# TOOLKIT
## To Support Peer Support Workers working in the Health Service Executive

HSE Mental Health Services

Seirbhís Sláinte Níos Fearr á Forbairt | Building a Better Health Service

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# Contents

# Foreword

The development of a recovery oriented service utilising lived experience of service users has been a core priority for the Health Service Executive (HSE) mental health services in recent years as outlined in *A Vision for Change* (2006, 2020). The development of the *National Framework for Recovery in Mental Health* (2017) is a further step in ensuring the provision of recovery oriented services in Ireland. Actions within the framework include introducing lived experience supports into the HSE mental health services workforce. Peer support working is a key driver of integrating lived experience into the design, delivery and evaluation of services. In 2017 the HSE mental health services committed to employing peer support workers as part of multi disciplinary teams to support service users in their recovery in a learning site process across 5 Community Health Organisations.

 A recently completed HSE impact study on the current peer support sites has shown that peer support workers working on mental health teams enhances the development of more recovery oriented services and improves recovery outcomes for our service users. Over the course of the development of the peer support working programme there has been much learning as to how to provide quality peer support working in our services in relation to service readiness, peer support training, peer support supervision and self-care. The HSE mental health engagement and recovery office has been keen to harvest all this information to ensure we provide a good quality peer support service that is evidenced and best practice based. To achieve this improvement project, a number of consolations and focus groups were held with the key stakeholders involved in delivering peer support in Ireland and have developed this toolkit based on the best practice identified in those consultations. The toolkit will act as a resources to support the HSE and local services in expanding peer support working onto multidisciplinary teams across all areas in the coming years.

I would like to acknowledge the commitment of all the stakeholders involved to date, peer support workers, the multidisciplinary teams involved, the peer support supervisors and the heads of mental health services.  They have all been pioneers for peer support working within the HSE and have overcome the many inevitable challenges associated with a new role.  Similarly I would like to thank everyone involved in the development of this toolkit.

I am certain that this toolkit will be a very important resource in the expansion of peer support working in HSE services and beyond as we strive to embed the peer support working skill set into our service delivery and in doing so enhance the recovery orientation of services and offer increased opportunities for our service users to recover.

**Michael Ryan**

*Head of Mental Health Engagement & Recovery*

# Glossary

**Peer Support Worker (PrSW):**
Someone who identifies as having personal lived experience of mental health difficulties and intentionally shares their lived experience as a means of providing support and connecting with others experiencing similar challenges. Other countries use the acronym PSW for PrSWs- however as that is used for Principal Social Worker in the Irish context, the HSE has adopted the acronym PrSW.

**Peer Supervisor**:
Someone who supervises a PrSW that has the experience of working in a peer support role themselves and identifies as having personal lived experience of a mental health difficulty.

**Non-Peer Supervisor**:
Someone who supervises a PrSW who has never been a PrSW or provided intentional peer support themselves. This person may identify as experiencing mental health challenges but has never done so in a role.

**Non-Peer Colleagues:**
Co-workers or people with whom the PrSW works alongside who are working in a peer support role i.e. social workers, nurses, occupational therapists, psychologists, doctors, nurse practitioners and administrative staff. These people may identify as experiencing mental health challenges but do not intentionally use their lived experience in their role.

**Service User:**
We have generally used the term "Service User" to refer to people with lived experience of mental health challenges that are on the receiving end of services, including the services provided by peer support staff.

**Peer staff / non-peer staff:**
While any staff working in mental health may have lived experience of mental distress, we distinguish here between staff who are explicitly invited to use their lived experience as part of their role (peer staff) and those who are not (non peer staff and colleagues).

**Advancing Recovery in Ireland (ARI):**
This initiative was a standalone service improvement HSE initiative which commenced in 2014 to support the development of a more recovery-oriented mental health service. It focused on bringing about the organisational and cultural changes required to achieve more recovery focused service through the inclusion of Service Users, Family members and Carers in the design, delivery and evaluation of services through a co-production process. It was merged into the HSE's Mental Health Recovery and Engagement (MHER) function in 2019.

**Social Prescribing:**
This is a mechanism linking service users in with non-medical sources of support within the community. These might include opportunities for arts and creativity, physical activity, learning new skills, volunteering, mutual aid, befriending and self-help, as well as support with employment, benefits, housing, debt, legal advice, or parenting problems etc.

**Lived Experience:**
The term lived experience refers to the knowledge and understanding you get when you have lived through something. People with mental health lived experience are people living with mental illness and family or friends supporting someone living with mental illness (including carers).

**Co-Production:**
is the delivery of "public services in an equal and reciprocal relationship between professionals, people using the services, their families and their neighbours." It is explained in detail in the following link: www.hse.ie/co-production-in-practice-guidance-document-2018-to-2020.pdf.

**Health Service Executive (HSE):**
This is the organisation that provides all of Ireland's public health services in hospitals and communities across the country.

# Section 1 Background

In 2017 the HSE Mental Health Service recognised the value of having people with lived experience working as part of a multidisciplinary team (MDT). Evidence has shown that employing people with lived experience has increased the recovery capacity of service users and service providers through the provision of increased hope of recovery (HSE, 2017). Having people with lived experience who have experienced the recovery process on teams has added to the understanding for clinical experts of what recovery is, and how people recover. In recent years experts by experience such as PrSWs and Peer Educators have been formalised to become part of the mainstream service provision in a number of countries including UK, Canada, Australia, New Zealand, United States and Ireland.

Peer support initially emerged in Ireland through community based peer-led initiatives and through Advancing Recovery Ireland (ARI). In 2015 the HSE initiated a €1 million programme to develop an initial cohort of PrSWs on the MDTs in selected services which proved to have a significant impact on recovery in services (Hunt & Byrne, 2019). The HSE has committed to increasing the peer support workforce and building capacity in more areas.

Developing capacity in relation to peer support working is important and having a clear vision of the peer support role, its unique value to the organisation, and that it is based on best practice will help to develop that capacity.

Even though there are many positives, there have been some challenges with the introduction of this new role. These challenges have been highlighted in the impact study by Hunt and Byrne (2019) and from an in-house unpublished report by Maley and Ryan (2017). This toolkit will address some of those challenges. It will give:

- Clarity on the role of PrSWs working in HSE multidisciplinary teams

- Guidance on adequate and appropriate supervision structures that acknowledges the value of peer support supervision

- Guidance for colleagues and managers on multidisciplinary teams engaging a PrSW on their team.

The tools in this toolkit have been adopted from a resource by Keely Phillips and her colleagues in Canadian Mental Health Association Waterloo Wellington – Self Help & Peer Support Services. The name of the resource is *Supervising Peer Workers: A Toolkit for Implementing and Supporting Successful Peer Staff Roles in Mainstream Mental Health and Addiction Organizations.* Keely has kindly given permission to adapt the resources.

This toolkit was co-produced with Peer Support Workers who were in post in Mental Health Services in 2019 and their supervisors from Social Work and Nursing disciplines. It is hoped that the role of Peer Support Worker will develop within Mental Health Services and that this toolkit will be revisited to accommodate any new developments.

## Who is this Toolkit for?

This toolkit is designed for PrSWs who are taking up a new post as PrSW , for HSE senior management and other staff who will be working alongside PrSWs on multidisciplinary teams and for general information. It is an attempt to define the role of PrSW while keeping in mind that this role is still relatively new in health services. Senior management have agreed that the role should have flexibility. The majority of the PrSW's time should be dedicated to one-to-one and group work with service users with some time being utilised to explore new possibilities for the role and linkages with communities.

