INTRODUCING PEER WORKERS INTO MENTAL HEALTH SERVICES

An organisational toolkit

Produced by the Peer Worker research team
St George's, University of London

2015

St George's University of London

Peer Worker Research Project
Informing New Ways of Working in Mental Health

Acknowledgements

We would like to acknowledge all members of the Peer Worker research team for their contributions to the production of this toolkit:

Anne Beales MBE, Philip Cohen, Christine Edwards, Sarah Gibson, Steve Gillard, Jess Holley, Mike Lucock, Julia McKenzie, Eivor Oborn, Katherine Owen, Sarah Richmond, Miles Rinaldi, Elina Stamou, Kati Turner and Christine Wright.

We would also like to thanks members of our steering committee, independently chaired by Dr John Larsen atRethink Mental Illness, for their input into the development of these tools, and in particular to Jayasree Kalathil, Sue O'Connell, Lucy Simons and Sarah Yiannoullou.

In particular we would like to thank all of the participants in the Peer Worker research project for giving us their time and invaluable insight.

Please contact Steve at sgillard@sgul.ac.uk or on +44 (0)20 8725 3614.

Contents

Introducing peer workers into mental health services:
an organisational toolkit

What is this toolkit for?
This toolkit is comprised of three 'organisational learning tools' that can be used in various ways to aid mental health provider and commissioning organisations in making decisions about developing, introducing and supporting new peer worker roles in mental health services. The toolkit also includes a set of general 'principles' that should underpin the development, implementation and support for any peer worker role in mental health services.

By peer workers we mean people who have personal, lived experience of mental health problems, or of using mental health services, who are employed (either on a paid or voluntary basis) explicitly to use those experiences in supporting others using mental health services.

Peer workers are being introduced in a variety of different roles in mental health services, in the statutory sector, in voluntary and peer-led services, and in a range of organisational partnerships. There is a lot of good practice in existing initiatives, as well as an emerging body of research that is indicative of barriers and facilitators to successful role adoption, some of which we summarise in an overview of current research about peer support:

Peer workers in mental health services: an overview

But it can remain unclear how best to employ peer workers, and what they should focus on doing, in different service delivery settings. Things are likely to be done slightly differently in each locality because each area will have its own particular configuration of mental health organisations, large and small, working together to deliver services.

We have called these tools 'organisational learning tools' because they will help organisations learn from existing expertise and research about introducing peer worker roles, and because they are designed to help organisations learn about the capacity and experience that already exists locally that will help ensure that the delivery of new peer worker roles is a success.

The tools and principles are based on a research project undertaken by a partnership led by researchers at St George's, University of London, including Kingston, Huddersfield and Warwick Universities, South West London & St George's, South West Yorkshire and Southern Health mental health NHS Trusts, and the voluntary sector organisation, Together for Mental Wellbeing.

The 'Peer Worker research project' studied and compared the introduction of new peer worker roles, three in the statutory sector, four in the voluntary sector and three in organisational partnerships. A report is available that describes the research in detail:

New Ways of Working in Mental Health Services: the Peer Worker report

The tools and principles based on this research are designed to help mental health providers and commissioners decide:

1. Which services peer workers should work in and who might best employ them
2. What are the essential qualities that will define the peer worker role locally
3. What needs to be in place to ensure the role retains those essential peer qualities

The organisational learning tools

The tools we developed from this research have a distinctive nature and purpose. One of our main findings from the research was that it was crucially important that there were shared expectations of the peer worker role among all involved - peer workers, the service users they supported, the staff they worked alongside and their managers - for the role to be a success.

Conversely, we found that where those shared expectations were lacking - where, for example, peer workers, their managers and the staff they work alongside had different understandings of what the role was all about - tensions could arise. The focus of the role became unclear and the core, peer qualities of the role could become undermined and diluted.

This means shared expectations about what peer workers actually do - the tasks they are responsible for - but perhaps more importantly, how peer workers go about their work. This includes issues of how peer workers use their own lived experience in their work, what the expectations of personal disclosure are (to colleagues as well as to service users), and how peer workers maintain professional and/ or personal boundaries in their work.

We also found that those expectations could be different in different cases; in inpatient settings compared to community mental health services, in the statutory sector compared to peer-led organisations, and in different cultural contexts. Where different sorts of organisations worked in partnership to deliver peer support, issues of shared expectations could be even more challenging to manage.

However we found that where time had been taken to bring stakeholders together to work out what the aims and expectations of peer workers were locally then peer workers were empowered to work well. For example, people appreciated where training for peer workers had been developed locally to meet the local demands of the role.

Crucially, we observed that it was essential that people who might be supported by peer workers, and peer workers themselves, should be central to the development of peer worker roles. There needed to be 'peer leadership' in peer worker role development in order for the role to meet the expectations of service users and to ensure that essential peer aspects of the role were supported and could flourish in practice. We also noted that, for peer worker roles to be successful, organisational learning had to come from within the communities and organisations that are working together to develop new peer worker roles.

As a result, in developing these organisational learning tools we decided that we would NOT develop models or blueprints – for example, job descriptions, role specifications or training modules – that could be lifted intact and dropped in to new peer worker projects.

We decided instead to develop a set of tools designed to bring key stakeholders together - existing peer workers, the people that will benefit from peer support, the staff peer workers will work alongside and managers at all levels in partner organisations - to engage in the planning and decision-making that will give rise to that crucial sense of shared expectation of the peer worker role.

We also felt that the work that individuals and organisations do to develop new peer worker roles should be underpinned by a core set of values and principles – principles that ensure that the essential peer qualities of the role are supported and nurtured – also derived from our research. Those principles are outlined in Appendix 1 and should guide use of these tools and all other efforts to develop and introduce new peer worker roles.

We present three tools here, each designed to bring stakeholders together to share ideas and make specific decisions about key aspects of role development and implementation, including:

1) Decisions about where peer workers might best be working (e.g. in inpatient or community mental health services), who will employ them (for example, a statutory sector provider or a local voluntary sector or peer-led organisation), and whether peer workers will work as part of, or alongside existing mental health service teams;
2) Decisions about what characterises the essence of the peer worker role itself (focused on those all-important expectations about how to share personal, lived experience);
3) Decisions about how to implement the role on a structural level (for example, how the role is supported within the team) to ensure that the essential peer qualities of the role are retained.

