



Public – To be published on the Trust external website

Peer Work Supervision Protocol

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Overarching Policy: [Clinical and Professional Supervision Policy](#)

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1 Introduction

The Peer Work Supervision Protocol supports and operationalises the Trust's [Clinical and Professional Supervision Policy](#). The Trust's Supervision policy applies to all staff, including staff within the peer work structures.

Peer work staff members employed by Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV) are subject to the requirements of both the Trust [Clinical and Professional Supervision Policy](#) and the Peer Work Supervision Protocol.

These roles include (but are not limited to):

- Head of Peer Work
- Peer Leads
- Peer Co-ordinators
- Senior Peer Workers
- Peer Practitioners
- Peer Workers
- Peer Support Workers

Note: This document uses different perspectives in different sections to reflect its varied purposes:

- 'We' and 'Our' are used when sharing the collective values, experiences, and practices of the peer workforce
- Third person perspectives are used when describing formal procedures
- 'You' and 'Your' are used when providing direct guidance to peer workers

2 Purpose

Following this protocol will:

- ensure all Trust peer workers have access to appropriate supervision
- support the delivery of high quality and safe peer support across the Trust
- support the development and wellbeing needs of peer workers within our roles

3 Who this protocol applies to

This protocol applies to all peer work staff directly employed by TEWV.

It also applies to any TEWV employed 'Peer' or 'Lived Experience' roles (roles where service user or carer lived experience of mental health, learning disability or autism etc is an essential job description component) that either:

- Perform any work directly with service users as part of the persons care
- Have working arrangements to be provided a supervisor by the peer work structures

Some 'Peer' or 'Lived Experience' roles work solely with students to support their education or their access to education. The aspiration is for this protocol to also apply to these roles. Where service capacity does not currently exist to facilitate this, the service and Head of Peer Work (or delegated Peer Lead) will work together to determine each service's interim approach.

The Trust may commission some 'Peer' or 'Lived Experience' roles that work with service users or students. As part of this process, commissioning services must work with the Head of Peer Work (or delegated Peer Lead) to agree the peer supervision requirements of external providers at the earliest opportunity. These will then be outlined within each service specification or grant application. Where this does not happen, this process will be implemented retrospectively.

4 Related documents

- [Clinical and Professional Supervision Policy](#)
- [Allied Health Professionals Supervision Protocol](#)

5 Protocol

5.1 What is Peer Work?

Peer workers use our lived experience expertise to support service users as part of their care. Our lived experiences are usually of mental health, autism and/or a learning

disability. Carer peer workers use lived experience expertise of caring for others to support carers. All TEWV peer workers must complete the TEWV Trauma Informed Peer Support Training. We all work to the TEWV Peer Support Values.

5.2 What is Peer Work Supervision?

Peer work supervision is a space to engage in professional support and mutual learning. This helps the supervisee to:

- Develop confidence and competence
- Take ownership of and responsibility for our practice
- Enhance the quality of our peer work

During supervision the supervisor and supervisee will:

- Work to the TEWV Peer Support Values
- Reflect on how to apply the TEWV Peer Support Values and Trauma Informed Peer Support Training to our peer work
- Consider our wellbeing when carrying out peer work, whilst also ensuring that space is left within the supervision session to reflect on peer support practice
- Share problems or things that have made us uncomfortable and:
 - Receive (and give) validation and support
 - Think together about the issues raised (share perspectives, reason it out, find ways forward where possible)
- Share and celebrate things that have worked well (knowledge, ideas, practice etc)
- Create space for our supervisor to feedback on our peer practice
- Respond constructively to feedback

Peer work supervision is the key mandatory professional (including clinical) supervision for peer workers. It is an important part of supporting people's wellbeing and personal development. It also helps us ensure we are providing high quality and safe care to service users. Because of this importance, attendance rates for our professional supervision for all staff are audited by both the Trust and the CQC.

5.3 Peer Work Supervision Topics

Peer work supervision is a space for reflection and development in key areas related to the role and how to be a peer worker. This includes things like:

- Reflective practice: How to be the best peer workers we can be
 - Core peer support practice: What is it and how we do it
 - Intentionally applying our Peer Support Values to peer relationships
 - Intentionally applying what we learned in our TEWV Trauma Informed Peer Support Training
 - Using lived experience in the role
 - Boundaries
- Relationships with colleagues and the workplace culture
 - Keeping values and fidelity of the role while working as part of a team
- Navigating conflicts
- Surviving, staying well and thriving within the role:
 - How the job makes us feel
 - Things we are finding difficult
 - Sharing strategies that help or might be helpful
 - Recognising our achievements
- Equality and Diversity: We aspire to be at the forefront of delivering peer support and developing Trust services that meet people's diversity related needs. We welcome this as a supervision topic. For additional support, contact the Equality and Diversity team at tewv.eandd@nhs.net
- Strengthening peer voices
- Learning from each other and the peers we work with
- Exploring where we can find common ground
- Developing opportunities to feedback themes and issues that are affecting the peer workforce and / or the service users we work with