The toolkit provides a section on supervision for PrSWs. Supervision of PrSWs can be challenging for supervisors and PrSWs as many supervisors are do not have lived experience or are not in a similar lived experience role. Keeley (2018) identified that PrSWs can struggle with isolation and role strain, particularly when they are the only PrSW in their area. In Canada there have been cases where role strain in PrSWs resulted in "a peer worker becoming less recovery-oriented, adopting clinical language, and abandoning the values of peer support in their work". Alternatively, they have also seen "role strain lead peer workers to become overly rigid in their values, becoming "against the system", causing them to become further isolated and marginalised and preventing cooperative and interdisciplinary work from occurring". Supervision can assist in preventing these extremes and minimise the drift that can occur when lived experience peer support roles are implemented in mainstream settings (Chinman et al, 2008).

This toolkit can be used in the induction of all new staff and as a resource in recovery education courses. It can also be used by Higher Education Institutes (HEIs) as part of PrSW Training.

The tools included in the toolkit support peer support working throughout the PrSW continuum in the HSE, i.e. as part of induction, in clarifying the PrSW role within clinical MDTs and providing support as part of the role. It may be useful for all mental health staff to become familiar with the eight tools included in this toolkit prior to a PrSW commencing on their MDT teams.

**Tools in this toolkit:**

- **TOOL 1:** The Role of the Peer Support Workers in the HSE Mental Health Services Multidisciplinary Teams

- **TOOL 2:** Examples of Tasks that use Peer Support Workers Lived Experience

- **TOOL 3:** Guidelines for Defining Tasks of Peer Support Workers within the HSE Mental Health Services

- **TOOL 4:** Service Readiness Checklist

- **TOOL 5:** Role Of The Supervisor And Supervise

- **TOOL 6:** Peer Support Workers Interaction With Service User

- **TOOL 7:** Example of a Protocol for Peer Support Work

- **TOOL 8:** Getting To Role Clarity

# Section 2 Role of the Peer Support Worker

A PrSW is a trained individual who has their own lived experience of having a mental health challenge/s and who provides one-to-one and/or group based support to enable service users to make choices related to their life based on self-determination. PrSWs engage with individuals and with groups. PrSWs believe in a person's ability to direct the improvement of their health and wellness and that there is hope about the future. Peer support work is guided by recovery principles. Recovery is about meeting and accepting a person for where they are at and at the pace in which they will move forward. An individual's greatest strength is who they are. Recovery is a process of self-discovery and moving towards wellness. It is designed by the service user.

**The four core principles that have been identified as essential for a Recovery Orientated Service and that influence peer support working are:**

1. **The centrality of the service user's lived experience.**

2. **The co-production of recovery promoting services, between all stakeholders including Service Users, Family/ Carer's and healthcare staff.**

3. **An organisational commitment to the development of recovery orientated Mental Health Services.**

4. **Supporting recovery orientated learning and recovery orientated practice across all stakeholder groups.**

*(Health Service Executive, 2017)*

**PrSW's values:**

- Hope – Recovery cannot occur without hope. PrSWs encourage hope, focusing on people's strengths and abilities.

- Empowerment – PrSWs provide individuals with opportunities to exercise control and power with respect to their lives.

- Self-determination – PrSWs recognise and honour that the individual will make their own life decisions.

- Meaningful choice – PrSWs recognise that individuals including service users, family and carers have their own expertise on recovery and individuals have the right to make their own choices. PrSWs encourage people to make informed decisions.

- Diversity and inclusion – PrSWs strive toward the elimination of prejudice and discrimination on the basis of mental health challenges.

- Mutuality- PrSWs work with service users on the basis of mutual respect and mutual learning. Both parties are on the same level and work together as equals to support one another through their difficulties.

*(Phillips et al, 2019)*

PrSWs work from a lived experience perspective. The intentional sharing of personal lived experiences of mental health challenges are the cornerstone of peer support work. Through sharing lived experiences an authentic, empathetic relationship based on mutuality and professional companionship is created between the PrSW and the service user. This role is unique within the Mental Health Services.

When working from a lived experience perspective, the PrSW will:

- Value the shared common experience and the lived experiences of individuals with a mental health issue (peers). This shared lived experience provides a context that allows people to work together. From that shared common experience a relationship begins, that allows for a common starting point which can lead to different and deeper understanding of what that experience means and how it defines and shapes our present situation.

- Value shared responsibility and shared accountability. Each person shares in the responsibility of making the relationship meaningful for themselves and each individual is accountable for their thoughts, feelings and actions with respect to the relationship.

- Value the non-clinical approach of peer support. PrSWs will not rely on clinical diagnosis, and will avoid labelling. While information about clinical interventions may be discussed the provided treatment is not the outcome, principle or nature of peer support. In other words, "the clinical outcomes are 'side effects' of an authentic peer relationship".

*(Phillips et al, 2019)*

There are other tasks that PrSWs often engage in that may not be based on lived experience but are important to the service and may have valuable learning.  It is recommended that if a PrSW is engaging in tasks not based on lived experience then supervisors and PrSWs workers should monitor the amount of time involved to ensure that priority is given to providing direct services that utilises the PrSW's lived experience. Although a PrSW might carry out tasks that don't necessarily utilise lived experience, the foundations of everything they do, and their interactions are based on their lived experiences.

See Appendix 1 for examples of current Peer Support Workers roles and their typical daily tasks.

See Appendix 2 for a Sample HSE Peer Support Worker Job Specification. The table below outlines elements of the role of the PrSW.

| A PrSW is/Does | A PrSW is Not/Does Not |
|---|---|
| A person in recovery | A clinical role |
| Shares lived experience | Does not give advice |
| Works to best practice in peer support & recovery | Does not just support one intervention |
| Encourages informed decision making | Does not enforce treatment or activity |
| Sees the person as a whole person in the context of the person's roles, family, community | Sees the person as a case or diagnosis |
| Motivates through hope and inspiration | Motivates through fear of negative consequences |
| Teaches the person how to accomplish daily tasks | Does tasks for the person |
| Helps the person find basic necessities | Provides basic necessities such as a place to live |
| Uses language based on common experiences | Uses clinical language |
| Helps the person find professional services from lawyers, doctors, psychologists, financial advisers | Provides professional services |
| Encourages, supports, praises | Diagnoses, assesses, treats |
| Helps to set personal goals | Mandates tasks and behaviours |
| A role model for positive recovery behaviours | Is prescriptive on how someone should lead his/her life in recovery |

*(Adopted from Hendy 2014)*

# TOOL 1: The Role Of The Peer Support Workers in HSE Mental Health Services

**Principal Duties and Responsibilities:**

○ PrSWs in the HSE work as part of multidisciplinary teams. Referrals are made through members of the multidisciplinary team or sometimes the service user can self refer. The working duties of the PrSWs vary depending on the area they work in, the approach taken by the team and on the needs of the service user they are supporting. Some examples include engaging with and assisting a service user who is anxious about joining groups; and giving information to help service users make informed decisions.

○ PrSWs work one-to-one with service users to guide them through their recovery process. The relationship is founded on offering support as an equal and assisting service users to recognise their recovery goals while challenging beliefs around illness and their capacity to recovery. Inclusive of this one-to-one support is being a 'connecting link' between the service users, the Mental Health Services and often wider community supports. PrSWs offer hope and encouragement for service users as they are or have been on the recovery journey themselves. PrSWs share the part of their own journey that is appropriate and this helps to break down barriers and build trust.

○ PrSWs pass through a number of stages as they support the service user to commence their own recovery journey. These steps include building a therapeutic relationship via sharing lived experience, identifying goals, planning, implementation and exiting peer support. The peer support process is not always this clear and the service user may leave or re-enter the process at any time, goals may be identified but may need to be revisited etc. The PrSW and the service user should both have a clear understanding of the process.

