Health and Community Care

Evaluation of the Delivering for Mental Health Peer Support Worker Pilot Scheme

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EVALUATION OF THE DELIVERING FOR MENTAL HEALTH PEER SUPPORT WORKER PILOT SCHEME

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The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.

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EXECUTIVE SUMMARY

Background

1.   Delivering for Mental Health was produced in December 2006 by the (then) Scottish Executive's Mental Health Division[1] to provide guidance and set targets for the development of mental health service delivery in Scotland. The promotion of a wellbeing and recovery-based mental health service model is central to this policy document. Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009 – 2011 (Scottish Government) supports the promotion of the principles of recovery and the implementation of peer support championed by the work of the Scottish Recovery Network.

Pilot scheme

2.   A pilot scheme of pioneering formalised peer support working was put in place in January 2008[2] in five Health Board areas (yielding six separate sites) and led nationally by the Scottish Government's Mental Health Division in partnership with the Scottish Recovery Network. The peer support workers at these sites were required to have a lived experience of a mental health problem/illness and/or be living in recovery which they would draw on to deliver a range of supports which would assist individuals with their own process towards living in recovery. They were deployed in a range of diverse service and geographical settings.

Evaluation aims and objectives

3.   The overarching aims of the evaluation were to assess the impact of the peer support pilot on service users, peer support workers and the wider service system as well as assessing the process of implementation at national and local levels.

Methodology

4.   Using mainly qualitative research techniques the evaluation tracked the process of implementation and the impact of the new peer support workers on the service teams and systems within which they worked. This was conducted through pre and post appointment in-depth interviews with peer support workers, interviews with supervisors and professionals who could provide an informed perspective on local implementation and the impact on the wider service system, and those involved in providing support at a national level.

5.   Service users were invited to participate in a satisfaction survey and in-depth qualitative interviews. Finally a significant events analysis was carried out with each pilot team to gain an indication of the ways in which the peer support worker approach has impacted on team values and practices and the implications for

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[1] The Scottish Executive was renamed The Scottish Government on 3rd September 2007. For ease, the term Scottish Government has been used throughout.
[2] Although all pilot sites were set up in January 2008, each was responsible for recruiting their own peer support workers. Whilst most recruited peer support workers by the planned May/June 2008, some experienced significant delays in recruitment resulting in a staggered start to providing the peer support service across pilot sites.

service and practice development locally, including sustainability. Qualitative data was analysed using a thematic analysis approach.

Key Findings

6.   The roll-out of peer support working across mental health services in Scotland, and beyond, would be beneficial for service users, peer support workers and mental health teams. However key challenges remain for developing best practice in relation to defining and implementing peer support roles.

Impact on service users

7.   The impact of the role of the peer support workers on service users has been on the whole positive, with peer support workers able to provide hope to service users by modelling recovery, provide service users and staff with further insight into each other's perspectives enabling them to approach recovery using new strategies which are helpful to service users and encourage service users to take more control of their own recovery.

8.   Service users on the whole welcomed the option of working with a peer support worker at any stage of mental ill health or recovery. In a few cases, service users did not understand the role of the peer support worker very well, or did not engage with the peer support approach.

Impact on peer support workers

9.   Peer support workers were faced with a number of challenges including:

- developing a new role without previous infrastructure or clear role definition
- adapting to a new and challenging work environment
- adjusting to employment after many years of not working
- integrating with teams whilst challenging non-recovery focussed practice within those teams
- being confronted with service user problems that reminded them of their own difficult experiences.

10.   Dealing with the implementation challenges, with the support of supervision, helped peer support workers to gain confidence and self esteem regarding their contribution towards helping others and influencing NHS culture. For many peer support workers this contributed to their going further in their own recovery journeys. Although some peer support workers became unwell during their period of employment, this was approached by them and their employers in a positive light. Peer support workers tended to make constructive use of their peer skills to aid in facilitating their own recovery, and integrated further lived experience into the skills and knowledge they could offer in the role of peer support worker.

Impact on the service system

11.   The impact upon the service system and the service culture, values and practice has been considerable. Peer support workers have learned about the art of influencing change and have been effective in breaking down barriers around the 'them and us' culture that still exists within many NHS services. The peer support workers have helped even the most progressive teams to be more mindful of the principles of recovery and develop more effective strategies for applying this to their practice.

12.   A conclusive finding was that the type of organisation within which the peer support worker should be based does not seem to matter as much as the team in which peer support workers are based. The best type of team to base peer support workers is one that is open to and starting to implement a recovery-focussed approach in their practice. Across the pilot sites there were a number of commonalities and differences in approach and each site demonstrated both strengths and weaknesses as they were faced with a range of implementation challenges. Peer support workers thrived and had positive impacts on service users and culture in a range of settings.

13.   The pilot demonstrated the ways in which peer support can offer a unique and distinctive role, which was viewed as complementing and strengthening teams. In particular:

- Peer support workers were able to use their lived experience as a strength and share this with service users and other mental health specialists with positive impact.
- Peer support workers have the ability to use their insight, empathy, and commitment to mutuality in their relationship with service users.
- Peer support workers can help teams to overcome the 'them and us' relationship which is prevalent in mental health services and hence be more effective in the service they offer.

Implementation challenges

14.   The main implementation challenges during the pilot included:

- Addressing awareness raising in Occupational Health about both recovery in mental health and the peer support worker role.
- Lack of awareness of the role of peer support workers amongst team staff and lack acceptance leading to difficulties in integration.
- Resolving information-sharing boundaries between peer support workers and the team, and associated confidentiality issues.
- Ensuring the line management and supervision system works to provide peer support workers with the necessary support.
- Acknowledgement of the long haul required in achieving recovery-focussed services.
- Sustaining and rolling out the service with no trained peer support workers to recruit to new posts.

- Identifying and overcoming the challenges in working in partnership across statutory and voluntary sectors.
- Peer support workers becoming unwell after being in post for a short time, bringing one pilot to a stand-still.

Strengths in approaches to implementation

15. Pilot sites demonstrated a number of strengths which assisted the implementation process including:

- Efficient systems for grading of jobs and recruitment for the new and untested role of peer support worker.
- Full support from nursing staff for involvement of peer support workers in the systematic and formalised approach to developing their role and service provided.
- Strong support from senior management and psychiatry.
- Excellent pre-existing strengths in service delivery structure and commitment to recovery with a close and supportive team, leading to good integrated working.
- Clear positive impacts for service users and team approaches to care delivery, recognised by clinical staff and service users as uniquely valuable.
- A gradual culture shift and acceptance of peer support workers amongst staff who were initially sceptical through joint team discussions, observation of peer support workers in action and opportunities for staff to ask them questions.
- Strategic vision about sustainability e.g. the development of a volunteer peer support scheme, and a locally developed training course in peer support.

Recommendations

16. The considerable implementation challenges that arose during the pilot suggest that it will be important to develop a clear set of national guidelines for the effective implementation of peer support working within both statutory and voluntary services. Clear and consistent championing of peer support from senior managers and policy makers at a local and national level combined with practical support is also an essential ingredient for successful roll-out.

17. It has been possible to identify a number of factors which should contribute to the effective implementation of peer support working leading to improvement in services.

Recruitment, preparation and set-up

18. There were a number of recruitment, preparation and set-up issues. These included:

- Peer support can be based in any setting that is recovery-focussed in ethos although more challenging settings such as acute inpatient wards might suit peer support workers with more experience and confidence.
- Partnerships between voluntary sector service providers and the NHS provide a supportive base and enhance joint working between these sectors.

- To ensure continuity and maximum impact for service users, peer support should be available in acute and rehabilitation inpatient and community-based teams.
- Opportunities to introduce WRAP and affect a more lasting impact on the service users are maximised when there is time for peer support workers to build good relationships with service users.
- Peer support workers should be treated the same as any other employee in relation to their employment terms and conditions.
- Standardisation of a core peer support worker job description that fits with 'Agenda for Change' requirements would assist efficient recruitment and fairer grading of jobs.
- The criteria required for peer support working, alongside a lived experience, should include good communication skills, positive attitude to recovery, and knowledge of a range of self management strategies. Employers should be open about the potentially stressful nature of the peer support worker role and emphasise the importance of peer support worker applicants being at an appropriate stage in their recovery to handle the pressures involved.
- Guidance for Occupational Health professionals regarding raising awareness about the peer support worker role should be provided.
- Peer support workers should be formally trained on a nationally recognised course which covers preparation for return to employment, working in the NHS and influencing change.
- Staff on teams that will be introducing peer support should be given some training on the peer support worker role and how it will fit in with their role as well as general awareness raising about the advantages and challenges associated with peer support.
- A full and thorough induction should be offered to all new peer support workers and in-house training should be considered e.g. suicide prevention training, values and recovery-based training and management of aggression.

Integration to the team and organisation

19.   The following recommendations should ensure that integration challenges are addressed prior to and during the employment of peer support workers:

- Strong support from senior service management and psychiatry should create the conditions necessary for a supportive and progressive working environment for peer support workers.
- Peer support workers should only be placed in supportive environments as a way to enhance, but not introduce, recovery.
- Teams should be clear about how the peer support worker role will fit in with their current practice and team working systems including information sharing, and where possible, operational policies should be reviewed to accommodate the peer support worker role.
- Documentation should be produced for referral processes, note keeping or writing inpatient user notes, to promote the service.
- Systems to manage information about peer support worker activity should be developed.

- Room should be left for the peer support worker and their team colleagues to develop the peer support worker role gradually but systematically.
- Opportunities should be provided for teams to discuss and review the potential and actual impact of peer support on team and individual working and practice prior to and following the introduction of peer support workers.
- Peer support workers must be fully involved in any team reviews following significant events e.g. suicide.
- Information materials (such as leaflets) about the nature of peer support, how it can be of help and how to access the service should be made available to service users with contact details of an individual(s) who can provide further information
- Peer support workers require supervision and support in two main areas. They need support to help them maintain their recovery and wellness during employment as well as support from within their team to address the development of their role and any operational and employment issues.

Building in sustainability

20.   Sustainable and available training for peer support workers is required to ensure that new peer support workers can be employed. Until then, it is not expected that a rollout of any magnitude will be possible.

21.   Peer support workers absences from work should be viewed constructively by them, their employers and colleagues in that when an absence is due to mental health problems, the process of the peer support worker regaining their recovery can enhance the approach they take to drawing on their lived experience to support others.

22.   Employers will also need to build in strategies to provide cover for long term absences.

National support

23.   The pilot helped to identify a number of ways in which national support for the roll-out of peer support working could be delivered including:

- A clearly identified national champion for peer support (the Scottish Recovery Network currently provides a national lead for peer support developments within Scotland and this role should be reinforced).
- National facilitation of networks/learning sets.
- Providing guidance that can be used by local employers to raise awareness of the peer support role within periphery services such as Occupational Health who will be less directly involved in the recruitment and employment of peer support workers but still play a crucial role.

Issues for further consideration

24.   A number of issues remain unresolved including standardisation of job descriptions, pay scales, sharing information within multi-disciplinary teams, levels of responsibility and career development. The long-term objective of how peer support

should feature within mental health service delivery in the future is also not clearly defined. Continuing the debates required to resolve these issues is important for ensuring the ongoing development of this innovative and important role for mental health services in Scotland.

1 INTRODUCTION

Policy context

> *"Commitment 2: We will have in place a training programme for Peer Support Workers by 2008 with Peer Support Workers being employed in three board areas later that year." (Delivering for Mental Health, 2006)*

1.1   Delivering for Mental Health was produced in December 2006 by the (then) Scottish Executive[3]'s Mental Health Division to build on recent service shifts towards a community based service model. The guidance in Delivering for Mental Health was based on evidence of what works in terms of achieving better outcomes for individuals through using appropriate services that meet their needs. Delivering for Mental Health promotes a functional model of service design and requires local partners to ensure that services aim to perform well and achieve good standards in response to local needs.

1.2   The promotion of a wellbeing and recovery-based mental health service model is central to Delivering for Mental Health. This is combined with a population-based approach to social inclusion to prevent mental illness and inequalities in mental health, and to highlight the link between mental and physical health. The three targets are supported by 14 commitments. Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009 – 2011 provides further Scottish Government support for the promotion of the principles of recovery and the implementation of peer support championed by the work of the Scottish Recovery Network. In partnership with the Scottish Recovery Network the Scottish Government Mental Health Division put in place a peer support worker pilot scheme to assist progress toward achieving commitment two of Delivering for Mental Health.