5.4 Suggested Reflective Model

The recommended reflective model is included within the Peer Work Supervision Notes Template (see Appendix 4). This is an adaption of Rolfe et al's (2001) reflective

framework. The three key questions within their framework are something we often find very helpful to think about when reflecting on a situation:

- **What?** (for example; what happened, what was its impact on myself and others)
- **So What?** (for example; how do I feel about this, why do I feel this way, what does this teach me about myself or the situation / relationship)
- **Now What?** (for example; what have I learned from this, is there something I should now do in relation to the situation or relationship, would I do something different next time I am in a similar situation)

Depending on the issue being discussed, different considerations within these three key questions will be more appropriate – the sub-questions bullet pointed in the template should be considered as examples rather than directive. Peer workers who would like to suggest a different reflective model for their supervisions are welcome to do so - this can be considered for agreement by supervisors on a case-by-case basis. Supervisors should then make their peer service Head, Lead or Co-ordinator aware of the different models that have been requested.

5.5 Peer Work Supervision Relationship

Our peer work supervision relationships should be rooted in the TEWV Peer Support Values:

1. Authenticity

- Be honest with each other
- Own our own emotions – name discomfort
- Show empathy and compassion

2. Relationship

- Learning together and being supportive
- Maintain/reconnect when needed
- Work in a way that works for everyone wherever possible

3. Validation

- Show we have listened in responses
- Acknowledge we are all doing our best in the moment
- Recognise/highlight people's strengths

- Recognise difference in how people act/what people find tough

4. Respect

- Listening
- Curious and non-judgemental
- Share, don't impose

5. Mutuality

- All equals, working together (with openness and transparency about how sometimes supervisor roles do involve feedback and shaping practice)
- Finding common ground while also valuing differences in worldview
- All contribute, all follow values
- Share space and time

6. Empowerment

- Towards solutions that work for an individual
- Explore together, there is often more than one right way to do things
- Sharing resources that might help

5.6 Peer Work Supervision Agreement (see Appendix 3)

Creating a supervision agreement helps to establish the expectations and responsibilities of the supervisee and supervisor. This is helpful to do at the start of a supervisory relationship. If not done then, it should be done as soon as possible. It should then be reviewed together at least once a year.

The template Peer Work Supervision Agreement is available at Appendix 3. It outlines the basic expectations of supervisor / supervisee rights and responsibilities. The included items should not be removed. However, if both parties agree the wording can be adapted, and new items added, to suit individual requirements.

5.7 Peer Work Supervision Structure (see Appendix 4)

The following offers a guideline structure for a typical 1:1 supervision session. Flexibility can be introduced whenever required to ensure the individual session works as well as possible for both people. Any adopted structure should be periodically reviewed to check it is still working for all parties:

- Wellbeing check in and session structure check in
- Follow up on any actions or areas agreed to revisit last time
- Discussion about what has been challenging since the previous supervision
- Discussion about what has gone well since the previous supervision
- Review examples of peer relationships from persons caseload or inpatient work
- Summary of key learning and agreed actions to take away - and of items to follow up or return to in future supervisions
- Co-produce notes
- Check out

5.8 Peer Co-Reflection Structure (see Appendix 5)

The following is a guideline structure for a typical co-reflection (group supervision) session. Flexibility can be introduced to ensure the session works as well as possible for the group. A topic might be picked to discuss in more detail or an element of the training revisited in some months. Any adopted structure should be periodically reviewed to check that it is still working for all parties:

- Checking In: Space for everyone attending to share how we are feeling and some key things we have been doing or have coming up (30 mins)
- Supportive Space (50 mins): Space for everyone attending to share and discuss an example of something related to our work or peer support practice that has been challenging for us
- Break (20 mins)
- Positive Reflections (50 mins): Space for everyone attending to share and talk through an example of positive practice or good news. It's great if we have an example from our work but also great to acknowledge positive practice we've seen from others.
- Checking Out (30 mins). An example check out would typically be led by the facilitator and could include the following:

- Thanking the group for their contributions and checking in on how members of the group are feeling now?
- Reflecting as a group about if there is anything we would like to do differently in future sessions?
 - Reflecting as a group about if there is anything we have done today that we would like to continue doing in future?
 - Asking the group if anyone would like to share something we have learned today that we will take forward with us from the session?
 - Asking the group members what we have coming up next or what their plans are for the evening or weekend OR
 - If it has been a difficult session we might:
 - acknowledge that it has been a difficult session
 - consider as a group how we might look after ourselves (or involve others for support if required) to manage the impact of that on us afterwards and
 - ask if anyone would like further to debrief afterwards

5.9 Responsibilities for You as a Peer Worker and Your Supervisor

The following can support peer work supervision to be as helpful as possible:

5.9.1 Practicalities

- Co-reflections of up to three hours duration and 1:1 supervision of one hour duration will normally be offered to you once per month
- These standard timings may sometimes be altered based on individual needs and service capacity
- Co-reflections are usually set to recur on the last Wednesday of each month. This can sometimes be altered at the discretion of the lead facilitator
- During times where increased support via extra supervision might be helpful, it is reasonable to offer or request this
- Your peer work supervisor should aim to inform you of locations at least one week in advance
- Supervisions should usually be face to face within your locality. However, requests to be flexible should be accommodated where reasonably possible
- Supervision does not have to take place within a Trust building. Alternative locations can be mutually agreed. These should be within a reasonable distance of your and your supervisor's work bases. If supervision takes place in a public place ensure confidentiality is maintained

- Supervision may sometimes take place over Microsoft Teams. If service need requires, this may be the norm for some supervisory relationships

5.9.2 Attendance

- You are encouraged to talk to your supervisor if anything stops you from attending supervision or co-reflection sessions. Supervisors can then help you attend and get the full benefit of these meetings
- Attending supervision and co-reflection sessions is a mandatory expectation of all peer work roles. Before making any changes, you should check with your supervisor if you:
 - Plan to change your work schedule in a way which will make you unavailable for co-reflections
 - Plan to start a new work commitment that will conflict with co-reflection times
 - Intend to miss co-reflection or supervision for other work commitments
- Your attendance at supervision and co-reflection is linked to Trust appraisal and job performance processes. You should attend at least two one-on-one supervision sessions and one co-reflection every three months. Over each year (April to March) it is mandatory for you to attend at least 8 total sessions. These requirements are adjusted pro rata if you are in your role for only part of the year or have time off on long term sickness
- If you or your peer supervisor are unable to attend, you should let the other person know as soon as you can. This includes letting each other know when you are going on any kind of leave, and when you return from leave. Supervisors should then offer an alternative date if reasonably possible
- It is helpful if you mark a supervision meeting you will be unable to attend as 'tentative' in Outlook instead of declining it – and then send a message to let your supervisor know. Suggesting a new time is welcomed. This helps your supervisor move the existing meeting to a better time
- There is a joint responsibility for you and your supervisor to provide the flexibility required to ensure minimum attendance requirements are met

5.9.3 Preparation for Sessions

- There is an expectation that you prepare for supervision (including co-reflection) sessions ahead of time. It can be helpful for you to think about what topics to discuss and what you hope to get out of the session. It can also help to block preparation time out in your calendar
- Your supervisor is also expected to reflect beforehand on what they will bring to the session, and should ensure the previous session's notes are accessible in the present session

5.9.4 During the Session

- There is a shared responsibility for making effective use of the time

5.9.5 After the Session

- Your supervisor will provide you with a copy of the notes from the session within 5 working days. They will welcome you suggesting changes
- You should respond to this email within 5 working days. In your response you should either:
 - indicate that you accept the notes as an accurate record
 - or suggest changes (via tracked changes please) / request to review them together
- If you do not respond your supervisor should follow up at or before the next supervision session. This is to ensure the notes are confirmed as accurate or revised
- You and your peer supervisor should each make reasonable efforts to complete any actions you take away from supervision

5.10 Confidentiality

Details of peer work supervision discussions should normally remain confidential. However, supervisors may share information in specific situations:

- Duty of care and safeguarding concerns must be reported
- When issues relating to professional conduct or competency arise
- If the peer work supervisor is compelled to do so by Trust policy or a legal proceeding

Where reasonably possible, supervisors should discuss their plans with the peer worker involved. Together, they should aim to find a mutually agreed and constructive way forward.

Supervisors may also take their reflections to their own supervision structures. This allows them to receive guidance and support in their work. They may also raise broader issues more widely to advocate on behalf of the peer workforce and service users.