○ PrSWs facilitate support in all areas of the service user's recovery including healthy eating, anxiety management, stress management, etc. Group work can be very useful in supporting individuals and learning from other people on how they achieved their recovery goals. Many PrSWs are trained in Recovery Education programmes such as the Wellness Recovery Action Planning (WRAP) which supports individuals to design their own prevention and wellness process that they can use to get well and stay well. PrSWs can also work alongside Peer Educators and Recovery Education Facilitators in the development and co-facilitation of recovery education modules in Recovery Colleges and Recovery Education Services, etc.

○ PrSWs support service users through transitions in their recovery journey such as from hospital to community-based services, from community Mental Health Services to home, to community-based supports and into employment. The PrSW can be a support to the service user if mental health challenges return or new challenges emerge.

○ PrSWs connect service users to the community. As part of the service users Individual Care Plan, the PrSW has an important role of linking service users into community, e.g. joining groups and clubs in the community, or being part of social prescribing that helps people to access local opportunities and activities they feel will improve their wellbeing.

**Competencies and Skills:**

Many of the competencies and skills for peer support work are achieved through PrSWs' own personal lived experience of mental health issues, through a qualification in peer support working, and experience working with people with mental health problems. The HSE asks that all PrSWs applying to work in the HSE for a qualification at Quality and Qualifications Ireland (QQI) Level 8 or an equivalent qualification in the area of Peer Support Work in Mental Health .

The essential skills and competencies are listed below:

- PrSWs have the ability to draw on their own lived experience and recovery in an appropriate manner that inspires hope for the service user to begin their own recovery journey.

- PrSWs sometimes work with vulnerable people and therefore require good written and verbal communication skills. They should have the ability to demonstrate active listening skills. They will have to write in service users notes and be part of the individual care planning processes with other members of the multidisciplinary team. PrSWs will take part in team meetings and present information on the service they provide for and with the service user.

- PrSWs should have empathy (a deep appreciation for another's situation and point of view) and compassion. Being compassionate and kind is closely related to empathy. While empathy refers more generally to the ability to take the perspective of, and to feel the emotions of, another person, compassion goes one step further and includes the desire to take actions to alleviate another person's distress.

- PrSWs will have the ability to form therapeutic relationships with service users and their families.

- PrSWs must know and understand the concept of recovery and explain what this means for service users and family members. The PrSW supports the service user to lead their own recovery. The PrSW may also support family members or carers. The PrSW acts as a role model through maintaining their own recovery and emphasises the importance of self-care and group activities that support recovery.

- PrSWs must know about the HSE, the Mental Health Services and the team structures within the Mental Health Services. They must be able to articulate this to service users. They must also have an awareness of governmental health polices, e.g. A Vision for Change and SlainteCare and the National Framework for Recovery in Mental Health.

- PrSWs should have basic working IT skills. They should have the ability to manage their own work and caseload, meet deadlines and have good organisational skills.

- PrSWs must be able to work in a solution focused way that is evidenced-based on best practice in recovery. They should collaborate with colleagues as appropriate and always ensure that decisions deliver best recovery outcomes for service users and for Mental Health Services.

- PrSWs should always aim to deliver a high standard of service. A belief in the possibility of recovery for all and a commitment to peer principles and values is important.

- PrSWs require the ability to take and process information. They must show good negotiation skills, good problem-solving skills and the ability to mediate on behalf of the service user. They need the ability to make good decisions that benefit the service user and the Mental Health Service.

- PrSWs will be working on a team with many other disciplines such as nurses, doctors, occupational therapists, social workers, dieticians, etc. The make-up of teams is not the same in all services. The PrSW will be a valuable member of the team as their lived experience offers particular knowledge and skills. Everyone on the team has a part to play and everyone's views are equally important.

- PrSWs employed in the HSE must be able to self reflect on their practice and have a self-care plan appropriate to their needs. Supervision will be provided by the HSE.

# TOOL 2: Examples of Tasks that use Peer Support Workers Lived Experience?

Based on the *Report on the Impact of Peer Support Workers in Mental Health Services* HSE (Hunt &Byrne 2019) and *Supervising Peer Workers: A Toolkit for Implementing and Supporting Successful Peer Staff Roles in Mainstream Mental Health and Substance Use/Addiction Organizations* (Phillips et al 2019) common tasks in relation to the PrSW role are listed below. This is not an exclusive list and may change depending on job location and line manager.

**Providing support to individuals**

- Meeting one-to-one with service users to share experiences.
- Connecting service users with resources: employment resources, social/financial assistance, educational and housing supports.
- Navigating public services.
- Providing reassurance and support to someone in crisis.
- Doing recreational activities with service users.
- Supporting service users attending court.
- Visiting service users at home or in hospital.
- Assisting service users to attend appointments.
- Assisting service users communicate effectively with the team.
- Assisting service users communicate with other providers.
- Supporting service users with transportation needs with goal of empowering people to eventually find and use transport independently.
- Listening.
- Assisting with goal identification.

**Providing support to groups**

- Facilitating and co-facilitating peer support and recovery groups.

**Providing support to other staff and to the Mental Health Services**

- Talking with other staff about the realities of living with mental health challenges.

- Promoting a better understanding of the individual experiences of mental illness and supporting change at an organisational level.

- Team meetings / supervision.

- Steering and working groups that requires expertise of lived experience.

- Representing peer support on appropriate groups.

- Conference presentations.

There are some tasks that PrSWs engage in that may not be based on lived experience but are important to their work and may result in valuable learning. It is recommended that supervisors and PrSWs monitor the amount of time spent on these tasks to ensure that the majority of time is spent providing direct service that utilises the PrSWs lived experience (approx 80:20 break down). This is only guidance and recognises that PrSWs indirect work can be very influential in informing and influencing recovery based services.

**Examples of tasks that does not use lived experience are:**

- Reminder phone calls, supporting people at appointments, arranging transport.

- Administrative tasks such as recording minutes, emails, preparing group resources.

# Section 3 Service Readiness

Peer support is a unique, non-clinical discipline that is incorporated into multidisciplinary clinical teams. Maintaining fidelity to the practice of peer support is a challenge in some interdisciplinary settings. Under these conditions, PrSWs need to be mindful of the pressures they may experience to conform to the clinical approaches of their colleagues. Just like their colleagues, it is important that they conduct themselves in a way that is consistent with their role and practice discipline.

PrSWs are not volunteers, they are hired as valuable members of the team and when they lose fidelity to the peer support approach they are no longer providing the best support to service users. PrSWs are not clinically trained and this makes it difficult for them to be the named key workers for service users. However, they do contribute to individual care planning and work with service users to set realistic goals based on their own lived experience. They attend multidisciplinary team meetings, services user review meetings and record their interactions with service users in the clinical notes.

In best practice PrSWs would learn peer support from seasoned PrSWs and have ongoing connections to a community of other PrSWs. This is an important part of maintaining the integrity of peer support and ensuring the quality of support that service users receive. Peer support working is relatively new to the HSE and PrSWs have found ongoing links to their peer colleagues through a national forum useful. It is hoped that as PrSWs become more experienced supervision will be provided within their discipline.

The HSE is still learning about what peer support working is and what it means to have a PrSW on the multidisciplinary team. The following tool on *Guidelines for Defining Tasks of Peer Support Workers within HSE Mental Health Services* may be useful when exploring what is appropriate for a PrSW to do in their roles. This does not include the tasks that all team members engage in such as staff meetings, training, and required administrative tasks. There may be other tasks that the PrSW wishes to engage in or their supervisors recommend which will be useful for role progression. The tool on *Getting to Role Clarity* on page 34 may also be useful.

# TOOL 3: Guidelines for Defining Tasks of Peer Support Workers within HSE Mental Health Services

The following guidelines may be useful when exploring whether a task is appropriate for a PrSW. This does not include the tasks that all team members engage in such as staff meetings, training, required administrative tasks.

- The task allows for the PrSW to use their lived experience.

- The task provides opportunity to connect with individuals in a way that builds rapport and facilitates connection with services/team.

- The task aligns with service and organisation goals.

