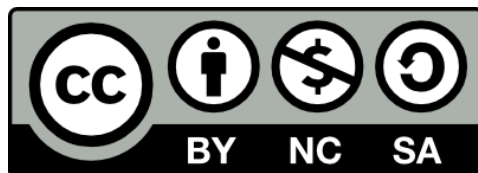# Erasmus+ - project
„ European standards for peer supporter"

Differentiated competence profiles
for the peer workers

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Content

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The main responsibility for the project was borne by the non-profit Grone Education Center for Health and Social Professions and the technical coordination of the product - the partner GGZ Noord Holland Noord. The work is based on Beroepscompetentieprofiel Ervaringsdeskundigheid (BCP-E) ('The Professional Competency Profile expertise by experience") (pp.29-90) from:
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See website: https://www.trimbos.nl/docs/b10fcf95-1729-4466-a6ae-529f6183d79a.pdf

I.   Introduction

In the past few years, the use of peer supporter workers in psycho-social care has become a common practice in many European countries. The specific role played by the peer supporter worker, however, varies in the individual countries and reflects different steps in the development of this function. In spite of these differences, one principle is based on all: the function of the peer support worker is always based on the concept of recovery supported care. A peer support worker is working with his/her own experiences with disruptive experiences that led to dealing with mental health. Recovery affects all areas of life,such as social commitment, housing, income, physical health, well-being, sexuality etc. Recovery is a complex process and requires a methodological approach.

More and more organizations are opting for recovery support care within their vision. The starting point of recovery support is that the treatment is supportive of symptomatic, social and personal recovery.

Peer support workers can play an important role in supporting the recovery processes of clients and in the cultural shift towards recovery supportive care. Opting for restorative support therefore also means that peer support workers are strongly positioned and that the experiential knowledge brought along by them and clients themselves is used as a third source of knowledge (in addition to scientific and professional knowledge) so that there is attention for all dimensions of recovery.

The peer support worker has developed the ability to make and hold free space for others to recover on the basis of their own recovery experience. The input of personally experienced knowledge for the organization of recovery supportive care is distinctive from other disciplines. For this product we used the tremendous work that was done by Van Bakel, Van Rooijen, Boertien, Kamoschinski, Liefhebber and Kluft (2013) from the organisation Trimbos, Hee, GGZ Nederland and Phrenos with Beroepscompetentieprofiel Ervaringsdeskundigheid (BCP-E) ('The Professional Competency Profile expertise by experience") (pp.29-90) The Professional Competency Profile expertise by experience. See website: https://www.trimbos.nl/docs/b10fcf95-1729-4466-a6ae-529f6183d79a.pdf

The starting point of this journey was a questionnaire, after which a glossary was drawn up with an explanation and translation of the most important concepts when it comes to achieving European standards for peer support workers. (see previous products / chapters)

