



# Peer Hub

*Equipping you to Be the Change*

## Peer Support Implementation Guide

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The 8 Pillars of Peer Support  
Professionalisation for Mental  
Health Service Providers



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# » Introduction to Peer Support Professionalisation

**“Peer Support is not new. As long as there have been people on earth, they have come together around shared experience to learn from each other. In mental health we have added a more formal layer to peer support by making it a specific role that is often paid. This is where it may get confusing. In paid peer support you and I come together to learn from each other (like some friendships) but you (the paid peer support worker) actually need to practice a few things. “**

**Shery Mead for the Scottish Recovery Network**

## The Debate Around Professionalisation

There has been passionate and active debate in lived experience networks around whether it is appropriate or ethical to professionalise peer support, not least because many of the peer support worker roles bear little similarity to peer support as it exists in grassroots communities. Critics reasonably argue that peer support is a community phenomenon, and that its core elements - including mutuality, equality, reciprocity and self-determination - cannot be replicated in formalised roles. In any paid or voluntary role which has responsibilities to policy or process, there is an immediate imbalance of power. Further limitations are placed on possibilities to collaborate, share power, share responsibility for risk, make choices or challenge certain requirements without consequences being imposed from wider systems. Supporters of professionalisation argue that peer support is such a vital part of healing and discovery of a person's self and community after psychiatric diagnosis that there must be some benefit of at least bringing elements of peer support to mental health services. This guide is not intended to answer this debate, simply to present a possible way of professionalising peer support that seeks to learn from what works in communities and honours the values and principles of its grassroots; whilst acknowledging the limitations of practicing peer support in complex, hierarchical mental health systems.

## How did peer support start to be professionalised in the UK?

People with experience of 'mental health problems' have supported each other for centuries in communities, as psychiatric inpatients and in day centres or community groups but, until recently, most psychiatric systems have considered it unhelpful for patients to share their experiences and support each other. This changed following the deinstitutionalisation of psychiatric care in the late 20th Century as mental health services moved to a more community-based model, alongside an increase in broader support for mental health human rights and anti-stigma campaigns. 'Peer specialist' roles in the USA began to be implemented as campaigns for 'consumers' to be part of service design and delivery led to the development of peer workforces across every state. The development of a mass workforce of peer support workers in the UK grew from the 'Recovery' agenda, taking inspiration from the US peer specialist approach. As part of the Implementing Recovery through Organisational Change programme, funded by the Department of Health, peer support workers were employed to promote and facilitate recovery in NHS mental health providers. As the workforce expanded, requirements for peer support to be part of the workforce have started to be implemented by commissioners and have been incorporated into national strategies like the Community Mental Health Framework. Peer support standardisation and professionalisation has thus been brought to the centre of national agendas on the NHS mental health workforce. Peer support is now viewed as a field of work that has the potential to have a positive influence on mental health care, with a particular focus on its cost effectiveness, potential to influence culture and the opportunity to bring lived experience into frontline service delivery.

## Further reading:

Recommended reading on peer support professionalisation includes the findings from the 2009 summit at the Carter Centre, Atlanta, Georgia ([available here](#)) and Peer Hub's collection of resources on the debate on peer support professionalisation [available on our website](#).

## When Peers Lead Their Own Work and Development...

Peer supporters have demonstrated their ability to lead and develop peer workforces both in and outside mental health services in the UK and beyond. There is significant experience in formalising peer support by user-led groups in the UK, Europe, the US, Canada, New Zealand and Australia. Through international networks and communities, peer-led organisations share good ideas and develop new approaches to practice. Peer respites, sanctuary spaces and alternatives to crisis support have emerged with great success internationally, often looking and feeling quite different to statutory services and having life changing effects on people's understanding and experience of their distress. There is lots to learn from peer supporters, and much exciting practice to develop and invest in already within communities.

Much of the disappointment about the professionalisation of peer support in the UK is that it has not been led by experienced leaders of peer support in communities, but rather by clinical and corporate staff in mental health systems with little, or no, experience of these community groups and organisations. This has led to redefining the core components of peer support, removing a vast amount of its value for social change and dismissing much of the expertise and knowledge as not applicable to roles in mental health services.

