A Day in the Life of Peer Support:

‘Bridging the Gap’
Central and North West London NHS Foundation Trust (CNWL) is committed to developing services which promote recovery and place shared decision-making and co-production at the heart of service design and delivery. This has involved redefining the concept of ‘service user involvement’ and moving towards a greater partnership approach.

As part of this commitment, CNWL has been developing peer support worker posts across the Trust since the summer of 2012, harnessing the value of ‘lived experience’ to complement the skill mix within teams, thus promoting recovery-focused practice.

‘Peer Support: Bridging the Gap’ is a short film produced within CNWL which provides a valuable insight into the role of peer
support within an inpatient setting, as perceived by service users, peer support workers (PSWs), and the staff that they work alongside. It can be viewed at www.cnwl.nhs.uk/news/peer-support-as-a-bridge-to-recovery

Peer support workers (PSWs) have ‘lived experience’ of mental health challenges and have personally accessed mental health services or addiction services. Though other health professionals may also have such experience, peer support workers are employed to explicitly draw upon and share aspects of their lived experience in their work. Peer support workers are therefore in a strong position to have credibility amongst their peers, share coping strategies and help others navigate systems. They inspire hope by role modelling that recovery is possible; and can challenge stigma and discrimination, thus contributing to improving the quality of services.

Peer support workers are fully integrated within the clinical teams in which they work. CNWL currently has both full-time and part-time peer support workers who are employed across a variety of settings including acute inpatient services, eating disorders, and community teams, including mental health, addictions, youth offender care, homelessness services, and a memory service.

Following recruitment, peer support workers complete a 10-day accredited peer worker training course, within six months of being in post. The ‘recruit then train’ model adhered to in CNWL enables peer support workers to reflect upon real examples from their workplaces linking theory with practice which consolidates the learning experience. The training focuses on a diverse range of related topics, including developing skills in active listening, raising awareness of ethical considerations, and supports students to explore some of the inherent challenges of the role.

Peer support workers are encouraged to share workplace experiences and work collectively to develop creative solutions. The peer support workers develop
skills in the art of sharing lived experience, learning how to share aspects of lived experience in a purposeful, sensitive and appropriate way.

Peer support workers role model that recovery is possible and this is central as we know that sustaining and nurturing hope is a key ingredient of recovery. They are also able to share coping strategies and ideas about how to maintain wellbeing, supporting service users to develop greater ownership and control in their recovery. Indeed, there is a developing evidence base to suggest that peer support positively impacts on recovery outcomes and it is recognised within policy as having the potential to transform the outcomes of people with mental health challenges:

Prior to peer support workers starting in post, all teams engage in a ‘Peer Support Team Preparation Session’. This enables staff to explore the meaning of the role and how this may be utilised in their team, as well as sharing their fears, concerns and hopes of working alongside peer support workers.

In this booklet, we introduce the role of peer support workers and highlight the unique contribution that they can make across a wide range of healthcare settings. We will do this by looking at real-life accounts from peer support workers themselves; and the contributions of users of services, carers and work colleagues who share their impression and experience of the role.

“We believe there is a case for using peer support workers in supporting people with schizophrenia and psychosis. Their experience of living with the condition and achieving a good quality of life, and of navigating their way through the mental health system, is extremely valuable as a supportive resource” (Schizophrenia Commission 2012).
Inpatient services were among the first in CNWL to employ peer support workers, starting in the summer of 2012. The Trust is working towards having peer support workers employed on all inpatient wards.

Some of the peer support workers within inpatient acute services are based within the clinical team on the ward, whilst others work within the inpatient occupational therapy services.

Now well-established within their teams, five of the peer support workers employed in acute services have given us an insight into their role. They share some of the rewarding and affirming moments and raise some of the challenges. Some of their colleagues and users of services have shared their understanding of what peer support means to them.

Through their collective reflections some common themes emerge which are well-represented within the peer support literature and which CNWL has been addressing. These include the need to adequately prepare and support teams in understanding the peer support worker role and the value of drawing upon ‘lived expertise’ in redesigning physical intervention training, whilst also minimising the need for control and restraint.
My story

is my

Journey

Sue
Sue joined St Charles Hospital at Ladbroke Grove in 2012, having only two years earlier been an inpatient in the very ward where she now works as a peer support worker.

It’s been an amazing transition; I really feel like I have moved from being a passive and unhappy recipient and survivor of services to now being a thriving and valued colleague. Initially I thought it might be difficult to work alongside some of the same staff who once treated me. I thought this might be a difficult position for both myself and for those staff members, and I was worried about how they would respond. Instead, what I experienced was a delighted response from them, who, without exception, all said how great it was to have me as part of their team. Some commented that it was rare and rewarding for them to see users of services when they were well, and this gave them a positive view of the reality of recovery.

There is no sense of ‘us and them’ in our team, and I feel that the unique perspective that I have brought having been a service user on the ward, who understood first-hand how it can feel, was genuinely appreciated. I saw how perceptions and stereotypes relating to mental health could be transformed by having someone that used to be a patient on the ward working there. More than one colleague and a number of service users have said things along the lines of “I can’t believe you were ever on the ward!” Many said in different ways, that they were inspired by seeing such a thing was possible – I know because two years ago I’d have agreed with them!

Another area where peer support has helped, I believe, is in the use of physical interventions. I think those who have been there have an awareness of how apparently
trivial issues, like not being allowed to go out for a cigarette for example, can become magnified when you’re an inpatient, and how quickly such situations can escalate and result in physical restraint.

Working on a very busy inpatient ward, I think my particular focus has been on trying to identify and respond quickly to the day-to-day individual issues that arise for service users in a way that prevents any escalation. I’ve found it be very helpful just talking quietly to the person, acknowledging (with the benefit of lived experience) just how difficult and frustrating their current situation is, and trying to figure out solutions together.

When I began working as a peer support worker, I thought the main focus of my role was to inspire patients on the ward. However, what has been a real surprise is to hear staff and carers talking about how peer support workers have helped them maintain their own sense of hope that recovery is possible.

An individual who was an inpatient on the ward Sue works on gave their impression of the peer support worker role:

“Peer support offers a positive influence by pointing clients in the right direction to pursue their hobbies and interests, and enhance skills and abilities... Peer support seems to fill the gap between clients and nurses. Where nurses sometimes try to keep a distance from service users because of rules, regulations and protocols of professionalism, the peer support workers who shared lived experience are more able to come across as empathic and compassionate. I feel like I can be more myself around peer support workers.”
And two of Sue’s colleagues had the following to say:

“I have been working with two peer support workers on an inpatient ward for five months now. I would say that they are two of the best members of staff in the team. If I ever need support, they’re there for me, reliable and friendly. My shifts working with them are some of the most enjoyable. Their presence is valuable in so many ways, not only to myself and other colleagues, but also to patients, visitors, and pretty much everyone.”

“Before the peer support workers started working with our team staff had some concerns about having peer support workers, such as confidentiality of the patients and how peer support workers would cope alongside other staff. When they started our concerns and fears disappeared. They are very close to the patients in terms of engagement. They also help staff as well. In fact their role is not only to support patients, but also support staff. Patients seem able to open up to peer support workers perhaps because they know the peer support workers might understand from a personal perspective what the patients are going through.”
Nikhil

WE BELIEVE IN MAKING A DIFFERENCE
Nikhil, also working at St Charles inpatient unit, describes how he introduced peer support in his team and developed skills which have laid the foundation for his next career move.

I started in post in January 2013 and was one of the first peer support workers on an acute inpatient open ward in the Trust. Settling in was difficult. I was unsure of what was expected of me and how I would be received by the team as well as other service users. I also felt a weight on my shoulders to do something extraordinary or completely different. I also felt as though all eyes were on me to wave a magic wand and make problems disappear.

