HOW TO DEVELOP PEER SUPPORT

WITHIN LIAISON AND DIVERSION SERVICES

In partnership with NHS England

REVOLVING DOORS AGENCY

'It's a journey, you know, it's a journey for the service users, the staff and the peers. And so from being a service user to then a peer and then …. having the opportunities to be on the other side in the court, supporting people and sitting on interview panels… it's almost like being given another chance in life. Like you're reborn'.

Peer Volunteer, Wiltshire L&D

Introduction

Revolving Doors Lived Experience Team (LET) co-designed a Liaison and Diversion (L&D) Peer Support Model service specification with NHS England. This model has been successfully piloted in Birmingham and Wiltshire. Revolving Doors evaluated the pilots and the model for peer support will now be embedded in all contracts for L&D service providers.

The purpose of this guide is to enable commissioners and providers to plan for, implement and embed peer support within their L&D service.

This guide covers:

1. **Peer support: Definition and Benefits**
2. **Guiding Principles**
3. **Preparation**
4. **Recruitment**
5. **Induction and training**
6. **Ongoing support**

Peer support: Definition and Benefits

What is peer support?

> "*The term Peer Support describes an equal and supportive relationship based on common experience.*"
>
> Jim Burdett (Director Mind & Body Learning and Development)

> "*When the people caught up in the criminal justice system have the opportunity to work with a person who historically has shared that experience, it often acts to reassure them about the quality and usefulness of the intervention on offer. It does not operate from assumptions of power but is rooted in an equal relationship, and this equality is established by the peer supporters' willingness to disclose shared experience.*"
>
> (Peer Support – A coproduced model by NHS England and the Lived Experience Team for use in Liaison and Diversion schemes – Revolving Doors)

Why peer support?

Peer support brings benefits for the service, the staff team, the person using the service and the peer supporter themselves.

Research has shown that benefits include;

- Using a shared experience to enable trust to develop between those who are typically hard to engage and the peer supporter. (Gillard et al., 2014)

- The peer supporters serving as valuable and credible models of the possibility of recovery for both the clients and criminal justice professionals. (Gillard et al., 2014)

- Peer supporters can model useful skills and effective problem-solving strategies, and respond in a timely fashion to prevent or curtail relapses and other crises. (Gillard et al.,2014)

- It can challenge negative attitudes of staff and provide an inspiration for all members of the team.

- Being employed as a peer worker is generally seen as a positive and safe way to re-enter the job market and thus resume a key social role (Mowbray et al., 1998)

- Peer supporters feel empowered in their own recovery journey (Salzer & Shear, 2002), have greater confidence and self-esteem (Ratzlaff et al., 2006) and a more positive sense of identity, they feel less self-stigmatisation, have more skills, more money and feel more valued (Bracke et al., 2008).

The National Lived Experience Team Peer Support Model

"I think the model that would work best is having paid and volunteers".

(Peer supporter, Birmingham & Solihull).

The peer support function can either be delivered directly by an existing provider, or may be subcontracted through a specialist organisation. This will be a local decision.

There are three distinctive roles that comprise the peer support team as below:

- A **manager/service coordinator** within the Liaison and Diversion service to have responsibility to manage the peer support members of the team. This role will have no operational responsibilities but will be charged with the planned progression of the peer supporters and volunteers.

- Lead **peer support worker** is a full time paid role, (even if not employed directly must be regarded as an integral member of the main Liaison and Diversion team), who directly takes on cases and will support the development of the volunteers. This post is time limited – suggested term 2 years – to ensure the lived experience is recent enough for the peer aspect to be meaningful.

- A team of **volunteer peer supporters** who receive a dedicated and bespoke training programme and who volunteer for a maximum 18-month period. The responsibilities allocated to volunteers are dependent on their skills, experience and training received. The volunteer roles created will range from **new volunteers** (3-5 hours a week taking on minimal responsibilities) to **work placement/intern** roles for more skilled and experienced volunteers (they will take on a level of responsibility just below the level of the paid worker). This ensures progression and development for volunteers and better equips people to access paid roles.

The Peer Support Role with L&D

'I have had mental health problems all my life……because you have come in at their level they kind of trust you more easily'.

