the services that are around us. I'm a believer of strength in numbers and two brains being better than one. If in doubt, get more opinions and don't be afraid to communicate with your team. Your team is your safety net, along with your other self-care practises (which we will come on to later) and as a team you will support each other.

And finally, as part of this introduction, I would like to congratulate you on being appointed as a Peer Support Worker. I have no doubt that your journey will be a great one. I hope you find this letter useful and I hope it inspires you to create your own handover for the next PSW. Even if you only find a small part of it useful, then it will have done its job.

Learning the ropes

On the first day of working as a PSW you may, like I did, feel slightly nervous or anxious. Please be assured that this is perfectly normal in any line of work and I was assured that there is absolutely no rush to know how everything works from the get go. It's all about gradual learning.
You will most likely be introduced to a lot of new faces and may have an induction event to attend. Here you will learn about the Trust and hear from key members of staff and ask any questions you may have.
In the initial week to two-week period of starting you will also be given access to a computer. Once you have your username and login you will be set up with a system called MyESR (Electronic Staff Record). This is where you will spend quite a bit of time to begin with completing mandatory training such as safeguarding, fire safety, manual handling etc. as well as any other topics relevant to your role.

Working with clients

You will gradually be introduced to people who you will work with as a PSW. These may be referred to as patients, clients, service users, individuals and people. Please check with your team to ensure you use the correct terminology.

Your caseload will grow in conjunction with your time at the Trust, the aim is for you to have enough clients to keep you busy but not so many as to overwhelm or not have the time for. At the time of writing, I'm unsure of hours of work so I can't give exact numbers for clients on caseload as this will be relative. I will mention that peer support is recommended to last for

6-8 weeks however, this is flexible. After around 6-8 weeks time a review will be carried out to check progress and see whether peer support can continue for a week or two, or whether the client is ready to be discharged from your service.

Peer support work with clients includes identifying supporting them to progress towards their own personalised goals and overcome any challenges and barriers along the way. Everybody has different goals and although people may have similar experiences or the same diagnosis, everybody's experiences are different. The aim of the PSW is to provide hope and inspiration; the way this is achieved is through the expert by experiences of the PSW. As a PSW we are certainly not experts in mental health and we are not clinically trained however, we are experts on our own lived experiences.

Once you have been introduced to a client and start working together you will meet on a one-to-one basis in the community, so at places like coffee shops, libraries, parks or publicly accessibly buildings or areas are ideal. As you progress and build a rapport with clients you may want to support them to attend other organisations activities and go along with them initially. For example, support groups, craft sessions, organised walks and leisure activities. These are just suggestions and you will develop your own ideas and resources.

Looking after yourself

To continue on from "Working with clients", it makes sense to firstly mention that, although it is easier said than done, please do not get disheartened if working with a client doesn't work out or go as you were expecting it to. Clients may become unwell, clients may not engage fully, things will happen that are out of your control and this is not unusual. As long as you are doing your best that's all that matters. If a client cancels an appointment don't take it personally as chances are it isn't a personal issue. Also be kind to yourself. A popular technique to combat self-doubt or self-criticism, is to talk to yourself in your head in the same way that you would talk to your best friend. You probably wouldn't talk to those who you care about in a way that would do to yourself, so to improve wellbeing it's worth at least thinking about and trying to change the way we think of ourselves.

I would also recommend you practise self-care to the best of your ability. By this I mean, look after yourself outside of work as well as at work. Think about what you really enjoy doing – if you have a hobby already, make sure you make time to carry on doing it. Other self-care activities can include things such as illustration or artistic creativity, exercising such as walking, reading/writing, whatever it is that keeps your wellbeing positive, keep doing it. When working alone, it's important to have lone working precautions set up. One of the key safety measures of working alone (or working one to one) is to both keep your digital diary up to date and update your colleagues via email, Teams or group message. Ask your supervisor what the best way is to keep in touch when working alone.

Team meetings

Most team meetings are weekly and offer a time and space to discuss everything as a team. Caseloads will be monitored here and new referrals will be allocated here too. Any team developments, issues, concerns, good news and pretty much anything work related can be discussed. Again, it's an environment which is comfortable and supportive and any needs that you have can be brought to the table.