The outcomes of much of the work led by mental health professionals rather than peer leaders have included de-skilling of peer support roles, introduction of clinical frameworks rather than peer ones, and lack of attention to the harm experienced by psychiatric survivors in their care that can also cause harm to the peer support workforce. Thus, many accounts from peer workers and evaluations of implementation programmes reveal many peer support workers aren't having a good experience of work, or aren't doing much 'peer support' at all. Peer supporters employed in mental health services have reported very difficult working conditions and poor role clarity, and the resulting workforce issues include high levels of sickness absence and low levels of retention. Where peer support programmes have worked well in mental health services, there has been much attention given to organisational context and culture, fidelity to peer support practice, supervision, leadership, professional development and opportunities for progression.

## Developing the 8 Pillars of Peer Support Professionalisation

Peer Hub has developed the 8 Pillars of Peer Support Professionalisation with a view to compiling knowledge about peer support from a range of peer-led sources. This implementation guidance supports employers to hold integrity to grassroots communities who hold incredible knowledge, not only about peer support, but also the possibilities that have emerged more broadly within peer communities. With the 8 Pillars of Peer Support Professionalisation, we show the value of authentic peer support practice, how to apply the wealth of expertise from grassroots communities to programmes in mental health systems and how to avoid the pitfalls experienced in NHS services so far. This guidance will enable peer support to be implemented effectively and sustainably, whichever type of 'peer support' is introduced: though we continue to strongly advocate that grassroots peer support should be instrumental in the development of any professional peer support programmes.

Many of the resources that have been used to develop the 8 Pillars of Peer Support Professionalisation are available on our website ([www.peerhub.co.uk/resources-peersupport](http://www.peerhub.co.uk/resources-peersupport)), including peer-led implementation guides, peer support modes of practice, training providers, international examples of how peer support practice has been developed and survivor-led research and publications. Peer Hub has also incorporated into the guide the fundamentals of innovation implementation and the expectations of professional groups, alongside lessons learned about good practice in ethical, values based and trauma informed service design.

## Why Pillars for Peer Support Professionalisation?

In 2009, a summit of peer specialist programmes in the US was held in Atlanta, Georgia which brought together their expertise and knowledge and presented the combined findings in [25 Pillars of Peer Support](#). The findings were shared for the purpose of informing best practice and offering advice and guidance for wider implementation of peer specialist programmes. Despite being based on the peer specialist role in the US, the expansion of peer support worker roles in the UK has not taken the structured and comprehensive approach recommended from the Carter Centre Summit, arguably to the detriment of the peer workforce in the UK. The implementation has relied on trial and error in individual NHS Trusts, and the quality, fidelity and development of the professional group has suffered as a result. Standing on the shoulders of our US colleagues and 'borrowing' the concept of 'pillars' as a helpful metaphor for clear professional structures, we have created this guide to support the effective planning, development or implementation of peer support in the UK, drawing from evidenced best practice around the world, not least the original 25 Pillars from the Carter Centre summit.

# » The 8 Pillars of Peer Support Professionalisation

## What are the 8 Pillars of Peer Support Professionalisation?

The pillars represent 8 workstreams of corporate infrastructure that will guide leaders through implementing or developing a peer workforce in mental health services.

### Using the Pillars

The pillars have interdependencies, and are therefore not a directive guide of where to start and where to finish in a programme plan, but do offer an overarching structure for what that plan should seek to achieve. Programme leaders should apply their skills in strategic planning to understanding where to start and how to progress their implementation in a way that is appropriate for the organisation they work in. As a general rule, the greater the difference between grassroots communities and organisational structure/culture, the more attention should be paid to ensuring the pillars are implemented robustly to ensure peer support will thrive.

The pillars are: Peer Leadership, Community & Partnerships, Organisational Culture, Organisational Governance, Mode of Practice, Quality & Clarity, Professional Structures, Evaluate & Evolve.



## Clarity Check: What is Peer Support?

What is meant by 'peer support' varies in the UK. The term can be confusing because 'peer support' means many things to many different people depending on its context and who has defined it. 'Peer support work' is often used interchangeably for lived experience roles such as community support work, healthcare assistants, training providers, mentoring and coaching, thus leading to much confusion, including how to apply research and evidence that uses vague definitions. 'Peer support' is also one of the terms used within the psychiatric survivor movement, user-led organisations and mutual support groups to describe what they do, which can look quite different to the roles listed above. So, what does this guide mean when it refers to 'peer support'? Well, Peer Hub CIC doesn't have any greater right to define peer support than anyone else, so it can mean any or all of these things, which isn't particularly helpful.