I was fortunate to start in post with another peer support worker on the ward. We would discuss elements of peer support together, which not only helped me maintain my ‘peer support hat’ but helped me feel as though someone else was in this with me during the lonely times and there were a fair few of those at the start. I also reminded myself that I was here for the service users first and foremost and this helped maintain my focus.

I started by slowly integrating myself into the team. I would do what was asked of me, which was similar to what a health care assistant would do. This also helped alleviate some of the pressure that came with being a peer support worker. I did not try to come into the team all guns blazing for reform, but rather wanted my good intentions to become clear and that takes time. Once that was established and I felt I had a place in the team, there was more weight to what I said.

I was blessed and am thankful for having such a great team. They made me feel very welcome and relaxed and I have grown to love each of them considerably.
Different characters make for a more diverse team and there is not one specific way of doing things on an inpatient ward. Some service users respond better to firmness and an approach with boundaries, whilst others respond better to a softer, gentler approach. Understanding and respecting this helped in my role and open discussions with the team and sharing opinions helped us to mutually open each others’ minds to new options.

I have been able to do many things on the ward that I am proud of. As a recovery lead I have been involved in discussing ways to promote recovery, such as introducing weekend activities and making the setting more recovery-orientated. I have been able to build relationships with the service users especially while they have been on escorted leave and while doing mutual activities. I have sometimes incorporated the principles and techniques of cognitive behaviour therapy in individual work with service users. I even got the chance to work on a women’s PICU ward for a couple of months, which in itself was an experience I’ll never forget.

In 2014, filming began on the ward about the role of the peer support worker. I was a little reluctant for my face to be ‘out there’ and didn’t realise the magnitude of the video until it was too late! It was launched at the Trust Peer Worker Conference where I sat and watched it timidly, hiding away in my jacket. However, in hindsight what service users and team members had said about me was truly touching and humbling. Sometimes, I even have a cheeky watch of it now when I am looking for inspiration!

I have recently received a post as a Trainee Psychological Wellbeing Practitioner. Working as a peer support worker has equipped me with skills and experience that is second to none in my opinion and will stand me in good stead for the future. I feel privileged to have been part of this movement from its birth phase.
Amanda

Take one small step each day
Amanda recounts her working relationship with a service user at the Willow Therapies Team in Kensington and Chelsea, which highlights how peer relationships might differ from those of ‘traditional’ clinical staff.

I have been working with ‘Peter’ for a while now. He is a patient on an acute ward. At first he wouldn’t look at me or acknowledge me. I introduced myself to him and explained to him that I was a peer support worker for the Trust and that I had my own lived experience of mental health issues in the past. I don’t know if this registered with Peter at the time. I remember that he looked a bit apprehensive and was reluctant to speak. Then over time I got to know Peter through participating in activities. He seemed to enjoy drawing and so I would sit with him whilst he drew pictures or painted. In this space we were equal: two human beings sharing an experience of creativity.

Over several weeks he started to open up and talked about himself each time. Once he knew my name, whenever he saw me he would say “Hello Amanda” and we might have a brief chat, often about our shared interest in the arts. It might seem small, but I know this contact with me meant something to Peter, and it meant something to me. When I explained that a peer support worker has lived experience of mental health problems, he didn’t seem fazed at all as by this time Peter had got to know me. Peter doesn’t see me as an ‘expert’ who has all of the answers, but as someone who knows what it is like to suffer a mental health diagnosis and all that this entails.

Over time Peter started to open up about deeper things, about his past that haunts him and which is painful for him to talk about. We talk about real hope for the future too though; that there is going to be a safe place for him and that he can find his place in the world but on his terms. Perhaps control has been temporarily taken away from him (being under section), which to a
certain extent has actually given him much-needed respite from the pressures of the world. But in another respect Peter has become institutionalized and this means he has become used to the ‘safety’ of the hospital setting and for decisions to be made for him. It’s sometimes difficult for Peter to make decisions for himself at times. Yet in small ways I encourage him to do so by asking him each week what he would like to do with the art materials and how I could help him.

Peter was discharged abruptly from the ward and I didn’t find out until I came back to work the following week. This is part of the work; this can happen and I am then unable to say ‘good-bye’ properly. I did manage to get the number of the place he had been discharged to and so spoke briefly on the phone with him. He thanked me for the work we had achieved together and I wished him well. It was an ending of sorts and we could acknowledge each other and say the ‘good-bye’ we had both been deprived of inadvertently through the fast discharge. This was an important aspect of the work for both of us and we achieved this together which is what peer support should be about: the mutual respect and sharing of lived experience for both worker and service user.
KINDNESS

Annie
Annie speaks of the benefits of being based in the Willow Therapies Team which enables her to work with individuals during points of transition in their recovery journeys:

One of the great benefits of being based in the Occupational Therapies Team is the ability to meet people while they are on the ward and work alongside them as they get ready to leave hospital and work with them for a period after discharge. These points of transition are really important.

We run a Recovery Support Workshop as part of our acute outreach programme, open to those who are inpatients on the wards and those who are accessing the Home Treatment Team. I have been co-facilitating this group for two years since it started and feel privileged to work within a team that recognises the value of having a peer and a practitioner co-facilitating the group together.

I begin the day by visiting the four inpatient wards to meet those who are coming to the end of their hospital stay. I tell them about the acute outreach programme of activities which they can access once they leave hospital. Some individuals may prefer one-to-one support to work together on personal goals and this is possible too. I have had the privilege of working with many people who have started thinking about their recovery while on the ward.

Our peer support sessions look different every time depending on what the person has identified as their current goals. One lady wanted to find a social hub to meet new people so we set off together to explore this and got to know each other a little bit better on the way. Another individual requested early appointments as she said this helped her to get out of bed. I was simply there for her as she negotiated the transition back into work supporting her in breaking through self-stigma and making sense of what had happened to her.

I was recently working with a
lady who had identified that she would like to seek employment when she leaves hospital. A few weeks later, we were on a bus to the volunteers’ bureau. I shared my lived experience of moving into employment and she liked the sound of having an employment specialist to support her like I had and wanted to look into this.

Being embedded within an Occupational Therapies Team, I have to gently remind myself to remain true to the peer support role, sharing, when appropriate, my lived experience, to emphasise that we can break down the divide between service user and staff.

Here, two of Annie and Amanda’s colleagues reflect upon the introduction of peer support workers to the team and consider some of the benefits and what needs to be in place to make this successful:

“...I think where the role is fully embedded in the team (like at the Willow) it works really well and I was pleased that there were two peer support workers in the team. Given that it is a new role in the NHS, peer support workers require ample support, supervision and training so teams need to have the structure and resources to provide this without cutting corners.”
“We were one of the first teams to have peer support workers so there weren’t other services to refer to for guidance, so it did feel as though we were starting from scratch and it took some time to establish what the role would be. The peer support worker posts replaced an activity coordinator role so one challenge has been balancing service needs with a need to protect the peer support worker role as there is a need for all staff to work generically at times.”

“I really appreciate the insight and perspective that a peer support worker can bring to clinical discussion and service development as it can really ground a clinical team and stimulate discussion. Sharing their experiences with me has informed my practice and stimulated learning. I value their perspective and point of view when making clinical decisions.”

“Peer support workers are able to engage with service users on another level. Service users tend to appreciate having the opportunity to talk to someone “who has been there”. This is also particularly beneficial for psycho-educational groups, when peer support workers can illustrate theory with real life examples.”