(Volunteer peer supporter, Wiltshire L&D)

"I saw first-hand how much of an impact peers make on service users. Someone who steadfastly didn't want to engage did so easily with our peer supporter and both the peer supporters have added another dimension to our team".

(Service Manager, Birmingham & Solihull L&D)

Peer support workers and volunteers enhance the service by:

- Creating trust and rapport with people often defined as 'hard to reach'.
- Increasing the length and frequency of engagement.
- Creating trust in services.
- Enabling people to talk more openly about themselves and their situation.
- Enabling people to access the services they need.
- Providing practical and emotional support – having time to listen, supporting people to attend appointments.
- Inspiring hope in people using the criminal justice system.
- Inspiring people working in the criminal justice system (including L&D workers) by seeing visible recovery and learning from the lived experience perspective.

Peer support is most effective when there is close collaboration with L&D colleagues - working on cases together. If skills are combined the service is more holistic. Peer support should not be seen as a separate part of the service.

Guiding Principles

EMBEDDING IN TEAM: All peer support staff and volunteers are fully embedded within the L&D service. There is equal value to lived experience insight, clinical expertise and other expertise within the team. Peer supporters feel included in the running of the service – meetings, decision making, access to training/opportunities and sense of belonging.

CO-PRODUCTION: A service that combines lived experience expertise with 'traditional' professional skills will provide a more effective service and better outcomes for the person using the service. Peer supporters will bring different insights, perspectives and questions for the team. Diversity of views creates a better team. This challenge must be welcomed and embraced. The team culture and working practices should evolve accordingly. Create reflective forums where peer supporters can discuss cases, influence team thinking, share emotional burden and receive support.

PREPARATION IS KEY: Start preparing for the peer support aspect of your service as early as possible. Involve the whole team. Make sure the team understand the principles behind peer support – including co-production and the value of lived experience – and how it will improve the service. Involve stakeholders and partners; they need to understand the benefits of peer support.

PROGRESSION: Peer support roles – both voluntary and paid – are time limited. Personal development and progression must be part of their support package from the first day. Peer supporters must have access to vocational support. Training should be bespoke. For example, if someone has limited IT skills then appropriate training should be built into their personal development plan when they commence the role.

BESPOKE SUPPORT: Like all staff, peer supporters should have access to excellent support; supervision, line management, reflective practice, etc. Staff support is tailored to an individual's specific circumstances. With peer workers/volunteers support should be tailored to take into account their recovery and existing support networks (explore this in recruitment). This might be their first job, or first for some time, support is required for this transition. Mentoring and support outside of line management is good practice. Be creative and flexible.

Preparation

Create a detailed project plan articulating what needs to be achieved before the Peer Supporters join the team. Delivery of this project plan must be a collaborative process involving the whole team and stakeholders. The project plan should identify any potential risks that might undermine the development of peer support. Establish a working group to deliver the project plan.

The project plan should cover:

1. **PREPARING THE TEAM:** Training and development for the staff team – understanding co-production, the value of lived experience, definitions and benefits of peer support – is essential. Create a safe space with your team to explore and resolve fears and barriers. Use external trainers and specialists in lived experience/co-production. Resistance from the team, failure to understand the core principles, or adjust to the cultural shift should be identified as a potential risk in your project plan. Involve the team at the earliest possible opportunity so you can gage the level of risk and have time to respond (i.e. if there is a lack of understanding there is time to acquire and deliver a suitable training package). Involve the team in delivering your project plan. Ensure there is a co-ordinated approach across the management team and all are aware of their responsibilities (i.e. who is responsible for peer supporters wellbeing/personal development and who will be responsible for casework supervision).

2. **INVOLVING STAKEHOLDERS:** Map all the stakeholders – including voluntary sector partners – who will be involved. Ensure stakeholders/partners understand the value peer support will bring to the service and are fully supportive. What support will you need from partners for peer support to be a success? Involve them in discussions and design of your peer support roles – how would this role be of benefit to them? What are their concerns? At an early stage begin negotiating access – i.e. custody suites/ courts – for your peer supporters.

3. **CREATING THE ROLE:** In designing the peer support worker/volunteer roles: the staff team need to explore the detail and day-to-day logistics of the roles, what they will do, how their expertise will be best used to improve the service and complement current staff expertise, where are gaps/ weaknesses in the service they can address and how best to ensure peer supporters are well supported and feel part of the team. All staff members should be involved in this process.