The tools are presented with guidance on their use, and are cross-referenced to the key organisational learning from our research; to relevant chapters from the *New Ways of Working* report referred to above, and to other publications based on our research. This learning is not exhaustive as it is shaped by the range of initiatives that we explored in the research project. But it is designed to provide pointers that will supplement and guide the all-important learning that is to be found locally.

We do not prescribe how these tools are used, what order they are used in or that all three tools must be used. Rather, these tools are a resource that can be used as part of a consultation process, within peer support working groups or partnership boards, or in any other forum where a range of stakeholders come together to consider, plan and make decisions about the introduction of new peer worker roles.

We do strongly recommend that, however the tools are used, the principle of involving and engaging all relevant stakeholders locally is applied throughout (see Appendix 1), whether those meeting spaces are large or small. Only through that inclusive process of engagement and coproduction will the shared expectations of what peer workers can achieve be realised in practice.

1. Peer worker mapping and decision-support tool

In our research we found that peer workers were *employed* and *deployed* in a number of different ways.

Employment of peer workers related to the *organisational context* in which Peer workers were employed:

- Peer workers could be employed by the Mental Health Trust, to work in the Mental Health Trust;
- Peer workers could be employed in partnership by an agency outside of the Mental Health Trust (often in a peer-led organisation, but this could be a social care provider or a non-peer-led third sector organisation) to provide a service either in the Mental Health Trust or for people who used Trust services;
- Peer workers could be employed by a peer-led organisation to work independently of the Mental Health Trust

We also found in our research that peer workers could be employed in either paid or unpaid roles, with different job descriptions and so on. Those Human Resource type employment issues are covered in tool 3 below. Deployment of peer workers refers in this case to how peer workers were deployed in relation to existing teams in the Mental Health Trust:

- Peer workers could be deployed as integral members of multi-disciplinary teams within Mental Health Trusts
- Peer workers could be working alongside existing mental health teams in the Trust, but as members of a separate or additional team or service
- Peer workers could be working independently of any Mental Health Trust team

Across our cases we noted that the ways in which peer workers were employed and employed could be represented as a *dimensional model* (see figure 1 below).

We were able to *map* our cases onto this model (see figure 2 below). The model was a useful way of understanding how and why peer workers were employed and deployed in each case, and how that related to the setting they worked in (e.g. inpatient or community) and the existing partnerships between different sorts of organisations working in that area (across the NHS, social care and voluntary sector).

As it is described below the model can be used as a tool for two related purposes:

1. To map peer support resources that might already be in place, or where there is opportunity to build on existing partnerships to develop peer support capacity
2. As a decision-support tool in order to plan and make decisions about funding or commissioning new peer worker initiatives that are most appropriate locally

Figure 1. Model of peer worker employment and deployment

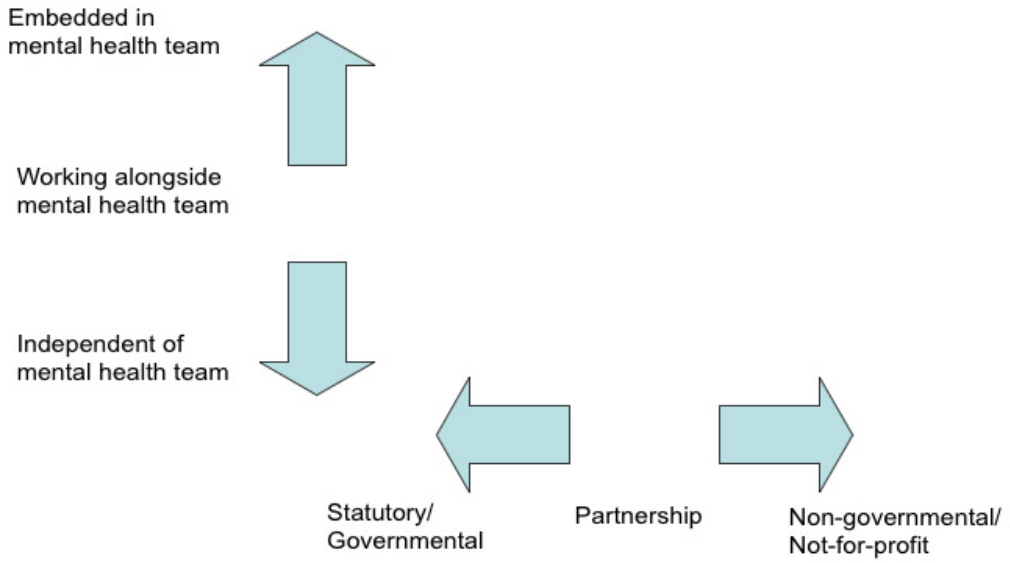
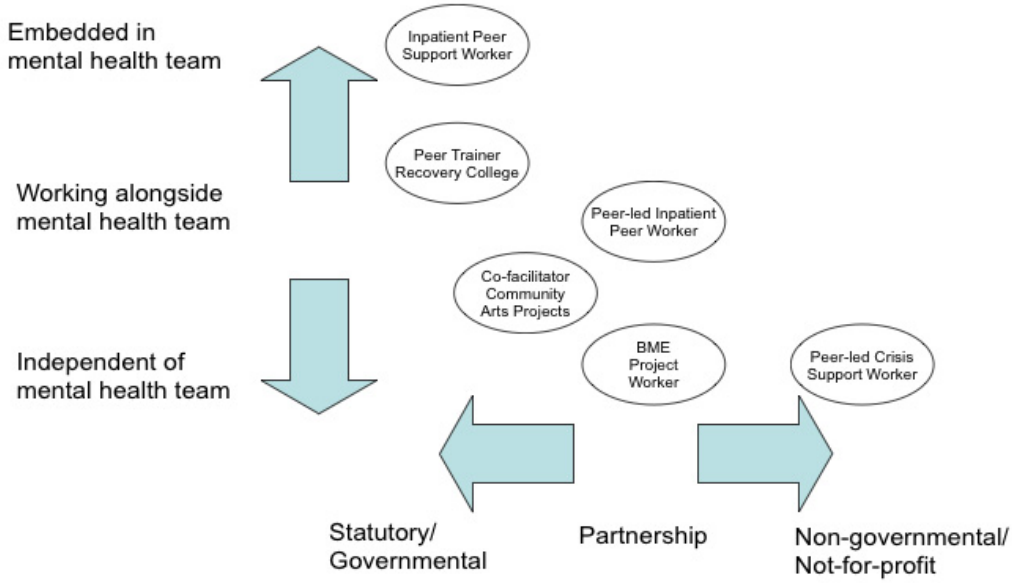