1.3   The formalised peer support worker model was identified by the Mental Health Division as the most appropriate way of piloting the introduction of peer support in mental health services in Scotland. The peer support workers were required to have a lived experience of a mental health problem/illness and/or be living in recovery. The model of practice was anticipated to involve peer support workers drawing on their own experiences of recovery and knowledge of the factors that enable recovery to deliver a range of supports which would assist individuals with their own process towards living in recovery.

Background

1.4   At the inception of this project, the formalised peer support worker model was relatively new to Scotland and there had been no previous attempts to formally introduce the model to mental health services in Scotland. Formalised peer support, had been introduced and evaluated in the United States with early research findings suggesting that the model provided enhanced mental health care and outcomes for

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[3] The Scottish Executive was renamed The Scottish Government on 3rd September 2007. For ease, the term Scottish Government has been used throughout.

service users (SRN, 2005).

1.5 During the course of this project, Plan2Change (a primary care based and mental health focussed peer support service in Craigmillar) was also piloted. This was funded by the Scottish Government and NHS Lothian and delivered by Penumbra. The evaluation (McLean, Schinkel, Stevenson, 2008) demonstrated the positive potential peer support could have for individuals with multiple disadvantages who required support in the community.

1.6 Prior to this, the WISE Group and the Scottish Prison Service set up a Life Coaching project funded by Choose Life and run by ex-prisoner Peer Life Coaches to support vulnerable prisoners. The evaluation of this pilot (McLean and Schinkel, 2005) demonstrated the success of the formalised peer support approach which resulted in the development of a larger scale project - Routes Out of Prison.

Peer working principles

1.7 Woodhouse and Vincent's (2006) review of the literature on peer specialist roles includes peer support workers and highlights two principles to guide the development and implementation of peer support interventions; the "peer principle" and the "helper principle".

1.8 The peer principle emphasises the importance of equality and reciprocity in relationships with service users. Campbell & Leaver (2003) indicate that it is the role of the peer specialist to ensure that service users are empowered to take control of their own recovery, and encouraging an environment where both parties can share their experiences of what works. At the same time, Woodhouse and Vincent (2006) recommend that steps are taken to ensure that the boundaries between peer specialists and service users are "carefully drawn and sensitively enforced" to reinforce awareness that the relationship is goal rather than friendship orientated.

1.9 The "helpers principle" highlights the value of the peer specialist role in terms of facilitating the worker's own recovery. Ratzlaff et al (2006) found that working as a peer specialist can have a positive impact on workers' levels of hope and self esteem. It was also recognised that the role can be stressful, particularly if adequate training, supervision and support is not in place (Yuen & Fossey, 2003). The literature suggests a range of measures which can help to ensure that working as a peer specialist facilitates recovery, including:

- ensuring that peer specialist roles are well integrated within the teams they operate in;
- training on Wellness Recovery Action Planning (WRAP) and preparation for the role;
- adequate support and supervision, including access to peer support;
- flexible working arrangements and opportunities for career development.

(Woodhouse and Vincent, 2006)

Pilot sites

1.10   The pilot project upon which we focus this evaluation was set up in January 2008. Five health board areas were involved in the pilot, locating peer support worker posts within a range of diverse service and geographical settings. This yielded six individual pilot sites(Table 1.1):

Table 1.1: NHS Boards and Pilot sites

NHS Boards	Pilot sites
NHS Grampian	Penumbra Aberdeenshire
NHS Greater Glasgow and Clyde	Glasgow
NHS Forth Valley	Forth Valley
NHS Tayside	Augment, Tayside
NHS Lothian	Two pilot sites, one based in Edinburgh and the other in East Lothian.

1.11   Recovery Innovations provided peer support worker and supervisor training for groups of people within each of the pilot sites.

Evaluation aims and objectives

1.12   The overarching aims of the evaluation were to assess the impact of the peer support pilot described above, as follows:

• The impact of the role of the peer support worker on service users;
• The impact on peer support workers of taking on the role;
• The impact upon the wider service system;
• Assessing the process of implementation at a national and local level.

1.13   Therefore the key objectives of the evaluation were:

• To assess the positive and negative impacts of the peer support worker role on service users, peer support workers themselves, and the wider culture of the employing organisation;
• To assess the extent that service users welcome the option of working with a peer support worker, or identify reasons where this is not the case;
• To explore what the peer support worker approach offers which provides a unique and distinctive positive impact;
• To assess the extent to which peer support workers are able to promote and support their own recovery and whether the peer support worker role encourages and facilitates, or provides a barrier to further recovery;
• To assess the extent to which the presence of peer support workers challenges any aspects of the existing culture, values and practice of the organisation;
• To offer clear recommendations in relation to the type of organisation within which the peer support worker should be based, the level of support and supervision required to most successfully integrate the peer support worker

into the wider team, and advice and guidance on how to use the evaluation findings to effect improvement in services and inform the wider rollout of the peer support worker role.

Report format

1.14   Throughout this evaluation we have focussed on exploring how the pilot has been implemented and a key message is that there are many different ways to successfully approach the implementation of peer support working. The combination of different styles of peer support and the different settings in which peer support workers are based means that no uniform approach has emerged. On the other hand, no single approach stands out as preferable, rather there are a range of advantages and disadvantages in all settings.

1.15   The main findings chapters are therefore based on an overview of the entire pilot, referring to specific sites or instances where appropriate. There are four findings chapters as follows:

- Chapter 3: Assessing the process of implementation set-up.
- Chapter 4: The impact of the role of the peer workers on service users.
- Chapter 5: The impact on peer workers of taking on the role.
- Chapter 6: The impact upon the service system.

1.16   Case studies for each of the pilot sites in Appendix 2 providing a more detailed exploration into how each site developed their own approach to implementing the peer support worker pilot for those requiring this level of detail.

2 METHODOLOGY

> **Key Points Summary**
>
> - Using mainly qualitative research techniques the evaluation tracked the process of implementation and the impact of the new peer support workers on the service teams and systems within which they worked.
> - The evaluation is informed from many perspectives, which offers excellent learning, however the sample sizes are small and caution should be exercised when interpreting the findings in terms of the efficacy of different approaches to working in different pilot sites.

Introduction

2.1   The evaluation was designed to track and review the process of implementation and the impact of the new peer support workers on the service teams and systems within which they worked. The evaluation collected data across the pilot as a whole, seeking to identify commonalities in approach between sites and key learning across sites. The evaluation was intended to be formative, offering each pilot area insights into the advantages and drawbacks of their approach to implementing the peer support model and sharing information between pilot sites via the evaluation commissioners where possible.

2.2   Allocation of research resources for data collection was proportionate to the number of workers in each site. This ensured parity of evaluation input and some flexibility in approach to accommodate the different pilot settings. This was achieved by undertaking structured, in-depth qualitative research with peer support workers and service users as well as local supervisors, trainers and those involved in providing support at a national level. Written consent was received for participation in all in-depth interviews and interviews were transcribed for ease of analysis. Research tools used in the evaluation can be found in Appendices 4 - 13.

2.3   At the outset of the evaluation, all peer graduates in Scotland were invited at their network meetings to apply to participate in two evaluation team meetings as evaluation advisors with a consultancy fee offered. Two applications were received and the individuals were recruited. Neither individual attended the first evaluation team meeting. Following this only one advisor was still contactable however there was no suitable opportunity to arrange a second meeting.

Study design

Stage one: preparation, setting the scene and baseline

2.4   Stage one of the evaluation involved preparation tasks including data collection tool design, the development of sample recruitment processes, and the introduction of the evaluation to key contacts in each pilot site. To set the scene for the evaluation and establish a baseline, data collection from a range of sources

(described below) focussed on:

- o The scope and impact of the peer support worker training, recruitment, and team-based and system-wide preparation and induction;
- o The identification of team-level and service-level operational and support systems and processes including recruitment for peer support workers;
- o The understanding of and expectations for the new role and its potential impacts from a range of perspectives.

Interviews with representatives of Recovery Innovations

2.5   In-depth interviews were conducted with two lead trainers / managers from Recovery Innovations with the purpose of identifying key learning from the training, their views on the pilot implementation and perceptions of the models of service development.

Interviews with those involved in implementation at a national level

2.6   In-depth interviews were conducted with three representatives from the national infrastructure which were put in place to support the implementation of the Peer Support Worker Pilot Scheme. Representatives were selected from contact details supplied by the Commissioner.   Each interview was conducted face-to-face, lasting approximately 45 minutes and following a semi-structured interview schedule.

Inception interview with Local Pilot and Team Leads

2.7   Joint interviews were conducted in each of the pilot sites with the pilot leads and with the team leaders of the teams that were proposing to integrate peer support workers. Strategic managers were also invited to attend these joint interviews. In total 20 people participated in the inception interviews. Each interview was conducted face-to-face, lasting approximately 60 minutes and following a semi-structured interview schedule. The purpose of these interviews was to gather feedback on local aims and expectations for implementation of the pilot.

Peer support worker face to face interviews

2.8   In-depth interviews were conducted with peer support workers in all of the pilot sites. In total, 15 peer support workers (all of those employed at that time) were recruited for the evaluation via their Team Leaders and interviews were held on the team premises. Each interview was conducted face-to-face, lasting approximately 45 minutes and following a semi-structured interview schedule. These initial interviews with peer support workers aimed to gather information on their views and experiences of recruitment and induction, as well as their aspirations for and possible concerns about the role. Peer support workers were asked at this stage to consent to a second interview at a later stage in their employment and where relevant, to be followed up for interview should they leave the project before the scheduled dates of second interviews.

Documentary analysis

2.9   The evaluation examined a range of documentary materials to provide

factual and further contextual information about each site including:

- The Wellness Recovery Action Plan (WRAP) programme provided for peer support workers;
- Operational policies developed by the pilot sites and individual teams;
- Peer support worker job descriptions, pay and conditions and other employment arrangements;
- Local induction materials;
- Materials developed for referrers and service users providing information about the peer support service.

Stage two: tracking the implementation process

2.10   In order to track key events in the implementation process, the evaluation team maintained contact with the key contacts in each of the pilot sites identified in Stage one of the evaluation. These contacts were asked to supply information on any changes to operational policies, job descriptions, or peer support staffing and to log key meetings, contacts and interactions with national support structures.   The evaluation team prompted the key contacts to supply this information on a quarterly basis.   Updates provided through this route were used to amend the Project Monitoring System described above.

Stage three: assessing impact

2.11   Stage three of the evaluation formed the focus for data collection on the impact of the pilot, including:

- o   The impact of the role of the peer support workers on service users;
- o   The impact on the peer support workers of taking on the role;
- o   The impact upon the wider service system.

2.12   Data was also collected to allow an assessment of the process of implementation at a national and local level.

Peer support worker repeat interviews

2.13   The evaluation team conducted eleven repeat interviews with peer support workers, under the same conditions described in Stage one. Fewer peer support workers took part in repeat interviews for various reasons including sickness absence; their contract had come to an end or for other personal reasons. The focus was to assess the extent to which peer support workers are able to promote and support *their own* recovery and whether the peer support worker role encourages and facilitates or provides a barrier to maintaining recovery. The purpose of these interviews was to gather feedback on how the role evolved, what evolved, integration into the local team and perceptions of the impact of the role.

Service user satisfaction questionnaire and interviews

2.14   Peer support workers were asked by their Team Leaders to distribute a short satisfaction questionnaire to the service users that they worked with. Each

peer support worker was sent 15 questionnaires (a total of n=185) for distribution between April and August 2009. The questionnaire comprised mainly quantitative questions, and was distributed along with an information sheet and a freepost envelope for confidential return of completed questionnaires. In total, 27 service users responded to this survey, a 15% response rate. This is a relatively low response rate, however in many instances, peer support workers had very short contact with service users especially in acute wards and no further contact following discharge. In addition many service users were quite unwell during their contact with the peer support worker. The questionnaire was self-completed and therefore there was no way to profile non-respondents.

2.15   Via this route, service users were also invited to participate in in-depth interviews, and a consent form to confirm willingness to be contacted by the evaluation team was included with the satisfaction questionnaire. In total seven interviews were conducted by telephone or face-to-face, lasting approximately 30 minutes and following a semi-structured interview schedule. The purpose of these interviews was to gather feedback on their views of working with the peer support workers.