4. **DESIGNING A BESPOKE RECRUITMENT PROCESS:** Create a recruitment process that is bespoke for peer support roles. This process should be adapted from your standard recruitment process to take into account the target audience of potential candidates – how best to access them, their experience (or lack of) in applying for jobs, most effective messaging/language, etc.

5. **DESIGNING AN INDUCTION, TRAINING & SUPPORT PACKAGE:** During the planning process consider the ways in which the peer support workers should be inducted and their ongoing training and support. How might this differ from your standard approach? Take into account; the peer supporter's recovery journey, transition into employment, appropriate disclosure, professional boundaries in peer support and building resilience.

Recruitment

Successful recruitment of peer support workers requires a different approach to traditional NHS recruitment. Involve your HR team in discussions at the earliest opportunity. Support HR colleagues to understand the rationale and benefits of employing people with lived experience of the criminal justice system.

Consider the following. The ideal candidate might:

- Never have worked before or had a job interview.
- Not have experience of completing application forms or be able to fully express their expertise in writing.
- Feel excluded by standard NHS recruitment documentation, language and terminology.
- Not search for jobs on the NHS website.

Design a recruitment process that takes all of this into account.

Other aspects of the recruitment process remain the same. You are still looking for the key qualities you require from all your team; good communication skills, ability to listen, empathy, ability to reflect, etc.

Good peer support recruitment practice should include:

- **Co-production:** Involve people with lived experience of the criminal justice system in creating your recruitment process and materials. This will ensure accessibility. It can be beneficial to include someone with lived experience on the recruitment panel.

- **Create a network of partners:** Build relationships with organisations where potential candidates might be volunteering. Which services in your area offer volunteering and training opportunities to people with lived experience? (For example, services that run peer mentoring/support projects). Be proactive in promoting the opportunities across this network. Create accessible flyers and posters to promote the roles.

- **Valuing lived experience:** Have a strong headline statement in all your materials about how you value lived experience and the positive approach to disclosure and employing people with criminal records.

- **Promotional open days:** Hold open days in the community where you can talk informally with people interested in applying. Encourage people, that you believe have potential to excel at the role, to apply.

- **Application process:** Make the process as concise and accessible as possible. Encourage candidates to contact you if they have questions. Give clear guidelines for disclosure.

- **Interviews:** It is possible that this is the person's first ever job interview. Design the interview process with that in mind. How can you create an environment where the candidates can best express themselves? Begin the interview with an exercise or ice breaker question to put people at ease. Do not use standard or 'off the shelf' support worker interview questions as these will not enable you to effectively explore the applicant's readiness for the role. Interview questions/case studies should explore; recovery journey, strategies to manage own recovery/ resilience, understanding of peer support, understanding of boundaries, appropriate/effective disclosure of lived experience and support they would require to excel in the role. See the appendix for an example interview plan.

What is the criteria for defining as a peer?

The application and interview process must ensure applicants meet the definition of peer. All peer support workers/volunteers must have:

1. Experience of criminal justice system, as a minimum, been arrested, experience of custody and court or out of court disposal.
2. One of the key L&D target vulnerabilities; mental health, learning disabilities, substance misuse and other psychosocial vulnerabilities.

Both of these criteria must be met for the applicant to be shortlisted and this should be explored in the interview.

How do you know if someone is ready?

There is a careful balance to make here. Peer support will not work if the lived experience is too historic and distant (this will undermine the 'peer element'). Likewise, peer support will also not work if the lived experience is too recent, emotions are raw and the person is in early stages of their recovery.

Your recruitment process must assess where someone is in their recovery journey and their resilience for taking on work/volunteering.

This is by no means an exhaustive list, but below are some key indicators of whether a person is ready to be a peer supporter. These criteria should be built into your recruitment process and central to decision making. These areas should be explored during the interview. This is where the expertise of someone who has been through their own recovery journey, and is now in employment, would be beneficial for the panel.