To help provide some clarity, Peer Hub has come to use the term '**peer support practice**' to describe the intentional relational practice which evolved from grassroots communities and the psychiatric survivor movement. We use the term '**peer support practice**' to refer to the relational practice that grew from research and development within the psychiatric survivor movement by those who have personal experience of peer relationships, have studied and intellectualised peer support as participants, developed frameworks and training materials and described this approach as 'peer support'. Resources demonstrating what we mean by '**peer support practice**' can be found on [our website](#).

Our 8 Pillars of Peer Support Professionalisation can be applied to any role which is described as peer support, but are particularly designed to provide a strong infrastructure to enable 'peer support practice' to form part of the skills set of clinical teams in mental health providers. This is the most difficult type of peer role to implement in clinical services due its vast difference to existing roles and expertise, and requires clearly defined standards and structures to ensure its quality and fidelity. The Pillars, however, have also proven helpful to broader peer roles developed in services.

# Pillar One

# Peer Leadership

## Why?

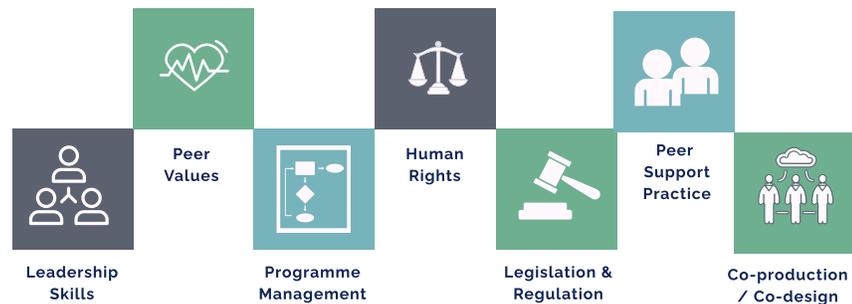
The competency of leadership in any professional group has an important influence over the quality of work the profession delivers and perceptions of the profession across the organisation. Peer support is no different.

Like any professional leadership, peer leaders should be expected to be both skilled strategic leaders and experts in their field. Strong peer leadership is required to set the quality standards for peer support practice across the organisation and represent peer support in organisational decision making.



Specialist skills and knowledge required to lead a peer support professional group include:

## Who?



## How?

Recruit your peer leadership to a role with parity to other professional leads.

- ✓ Expectations of skill, expertise & ability in strategic leadership
- ✓ Making decisions on behalf of their professional group
- ✓ Leading the development of their professional group
- ✓ Part of organisational governance and leadership

## Further Reading

The importance of peer leadership: [Faulkner 2010](#) | [Faulkner 2012](#) | [Penney 2018](#) | [Faulkner 2021](#)  
 Understanding the value and requirements of professional leadership to other professions:  
[Psychology \(BPS\)](#) | [Nursing \(RCN\)](#) | [Social Work \(SCIE\)](#) | [Allied Health Professionals \(AHPF\)](#)



# Pillar Two

# Community & Partnerships

## Why?

Peer support grew and evolved in grassroots communities, and so isolated from communities is like 'a fish out of water'. Peer support programmes should foster a sense of community within organisations, and be closely connected with communities outside services, if they are to reach their full potential.

For many service users, one of the main appeals of peer support is talking to someone with similar experiences; however, peer support is so much more than just meeting 'someone like you' to 'normalise' experiences and provide hope. Bridging the gap between services and communities is one of the most important things peer supporters can offer, and this is often a gateway to wider possibilities in community participation and reducing isolation. It is important to honour the community basis of peer support by developing a sense of community and partnership in a peer support workforce.

## What?

Communities hold an incredible amount of knowledge about survival when times are difficult, particularly communities of peers - whether that's people with shared experience of psychiatric diagnosis or people with shared interests, culture or values.

A diverse peer workforce can bridge between services and marginalised communities or groups with multiple disadvantages to increase opportunities for mental health services to be culturally sensitive.



## How?

Build your peer workforce like you're building a community. Ensure that are opportunities for peers to work as a team with grassroots groups, share their expertise and evolve their practice together.