Supervisor interviews

2.16   In-depth interviews were conducted with two trained peer support supervisors from each of the pilot sites. In total, 12 supervisor interviews were conducted. Each interview was conducted face-to-face or by telephone, lasting approximately 45 minutes and following a semi-structured interview schedule. The purpose of these interviews was to gather feedback on the added value of the peer support approach, impact on teams and the implications for service and practice development locally.

Significant Events Analysis with teams

2.17   Significant Events Analysis was carried out in each pilot area for a more in-depth review of the implementation, integration and impacts of the peer support workers. This involved a single meeting with each of the sample teams where the evaluators conducted a Significant Events Analysis to gain an indication of the ways in which the peer support worker approach may (or may not) have impacted on team values and practices and implications for service and practice development locally, including sustainability. Teams were asked to select an event / instance or individual case to illustrate how the peer support worker approach has operated during the pilot. Guidance was provided for each team in advance of the meeting, which lasted around two hours and was facilitated by the evaluation team.

Interviews with key individuals in wider service system

2.18   Local contacts were asked to nominate up to two individuals for interview that could provide an informed perspective on the local implementation of the peer support approach and the impact on the wider service system. This included referrers, and local service providers. In total 12 depth interviews were conducted by telephone or face-to-face, lasting approximately one hour and following a semi-structured interview schedule.

2.19   The purpose of these interviews were to gather feedback on the added value of the peer support approach, impact on teams and the implications for service and practice development locally.

Repeat interviews with those involved in implementation at national level

2.20   Repeat in-depth interviews were conducted with three national representatives under the same conditions described in Stage one. Two of the participants were people interviewed in Stage one of the evaluation but due to staff changes the third participant was new to the evaluation but heavily involved in the pilot. The purpose of these interviews was to gather feedback on implementation issues identified both locally and nationally, effectiveness of supports put in place and views on future development of peer support in Scotland.

Stage four: analysis

2.21   Qualitative data was analysed using a staged content process by identifying emerging themes and relating these to the evaluation objectives. The analysis looked for similarities and contrasts in the perspectives of different sets of respondents e.g. peer support workers, service users, and team leaders. Quantitative data was used to describe the service context, activity levels and impacts where possible.

2.22   The analysis assessed the range of material accumulated in the course of the evaluation against the objectives specified and the principles and focal points identified above. The analysis assessed the evidence amassed to gauge conformity to the Peer Support model and principles, looking for consistency, commonalities and areas of divergence. In addition the data was interrogated to identify possible patterns and associations between pilot sites.

2.23   The analysis aimed to draw together key lessons in order to provide evidence based, realistic and thorough guidance for the employment of peer support workers within statutory and voluntary mental health services in the future.

Response

2.24   There were a total of 57 interviews, 27 satisfaction questionnaires and six significant events analysis meetings, table 2.1 below summarises the extent of data collection within each pilot site.

Table 2.1: Pilot Site Data Collection

Pilot Site	Peer support worker 1st interview dates*	Peer support worker 2nd interview dates*	Supervisor Interview	Wider Service System Interview	Service Users Interview	Service User Questionnaire	Significant Events Analysis
Aberdeenshire	1 (Jun 08) 1 (Jan 09)	1(May 09)	2	2x Social Workers	1	2	Completed
East Lothian	1(Jan 09) 1(Mar 09)	1(May 09) 1(May09)	2	2x Consultant Psychiatrist 1x Charge Nurse	0[4]	4	Completed
Edinburgh	2(Jan09)	2(May09)	2	2x Consultant Psychiatrist 1x Clinical Service Manager	0	7	Completed
Forth Valley[5]	2(Jun 08)	0	2	1x Consultant Psychiatrist 1x Charge Nurse	2	5	Completed
Glasgow	2(Jun 08) 1(Nov 08)	2(Apr 09)	2	1x Charge Nurse	0	3	Completed
Tayside	4 (May 08)	4(Apr 09)	2	1x Senior Charge Nurse	4	5	Completed
Total	**15**	**11**	**12**	**12**	**7**	**27 (1 not specified)**	**6**

* Employment start dates for all peer support workers are provided in Table 3.1

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4 No service users volunteered to be interviewed in East Lothian, Glasgow or Edinburgh.
5 No second interviews took place because both peer support workers were absent from work during this data collection period

2.25   Table 2.2 below summarises the extent of data collection at national level.

Table 2.2: Pilot Site Data Collection

Interviewees	No. of 1st Interviews	No. of 2nd Interviews	Comments
Recovery Innovations Interview	3	N/A	
National Interviews	3	3	Third interviewee changed in 1st and 2nd interview.
Inception Interviews	6	N/A	
Total	**12**	**3**	

Limitations

2.26   It is important to be mindful of the limitations of this evaluation when reading the findings and conclusions.

2.27   The evaluation was exploratory and qualitative and has a representative but low sample size due to the limited resource available to allocate across six pilot sites but also because of the small number of people involved in the peer support pilot in each site.

2.28   As with many evaluations in mental health care, recruiting service users was challenging and although we have feedback from service users in each site, the numbers are low despite an extended data collection period. In addition, the service users taking part were self-selecting which may have introduced some bias into the findings for service users. Longer follow-up work looking at service user views in more depth would be useful, but would require extensive resources.

2.29   The number of informants representing wider services is also slightly lower than anticipated, however the referral routes and impact of the peer support workers were contained within the team in which they operated in most pilot sites. In most cases, the representatives of wider services were team members. An evaluation of peer support working in a few years time when services have rolled out may be able to provide more information about the wider impact of peer support working.

2.30   Although the evaluation is informed from many perspectives, which offers excellent learning, conclusive claims cannot be made regarding the efficacy of different approaches to peer support working in different pilot sites.

3   ASSESSING THE PROCESS OF IMPLEMENTATION SET UP

Key Points Summary

- Peer support can be successfully implemented in a wide variety of service settings including acute inpatient care and community based teams and works best in settings that are open to and practising recovery-orientated support.
- Some difficulties were experienced, but overcome, in pilot sites regarding meeting Agenda for Change and Occupational Health requirements.
- The Recovery Innovations training was well received by peer support workers who generally felt well prepared to take on the peer support worker role.
- Training and induction processes did not involve enough emphasis on preparation for the mental health work environment, impact on benefits and influencing change.
- Although there are core aspects to the peer support worker role that were common across all sites, the role varied in terms of pay scale and activities which tended to be adapted to fit specific settings.
- Peer support workers require support to help them maintain their recovery and wellness during employment as well as supervision and support from within their team to address the development of their role and employment issues.

Introduction

3.1   This chapter begins with summary tables outlining the approaches to implementing peer support working within each pilot site. An in-depth exploration the processes involved in setting up the peer support worker posts and defining their roles across all sites is then set out.

3.2   Throughout this evaluation we have focussed on exploring how the pilot has been implemented and a key message is that there are many different ways to successfully approach the introduction of peer support workers. The combination of different styles of peer support and the different settings in which peer support workers are based means that no uniform approach has emerged. On the other hand, no single approach stands out as preferable, rather there are a range of advantages and disadvantages in all settings.

Commonalities and differences in pilot site approaches

3.3   To provide insight into the commonalities and differences in approach, Table 3.1 overleaf provides a summary of the approaches to peer support worker recruitment and deployment. This is followed by Table 3.2 which contains summary details of the service delivery and support systems put in place in each site.

Table 3.1   Peer support worker deployment

Pilot site	Setting	Method of recruitment	No. Peer support workers	Non- NHS pay scale or NHS banding and pay scale	Employment Start date(s)	Employment / contract end date(s)	Funded by
Aberdeenshire	Community	Open advert to all Peer Graduates	1 full-time	£15,357 - £16,713	1st December 2008	December 2009	NHS
East Lothian	Acute adult mental health inpatient wards	Open advert to all Peer Graduates	2 part-time	Band 2 (£13,233 – £16, 333)	1st December 2008 and March 2009	One permanent, one February 2010	NHS
Edinburgh	Acute adult mental health inpatient wards	Open advert to all Peer Graduates	2 part-time	Band 2 (£13,233 – £16, 333)	1st December 2008	December 2009	NHS
Forth Valley	Acute adult mental health inpatient wards	Open advert to all Peer Graduates	2 part-time	Band 3 (£15,190 – £18, 157)	May 2008	October 2008	NHS
Glasgow	Acute adult mental health inpatient wards	Open advert to all Peer Graduates	4 part-time	Band 3 (£15,190 – £18, 157)	June 2008	Ongoing	NHS
Tayside	Community	Recruited people to go on peer training and then shortlisted after training	4 part-time	£14,945 – £17, 257	March 2008	Ongoing	NHS and voluntary sector

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Table 3.2   Peer support worker service delivery and support systems

Pilot site	Preparation for role	Access to peer support workers	Type of contact	Frequency / length of contact	Types of input	Supervision and support arrangements
Aberdeenshire	Awareness raising in service prior to appointments and also led by peer support workers once in post National training In-house training/induction Wellness Recovery Action Plan training	Referrers fill out a referral form and then meet with peer support workers to discuss referral before peer support workers meet referral for first time with referrer.	Appointment. Often set days for meeting	Variable. Longer-term contact. Often begin by meeting a few times a week for a few hours each time but lessens over time to once a week as relationship develops and service user progresses. Length of visits depends on travel time.	Talking, going out, taking part in activities, accessing services/activities	Small team work closely together. Regular support and supervision by line-manager, area manager and team staff.
East Lothian	Awareness raising in service prior to appointments and also led by peer support workers once in post National training Wellness Recovery Action Plan training	Service user information and introduction to peer support workers Self referral	Drop-in	Short term contact as most service users in ward for less than six weeks	Talking, going out, wellness recovery action planning	Support and supervision with Senior Charge Nurse and external supervisor. Informal support from other peer support workers and colleagues.
Edinburgh	Awareness raising in service prior to appointments and also led by peer support workers once in post National training Formal NHS induction Wellness Recovery Action Plan training	Referrals via Community Rehabilitation Team Self referrals	Drop-in and appointment	Variable depending on working with service users in the wards on in the community.	Talking, going out, taking part in activities, accessing services/activities	Support and supervision with line manager

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Pilot site	Preparation for role	Access to peer support workers	Type of contact	Frequency / length of contact	Types of input	Supervision and support arrangements
Forth Valley	Awareness raising in service prior to appointments and once in post National training Formal NHS induction Wellness Recovery Action Plan training	Drop-in and referrals from NHS staff	Drop-in	Short term contact as most service users in ward for less than six weeks	Talking, developing wellness recovery action plans	Support and supervision with line manager
Glasgow	Awareness raising in service prior to appointments National training Formal NHS induction Wellness Recovery Action Plan training	Service user information and introduction to peer support workers Self referral	Drop-in	Short term contact as most service users in ward for less than six weeks	Talking, developing wellness recovery action plans	Charge Nurse line manager, internal and external peer trained supervisors. Informal supervision from other peer support workers
Tayside	National training Ron Coleman training In-house training/induction Wellness Recovery Action Plan training	Community referrals. Referrers fill out a referral form and then meet with peer support workers to discuss referral before peer support workers meet referral for first time with referrer.	Individual caseloads. Appointment.	Variable. Usually meet weekly for a few hours each time and length of contact varies depending on need.	Talking, going out, taking part in activities, accessing services/activities, wellness recovery action plans	Line-managed and supervised internally by Chief Executive and regular access to an external peer trained supervisors. Informal supervision from other peer support workers and colleagues

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Setting up Peer Support Worker Pilot Sites

Recruitment process

3.4   Each pilot site approached the issue of recruitment into the posts in slightly different ways. Two sites identified people they felt would be suitable for being employed in the post and offering a training place to them with the prospect of future employment. The other sites, particularly those with large urban populations to recruit from, recruited from the pool of peer graduates once the national training had taken place. The evaluation data does not suggest that one approach was more beneficial than the other, although a key point is that some sites felt slightly rushed to employ peer support workers soon after the timing of the national training provision.

3.5   Currently there is no training provision to increase the pool of peer support workers, which is an essential requirement to maintain the peer support worker role. This means that pilot sites are currently limited in their ability to employ more peer support workers. The Scottish Recovery Network is developing validated qualifications for peer support working through the Scottish Qualifications Authority and these should be available within a year.