Figure 2. Using the model to map peer worker employment and deployment



Using the model to map existing peer support resources

The model can be used to map existing resources by following these steps:

1. Bring together a stakeholder group as described in the introduction above
2. Depending on the size of the group, work as a single group or break into a number of groups that can work comfortably around a single table or flip chart
3. Make sure each group contains a mixture of your key stakeholders
4. Each group should have an enlarged, blank copy of the model (A3 at least, can be copied and enlarged from appendix 2) and coloured pens or post-it notes
5. Write or stick onto the model brief descriptions of existing peer worker initiatives, other types of peer support (e.g. peer support groups), related activities (e.g. service user-led projects or services) or other active partnerships or projects where there might be potential to develop new peer worker roles
6. Note the setting (e.g. specific wards, community locations), who is being supported by the work (e.g. particular service user groups, culturally specific projects), the partners (teams, agencies, organisations) and how the work is funded

When we have used the tool in this way people have often discovered work going on locally that they were previously unaware of. Importantly this mapping also indicates where existing resource and expertise is already in place – especially established partnerships between different organisations and sectors – which can be used as the basis of new initiatives without having to start from scratch.

Using the model as a decision-support tool

The model can be used as a decision-support tool in a similar way, either in the context of a large stakeholder group or within a smaller planning or commissioning group (noting the proviso made in the introduction about involving a range of stakeholders, and especially peers, in peer worker role development because of the importance of a consensus of expectation about the role).

It is likely that areas of need locally or gaps in service provision have already been identified. In this case the tool can be used to identify where there are existing resources and expertise either in the Trust, or in other local agencies or organisations, which can be supported to develop and deliver new peer worker initiatives filling those known areas of need.

Alternatively the tool might help in the prioritisation of new initiatives, the identification of existing resources and partnerships enabling decisions to be made about future investment in peer workers.

For further information on implementation issues that are common across different organisational arrangements and service delivery settings, and those issues that are specific to particular settings or to statutory sector, voluntary sector or partnership arrangements, see the *Implications for healthcare* section, starting on page 102 in chapter 5 of our report:

New Ways of Working in Mental Health Services: the Peer Worker report

See also a discussion of *Who is a peer worker?* in different cultural and community contexts starting on page 75 in chapter 4 of the report.

For more detail specifically comparing the introduction of peer worker roles in statutory and voluntary sectors, and in organisational partnerships, please see a recent journal article by the team:

Comparing peer support in statutory and voluntary sectors

2) The Peer Worker Role Star

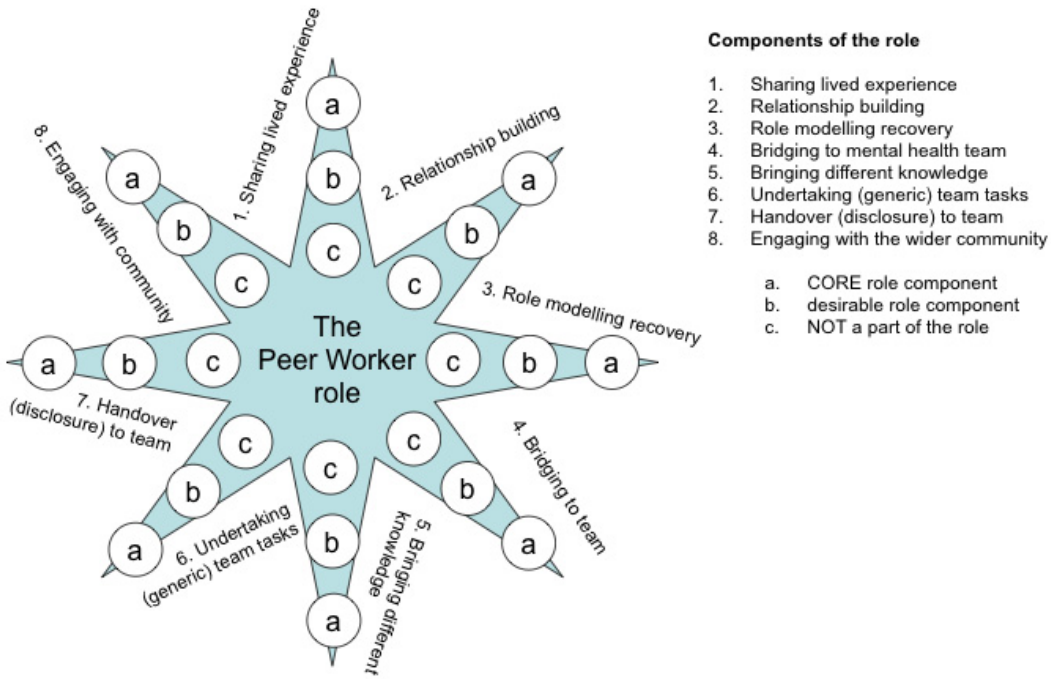
In our research we explored what people thought characterised the *essence* of the peer worker role; those features of the role that make peer working distinctive from other mental health roles. There was quite a lot of common ground in what people told us, although different people thought some aspects of the role were more important than others.

Once again, shared expectations of the role were crucial. Where there were different expectations of what the role involved - for example, where team members had different understandings about the extent to which peer workers should talk about their personal experiences of mental health problems in their work - this could lead to role confusion for peer workers and a lack of confidence in using their lived experience in their work.