“Peer support adds a dimension to the service that traditional services alone cannot provide. It supports service users’ ability to engage with their own recovery, by having contact with another person who is further along in their recovery. It can give hope and inspiration, as well as making recovery ‘real’, as opposed to being just a theoretical concept or a new clinical buzzword.”

And they raise some interesting debates about a change in culture across the wider organisation in relation to sharing lived experience:

“The roles have led to some interesting discussions with regard to self-disclosure and whether this should be purely for peer support workers, or whether it should be encouraged more in the wider workforce.”
Myrna

THE POWER OF SHARING
Myrna, a peer support worker based on an acute inpatient ward at Riverside, Hillingdon, reflects upon her experiences and highlights the need to be flexible in her approach.

Sometimes I stand still and think about the achievement of working as a peer support worker on an inpatient ward and it’s something I find hard to imagine. I’ve been on the other side, and when I look back and think of all the times not too long ago when I was in and out of wards myself, it feels unreal.

I had previously worked in a drug and alcohol service as a peer support worker where I largely followed a diary of appointments and facilitated weekly groups. I’m now based in a female ward of an acute mental health unit, where my duties and tasks are more unpredictable so it’s almost impossible to make plans (that can occasionally include finishing a shift later than planned).

The ward is a hive of activity and we can get completely swept up with the running of the ward. It could be easy to forget what we are here for as peer support workers. This is the reason I make a point of introducing myself to new patients by explaining the meaning of my job title, and always share a little about my having once been an inpatient on similar wards. I’ve found that this helps to put patients at ease. This often leads to the patient asking questions about my illness and recovery. I find it heart-warming to be a part of their lives so early on in their recovery.

It can be difficult to find a happy medium and not be pulled both ways between the staff and the service users because we’re a link, with experience of both. It’s not an easy job. Staff may struggle to understand what we are about as our relationship with service users is on a different level. For example, I was surprised when, not long after I began working in the ward, I was overheard by staff while sharing part of my lived experience...
and was later told by a colleague I mustn’t do this as the patient might use this information against me! But over time as staff get to know us, and seeing us interact with patients, they happily accept and appreciate the job we do.

Sticking with boundaries and trying to work out what the boundaries are as a peer support worker can be a challenge. I once found myself on a mission to ‘save’ someone, but thankfully realised that my job was not to rescue or save (even if I could) but to support that person, and guide them towards making their own choices. Every relationship you make on the ward is different and for each situation you need to think about or plan your response. I often reflect on my own experience on similar wards and remember how things become magnified in this environment.

I think we’re all bound to meet patients who remind us of ourselves in some way. As a peer support worker, I draw upon my own experiences of having been an inpatient to offer possible explanations for some of our patients’ reactions while they are on the ward. For example, I recognised the lady who believed she could have no future outside of an acute mental health ward; as this was the only place that she had felt safe. She was fearful of being discharged and returning to a life without support or hope. I strongly believe our team now have a better understanding of her struggles and a sense of hope for her too, because they’ve heard my similar story.

My day is spent reflecting on many things – looking beyond a diagnosis and getting to know the person that matters.
ALWAYS BELIEVE IN YOURSELF

Kay
Kay works at the Gordon Hospital in Victoria and recalls some of the most rewarding and reaffirming moments in her role:

A couple of months into the job I met a young woman who’d been admitted on the triage ward who was very withdrawn and anxious. It was clear that she wasn’t comfortable talking about her mental illness as she tried to normalise it by saying it was just stress. I empathised with how she felt and told her that I had also been an inpatient on a mental health ward. After that, she seemed to relax and open up more, and we then had a natural and mutual conversation about our shared experiences. After that she also became more open to the idea of attending therapeutic groups, with a little bit of encouragement. A colleague told me some time afterwards, long after the service user had been discharged, that she had learned from me about the importance of truly engaging with service users even when they are very unwell. The thought that I might have made some difference to that young woman by engaging with her early on was rewarding and for this to be reaffirmed by a colleague.

Another rewarding moment arose from my work with a patient whose illness made it almost impossible for her to eat or even make decisions. I met her near the start of her admission when she was acutely unwell; she was also severely malnourished. I spent time just being with her, reassuring her, and sitting with her through difficult mealtimes. What I found most rewarding was seeing her steadily get better, having been so very ill. Her recovery was quite remarkable and visible too, as she steadily put weight back on. Some months later she thanked me “for all your help at the beginning”. That gave me a great feeling, to know that I had been able to help her in some way towards recovery.

On a few occasions, service users have been quite disbelieving of the fact that I have mental health problems, and as one patient said to me: “But you don’t look like
you have a mental illness.” This gives me an opportunity to gently remind everyone that people can and do recover from mental health struggles.

Along with these great experiences, Kay also acknowledged the challenges she has encountered in her role:

Working on a triage ward, where patient turnover is high, means one of the main challenges I face is having limited time to build rapport and relationships with service users. Being based within the Inpatient Therapy Team has its advantages, for example relief from a busy ward, though it does mean I spend less time based on the ward than I’d ideally like to and I think it has taken me longer to fully integrate with the large ward/nursing team because of this.

I often feel like I’m wearing two hats, that of a service user and that of a professional. I advocate for patients, while at the same time holding in mind the team’s clinical view and risk issues. It is a learning curve and getting the
balance right can be tricky but the key is having good open communication with staff in the multidisciplinary team.

Part of my role as a peer support worker is sharing my lived experience therefore the boundaries I set in work relationships will be different to other mental health staff. I had a conversation with a staff member not long after I had started on the ward, who expressed concern when I mentioned I had shared information about myself with a patient and she told me staff do not self-disclose. Indeed, formal peer support is relatively new in the NHS and promoting my role so it is understood by staff, as well as service users, is an ongoing thing.

I found it challenging in the beginning knowing when and how much to self-disclose, whether or not to give reassurance regarding the potential for recovery and how acceptable it is to have physical contact with a service user in the form of a reassuring arm around a shoulder.

It goes without saying that it can at times be quite emotive seeing people suffer from their mental illness or from the effects of being sectioned, particularly having been there myself and being able to identify with their pain and frustrations. It was initially quite hard to see the use of physical interventions but going on the training helped to ease my discomfort and gave me an opportunity to provide valuable feedback so that the training can be developed to be more recovery focused.
Kay also got some feedback from three users of services on what they thought about the role when it was first presented to them, the difference between traditional clinical staff and peer support workers and what has been most helpful about the role.

One patient said of talking to a peer support worker “You don’t feel so different, it is like talking service user to service user, and feels like a two-way process.”

“It’s a perfect link between service users and mental health staff, as peer support workers span both. They know what it’s like to be a service user and therefore the peer support worker was able to put across my issues, concerns and needs to the staff team.”

“Initially I had mixed feelings. I thought it was a good idea because people had been through similar things. That gave me hope because they had been through it and been ok. My doubts were about whether they would be strong enough to help me. Seeing peer support workers doing real jobs and taking part in the community even though they still have mental illness and take medication has given me real hope though, which is the most important thing.”

A carer of a service user from the Gordon also gave their thoughts:

“We didn’t usually get support unless we asked for it, so it was nice when you [Kay] approached us. Initially I didn’t know what to think about the idea of peer support as it very new. I was concerned that there may be the potential for conflicting advice from the peer support worker and the doctor.”

“The peer support workers involvement gave me more insight from the patient’s rather than from the doctor’s perspective, and it was reassuring to think they had gone through something similar and recovered. The most helpful part was having that outlook from someone who has had lived
experience, been an inpatient herself and got better.”

Feedback from the staff working on the ward suggests that peer support workers are in a position to provide valuable feedback and therefore have the potential to transform the ward environment.