3.6   The integration of a new role, the peer support worker, into the NHS raised a number of issues about the way such an initiative can challenge existing systems. Two key issues emerged as a considerable challenge for nearly all NHS sites; the role of Agenda for Change (AfC) and occupational health requirements. In two pilot sites, responding to the AfC processes proved time consuming, holding up recruitment in two sites for eight months.

3.7   In these sites, despite a thorough procedure drawing on information sources such as the peer support worker job description available from America, the peer support worker job description had to be changed to fit into the requirements for 'Agenda for Change'. For example AfC prohibited the inclusion of a requirement for the candidate to have a lived experience of mental health problems and recovery. Although the team felt that the national peer support worker and WRAP training were essential qualifications for the post they did not have the same value under 'Agenda for Change' as vocational and academic qualifications, leading to a perception amongst the site teams that this contributed to the low grading of the job.

3.8   Despite very similar job descriptions, different gradings were achieved in different NHS pilot sites. This led to a situation where people performing the same role in different areas were being paid different salaries, which raises concerns about the role being viewed in a consistent way nationally.

3.9   A further complication in a couple of sites was in relation to occupational health reviews. The nature of the role dictates that candidates have previous mental health problems, which at the beginning of the recruitment phase was viewed as a disability rather than an asset for employment. One NHS occupational department required formal medical assessments and full histories. This situation was distressing for the peer support workers who felt discriminated against and for the staff on their teams who hoped that their organisation would support the value of lived experience in the peer support context. This was resolved when senior clinical

service managers liaised with senior Occupational Health managers to raise awareness about the nature of the peer support role.

Training to be a peer support worker

3.10   The majority of sites took part in the pilot-provided training course, which was an intensive residential course, offered in January 2008. There were many positive comments from peer support workers about the trainer being supportive, open and having 'infectious enthusiasm'. The training was described as focusing on increasing self awareness and self management, which was challenging for some.

> *I suppose it took its toll on me personally, I suppose I'd gone in thinking I'd be shown how to speak to people, and what are the do's and don'ts and the ethics and there was a lot of that, but I actually realised a lot more of it was about finding out about myself, and that was really very challenging. It was very beneficial but very, very challenging. (Peer support worker)*

3.11   From the basis of self awareness developed the idea of taking the learning from self reflection and thinking of how to relate to others through offering peer support.

> *I think probably the outstanding thing was this idea that recovery is possible. And in terms of myself individually, I just thought this is part of me; my own very personal sort of journey. The idea there's some sort of concept that recovery could apply to many people, I thought was really… Again, the idea of formalising peer support was, I think, an excellent idea, because when I was in the hospital I experienced informal peer support, which I found a benefit. (Peer support worker)*

3.12   There was also an emphasis on respecting others and their choices. For some this related to the concept of offering love, which one peer support worker had reinterpreted to being about 'unconditional acceptance', which he felt suited the Scottish context better. The peer support workers felt they learnt about key concepts in recovery, such as mutuality and respect and sharing lived experience. Some felt the training was better suited to peer support work based in community settings rather than the acute inpatient user context. However a key message from the training, for any setting, was the idea of sharing and promoting recovery.

> *Recovery is achievable. (Peer support worker)*

3.13   Whilst the peer support workers were positive about the training course, on reflection as the pilots evolved, both peer support workers and supervisors felt there would be benefits if future training included topics such as:

- Preparation for employment, including key aspects of expectations of employers and managers in the work environment.
- Impact of employment on benefits and the various options available to potential peer support workers who are in receipt of benefits, including information and practical support to help facilitate this transition.
- Consideration of how to integrate into multidisciplinary teams.

- How to approach the process of change in challenging environments.
- Management of aggression, especially in acute mental health inpatient user settings or in intensive home treatment teams.
- Risk assessment.
- Recovery models and tool, such as TIDAL and the Scottish Recovery Indicator.

3.14 It was clear from the peer support workers that the intensity of the residential training course was an inspirational experience that may be hard to replicate through more formal training.

> *We've spoken about teaching peer support here, in this country and people rolling it out here and doing the courses. I believe that it would need to be somebody very special that did that, because the person that took our course did make it such a life changing experience. I don't think there's that many people in a college lecturer capacity that could deliver that. You know what I mean? It had to be done in a certain way to hold your enthusiasm and motivate you in such a way. (Peer support worker)*

3.15 The training of peer support workers also needs to be viewed in the context of a broader range of development opportunities and career development potential for participants.

Deployment

3.16 All sites were guided by a steering group or a project management group. These groups were faced with the challenging task of getting a new role developed, implemented and supported. A key decision was that of where to place the peer support workers.

3.17 Evaluation participants reported some temptation to place peer support workers into teams that were known to need to improve the recovery focus of their practice. In one site a peer support worker who was initially placed in such a ward setting was withdrawn due to the over-whelming challenges they faced. However, in the end sites tended to place peer support workers in the most recovery-supportive setting that they could, that is, a team who were open to and already putting into practice the principles of recovery focussed care. A clear finding that emerged was that decisions about where to place peer support workers should focus on identifying the most recovery-supportive settings as the best place to support peer approaches. The role of peer support worker itself should not be used to introduce recovery into a setting and such an approach may place peer support workers into a situation where they cannot be adequately supported, which may serve to compromise their wellbeing.

3.18 Each pilot site is rethinking the future deployment of peer support workers as services are re-structured and as they learn more about the added value of the peer support worker role and the capacity of the individual peer support workers they have employed. For example:

- Many peer support workers are keen to have a role in both hospital and community settings to enable continuity. This may be possible in teams that span inpatient user rehabilitation and the community or when a peer support worker is based in a community team and visits the individual when they are in hospital. Some clinical managers felt that peer support workers based in acute wards would find following service users in and out of hospital too demanding.
- Recovery in the community, according to peer support workers and clinical staff, is where service users are starting to re-establish the roles that they had before they went to hospital. Therefore, community based teams should be a valuable place for the peer support worker role.
- Service users have mixed views. One felt that when she was at her most ill and lowest ebb in the acute admissions ward, she needed a peer support worker most to give her hope. Others have said that when they are very ill in an acute admissions ward they are too unwell at first to comprehend and think about recovery.
- Peer support has the potential to offer benefits across a broad range of settings, however a career progression structure where more experienced peer support workers might be better suited to more challenging acute settings, along with more supportive environments for less experienced peers support workers, might also be a way forward.

3.19   In most sites, the end of the pilot leaves fewer peer support workers and therefore teams are looking to utilise them where they will have the most impact until a sustainable resource of trained peer support workers is available.

Awareness raising

3.20   All sites put extensive effort into awareness raising, and the key learning was clear; that it is an ongoing process which should not be underestimated and has to be maintained. Staff restructuring and competing priorities lead to a need to keep working on raising awareness.

> *I think perhaps we need more chipping, more hammering, more because I don't think, I think their intentions are absolutely really, really good and they really definitely believe in it. I mean we've had nothing but good stuff but they're busy people and they forget. (Supervisor)*

Induction processes

3.21   Every pilot site developed their own induction process for the peer support workers although, for most this meant having to integrate the induction requirements of their organisation. There were mixed views on the induction process, with descriptions covering some helpful aspects, alongside irrelevant activities (particularly in relation to NHS requirements).

3.22   The aspects of the induction perceived to be helpful included the opportunity to be involved in awareness raising about the role, visiting other parts of the organisation, getting to know people you would be working with, and learning your way around the institution. The induction seems to work well where there was

an extended induction period, allowing for gradual preparation and a gradual uptake of service users. In one area the induction period incorporated a time of working with service users under close supervision, allowing for intensive reflection on early service user contact before formally launching the role. This worked well.

3.23　　Although unavoidable, it was considered by some peer support workers to be inappropriate to require staff to take induction into areas such as manual handling and bed making as they were irrelevant to the role. However, in one pilot site the peer support workers were happy to take on this role and it seemed to enhance integration with the ward team. The NHS induction procedures required staff of a certain grading to take certain modules regardless of their relevance. This highlights the need for greater clarity with the NHS about the role and activities of peer support workers.

> *Yes I had a week's NHS induction to begin with, which involved a sort of getting onto these E learning modules everybody now is required to do. It wasn't really well planned for me, because I didn't fit in anywhere with it being a new role, so I kind of had to slot in with nursing auxiliary induction, so did a lot of kind of bed making and infection control. (Peer support worker)*

3.24　　It was challenging for sites to prepare for the induction, particularly given the lack of clarity about the role. This view was raised by both peer support workers and supervisors. The supervisors had very little knowledge about the content of the training course, and in some instances the supervisor had changed due to internal restructuring, meaning very little was known about what the role would involve.

> *I don't know how well the Peer Support supervisors understood what it was that we'd been trained in and how we'd been trained to do our job, I think they didn't understand that and still to this day, I think it's really important for Peer Support supervisors to have been on Peer Support training. (Peer support worker)*

3.25　　It was a shared view of peer supervisors and peer support workers that increased knowledge about the role would lead to much improved future induction processes. However in some sites the peer support workers felt thrown in at the deep end, without adequate guidance about the role. This highlights the need for induction processes to explore much more than the NHS requirement and focus on issues that are relevant and role specific.

Defining the role of the peer support worker

3.26　　In all sites the peer support workers started with little definition to their roles which most found a little unsettling, but they welcomed the chance to have a central role in shaping their job. The more integrated the peer support workers were with their team, the easier it seems to have been to develop the role to become integral to the wider multidisciplinary team. There were two key parts to the role: offering support with lived experience and delivering a practical role that meets the need of the team that the peer support worker is placed in.

3.27　　It was a challenge for all sites to define what it meant to be a peer support

worker. Whilst the peer support workers themselves had been given specific training, the exact content of that training and the subsequent role that would develop was not necessarily communicated to the sites:

> *I had this assumption that [the peer] would know what was going on, that she would know what her job was to be and she came with the assumption that I knew what her job was to be (laughs). … But we very quickly realised that neither of us actually really knew what we were to do with this, you know, situation, so we have evolved together as a team really into making it what it has become. (Supervisor)*

3.28 This ambiguity raised some discomfort, but enabled sites to develop their own approach to the peer support worker role. Across sites and settings the key features of peer working that appeared to define the core aspects of the role, were the value of sharing lived experience and modelling recovery. Additionally, a broad range of other activities were associated with peer support, but might vary by team ethos, setting or by the personal approach of the peer support worker. This has been likened to a nursing role, which has a set of core responsibilities, the application of which will vary depending on where they work.

3.29 Where peer support workers were based in more acute settings the contact with service users tended to be brief, and used informal referral strategies, such as drop-in sessions. For peer support workers based in more community-orientated settings (including rehabilitation wards with their focus on a transition back to the community), longer goal-orientated relationships seemed to form. However whilst there were key core elements to peer support there was much personal role development for the ways that individual peer support workers approached sharing their lived experience with others. Every site had to evolve a process of defining the peer support worker role. This process comprised of:

- Understanding the core values of peer support.
- Exploring the broad range of potential uses of peer support in their unique setting.
- Considering the peer support worker's own individual style of sharing lived experience and modelling recovery.
- Developing the peer support worker role together, which for some sites was an ongoing process facilitated by reflection and supervision.

3.30 Figure 3.1 illustrates the different components that can be involved in the peer support worker role in relation to hospital and community settings.