Technology and organisation

It's a really good idea to get used to working with Outlook as soon as possible. Outlook is your work email programme, it has a calendar/diary and is the best way to stay organised. Different team members will invite you, or you can invite them, to appointments on Outlook. You can also log your own appointments or meetings there for your own viewing and it is a generally easy to use piece of software. Once you have your

mobile phone set up it's also handy to get the Outook app and link your work email onto your work phone. This way you can access emails when out and about and you get reminders of events on your phone.
Other software you will be using includes a program called SystmOne and once you have started your role you will have training on how to navigate it. SystmOne is used for logging clinical notes and progress on work you have been doing with clients. You will also be issued with a Smartcard that is used as both a form of identification and also to log into certain programmes. It's best to keep this somewhere safe, most tend to theirs behind their NHS ID in their lanyards.

There's a lot to be said about websites you will find useful, some include: The NHS homepage for updates, in your favourites tab you will already have other NHS websites such as ESR and ESRE, you will learn about these as you go along. They are tools to log expenses such as mileage etc and check payslips. Again, you will accumulate websites that you find useful.

So that should give you a good idea of what to expect when you first get going. The role of a PSW is exciting and there's always more to learn so you'll be topping up your knowledge base all of the time.

All the best for your new role!

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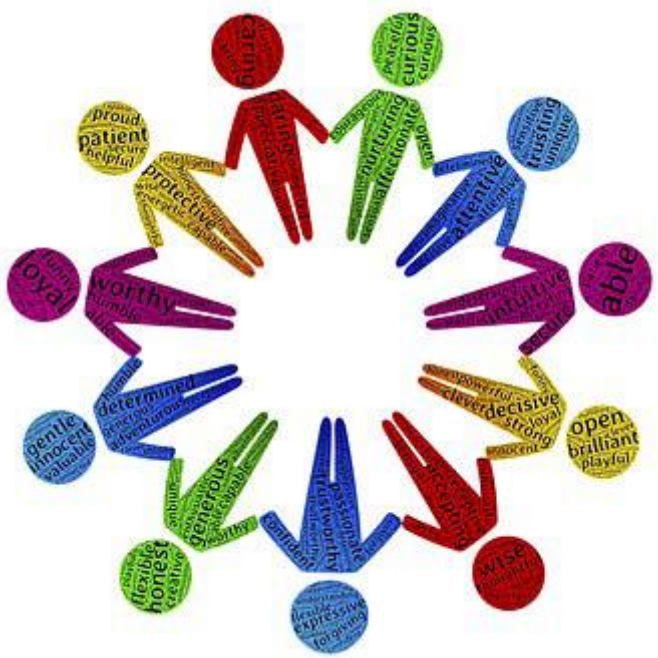

First meetings

Here are some tips to help break the ice the first time you meet somebody that you're supporting.

Introduce yourself and peer support - It might be that you have already met the person or spoken over the phone about peer support. Your first visit is an opportunity to expand on what they already know about peer support. Peer support workers have different ways of introducing themselves and peer support. How you do this might depend on how much you feel comfortable sharing about your own lived experience and how helpful you feel this would be. Some peer workers speak broadly about peer support, by saying that all peer workers have their own lived experience or have used mental health services and our role is to work as equals as we don't have any clinical expertise and will not direct people on how their recovery should look.

Take things slowly – although you might have explained that you have your own lived experience, this doesn't have to be the focus of your first meetings together. You can allow the conversation to flow in a way that helps you to get to know each other. There is no need to rush to get to talking about the 'problem'.

While they might want to do this, some people are more nervous, and it can take a while to built up a rapport and trust. There is also no need to establish clear 'goals' at the first meeting either. It may be enough for them to meet you and make another appointment to do this. Prioritise taking your time getting to know each other depending on the pace that you sense would work for the person.

Set some gentle boundaries – whilst you should try to be mindful and tactful during conversations about what you can't do within your role, it is still a good idea to share some of the boundaries you work within. For example, you can share your working hours, and let people know that you won't be able to answer your phone outside of these times. You could also say that sometimes you will miss calls if they try and ring you but that you will always try and call back when you can. If there are limits within your service about the length of time you're able to offer support to somebody for, you should share this with the person so that they can plan how to use the time you have together and so the ending doesn't come as a shock to them.

When to wrap things up – you might pick up on cues that the person you're with has had enough of talking. If you feel that the person is particularly nervous, you could ask them how long they would like you to stay for and make an agreement that you will leave at a certain time. This might help them to feel more in control. If you have to leave by a certain time, it's helpful to say that at the beginning of your meeting too, in case you lose track of time. Before you go, don't forget to ask them if they would like to make another appointment. You can remind them that there is no pressure for them to continue seeing you so that they know it's their choice. You could also ask them how they would prefer you to contact them if you need to between visits, as some people prefer texts and others phone calls.