“The only reservation I had when peer support workers were starting was the level of stress for a peer support worker in this environment.”

“Staff feedback suggests that peer support workers have real insight into patients’ experiences in hospital, are able to empathise more encouraging patients to be more open and share information and this improves the quality of clinical handover meetings. Peer support workers have ‘made huge difference to the triage ward.”
Jessica shares her experiences of being the first peer support worker to work within the specialised area of an eating disorders service within CNWL.

I’ve been working as a peer support worker in an adult inpatient and day patient eating disorder service for over a year and a half. This was a completely new role on the unit, and we only found one other NHS service in the country that had a peer support worker in recovery herself from an eating disorder, working within a similar setting. This meant the service had no blueprint to follow, and limited examples of how this role in eating disorders might develop and grow. This certainly gave lots of scope to develop the role, but also limited the guidance from other trusts who had ‘gone before’ and who might have been able to allay anxieties.

Being a peer support worker within an eating disorder service has been a brilliant way to support patients with individual recovery journeys, but it has also raised challenges when being asked directly about my own experiences. It raises questions about boundaries and where to set these as a peer support worker and staff member. At first I found it difficult as I felt I had to share a lot about my own experiences because this was a big part of my role. However, through completing the peer support worker training and meeting other peer support workers, I realised that we don’t always have to share this directly and sometimes just being in the role can have an impact. For example, I have found that I can draw upon my experience to help me hold empathy for others.

There were a few challenges that I found difficult in the beginning. Firstly, was the high anxiety within the team, especially about what work I can and can’t be doing, I found this led to the team overprotecting me. However, through using supervision and discussing my role with the team our anxieties eased, giving the opportunity to expand my role and make it an integral part of the...
When I first started, my role was 16 hours per week spread over three days, and this meant it was difficult to attend team meetings and I would often have to arrive late and leave early. I now work 30 hours per week, which has been great and enabled me to connect both with the staff and service users. These additional hours have allowed my role to develop so that I can now offer individual sessions, as well as co-facilitating groups, such as mindfulness and recovery workshops.

I also found it helpful seeking out my own support network while establishing the role. The peer support worker in the other Trust also working in an eating disorders service and I would touch base through emails during my first few months, identifying challenges in the workplace and thinking about ways we might overcome these and expand our roles. I also met up with another peer support worker working in the same building as me, for mutual support and we would discuss similar challenges and things that may help. This led to us working on a joint project and co-delivering this workshop at the CNWL annual peer worker conference enabling us to share ideas with other peer support workers.

I am about to be leaving my role and continuing my career development to study a Masters in Art Psychotherapy. This is very exciting, but I also feel sad at the same time. Although it has been challenging, I have really enjoyed learning and shaping my role. I hold onto the moments when service users start to share and open up about how they feel and reach out for the support they need. I will miss running the groups, and those moments when people shared, cried and laughed together.

I believe peer support in eating disorders services can expand further to include offering support to individuals attending outpatient services, supporting patients with the crucial transition from being an inpatient or day patient to being an outpatient and helping them build a big life outside of the eating disorder.
Jessica gathered the thoughts of a work colleague on their experience of the role:

Peer support workers “inspire hope for service users, and provide a different perspective drawing upon real life experience providing new ideas for how we do things.” They provide “a supportive addition to the work of occupational therapists on recovery and life outside of illness.”
Addiction services
The role of peer support is perhaps most strongly established in drug and alcohol recovery programmes with the ‘sponsor’ roles, for example, in Alcoholics Anonymous being a cornerstone of the approach. It is though, still uncommon for NHS services to employ people with lived experience of addiction in formal, paid roles. Three peer support workers from CNWL addictions services, their colleagues and users of services reflect on what the roles have meant to them.

Alan worked as a peer support worker at the Max Glatt Unit, which provided inpatient treatment for individuals with a drug and/or alcohol addiction. He walked us through a typical morning at work for him, and how he sees his role in the service.

The first thing I do every morning at work is check in at the nurse’s station to see if there is anything of importance that I need to know about. Then I go to the lounge to meet the patients who are up and about. Whoever is making drinks will offer (including me of course!), then we’ll have a conversation, and here I can often bring myself up to speed with any concerns people might have been sitting with. Often these just result from a breakdown in communication. Going through detox is a very turbulent experience and people are going through a rollercoaster of emotions; peer support workers can sometimes be like emotional bomb disposal officers – there to defuse the bomb, or at worst, oversee a controlled detonation.

I often chair the morning meeting, which I like to use as an opportunity to address a commonality of purpose; I often talk of the doors that will open through their time here, how if they’re here to make a change, they’ve landed on their feet. I welcome those who are newly admitted, and if it feels right I tell them that I myself used the service and come with expertise by experience. I like to establish this at the earliest time, as it is immensely useful to convey the notion of a recovered person
being in the team mix, as a respected colleague and valued team member. It establishes the message that recovery is possible!

Respect doesn’t solely exist because you have recovered from a shared experience. A question to ask yourself as a peer support worker is, ‘would people want what I have?’ That is, do I show recovery as a desirable prospect? This can only be shown through how you conduct yourself.

My work is not to convince people of possibility. Belief in recovery has been established by my very being here in post; my work is to now transfer the belief that it’s possible for me, to the belief that it’s entirely possible for them.

I facilitate several groups, one of these being mindfulness and I could tell the virtues of this for many hours! But I can say it is very useful in staving off relapse. The other groups that I facilitate are focused on recovery and reintegration. I support individuals in thinking about where they want to get to and the routes that they take to get there. As a peer support worker, drawing upon my own experiences, I can help them identify known obstacles and avoidable pitfalls. I can bring attention to the idea that our lives are not preordained and mapped out but rather created through “our” choices.

Then there’s the not so easily measured stuff. My day is filled with countless moments of kindness. These moments affect me. They affected me when I was inside a recovery programme; they helped to get me sober. Today receptiveness to kindness gives me so much more than sobriety. It gives me self-worth, self-respect, and whoever would have believed it… self-love!
Here’s what a few of service users said about their experience working with Alan:

“The peer support worker freely shares his own experiences and provides useful advice about coping strategies. He spends social time with us sharing a laugh and a joke and talks about what’s going on in the world, without mentioning the word ‘addict’…. He reminds me that I’m a human being with feelings, feelings that I’ve been suppressing for many years through addiction; and that if I put my mind to it and make wise choices there is a wonderful world waiting for me out there.”

In my view, our peer support worker is the glue that holds the Max Glatt Unit together. As our peer support worker is an ex-user, he talks our language, understands our challenges having been there himself and therefore commands our respect. He is incredibly well-informed of all the services available within the ward. He is the ‘go to’ man within the detox ward.”
Those using services spoke about the inherent value of peer support in promoting recovery.

“The advice on detox and rehab is invaluable from people who have been through the same thing. It helps a lot to learn from other peoples’ stories and experiences and makes a community through which to learn and chart a new path from addiction and the isolation of patterns of behaviour that begin to seem inevitable, but aren’t at all.”

“You have everything in place to provide support, but having somebody who has been through it is paramount and inspirational.”

Here are some of the positive comments about the value of the role from colleagues:

“The peer support worker gives me the service user perspective when sometimes this can get lost in translation.”

“The peer support worker is a role model offering others a reflection of what life could be like beyond drugs and alcohol.”