Figure 3.1: The many different components of the peer support worker
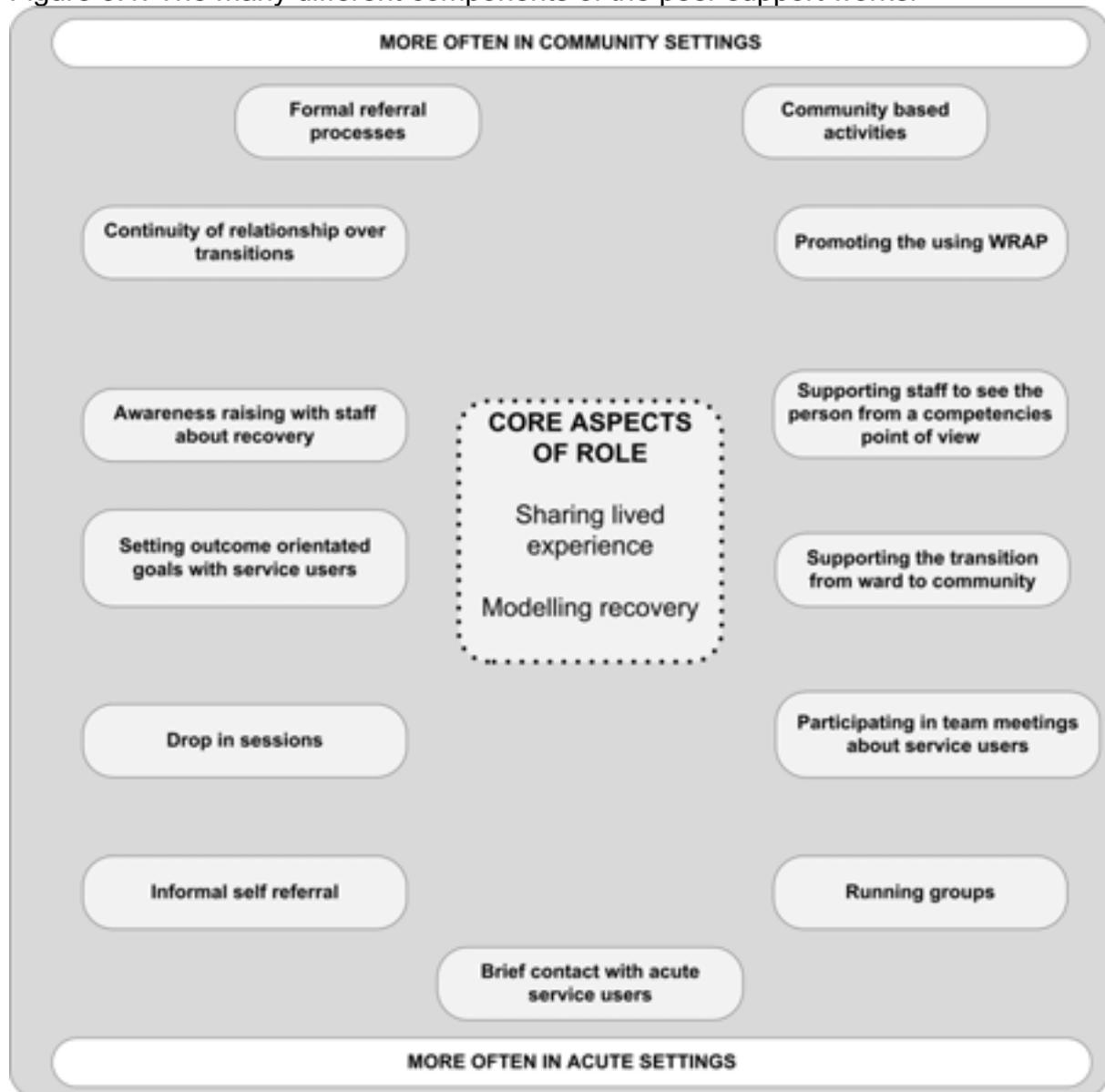
Use of WRAP

3.31   The use of Wellness Recovery Action Planning (WRAP) varied between peer support workers. All had their own personal WRAP, and spoke positively about the importance of the WRAP tool in helping them in their own recovery journey and the continued promotion of their own wellbeing.

> *I've just completed doing my own WRAP, and just going through that WRAP, the whole doing my own WRAP has helped quite a lot to reflect on what helps me stay well, putting things in place that if I did get unwell again – touch wood it doesn't happen – but if I did become well there's plans in action, which I didn't have before. (Peer support worker)*

3.32   The use of WRAP with service users varied more. Some used WRAP with many of the service users they worked with; others didn't use it at all. In one pilot site a service manager felt that the administering of WRAP should be central to the peer support worker role. There was a view that WRAP needed to be introduced at a time that felt appropriate for the service user in relation to their progress with their recovery and when a close enough relationship had been developed with the peer support worker to allow the service user to be comfortable to talk about something as personal as WRAP. Most commonly, peer support workers introduced the concept and tool to service users, or worked on starting the WRAP process together.

> *I think empowering; it takes the responsibility out of anybody else's hands and puts it right back into the service user's hands. It's something I couldn't introduce initially I don't think. I'd have to bide my time quite a bit, I think it's something you'd have to slot in at the end of people's recovery. It's a kind of consolidating phase maybe but I think the way I found it, up to now, your psychiatrist, your psychologist, everybody has control and you feel as if you've been robbed of any control and then all of a sudden you realise that you're the expert, your recovery is in your hands and you can plan for it, you can recognise the signs and it is just empowering. That's the main thing. (Peer support worker)*

Supervision and support

3.33   Supervision and support was provided in a number of ways in the pilot. The national team facilitated regular meetings for pilot site supervisors, which were generally described by supervisors as useful. For the peer support workers there was support and supervision provided by the peer graduate network and the local supervision arrangements in each site. Each site evolved their own approach to supervision, with most trying to incorporate aspects of individual and group supervision arrangements. Some sites had formal arrangements in place.

> *We've got the one-to-one supervision format which is fortnightly, both our peer support workers are part time so that probably equates to every six or seven working days they have protected one-to-one time which is usually for about an hour and a half. We've also set up a small group for the two peer support workers and the two supervisors to get together about every six*

weeks, and that's really just about drawing out main themes and because of its pilot the sort of learning points for us, and we've been noting down what some of these key things are just for our own learning. (Supervisor)

3.34   In other sites the supervision arrangements were more informal, and relied on having good relationships with team members to whom the peer support worker could talk to on a regular basis.

Everybody has rubbish days but it's okay to go and just say to somebody I'm having a really rubbish day and they will do that back so you don't feel it's all because I'm a peer support worker with a lived experience, it's equal. (Peer support worker)

3.35   In some sites line management and supervision were separate. Other areas who had combined line management and supervision found this had caused challenges, particularly in maintaining a separation between procedural challenges and reflecting on practice as a peer support worker. This highlights the need for there to be clarity about roles, however there is no one clear arrangement that offered the best supervision. In terms of day-to-day issues, it is important that some form of supervision is offered in a way that is easily accessible to the peer support worker.

I think that your first line manager, the person that's really your main supervisor, has to be really supportive, has to be willing to listen, has to also not be too sensitive about criticism. I don't mean that any criticism that I've given has been insensitive but I think that they have to be flexible and open and listen and be able to hear some things that maybe they don't want to hear and not take it personally. (Peer support worker)

3.36   Two sites had put in place arrangements for external supervisors to support the peer support workers, and other areas were considering this. This was considered to be beneficial, particularly for some peer support workers, however often this role also led to a number of challenges. Some peer support workers appeared to be given conflicting advice or guidance from an internal line manager and supervisor and an external supervisor. Supervisors also talked of how there had been a lack of clarity on the external supervision role. In one site the external supervisor was expected by management to have a supportive role for peer support workers to maintain their recovery and think about integration to their teams whereas in practice a more managerial role developed which cut across formal line management arrangements in an unhelpful way. This was not seen as beneficial to peer support workers, and although many evaluation participants acknowledged that external support about the principles of peer support could be beneficial one site would not employ an external supervisor again.

3.37   A key learning point from one pilot site was that supervision should be provided internally from senior staff within the peer support worker's team to ensure the peer support worker is challenged by a supervisor with a non-peer background to assist reflective practice. Integration problems need to be discussed with the people who need to be part of the solution and an internal supervisor can deal practically and supportively with issues related to the peer worker role and its integration with

the team.

3.38   Evaluation participants also stressed that supervision of peer support workers also needs to contain a strong element of support for the wellness of peer support workers.

3.39   Another source of support for the peer support workers was the peer graduate network. However whilst this network was seen by some as beneficial it was a forum that had been through a particularly difficult time in fostering group cohesion, particularly between peer graduates employed for the pilot and other peer graduates. Although the network was seen to have the potential to offer useful support, employed peer support workers felt that discussing employment issues was not easy to do. Peer support workers did provide informal support to each other in most sites, and in some sites they would have liked this type of support to be formalised.

3.40   Finally, all sites had a local steering group that provided support to the development and implementation of the pilot locally. These steering group meetings were generally seen as very useful, particularly for engaging key people in the wider service system in supporting the peer support pilot.

> *And then about every three months there is a much bigger steering group meeting which the peer support workers are part of, and that involves key people in the organisation, service manager, consultant psychiatrists, the charge nurses from the wards that they're aligned to, to all get together as a big group to look at how their roles are developing and see if there's anybody can help out with anything, share ideas. (Supervisor)*

National Perspectives

3.41   The pilot was initiated and supported nationally by the Scottish Government's Mental Health Division and the Scottish Recovery Network. There was a tension throughout the pilot regarding how much guidance should be offered from the national team as opposed to achieving a sense of local autonomy and ownership in individual sites. On balance there may have been too much emphasis on local sites being autonomous, as at the pilot outset site teams did not feel sufficiently knowledgeable about what the peer support worker role would entail and wished for more guidance on some key aspects of implementation. However the rather limited input of guidance also reflected the fact the national team were also learning about what peer support worker roles would consist of in the Scottish and NHS context.

> *We had some sense of how it had worked in other countries and we had some sense of the things we should be taking account of, but it had never been done before so I suppose we were really kind of shooting in the dark a bit. (National team)*

3.42   There was some acknowledgement from the national team that giving clearer guidance might have decreased the likelihood of some future challenges, and this includes guidance on issues such as what other attributes, alongside that of

lived experience, would be useful for peer support workers to draw on and increase their likely resilience in the face of such stressful work.

> *We expected too much of the areas in the beginning, in the sense that we said to them, you know, select some people who'd be suitable to be peer workers, send them on this course and come out the other side and you can then chose some of them to be peer workers. I think we should have realised that they needed a lot more guidance on who might be a potential person and all the rest of it. (National team)*

3.43   There was a cautionary note raised in that the potential consequence of a lack of guidance could be the development of peer support worker services that were not ideal.   Some wondered if the initial guidance had been interpreted as encouragement for sites to place peer support into areas as agents of cultural change, although it is now very clear that peer support workers enhance and promote recovery in settings already committed to recovery. Placing peer support workers into settings that were not recovery focussed was seen as having the potential to lead to compromised wellbeing for the peer support workers.

> *So you could make the case that in some instances where it's not been well implemented you know it's not been fair on them in terms of their own wellbeing. (National team)*

3.44   However the national team were confident that there were very clear benefits to peer support work, particularly in the right setting. The right setting was felt to be a community setting, although there were acknowledged benefits in acute settings too. The potential for peer support workers to work across these settings, and to follow people through transitions between settings was also seen as a useful structure.

> *And from our experience you need to do it in a place that's going to be accommodating and welcoming and that the chances of success are going - your learning is done in a much more friendly and positive environment then for local implementation as in some cases to happen, to say 'well we'll put it in a place we know we have problems' and expect it to be a magic wand hasn't worked. (National team)*

3.45   The need for clear, multi-level leadership emerged. The national team could see that leadership could have been strengthened in some sites, and site teams felt that there could have been clearer leadership from the national team. This highlights the difficult work of integrating a recovery-orientated approach into practice, and affirms the need for clear commitment at all levels, from national support, senior management and ward staff, to the successful implementation of a new and challenging role.

> *So I mean I suppose that's really about leadership. Having people - local leaders seems to be very important, as it is with everything. Who understand the role, and who believe in it and who see as potential in this role. (National team)*

3.46   The sites expressed serious concerns about continued sustainability, particularly in being able to recruit new peer support workers to further posts. In terms of future sustainability the national team continue to work to develop a training package that can be delivered within Scotland. There was some indication from sites that they wish to have greater input into such developments, although some sites have developed their own local training. More could be done to clarify if there are going to be national standards for training, and what the implications of that might be at a local level.

3.47   Points of further development, highlighted by the national team as having the potential for stronger national leadership on, included:

- Promoting the placement of peer support workers in recovery-orientated setting.
- Offering guidance on how to support peer support workers adequately whilst accommodating the strong view from sites that all staff should be treated equally.
- Encouraging and supporting the difficult debate on what (in addition to lived experience) enhances the prospects of succeeding in peer support (such as the stage of recovery, other skills, role of WRAP, values and attitudes).
- Continued exploration of the issue of appropriate guidance around absences from work should a peer support worker have a period of being unwell.

3.48   At the end of the pilot, the national team were very committed to developing peer support and continuing to make use of the learning from this challenging (but worthwhile) pilot.