By investing in peer support you're investing in your whole community



- ✓
- ✓
- ✓

- Remove governance barriers to shared working with user-led groups in the community
- Statutory services often benefit from commissioning peer support from user-led programmes in the VCSE
- Peer programmes should foster mutual and respectful relationships with marginalised communities

### Further Reading

[Principled Ways of Working: Peer Support in Sussex \(2020\)](#)  
[Peer Support: Working with the Voluntary, Community and Social Enterprise Sector \(2020\)](#)  
[Peer Support Case Studies \(NSUN\)](#)

# Organisational Culture

## Why?

Mental health systems are the antithesis of the communities that peer support evolved in. The greater the difference in culture and environment, the greater attention must be paid to how peer support is introduced to an organisation, so that the essence of peer support isn't compromised to make it a good fit.

Peer support is a counter-culture in most mental health providers, but offers a lot for the aspirations of most clinical services who are moving towards co-production, trauma informed care and recognising the value of expertise by experience. If peer support is to be introduced to reap the benefits it promises from its roots in organic communities, then organisations need to think carefully and realistically about the culture of their organisation and how it can support or limit the success of peer support.

## What?

### Indicators of a hostile culture

Leadership is homogenous with few or no critical voices



Staff unable to share own lived experience

Patient experience data not utilised in performance management



Risk averse; focus is on 'safety from harm'



Innovation quickly dissipates or is overwritten by corporate policy

Staff don't (or can't) use speaking up processes

Staff micromanaged by policy and corporate restrictions



Highly medicalised or deficit-based approach to care with little challenge to status quo

### Indicators of a fertile culture

Leadership openly engages in critical debate

Staff feel their lived experience is valued and respected



Patient experience, feedback and complaints are critical business intelligence



Balances 'safety from harm' with 'safety to try things' in risk management

Innovation is nurtured and learning is shared

Staff feel able to speak up when mistakes have been made



Staff feel trusted to use their professional judgment

Care is trauma informed, strengths based &/or considers multiple potential causes of distress

## How?

A fertile environment for peer support is, of course, the preferred option. However, there are ways of protecting peer support in more difficult environments.

The more hostile the working environment, the more robust your fidelity to peer support values will need to be.



Ensure peer supporters are not employed in isolated roles



Manage the introduction of peer support in phases



Prepare teams and leadership structures for peer support



Plan for the practical requirements of the role without compromising the values of peer support practice.

### Further Reading \*\*\*Content warning: references to suicide, psychiatric detention, self injury, trauma

Cautionary Tales: blogs of peer supporters with poor experiences of employment  
[Recovery in the Bin 1](#) ; [Recovery in the Bin 2](#) ; [The Main Offender](#) ; [Mad In America](#)



# Pillar Four

# Organisational Governance

## Why?

The policies and processes of your organisation have the ability to enable or disable the effectiveness of peer support practice and the creation of a respected professional workforce. Preparing your organisation for peer support starts with assessing its readiness and openness to peer ways of working.

An assessment of organisational readiness for peer support should highlight areas of best practice in collaborative working, adaptability and valuing diversity. It should also identify areas of governance where employees feel inhibited in providing best practice, such as policy, standards or expectations, frameworks for good practice or where there are policies or decisions that discriminate against staff with different experiences, cultures or protected characteristics. Your organisational readiness assessment shouldn't create policies specifically for peer support, but should draw from what works for peer support practice to improve working conditions for all staff.

Based on existing governance, policy and practice, is your organisation able to nurture a professional group with peer values?

## What?

### Regulation

Where are the limits on what you are able to do?

### Governance

What is within your sphere to influence, negotiate or contract?

### Policy

What changes are you willing and able to make to your own organisation, and how does this impact on broader staff?

### Practice

How are your policies usually interpreted by your staff and how might this impact on your intentions for standards of practice?

## How?

Ensure peer leadership has a guiding role in identifying and recommending changes that enable peer support practice. Consider:

Organisational policies, processes and procedures provide the framework for what is possible in mental health care.



HR policies



Operational policies



Risk management



Governance and decision making

### Further Reading

Organisational change, policy and values-based organisations

[The Policy Process](#)

[Why do organisational change processes fail?](#)

[How Corporate Values Get Hijacked And Misused](#)



# Pillar Five

## Why?

Peer supporters require an anchor for their professional practice if their work is to hold fidelity to peer support principles and values. As for any skilled work in mental health, absence of a framework for good practice means lack of clarity, quality and fidelity to professional standards.

Service evaluations and academic research have both found that peer support workers in mental health systems often aren't doing much peer support. This is due to a combination of factors including lack of a defined role based on clear descriptors of what peer support is. A mode of practice is essential to avoid peer supporters adopting the tasks of their clinical colleagues due to a lack of clarity around their own duties and responsibilities.