Continuing to build peer support

As the time you spend together continues, you might begin to think about the kinds of activities that you could do together. Of course, you will be led by the preferences of the person you're supporting, or by any goals they have set for themselves. This is the beauty of peer support and what makes our roles so varied in what we can do with people.

If the person you're supporting doesn't have any ideas of things they would like to do, you could ask if they would be interested in some of the following activities that are popular within peer support relationships:

- Visiting a coffee shop or art gallery
- Going for a walk around a nature reserve or park
- Visiting the library
- Supporting them in a hobby they'd like to pursue, e.g. horse-riding lessons or help them find volunteering opportunities
- Doing some gardening
- Going shopping – perhaps they need help with meal planning and budgeting
- Cooking together – once you've supported them with shopping, use the ingredients to cook or bake
- Supporting them in accessing short courses – Inspire have some great ones www.inspireculture.org.uk
- Going to a group together or supporting them to attend a group that is run within your community team

Don't forget that you can be clear about any activities that you don't feel comfortable doing, as peer support is reciprocal. For example, some peer workers would feel very uncomfortable supporting somebody to go swimming, and this is OK. You know for yourself the times when you could push yourself to try something new, and when this would not be helpful.

Sometimes peer workers are asked whether they can focus on a specific activity by the person's care co-ordinator. This could be something like helping them clean their home or taking them shopping. In these situations, it can be helpful to check with the person whether this is something that they want, rather than something their care co-ordinator feels would be good for them. When it comes to these activities make sure that the person is still taking the lead, and that they feel mutual, so that you don't feel stuck cleaning someone's home or getting their shopping in a situation that doesn't feel like it's helping enhance the peer support you can offer.

Distressing and difficult visits

There are lots of reasons why a visit might be particularly difficult for us. For example, you may find yourself talking about topics that are particularly meaningful to you or experiences you haven't fully processed from your own life. There may also be times that the person you are working with becomes distressed or is admitted to an inpatient unit and these can leave us wondering if there was something we could have done differently or something we should have picked up on.

The most important thing to remember is to be kind to yourself. There is no way that every peer relationship we build can go to plan all of the time. Every peer worker encounters difficult situations as part of their role so you are not alone. It can be helpful to reflect on any challenges within supervision. Reflection rather than rumination can help us to take some learning from the experience, rather than place shame or blame on our shoulders. If you're ever in doubt about what to say to someone in crisis or worry about their safety then you can contact your Supervisor. It's important that you don't carry the worry on your own.

There might also be times where you feel that you are not 'clicking' with the person you are supporting and this is OK too. Despite our best efforts, there is no way we will always feel a close connection with everybody we support. You might feel that persevering in trying to build rapport will send an important message to the person that you will not give up on them, or you might feel it is better to show them that you respect their space and have a conversation about ending peer support if it is not helping them. Only you will be able to know what is best based on your understanding of each situation, but again, supervision can help, as can being honest with the person you're supporting about what you're sensing in the relationship.

A strengths-based approach

In order to maximise the chances of supporting an individual to meet their needs, and improve or maintain their wellbeing, we must focus on working in a strengths-based way. This approach will enable us to look at a person's life holistically, considering their needs in the context of their skills, ambitions and priorities.

It is about supporting an individual to look at the strengths and resources they have, which they often don't see, and supporting them to build on such things in order to provide solutions to the obstacles that they face.

As a Peer Support Worker, you could support a person that users your services to identify their strengths and resources by exploring the following with them:

- What they have previously enjoyed doing, but might not be able to do now
- What they currently enjoy doing
- What they used to be able to manage
- What they can manage now
- The level of independence they once had
- The level of independence they want
- Their support network, e.g. family, friends, neighbours, professionals, etc.
- What strengths the individuals in the support network bring to the relationship
- What they perceive as barriers to doing what they want now
- What support they feel they need to overcome the barriers

When exploring these areas (bearing in mind the above is not an exhaustive list), it is important to work in a completely person-centred way. This is achieved by placing the individual at the centre of the process and listening to their experiences.

In addition to the above, one can ensure they're recognising a person's strengths by being mindful of the individual's narratives. This is because an individual might not be able to see their accomplishments in the things they have done - only failures. For example, an individual might mention how they have failed certain qualifications a number of times. This can be reframed to the individual, in order to show strength, by recognising how the individual showed determination by undertaking things more than once.