4 THE IMPACT OF THE ROLE OF THE PEER WORKERS ON SERVICE USERS

Key Points Summary

- On the whole, peer support workers were welcomed by service users and high levels of satisfaction with the service were reported by service users.
- Peer support workers are able to give hope to service users, reduce feelings of fear and self-stigma amongst service users, enable life skills, and encourage service users to take on new strategies for recovery and have more control over their well being
- Peer support workers were able to reduce non-recovery oriented practice amongst some staff and help them to better understand what would help individual service users by acting as conduits between staff and service users.

Introduction

4.1   This chapter describes the various ways in which the role of the peer support workers impacted on the service users they came into contact with based on feedback from service users, peer support workers and their clinical colleagues. It begins with a discussion about how well received peer support workers were by service users and goes on to set out the different ways in which contact with peer support workers both challenged and benefited service users.

4.2   The feedback from all perspectives in this evaluation has provided persuasive evidence that peer support workers have had considerable impacts on the ways in which some service users think, talk and act regarding their own mental health problems and pathway to recovery. A self-completion survey was distributed to users of the peer support service via their peer support workers. In total, 25 users of the peer support service returned completed questionnaires. A detailed report of the survey findings can be found in Appendix 2. The main findings from the survey are summarised within this chapter.

The extent to which service users welcomed the peer support worker role

4.3   The extent to which service users welcomed the peer support worker role is difficult to quantify as so many used a self-referral system combined with staff referrals. There was no report of any service users who were referred by staff refusing to see the peer support worker but one survey respondent who was less satisfied with their introduction to the Peer Support Worker said this was because they were "*not given the option*" and were instead told to participate.

4.4   Peer support workers were able to offer an element of friendly support to service users without necessarily over-stepping the principles of the peer relationship of equality and reciprocity. Most peer support workers seem to have the key principles of peer support in mind as they were working and many carry cards with

peer support principles listed as reminders to ensure that they think about enabling and mutuality at all times.

4.5   One instance in which this friendly approach is very helpful is on admission to inpatient user wards. Peer support workers have been able to offer opportunities for service users to chat when they come to the ward and are surrounded by other people who are also very unwell which can be a frightening experience.   Clinical staff feel that this has helped service users to feel more reassured about being an inpatient user, as it offers them hope that they can experience recovery as the peer support worker has.

4.6   On the whole the process of being introduced to a peer support worker was well received. In the service user survey there was a strong level of agreement with the statement that 'I was pleased to have the option to work with a peer support worker'. Although the information available was considered by survey respondents to be clear, a greater quantity of information would be welcomed by some. It may be useful to develop standardised information about peer support services for service users which can be adapted locally.

Assessing different types of impact

4.7   Within the limits of this evaluation, pilot sites were not able to quantify impact on service users in terms of reduced admissions or shorter stays on wards. In addition no validated outcomes evidence was collected. Therefore the nature of this impact evidence is qualitative and based mainly on interview narratives.

> *We can't say it's cut admissions, we can't say it's reduced the amount of medication, we can't say it has hit this target or that target, I think, probably, from the positive side, well it's a positive and a negative, the feedback we've had from service users on the wards, yes, that have been involved with a peer support it has been a valuable experience. (Supervisor)*

> *It can be down heartening to see service users come back into ward but can pick up with them where they left off, sometimes it is one step forward and two back in recovery. (Peer support worker)*

4.8   The impact has been subtle in some instances (such as giving hope, and promoting a positive outlook) and more direct in others (such as reduced self harming) and both types of impact demonstrate important progress towards understanding whether and how peer support is valuable in supporting mental health. According to one peer support worker, for some service users just finding out that a peer support worker is a paid employee with the main skill of having a lived experience and modelling recovery has a huge impact in reducing feelings of stigma.

> *You can just see that this person, you know, has been given hope, you're not going to be ill for the rest of your life and you know yes I've been to the very bottom myself, but I've now got a job that I'm getting paid for, it's not just voluntary work and recovery is possible and it's given people that hope and*

it's basically something to strive for, and also it's a bit of understanding you don't get from the medical team (Peer support worker).

4.9   Overall the service users who responded to the survey were satisfied with the peer support service. Indeed, the strongest level of agreement was with the statement 'Overall I was satisfied with the support I received from my peer support worker' as well as 'I feel the peer support worker listened to me and valued my opinion'. Service users tended to agree that peer support workers understood their situation, that they benefited from the time spent with peer support workers, that the peer support worker could relate to and understand their situation more than other mental health workers they have had contact with, that having contact with a peer support worker helped with recovery, and that the amount of time spent with a peer support worker was appropriate.

4.10   The service users felt that they gained support, insight, hope, empathy, confidence, and a fresh perspective from involvement with their peer support workers.

Reassurance there is hope for recovery. (Service user)

A good source of encouragement and a good role model. (Service user)

Offering hope

4.11   The most common impact that peer support workers seem to have had is offering hope in many different ways including:

- Demonstrating evidence of recovery by disclosing the peer support worker's lived experience to service users, which provides them with a new opportunity to hope that they too can recover, function well in society and work.
- Peer support workers came across people who have been told they will always be ill and on medication for the rest of their lives, but the peer support workers have challenged this by example.
- Many service users who had worked with peer support workers expressed an aspiration to recover so that they could help other service users by making working as a peer support worker their long term goal.
- Helping service users and their families to see the positive side of being able to be upset or say no to something they feel will make them feel unwell.
- Being able to reassure the family of new service users that the service user can recover.

4.12   Peer support workers have been able to offer hope to service users at each stage of their illness and/or recovery and their input seems as valuable to someone when they are acutely unwell as when they are re-building their lives in the community and at the final stages of achieving their recovery.

I would say a peer support worker was beneficial at any time and probably to have somebody... When I was at my worst, if I had had a peer support worker then, I think it would've helped me a lot quicker because... speaking to

somebody who has been in the place that you are, the darkest moments, speaking to somebody that has been there and recovered is an inspiration in itself, so... (Service user)

Helping service users to open up and acting as conduits

4.13   Service users have reported being able to tell peer support workers things about their mental health and their thoughts and feelings about it that they would not tell other professionals. The types of information service users feel more open to discussing with peer support workers includes the darker side of their thoughts or behaviour that they feel professionals may not understand or will judge but they have confidence that the peer support worker will understand. However it is important to note that peer support workers also found it difficult to encourage people to talk to them and such successes were not universal.

4.14   In one pilot site, the peer support worker on an acute ward remarked to their clinical colleagues just how difficult it could be to engage with service users who may want to talk one day and not the next. They had expected that everyone would want to talk to them but found that was not the case. This helped the peer support worker appreciate the challenges faced by clinical staff in building relationships with service users when they are acutely ill.

4.15   Helping service users to open up relates to the unresolved issue of confidentiality and information sharing because some peer support workers seem to feel that they need to protect the confidentiality of information that the service user says cannot be shared with other staff members.

4.16   However, in the evaluation service users did not raise the issue of confidentiality, or say that the promise of complete confidentiality is the reason they share information. The service users seem to find it easier to express themselves to the peer support worker because they feel they will understand what they are saying because of the shared experience and the language used. Issues regarding confidentiality are explored further in Chapters 6 and 7.

Encouraging service users to take control of their own recovery

4.17   Some service users were frustrated and angered by the enabling approach of peer support and expected the peer support worker to make telephone calls on their behalf.   However, in keeping with the peer principle, peer support workers have enabled service users to build their confidence allowing them to take on more responsibility for both trying out new therapeutic strategies and the practical aspects of sorting out their own affairs and so aiding their recovery. One service user had not used the phone for 20 years but the peer support worker was able to give them strategies to help them to keep a clear head whilst making a call.

But people are so used to being told what to do they quite often perceive that you've done that and it's really important for me to make it really clear to them

that I didn't tell them what to do, you know, they told themselves. (Peer support worker)

4.18　Another peer support worker acted as a scribe to assist a service user to write up their story of surviving adversities in their life to help those around them understand them better.

Introducing new perspectives and strategies for wellness

4.19　Having an impact on service users has become increasingly integrated with having an impact on professionals. By challenging the views of professionals and opening the possibility to view service users in a strengths based way, there is also a benefit to service users. When peer support workers do share aspects about the content of their discussions with service users with the staff team, they act as a conduit, helping professionals to understand what can help service users which leads to an improvement in the quality of their care plans and assisting their recovery.

4.20　Peer support workers also have more time with service users than their clinical colleagues and as one peer support worker explained, the benefit of time allows them to help piece together people's points when they are mixed up and jumping from one issue to another, which could otherwise be interpreted as general incoherence.

4.21　Peer support workers have also been able to act as conduits by encouraging service users to try new strategies and access services that may benefit their recovery that staff have not been able to persuade them to do previously, or that staff have not previously considered. Peer support workers are able to explain how similar strategies have helped them in the past.

> *Well as I say, she's helped me to try and do things when I'm feeling bad. Whereas before I just wouldn't have bothered. I'll just say oh I'm not going out today, I'm just going to stay in the house sort of thing. But then on the days that she comes, I say well I've got to try and make an effort, you know. (Service user)*

4.22　Some wider service staff feel that the peer support worker is given more credibility from service users for what they say. They appreciated the fact that as a professional they could describe the same strategy for dealing with a mental health issue but it will not be acknowledged by service users in the same way as the same strategy suggested by the peer support workers would be.

> *Yeah, kind of, it's (forestry project) really, really good, it's an excellent project and he's just managed to actually get someone to go up there with him to have a look at it. And there's a service user, very, very resistant to any kind of change or to doing anything about his situation, he just feels he's in the mire with that but (the peer) has finally, after quite a bit of work I have to say, but he's finally got him to go there, so it's like, yay! (Wider service system)*

4.23   Wider service informants have observed changes in the service users they work with as a result of working with the peer support worker. For example in one site, the peer support worker helped a service user to overcome their fear of leaving their house within a few meetings whereas staff had previously had made little progress. In another site the peer support worker helped two service users to reduce their self harming behaviour.

4.24   One service user commented on the importance of the peer support worker introducing WRAP to them in terms of setting long term goals for their recovery.

Setting the impact on service users within a team context

4.25   There are many accounts of peer support workers making progress in terms of impact on service users that had exceeded the expectations of professionals, and the supervisor explained how they are aware of the potential discomfort it might lead to for professionals when the peer support worker makes progress where they have not been able to do so. It is important to acknowledge the successes of peer support work, whilst stressing that all of the team contributes using different approaches which have different, equally valid, effects on service users. In some pilot sites staff and peer support workers talked about the need to respect other's contributions so that you can judge your own impact realistically within that context.

> *It's hard to attribute somebody's recovery down to peer support because they're getting so many other aspects as well; they're having their medication, their psychiatry, input from the nursing team, perhaps an external support worker. They've got all sorts of teams working with them so you can't say that it's all down to peer support. But certainly we haven't had any negative feedback from anybody yet. (Peer support worker)*

4.26   Finally, recommendation is a very good indicator of satisfaction with a service. The service users responding to the survey felt strongly that if they had a friend who needed the same sort of help that they did, they would recommend a peer support worker. The service users felt that the peer support service could be improved by considering the carer perspective, continuing the service on discharge, group work, and more time and money being available to employ more peer support workers.

5 THE IMPACT ON PEER SUPPORT WORKERS OF TAKING ON THE ROLE

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Key Points Summary

- All peer support workers experienced challenges in developing this role particularly adapting to a new working environment and establishing effective relationships with service users and team colleagues.
- Through undertaking the role and overcoming the challenges they faced (with the support of their managers, supervisors, peers and colleagues), peer support workers mostly grew in their own confidence and experienced enhanced recovery as a result of undertaking the role.
- Although some peer support workers became unwell during the pilot, they and their employers tended to make constructive use of their experiences of recovery by integrating this further lived experience into the skills and knowledge they could offer in the role of peer support worker.

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Introduction

5.1   This chapter provides an analytical overview of the impact on peer support workers of taking on the role. A key aspect of this evaluation was to explore how being a peer support worker impacted on the peer support workers' own recovery journey, that is, whether and how they were able to work within the parameters of the helpers principle. Here we discuss this in three sections; the challenges faced, the positive impacts and the issue of periods of absence from work.

Anticipating and overcoming challenges

5.2   Peer support workers voiced concerns before they started their new role about what sort of challenges they thought they may face in their new role. These included experiencing resistance from other staff, developing good relationships with the team and the impact of offering a different point of view to the existing system. Other concerns included feeling pressure to make a good start to help gain confidence and show to others the benefits of the role. Some knew they were being placed into services that were being restructured, which added to some uncertainty about the future of the role and how peer support would fit in with service changes, along with much excitement about the prospect of facing these challenges.