Interestingly we saw that a lack of shared expectations could persist even where there was a clear job description for the role (that is, it is not enough to adopt a well-developed job description). Sometimes this came about because of a lack of communication about the role to other team members who worked alongside peer workers, or because there were generic support tasks that needed to be done that peer workers felt obliged to undertake, even though those tasks were not formally part of their role. In those cases peer workers could feel that the core, peer aspects of their role could be diluted.

For the purposes of this tool we have identified what the research indicated were the main characteristics of the role, or aspects of the role where a lack of clarity was evident in some of our cases. We identified eight main characteristics and represent these as arms of a star (see figure 3). We suggest that each characteristic can be: a) core to the role; b) a desirable aspect of the role; c) not part of the role. Each arm of the star we label a, b and c to represent these distinctions.

Figure 3. The Peer Worker Role Star



Using the role star as a role development tool

As with the first tool, we suggest that the Peer Worker Role Star is used in a workshop format, perhaps breaking down into smaller groups, with the full range of stakeholders to developing the new role. The role star can be used in the following stages:

1. Each group takes a large, blank copy of the role star (copied from appendix 3) and first discusses what they think each of the eight characteristics means;
2. The group then discusses and agrees whether each characteristic is essential to the role, a desirable part of the role, or not part of the role, recording these decisions on the star;
3. Where there is more than one group, each group can present its star and explain their thinking to the whole workshop
4. Where there is a lack of consensus about any particular characteristic it is important that time is taken to understanding exactly why that is and, if necessary, to undertake further work to build consensus
5. Once agreement has been reached on the core characteristics of the role in a particular service or setting this information can be used in developing job descriptions, role specifications and training.

It is important to note that this tool is not designed to 'score' a peer worker role against a set of standards (there are some measurement tools that use a star format). The tool is designed to explore and develop consensus around core aspects of the peer worker role in a particular service or setting. The star can be used either as an aid to initial role development, or as a training tool once a role is in place.

For further information on what might constitute the *essence* of the peer worker role see page 65 in chapter 4 of our report:

New Ways of Working in Mental Health Services: the Peer Worker report

For a more detailed analysis of how what peer workers do in the role brings about change see our paper on the mechanisms of peer support:

Mechanisms of Peer Support

Using the role star as a team training tool

Once the core characteristics of a particular peer worker role have been established the role star can be usefully revisited to make sure shared expectations of the role are maintained. One of the best ways of doing that is through training.

Training new peer workers and existing teams
The role star can be incorporated into the training of new peer workers, and in the training of existing mental health services teams or professionals who are about to work alongside peer workers for the first time (lots of research, including ours, suggests that preparing teams to work with peer workers is essential to ensuring shared expectations of the role and that peer workers are supported well in their work).

Peer workers and staff teams should begin with a blank star (appendix 3) and be invited to think about the core characteristics of the role, as described above. The 'actual' role star can then be described to them by existing peer workers and team members, who can comment on what has worked well and what is challenging in making the role a reality.

Revisiting the peer worker role
The role star can also be used in refresher training or service reviews. Teams can revisit the star they originally developed to explore the extent to which the role has functioned as they had planned, where the difficulties might have been, and how the role might be further developed to meet or improve on those original objectives.

Please see the links on the page above for specific examples from our research on the core characteristics of the peer worker role.

3) The Peer Worker role inventory

Existing research provides us with a lot of different information about how new peer workers might best be introduced into practice. Some of that research is about Human Resource issues (selection processes, job descriptions etc.) and some of it is about training, supervision and other forms of support. There is research about team working and about how the introduction of peer workers should be supported strategically within a mental health provider organisation.

In our Peer Worker research project we developed a structured questionnaire so that we could test if and how that very varied research, most of it from outside of the UK, applied in mental health services in England. The questionnaire asked people whether those things were happening where they were, and how important they thought different approaches to introducing peer workers were.

As with much of our research, we found some things were shared in common in all our cases, but that there were differences in the way peer worker roles were implemented in different services delivery settings and in different types of organisations. Different stakeholders - peer workers, service users, co-workers, managers and commissioners - could also have different ideas about what was most important.

The Peer Worker Implementation Inventory is developed from our questionnaire, focusing on those issues that were either most important to everyone, or where they could be key differences that are worthy of careful consideration.

The Inventory as it is presented here can be used in two ways:

1. To discuss, agree and make decisions about how a new peer worker role is to be introduced (to develop an implementation strategy for a new role)
2. To audit a peer worker role that has been established for a period of time to check if implementation has lived up to the standards originally set

Chapter 3, starting on page 35 of our report gives a breakdown of the main implementation issues we uncovered in our research in relation to each domain of the inventory. This learning can be used in conjunction with both versions of the role inventory as described below:

New Ways of Working in Mental Health Services: the Peer Worker report

A new paper by the team details specific insight from the research on how peer workers might best be supported to bring their distinctive, experiential knowledge to the management of risk and crisis in mental health services:

Peer workers and the management of risk and crisis in mental health services

Using the inventory to develop an implementation strategy

As with the other tools, the Inventory is designed to be used in a mixed stakeholder group so that the output from the tool can be discussed in the group to develop that all important shared understanding. Unlike the other tools, the Inventory is designed to be completed first individually, perhaps sent out as a survey to large numbers of people before being discussed in a group format. The role development version of the inventory is found in appendix 4.

When used in developing an implementation strategy, the question 'how important is this to you?' should be answered about each item of the Inventory. The purpose here is to discover what the priorities are for introducing the role for all the different people involved.

In a group setting each person should first individually complete the Inventory. It is helpful to have a facilitator on hand to clarify the process or the meaning of each item.

Taking one domain of the Inventory at a time participants should then feedback how they rated each item. Alternatively, if there is a break in the process, responses can be collated and the combined findings fed back to the group as a whole (if the Inventory has been completed by survey, collated survey findings can be fed back to the group).

The simplest way to do this is to calculate a mean score for each item which will be a number on the scale of 1 (not at all important) to 4 (extremely important). Mean scores are best presented to a single decimal place, so a score of 3.3 would indicate than an item was fairly important across the group as a whole, for example.

In some instances it might be useful to present a bit more information than a simple mean score. For example, for a particular item an average might hide a very high score from one or more of the team, and very low scores from others. In this case it is worth presenting those discrepancies to the group for close consideration.