Once an individual's strengths have been recognised, one can then support them to do the following:

- Look at what they can now do with their strengths
- Focus on what is important to the individual
- Link back in with their previous support networks
- Recognise their potential

Recovery-focused language

Deficit-based	Strengths-based
Is a schizophrenic	Is a person diagnosed with schizophrenia who experiences the following…
Has PD	Has lived experience of trauma
Treatment works	Person uses treatment to support his/her recovery
Discharged to aftercare	Connected to long-term recovery management
Enable	Empower the individual through empathy, emotional authenticity, and encouragement
Grandiose	Has high hopes and expectations that those around them do not share
Dangerous	Tends to (describes actions, e.g., kick) when they're (describe behaviour, e.g., hearing voices)
Kicking off	Expressing distress/ Individually expressing themselves in a way that feels threatening to those around them
Is borderline	A person diagnosed with BPD who will have experienced traumatic/distressing life events
Is clean (from drugs)	No longer takes drugs
Also has problems with substances	A person who experiences mental health and co-existing difficulties with substance use
Treatment Team	Recovery Team, Recovery Support System
Refused	Prefers not to…
Resisted	Chose not to / Disagreed with the suggestion
Client believes that…	Client stated that…

Delusional	Experiencing thoughts which invlove worrying/believing that …./ Having experiences which are not shared by others
Paranoid	Experiencing a lot of fear around…
High-functioning vs. Low Functioning	Person's experiences interfere with their relationship (work habits, etc.) in the following way…/ Is really good at/ Has a tough time taking care of themself
Acting-out	Person disagrees with Recovery Team and prefers to use alternative coping strategies. These strategies include shouting etc.
Unrealistic	Has high expectations for self and recovery
Denial, unable to accept illness, lack of insight	Person disagrees with diagnosis; does not agree that they have a 'mental illness' pre-contemplative stage of recovery
Decompensate	Experiencing an increase in difficult experiences/ Experiencing a difficult time
Manipulative	Seeking alternative methods of meeting needs/ Trying really hard to self-advocate and communicate that they need support in a way that has worked for them in the past
Noncompliant	Not in agreement with the treatment plan/ Difficulty following treatment recommendations/ Choosing not to
Unmotivated	Bored / Has not begun/ Preferred options not available/ Working towards achieving their goals
Suffering from	Working to recover from; experiencing; living with
Resistant/non-compliant	Not open to… Chooses not to…Has own ideas…
Weaknesses	Barriers to change; needs

Clinical decompensation, relapse, failure	Person has experienced a significant trigger that has overwhelmed their coping resources
Maintaining clinical stability/abstinence	Promoting and sustaining recovery/ Progressing/ Doing well
Puts self/recovery at risk	Is using ways of coping that are difficult/scary for those around them
Non-compliant with medications/treatment	Prefers alternative coping strategies (e.g., exercise, structures time, spends time with family) to reduce reliance on medication; Has a crisis plan for when meds should be used; beginning to think for oneself
Patient (in mental health community)	Individual, consumer, person using services

New starter timetable – initial 4 weeks suggestions

Week 1 – Induction and shadowing your colleagues

Shadowing	Monday	Tuesday	Wednesday	Thursday	Friday

Week 2 – Shadowing/Meeting Clinical Team members

	Monday	Tuesday	Wednesday	Thursday	Friday
Community Psychiatric Nurse					
Occupational Therapist					
Support Time Recovery Worker					
Community Psychiatric Nurse					
Dr or Consultant					
Social Worker					
Community Psychiatric Nurse					
Community Psychiatric Nurse					
Occupational Therapist					

Week 3 – Attending MDM's, having supervision and continuing shadowing

Shadowing	Monday	Tuesday	Wednesday	Thursday	Friday
					© BlankCalendarPages.com

Week 4 – Completing E-Learning and commencing client meetings

	Monday	Tuesday	Wednesday	Thursday	Friday
					© BlankCalendarPages.com

Useful terminology

- **DHCFT** – Derbyshire Healthcare (NHS) Foundation Trust
- **CMHT** – Community Mental Health Team. Term used in Derbyshire to describe the treatment bases that the community team are based within. These centres are based upon the geography of the mental health centre and support anyone
- **Pathway –** Term used to denote a multidisciplinary management tool based on evidence based practice for a specific group of patients. Each pathway has a structured treatment plan and each pathway (team) consists of multiple team members.
- **Secondary Care –** The type of care that is provided by the mental health community teams and the type of service that the Work your way team sits within. To access secondary mental health care, service users are assessed by the mental health treatment teams.