Developing a new role

5.3   One major concern for peer support workers was taking on an entirely new role and the development this would require. In terms of developing the role, early challenges included developing referral processes, working out documentation requirements, resolving issues such as note keeping or writing inpatient user notes, preparing leaflets or posters to promote the service and creating systems to manage

information. This development of documentation was conducted within sites independently. Guidelines about the types, content and format of documentation for a peer support worker service would be advantageous in reducing the likelihood of duplication of effort and promoting high quality materials. Some examples of materials produced by peer support workers can be found in Appendix 14.

> *I think learning the actually nitty gritty job. I think the role is divided into two in a way, there's the development of the role, well three I would think. There is the actual development of the role of a Peer support worker, finding the niche, finding the way to work, fitting in with the team and developing a way of working, because none of that exists, there's nothing there. There's no guidelines, no one to copy, no one to mentor you, there's no role models, there's nothing and that's a huge challenge. (Peer support worker)*

Adapting to a new working environment and culture

5.4   Early challenges for peer support workers in the role included the transition they had to go through to understand the organisational culture they were entering, particularly in the NHS. Therefore, all involved in peer support should be mindful that existing professionals in the settings have had a long induction and adjustment period to the organisational culture through training, placements and internships. Alternatively, for the peer support workers the transition into the organisational culture was brief and could take time for them to feel up to speed on the way the ward functions.

> *I mean there's a lot, in a way it's quite difficult… going into a ward where the majority of people there are trained professionals, so they have had a process of almost internship or placements, to get used to, to learn about, when you're thrown in, in a way and you don't have that background knowledge, so it's going to take longer. (Peer support worker)*

5.5   From a personal point of view, for many the role signalled the return to work after a long period of time not in paid employment. This often had major implications in terms of adjustments or withdrawal of income support benefits.

> *Well for me getting used to doing full time work after not doing full time work and all that entails. (Peer support worker)*

Establishing boundaries with service users

5.6   One area of anticipated challenge was around what it would be like to work with service users; to establish boundaries, avoid any dependencies, to work out how to offer hope and how to gain trust. One peer support worker described his concern about knowing whether people would be ready to engage with him, as he could relate from his lived experience about a long period of not engaging with help or support from others.

> *Because I know sometimes I've had support workers and that they have come out to me and I just wasn't interested in what they had to say and what I had in my own life, and this is how I wanted to approach it, and this is what I was*

doing and no one was going to change it for me, so that's going to be one of the big challenges, is getting people to believe that it is possible. (Peer support worker)

5.7   An important challenge mentioned by the peer support workers was the content of the work itself in particular learning how to deal with challenging situations, hearing difficult information and empathising too much.

I really do care about the people that I'm working with. That's quite hard to deal with emotionally, because things don't always go right. People don't always have good days. And what I've generally found doing this job, and I was thinking about it around about Christmas time, was you tend to either have really good days or really bad days, and there doesn't seem to be much in between. Things either seem to work out really well or they're really not well. I think from that perspective I think I've learnt just to try and accept that, as opposed to anything else. (Peer support worker)

5.8   The potential to witness interactions that reminded peer support workers very closely of their own lived experience meant that the role can raise issues or sensitivities that may need to be supportively discussed, emphasising the need for clear supervision. Some reflected how the challenges they had faced in doing peer support work could be difficult, but going through those challenges they could also add to their own sense of strength and resilience.

Not unexpectedly, my mental health has probably been more challenged in the past six months than it has been for years and I guess it's that weird thing where you're fit enough to take a job but then you take it and find out you're more challenged. But I think being stretched has helped as well and gaining confidence, and it's helped me identify strengths that I've got to get myself through so there's not that dependency on other people. (Peer support worker)

Developing conducive working relationships with colleagues

5.9   There was concern about relationships with other professionals and the attitudes they might have towards peer support. The relationships with close team members were of concern to the peer support workers before starting, and for a great deal of peer support workers there was less resistance than they had expected. This was not always the case, with the most notable exception being the ward in which the peer support worker service was withdrawn, but overall, immediate relationships were supportive.

I thought they might take a negative or fearful or distrusting attitude. Not at all, absolutely not at all in the slightest. Again, that surprised me just how ready and willing they are to embrace peer support and to trust. (Peer support worker)

5.10   However in terms of ongoing challenges it was the attitudes of staff and professionals in the wider service setting that provided the greatest ongoing challenge to peer support workers. These challenges seemed to arise when the

model of peer support and recovery clashed with a more medical model. This could be particularly difficult in terms of working out how to challenge what was seen as practice that was inconsistent with recovery.

> *Other stresses are you can feel helpless sometimes when you see somebody being treated really badly by another member of staff and you know that if you confront them head on it will just cause a lot of problems, so you have to think well what's the best way of dealing with this, and it's just trying to lead by example. That can be a stressful time too. (Peer support worker)*

Positive impacts

5.11   There were a range of positive impacts in undertaking the peer support worker role. These benefits were wide ranging and are in some ways connected to the complex challenges discussed in the previous section.

Increased self confidence

5.12   The experience of working through the challenges of being a peer support worker led many to feel stronger, more confident and could give a great boost to the peer support worker's own self esteem.

> *In terms of personal development, my confidence has just within this month, has trebled, it's great. That knocks on to your own life. I mean I'm using my time and I'm using it valuably and it's just been fantastic, it's been marvellous. (Peer support worker)*

5.13   Many supervisors also noticed the impact of the positive benefits for the peer support workers in undertaking the role. Some felt they had seen transformations in the person they employed, with increased confidence and improved wellbeing.

> *She's very different from when she first came, she was very nervous, very quiet, she wasn't sure what, how exactly it was going to go. She's grown in confidence, things have been working out, she can see the benefits to the service users so she knows that actually whatever she herself personally is doing for them is working and that's great for your self esteem and for your confidence. (Supervisor)*

Enhancing peer workers own recovery journeys

5.14   The opportunity for peer workers to take their lived experience, which may have had negative associations, and use it in a way that was positive and beneficial for others offered much reward, and indeed was seen by many as extending and growing their own recovery journey. This led to a new perspective for some on the value of their lived experience.

It is allowing me to make something that I was trying to forget about, into making it valuable, to make it purposeful and beneficial. And I think that's a sort of positive reinforcement for my own recovery (Peer support worker) .

I think in a sense it's been very positive for my recovery, having meaning and purpose, but also being able to use my experience. It's been quite liberating to use it in a positive way and to give people hope and encouragement (Peer support worker).

5.15   Some peer support workers talked about lived experience as 'living experience' as they continued to live with challenges to their mental health and wellbeing and saw their process of recovery as ongoing. The positive impact of being a peer support worker was seen to help in the process of this ongoing journey of recovery. Some felt that they were experiencing further improvement in their mental health due to being a peer support worker, through facing the challenges of that role, continuing to learn more strategies for maintaining continued wellbeing and having a sense of meaning and purpose from using their lived experience to help others.

Actually yes, breaking it right down to symptoms, I was still experiencing the symptoms when I first started working, that I don't experience anymore, and they've reduced over time. (Peer support worker)

Experiencing the benefits of a structured and formal working life

5.16   For others the impact of being in paid employment was also beneficial. Whilst the transition back into paid employment was often very challenging, the structure of working and the financial benefits was seen by some as helping them to keep well.

It takes a while getting back to a routine again but it's having the structure back in my life which is helping me...it's helping to keep me well. Other impacts it's had on my life, financially. (Peer support worker)

5.17   Some felt that being in paid employment made them feel like they were making a good contribution to the community, plus they enjoyed the feeling of earning money and were hoping it set a good example to their own family members.

Absences from Employment

5.18   One point of concern raised about peer support workers, particularly from those in the wider service system, was how peer support workers would maintain their own wellbeing, particularly given the challenges of the role. In that sense there has been interest in whether peer support workers are likely to have greater periods of absence from employment than other staff members. Due to the size of this pilot, we can draw no conclusions on whether peer support workers are more likely than any other occupational group to have absences from work due to becoming unwell. However here we offer a discussion on the themes that arose concerning absences from employment.

5.19   From the point of view of supervisors, peer support workers were not seen to have greater absences than other staff groups they worked with, supervised or line managed. In fact, many highlighted the issue of high levels of absences in the NHS in general, and felt that was an important consideration when addressing the issue of absences.

5.20   From the point of view of peer support workers, the role did offer a definite mix of challenges and benefits for their mental health. Some peer support workers had experienced readmissions to hospital since starting in the role. When these admissions were not in the same service that the peer support worker was working in, relationships with colleagues were not compromised. In such situations, the peer support workers used the experience of becoming unwell and regaining a state of recovery to enhance the ways in which they could apply their lived experience to their role.

> *I had two admissions within ten days at different hospitals, but it's very much about….and then coming back to work and as I say, I wasn't admitted to this hospital, but it was very much about looking at it. Well you know that's part of my crisis and part of my recovery and hey these things happen and about kind of almost using it in a more positive way. (Peer support worker)*

5.21   Some had experienced periods of becoming unwell but had continued working. In these situations the period of difficulty was seen as a positive experience by peer support workers. In one example a peer support worker had a depressive episode and was observed, by her supervisor, to have 'tested recovery for herself'. The peer support worker herself described it as having been a time having '*peer supported myself, and it did wonders'*. In this sense having a challenge to mental health, and working through it as a peer support worker was seen as a valuable way to validate your own strengths and the strengths of the peer approach.

> *I would recommend it to a peer support worker. That is the thing that will make you the strongest, having an episode and coming through it, that is when your strengths really start (Peer support worker).*

5.22   When lived experience is your qualification for a role, then having another experience of a challenge to mental health may add to that breadth of knowledge and can be constructed as being helpful.

> *Well I had, when I went on a course recently I had a panic attack and I had actually forgotten what panic attacks were like but in a way I was able to look at that panic attack and think well I have a better understanding of that now and I can take that to my service user and I can work with that (Peer support worker).*

5.23   Others had become unwell and not been able to return to work. In this situation concerns were raised about whether the peer support worker had been in the right part of their own recovery journey to undertake such a challenging role. How to assess if an individual is in a place with their recovery that will allow them to deal with the challenges of peer working is an issue that was not addressed well

enough at a national level or by most sites, and warrants further attention.

5.24   A key issue also regarding absences was that if a peer support worker was placed in an unsupportive setting where recovery was not already embedded, to some extent this could in practice have a negative impact on their mental health. This serves to highlight the importance of identifying supportive settings in which to base peer support services.

5.25   The peer support worker role was challenging in terms of integrating within a clinical setting and providing support to a group of vulnerable people with complex needs. It is important that employers are open about the potentially stressful nature of the peer support worker role and that they emphasise the importance of peer support worker applicants being at an appropriate stage in their recovery to handle that level of pressure.

5.26   Finally, a key learning point is that when there needs to be clear agreement in place about what might happen in the case of a peer support worker becoming unwell. This may include reviewing the alternative services, so peer support workers are fully aware of the potential services they might receive. It would be ideal to avoid the situation of the peer support worker receiving care from colleagues, and it would appear to be best practice that peer support workers do not work in settings or with service providers they currently, or recently, received care from.

> *Ultimately I know that, which is why I keep, you know, one thing that I still come in, you know, because most of the time, I'd say ninety five percent of the time I feel better walking home than I do walking here, you know. Pushing yourself to do the job is like pushing yourself to stay well, so that helps, I couldn't do the job if not well so helps motivate me to stay well. To be ill would be easier. (Peer support worker)*

6 THE IMPACT OF THE ROLE OF THE PEER SUPPORT WORKERS ON THE SERVICE SYSTEM

Key Points Summary

- Peer support offers a unique and complementary role to mental health teams, strengthening a team based approach to recovery which formally values the contribution of sharing lived experiences, although some staff remained resistant to peer support.
- Peer support workers were able to bridge the 'them and us' gap that often exists between service users and professional teams by offering professionals further insights into the service user's own personal work in their recovery journey reminding professionals of the courage and efforts required for individuals to make progress.
- Despite initial difficulties, particularly around confidentiality and information sharing and the impact of this on the peer relationship, peer support workers were able to integrate well with their multidisciplinary teams, gaining respect and cooperation from most of their colleagues.
- Peer support workers have a great potential to further enhance and grow recovery orientated practice in settings that are committed to recovery.