- The task makes use of PrSW's particular skill set.

- The task is non-clinical.

The most essential criteria for determining if a task is appropriate for a PrSW is the use of lived experience. Take a look at some examples of the types of tasks that would be appropriate, or not, for a PrSW.

| Example of tasks appropriate for a PrSW | Example of tasks not appropriate for a PrSW |
|---|---|
| The PrSW facilitates a group on self-care during which the PrSW shares their own strategies and what didn't work for them in a way that normalises the importance of trying new things. | The PrSW is part of a staff complement to a therapy group but does not use their lived experience as a means of relating group content to the participants. |
| The PrSW is asked to accompany a service user to a doctor's appointment and provide support during the appointment. On the way to the doctor's appointment the PrSW and the service user discuss communicating with the doctor about medication side effects. The PrSW shares their lived experience of communicating with doctors about medication concerns. | The PrSW is asked to accompany a service user to a doctor's appointment and wait in the car park. The PrSW does not know the individual and there is no intended ongoing connection between the service user and PrSW. |
| The PrSW leads a mindfulness group, drawing from their personal knowledge and interest in mindfulness practice. The PrSW discusses the role that mindfulness plays in their recovery. | The PrSW is asked to assist a service user who is moving house. There has been no previous involvement with service user and no intended ongoing connection between the service user and PrSW. |

**Services and Multidisciplinary Team Readiness**

Many of the challenges that PrSW experience in their work can be traced back to how the role was initiated and implemented. Jorgenson & Schmook (2014) provide a list of necessities when implementing peer roles, these include:

- Senior leadership buy-in

- Using a readiness checklist

- Identifying staff champions

- Defining and planning the role with multiple stakeholders

- Creating job descriptions

- Determining how the impact of the peer role will be evaluated.

The following page contains a checklist to see if the service is ready to support peer support working. The readiness of the service is very important to role development. It is the first role of lived experience to be introduced into the HSE and may result in vulnerability of the PrSW but also of staff who may find it difficult to switch from the role of carer to colleague. This needs to be addressed before the PrSW commences in the role as any ambiguity towards the role may result in the PrSW being given unrealistic tasks, be restricted in carrying out their work and feeling unsupported.

**Resources to Support Organisations and Services**

- The National Framework for Recovery in Mental Health 2018-2020

- Coproduction in Practice Guidance Document 2018-2020

- Recovery Education Guidance Document 2018-2020

- Family Recovery Guidance Document 2018-2020

www.hse.ie/mental-health-services/advancingrecoveryireland/national-framework-for-recovery-in-mental-health

# TOOL 4: Service Readiness Checklist

This checklist Should Be used by services who are planning on Working with a Peer Support Worker onto A Multi Disciplinary Team to Ensure they can offer the Appropriate support.

## Service Readiness Checklist Tool-Is your service ready to support a Peer Support Worker?

**Community Healthcare Organisation Senior Team–Responsibility of Head of Service Mental Health**

1. The community healthcare organisation can demonstrate they are implementing their National Framework for Recovery 2018-2020 Implementation Plan. ☐

2. The value and mission statement of the organisation is inclusive of co-production and enhancing recovery practice and have a strong degree in interest in the development of recovery focused practice. ☐

3. The organisation can demonstrate their commitment to recovery by investing in recovery initiatives. ☐

4. The organisation can demonstrate that lived experience is considered in the design, delivery and evaluation of services. ☐

5. The organisation prioritises multidisciplinary teams that have expressed an interest in having a PrSW on their multidisciplinary team. ☐

6. The organisation can articulate why it is hiring a PrSW and what outcomes are anticipated with the addition of a PrSW role. ☐

7. Senior management support peer support working. ☐

8. The community healthcare organisation has ensured privacy for the PrSW's previous experience as a service user of the organisation. ☐

**Human Resources-Responsibility of Head of Service Mental Health and National Recruitment Service**

| | |
|---|---|
| 1. Recruitment for the PrSW role will be in line with the agreed national job specification and eligibility criteria for the role. | ☐ |
| 2. The number of hours and the schedule of the position (i.e. what days are scheduled, is it morning or evening work etc.)is agreed from the onset of the role and communicated to everyone. | ☐ |
| 3. The PrSW has a clear and standardised contract which is explained in detail to them. | ☐ |
| 4. There is an understanding that as part of the recruitment process the candidate for the role of PrSW will be asked to demonstrate:<br><br>a) Their understanding of, and training in, peer support | ☐ |
| b) How they have used and /or how they will use their peer support approach (using intentional use of lived experience and sharing wellness strategies) in sample scenarios they are likely to encounter in their role. | ☐ |
| 5. There is an understanding that as part recruitment process the candidate for the role of PrSW will be not be asked questions on their health and wellbeing that would not be asked of all other staff. | ☐ |
| 6. When checking references the employer is careful not to disclose that the PrSW role requires someone with lived experience. | ☐ |
| 7. HR informs Occupational Health that it is sufficient to accept a letter from the potential candidate's doctor/GP to state that their mental health is in maintenance. | ☐ |

**Multidisciplinary Team Readiness-Responsibility of Head of Service Mental Health**

1. The multidisciplinary team can demonstrate an openness to change and have an understanding of recovery practice and co-production.

2. Co-production is central to the multidisciplinary team's practice when working with service users and family members.

3. The service agrees that the PrSW will not have to take up any duties of other team members especially when there is not a full complement of staff.

4. The majority of members of the multidisciplinary team have completed Recovery Principles and Practice Module 1 workshop and are willing to complete Recovery Principles and Practices Module 2.

5. The multidisciplinary team have incorporated recovery into their service plan to enhance recovery practice within their team.

6. The multidisciplinary team have a clear understanding of the specific tasks of the PrSW role and place a value on same.

7. The multidisciplinary team have agreed a line manager who has capacity for the line management role and is positive about the role of peer support working and works with a recovery ethos.

8. The line manger has identified a supervisor who has supervisory experience with a recovery ethos and capacity for the supervisor role.

9. The multidisciplinary team can provide evidence of their involvement in recovery activities they participate in, e.g. Recovery Education Facilitators and WRAP facilitators, working on co-production groups involvement in service improvement, etc.

**Line Management and Supervision- Responsibility of Peer Support Worker Line Manger**

1. A clear governance structure that identifies who line manages the PrSW, who is responsible for expenses, who approves annual leave and who is responsible for supervision is created for the PrSW. ☐

2. The PrSW supervisor is a champion of peer support working. ☐

3. The PrSW supervisor has received guidance in peer support working and practices. ☐

4. The PrSW supervisors have access to other PrSW supervisors within the HSE and are aware of the link person for National Mental Health Engagement and Recovery. ☐

5. PrSWs are not line managed or supervised by personnel who provided them with clinical services. ☐

6. The PrSW has access to HSE induction training. ☐

7. If further in-service training is required, such as writing in service user notes, a plan is created to achieve this. ☐

8. The PrSW is encouraged to attend regular forums with other PrSWs nationally. ☐

9. PrSWs are aware of the link person for the National Mental Health Engagement and Recovery team and their contact details. ☐

10. If the PrSW was a service recipient, or is a service recipient, extra precautions have been taken to ensure privacy. The PrSW and the service provider are made aware of these precautions. Boundaries are established and extra supervision is allotted to ensure both workers can navigate these boundaries. ☐

# Section 4 Peer Support Workers' Supervision

Given that PrSWs often experience unique challenges when working in Mental Health Services it is essential they have access to regular and ongoing supervision. In addition, it is important for people supervising PrSW to have a strong understanding of what PrSWs need from supervisors and the common issues and challenges they may have to deal with. Bromberg (1982) defines supervision as a relationship between two people, one of who has the purpose of using it to improve his work with someone in his or her life and the other who has the purpose of helping him or her to do this (ibid, cited in, Inskipp & Proctor, 1995). PrSW supervision is defined as occurring "when a peer support supervisor and PrSW supervisee(s) formally meet to discuss and review the work and experience of the peer provider, with the aim of supporting the peer worker in their professional role" (Daniel et al., 2015, p.7).