Indicators that the person is ready:	Indicators that the person is not yet ready:
Have a track record of working towards this role – other volunteering, training, personal development.	Have no/little evidence of preparing for the role
Is open and comfortable talking about their lived experience – contact with criminal justice system, mental health and substance use, etc.	Is uncomfortable talking about their lived experience. When probed in an interview you may sense that information is being held back.
Have insight into their recovery, any triggers, have built resilience and a support network. They have developed adequate coping mechanisms when facing a problem.	Lack insight into their recovery journey, shows signs of still being in or close to crisis, does not convince they have fully moved on from problematic issues.
Have the ability to use their lived experience to provide insight when working with people but do not need to 'tell their story'. Understand boundaries.	Cannot see beyond their experience; at early stage of recovery focus on their needs and telling their story. Blurred understanding of boundaries.
Understands when, how, what they disclose and why the disclose (i.e. always for the benefit of the client)	Discloses lived experience for their own needs.

Guiding Principles for Disclosure and Barring Service (DBS) Forms

All successful applicants will have their contact with the criminal justice evidenced on their DBS forms. From the earliest stage of your preparation involve HR in discussions about your approach to DBS decision making.

Here are some guiding principles:

- The DBS form should re-assure and match the information the person gave you in the interview. The type of offence, dates and period without offences should match the information the person gave you during the recruitment process.
- Important questions to consider: do these offences match with the applicant's explanation of their past? Do the timescales, and periods without offending, match with their recovery journey? Has the applicant been honest with you?
- Do not consider the information on the DBS forms in isolation. Balance this information with what you learned about the person from the recruitment process.

Induction and training

The themes and content of induction training will be similar to that of all staff – e.g. safe guarding and equality and diversity. However, consider where there may need to be different emphasis or perspectives. For example, boundaries might need more discussion for someone who is making their first step into a professional environment.

Induction training can be delivered through group work or one-to-one coaching.

Your induction programme should:

- Take the peer supporter's experience of work, and work environments, into account (i.e. this could be the first time they have worked in an office) and be paced and structured appropriately.
- Involve staff from across the team and be designed to ensure the peer supporters feel included and embedded in the team.
- Be structured to support the transition from training to work shadowing and into delivering the role (i.e. no gaps or sudden leaps of responsibility)
- Have space for reflection and be flexible enough to evolve to the needs and progression of the peer supporters.
- Include whole team sessions to ensure; collaboration, embed peer support and deepen understanding of how lived experience can enhance the service. The better the team understand lived experience as an asset the better they will utilise it. An example, from Birmingham L&D, was a worker in a court setting who called on a community based peer support colleague to speak with a person who had been given a prison sentence (and was terrified). They effectively re-assured the person. This resulted in the peer support service being extended into a courts.

Example Induction Programme:

Design an induction programme that is tailored for your service. The example oposite is intended to give a basic framework – adapt and modify as appropriate (example induction programme provided by Wakefield L&D).

DAY	THEME	CONTENT
1	**Welcome and Introduction**	1. Group Agreement 2. Ice Breaker 3. Policies 4. Orientation
2	**What is Liaison and Diversion?**	1. The Bradley Report 2. Definition of L&D - what it is and what it is not. 3. The process: case identification/vulnerabilities, screening/assessment/referral, who can refer, where L&D is based. 4. Case studies and discussion
	Working in L&D	1. Employee information, annual leave, TOIL, etc.
3	**What is peer support?**	1. Definition of Peer Support 2. Why do L&D want Peer Support? 3. Formal and Informal Peers 4. Mentoring vs Supporting 5. What is Peer Support Work not? 6. What will Peer Support involve? (practical support/emotional support/co-working with colleagues)
	Safe Disclosure	1. How can disclosure benefit a client? 2. Disclosing your lived experience (in the safest way – see exercise in appendix) 3. Motivational Interviewing 4. Working from Strength 5. Telling Your Story
4	**Professional Boundaries**	1. Definition 2. How do boundaries protect the professional and client? 3. What do we have boundaries around? 4. Where boundaries come from (legislation) 5. Our polices.
	Equality and Diversity	1. Definition 2. Discrimination and harassment 3. Equality Act 2010 4. Protected Characteristics 5. How can we promote Equality and Diversity at work?
5	**Safeguarding**	1. What is Safeguarding? 2. Who is Safeguarding for? (including Care Act 2015) 3. What is Abuse? 4. Types of abuse 5. Case studies and discussion 6. Dealing with Disclosure 7. Guiding Principles
6	**Health and Safety**	1. Lone working 2. Risk Assessments 3. Dynamic Risk Assessments
	Wellbeing	1. Definition 2. What impacts Wellbeing? 3. What impacts Wellbeing at Work?

