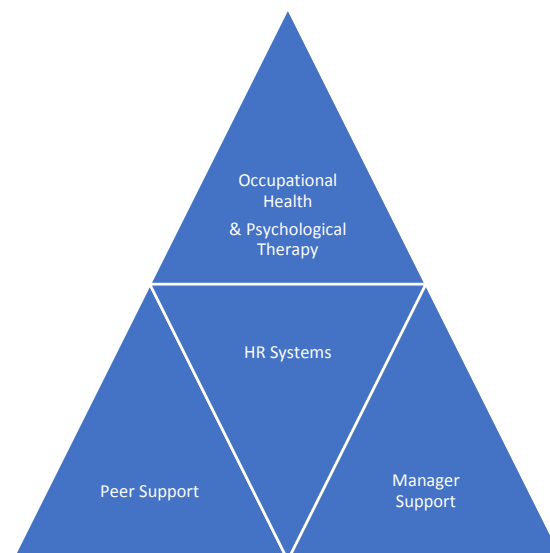


## Annex 2: Peer Support: *How to Guide*

Peer Support is a model of training staff to support their peers, through awareness of common workplace stressors, skills in listening and supportive conversations, and is supported through ongoing clinical supervision with clinical psychology<sup>1</sup>. It offers a systematic, strategic approach to intervening to sustain staff who are coping well, support those who are struggling and ensure that staff who may be unwell receive the timely assessment and mental healthcare they require. The following are suggestions for how you may configure your framework locally.

### 1. Positioning Peer Support with other Support Mechanisms

Peer support should be considered as one component part of a wider wellbeing offer. It sits as an addition alongside management support roles. Line managers should be aware of local processes and link into HR systems as required. A referral route to Occupational Health and the local arrangement for Psychological Therapies needs to be established.



### 2. What do Peer Supporters provide?

They will offer brief (15-30 minute) 1-1 conversations with staff focussing on listening to experience rather than advising or intervening

They can signpost staff to self-help resources

They can signpost staff to Management or Employee Wellbeing support, or other local services.

<sup>1</sup> <https://fphc.rcsed.ac.uk/media/2841/peer-support.pdf>

### 3. Staffing Requirements

Peer supporters should be locally selected for suitability. One suggestion is to invite those interested to write a 500-word statement of interest and choose the best submissions. If possible, a small informal interview may be useful.

You need 3-5 peer supporters for every 10 ICU beds (level 2/3)

Supporters will be need to be allocated time to cover their input.

You need at least one peer support coordinator, ideally two to cover annual leave

You need access to a Clinical Psychologist, or a similarly trained psychological therapist or counsellor, to provide 1.5hours group clinical supervision and advice every 6 weeks.

### 4. Education and Supervision Requirements

The training is a one-day training provided by the ICS. It includes:

- The Theoretical framework
- Listening skills
- Trauma awareness
- Psychological first aid
- PIES approach
- signposting

All onward supervision and clinical governance is through your local Trust or Health board arrangement.

A Clinical Psychologist should provide 1.5hours group clinical supervision and advice every 6 weeks.

Staff should be expected to attend 75% of supervision to maintain their Peer Supporter title.

### 5. Coordinating support

Peer supporters will be easily identified and are known to all ICU staff (badges, poster etc)

It would be helpful to have a generic Peer Support email to directly to the peer support coordinators.

The staff self-refer via the email and are allocated the next available Supporter, unless they request a specific Supporter

Sessions are designed to be one off, supportive, and include signposting if needed

Peer supporters are encouraged to flag any clinical incidents or ongoing themes that would benefit from staff group reflective sessions

### 6. Confidentiality and Risk

Peer Supporters are expected to maintain confidentiality except when you need additional support when a staff member is reporting risk. Peer Supporters have a duty of care to escalate any concerns about risk.

## 7. Total estimated time requirement

This is an example costs of a 30 bedded unit, with 10 peer supporters (bands 5 and 6). Estimating a unit of this size would have 250 staff, and approximately 20% of the staff might benefit from a peer support conversation. Which approximates to 1 peer support conversation a week or approximately 50 hours with planning and coordination. In addition, those staff attend 1 hour of supervision every 8 weeks (6-7 hours per year). Training to become a Peer supporter is one day 7 hours). So that is approximately 19 hours per peer supporter- or 1.6 shifts- per year.

## 8. Suggested Data Collection

Brief data can be collected via the coordinators: number of requests, themes

The Peer Supporter is encouraged to write a paragraph summary of the conversation back to the member of staff as a record of their conversation, and these should be held centrally by the coordinator.

Brief anonymous outcome and experience data should be collected- a suggested questionnaire is given on the next page, which should be sent to the member of staff from the generic email.

### Peer Supporter Outcome Data

Over the last 2 weeks how often have you been bothered by any of the following problems?

	0 - Not at all	1 - Several days	2 - More than half the days	3 - Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

With regards to your experience of engaging with Peer Support, please indicate how much you agree with each of the statements below on a scale from 0 - 5.

	Not at all	A little	A moderate amount	A lot	A great deal
I felt heard, understood and respected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We talked about what I wanted to talk about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The approach was a good fit for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, the conversation was right/helpful for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share any other feedback that you want to share with regards to your experience of talking to a Peer Supporter

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