Role description (inc.)

- 1) Defines expectations & boundaries of the role
- 2) Describes a strengthsbased, network building approach
- 3) Describes an enabling (inc. accompanying) & signposting, rather than support worker function

Person specification

- 1) Ability to reflect on personal experiences (essential)
- 2) Lived experience of inpatient care (desirable)
- 3) Lived experience of mental distress AND of having used mental health services (essential)
- 4) knowledge of local community (desirable)

Sites to adopt either entry route 1 or 2 to training/role 1. Advert placed in local services & voluntary sector/ community partners – advertised as Half day training information Written expression of interest opportunity with event - onepossibility to move to-one info paid peer discussion worker role assessing suitability/ motivation against criteria – 2. Suitable DBS* check individuals initiated for identified among those existing peer team proceeding for streaming to ENRICH role

Operational Policy (NHS employer)/ Collaboration Agreement (vol sector employer) setting out: risk and handover; complaints & disciplinary; lone/ home working; note writing/ information access; NHS training/ induction requirement etc.

*DBS check = Disclosure & Barring Service (criminal record) check

Training to be structured around core valuesbased competencies, including a focus on:

- 1) Discharge transition
- 2) Keeping yourself well at work (inc asking for support)
- 3) Boundaries & managing relationships (inc endings, 'over-involvement')
- 4) Working with risk & safety
- 5) Local 'community asset mapping' + local mental health services (how they work)
- 6) Discussing difficult issues (suicidality, medication)
- 7) Cultural competency
- 8) Communication & self-management skills
- 9) Sharing lived experience

Training to be led by Peer Worker Coordinator and co-delivered by peers Training to cover preparing an NHS Jobs application, employment planning etc Development of wellbeing plan (including treatment preferences)

People with previous peer training (inc route 2) required to undertake all sessions and assessments as a team and to explore discharge specific application





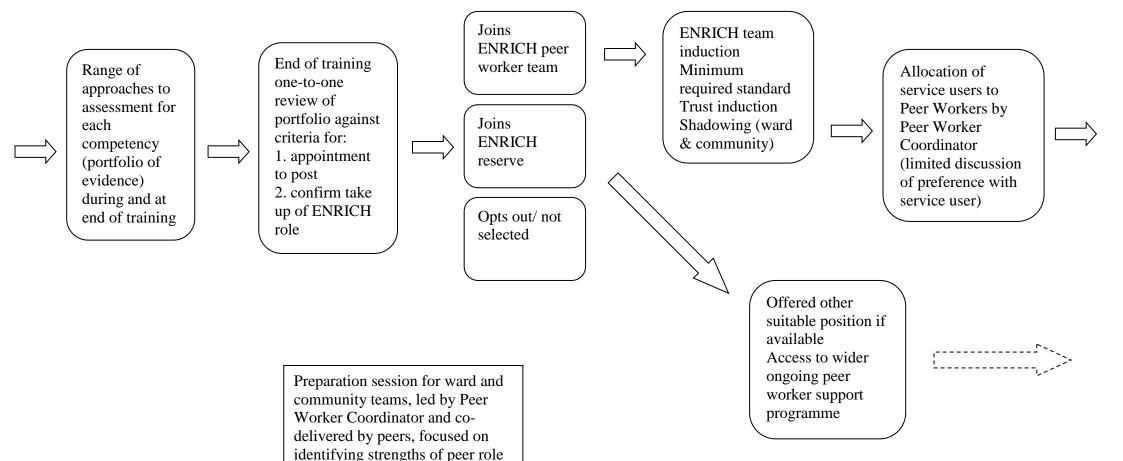




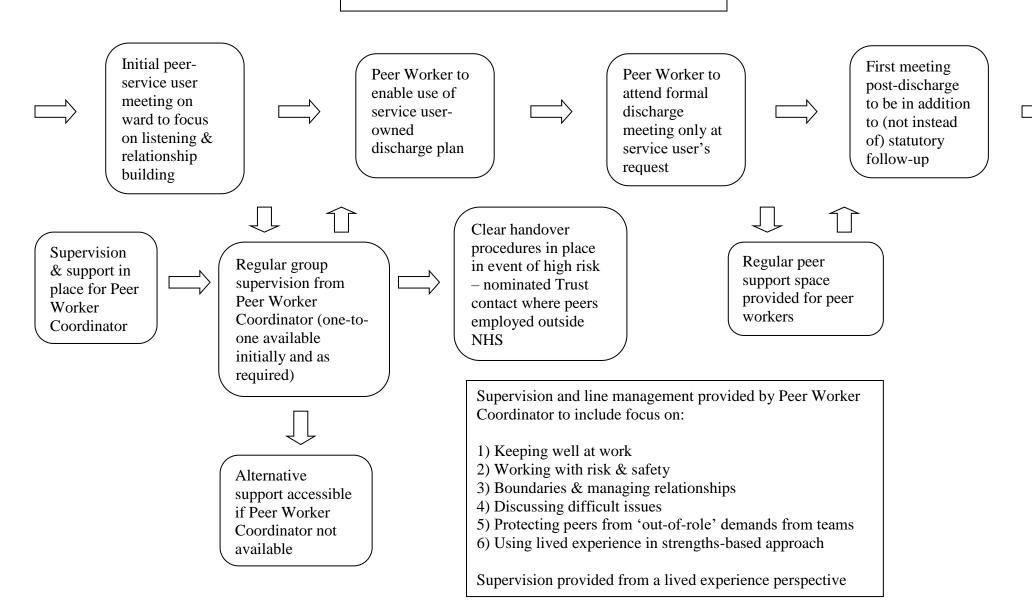
Locally developed sessions substituted where core skills & competencies are sufficiently covered

Opportunities for ward and community visits where no/ little previous experience Peer Worker Coordinator leads assessment and appointment process

ENRICH team base in suitable location locally to provide space to meet, timeout, supervision, access to IT etc



Peer support to comprise at least one meeting prior to discharge, and 10 weekly meetings followed by 3 fortnightly meetings (total of 4 months) post-discharge



Locally developed plans/ tools substituted where techniques supported are similar





Peer Worker to enable use of service user-owned crisis, network / asset mapping & recovery plans



Home visits to take place in line with lone working policy and only at service user's request



Preparation for step down and ending through whole process





Peer Worker writes to notes only what is agreed with the service user (inc logging 'concerns' for handover) Bespoke/ proxy access to NHS notes (no read access)





Back up from reserve team should peer worker need time off



Induction for reserve peer prior to coming into role PWC conducts handover