“I was concerned that the peer support worker would not be fully accepted into the team and barriers may have been present. I also worried whether the experience might be quite stressful for the PSW. However, the impact on the service, team, and most importantly, the service users, has astounded me. There continues to be excellent outcomes attributed to the peer support worker that have validated this feeling. I am really proud to have the peer support worker as one of my colleagues and cannot imagine working in a team without this role as part of multidisciplinary, recovery-oriented team.”
Ben works at the Community Assessment and Primary Service in Kensington and Chelsea, a community drug and alcohol treatment and recovery service. Here, he looks at the challenges he faced when starting the role and how he’s addressed them.

When I started in the peer support role I was based in a familiar environment, having accessed this service myself, but in an unfamiliar role. I had experience of working as a volunteer, but here the day to day tasks and duties were totally different and I initially struggled with setting up structure. I had a challenge on my hands to prove to others and myself that the peer support worker role could work! At first it was hard to think about developing the role, but with the support and guidance from both staff and service users and my observations, I soon saw ways that I could offer my support as a peer, especially during initial assessment meetings. In this role I am always questioning myself to see if I’m doing things right. But I have learnt that it’s ok to not get it right all the time and asking for feedback has helped this process of learning.

Some of the most rewarding moments are putting on an event and seeing service users coming together and networking and when individuals stand up and give presentations outlining their own recovery journey. It was a highlight for me at a recent service user event when a service user and I took to the stage singing and rapping our hearts out.

Myrna reflects upon a surprise visit during her last few weeks in post at Hillingdon Drug and Alcohol Service before moving on to take up a new position within acute service.

During this last week I had a surprise visit from ‘Mark’ a young man who had used our services and I hadn’t seen for a while. I’d first met him during our phase one stage of treatment and had accompanied him through the early days of his recovery – alcohol
dependence, hopelessness, family breakdown and homelessness until eventually he had moved on. Mark had asked to see me and our hug spoke volumes. Throughout our weekly meetings I had walked alongside Mark, had encouraged and supported him, held hope for him and reassured him that recovery was real. We had formed a bond which was healing. Mark had come to say goodbye; he had successfully completed treatment, returned to work and had built bridges with the family he loved. He was rebuilding his life and his confidence had been restored. Mark’s visit reminded me of the power of peer support and encouraged me in my next step to a new role.

The staff feedback has been very positive especially in enabling staff to question perceptions and recognise the potential for recovery.

“It’s made me reflect on my own practice. It’s a constant reminder of the need to be vigilant in terms of the thoughts we might have about clients and reminds us that progress can be made. It has helped me to keep a positive attitude. It is an excellent decision that management have made to employ peer support workers.”

“I think peer support workers are very vital and important in a persons’ recovery. The peer support worker is able to offer services that we have never been able to offer before such as accompanying clients to appointments, encouraging them to attend AA meetings and providing practical support. It will be a great example to show staff, clients and the public at large that the service works and people do recover.”
Memory Service
During the autumn of 2013, the memory services in Kensington, Chelsea and Westminster recruited their first peer support workers. Peer support in Dementia/Memory services in particular, presents a unique challenge given that typically both service users and peer support workers experience memory difficulties. Service users will not always remember what the peer support worker role is about nor the details of the input they provide, but this certainly doesn’t mean the role can’t have a positive emotional impact.

The dementia strategy for England (DH, 2009) highlighted the intrinsic value of peer support, stating: “One clear message we have received from people with dementia and their carers is that they draw significant benefit from being able to talk to other people with dementia and their carers, to exchange practical advice and emotional support.”

There are currently four peer support workers employed in the service, drawing upon and explicitly sharing their personal experiences of living well with a diagnosis dementia. The peer support workers co-deliver groups within the service, offer support to those who are newly diagnosed with the dementia (and their carers and supporters) and support others to become more involved in their local communities. The peer support workers also offer consultancy advice on the content of training and written information in the Trust and promote understanding of dementia by presenting at conferences. To our knowledge, this is the first project of its kind in the NHS in England.

Helen speaks of her role as a project lead and how she developed the peer support worker roles within the memory service.

I am employed as a Peer Support Project Lead, being tasked with setting up and developing peer support worker posts within the Kensington and Chelsea, and Westminster Memory Services. I have been able to draw upon my own experience of being a carer
for a family relative with dementia which has been a huge asset in my work. All the peer support workers we employ have a diagnosis of dementia and are role models of how it is possible to live well with dementia.

It has been an exciting journey. I was a little frightened of starting in a role without being crystal-clear of what I was expected to do and the initial 12 month timeframe seemed quite short to establish the roles. The monthly steering group meetings became my support network, kept me focused and lifted me up in those moments of doubt.

I held consultation sessions with various groups, including service users from the CNWL Service User Forum, AgeUK, and Open Age which helped me to gather and develop ideas of how the project might work, and I was then able to design a twelve month project plan.

The next step was to deliver team preparation sessions to promote understanding of the peer support worker role and to consider what roles the peer support workers might carry out in the team. There were lots of considerations, including where to advertise posts. This took a lot of creative thinking and I advertised the posts across the borough by putting up posters in community venues including libraries, GP practices and supermarkets. I also met with our Human Resources and Occupational Health Departments to discuss how reasonable adjustments might be implemented. This included permitting job applicants to apply for posts using paper forms rather than the electronic system, and adapting mandatory training to meet the needs of those in post.

In August 2013, the first peer support worker, who herself is living with dementia, took up post. I was very humbled by her outlook on life and how she lives well with dementia. It was a big moment, especially as to our knowledge there were no other NHS services employing individuals living with dementia in peer support worker posts, at
that time. The numbers slowly increased and we now have four peer support workers employed with us working on different projects, including running the memory cafes, young at heart group, welcoming new clients to the service, and helping us revise our information leaflets, questionnaires and policies to make them more user friendly.

It has been great to see the memory service peer support workers develop in their roles, each in their own way. They enjoy being able to give something back and in so doing have valuable roles within their local communities. They have presented at national conferences (including the Memory Service National Accreditation Programme) and local events to talk about their role in the service, the tips they have for living well with dementia and encouraging others to engage with their local communities. The peer support workers have also delivered training sessions to students helping to breakdown the stigma that is often associated with the diagnosis, and have increased understanding of the condition. They have been involved with the Dementia Action Alliance in helping to build dementia friendly communities.

I have noticed a gradual shift in the way the team relate to people living with dementia since the peer support workers have been in post. They focus more on the existing skills and strengths of
each person and how these can be built upon.

This small team of peer support workers are always keen to take on more tasks in relation to their role and will never shy away from any opportunity to talk about their experiences. There were emotional moments at the CNWL Peer Worker Conference, when the peer support workers launched the film they had made, speaking of how they live well with dementia. The room was so quiet when they spoke you could have heard a pin drop. It was very captivating.

It has not been plain sailing as there have been some challenges including the financial one!

The project started out with funding for one year, which was subsequently renewed due to the success of the project. However, in the current financial climate we are unsure of its continuation as further funding has not been agreed.

My experience of working with the team has brought me joy and taught me a lot, particularly about how different people react to change. One of the biggest learning points was seeing just how much the peer support workers wanted to give back to the community, using their skills to live life to the full.
Patricia a peer support worker in the memory service speaks of the intrinsic value of peer support in a memory service.

I started to feel that I needed to get involved in something again and when I was told about the Peer Support Programme it sounded like something I would like to do. As a peer support worker, I go to the memory café and talk to people who might have been recently diagnosed with dementia or a memory problem. We swap ideas on how to cope with memory, like writing things down to remember them or writing a diary to remind you what you have on that day. Small things like this can make a big difference. The main thing I say to people is to be positive and patient with yourself, to accept what has happened and learn to cope with it.

It’s very important to stay part of your community and realise that there are lots of people out there who can and want to support you. I really enjoy helping people and think that peer support is a great idea.