5.11 Record Keeping

To comply with Trust policy the following should be in place:

- This supervision protocol is available to managers on request
- An individual's peer work supervision agreement is available to managers on request
- Record peer work supervision as 'professional supervision' on Trust systems. If that option isn't available use 'clinical supervision' instead. This needs to be done to track supervision accurately, though it is recognised peer support is peer values-based rather than clinical.
- A person's attendance matrix is available to their manager on request. It is also made available to Trust governance and assurance processes on request. This demonstrates that peers have been attending supervision for Trust audit and appraisal purposes.
- Session records are kept. According to peer values, notes from supervision sessions should be co-produced and may be minimal. In addition to this:
 - Notes should be recorded electronically on the peer work supervision template
 - They should be stored on the peer work supervisors work '(H: / Home drive)' along with the email confirmation that notes were agreed
 - Copies of previous supervisions should be sent to the peer via email if requested
 - Keep notes confidential unless sharing is agreed by both parties or required by Trust policy or legal requirements. The Trust's [Clinical Supervision Policy](#) and [AHP Clinical Supervision](#) Protocol explain when sharing might be needed

5.12 If Supervision is not Working

If things are not working for either the peer or peer supervisor, they should first approach the other person for a constructive conversation. The aim should be to find a way forward that works for all involved. Both people should make a reasonable attempt to work through relationship disconnects. This is in line with our peer values.

Sometimes either party may not feel able to have this conversation. Or the initial conversations might not find a way forward that works for all. In these cases things can be escalated up the central peer support team structure to advise, support or mediate (see Appendix 6).

Formal complaint structures remain open to anyone who feels these steps do not solve their concern in an appropriate way.

5.13 Governance

Peer work supervision helps to ensure that peer practice is safe and of high quality. To this end, supervisors will offer feedback on peer practice. This is part of their role in the governance of care within the Trust. This can involve making judgements related to peer support competencies and areas of development. However, in line with our TEWV Peer Values, the approach to individuals should be non-judgemental.

The peer work supervision structures are led by the Professional Head of Peer Work. Supervisors and co-reflection groups are assigned to peer work supervisees. This is done based on a range of service delivery considerations. The creation and maintenance of robust professional governance structures is prioritised. This is to support safe and high-quality service delivery.

Peer workers may sometimes also be assigned a clinical supervisor from a within their team. This supervision aims to provide service specific development and wellbeing support. Another aim is to support integration into the team. This additional team-based clinical supervision may be delivered by someone who is not within the peer work structures. Implementing this should be discussed prior with the peer work supervision structures. Peer work professional supervision will still be the primary supervision within the role. It is good practice for the peer work supervisors and clinical area supervisor to meet periodically. This allows them to join up the support the peer worker receives. They must work together to avoid or resolve any conflicts in the advice the peer worker is receiving. Peer work and service leadership structures can offer support with this.

Peer workers also receive managerial supervision in addition to their professional (peer work) supervision. The relationship between these different types of supervision should be complementary and collaborative. This is especially important for peers who are line managed by people from a different professional background. This is because they may not be fully aware of the demands and requirements of peer work. Therefore, professional supervisors and line managers need to work together closely to support peer workers effectively. When line managers and peer supervisors work together closely this is called a tripartite approach. This is key to creating well supported and sustainable roles that deliver high quality and safe peer support. Line managers and peer supervisors are required to take a tripartite approach to the following:

- Appraisals should be a joint process between the line manager and peer supervisor

- Quarterly line management supervisions that support the appraisal process should also include the peer supervisor
- Sickness / Return to Work processes should also usually include the peer supervisor. This allows peer supervisors to use their experience to support peers and managers in the sickness process
- Peer supervisors must be involved when managers are considering escalations within sickness processes. They should also be involved when sickness absence processes or return to work meetings take place after long-term or repeated absence

It should be noted that in cases where a peer worker is line managed by the Head of Peer Work or a Peer Lead the same individual may provide line management supervision and peer work supervision. They may in these cases lead the above tripartite processes without the involvement of a third party.

KEY:	LEAD ROLE	ALSO HAS A REMIT
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	LINE MANAGER	PEER WORK SUPERVISOR
Line Management supervision	LEAD ROLE	ALSO HAS A REMIT
Peer work supervision (professional supervision)	ALSO HAS A REMIT	LEAD ROLE
Workload management	LEAD ROLE	ALSO HAS A REMIT
Professional and clinical competency / capability	ALSO HAS A REMIT	LEAD ROLE
Professional conduct	ALSO HAS A REMIT	LEAD ROLE
Assessing continuing professional development and training needs within peer work	ALSO HAS A REMIT	LEAD ROLE
Authorising study leave	LEAD ROLE	ALSO HAS A REMIT
Annual leave	LEAD ROLE	ALSO HAS A REMIT
Work performance – general (time keeping, etc.)	LEAD ROLE	ALSO HAS A REMIT
Wellbeing at work	LEAD ROLE	ALSO HAS A REMIT
Sickness / return to work	LEAD ROLE	ALSO HAS A REMIT
Appraisal	LEAD ROLE	ALSO HAS A REMIT
Job planning / deployment	ALSO HAS A REMIT	LEAD ROLE