As an unregistered profession, the qualification of a peer support worker in terms of the European Qualifications Framework for Lifelong Learning (EQF) - the recommended rules of the European Council and the Commission, which addresses the process of obtaining qualifications -is (still) not regulated in most European countries. Some educational programs for peer support worker qualifications have already been developed in some EU countries. The project team carefully analyzed these and looked for best practices to cluster them in inspiring European proposal for qualification for peer support workers.
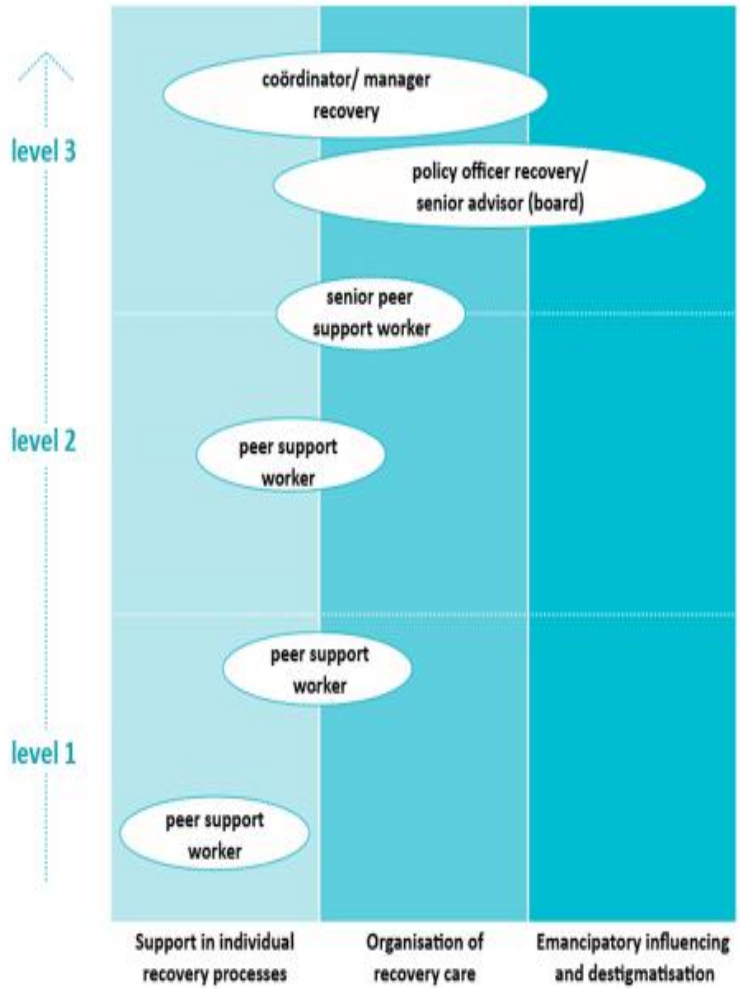
In this chapter we have drawn up the key tasks with competences. Request was to set up competence profiles for two levels, we call them the levels 1 and 2 (4 and 5 in EQF).

First of all we started with a general introduction. After that we wrote down the tasks followed by the competences. After that they were placed in a matrix with differentiated levels, including the levels 1 and 2.

- Level B/1 (basis)
- Level C/2 (senior/ specialist)
- Level D/3 (advisor/ coordinator)

Levels of
Peer Expertise

- Complexity
- Transfer
- Independence
- Responsibility

level 3

coördinator/ manager
recovery

policy officer recovery/
senior advisor (board)

senior peer
support worker

level 2

peer support
worker

peer support
worker

level 1

peer support
worker

Support in individual
recovery processes

Organisation of
recovery care

Emancipatory influencing
and destigmatisation

II. Job description of the peer support worker

II.1. General objective and experiential concept

Experiential expertise is the ability to make space for recovery for others on the basis of one's own recovery experience. The support offered by a peer support worker is based on recognition, acknowledgment and understanding of "within" and is in line with the principles of recovery supportive care, methodical self-help and the core values of experiential expertise.

The characteristic of this is that facilitating spaces serves the recovery process of the client. The recovery process is: the unique, personal process in which the client gives meaning to his own life. The recovery process leads to a renewed sense of self and identity.

The support emphasizes self-management, methodical self-help and self-management and contributes to the prevention of illness and dependence on care.

The peer support worker distinguishes himself or herself from other care providers because he or she has experiential knowledge of the methods that support the recovery process of clients and because he or she is an example of hope and empowerment. With his own experience he demonstrates the existence of the ability to recover. Experiential expertise is aimed at personal recovery, more comprehensive than psychiatric care in the narrow sense.

Support of a peer support worker includes a collaborative process with the client in which the immediate environment (the client system) is also involved. These are important persons for the client, but also social organizations that provide support. The context of the client's specific living situation is always included in the support. In addition, the 'cultural context' is important, that is to say that the peer support worker takes into account different cultural backgrounds and living environments. The peer support is aware of discrimination and (self)stigmatization and therefore creates a positive culture and contributes to a compassionate climate in which diversity is the guiding principle.