## What?

### Peer support is not:

-  Lived experience community support work or HCA work
-  Delivery of psychological interventions or clinical care plans
-  Coaching, mentoring or psycho-education
-  Role modelling success to encourage compliance with treatment

## Peer support is:



A relational practice that requires unique skills, abilities and knowledge



Non-clinical, not deficit-based & non-coercive



Advocating for service user involvement in care & protection of human rights



Based on core values & principles across modes of practice

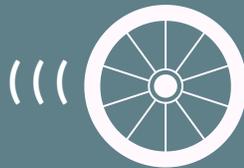


Rooted in community, solidarity & connecting over shared experiences

## How?

Peer support has been part of grassroots communities and user-led organisations for decades. Expertise on peer support modes of practice is best found in these places.

Don't reinvent the wheel!



Implement a mode of practice developed by grassroots groups



Commission a user-led group to adapt their mode of practice\*\*



Commission a user-led group to design a new mode of practice\*\*

\*\*Modes of practice for peer support should only be developed by experienced peer supporters. Staff without peer expertise often remove or omit the core values of peer support when developing or adapting modes of practice for mental health care.

# Mode of Practice

### Further Reading

[Peer Support in Practice](#)

[What do Peer Support Workers do?](#)

[Peer support in mental health services: where is the research taking us, and do we want to go there?](#)



# Pillar Six

# Quality & Clarity

## Why?

To ensure good practice is established and maintained, the work expected of peer supporters should be clearly defined. Like any other professional group, training, supervision and performance management should seek to support best practice quality standards while maintaining integrity to peer support in role.

Peer support is non-clinical and has been developed with a different purpose to clinical support. Establishing role clarity and maintaining the quality of peer support therefore requires specific training and supervision from experienced peer supporters, if peer support is to become an addition to the multi-disciplinary skill mix rather than duplicate existing roles. Like any other professional group, good quality training, supervision and performance management will improve the quality of professional practice.

## What?

### Pillar Three requirements:

- 1 Recruitment methods that focus on a candidate's skills and values
- 2 Training in the mode of practice and means of assessing peer supporters' learning
- 3 'Professional' supervision from an experienced peer supporter
- 4 Performance measures that measure the outcomes peer support seeks to achieve

### The potential outcomes of good quality peer support practice include...

-  Reduced isolation and increased involvement in communities
-  Exploring worldview, experiences & meaning
-  Learning together about relational responsibility & possibilities
-  Challenging internalised stigma & 'deficit-based' identities
-  Negotiation, collaboration and shared decision making
-  **...for all parties**  
(peer supporters and service users)

## How?

It is important to draw a clear distinction between clinical work and peer support in teams, whilst ensuring peer supporters are held to equivalent quality standards.

Peer support can be confused with clinical work or creep into clinical realms if clear distinctions, responsibilities and value for all roles is not clearly communicated.

-  Peer supporters should be able to articulate what they do and what they can offer service users and their colleagues.
-  Peer supporters should be expected to continue to develop their expertise and skills during their employment.
-  Peer supporters should be able to demonstrate how their work meets quality standards for their professional group.

### Further Reading

- [Role Clarity and Commitment to Service Quality](#)
- [Role Clarity and Efficiency](#)
- [Role Clarity in Multi-Disciplinary Teams](#)



# Pillar Seven

# Professional Structures

## Why?

Retaining, supporting and developing excellent peer staff requires specialist knowledge and experience to be held within an organisation and be available at all levels. A career structure which nurtures peer leadership and rewards good practice is vital to retain a strong, resilient and sustainable peer workforce.

Almost universally, successful peer support workforces that are able to grow and develop have professional structures that include supervision, management and leadership. Without this, peer supporters struggle to maintain their fidelity to their role, and also are less likely to feel valued. Good performance should be rewarded by opportunities for promotion within their own field. Providing a career pathway with parity to other professions is also a good way of showing the value of peer support to other staff groups.

## What?



### Increasing role responsibilities:

Setting or monitoring professional standards

Solving complex problems

Risk management

Decision making responsibilities

Staff management / leadership

Project management

### Specialist expertise in peer support:

Peer support skills and experience

Providing supervision

Training development or delivery

Challenging environments for peer support practice e.g. forensics, CAMHS, crisis/inpatient

## How?

Peer support structures should mirror the structures of other professional groups that have autonomy over their professional standards, expectations and decision making e.g. nursing, occupational therapy or psychology.