6 Definitions

Please see [Clinical and Professional Supervision Policy](#) – section 5 Definitions

7 How this procedure will be implemented

- This protocol will be published on the Trust's intranet and external website
- The Head of Peer Work will disseminate this protocol to all relevant Trust employees
- All staff recruited into peer work posts and all line managers of peer work staff will be made aware of the Trust's Supervision Policy and Peer Work Supervision Protocol during their peer work induction (peer work posts) or peer work manager induction (for line managers of peer workers)
- The Trust will commit to making peer work supervision available to all staff to whom this protocol applies

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Peer Work Staff	Trust e-learning on Supervision.	1 hours	No expiry
	Peer Supervision and Co-reflection Training Session. Delivered during initial training.	3 hours	No expiry
Peer Work Supervisors	Trust e-learning on Supervision.	1 Hour	No expiry
	NHSE Systemwide Peer Support Worker Supervision Training. Internal peer supervision training to be developed to ensure specialised offer available when peer supervision training from NHSE systemwide commissioning ends.	3 hours	No expiry

Peer Work Line Managers	1:1 Manager Peer Work induction. Delivered during recruitment when introducing peers, or on appointment to a team with peers	1 hour	No expiry
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8 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Maintenance of supervision records on any mandatory Trust electronic systems and the Peer Support Supervision Matrix spreadsheet.	Peer Supervisors to complete monthly	<p>Peer Support Supervision Matrix Audited by Head of Peer Work.</p> <p>Reporting by exception to AHP, Social Work and Peer Work Advisory Group</p> <p>Mandatory Trust systems audit and reporting via established structures for the system in use.</p>
2	Training requirements for peer workers, peer supervisors and line managers	Peer Leads / Coordinators for appropriate service to ensure training requirements met. Annual audit.	<p>Audit by Head of Peer Work.</p> <p>Reporting by exception to AHP, Social Work and Peer Work Advisory Group</p>

9 References

- Rolfe., G et al. (2001) Critical reflection in nursing and the helping professions: a user's guide. Basingstoke, Palgrave Macmillan

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	10 April 2025
Next review date	10 April 2028
This document replaces	n/a - new document
This document was approved by	Peer Leadership Team monthly meeting
This document was approved	09 April 2025
This document was approved by	AHP, Social Work, Peer Work and Chaplaincy Advisory Group
This document was approved	10 April 2025
An equality analysis was completed on this policy on	31 May 2024
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
1	10 April 2025	New document	Approved

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Therapies
Title	Peer Work Supervision Protocol
Type	Protocol
Geographical area covered	Trust Wide
Aims and objectives	Capture in Trust documentation the supervision arrangements for Peer Work roles across the Trust.
Start date of Equality Analysis Screening	27 / 11 / 2023
End date of Equality Analysis Screening	31 / 05 / 2024

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Peer Workers, Peer Supervisors, Peer Worker line managers and Trust governance and oversight structures have clear guidance on peer work supervision structures. Service users benefit through the protocol supporting high quality and safe peer practice.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none">• Race (including Gypsy and Traveller) NO• Disability (includes physical, learning, mental health, sensory and medical disabilities) NO• Sex (Men, women and gender neutral etc.) NO

	<ul style="list-style-type: none"> • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Veterans (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	
Describe any positive impacts	<p>The procedure</p> <ul style="list-style-type: none"> • Ensures that patients receive high quality and safe peer support • Gives guidance to new peer work staff, peer work supervisors and peer worker line managers. • Ensures that all peer work staff will receive appropriate supervision to their roles • Ensures that all peer staff will receive an equal access to professional supervision. <p>Disability – reasonable adjustments will be made for staff with disabilities appropriate to their needs e.g. meeting time and place, use of technology e.g. for people with dyslexia, following of accessible information standards where appropriate, use of hearing loops for those with hearing impaired where needed. Other reasonable adjustments will always be considered according to individual need.</p>