PrSW supervision provides the space for PrSWs to reflect on professional practice and establish their roles. Overall the literature indicates that effective and supportive supervision is a crucial part of successful PrSW roles (Chinman et al., 2008; Daniel et al., 2015; Orwin, 2008; Swarbick & Nemec, 2010). However internationally PrSWs have indicated that their supervisors often lack an understanding of their roles *as they are not in a peer support role themselves* ( Chinman et al 2008; Daniel et al, 2015; Depression and Bipolar Support Alliance, 2010; Orwin, 2008; Swarbick & Nemec, 2010).

The impact study carried out by Hunt and Byrne, 2019 for the Mental Health Services found that PrSWs are predominantly supervised by social workers alongside nursing staff and occupational therapists. It was found that the majority of PrSWs were happy with the level of formal support they received from their supervisors but also required support on their lived experience. They obtain support informally from their fellow PrSWs with whom they meet regularly. PrSWs have identified that they would prefer to be supervised by someone in a lived experienced role (Hunt & Byrne, 2019). Kuhn et al (2015) highlighted the conflict between PrSWs understanding of their role and practice and their non peer supervisors understanding.

 The benefits of supervision include a feeling of being supported. This may manifest itself in individuals feeling less isolated and experiencing less stress and burnout (Sloan, 2005). Supervision may also promote increased personal confidence, self-value and enhanced job satisfaction (Cotton, 2001). Other than providing support, supervision has been identified as a tool for personal development. Similarly, Kuipers et al, (2013) noted that a formal supervision process has a positive impact on the quality of care and helped staff cope with the occupational stress levels of confidence. This development may show itself in a number of ways: increased knowledge and awareness of possible solutions to challenges; increased self-awareness and participation in reflective practice (Winstanley and White 2003).

The benefits that individual service providers derive from supervision should in turn contribute to improved service user care. In this respect Cotton (2001) points to the potential for supervision to improve the quality of care through the development of professional practice. Equally Chilvers and Ramsey (2009) believe that supervision, by reducing occupational stress, should safeguard the standards of service user care, and therefore improve the overall delivery of the service. Finally, organisations should also benefit from the outcomes of supervision. A feeling of personal well-being may result in less absence due to ill health (Sloan, 2005). Similarly, supervision may have an impact on staff turnover and risk management with obvious economic benefits to the organisation (Chilvers and Ramsey, 2009).

**Supervision Models**

There are a number of different approaches to supervision commonly used, such as;

- Professional supervision
- Clinical supervision
- Line manager supervision
- Peer supervision
- Group supervision

The appropriateness of supervision model used is due to factors such as the level of experience of the practitioner, the demands or requirements of the particular professional discipline, the models advocated by the relevant professional body and the resources or opportunities available. Sometimes more than one model may be used together depending on needs. The one-to-one supervision referred to in this document is to support PrSWs in their roles within multidisciplinary teams and in the HSE. It is aligned to professional and clinical supervision. Supportive supervision includes role clarity, performance, confidentiality, disclosure, working with other staff, and boundaries (Tucker et al., 2013). Social work colleagues predominantly use the Tony Morrison's supervision model when supervising PrSWs (Morrison, 2003). This model includes a supervision contract and exploration of personal/lived experience within regular supervision sessions.

While different professions may recommend different approaches, elements that they all share is that they should be properly set up, formally structured, contracted for and managed with appropriate records kept. Supervision can take place across disciplines where professionals at the same clinical level agree to provide supervision to each other but must have an understanding of professional and practice issues across both disciplines.
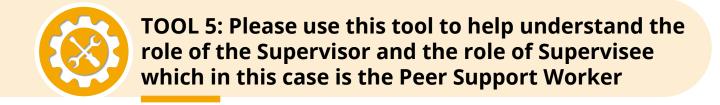
The quality and impact of supervision is dependent on the engagement of all the parties involved but also on those who have knowledge of what supervision entails. The Supervisor should have the appropriate competencies and experience and should engage in their own supervision, self-study and through training.

The person receiving the supervision, i.e. Supervisee, should have knowledge of what is expected of them during supervision also. Many disciplines provide their own training on supervision and there is a module on supervision on HSEland (www.hseland.ie). This module and/or other training should be encouraged for all PrSWs during their induction to allow them to engage effectively in supervision. Supporting documents include: Supervision Guidelines for Health and Social Care Professionals and Clinical supervision framework for nurses working in Mental Health Services.

**What Supervision looks like for Peer Support Workers in the HSE**

Currently there are two proposed models of support for PrSW, depending on the services preference and needs.

| | Model A | Model B |
|---|---|---|
| **Supervision Arrangement** | PrSWs are supervised (administrative and supportive) by the supervisor on the MDT | PrSWs are supervised (administrative and supportive) by a supervisor on the MDT. The Area Engagement lead or someone within the HSE with lived experience in mental health provides coaching / mentoring and training to PrSWs in their area |
| **Frequency and structure of 1:1 peer support specific supervision** | Monthly (minimum), flexible to accommodate needs.<br><br>Is combined with administrative supervision (discussing performance and work plan) | Monthly supervision from MDT. Supervisory and on-going mentoring ranges from twice monthly to once every two months. This may be individual or in groups depending on capacity |
| | Additional supervision needs to be provided by all supervisors if PrSW is struggling, returning from leave, or facing changes in their work | |
| | **Discussion of:**<br><br>» Relationships with colleagues<br>» Workplace culture<br>» Using lived experience<br>» Core peer support practices<br>» Reflective practice | » Self-care and workplace wellness strategies<br>» Boundaries<br>» Navigating conflict<br>» Opportunities to strengthen lived experience voices |
| **New PrSWs to the HSE** | Includes shadowing in a peer support service for several days<br><br>Includes training the interdisciplinary team on peer support philosophy, history, and practices related to supervising PrSWs<br><br>Includes in-depth training for PrSWs on core practices of peer support working | |
| **Benefits & risks** | All supervisors need defined role /strong role clarity and good communication between supervisors and mentors<br><br>Model B can lead to over-supervision and a risk of triangulation between PrSWs and their supervisors<br><br>When implemented well both models help PrSWs feel supported and confident in their roles<br><br>Model B allows for the PrSWs to align themselves to others with lived experience and keep true to the role | |

## TOOL 5: Please use this tool to help understand the role of the Supervisor and the role of Supervisee which in this case is the Peer Support Worker

**Role of Supervisor**

- The Supervisor gives a clear account of how they can offer supervision. They work in partnership with the PrSW to develop a relationship that has clear boundaries.

- The Supervisor should be trained in supervision and use a strengths-based approach to consistently give recognition and praise for competency development and successful outputs/ outcomes with service users.

- Supervisors should be aware of the competencies required for HSE PrSWs.

- Supervisors should have the capacity to give and receive feedback, creating support and trust.

- Supervision should encourage the PrSW to discuss openly any challenges or difficulties that they have or are experiencing within their team and with service users.

- The Supervisor should have a working knowledge of how recovery works in Mental Health Services and be aware of the National Recovery Framework. Supervisors should model the key principles of recovery in their personal work.

- The Supervisor should recognise and value the recovery capital/assets of peer support working. They should recognise the support system of PrSW i.e. family, and allies and other strengths-based approaches to support recovery. The supervisor must understand the importance of instilling hope, often facilitated through appropriate self-disclosure, and empathy.

- The Supervisor values the importance of lived experience and supports the value of peers as a bridge between traditional behavioural health institutions and the natural supports of friends, families, allies and the greater recovery community.