Commonly used acronyms and jargon:

ADMIN	ADMINISTRATION TEAM	They are the glue that hold the NHS together, they know the ins and outs of the system.
AMH	ADULT MENTAL HEALTH	AMH is sometimes called secondary care, which means that it is specialised and usually only available to people who are referred by a GP or other health/social care professionals.
AMHP	APPROVED MENTAL HEALTH PRACTITIONER	AMHPs are mental health professionals who have been approved by a local social services authority to carry out certain duties under the Mental Health Act. They might be social workers, nurses, occupational therapists etc.
AO	ASSERTIVE OUTREACH	Assertive Outreach Teams are part of secondary mental health services and are usually attached to the Local Mental Health Teams (LMHT – see below). They work with people who are 18 to 65 years old who have particularly complex needs and need more intensive support to work with services.
ASD	AUTISM SPECTRUM DISORDER	Autistic Spectrum Disorder (ASD) is a term used to describe a number of difficulties and behaviours which affect the way in which a group of people understand and react to the world around them.

BFT	BEHAVIOURAL FAMILY THERAPY	BFT is an evidence based, effective and practical skills based approach in which the service user, mental health worker and the family work collaboratively together.
CQC	CARE QUALITY COMMISSION	The role of the CQC (Care Quality Commission) as an independent regulator is to register health and adult social care service providers in England and to check, through inspection and ongoing monitoring, that standards are being met.
CAT	CHANGE AGENT TEAM	The Health and Social Care Change Agent Team (CAT) was set up in 2002 to assist health and social care communities tackle the problem of people remaining in hospitals longer than necessary.
CAT	COGNITIVE ANALYTIC THERAPY	Cognitive Analytic Therapy is a focussed, time- limited psychological therapy designed for people using NHS services who are suffering from a wide range of mental health difficulties.
CAMHS	CHILD & ADOLESCENT MENTAL HEALTH SERVICES	CAMHS are the NHS services that assess and treat young people with emotional, behavioural or mental health difficulties.
CBT	COGNITIVE BEHAVOURAL THERAPY	Cognitive behavioural therapy is a talking therapy that can help people to manage their difficulties by changing the way they think and behave. It's most commonly used to treat anxiety and depression.
CCO	CARE CO-ORDINATOR	The care coordinator acts as a contact for the person and helps to develop a care plan with them. They work in the community with other services to address the person's social care, housing, physical and mental health needs, as well as substance use, and provide any other support the person may need.
CTO	COMMUNITY TREATMENT ORDER	An order made by a responsible clinician to enforce supervised treatment for people in the community. It means that a person can return to hospital and be given

		immediate treatment if necessary if they break the agreements of the order. Conditions are added to the CTO which have to be followed for example, having to live in a certain place or going to appointments for treatment.
LMHT	LOCAL MENTAL HEALTH TEAM	This team works with people, who use services, who experience mental health difficulties and need specialist mental health support. They provide care management and general emotional support, as well as specific and other modes of therapy that will help with recovery.
CPN	COMMUNITY PSYCHIACTRIC NURSE	A specialist nurse who works within a local community to assess needs as well as plan and evaluate programmes of care.
CPA	CARE PROGRAMME APPROACH	Care programme approach (CPA) is an approach that is used in specialist mental health services to assess needs and then plan, implement and evaluate the care that service users receive.
CSW	COMMUNITY SUPPORT WORKER	The Community Support Worker (CSW) will be responsible for assisting qualified staff in the provision of physical and psychological care to patients.
CRHT	CRISIS RESOLUTION & HOME TREATMENT	A team of experienced mental health staff which includes nursing, psychology, social care, pharmacy and psychiatric staff. They can provide assessment, and short-term intensive community support, for people if they're are experiencing a mental health crisis.
DEPOT		This refers to an injection of slow release medication a person is given monthly, instead of taking a daily dose, usually as a response to a diagnosis of psychosis
DSH	DELIBERATE SELF-HARM	This is a not very strengths-based way of describing a persons' attempts to cope through self-injury