Ongoing Support

Develop a support package for peer supporters that takes into account their recovery journey, unique individual circumstances, building of resilience, challenges of adapting to full time work and personal progression.

Good practice for supporting Peer Supporters includes:

- Clinical supervisions to identify, understand and explore the emotional impact of the role and build resilience. These supervisions can be externally facilitated.
- A reflective space to look at cases in-depth with colleagues.
- An assigned mentor to offer support outside of line management – this often focuses on the challenges of adapting to full time work and wellbeing.
- Open dialogue with line manager to ensure support to enable ongoing recovery is in place. Be flexible to ensure peer supporters can attend any groups or therapy that are part of their support network. Discuss triggers and warning signs. Create plans for what to do if there are setbacks.
- Creating 'wellbeing plans' with peer supporters. Peer Supporters lived experience instills a passion and motivation for their work. However, this can create a risk of burnout especially if it leads to them working long hours. Support the peer supporter to establish a work-life balance.

Managing Setbacks

Peer Supporters bring enthusiasm and energy to their roles. This passion helps make excellent workers. However, the flip side is, it can make it more difficult to deal with setbacks, particularly when new to the role. What if someone doesn't engage with them? What if their work on a case does not lead to a successful outcome? Ensure that Peer Supporters have the space to talk about difficulties, can be supported to reflect and develop resilience. Teams should be supported to provide a welcoming and nurturing environment for peer supporters.

Recovery journeys involve setbacks. Transition into employment is a major life change, and whilst broadly a positive influence, can be a cause of stress. Much of the support outlined above can help address this.

If a peer supporter does have a setback in their recovery, there are a few important principles to follow:

- Do not over react. If there has been a set-back relating to mental health or substance use there is a risk that residual prejudice about employing people with lived experience influences decision making. Aim to keep the process informal.
- Ensure the Peer Supporter is making best use of their recovery network. Put into place any actions that were agreed during supervisions or any pre-agreed plans (see 'Ongoing Support' section above).
- As with any health issue, ensure the person has the space and time to recover, review their responsibilities and work load on return to work.

Appendix

**Peer Support Workers – Interview Plan
(Example provided by Wakefield L&D)**

Ice breaker

Candidates will be asked to prepare an ice breaker using the following brief:

We would like you to bring to your interview an object that represents you or your recovery, and/or helps you tell your story. At the beginning of your interview we would like you to present this object to us, and explain its significance.

You may wish to consider the following questions when preparing (you don't need to answer all of these questions; they are just to help with structure.)

- Where is the object from?
- How did you come to have it?
- How does it relate to your recovery / your story?
- Why is it significant/valuable to you?
- Who/what does it remind you of?
- How does it help you tell your story?
- What made you choose this over anything else to bring to your interview?

Please aim to talk about your object for around five - ten minutes.

Interview Questions

(candidates given questions 15 minutes before interview to test typing ability and support them to prepare.)

- How would you define 'peer support?' What role has peer support or peer workers had in your own recovery?

- This job requires a willingness to share some pieces of your personal story when it makes sense to do so during your work. What do you think about this and is this something you would be comfortable with?
  Prompt: When wouldn't it be appropriate to share?

- What have you learned through your own use of services that you think would be useful to your work here?

- What is your understanding of the term professional boundaries? How would you make sure the people you are supporting understand the boundaries and expectations of your role?

- As a peer support worker you may be a part of some situations that upset you or remind you of challenging times in your life. How do you think you would handle these situations, both when they occur and after the situation has ended?

- What strategies or tools do you currently use to manage your own recovery? How do these work for you?

- What additional support do you think you would need to excel in this role?

Case Studies Activity

Two case studies, followed by questions that we will discuss and answer collaboratively.

These are designed to cover the following issues:

- The role of the Peer Support worker
- Communicating with other professionals
- Professional boundaries and how these can be compromised
- Equality and diversity
- Safeguarding
- The link between support needs and offending
- Motivating others to access services
- Coping with challenging situations

This process will enable us to gauge the candidates understanding of the issues, ability to discuss a case with colleagues and put forward their own ideas.