Peer support workers can fulfill different jobs and positions in different organizations. They can be employed by: organizations that provide support services for recovery support and then they are part of the professional staff of these organizations. As self-employed persons, they act as "self-employed professionals", in the same way as freelance advisers, psychologists or other specialists. Whether peer support workers work within an organization or as a freelancer, they must receive intervision / mentoring.

II.2 Core tasks

Three core tasks are central to the professional use of experiential expertise:
a) Support in individual recovery processes;
b) Organization of recovery support care;
c) Emancipatory influencing of social processes aimed at combating stigmatization and creating social opportunities.

a) Support in individual recovery processes
The peer support worker supports the client in the individual recovery process, in his daily activities and social participation and emancipation. To this end, he creates from recognition and reflection, understanding and space so that the client can work on his recovery process. Support is a collaborative

process in which the environment also plays an important role. These are the people important to the client, but also social organizations that provide support.

b) Organization of recovery support care

The peer support worker supports and promotes the organization of recovery supported care. This component extends within and outside mental health care and is accompanied by the consequent and consistent counteracting of stigmatization. This includes training, coaching and support for employees, influencing the culture and vision of mental health care, but also promoting cooperation and connection between mental health care and other social sectors. The overarching aim is to change the provision and structure of care in such a way that they actually meet the needs of the users of that care.

c) Emancipatory influencing of social processes aimed at combating stigmatization and creating social opportunities

The peer support worker contributes to the creation of social space and participation. He combats discrimination and stigmatization by creating a positive culture and contributes to a compassionate climate in which diversity is the guiding principle. He facilitates the process of empowerment by generating a free space in which people, in consultation with others, determine for themselves how they shape their lives and gain influence over their living conditions (again).

The three core tasks are interrelated and reinforce each other. To be able to perform these tasks properly, experiential knowledge is the sine qua non. The peer support worker uses his own experiences to carry out these tasks. He offers hope from an experienced recovery and has knowledge from within about recovery, empowerment and stigma.

II.3 Three core tasks developed into three task areas

The core tasks form the basis for the profession of the peer support worker. The core tasks have been developed into different tasks that are subdivided into three task areas: client-related, organization-related and profession-related tasks. These task areas are always relevant for professional use.
a) The client-related tasks concern all support for clients.
b) The organization-related tasks concern tasks for the organization within which work is carried out.
c) The profession-related tasks concern the maintenance of the profession.

a) Client-specific task area, tasks. The peer support worker:

1. Supports the individual recovery process of clients
2. Provides requested social and practical support for learning from goals
3. Guides people in groups during recovery activities
4. Facilitates a diagnosis-free space and invites people to use it. He allows people to be and become themselves and creates space to discover where their strengths and interests lie.
5. Supports and promotes peer advocacy through empowerment. And ensuring that service users are active and informed participants in their treatment and care (facilitating decision-making). Provide a bridge between providers and clients.

b) Organization-related task area, tasks. The peer support worker:

1. Contributes to the organization of recovery support care

2. Contributes to coaching, schools and the promotion of expertise of regular care providers and experience experts.
3. Advises teams, management and staff departments on care programs and policies
4. Develops and participates in relevant networks
5. Establishes and maintains contact with social parties for the purpose of creating social opportunities.
6. Contributes to education and research

c) Profession-related task area, tasks. The peer support worker:

1. Reflects on his own actions and has an investigative professional attitude.
2. Maintains his own expertise.
3. Contributes to professional development and the professional use of experiential expertise

We put the tasks in a table and added the different levels:

TASK OF THE PEER SUPPORT WORKER	TYPE	1	2	3
1) Facilitates diagnosis-free space and invites you to use it	Client	+++	+++	+++
2) Supports the individual recovery process	Client	+++	+++	++
3) Provides requested social and practical support	Client	++	+++	++
4) Guides groups of people in recovery	Client	+	+++	+++
5) Peer advocacy	Client	+	+++	+++
6) Contributes to the organization of recovery support care	Organization		++	+++
7) Contributes to coaching, training and the promotion of expertise of regular care providers and peer experts	Organization	+	++	+++
8) Advises teams, management and staff departments in care programs and policy	Organization		+	+++
9) Develops and participates in relevant networks	Organization		++	+++
10) Establishes and maintains contact with social parties for the purpose of creating social opportunities	Organization			+++
11) Contributes to education and research	Organization	+	+	+++