DUAL DIAGNOSIS		Dual diagnosis is a term used to describe co-existing mental health and alcohol and drug use difficulties.
Dx	DISCHARGE	
EIP	EARLY INTERVENTION in PSYCHOSIS	They offer a specialist service working with young people between the ages of 18 - 35 with first onset psychosis.
HR	HUMAN RESOURCES	Human resources plan, coordinate, and direct the administrative functions of an organisation. They oversee the recruiting, interviewing, and hiring of new staff and all the other higher up organisational things like making sure everybody is paid and holiday entitlements.
HOT DESK		A desk (usually with a PC) allocated to a worker when required or on a rota system, rather than belonging to a particular worker.
H/V	HOME VISIT	You might see this on a whereabouts board, or written in notes, but people don't normally use it in conversation. A home visit is just a visit by a member of staff to a client's home.
HCA	HEALTH CARE ASSISTANT	Assists qualified staff with the assessment and implementation of individual patient care plans and undertakes routine tasks and activities as directed to facilitate the wellbeing, dignity and treatment of people that use services.
ICATT	INTENSIVE COMMUNITY ASSESSMENT AND TREATMENT TEAM	ICATT provides specialist services to adults with intellectual disabilities and/or neurodevelopmental conditions, such as autism spectrum disorder.
MASH	MULTI-AGENCY SAFEGUARDING HUB	MASH is a partnership between Nottinghamshire County Council, Nottinghamshire NHS health services, Nottinghamshire Police and the Probation Service who work together to safeguard children, young people and vulnerable adults.

MDT	MULTI-DISCIPLINARY TEAMS	A group of professionals, from one or more clinical disciplines, who work together to make decisions regarding the recommended treatment of individuals.
NFA	NO FURTHER ACTION	
NVR	NON-VIOLENT RESISTANCE	A concept that draws inspiration from those who have sought to bring about changes in society in a non-violent manner. One of the guiding principles is "connection before correction"
OP	OUTPATIENTS	An outpatient department or outpatient clinic is the part of a hospital designed for the treatment of outpatients, people with health problems who visit the hospital for diagnosis or treatment, but do not at this time require a bed or to be admitted for overnight care.
OT	OCCUPATIONAL THERAPIST	Occupational Therapists are health care professionals who utilize evidence-based practice, research, scientific evidence, and a holistic perspective to promote independence, meaningful occupations, and patients' functional ability to fulfil their daily routines and roles.
PX	PRESCRIPTION	
PERINATAL		Perinatal is the period of time when one becomes pregnant and up to a year after giving birth. Perinatal services support women and their families throughout this time.
PRN	PRO-RE NATA	PRN medication is that which is not required by a person on a regular basis. It is usually prescribed to treat short term or intermittent medical conditions.

RAM	RED AMBER MEETING	This is a daily meeting that takes place in some teams to talk about the people under the teams caseload who are deemed to be the highest risk. In some teams, people are categorised into 'red' 'amber' and 'green' categories depending on the level of risk they are deemed to carry. The red amber meeting discussed the people in the red and amber categories
RiO		RiO is an electronic patient records system where notes are made about the interactions one has with people who use services. It helps one improve outcomes by providing a holistic picture of people who use services.
SCM	STRUCTURED CLINICAL MANAGEMENT	A relatively new approach to working with people who have been given a diagnosis of personality disorder. There is an emphasis on problem-solving, effective crisis planning, medication review and assertive follow-up if appointments are missed
SPA	SINGLE POINT OF ACCESS	A SPA describes an access process where all services share a single set of contact information (telephone number, web address etc).
TMVA	THERAPEUTIC MANAGEMENT OF VIOLENCE & AGGRESSION	TMVA training supports staff to manage all levels of challenging behaviour, with the emphasis on de-escalation and safety throughout. The overriding message is that physical intervention should only ever be used as a last resort.
PICU	PSYCHIATRIC INTENSIVE CARE UNIT	Psychiatric Intensive Care Units (PICU) are specialist wards that provide inpatient mental health care, assessment and comprehensive treatment to individuals who are experiencing the most serious mental health difficulties

General diagnoses (Please note diagnosis may vary)