- The Supervisor provides role clarity to PrSWs of the task required, and about what is appropriate to self-disclose. They should use supervision time to identify, discuss and process situations where there is confusion about the PrSW role.

- The Supervisor promotes and monitors the self-care and wellness of the PrSW. They should also model good self-care and health maintenance, including a system of support.

- Supervisors develop a meaningful work plan for peer support work in partnership with PrSW.

- Supervisors provide signposting to ongoing training and support PrSWs to access ongoing education/ training/ coaching. The Supervisor should afford opportunities for participation and training to all staff equally, including PrSW. The Supervisor assists PrSWs in understanding the HSE's policies and procedures to safeguard and maintain the safety and health of the PrSW.

- The Supervisor assists PrSWs to access community health care's resource directories and facilitates the sharing of community resource information within the team.

- Supervisors should be aware of ethical standards for all HSE staff and boundary issues common with PrSWs.

- Supervisors should be accessible, maintain regular supervision appointments and providing consistent availability for crisis support.

- The Supervisor practices good time management and respects the supervision contract keeping supervision appointments, and being present and accessible to PrSWs.

**Role of Supervisee (PrSW)**

- The PrSW should develop a working relationship with the nominated supervisor.

- The PrSW should participate in negotiating a contract at the beginning of the supervision relationship. The PrSW should be prepared to discuss practicalities such as scheduling, past experiences of supervision, goals and expectations of supervision, theoretical or philosophical underpinnings of peer support work, hopes and concerns about the supervisory relationship, particular skills and knowledge, and learning needs.

- The Supervisor should discuss with the PrSW how they will approach the supervision process so that they prepare for supervision sessions in whatever manner is agreed upon.

- The PrSW should keep records of supervision, as a reminder of helpful ideas and possible interventions, to ensure agreed-upon action is taken, and to refer to in future if needed. These should be kept separate from service users files.

- The PrSW should be prepared for reflective processes. Supervision is about much more than the actual content of the service suer work; it is also about the process of the work, which includes what is happening between the PrSW and the service user, and reflection on whether emotional responses to the service user are aiding or hampering a successful outcome.

- The PrSW should be open to feedback and reflect on how that impacts on future practice. Also, they should be prepared to offer feedback to the supervisor about the experience of the supervisory process and relationship.

- The PrSW should be aware of, and take responsibility for, defensive responses when questioned about their role. These responses are normal when dealing with emotive processes and a normal reaction when questioned about work practices. These responses are addressed through supervision and require an awareness of what is triggering the defensive reaction. This can be a very positive exercise in self-awareness which is a necessary skill for any role working with people.

- The PrSW should take responsibility for their own professional development and personal self-care. Supervisors should assist PrSWs to develop a plan that helps them to enhance their knowledge and skills as well as ensuring that the risk of compassion-fatigue and burnout is minimised. The PrSW has a duty to look after their own health and wellbeing.

- The PrSW must work within the HSE policies and procedures.

- The PrSW should practice good time management and respects the supervision contract by keeping supervision appointments and being present.

# TOOL 6: Peer Support Workers Interactions with Service User

**Example of Early Interaction Activities**

- Introduce yourself and explain how peer support works in practice

- Explain about the model of lived experience within the HSE

- Discuss the HSE's policies on confidentiality and writing in clinical files

- Give service user the opportunity and time to introduce themselves

- Give service user the choice on whether or not they want to engage with peer support services

- Ask the service user "Is there anything you want to make sure we do or discuss next time?"

- Ask the service user "What is important for us to document about today's meeting?"

**Ongoing Interaction Activities**

- Check in with service user on their wellbeing and their progress

- Refer to goals and objectives set at previous interactions and discuss any developments

- Ensure service user is happy with the peer support interactions and how the time was spent

- Make plans and set goals for next interaction

# Tool 7: Example of a Protocol for Peer Support Work

Glossary:  **SU:** Service User **MDT:** Multi DIsiplinary Team
**PrSW:** Peer Support Worker **HSE:**Health Service Executive

## SERVICE USER REFERRED TO PEER SUPPORT

- Peer Support Requested by SU through their MDT or
- Peer Support under consideration by any discipline as a suitable support and proposed to SU

## PEER SUPPORT APPROVAL BY MDT TEAM

- Approved by MDT
- Referral form completed by person making the referral and forwarded to PrSWs line manger in the relevant area.

## ALLOCATION OF PEER SUPPORT WORKER

- PrSW allocated by line manager
- Nominated PrSW and their respective supervisor informed
- Letter informing of PrSW allocatation from line manager to relevant MDT member(s)

## INITIAL MEEETING

- PrSW and/or line manager contacts MDT to set up initial meeting
- Initial meeting attended by PrSW, SU and relevant MDT member(s)
- PrSW explains process of Peer Support
- Pertinent information is shared (e.g. strengths identified, safety/ risk issues etc.)
- SU agrees to Peer Support

## PEER SUPPORT

- Regular schedule of meetings between SU and PrSW
- Professional notes written into SU's file in accordance with HSE policy
- Peer Support will be maintained if SU is admitted to Acute Adult Approved Unit and may include presence at initial MDT meeting

## CONTINOUS REVIEW

- PrSW will integrate with MDT practices concerning Individual Care Plan reviews, SU file access/ record keeping etc.
- SU's goals/aspirations/ achievements identified and reviewed where applicable
- Peer Support continued or discontinued after dialogue between SU/Key Worker/PrSW. Peer support discontinues if SU is discharged from all Mental Health Services

# Tool 8: Getting Role Clarity

PrSWs often struggle with a lack of role clarity or role ambiguity. In this activity we invite PrSWs and supervisors to consider whether the following tasks are appropriate.

## SHOULD A PEER SUPPORT WORKER DO THIS IN THEIR ROLE?

| ACTIVITY | FACTORS ASSOCIATED WITH STRONG PEER WORKER ROLES IN NON-PEER SETTINGS | | | | | NOT PART OF A PEER ROLE | MAY NOT BE PART OF A PEER ROLE | |
|---|---|---|---|---|---|---|---|---|
| | (A) Allows for intentional use of PrSW lived experience | (B) Builds rapport with service users / helps the PrSW learn about the individual | (C) Encourages participant connections to resources / new perspectives | (D) Duty of all multidisciplinary team members? | (E) Develops the Multi-disciplinary understanding of peer support and other roles | (F) Conflicts with peer support values, principles, or ethics | (G) Is another team member better suited to this task? | (H) Should this be a peer worker task? |
| **Example #1 Talking 1:1** about dealing with stigma with friends and family | Yes | Yes | Maybe – may encourage connection to a peer community | No | No | No | No | Yes |
| **Example #2** Attending team meetings | No | Maybe – team discussions about individual may increase learning | No | Yes | Yes | No | No – everyone is equally qualified | Yes |

EXAMPLE

## SHOULD A PEER SUPPORT WORKER DO THIS IN THEIR ROLE?

| ACTIVITY | FACTORS ASSOCIATED WITH STRONG PEER WORKER ROLES IN NON-PEER SETTINGS | | | | | NOT PART OF A PEER ROLE | MAY NOT BE PART OF A PEER ROLE | |
|---|---|---|---|---|---|---|---|---|
| | (A) Allows for intentional use of PrSW lived experience | (B) Builds rapport with service users / helps the PrSW learn about the individual | (C) Encourages participant connections to resources / new perspectives | (D) Duty of all multidisci-plinary team members? | (E) Develops the Multi-disciplinary understanding of peer support and other roles | (F) Conflicts with peer support values, principles, or ethics | (G) Is another team member better suited to this task? | (H) Should this be a peer worker task? |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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# Appendix 1

## Examples of Peer Support Workers Roles

**A Day in the life of a Peer Support Worker in Mayo**

A peer support worker normalises the idea of mental health distress. Other service providers may have had, or are having, periods of mental distress but cannot always disclose it. A Peer Support Worker has the capacity and ability to openly speak about their mental health experiences.