If an item is rated as uniformly important across the group, then the group can agree that it is important to make sure that that particular item (for example, that *Peer Workers are paid the same as other workers doing similar work*) is included in any implementation strategy (or not, if the item is uniformly rated as unimportant).

Where the group cannot agree on the importance of a particular item then each individual's reasoning behind their rating should be explored in order to understand where the difference of opinion lies. Rather than agree to disagree, discussion should aim to arrive at an approach to implementing that particular issue that the group can agree on.

Completed Inventories, with individual ratings, should be kept, as well as a detailed record of the discussion and any agreement reached about particular approaches to role implementation. A 'master copy' of the Inventory should be produced that records the final ratings agreed by the group. This can either be the mean scores as originally calculated, or where there was discussion about particular items, a rating can be agreed by the group.

A smaller working group can then use that information to develop an implementation strategy for introducing peer workers that encompasses all six domains of the Inventory, from recruitment process, through training, role specification and the way in which the role is supervised and supported by the employing organisation.

Using the inventory to audit an existing peer worker role

Once a peer worker role has been set up and operating for a period of time - for example, a year - it might to useful to review the role to see if it is working as originally intended. An aspect of that review might be to audit the role against expectations agreed using the role development version of the Inventory when the role was first developed. The master copy of the Inventory completed in the exercise described above is a record of the value the group developing the role ascribed to different aspects of the role. As such this document represents a set of 'standards' against which the role, as implemented, can be audited.

A group of stakeholders - which may include members of the original development team, and/ or additional interested people - can be convened and asked to complete the audit version of the Inventory, individually as described above, but this time addressing the question 'is it happening here?' about each item of the schedule. The audit version of the inventory is found in appendix 5. A mean score from 1 to 4 can be calculated from the audit version of the inventory in the same way as described above.

Once completed, the master copy of the Inventory generated at the role development stage can be revealed and compared to the group's audit scores. Where an item was originally rated as very important (i.e. a score between 3 and 4) it might be expected that the majority of the group will answer 'all of the time' or 'much of the time' to the question 'is it happening here?' Where a number of group members answer 'occasionally' or 'never' to that question this suggests that the implementation strategy has not gone quite to plan with respect to that particular item. The group might then set aside some time, either within the meeting or at a later date, to consider in detail any barriers to implementation that might have occurred and how this might be addressed in the future.

Once each item has been considered in this way and any implementation issues identified an action plan can be produced, either in the meeting or in a small working group, in order to address what might need to be put in place to ensure that expectations of the role and how it is supported are met in the future. And of course, the role can then be re-audited at a later date.

Publications

Gillard S, Edwards C, Gibson S, Holley J& Owen K (2014) New Ways of Working in Mental Health Services: a qualitative, comparative case study assessing and informing the emergence of new peer worker roles in mental health services in England *NIHR Journals: Health Services and Delivery Research* doi: 10.3310/hsdr02190

Gillard S & Holley J (2014) Peer workers in mental health services; why now and how? An overview of recent literature *Advances in Psychiatric Treatment* doi: 10.1192/apt.bp.113.011940

Gillard S, Gibson S, Holley J & Lucock M (2014) Developing a change model for peer worker interventions in mental health services: a qualitative research study. *Epidemiological & Psychiatric Sciences* doi: 10.1017/S2045796014000407

Gillard S, Holley J, Gibson S, et al. (2014) Introducing new peer worker roles into mental health services in England: Comparative case study research across a range of organisational contexts *Administration & Policy in Mental Health* doi: 10.1007/s10488-014-0603-z

Holley J, Gillard S & Gibson S (2015) Peer worker roles and risk in mental health services: a qualitative comparative case study *Community Mental Health Journal* doi: 10.1007/s10597-015-9843-y

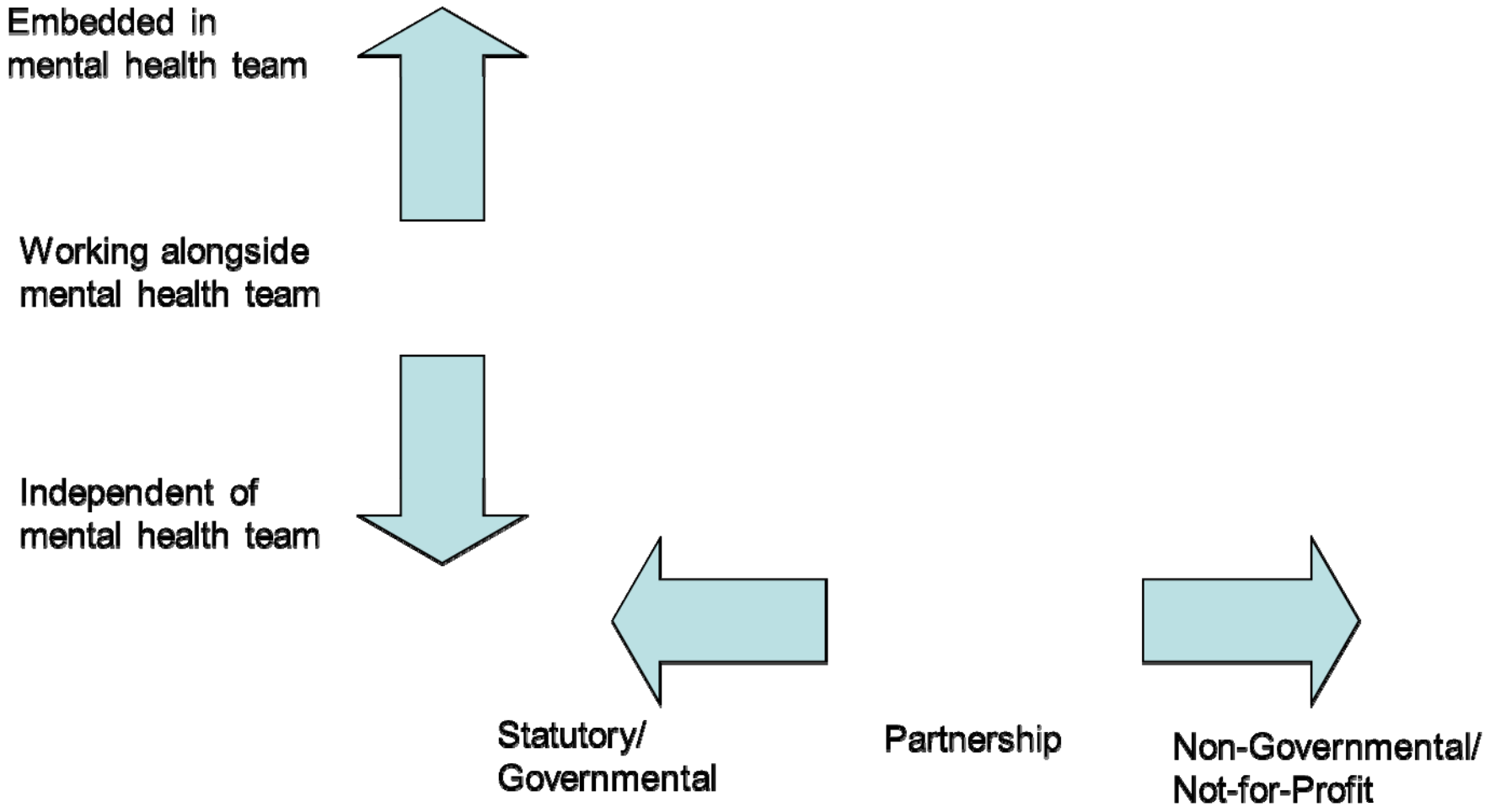
Note: if you are unable to access full versions of any of the publications above please contact the team and we will be happy to send you a copy – sgillard@sgul.ac.uk