12) Reflects on one's own actions aimed at the sustainable development of a learning inquiring professional attitude	Profession	++	++	+++	
13) Maintains own expertise	Profession	++	+++	+++	
14) Contributes to professional development and professional deployment of peer expertise	Profession	+	+	+++	

III. Competences

The next product - identifying and standardizing the competence profile for peer support workers - presented here in the form of description and a competence matrix.

III.1 Distinguish generic and specific competences

In order to be able to facilitate a free and save space, peer support workers need transcending competences (generic competences) that they must use in the performance of all (core) tasks. It is a kind of paradigm, a basic attitude from which peer support workers perform specific tasks with specific competences.

Specific competencies are the competences required to be able to perform the specific (core) tasks of peer support workers. Competences may be described with both generic and specific competencies. It is by no means the intention to divide a set into generic and specific competencies placing competences above the others. All competences are necessary to be able to perform the profession.

III.2 Generic competences

Which competences does an expert by experience need to have in order to create and subsequently facilitate the free space that is needed at different levels? They all have their breeding ground in experiential knowledge. The development of the generic competencies listed below supports the use of experiential expertise in core tasks (Mead et al., 2001). The overarching competence is:
Being able to use experiential expertise and facilitate recovery.

The following generic competencies support this:

    a. Non-medical language
    b. To be able to view meaning making critically and openly
    c. Listening without judgment
    d. Mutual input with respect for difference
    e. Dealing with boundaries flexibly
    f. Understand and have confidence in recovery
    g. Understanding of and for conflicts
    h. Reflection and introspection

III.3 Competences

The overarching competence is:
    a) Being able to use experiential expertise and facilitate recovery

The following specific competencies support this:
    a) Existence of contact and communication skills in individual contacts and in a group
    b) To be able to use one's own experiences in an empowering way
    c) Know and apply methods
    d) Multi-perspective and multi-professional collaboration in different areas of work (taking on the role of translator / mediator)
    e) Combine conceptual normative thinking and acting

f) Information, advice, coaching and training
g) Self-control and self-management

III.3.1. Elaboration of generic competencies

a) Non-medical language

Behavioral trait, the peer support worker:

- Identifies emotions and feelings as people experience them: fear, despair, anger, joy, et cetera;
- Omits diagnostic language and language use aimed at disabilities.

b) To be able to view meaning giving critically and openly

Behavioral trait, the peer support worker:

- Understands how language gives meaning to things and one's mental state;
- Understands how much trauma can determine one's own self-image and world view;
- Knows to "peel off" old meanings and make room for new meaning;
- Is able to talk openly about experiences, behavior and feelings and thus offers space to let old experiences come back into the light of the meaning they have.

c) Listening without judgment

Behavioral trait, the peer support worker:

- Can listen to the other openly and without judgment;
- Tries to understand where the other is by open questions;
- Can accept that some things are difficult to understand

d) Reciprocal contribution with respect for difference

Behavioral trait, the peer support worker:

- Offers others space for hidden and difficult emotions and movements of the mind;
- Can contribute his / her own experiences with respect for differences in such a way that people can feel recognition and shared ground. The way in which he does this listens closely;
- Understands the art of telling what provides insight into strength, possibilities and the road to recovery. Unsolicited advice should be avoided.

e) Dealing flexibly with boundaries

Behavioral trait, the peer support worker:

- Is close to the other and can deal flexibly with boundaries, without exceeding their own boundaries;
- Has to handle flexible in what he wants to convey in his own story: what to omit and what to emphasize.
- Uses knowledge of cultural and biographical differences

f) Understanding and having confidence in recovery

Behavioral trait, the peer support worker:

- Offers the other hope and prospects for recovery;
- Realizes that recovery can sometimes come in small steps that are invisible to the outside world;
- Can look creatively and listen to himself and others in order to provide space for own strength (empowerment).