I got myself out of the depression and then someone recommended that I volunteered as a peer support worker at the Memory Service. I was very, very pleased. It lifted me up tremendously, knowing that I was of some value and that I was going to be useful. When I was diagnosed I was frightened. I had no one to talk to, so I became very negative. It would have helped coming to a place like the Memory Service. Now when I go to the Memory Cafe everyone is very happy, they are at different stages of dementia, but they are not morbid, or down. It would have helped having something like that; having someone to talk to, but I had nobody.

Dianne works as a peer support worker in the memory service. Her colleague, Jenny, painted a picture of Dianne’s role, and how the memory barrier can be minimised.
“The ‘Young at Heart’ group is a social group for people with dementia, their family members and carers in Kensington and Chelsea, and Westminster for those diagnosed with dementia at a younger age. Dianne co-facilitates the group along with other professionals, Dianne helps to address issues or concerns and give advice and support. She also often acts as a link between those attending and the professionals. Dianne also co-facilitates the ‘Living Well with Dementia’ group, and within the group she has had the opportunity to develop her own understanding of dementia, how she can choose to live positively with a diagnosis, and develop and enhance strategies and skills.

Dianne shares this knowledge with others in the group.”

“The majority of group attendees don’t remember that Dianne is a peer support worker. She is recognised as a member of staff though, and she will remind her peers that she works for the Memory Service and that she has a diagnosis, not on every occasion, but when it’s appropriate. Staff will also remind those that attend that Dianne is a peer support worker and explain her role, particularly as she is able to talk about living with Dementia in such a positive way.”

Mohammed has a diagnosis of Dementia and attends the Young at Heart group with his wife. Jenny asked Mohammed for his thoughts on the peer support worker role:

“We all have [Dementia] in common, but that’s not what we’re about… I have learned so many things from the group, strategies that can help my
memory… [Dianne] has been helpful, she really understands (about Dementia) and how it affects me…I know she really enjoys her job.”

Although providing support and guidance in groups and other activities for service users is central to the peer support worker role, the peer support workers also contribute to educating the wider community. Here Deidre and Patricia two of the peer support workers working at the memory service, speak of the presentations and teaching sessions they have delivered.

Patricia gave a presentation about living with Dementia
at a nationwide memory services conference in 2014:

I was very nervous about speaking in front of about 80 people but once I started I felt very confident. I spoke mostly about the positive side; certainly not to give into negativity and depression. I talked about keeping active, trying to staying alert, writing down in a diary what you’ve eaten, who you’ve met, anything that has been particularly important to you.

I think that the public should be more informed, because you only hear what the media say and they frighten everyone, they make it seem like everyone’s going to be walking around like zombies. People need to be informed about diagnoses and the correct way of living with Dementia. That you can live with Dementia for a long time, as long as you’re positive and do things to help you along.

After the talk I felt very proud of myself. I knew life has much in store for people with Dementia, and how important it is to look after your brain rather than let it get overwhelmed with worry.

Deidre shares a rewarding experience she had sharing her first hand experiences and insight to enrich students’ knowledge of dementia:

I had the opportunity to address
a large group of student social workers at the Tavistock Centre, which to my surprise I was able to do, despite the understandable nervousness. With a failing memory, keeping track of daily activities and responsibilities is the principle challenge I face [as a peer support worker]… This occasion was beautiful in several ways though; not least because despite the distressing nature of the illness and its damaging effect on the brain, I was quite able to marshal my thoughts and address the group even broaching the subject of what I call the ‘D word’ – the word describing my illness, which I feel is inaccurate.

And the importance of group supervision:

As a peer support worker, we meet as a group once a month for supervision, with the project lead, and we have our say on what is good or bad.

In summary:

It would be nice if there were other peer support workers in different parts of the country. These are the people who really know what’s going on. I’m very pleased to be living where I’m living, and this opportunity, if I was living elsewhere I might not have it. And this opportunity certainly changed my life and it helped me.
The community mental services in Westminster and Brent, support service users experiencing mental health challenges in the community. These teams vary in the needs they address; some offer short-term ‘crisis’ support, while others offer longer-term support as well as drop-in sessions. Peer support workers working across four different teams from these services share their thoughts on the rewards, challenges and key memories they have of the role.
Ian describes his experience of the first few months in post in the Westminster Community Recovery Team.

I’ve been working in a Recovery Team for the last few months as a peer support worker. It’s been a really interesting and exciting experience for me, and also my colleagues as they learn about the role. I am the first peer support worker in this team, and came into a role without a clear specification. Whilst this has given me plenty of creative freedom to work how I wish, it has also been difficult to work without that clear role. I sometimes find myself wondering if I am working to my job description in the most efficient way.

However, there is so much about the role to celebrate. All my colleagues have been really interested in the role and come up to me asking questions. To help my colleagues understand my role more, I made a poster about peer support and how it can help service users, and the response has been really positive.

It’s opened up my colleagues’ eyes to the variety of work that a peer support worker can do, and has started conversations about service users who could benefit from peer support.

The most satisfying part of the work has been making that connection with someone over your shared experiences. I feel that this is crucial and unique to the role, and it can be a really powerful tool.

I met with one man who has been hearing voices for a long time. I initially met him with his care coordinator, and I introduced myself as a peer support worker, and explained that I have suffered from mental health problems myself. Initially he was very shy and anxious. After a while he started to ask me questions about voices and my experience with them. I started talking about my experiences, and quite quickly, he started to brighten up, became more talkative and just looked relieved. Visually and verbally seeing the difference that self-disclosure can make made me
feel really empowered, and this seemed to apply to the service user too. Peer support is truly a mutually beneficial relationship.

**Kari is a peer support worker working at the Westminster Recovery Support Service.**

This is the best job I have ever had. I feel fulfilled and useful and it is doing something which I care passionately about.

At the lunchtime drop-in session a young man stumbled in, in a great state of distress. He was planning to ‘end it all’ as soon as he left the drop-in but had some religious concerns about what he was going to do. After a long talk, where I really seriously had to use my reflective listening skills to their utmost, and where I shared my experiences of feeling something similar he said he was prepared to give life another go – phew! We had a big hug and then made plans for what he was going to do for the next week before we met again. I gave him a Crisis Card and the phone number for Samaritans, and shortly after that, with great relief I saw him laughing and joking with other service users around the pool table.

I find the electronic note writing system a little daunting and am still finding my feet. It’s the first job I’ve had where I have had to use computers and as I am in my mid-fifties I was not brought up with such devices so it’s scary, but I am getting to grips with it and every time I do something right I feel a real sense of achievement.

Something that does cause difficulty working as a peer support worker is the financial situation that working part-time leaves me in. In spite of what David Cameron says one is not actually better off in a low paid job than if one is on benefits. Technically it is true, as I now receive £20 a week more than when I was on benefits, but going to work is expensive and incurs costs, such as transport costs and new clothes every so often as it is important to be presentable when at work.

I wonder whether peer support...
workers are going to have some sort of career structure like other professions have. I want a career as a peer support worker and hope in the future I can progress up the bands.

However, whatever my financial situation is, I am happier now than I have ever been and feel that my life experiences have at last been validated. I want to continue working for CNWL as a peer support worker. I have gained lots of new skills – CNWL has provided me with fantastic training opportunities so that I feel more than competent, and very confident at doing my job which has also spread into other areas of my life.

Here Kari’s colleagues share their experiences of working alongside peer support workers:

“I felt they (peer support workers) had a great deal to offer in being able to relate to service users from a more authentic angle. I had never worked with a peer support worker previously and before she started in the position I was concerned that she may find it difficult to work with people who had originally been her support workers/tutors. However, in retrospect I think it may have worked in her favour and in ours.”