- **Anxiety Disorder** - Anxiety disorders differ from normal feelings of nervousness or anxiousness and involve excessive fear or anxiety. Symptoms are varied but commonly include feeling nervous, restless or tense, having a sense of impending danger, panic or doom, having an increased heart rate, breathing rapidly (hyperventilation), sweating, feeling weak or tired and having trouble concentrating,
- **Psychosis** – Is an abnormal condition of the mind that results in difficulties determining what is real and what is not. Symptoms may include false beliefs or hearing or seeing things that others do not see or hear.
- **Schizophrenia**- Is a form of Psychosis which affects the mind and how people think, feel and behave. Symptoms may include delusions, hallucinations, disorganized speech and impaired cognitive ability.
- **Clinical Depression** - Depression is a low mood that lasts for weeks or months and affects your daily life. Symptoms of depression include feeling unhappy or hopeless, low self-esteem and finding no pleasure in things you usually enjoy.
- **Bipolar-** Is a mood disorder marked by extreme shifts in mood. Symptoms can include an extremely elevated mood called mania. They can also include episodes of depression.
- **EUPD** (emotionally unstable personality disorder)- Formally known as borderline personality disorder. Mental disorder characterized by a long term pattern of unstable relationships, distorted sense of self and strong emotional reactions resulting often in self harm and other dangerous behaviours.

Other helpful terminology

MDM (Multi disciplinary meeting) – A team meeting for each individual pathway which will happen once a week to discuss new referrals and ongoing treatment plans. Each pathway team will have at least one MDM each week and as a part of the Trust you may be asked to join several meetings to report on individuals who have been referred to your service and also to capture any new referrals and promote the service.

CRHT (Crisis resolution and home treatment team)- Normally referred to as the 'Crisis team'.This team provide a 24 hour, seven day crisis resolution service to asses people outside normal working hours and provide intervention at home with the view to minimise the risk of the patient being admitted into hospital.Every pathway can refer to the crisis team.

ACCESS Team – Is a single point of contact for the Trusts Mental services. The team provide advice and guidance to individuals, carers and partners and the ability to book assessment's straight into one of the pathway teams. The access team ensure information is passed to the relevant healthcare professional dealing the person's care. This is a 24 hour 7 Days a week service.

Care Coordinator– Every person under the care of the community mental health team will have an assigned Care Co. The Care Co will be a health care professional responsible for that persons care and will coordinate the treatment plan and risk assessment. The Care Co can be a nurse, OT, **Psychologist** or a Consultant, but not a support worker or peer support worker. The Care Co will be generally the main refer into the Step On service for any

individual. It is important to work closely with Care Co's and to keep them informed of any work or issue's you may have with their patient's.

SystmOne - These are the Electronic record system used throughout the Trust. It is in place to enable you to manage your patient contact through an electronic record, where you will record your appointments and record appointment outcomes.

You will be responsible for adding patient progress notes after every appointment within 24 hours of your meeting with the client. You will be able to access all historical progress notes and clinical documents for the individual's you will be working with however it is important to have completed your information governance and SystmOne training before accessing these and remember that trust confidentially policies should be followed at all times.

Vocational Profile- A document for individuals looking for work in which the employment specialist records work preferences, work history, education history, strengths, legal history and any other information relevant to a person's employment goals.

Training and development in the role

What training is available to you?

Whilst in the role of PSW with the Work your way team there are a variety of training opportunities that you are able to make the most of. When starting out in the role, PSW's will be offered an **initial induction** within the role.

There is **mandatory E-Learning** that can be accessed via the staff intranet and you will have an online training diary that will highlight the training you are required to complete.

ImROC (Implementing Recovery through Organisational Change) is an organisation partnered with the NHS to offer Peer Support Worker training to both individuals and their teams/supervisors. It covers various topics including empathy, listening skills, reflection, supervision, workplace wellbeing, confidentiality and protection. All Peer Support Workers in Derbyshire Healthcare will be invited to complete this course.

The **NHS Collaboration platform** can also be accessed online and is a platform to link in with other employment services. There is online training and different networking events that take place both face to face and virtually. Speak to your supervisor about signing up to this.

If you have any other ideas around training or have any specific training needs related to your personal and professional development it's a good idea to speak to your supervisor in supervision, so that these can be explored and noted. Training can also be raised in team meetings and business meetings.

Annual Appraisal

An annual appraisal is a quality, free-flowing, positive conversation that takes place between a member of staff and their line manager.

The purpose is to:

- Review your performance over the past 12 months.
- Reflect on your role and review how your achievements have contributed towards our strategic objectives, quality priorities and Trust values.
- Set objectives for the year ahead to identify how your performance can be enhanced to support improvements in services for our patients and service users.

It is also an opportunity to identify areas for growth and improvement and inform suitable **Personal Development Plans (PDPs**).