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	<p>Feedback from Peer Workers and Peer Work Supervisors</p> <p>Best practice guidelines for peer work</p> <p>Trust protocols for AHP and Social Work Staff</p> <p>CQC Reports</p>
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	<p>Original draft guidance co-developed with all peer support workers across the Trust (at the time of its development). This involved a number of workshops and multiple feedback loops were involved in this work.</p> <p>Working group of people who had extensive experience receiving and delivering peer work supervision then formed to develop the original draft into a formal Trust protocol. This ensured the learning from receiving and delivering supervision according to the initial draft was incorporated into the document while maintaining continuity within development. New peer supervisory roles were added to working group throughout development so that the ability of the document to support new staff was considered from their perspective. Working group incorporated people with personal service user experience and carer lived experience. This involved a number of workshops and multiple feedback loops were involved in this work.</p> <p>Peer Leads from other NHS Trusts also consulted on this document with us and offered feedback into its development. This included:</p> <p>Peer Support and Volunteers Lead, Lived Experience Practitioner, and Co-Chair of Staff Disability Network at Avon and Wiltshire NHS Trust.</p> <p>Trust Lead for Peer Support Work, Devon Partnership NHS Trust</p>

	<p>Peer Support Lead, Sussex Partnership NHS Foundation Trust</p> <p>Feedback was sought from and given by Equality, Diversion, Inclusion and Human Rights Lead on behalf of the Equality and Diversity team (TEWV).</p> <p>Feedback also sought from AHP, Social Work and Peer Work Advisory Group, again with multiple feedback loops through governance.</p> <p>Peer Workers across the Trust also given the opportunity to feed back on the protocol.</p>
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Identified in training needs analysis (see section 5.1)
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	Yes trust overarching clinical supervision policy points to this protocol. Need to update that policy to say this is developed rather than in development when signed off.
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	N/A	
	Are supporting documents referenced?	N/A	
6.	Training		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	Head of Peer Work (TEWV) and Equality, Diversion, Inclusion and Human Rights Lead (TEWV) discussed on 03/06/2024.
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	

Appendix 3 – Peer Work Supervision Shared Agreement

PEER WORK SUPERVISION SHARED AGREEMENT

How often will we meet?
<ul style="list-style-type: none">• Minimum 1 hour per month (with extra sessions able to be mutually agreed as required)

Where will we meet?
<ul style="list-style-type: none">• We will usually meet:• If this arrangement needs to be altered the supervisee / supervisor will:

SUPERVISEE RIGHTS	SUPERVISEE RESPONSIBILITIES
<ul style="list-style-type: none">• Priority over space	<ul style="list-style-type: none">• Prepare prior to supervision
<ul style="list-style-type: none">• Have copy of guidance / supervision structure template	<ul style="list-style-type: none">• Act upon any agreed actions / ways forward within an agreed timescale
<ul style="list-style-type: none">• Receive notes from supervision sessions via email within 7 days to enable review	<ul style="list-style-type: none">• Reply via email within 7 days to agree the supervision notes (or request revisions)
<ul style="list-style-type: none">• To have this agreement reviewed annually to ensure it is upheld – requests can be made to review this earlier	<ul style="list-style-type: none">• Let supervisor know in reasonable time if unable to make designated time / location

SUPERVISOR RIGHTS	SUPERVISOR RESPONSIBILITIES
<ul style="list-style-type: none">• Space within supervision to provide feedback	<ul style="list-style-type: none">• Follow guidance / supervision structure template
<ul style="list-style-type: none">• Supervisee to come prepared	<ul style="list-style-type: none">• Act upon any agreed actions / ways forward within an agreed timescale
<ul style="list-style-type: none">• To take elements of supervision session to their own supervision	<ul style="list-style-type: none">• Organise diary invite and book room
<ul style="list-style-type: none">• To have this agreement reviewed annually to ensure it is upheld – requests can be made to review this earlier	<ul style="list-style-type: none">• Let supervisee know in reasonable time if unable to make designated time / location

Confidentiality terms / record keeping
<ul style="list-style-type: none">• Supervisor and supervisee hold copy of agreed notes• Confidential between both parties, unless: There are concerns around duty of care or safeguarding Supervisor needs to take items to their own supervision Trust policies, processes or legal proceedings direct the notes to be shared

Troubleshooting
<ul style="list-style-type: none">• A shared understanding of supervision is helpful in making the most out of the space and avoiding problems. The Peer Practice Supervision Guidance should be shared with the supervisee and worked through together as part of making this agreement.• The supervisor / supervisee will follow the escalation route outlined in the Peer Practice Supervision Guidance

PEER SUPERVISEE:	PEER WORK SUPERVISOR:	DATE:
SIGNED:	SIGNED:	REVIEW DATE:

Appendix 4 – Peer Work Supervision Notes Template

PEER WORK SUPERVISION NOTES

Peer Supervisee:	Peer Work Supervisor:	Date:
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<p>WELLBEING CHECK IN</p> <ul style="list-style-type: none"> How are you? Before we work through our usual structure is there anything you feel we need to prioritise making time for? 	
<p>REVIEW AGREED ACTIONS FROM PREVIOUS SUPERVISION</p> <ul style="list-style-type: none"> Agree notes from previous supervision if this has not already been done. 	
<p>WHAT HAS BEEN CHALLENGING?</p> <p>Other ways to ask:</p> <ul style="list-style-type: none"> Is there an example of when the peer values have been challenged in your peer work? Is there anything within your peer work that you have been unsure of? Have there been occasions where you have felt uncomfortable within your peer work / relationships? <p><u>SUGGESTED REFLECTIVE PROCESS</u></p> <p><u>What:</u> was the situation</p> <ul style="list-style-type: none"> Is there any relevant background that affected my thinking about what to do? What was I hoping for as an outcome? <p><u>So What:</u></p> <ul style="list-style-type: none"> What did I do? How did this choice relate to the peer support values? What was the impact of my actions? What could I have done differently? What peer support values would this different choice relate to? What might be the impact of this different choice be? <p><u>Now What:</u></p> <ul style="list-style-type: none"> What have I learned from reflecting on this? How will I put this learning to use in future? 	
<p>WHAT HAS GONE WELL?</p> <p><u>SUGGESTED REFLECTIVE PROCESS (as above)</u></p>	
<p>REVIEW EXAMPLES OF CASELOAD / INPATIENT PEER RELATIONSHIP</p>	

<p>AGREED ACTIONS</p> <ul style="list-style-type: none"> • <i>Discuss and agree timescale</i> • <i>Agreed topics to return to</i> 	