“I co-facilitated a ‘friendship course’ with Kari and the benefit of having a peer support worker was enormous; firstly in terms of empathy and real understanding of the participants difficulties and the PSW being able to talk about her own experiences in a very lucid way. I felt it contributed to people’s willingness to open up themselves and speak truthfully about their own situations.”
“One of the main benefits to working with a peer support worker is that of positivity; seeing someone who has experienced mental health problems but has moved forward and is now working. I believe Kari is good at validating service users’ experiences whilst also seeing the potential in people and being able to identify people’s strengths rather than looking at all the negatives.”

“My initial fears were around potential team dynamics, especially staff feeling threatened regarding their jobs as at the time the peer support workers started with us, other staff were losing their jobs or being redeployed. I had anxiety around all the different hats a peer support workers would have to wear i.e. service user, friend of service users, staff etc. and I think sometimes it has been challenging re. boundaries, but we have worked it out as we go. Sometimes peers know service users from outside of work and so it is not surprising that boundaries get blurred. We all actively listen, but where I have an agenda (risk assessment, medication etc.) Peer support workers can really listen, understand what is being said and share their experience.”

“Peer support workers challenge the way other mental health workers work as they use different language and so are more accessible to service users. When individuals have been in the service for a long time the work tends not to be so vibrant or recovery focused, but peer support workers have really refreshed relationships between staff and service users. As a supervisor of peer support workers I initially found it difficult to keep the relationships as working ones and not therapeutic ones. I wanted to give the right amount of support but not treat the peer support workers as services users. This was difficult at first but now we have really healthy working relationships with me still being able to offer the appropriate support.”
Kari spoke with service users about their experience of the peer support worker role and this is what they said:

“I thought they probably wouldn’t be able to cope in a crisis but they seemed to grasp the professional ways of working very quickly and at the same time they seemed to feel very at ease and were easy to talk to. They are closer to us than other professionals. I think they are with us in a different way and are extra caring and good listeners. The only thing I am worried about is a peer support worker’s access to notes about us.”

“They think on the spot and offer options. They don’t have set procedures and they don’t say ‘no’ immediately. I would like to see the idea of peer working expand. There are very few doors back into work for the long term unemployed because of mental ill health.”

And a carer shared her thoughts:

“I think they are very understanding and give people hope. I think with peer support workers, personality comes into it more. You are in authority but at the patient’s level.”

Lorraine works fulltime in the Brent Community Recovery Team and has a very specialised role being a peer support worker for personalisation. She describes personalisation as:

“The process by which we put the clients need first. We give the service user the avenue to make the decisions about how their care is delivered and how their personal budget is spent with the aim of empowering them by promoting their independence and their recovery.”

Here she shares her experience of being new in a team and carving out her role:

Service users are referred to me by their care coordinator. I meet with them individually and together we try to identify what they would like to do and how best they can achieve their goals supporting them on their road to
recovery. I draw upon my own lived experience and sometimes, if appropriate, I share aspects of this with those I work with. This is done with the intention of role modelling recovery, inspiring hope, and also promoting a sense of understanding and empathy.

I support service users to complete the Self Directed Support (SDS) questionnaire in preparation for their application/presentation to the SDS panel. For me the most important part of this is encouraging and enabling the individual to rediscover passions and hobbies that they may have forgotten about/or think is no longer possible because of their mental health and I also encourage and support them to try something new.

I enjoy working closely with the care coordinators (attend meetings, hospital visits and meet service users at their home); and assisting them to make sure they have all necessary paperwork in place before they attend panel. I also liaise with outside agencies such as gyms, colleges and other community organizations to secure places for our service users.

Working in this team is very significant to me, as it is the same team who were responsible for looking after my care. I thought it would be beneficial to all as I could identify what works well and what could be improved upon from the perspective of the client.

Initially it was a little challenging and I received negative comments and attitudes from just a few people in the beginning. However, on a positive note, generally the majority of the team have been welcoming. My most memorable memory was when a colleague likened me to the midfield footballer David Messi, and I was told that the midfielder plays in the centre of the team and is crucial to a team’s success. This meant being accepted in the team!

Overall, I believe that being part of the team has had a very positive effect on staff and service users. In relation to the staff it gives a first-hand example of someone
managing their mental health and I have received a lot of positive feedback from the service users and their families/carers. It has also been a positive reminder for me of how far I have come.

Lorraine further outlines her role by discussing two clients who she worked alongside:

I worked with a Bruce over a number of months to prepare for applying to the SDS Panel for funding to enable him to complete an electrical engineering course. I supported Bruce by attending Panel with him to offer moral support and we are currently in the process of applying for funding for him to complete his portfolio. Bruce’s aim is to complete his training so he can come off benefits and become self sufficient. Bruce already knew what he wanted to do, but in my role as peer support worker I supported him through the process. When he had a relapse I motivated and encouraged him to stick to his wellbeing plan and supported him to sort out new dates to attend his course.

Ann was referred to me so I could work with her, and her mother, to motivate and empower Ann to be more motivated and to encourage her to engage more in her daily living skills to promote more independence. I worked closely with her and discovered that she sometimes felt overwhelmed and not willing to do some tasks to help herself. I shared with Ann that I had experienced similar feelings of not being motivated along my own recovery journey. I encouraged her to try to engage in the activities she enjoyed the most whilst slowly working on things she did not like doing so much. We created an activity timetable which assisted her to see clearly her daily activities like the gym and within this routine we incorporated things like doing her laundry independently. This seemed to assist Ann greatly, whilst also relieving some of the pressure from her mother. Whilst working with Ann it also transpired that she wanted to meet peers of her own age so I sought to secure funding to enable her to attend her local National Autism Society.
Lorraine gathered feedback from a carer:

“I thought it was very good as it gave service users a chance because mental health has a stigma. It encouraged me because it gave me hope for the future of my daughter.”

Service users shared their thoughts:

“The idea was/is great as it has opened the gates for me and a brighter light to my future helping me to see the way I can get there in shorter time scale.”

“The most helpful thing I have found that it’s very easy to communicate with Lorraine; she understands my needs and tries to help me do what is possible.”

And staff spoke of the value of peer support whilst also recognising the challenge of developing a new role:

“Initially I was not sure how effective the peer support worker would be in assisting the clients but working alongside the peer support worker has been heart warming. She is very committed and dedicated, understands, and is very empathetic in her approach. This enables the clients to open up more and to feel at ease.”

“It has made my work lighter knowing that I have a peer support worker who can give me positive criticism.”

“I think as a supervisor (of peer support workers) we shouldn’t underestimate the pressure anyone feels when they are developing new roles and we need to be sensitive to that by providing regular feedback on performance.”
Peter has been working for six months in the Westminster Homelessness Preventative Initiative team, specialising in supporting people who either sleep rough or are at risk of losing accommodation and have been admitted to hospital due to mental health problems. He describes a very varied role.

There’s a lot of variation in the working day and week; I work with clients and colleagues, in the office and the hospital. The work is meaningful and rewarding. I come to work most days with a feeling that I enjoy having been there and I leave satisfied and able to enjoy my evenings.

The work is largely about ensuring service users have access to housing on discharge from hospital. It’s extremely important work and stops them from returning to hospital from homelessness and taking up very scarce beds.

The challenges I face are difficulties in communication. As a peer support worker I’m asked to look closely at what service users want to say, and to articulate this into a core assessment, allowing their thoughts to be considered in the application for housing and in their housing plan. It can be that if we don’t listen to them when they are ill, we won’t get accurate pictures of their suitability for housing. It also allows us to look into the illness and say that housing of one type is more suitable than say housing without support. As a peer support worker I’m well suited to doing this, as I can empathise with their feelings and the thoughts, which are often experienced during a psychotic episode; something I have first-hand experience of.