APPENDIX 1

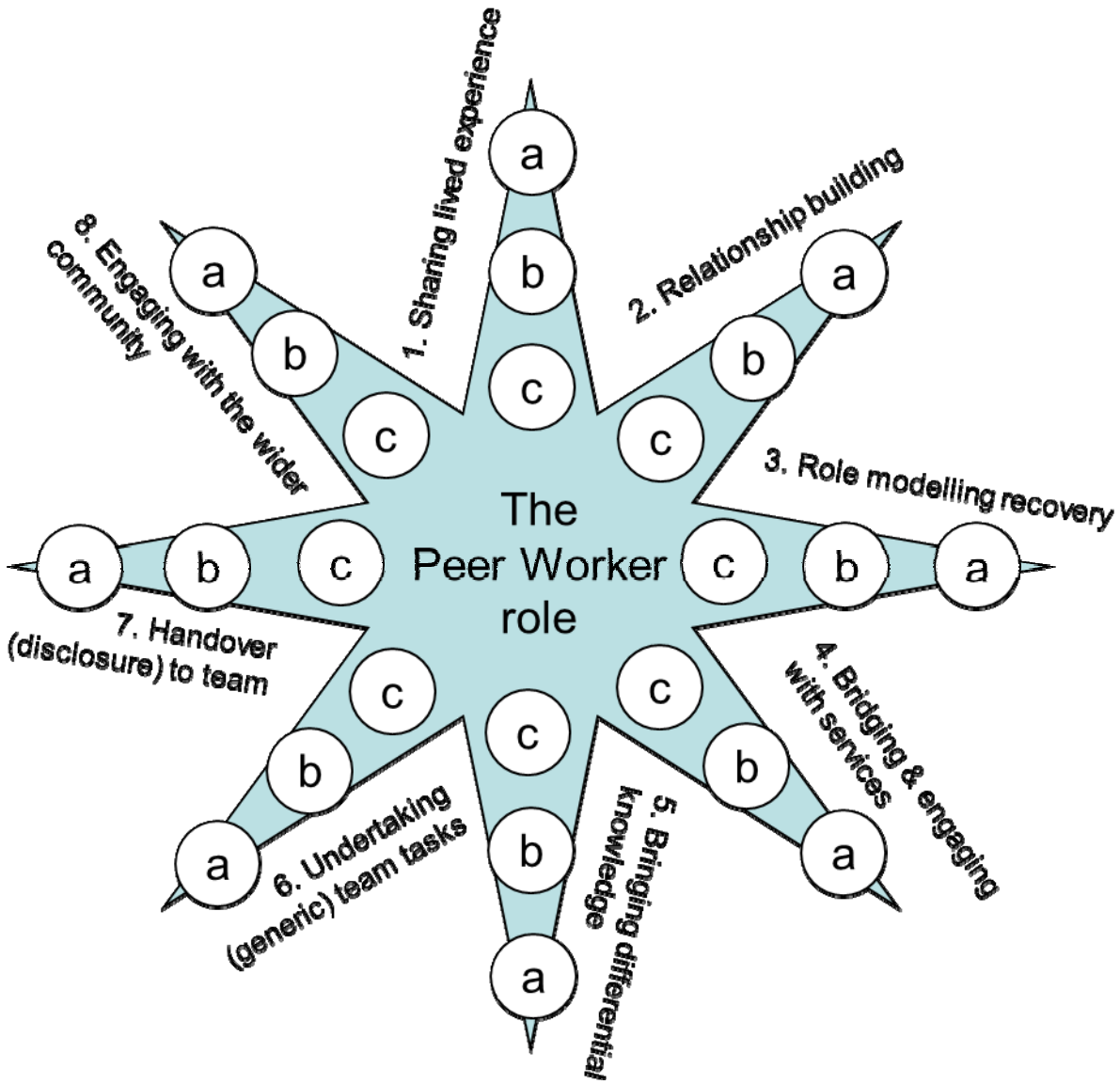
Principles of developing and implementing peer worker roles in mental health services