Case study one
Sarah

A single sheet referral has been received from the custody nurse for a woman called Sarah who was in custody after being arrested for Child neglect. Sarah had gone to collect her two children from school whilst heavily under the influence of alcohol. The school called the police and she was arrested at the scene. You are going to attend Sarah's assessment with a Support Worker at Sarah's home.

- What information would you like to find out before you go to the appointment?
- Where would you find this information from?
- What questions would you like to ask Sarah when you go to the assessment?

At the assessment you find out that Sarah's children have gone to live with their grandmother. She is struggling emotionally without them but think it's for the best at the moment as she's drinking heavily and doesn't want them to see her like it. Sarah said that she "went on a bender" the day she was arrested as she and her boyfriend split up. She said he has left her in a lot of debt and she's worried about how she's going to pay the rent and about not being able to care for her kids properly. Sarah said she feels very worthless and depressed. She said she felt depressed before and used to take tablets but stopped when they ran out as she can never get a GP appointment.

- What would be your priorities for supporting Sarah and how would you decide on these?
- Why do you think Sarah would benefit from Peer Support?

Case study two

Danny

Danny was seen in custody by a member of Liaison and Diversion staff after saying he needed help. You've read the screening form and found out the following information.

Danny had been arrested for having a fight with his on/off girlfriend and causing criminal damage to their home. Danny said in his screening that he had been smoking spice and that he often argues with his girlfriend when he's been smoking spice. Danny said he would like to stop smoking but he's been using drugs on and off for years since his dad died and doesn't know how to stop. Danny said his girlfriend won't take him back this time and he doesn't have any friends or family to help him. Danny was visibly upset during the screening.

- What would be your priorities for supporting Danny and how would you decide on these?
- Do you think Danny would benefit from Peer Support?

You attend a support session with Danny on a Friday afternoon and go with him to an appointment at a local drugs service. Danny becomes upset during the appointment and throws a plant against a wall; he is then asked to leave the building. Danny says he is sick of people saying they will help him and letting him down. He begins to vape a substance you believe to be Spice outside the drug service building. You start to ask Danny about what he is doing and he becomes angry and walks away. Shortly afterwards you get a text from Danny to your work phone saying he is sick of being let down and has no one to turn to. He asks if you'll leave your phone on so he can call you over the weekend if he needs help.

- What are your concerns about this situation?
- What will you do to manage this situation and who will you talk to about it?

Disclosing lived experience

These slides are from Wakefield L&D's Peer Worker Induction (Autumn 2018). The slides informed a discussion to develop and understanding of why, how and when it was appropriate to disclose.

We want you to do this in the **SAFEST** way:
SETTING
APPROPRIATE
FEELINGS
ENOUGH
SUPPORT (STRATEGY)
TIMING

SETTING
- Where are you?
- Community?
- Client's house?
- Can you be overheard and how do you feel about that if you are?

APPROPRIATE
- Appropriate disclosure is disclosure that will benefit the client (see previous slide)
- Disclosure is not to "get something off your chest"
- It should be something you are comfortable saying and will not distress you/the client
- Is relevant to the situation you are in at the time, not just discussing something "out of the blue"
- Is something you would be comfortable for other people to know (no secrets)
- If you have been asked something by a client, is it an appropriate question? Do you feel you can answer?

FEELINGS
- What feelings is this disclosure likely to bring up for you?
- What feelings is this disclosure likely to bring up for the client?
- Remember that appropriate disclosure is something you are comfortable saying and will not distress you or the client
- Also remember that feelings can be positive!
- Ask yourself: "Do I feel comfortable?"

ENOUGH

- What amount of information is enough?
- What amount of information is too much?
- Be clear about how much detail you are willing to give
- A disclosure can be as simple as: "I've used alcohol services before and it can be a bit nerve wracking the first time you go, it's natural to feel like that."
- Or a disclosure could be more detailed and include examples of coping strategies you've used.

SUPPORT

- What support might you need after disclosing?
- It's helpful to think ahead and have self-care ready
- You can always speak to your manager and/ or colleagues to debrief

TIMING

- Is this an appropriate time in your appointment to disclose?
- Think about whether a conversation might continue, do you have time? Boundaries re time keeping.
- Think about timing for yourself, is it a good time for you personally?
- Is it far along enough in your working relationship to disclose?

Notes

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