Appendix 5 – Co-Reflection Agenda Template

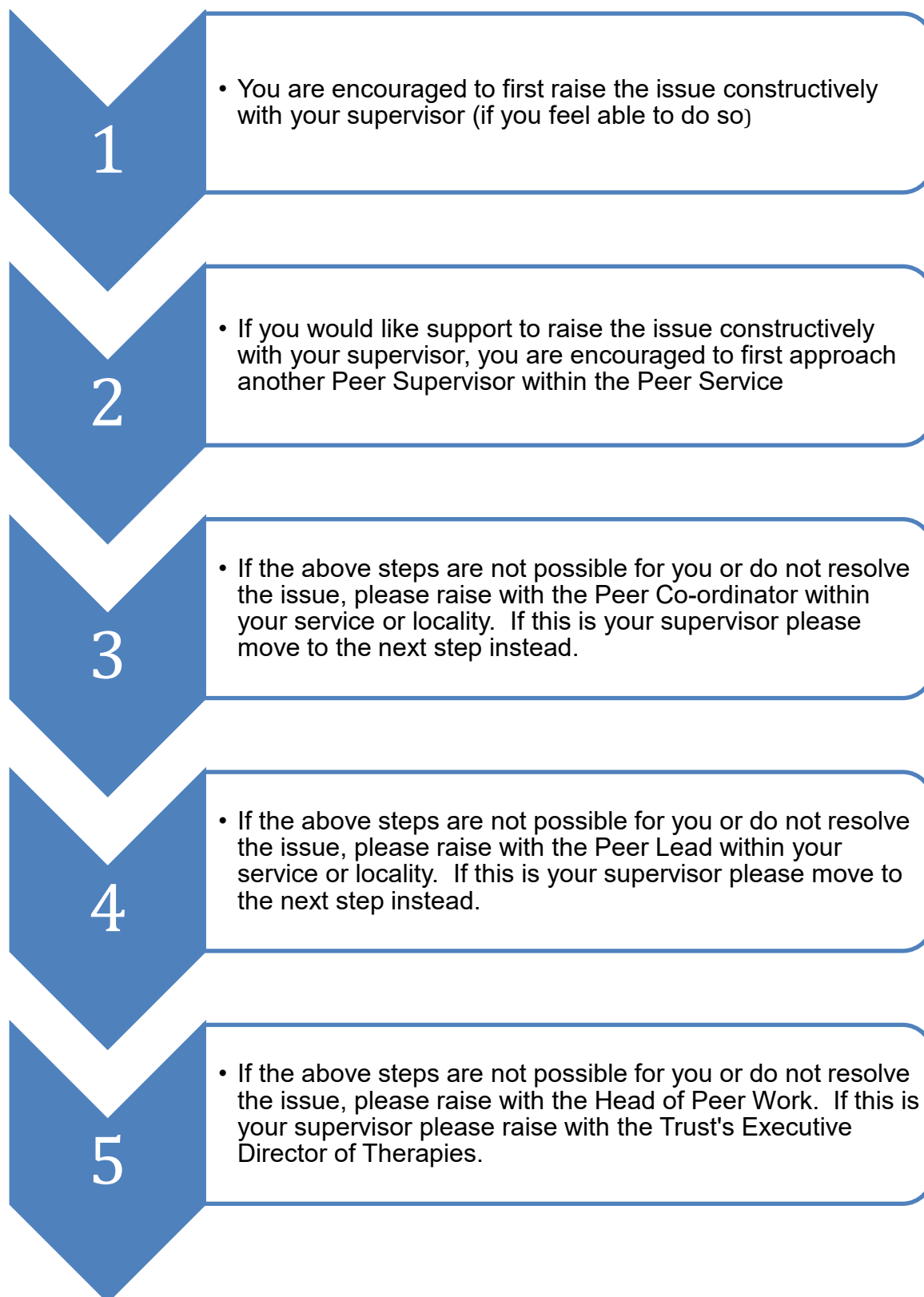
CO-REFLECTION AGENDA TEMPLATE

Meeting Title:	Date:
Time:	Venue:
Invited:	
Attendees:	
Apologies:	

Agenda No.	Time Allocated	Item Description
1	30 mins	Checking In <i>Space for everyone attending to share how they're feeling and / or some key things they've been doing or have coming up</i>
2	50 mins	Supportive Space <i>Space for everyone attending to share and talk through with the group an example of anything related to their work and peer support practice that has been more challenging for them in their role</i>
Break (20 mins)		
3	50 mins	Positive Reflections <i>Space for everyone attending to share and talk through an example of positive practice or good news (it's great if we have an example from ourselves but also great to acknowledge positive practice that we've seen from others here!)</i>
4	30 mins	Checking Out

Agenda No.	Time Allocated	Item Description
		<p><i>An example check out may include the following prompts for reflection:</i></p> <p><i>How are we all feeling now?</i></p> <p><i>Is there anything we would like to do differently in future?</i></p> <p><i>Is there anything we did well and would like to continue doing?</i></p> <p><i>What have we learned that we can take forward?</i></p> <p><i>Plans for rest of the day / the evening / the weekend / self care?</i></p>

Appendix 6 – Escalation Flowchart



Appendix 7 – Supervision Protocol Summary for Peer Workers

This is a summary guide to the full peer work supervision protocol. The protocol sets out how peer work supervision is organised for staff employed in peer work roles.

Supervision is a requirement of all roles that deliver care in the Trust. This supports staff wellbeing and helps to ensure high quality and safe practice. However, whenever you have an urgent safety concern please escalate this immediately rather than wait.

What are Peer Work Supervision and Co-reflection?

- Peer work supervisions and co-reflections are a space to connect, reflect on peer support practice, and learn together from what has been challenging or gone well.
- The TEWV Peer Support Values and Trauma Informed Peer Support Training are the foundation of our roles. In supervision we relate our practice back to them.
- If there is something that will help you get more out of supervision, please discuss this with your supervisor.
- Some things discussed can be kept confidential. Other things cannot. Usually the things your supervisors need to share are related to safety and quality, and to ensure they are well supported. See the full protocol if you would like more info.

What are the key things the supervision protocol asks of peer workers?

- Supervision is an important part of supporting you to sustainably deliver high quality and safe peer support. It is expected that you attend every session if possible. It is mandatory to attend at least 8 sessions over each 12 month recording period.
- Please let your supervisor know as soon as possible if you can't attend. This allows them to consider re-arranging or help you prioritise any overlapping work commitments.
- You usually get the most out of supervision if you prepare beforehand. Before sessions it can be helpful to think about things that have been challenging or gone well.
- During supervision and co-reflections, it is everyone's responsibility to create a constructive and supportive space where everyone has space to contribute and be heard.
- Alongside providing support, validation and exploring alternative approaches, part of supervision is providing feedback or a view on your practice so that learning and change can take place. This is a normal part of the learning process. It helps supervisors support you to provide the highest quality peer support possible.
- If there are relationship disconnects within supervisor / supervisee relationships, peer workers and supervisors are encouraged to attempt to work through them in a constructive way. If you would like help with this please approach another supervisor, or your supervisor's supervisor, for support and guidance.
- When you receive the notes after supervision, please reply to the email and confirm that you are happy with the notes (or to let them know you want to adapt them).