g) Understanding of and for conflicts

Behavioral trait, the peer support worker:

- Understands that conflicts with others often underlie their own inner conflicts and insecurities;
- Is able to turn conflict into an opportunity to deepen insight and exchange experiences.

h) Reflection and introspection

Behavioral trait, the peer support worker:

- Can reflect on his / her own actions to safeguard the essence of self-help and to enable growth
- Attends intervision and/or supervision to support self-direction

III.3.2. Elaboration of specific competences

a) Existence of contact and communication skills in individual contacts and in a group

Behavioral trait, the peer support worker:

- Is present;
- Stands up equally;
- Tunes in to the other and connects to the experience world and language;
- Listens without judgment;
- From the perspective of equality, enters into contact by being open and transparent;
- Pays attention to the life situation, someone's perception, experience, life story;
- Is open about own experiences with resilience, talents, vulnerabilities;
- Handles boundaries with respect and flexibility;
- Handles confidential information with integrity;
- Dares to seek contact;
- Has an eye for non-verbal expressions of himself and others;
- Can deal with group processes, group development and the diversity of people;
- Can monitor group interests with attention to individual needs of people;
- Uses non-medical language.
- Can practice trialogue in different context (teaching, support work, public relations and anti-stigma work). Is able to recognize and acknowledge the subjective perspectives of carers/relatives, professionals and persons experiencing mental health distress. Knows about the subjectivity of each of the three perspectives and respects diversity amongst and within the three groups

b) To be able to use one's own experiences in an empowering way

Behavioral trait, the peer support worker:

- Announces himself and where appropriate tells about his / her own experiences;
- Can maintain a connection with his / her own world of experience in which recovery is anchored;
- Is able to share his / her own story in such a way that it matters to others; Is able to put own experiences into perspective;
- Can deploy himself as a role model and set an example to provide hope;
- Knows the different dimensions of hope;
- Can provide access to experiential knowledge of recovery, stigma and empowerment from other sources;
- Can recognize, empower and mobilize strength in others;
- Is an expert in living with illness and recovery through reflection and dialogue with others;
- Has a great sensitivity to nuances, details and experiences of people with psychological problems;
- Radiates a sense of hope and confidence that recovery is possible for everyone.

c) Know and apply methods

Behavioral trait, the peer support worker:

- Works demand-oriented and offers customized support for self-help;
- Is familiar with methods of demand-oriented working and support with self-help and can apply these;
- Can offer support in (planning) activities based on the wishes and goals of the people he works with;
- Has knowledge of the social map and social resources / support systems;
- Can introduce alternatives to regular care and make it accessible;
- Can guide without directing;
- Can deal with resistance forces in the event of changes;
- Can evaluate and adjust together with the client;
- Is able to reflect on his / her own approach based on the values of recovery and experiential expertise;
- Can support connection with other care providers.

d) Multi-perspective and multi-professional collaboration in different areas of work (taking on the role of translator / mediator)

Behavioral trait, the peer support worker:

- Cooperates functionally and with responsibility for results, with an eye for the process;
- Always makes it clear that everyone is responsible for their own path;
- Can proactively seek cooperation with relevant parties;
- Contributes to the setting of common goals;
- Can think and act based on common interests;
- Has an eye for different perspectives and interests;
- Takes advantage of the added value of collaboration, networking and can take and give leadership;
- Can discuss conflicting points of view.

e) Combine conceptual normative thinking and acting

Behavioral trait, the peer support worker:

- Has insight into the distinction between scientific knowledge, professional practical knowledge and experiential knowledge;
- Has knowledge of concepts such as recovery, empowerment, experiential expertise and can link this to own experiences;
- Has insight into the ethical and normative frameworks for his / her own professional practice;
- Can think through issues and conduct a dialogue about developments for the benefit of professional action;
- Can look beyond his / her own position, tasks, professionalism and organizational interests;
- Can recognize and name stigmatization;
- Can account for and evaluate choices;
- Takes note of current developments in the field;
- Can work creatively and innovatively and looks for new answers based on questions from clients, colleagues and society;
- Looks beyond existing and usual methods.