1. Fundamental to the peer worker role is the explicit sharing and using of lived experience of mental health problems - *while employed in a role of work* - in support of others with similar experiences
2. The sharing of lived experience is a very personal process - ultimately each individual peer worker is in control of how they use their lived experience in their work
3. It is essential that all stakeholders to the peer worker role - peer workers, service users, carers, professional mental health workers and service managers - share expectations of how, why and when lived experience is used by peer workers in their practice
4. The function of the peer worker role should be sufficiently and clearly different from other roles in mental health service teams in order that the distinctiveness of the role is not eroded over time
5. The differential knowledge and skills that peer workers bring to their work should be respected and actively enabled to flourish
   - Too much generic team task can undermine the role
6. New peer worker roles should be developed in partnership by the full range of stakeholders involved so that expectations of the function and values underpinning the role are shared
   - It is especially important that colleagues and managers in multi-disciplinary teams share expectations of the role (teams need training and preparing too)
7. What constitutes 'shared lived experience' between peer workers and the people they support will be different in each different service and setting
   - The question of 'who is a peer?' should inform the role description, recruitment process and training for each different peer worker role
   - The language used to name and describe the role and the work that peers do will be specific to different service delivery, cultural and community contexts
8. At the heart of the peer worker role is the building of *relationships based on shared lived experience*
   - Working in this way is demanding and potentially impacts on peer worker wellbeing
   - Training, supervision and support for peer workers should engage with this very specific challenge (enforcing conventional, clinically-boundaried practice or providing support that (re)pathologises the peer worker can undermine the sharing of lived experience)
9. A recruitment and selection process that clearly describes the role and the qualities required of potential peer workers is essential to ensuring that peer working is a rewarding experience for all
10. Training, supervision and support for peer workers should be tailored to the specific function, expectations and setting of each peer worker role (and should be sufficiently funded to be effective)
11. People with lived experience of mental health problems should remain central to the leadership and governance of the role to ensure that the sharing of lived experience remains integral to the role
12. The provision of reasonable adjustments in peer workers' working terms and conditions should serve to enable access to the workplace for people with lived experience of mental health problems
13. Sufficient peer workers should be employed within services and teams to prevent isolation and to provide opportunities for peer support
    - This should include formal provision of peer support spaces
14. Remuneration for the peer worker role - and provision of opportunities for career development - should properly reflect the value of the work that peers do
15. Provider organisations employing peer workers should be sufficiently flexible and open to change to work with the challenge to organisational culture that the introduction of peer workers invites

Peer worker mapping tool



Peer Worker Role Star



Components of the role

1. Sharing lived experience
2. Relationship building
3. Role modelling recovery
4. Bridging & engaging with services
5. Bringing differential knowledge
6. Undertaking (generic) team tasks
7. Handover (disclosure) to team
8. Engaging with the wider community

a. CORE role component
b. desirable role component
c. NOT a part of the role

APPENDIX 4

PEER WORKER ROLE INVENTORY **Role Development Version**

Name: _____ Date: _____

I am a (please tick one):

Peer Worker	☐	Co-worker	☐
Service User	☐	Strategic manager	☐
Carer	☐	Commissioner	☐
Team or line manager	☐	Other	☐

Please describe other: _____

Read each of the statements below and then indicate to the right how important you think each statement is for the successful introduction of a peer worker role.

		How important do you think this is?					
		Extremely important	Quite important	Not very important	Not at all important	Don't know	Not relevant
Section 1 – Recruitment, job description and career pathway							
1.1 Peer Workers are recruited through a formal recruitment process							
1.2 Peer Workers have lived experience of using the same or similar services as those they are working in							
1.3 Personal experience of mental health issues is sufficient to qualify someone to work as a Peer Worker							
1.4 Peer Workers have a job description that defines tasks and responsibilities that are specific to the Peer Worker role							
1.5 Terms and conditions for Peer Workers include 'reasonable adjustments' such as flexible working arrangements							
1.6 Peer Workers are paid the same as other workers in the organisation doing similar work							
1.7 Peer Workers have the same access to trade union representation as other workers in the organisation							
1.8 There are opportunities for promotion for Peer Workers in the organisation							
Section 2 – Expectations of the role							
2.1 There is a shared understanding of the role of Peer Workers in the organisation							
2.2 The Peer Worker role is clearly different to other roles in the organisation							
2.3 Peer Workers are expected to be as professional as any other worker in the organisation							
2.4 Peer Workers are expected to disclose their personal mental health history as part of their work							
2.5 Boundaries between Peer Workers and service users are clearly managed (e.g. confidentiality, contact, availability)							
2.6 The Peer Worker role is defined by a specific set of Peer Worker skills and 'competencies'							
2.7 Service users' relationships with peer workers are different to their relationships with other workers/ staff in the organisation							
2.8 Peer Workers have the necessary skills to provide support for service users who are experiencing a mental health crisis							

APPENDIX 4

	How important do you think this is?					
	Extremely important	Quite important	Not very important	Not at all important	Don't know	Not relevant
Section 3 – Peer Workers & diversity						
3.1 Peer Workers are recruited from the community or communities that the organisation provides a service to						
3.2 The Peer Worker role is about a wide range of issues including access to services, social inclusion and community rights						
3.3 Leadership for Peer Work comes from within the community or communities that the organisation provides a service to						
3.4 Language used to describe the Peer Workers role is relevant to the community or communities that the organisation provides a service to						
Section 4 – Training & support						
4.1 Peer Workers receive training which is specifically designed for this purpose						
4.2 Peer Worker training is externally accredited (i.e. they receive a qualification from a university of college)						
4.3 Peer Workers receive the same training in core competencies that all mental health workers receive						
4.4 Other staff in the organisation receive training in working alongside Peer Workers						
4.5 Peer Workers are supported by the organisation to access advice about benefits and welfare rights						
4.6 Peer workers have access to independent mentoring from outside the organisation						
Section 5 – Team working and management						
5.1 Peer Workers are supported by other members of the staff team (by other Peer Workers and/ or non-peer colleagues)						
5.2 Team managers provide formal one to one line management to Peer Workers						
5.3 Team managers provide support for Peer Workers who become unwell (including support with mental health issues)						
5.4 Team managers are required to have specific skills in order to lead teams which include Peer Workers						
5.5 Cover is provided by other members of the team if Peer Workers become unwell						
5.6 Colleagues are informed about the specific mental health history of Peer Workers they work alongside						
5.7 Risk management procedures are in place that refer specifically to issues relevant to Peer Working						
5.8 Peer Workers have a specific function that is different to that of other team members						
5.9 Peer Workers are being employed in jobs that were previously occupied by non-peers (mental health professionals/ support workers)						
Section 6 – Organisation						
6.1 The employment of Peer Workers is supported at the highest level in the organisation						
6.2 A single or small number of individuals 'champion' the role of Peer Workers in the organisation						
6.3 The employment of Peer Workers fits into the organisation's wider strategic objectives						
6.4 The organisation has policies and procedures that deal with issues such as Peer Workers and Risk Management						
6.5 The role played by Peer Workers is valued across the organisation						

APPENDIX 5

PEER WORKER ROLE INVENTORY **Role Audit Version**

Name: _____ Date: _____

I am a (please tick one):

Peer Worker	☐	Co-worker	☐
Service User	☐	Strategic manager	☐
Carer	☐	Commissioner	☐
Team or line manager	☐	Other	☐

Please describe other: _____

Read each of the statements below and then indicate to the right how much of the time you think the issue described in each statement is actually happening in practice.