A typical day may start with attending the weekly Multidisciplinary Team (MDT) meeting. At this meeting service users who have specific issues may be discussed. Service users who have their Individual Care Plan (ICP) reviews may also be asked to attend the meeting. The Clinical Nurse Manager (CNM) will notify the team as to who is due for review and who needs to attend, i.e. key worker, family member, next of kin, etc. New referrals may also be discussed. Unless someone you are working with is being discussed you may not have a lot of interaction. You may still have some input around other issues but this will vary from team to team. If you do have an issue to raise with the team this is the ideal time and place to do so.

After this you may be meeting a service user. I would often meet someone in the morning and get involved in an activity like a walk/run/swim and then have a tea or coffee. Often, it's after the activity that there may (or may not) be some talk about mental health recovery. I see my role as a listener and coach. I'll listen to what's going on and try and dig down into the feelings of the person. I may challenge some of their assumptions, I may try and normalise some of their feelings. And on occasion I can say "when I felt like that, xyz, etc." I find this a great leveller. You aren't fixing the person you are just being with them through their distress.

After meeting a service user, you need to make an entry into their clinical notes. I would always have discussed this with the service user as well. This is usually where and at what time you met, what you did, etc. When entering notes, it's also a chance to interact more with the team. Mostly the team will be based in a building; a Peer Support Worker is usually out in the community.

On the same day or a different day, you may have to attend meetings that are to do with service improvement, to assist with a new initiative or attend mandatory training.

You may have to return to the clinical building to meet a service user you'll be working with for the first time and has been referred to you. This is usually done with their key worker or the referrer. The meeting can be logistical in terms of suitable meeting places, swopping contact information and arranging the frequency and objectives of future meetings. It will take time to build rapport with the person before moving on to more personal conversations.

At the end of the day you will have some admin work to do in terms of rosters, planning the week ahead and responding to e-mails.

At the end of the day, when home, I like to change my clothes to signify to myself the work day is done. It's crucial to put distance between you and your work.

**A Day in the life of a Peer Support Worker in Kerry**

I work as a Peer Support Worker in the adult acute unit setting .I work with service users to build a positive trusting relationship which is greatly helped by sharing my lived experience of mental health. This also dispels any notion of hierarchy in the relationship.

Before I engage with a service user I need to be aware of any concerns associated with engaging with service users. The clinical nurse manager in the acute unit informs me if there are any concerns in relation to engaging with the service user.

If there is no risk I engage with the service user through group work or individual one-to-one practice. I assist them in developing a recovery plan which is directed by the person themselves. This recovery plan is linked to the goals identified by the service user and service provider in the Individual Care Plan. The approach I take to recovery planning is a strengths model that identifies the person's own abilities. The service user's identified strengths are used to build confidence and identify areas they are unable to cope with, and build resilience around those issues. I have found in my practice that we can be our own most severe judges. We see ourselves in a light that is very harsh sometimes. I try to break this kind of negative thinking which I feel can be an important factor in building recovery. I try to help the service user find the positive in any given situation, and build on the positivity and solutions to achieve recovery goals in their individual care plan.

## Resources

https://www.psychiatryadvisor.com/home/topics/mood-disorders/depressive-disorder/challenging-stigma-should-psychiatrists-disclose-their-own-mental-illness/

https://www.hse.ie/eng/services/list/4/mental-health-services/mentalhealthengagement/news/peer-support.html

https://www.hse.ie/eng/about/our-health-service/making-it-better/mental-health-peer-support.html

# Appendix 2

**HSE Job Specification for a Peer Support Worker**

| | |
|---|---|
| **JOB TITLE AND GRADE** | **PEER SUPPORT WORKER**<br>*(Aligned to Family Support Worker, Grade Code: 6416* |
| **Campaign Reference** | NRS04373 |
| **Closing Date** | **tbc** |
| **Proposed Interview Date (s)** | **tbc** |
| **Location of Post** | **Mental Health Services:** |
| **Informal Enquiries** | |
| **Details of Service** | The Health Service Executive National Service Plan outlines the resource and performance accountability framework within which resources will be provided. It sets out the means by which the National Divisions, Hospital Groups and Community Healthcare Organisations (CHOs), are held to account for their performance in relation to access to services, the quality and safety of those services within the financial resources available and effectively harnessing the efforts of the overall workforce.<br><br>The CHO Delivery Plans are prepared consistent with this framework and in line with related national policies, frameworks, performance targets, standards & resources. It sets out the type and volume of services which will be provided directly or through a range of agencies funded by us, and the actions which we will take to deliver on the goals of the HSE Corporate Plan.<br><br>Community Mental Health Teams provide most of the support to people in local areas (typically one or two teams for approximately 50,000 population). There are Community Mental Health Teams specifically for people under 18 and those over 65, as well as those with particular needs such as intellectual disabilities, with the majority of teams providing support to the rest of the population. There are also inpatients units, typically attached to general hospitals, and there is usually one unit for approximately 300,000 of the population. |

| | |
|---|---|
| **Details of Service** | The Community Mental Health Teams work closely with the adult acute approved centres.. Community Mental Health Teams are multidisciplinary and are the main instrument in delivering community based mental health supports.<br><br>Peer Support Workers in Mental Health Services are individuals employed by an organisation to add their unique expertise deriving from their "lived experience" of mental health challenges and receiving support. Their value includes leading on social inclusion for service users in line with their care plans, facilitating better relationships between service users and providers, leading on personal recovery planning and promoting positive goals and fostering hope, especially for people using Mental Health Services for the first time.<br><br>The HSE National Service Plan 2019 notes the aim to continue to appoint and develop Peer Support Workers across Mental Health Services. |
| **Reporting Relationship** | The post holder will report directly to the nominated line manager. |
| **Purpose of the Post** | The Peer Support Worker will be a full and integral member of the multidisciplinary team, providing formalised peer support and practical assistance to service users in helping them to regain control over their lives and their own unique recovery journey.<br><br>The Peer Support Worker will use their expertise, gained through lived experience, to inspire hope and recovery as per the National Framework for Recovery: Mental Health. They will facilitate and support information sharing to promote choice, self-determination and opportunities for connection with local communities and may link with other developments in Mental Health Services such as Individual Placement Support (for Employment) or similar initiatives, as well as a range of integrated and community based support programmes.<br><br>As a core member of the multidisciplinary team, the Peer Support Worker will work alongside service users on a one to one and / or group basis. They will also co-work with their colleagues and will work under the supervision of line management.<br><br>The Peer Support Worker will take a lead role in embedding recovery values within the service in which they work, alongside other recovery champions, and act as an ambassador for Recovery for the HSE with external agencies and organisations. |