f) Information, advice, coaching and training

Behavioral trait, the peer support worker:

- Can offer and share his / her own experiential knowledge and expertise;
- Encourages others to learn self-directed;
- Can offer tailor-made learning and development programs;
- Can involve clients in development processes of the organisation/institution;
- Has insight into teaching methods for learning and development;
- Can provide space for dialogue in groups;
- Can deal with resistance and divergent interaction.

g) Self-control and self-management

Behavioral trait, the peer support worker:

- Recognizes and handles stressful situations;
- Can make choices in solution strategies;
- Knows own core qualities, pitfalls and allergies;
- Reflects on his / her own actions, in writing and orally, by examining thoughts, feelings, values and opinions;
- Is able to give self-directed direction to his / her own professional actions and further learning by means of critical self-reflection;
- Is aware that he is in a learning process and that this continues;
- Can discuss limits to own knowledge and possibilities.

Competence = Knowledge + Insight + Skills + Attitude + Personal characteristics					
Competences ➜ provide adequate results …		... to be able to use peer expertise and to facilitate recovery			
GENERIC COMPETENCES basic attitude = transcending	SPECIFIC COMPETENCES for specific (core tasks)	Level 1	Level 2	Level 3	SPECIFIC PROFESSIONAL KNOWLEDGE AND PROFESSIONAL THEMES
1. Non-medical language	1. Existence of contact and communication skills in individual contacts and in a group	++	+++	+++	1. Knowledge areas recovery and recovery support
2. To be able to view meaning critically and openly	2. To be able to use one's own experiences in an empowering way	++	+++	+++	2. Knowledge theoretical knowledge areas
3. Unprejudiced listening	3. Know and apply methods	++	+++	+++	3. Practice-oriented knowledge areas
4. Reciprocal input with respect for difference	4. Multi-perspective and multi-professional collaboration in different areas of work (taking on the role of translator / mediator)	+	++	+++	4. Contextual knowledge areas
5. Flexible handling of boundaries	5. Combine conceptual normative thinking and acting	+	+	+++	
6. Understanding and confidence in recovery	6. Information, advice, coaching and training	+	++	+++	
7. Understanding of and for conflicts	7. Self-control and self-management	+	++	+++	
8. Reflection and introspection		++	++	++	

I.1. Specific professional knowledge and professional themes

The following themes and areas of knowledge are important for the development of experiential expertise. They also form the start of a curriculum for the training courses for the use of experiential expertise.

a)   Areas of theorethic knowledge

•   Developmental Psychology;
•   System approaches;
•   Concepts of identity / Dealing with life events;
•   Psychopathology;
•   Dealing with physical awareness, mindfulness;
•   Interaction theory and group dynamics.

b)   Practice-oriented knowledge areas

•   Dealing with transgressive behavior and getting to know and handle your own boundaries;
•   Conversation techniques, communication and motivational interviewing;
•   Learning to learn and reflect;
•   Working methodically with clients;
•   Team-oriented work, collaboration;
•   Guiding the learning process and professionalization of peer support workers;
•   Outreach and ambulatory work;
•   Information and advice;
•   Supervision, intervision.

c)   Contextual knowledge areas

•   Client participation and history, historical awareness;
•   Cultural and biographical differences;
•   History and knowledge of client movement, client networks and interest groups;
•   Laws and regulations, forms of financing;

- Knowledge of social map and support offer,
- Knowledge of protocols, procedures in local and regional care arrangements;
- Knowledge of multidisciplinary guidelines.

IV. Summary

This study gives an overview of the most important competences of a peer support worker. This profile should serve as the basis for the development of working standards for the target group and the basic qualification concept as well as an extended qualification concept.

The aim of the project team was to look for the most suitable ways to use programs such as Erasmus + to improve the skills of the target group and thus employ their opportunities in the open labor market.

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