	Is this happening here?					
	All of the time	**Much of the time**	**Occasionally**	**Never**	**Don't know**	**Not relevant**
Section 1 – Recruitment, job description and career pathway						
1.1 Peer Workers are recruited through a formal recruitment process						
1.2 Peer Workers have lived experience of using the same or similar services as those they are working in						
1.3 Personal experience of mental health issues is sufficient to qualify someone to work as a Peer Worker						
1.4 Peer Workers have a job description that defines tasks and responsibilities that are specific to the Peer Worker role						
1.5 Terms and conditions for Peer Workers include 'reasonable adjustments' such as flexible working arrangements						
1.6 Peer Workers are paid the same as other workers in the organisation doing similar work						
1.7 Peer Workers have the same access to trade union representation as other workers in the organisation						
1.8 There are opportunities for promotion for Peer Workers in the organisation						
Section 2 – Expectations of the role						
2.1 There is a shared understanding of the role of Peer Workers in the organisation						
2.2 The Peer Worker role is clearly different to other roles in the organisation						
2.3 Peer Workers are expected to be as professional as any other worker in the organisation						
2.4 Peer Workers are expected to disclose their personal mental health history as part of their work						
2.5 Boundaries between Peer Workers and service users are clearly managed (e.g. confidentiality, contact, availability)						
2.6 The Peer Worker role is defined by a specific set of Peer Worker skills and 'competencies'						
2.7 Service users' relationships with peer workers are different to their relationships with other workers/ staff in the organisation						
2.8 Peer Workers have the necessary skills to provide support for service users who are experiencing a mental health crisis						

APPENDIX 5

	Is this happening here?					
	All of the time	Much of the time	Occasionally	Never	Don't know	Not relevant
Section 3 – Peer Workers & diversity						
3.1 Peer Workers are recruited from the community or communities that the organisation provides a service to						
3.2 The Peer Worker role is about a wide range of issues including access to services, social inclusion and community rights						
3.3 Leadership for Peer Work comes from within the community or communities that the organisation provides a service to						
3.4 Language used to describe the Peer Workers role is relevant to the community or communities that the organisation provides a service to						
Section 4 – Training & support						
4.1 Peer Workers receive training which is specifically designed for this purpose						
4.2 Peer Worker training is externally accredited (i.e. they receive a qualification from a university of college)						
4.3 Peer Workers receive the same training in core competencies that all mental health workers receive						
4.4 Other staff in the organisation receive training in working alongside Peer Workers						
4.5 Peer Workers are supported by the organisation to access advice about benefits and welfare rights						
4.6 Peer workers have access to independent mentoring from outside the organisation						
Section 5 – Team working and management						
5.1 Peer Workers are supported by other members of the staff team (by other Peer Workers and/ or non-peer colleagues)						
5.2 Team managers provide formal one to one line management to Peer Workers						
5.3 Team managers provide support for Peer Workers who become unwell (including support with mental health issues)						
5.4 Team managers are required to have specific skills in order to lead teams which include Peer Workers						
5.5 Cover is provided by other members of the team if Peer Workers become unwell						
5.6 Colleagues are informed about the specific mental health history of Peer Workers they work alongside						
5.7 Risk management procedures are in place that refer specifically to issues relevant to Peer Working						
5.8 Peer Workers have a specific function that is different to that of other team members						
5.9 Peer Workers are being employed in jobs that were previously occupied by non-peers (mental health professionals/ support workers)						
Section 6 – Organisation						
6.1 The employment of Peer Workers is supported at the highest level in the organisation						
6.2 A single or small number of individuals 'champion' the role of Peer Workers in the organisation						
6.3 The employment of Peer Workers fits into the organisation's wider strategic objectives						
6.4 The organisation has policies and procedures that deal with issues such as Peer Workers and Risk Management						
6.5 The role played by Peer Workers is valued across the organisation						

APPENDIX 6

EVALUATION SHEET

Many thanks for your interest in our Peer Worker *Organisational Learning Toolkit*. We hope it might have been of some use to you in introducing and developing new peer worker roles in mental health services.

To help us improve on these tools and further develop our work on peer support in the future we would be grateful if you could answer a few questions for us about the toolkit.

Who you are:

I am a (please tick one):

Peer Worker	☐	Co-worker	☐
Service User	☐	Strategic manager	☐
Carer	☐	Commissioner	☐
Team or line manager	☐	Other	☐

Please describe other: _____

Where you used the toolkit:

Country _____ City/ locality _____

Sector:

Health ☐ Social care ☐ Voluntary/ not-for-profit ☐ Peer-led provider ☐

Service setting:

Inpatient ☐ Community ☐ Culturally-specific services ☐ Other _____

Which tools did you use?

Mapping & Decision Support Tool ☐ Role Star ☐ Role Inventory ☐

	Not very helpful	**Quite helpful**	**Very helpful**
How helpful was the toolkit in meeting your peer worker role development needs?	☐	☐	☐
How helpful was the written guidance?	☐	☐	☐
How helpful were the diagrams & tables?	☐	☐	☐

Please tell us what was good about the toolkit, or how it might be improved:

Please print and complete the evaluation sheet and either scan and email to sgillard@sgul.ac.uk or post to:
Steve Gillard, Population Health Research Institute, St George's, University of London, London, SW17 0RE, UK.