Hierarchical status comes with additional responsibility to make decisions that empower & share power rather than use power over.



Draw from existing hierarchical structures in other professional groups in your organisation



Support peer leadership to design professional roles that embody the values and principle of peer support



Power awareness is critical for peer leadership, as is transparency, accountability & trustworthiness

### Further Reading

[Hope, Career Development and Job Satisfaction](#)

[Mobility of Peer Workforce: Barriers to Progression](#)



# Pillar Eight

# Evaluate & Evolve

## Why?

Peer support is a new professional group and needs to be able to adapt as it finds its place in mental health systems. Peer support in the community is constantly evolving its knowledge as it learns from collective experiences and worldviews. Peer programmes should be able to respond to community changes.

Since peer support is being introduced to mental services as an alternative approach, it will take time and patience to integrate into mental health systems - particularly if this is to happen without compromising its core values. Peer support itself needs to be able to evolve, but also mental health systems need evidence, insight and time to be able to adapt their business to enable peer support to work. Peer support is being introduced to mental health services as an intentional agent for change, and so evaluation and evolution is required to enable change to happen.

## What?

### Ongoing evaluation

Targeted experiments to enable incremental changes to process or practice

Understanding different kinds of evidence and their value

Trialling approaches that test service limits and tolerance

### Expanding good practice

Capturing and sharing experiences and stories

Know how good practice spreads through your organisation, and how to help it along

Remove barriers to sharing good practice in policy, personnel, technology or infrastructure

Recognise not all good practice is innovative: reward excellence in the fundamentals too.

### Strategic development

- Organisational memory
- Professional standards and guidance
- Business as usual processes

## How?

Being able to evaluate and evolve your peer support programme means understanding how to measure success, how (and when) to expand good practice at scale and how (and when) to implement critical learning.

Ensure your evaluation is meaningful by prioritising what you need to learn at different stages of your programme



How processes and policy are supporting or hindering practice



How peer supporters are using & interpreting their mode of practice



How service users are experiencing and responding to peer support



Staff experiences and understanding of peer support, including peer supporters, colleagues & managers

### Further Reading

[Example Evaluation: Cambridgeshire & Peterborough](#)

[Example Review & Recommendations: Peer Support in Practice](#)

# » Helpful Resources

## Our Training and Consultancy Services



Peer Hub CIC offers training courses in peer support implementation, trauma informed care and co-production, all of which are relevant to peer support services in mental health systems.

We can also offer bespoke training and consultancy to help with specific issues in your organisation, or support you to overcome barriers in developing your peer support programme.

Visit our [website](#) for more information, or view our [course guide](#)

## Resources Available on our Website



Our website contains a range of resources from user-led organisations around the world who are working successfully and progressively in peer support.

We also have resources on strategic implementation of trauma informed care, co-production and the use of intelligence-led approaches to drive good practice in mental health care.

You can access our peer support resources page here:

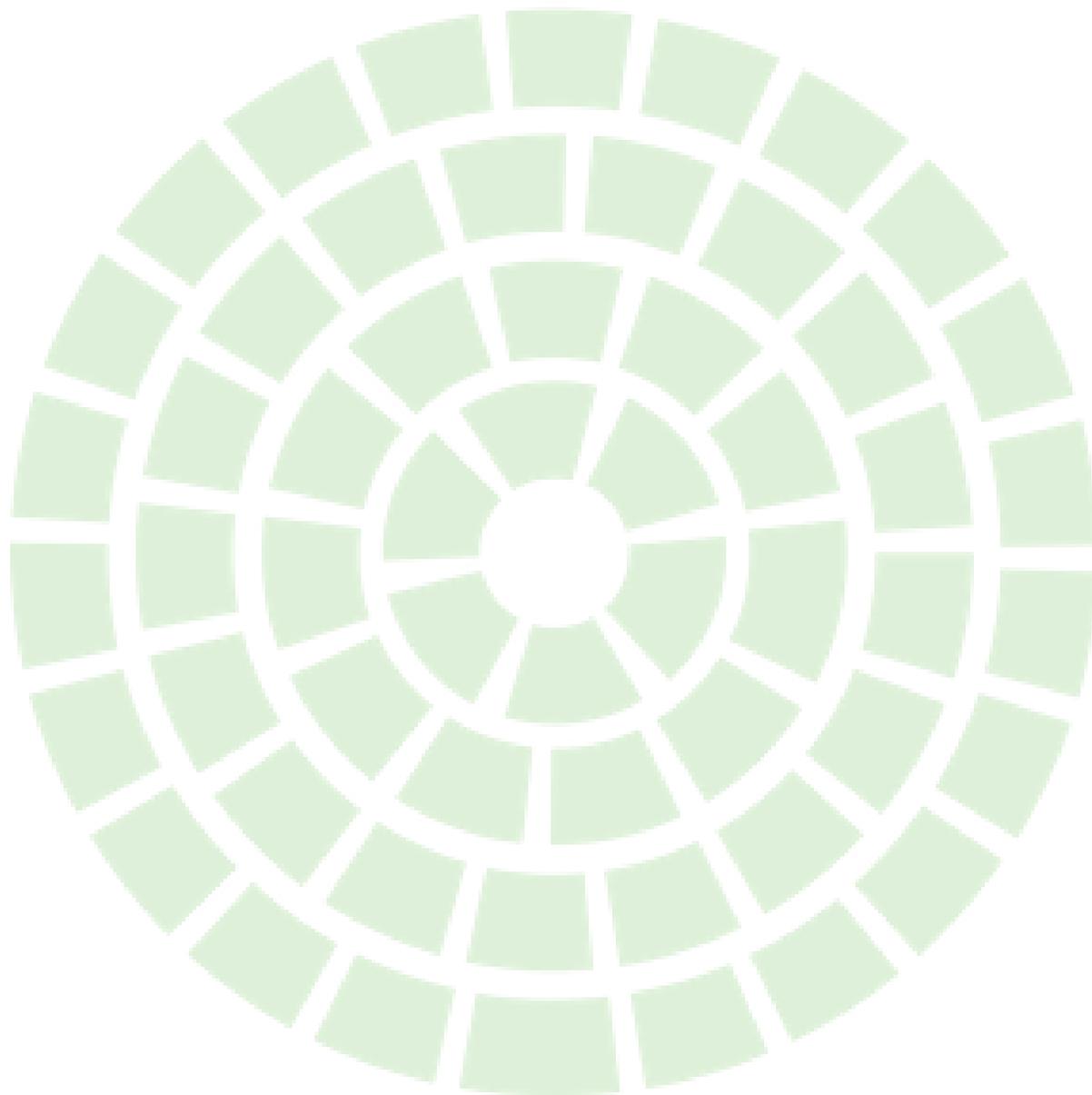
[www.peerhub.co.uk](http://www.peerhub.co.uk)

## Collaborating with user-led groups



Leadership from grassroots groups, or at the very least collaboration, is essential for developing good practice in peer support. We strongly advocate you contact local user-led organisations to work with you on developing peer support in your organisation.

There are some links on [our website](#) to grassroots networks, and a directory of user-led organisations on the [NSUN website](#).



## »» About the author:

This guide was drafted by Vikki Price, co-founder and managing director of Peer Hub CIC, a former Peer Support Lead who led the implementation of the first user-led, trauma informed peer support programme in the NHS. Her 15 year career in public service has included work in criminal justice and mental health sectors, and includes project management, service development, implementing innovation and strategic planning . She has lived experience of psychiatric diagnosis, psychiatric treatment and community peer support, and is also an Intentional Peer Support organisational trainer and NSUN associate.

## »» Acknowledgements from the author:

"I would like to thank Mark Allan, the Senior Peer Support Worker who worked alongside me for his wisdom, guidance and commitment to grassroots principles in our endeavour to implement peer-led trauma informed peer support in the NHS. I extend that thanks also to the peer supporters who were recruited by our programme who held true to their values and principles whilst undertaking very difficult work, often in challenging environments. To the colleagues who worked hard to support us to have the integrity and strength to hold firm to our values, and to the peer leaders and grassroots advisors from around the world who consulted, advised, shared resources and helped keep us on track: thank you all for your effort and belief in the potential of peer support, and what we were all able to realise through hard work and diligence. Together we were able to demonstrate that peer support that holds fidelity to grassroots principles is not only possible in the NHS, but is also incredibly valuable. Your collective grit and commitment inspired both the creation and the content of this guide, and I hope that its publication offers something meaningful to your continued work in peer support."



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