The challenges are what one encounters with all persons whether well or not; listening to their story and their agenda can be tiring and difficult, but with good supervision this issue can be addressed.
Senior Peer Support Workers
CNWL recognised the need for senior peer support workers to be recruited to support the expansion of peer support worker roles across the Trust.

Zoe is a senior peer support worker who undertook a three month placement in the North Westminster Recovery Team to scope out the role of peer support. She was the first senior peer support worker in the Trust.

**Zoe describes her experiences.**

I am the first, and currently one year in, the only senior peer support worker in the Trust, so the role at times can feel lonely, but at the same time I love the variety it brings. Sometimes the focus is on recruitment when we’re looking for new peer support workers to join us, other times it’s on delivering training or providing supervision.

At the beginning of this year, I started something new; a short term placement within a clinical team who were looking to recruit a peer support worker. The aim was to scope out how a peer support worker could best be used within the service, and to consider anything that needed to be in place before they were recruited.

It was quite daunting to start the year with one of my three days a week based in a new team, and not entirely sure what was expected of me. However, people were quick to welcome me into the giant office, smiled and greeted me. The staff came over to ask who I was and what I was doing there, and seemed keen to know more about peer support. Despite its vastness, the office’s friendly vibe, coat stand and family fridge went quite some way to helping me settle in quickly.

One thing I initially struggled with was being on a time limit to get to know the setup of the service and the team members, especially anticipating that there may be a few things I would want to challenge. I sat tight initially, but as soon as I was introduced in the team meeting, people started
calling on me for ideas and input for different scenarios. I was quite surprised how quickly and easily this happened; that staff were chasing me rather than the other way round. I felt no judgment at all for my (other) identity as a service user. Conversely, I felt huge respect.

As my confidence in the team quickly grew, I began to contribute my ideas to team meetings, and promoted my idea of running a group for service users coming up to or having difficulty with the idea of discharge, which was well received. I saw how open the team were to new ways of working and recovery-based ideas. However, I did flinch at a description or assumption made (wondering if I used to be talked about like that behind closed doors). I was taken aback, but confident that it didn’t come from a place of judgment or malicious intent. I did pick up on these and by the end of my three months, I had delivered several presentations on peer support, recovery focused language and the service user perspective to the team, and was invited to co-deliver training to a group of GPs. I really valued the team’s openness to engage with me in these discussions; it was a very rewarding three months feeling so valued, and my opinion as a service user so actively sought.

I learnt a lot from the experience, particularly around how flexible and welcoming of change people can be. One of the biggest learning points was seeing how much staff wanted to practice in a recovery focused way, but how much their hands were tied, and the frustration this brought them. That the limitations were structurally bound, rather than personal, was a refreshing perspective for me to take.
A consultant psychiatrist expressed her thoughts on the value and benefits of having a senior peer support worker based in the team:

“Having a senior and experienced Band 5 peer support worker has been invaluable. The team’s sheer size and the volume of work we undertake can be very preoccupying making it hard, at times, for teams to embrace new ways of working. However, Zoe has brought enthusiasm, flexibility and a passion for the role which has been infectious, thus being able to bring the team along with her. I would like to think that my practice very much embraces the concept of recovery, yet Zoe has arrived and made me pause and rethink, not in a critical way but in a gentle questioning way.”
Debbie is the Trust-wide peer support manager, and reflects upon three years of being in post, developing the infrastructure to support the development of peer support worker roles across many different settings.

The rewards and positive moments of my job have been many. It has been a privilege to see peer support workers gently shaping out their roles.
and coming forward with ideas about how their skills might be best utilised in busy teams. One peer support worker talked of ‘chiselling away’ to shape the new role with support from her team. This brought to mind the carving of a sculpture and how this takes time and patience and a reshaping to create. That image often comes to mind in my daily work.

I am always moved by the sharing of personal journeys of recovery during the recruitment process for peer support workers. It takes courage and bravery to share such personal narratives, which go a long way to reducing stigma and discrimination.

During team preparation sessions, staff are invited to share their hopes and concerns about working alongside peer support workers. Teams have always been welcoming, if a little uncertain, about what the introduction of peer support workers might mean in their teams. They have demonstrated great flexibility and initiative to accommodate the session into their busy schedule.

We held one session in the staff kitchen when all rooms were booked out and used the cupboard doors for post it note sticking. This didn’t detract from the experience in fact, it seemed to add to the creative process!

Co-designing the ‘in house’ accredited peer support training with Maggie (practice educator) and forming a partnership with London Southbank University (LSBU) was a memorable moment. I recall collecting my LSBU staff ID card and thinking I could now appreciate a little of what our peer support workers feel when they receive their NHS staff ID badge. This is a moment that peer support workers often speak of as a sort of initiation moment, which marks a significant sense of accomplishment and pride.

Of course there have been a few challenges.

As a manager, one does feel very responsible for the successes and struggles of introducing peer support into the teams. Being a manager can be lonely at times
as you don’t have an immediate team to call upon and you have to seek others out for support and the occasional morale boost.

When choosing to share aspects of my own lived experience I am never sure how this, and indeed I, will be perceived by others. It can stir up all sorts of internalised stigma which is something that is hard to shake off so I have learnt to stand back, reflect on this and go gently.

Trying to get out and visit all teams for the team preparation session, recruitment and to supervise peer support workers over a very wide catchment area of the Trust can be challenging. This is especially true when you struggle with directions! I have gauged the miles I have travelled by the number of pairs of shoes I have worn out during this time and I have certainly benefited from Google street map and Transport for London journey planner!

Another more recent challenge has been setting up group supervision for the CNWL peer support workers, taking into account part time working, varying shift patterns, travel time and a desire to have peer support workers from different clinical teams coming together. It somewhat resembled completing a Sudoku puzzle.

There is no ‘blue print’ of how to develop peer support within an organisation. Though we have benefited from the experience of a few trusts who went there before us it is down to each Trust to develop it their own way. This has been both daunting but also exciting. It brings me back to the image of the sculpture and how one is required to gently shape, pause now and then, stand back and reflect and, most importantly, not be afraid to reshape to bring about the desired result.

References
**Interested in finding out more?**

Central and North West London NHS Foundation Trust (CNWL) recruits peer support workers into clinical teams across many different settings with all our jobs are advertised nationally on NHS jobs [www.jobs.nhs.uk](http://www.jobs.nhs.uk)

As part of CNWL’s recruitment and selection process for peer support worker posts, we look for individuals who specifically have personal experience of mental health and/or addiction challenges relating to the service where the job is advertised. We also ask that applicants have some work experience (paid or unpaid) in a related health or social care setting. Successful candidates will have reached a point in their recovery journey where they are able and willing to share their experiences to foster hope, inspire others and challenge discrimination whilst having plans in place to maintain own recovery. Other important skills include; team work, interpersonal skills, empathy, compassion and a good level of literacy skills.

The Trust has embraced a ‘recruit and train’ model, so peer support workers begin their formal peer support training when they are in post. The CNWL course ‘Developing Expertise in Peer Support’ is a ten day accredited training run in partnership with London South Bank University designed for those already in peer worker positions. It therefore offers valuable opportunities to link the theory with clinical practice. CNWL will consider other organisations commissioning places on this course on behalf of their peer support workforce.

For further information please contact Debbie Lane-Stott, CNWL Peer Support Manager at [debbie.lane-stott@nhs.net](mailto:debbie.lane-stott@nhs.net)

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