| Principal Duties and Responsibilities | *Under the direction of the nominated line manager the Peer Support Worker will:* <br><br> O Work with the multidisciplinary team to deliver support to service users accessing the service. <br><br> O Manage a service user's case load with the Community Mental Health Team (CMHT) in line with case load review practices. <br><br> O Assume a 'coaching' role supporting service users in developing personal recovery plans; this can be delivered individually or in groups. <br><br> O Assist service users to identify their needs, strengths, personal interests and goals. <br><br> O Provide opportunities for service users to direct their own recovery, based on the recovery principles of hope, choice and opportunity <br><br> O Facilitate the service user to identify solutions, set goals, plan and move through and beyond the service as part of the individual care planning process <br><br> O Model/mentor a recovery process and demonstrate coping skills, using peer support workers own experience of recovery. <br><br> O Act as a role model to service users to inspire hope and share experience as a person in recovery. <br><br> O Contribute, as appropriate, from a recovery perspective to the assessment, planning, implementation and review of individual care plans with the multidisciplinary team. <br><br> O Work in a solution focused way with the service user and their carers or named person, encouraging and motivating individuals to take an active role in their own recovery including goal planning, in line with agreed individual care plans. <br><br> O Provide service users with appropriate support and guidance in the management of their mental health; monitoring progress and feeding back to the multidisciplinary team. <br><br> O Promote and support independent living for service users, involvement in their local community and connections with family, friends and significant others. <br><br> O Help prepare and accompany service users to appointments, therapeutic or social community based activities as appropriate. <br><br> O Assist the service user to understand their rights and choices within the service and the supports available to access these. |
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| Principal Duties and Responsibilities | <ul><li>Notify the Team Leader, Supervisor, Key Worker or their link person of any change in the service user's circumstances and maintain all written records as instructed.</li><li>Report any incidents, complaints or concerns to their Team Leader / Supervisor.</li><li>Plan and risk-assess with his/her team or line manager to work without close or direct supervision, in line with the local Lone Worker Policy and Procedures.</li><li>Participate in regular supervision sessions and work with Supervisor on ensuring that service user's progress is relevant to their individual needs in line with agreed care plans.</li><li>Attend regular team and staff meetings.</li><li>Promote equality of opportunity and good relations as outlined in the HSE Equality Policy.</li><li>Be aware of the Human Rights legislation in relation to the requirements of this post.</li><li>Have a working knowledge of HIQA standards as they apply to the role, for example Standards for Health Care, National Standards for the Prevention and Control of Health Care Associated Infections, Hygiene Standards, etc</li><li>Observe all health & safety regulations, observe correct use of electrical equipment, ensure fire safety procedures are adhered to and report all faults to the appropriate authority.</li><li>Support, promote and actively participate in sustainable energy, water and waste initiatives to create a more sustainable, low carbon and efficient health service.</li></ul> |
| | **Candidates must have by the closing date for receipt of applications for this post:**<br><br>**1. Professional Qualifications, Experience etc.**<br>(a) Personal experience of mental health difficulties including insight into the recovery process<br>**And**<br>(b) Hold a QQI Level 8 or equivalent qualification in the area of Peer Support Work in Mental Health<br>**And**<br>(c) Experience of working with people with mental health needs. |

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| **Eligibility Criteria**<br><br>**Qualifications and/ or Experience** | **2. Health**<br>A candidate for and any person holding the office must be fully competent and capable of undertaking the duties attached to the office and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.<br><br>**3. Character**<br>Each candidate for and any person holding the office must be of good character. |
| **Post Specific Requirements** | ○ Demonstrate depth and breadth of experience working with individuals with mental health needs as relevant to the role.<br><br>○ Demonstrate experience in the implementation of self-care frameworks and approaches in the context of mental health recovery, as relevant to the role. |
| **Other Requirements** | Access to appropriate personal transport is a necessary requirement in order to carry out the duties and responsibilities of this post.<br><br>○ Ability to work a flexible way, which may include evenings, weekends, bank and public holidays. |
| **Skills, Competencies and / or Knowledge** | **Candidates must:**<br>**Professional Knowledge**<br>○ Demonstrate insight and understanding of the personal recovery process and what that may involve for individual service users.<br><br>○ Demonstrate knowledge and experience of self-care frameworks and approaches in the context of mental health recovery.<br><br>○ Demonstrate knowledge of the basic structure of the Community Mental Health Team.<br><br>○ Demonstrate knowledge of the HSE Mental Health Services.<br><br>○ Demonstrate knowledge of the Irish Government's mental health policy "A Vision for Change".<br><br>○ Demonstrate knowledge of the Irish Government's Health policy "Sláintecare".<br><br>○ Demonstrate knowledge of the recovery process and how to use their own recovery story to support others.<br><br>○ Demonstrate knowledge and understanding of the importance of self-care and associated techniques, from a recovery perspective.<br><br>○ Demonstrate knowledge and experience of delivering a variety of group activities that support and strengthen recovery.<br><br>○ Demonstrate knowledge of Service User Safety including learning from mistakes /errors as well as developing a culture of safety, monitoring and assurance. |

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| **Skills, Competencies and / or Knowledge** | o Demonstrate some knowledge of current best practice in mental health recovery and social inclusion. <br><br> o Demonstrate basic working knowledge of Information Technology. <br><br> **Planning & Organising Skills** <br><br> o Demonstrate organisational and time management skills to meet objectives within agreed timeframes and achieve quality results <br><br> o Demonstrate the ability to work to tight deadlines and operate effectively with multiple competing priorities. <br><br> **Evaluating Information and Decision Making** <br><br> o Demonstrate the ability to assess complex information from a variety of sources and make effective decisions. <br><br> o Demonstrate effective problem solving and decision making skills. <br><br> **Leadership & Teamwork** <br><br> o Demonstrate teamwork skills including the ability to work in a multidisciplinary team environment (i.e. in a team with other disciplines). <br><br> o Demonstrate a capacity to operate successfully in a challenging operational environment while adhering to quality standards. <br><br> o Demonstrate motivation and an innovative approach to the job within a changing working environment. <br><br> o Demonstrate the ability to facilitate and manage groups <br><br> o Demonstrate the ability to be flexible and adapt to change. <br><br> o Demonstrate ability to work as a lone worker, in a range of settings and as appropriate. <br><br> **Commitment to Providing a Quality Service** <br><br> o Demonstrate a service user focus in the delivery of services. <br><br> o Demonstrate a core belief in and passion for the sustainable delivery of high quality service user focused services. <br><br> o Demonstrate a commitment to recovery focused principles and practices. <br><br> o Demonstrate commitment to continuing professional development. <br><br> **Communication & Interpersonal Skills** <br><br> o Demonstrate effective interpersonal skills. <br><br> o Demonstrate effective written and verbal communication skills; including the ability to present information in a clear and concise manner. |

| Skills, Competencies and / or Knowledge | <ul><li>Demonstrate ability to form peer relationships with service users and supportive relationships with family members.</li><li>Demonstrate the ability to interact in a professional manner with other Mental Health staff and other key stakeholders.</li></ul> |
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| **Campaign Specific Selection Process**<br><br>**Ranking/ Shortlisting/ Interview** | A ranking and or short listing exercise may be carried out on the basis of information supplied in your application form. The criteria for ranking and or short listing are based on the requirements of the post as outlined in the eligibility criteria and skills, competencies and/or knowledge section of this job specification. Therefore it is very important that you think about your experience in light of those requirements.<br><br>Failure to include information regarding these requirements may result in you not being called forward to the next stage of the selection process.<br><br>Those successful at the ranking stage of this process (where applied) will be placed on an order of merit and will be called to interview in 'bands' depending on the service needs of the organisation. |
| **Code of Practice** | The Health Service Executive will run this campaign in compliance with the Code of Practice prepared by the Commission for Public Service Appointments (CPSA). The Code of Practice sets out how the core principles of probity, merit, equity and fairness might be applied on a principle basis. The Code also specifies the responsibilities placed on candidates, facilities for feedback to applicants on matters relating to their application when requested, and outlines procedures in relation to requests for a review of the recruitment and selection process and review in relation to allegations of a breach of the Code of Practice. Additional information on the HSE's review process is available in the document posted with each vacancy entitled "Code of Practice, Information for Candidates".<br><br>Codes of practice are published by the CPSA and are available on www.hse.ie/eng/staff/jobs in the document posted with each vacancy entitled "Code of Practice, Information for Candidates" or on www.cpsa.ie. |

The reform programme outlined for the Health Services may impact on this role and as structures change the job description may be reviewed.

This job description is a guide to the general range of duties assigned to the post holder. It is intended to be neither definitive nor restrictive and is subject to periodic review with the employee concerned.

## Mental Health Engagement and Recovery Office

(Working with People who use Mental Health Services, their Family Members, Carers and Supporters)

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