You will receive weekly supervision for the first 3-6 months, with an interim full review at 3 and 6 months when you can review your progress and objectives and discuss any areas where you may need further support

Sharing your story with service users/clients

It may be helpful to have an idea of what you would like to share with others about yourself before going out and meeting the clients who you will be supporting. This is often referred to as sharing your own personal story of recovery. It is important to understand how and when it may be useful to share with someone your own journey but also to recognise boundaries and when this may be inappropriate to share.

It may be useful to think about how and when you would share your journey and also refer to the Wellness Action Plan for guidance, along with conversations with the people in the team you feel comfortable with.

If it helps to write a script, feel free to jot down ideas and thoughts below as a starter. This is not mandatory and is an option to complete if you would find this helpful.

Experiences I've overcome and am happy to share: Things that I'm proud of: Things that I wouldn't want to share (no need to write down, just think about if you'd like to):

Peer Support Workers – where to focus our skills

Lean toward:

- Sharing how you have turned your difficult experiences into positive ones
- Difficult experiences - don't be afraid to have conversations about big emotions, and validate how someone is feeling
- Sharing your experiential knowledge of services and the ways you have found to live well
- Providing your perspective and giving feedback on the services you work in to support and improve the quality and effectiveness of services (this could include feedback on assessments and decisions made with regards to a person's care and support)
- Providing face-to-face, telephone, online or group support which focuses on emotional support, sharing experiences and practical activities
- Advocating for the people who use your services – this can be achieved in ward rounds, team meetings, handovers, and conversations with colleagues
- Asking people what has worked for them in the past, or what they want to do about an issue, before you share ideas about what might work for them now
- Offering time to the people who use your services to actively listen, share ideas, problem solve (support decision making) and provide practical help based on your own experiential knowledge
- Supporting the people who use your services to move towards the things they want (personal recovery goals) and signposting people to various resources, opportunities and activities within the Trust and in the community
- Trying to understand people through the lens of their experiences and not through a medical diagnosis
- Asking powerful and challenging questions (example – why do you think you can't have what you want?)
- Sharing needs, thoughts and feelings around maintaining the peer support relationship
- Working together with other professionals for the greater good of the organisation (remember the overall objective for all staff is to improve the lives of the people who use services)
- Being as honest and transparent with the people who use your services as you can be. There is a saying in mental health services: "nothing about us without us". Try to remember this when recording notes etc.
- Listening from a point of not knowing and provide a safe space for people to get things off their chest
- Challenging stigma and stigmatising language in supportive and non-aggressive ways and promoting recovery-focused language
- Promoting peer support at any given opportunity (newsletters, notice boards, conversations)
- Receiving peer support co-reflection (supervision) in order to reflect on challenges and prevent the slipping away from the core values of peer support
- Accompanying people to appointments, meetings and activities that are aligned to their recovery goals

- Seeking support when you need it, outside of supervision and find out what kind of support works best for you
- Using every opportunity to be part of a no force first culture and promote the use of de-escalation instead of restraint
- Getting to know other's roles within your team and clearly identifying what your "Unique selling point" (USP) is as a peer worker. You will become confident in explaining this as you progress through your ImROC training.

Lean away from:

- Trying to fix people or jumping in with solutions before exploring what people think they can do for themselves
- Delivering therapies or treatment based on professional/medical training
- Assessing or evaluating the people who use your services (although you can be part of an assessment to provide peer support and perspective)
- Undertaking the routine duties of other staff (bedroom cleans, errands etc), unless you feel it strengthens the peer relationship and doesn't affect the balance of power in the relationship
- Making assumptions about a person's needs or experiences. You may be able to relate to certain things, but that doesn't mean one knows what is truly happening for another person
- Sharing anything you don't feel comfortable sharing.
- Creating further separation between services and the people who use them.
- Giving out medications unless you feel it strengthens the peer relationship and doesn't affect the balance of power in the relationship

Peer Support Worker induction checklist

- See Local Induction Checklist and complete this on your first day with identified member of the team.
- Complete initial timetable and shadowing plan
- Identify ImROC dates (contact Georgina.lazzari@nhs.net)
- Think about setting some objectives alongside your supervisor to review in your meetings with them.
- Have review to discuss settling in period and plans for the coming weeks.
-

Acknowledgements

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We hope this booklet helps you in the first few months of the role and that it is helpful resource when joining the new team! Congratulations and welcome to the team!!

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