Introduction

6.1   Overall the impact of peer support workers on the wider service system was very positive, with much feedback given about the important contribution of this unique role to teams as well as the challenges peer support workers presented to the wider service system. This chapter addresses the impact on the wider service system of the peer support worker pilot.

Changing the organisational culture

6.2   The idea that peer support workers might influence the culture of the NHS in relation to its approach to mental health and recovery was a long term aspiration of this development. Many site teams felt that leading change was not a reasonable expectation to place on the peer support workers, and in most cases it was not a key focus of the role.

> *Although all the peer support workers understand that they're going to be involved with a culture change in a respect we haven't made that a priority, the only priority that I ever talk to my peer support workers about is the outcome as service users, they're the most important. The peer support workers are definitely not paid enough money to go in and culture change statutory organisations and if I started putting that stress onto any of the peers it would be unacceptable. (Supervisor)*

Influencing the appropriate use of language

6.3   However feedback from most sites described the peer support workers as being part of a range of different recovery-orientated activities that are changing the culture of NHS mental health service delivery. Peer support workers were seen as making a contribution to this through modelling recovery and influencing team practice. One area of change highlighted was the language used by teams, both in terms of the use of very medically orientated language and challenging the use of informal humour used by staff.

> *And just in our team meetings we can't help fall into the language of professional background and for (the peer) saying 'Well, what does that actually mean? What are you trying to say there? Or what does that stand for?' It just makes you aware. Just keeps you aware of how easy it is to become enclosed in your thinking. (Supervisor)*

Bridging the gap between staff and service user

6.4   For some, it was hard to identify the peer support worker's specific contribution in challenging the culture, but others could identify aspects such as addressing the divide of 'us and them' by offering a bridge between service users and professionals.

> *I think it's quite powerful for the staff to see 'Oh gosh! They are just like us'. Because in a big institution you often get that separation of them the service users and us kind of thing. They don't eat together; they have separate toilets and all these sort of things. There's people in the office talking about service users and I think it does allow them to be a bit more challenged about their thoughts, beliefs and stigmatising behaviour and I think that's going to be quite powerful in maybe potentially breaking down barriers. (Wider service system)*

Using peer support with colleagues

6.5   Some supervisors and peer support workers identified the concern about how the peer support workers may be vulnerable over time to also absorbing part of the culture that they might be hoping to challenge. Some peer support workers came to adopt a strategy of peer working with professional colleagues as a way to promote that cultural change, which leads to working to change the culture from within.

> *What I have to do is I have to, if I want to be part of the team, I have to accept that almost non-recovery practice, but at the same time I challenge it. (Peer support worker)*

Reality check for professionals

6.6   From the perspective of one psychiatrist, it made a big difference when they were reminded by the peer support workers of the efforts people have to make to recover. According to the psychiatrist it can be very easy as a professional to pay little attention to this aspect of care. They feel that if the professional is not in tune

with the individual's own personal work in their recovery they cannot help the person as well as they could by acknowledging the effort involved for the individual to make progress. In other words, professionals need to know what it took (takes) for a person to recover. The psychiatrist in question felt that putting this acknowledgement into practice required an awareness of their own journey in understanding the service user's recovery process, and learning about the courage it takes for them to move on.

> *A bit of humility by professionals helps…it's a two way thing and what the person is dealing with is more than the frustration professionals have to deal with when things go bad for the service user. Professionals have to go past their own professional agenda to remember this and acknowledge the effort in their practice, even when they are so busy. (Psychiatrist)*

Impact on teams

6.7   The impact on the teams was very positive overall. In all settings there were instances of challenging relationships between some peer support workers and clinical or support staff, but as the pilot progressed there was a growing sense of supportive relationships.

Helping clinical staff to enhance their skills

6.8   The strength of the peer support worker role was sometimes described as being able to offer a bridge between clinical staff and service users, which could enhance communication, understanding and facilitate the resolution of conflict. The peer support worker role could be seen as a different approach or as another tool to draw on in working with service users. Some described this as being beneficial for service users, but also beneficial for the clinical staff by helping to enhance and grow their own skills too.

> *Yeah, it is a different way of engaging, but there's still something unique about them. I think my practice has improved working with X, it has improved, but I still think she's uniquely different from me and I still think she can bring something different to what I can. (Wider service system)*

6.9   The presence of the peer support workers was seen to model hope and recovery to service users, but what was less expected was that it would also model recovery to the clinical teams. Both peer support workers and the clinical teams felt it offered encouragement to clinical staff about keeping in mind that people do recover, and the peer support workers model this.

> *They get to see someone who's actually well and working well, and actually helping them with… trying to help other people. That's really a positive influence for the team. I think I do bring quite a lot to the team, I feel like a valued member of staff. I feel they think of someone who needs something, I can bring something that nobody else in the team can bring to that, in terms of the support that I do. (Peer support worker)*

Building relationships with team colleagues

6.10   There was recognition by the peer support workers that the teams might have had reservations about the potential for the peer support workers to become unwell. This was particularly the case where the peer support worker had used services locally. This issue was seen as something that the teams needed to work through over time, and that this could be resolved through open communication and by gaining experience of each other in new roles.

> *Some staff members it's had no effect on whatsoever, and I don't think anything would have any effect on those individuals. Other people...the ward that I first started working on, my own personal consultant works on that ward and he had more issues with it than I did when I told him that I was starting work and that he would see me and I would probably feedback to him at some point about people on the ward. It was difficult for him initially, and then he said well, I see how you are about it and you're quite open about it so I'm going to be the same. So he's good. He's started talking about the positives that peer support work has and he shares that with his CPNs, etc. (Peer support worker)*

6.11   Some of the greatest challenges to working in teams were where there was a lack of clarity about the role amongst other staff, despite efforts to raise awareness amongst staff about the role. Those on the same job banding as a peer support worker often offered particular resistance to the peer support workers.

> *I think it's the banding, because the people who have the most difficulty, are those who are the same band as me and there's been a lot of trying to get me, here's a job for you, by the way I've got a little task for you and it's been from people on the same banding, who maybe have been nursing assistants for years and years and years and think, look this person has come in on a band two and what are they doing, they're not doing what we're doing. (Peer support worker)*

6.12   In most pilot sites staff who felt threatened by or sceptical about the peer support worker role gradually overcame this by asking the peer support workers questions and observing their practice on a daily basis. This highlights the need for employers to invest in educating their staff about the value of peer support and how it fits within their service. In the end, peer support workers were seen to bring a unique strength to teams that enhanced the whole team.

6.13   For some peer support workers it had been a journey to discover that their views on the peer support worker role might also have needed to shift in order to develop relationships with teams, as those relationships were very important to enhancing the role.

> *What I've learned is that initially you have to work very, very hard to become part of the team because I don't think you can achieve anything comfortably – you can probably achieve a lot but it might feel very, very uncomfortable –*

without being part of that team, and I think it means you've got to be quite open and honest and chatty and a bit tough in terms of they will ask you questions about your own mental health, and not take it too much to heart. (Peer support worker)

6.14   The peer support worker role was originally focussed on working with service users, and this was a key part of the role. However the contribution of using a peer approach with teams and colleagues was also clearly valuable. For some, they began in the peer support worker role with a strong desire to effect immediate change. This led to difficulties in developing good team relationships. However using a peer approach with staff both modelled the approach and opened a more productive way of offering new perspectives to the team.

At the start I did approach it too enthusiastically and I wasn't really using my peer skills with the medical team. It was new to them as well and with hindsight, they must have thought she doesn't know what she's talking about, but we're getting there now. (Peer support worker)

Establishing appropriate levels of integration to NHS working practices

Confidentiality

6.15   The wider service system participants acknowledged there were many reservations about what it was going to be like to have peer support workers in their teams. There were concerns about what the role would be, and how they would establish shared working practices in particular, note taking and confidentiality. In most sites these issues were resolved as the pilot commenced and working practices were developed as the understanding about how the post would function grew.

You… at the very beginning think, well how's this going to be. Is it going to work out or are these individuals going to be able to maintain confidentiality and things like that. How are they going to work; are they just going to be allies of the service user against the doctors of… so those things but, I mean, that pretty soon became apparent that wasn't going to be an issue. (Wider service system)

6.16   However in some sites issues around note taking continued, and this highlights the need for teams to make clear decisions about how the peer support worker can best integrate into the team whilst feeling they are maintaining the integrity of the peer approach and the trust relationship they had with service users. In some areas peer support workers felt that they were being asked to break levels of trust and confidentiality promised to service users by writing about the content of their discussions in the notes. Some peer support workers also preferred not to be influenced by any medical or clinical information about a service user, which raised serious concerns about risk assessments. This raises the issue of how far peer support workers should be integrated within their team to add value to that team whilst also maintaining their distinctness as a peer of the service user.

Adapting to individual skill sets

6.17   Another challenge for sites was the process of learning about the diverse range of skills and experience within different peer support workers, and how to develop expectations that were individually appropriate for the style of each peer support worker's approach. Some peer support workers had previous professional qualifications, others did not, and gaining clarity about what being a peer support worker means within a team may need to be considered on an individual basis.

> *I think what more recently I picked up at the second steering group meeting was the two peer support workers were doing things rather differently. I hadn't really picked that up very much to be honest. (Wider service system)*

Peer workers using mental health services

6.18   One key challenge that there was not sufficient clarity about, was the prospect of peer support workers requiring the use of mental health services whilst also working for mental health services. Some sites were concerned about this happening, in other sites this had happened (as discussed in the Chapter 5's section on absences) and there had been a range of conflicting views about how to deal with this. The main approach to this was treating peer support workers as any other employee might be treated, that is, to be given the opportunity to use mental health services outwith their geographic area. However in practice this strategy was not successful because the on-call psychiatrists did not know about these crisis plans and the peer support workers when unwell wanted to be treated by staff they knew. In retrospect however, being treated by people they knew caused further tensions. This raises the issue of whether peer support workers should be employed in areas outwith those from which they receive treatment.

6.19   One further challenge for teams included the temptation to use the peer support worker in other roles, such at attending meetings, delivering training and promoting peer work in other areas. Whist this was mostly because sites were enthusiastic about the role, most posts were part-time and this could quickly take away from valuable time working with service users.

> *I just think it was because we were trying to probably be too over-inclusive actually and as a result of that we tagged her up with other things to do which is not really ultimately what we wanted her to do like attend meetings and stuff like that. (Supervisor)*

Unique and distinct features of peer support

6.20   There are many things that the peer support workers offer and do that are unique (the section on defining peer support in Chapter 3 describes this in detail), however there is one key aspect of their role that makes them particularly unique and offers a key strength to teams, and that is the role of using lived experience as a strength. Many peers were clear that they worked with colleagues who also have lived experience, which they are not open about, where peer support makes use of

being open about lived experience as a key skill.

> *Well I know professionals have experience, but they can't be open about their experience, whereas I can shout it from the rooftops. The other day I had said to somebody, just as an example, I said have I met you? And she said, who are you? And I said I was a peer support worker. What does that mean? I said, I've got a history of being doolally. She says well what's your diagnosis and I said it doesn't matter about my diagnosis, but I suppose my diagnosis was manic depressive or bi-polar. It's like high five, do you know what I mean and it was just lovely that this is empathy, part of the gang type of thing you know. (Peer support worker)*

6.21 With shared lived experience as a foundation there were other unique aspects of the role, which the peers increasingly saw as being key add-ons to complement the whole team approach in mental health. This included building more empathetic and open relationships, which could overcome the power dynamic that might happen in a staff-patient relationship.

> *I think one of the benefits is that they're coming in with their own experience and able to use that in forming relationships with people that perhaps feel on a more equal footing than patients might have with the sort of staff–patient relationship. (Supervisor)*

6.22 Mutuality through thoughtful sharing of experience was a key for being able to model recovery and offer hope to service users in a unique way, that no other person in the medical team could do.

> *Yes, I think the work that they do with people is about promoting hope, and the peer support workers I think are very skilled – and it came through I think in their training – about knowing what's appropriate to share, so they're not leaving themselves feeling completely exposed. (Supervisor)*

6.23 Whist some of the activities a peer support worker might do could overlap with other roles, such as support workers, the mutuality in the relationship could make space for working together in a different way that would complement other team relationships.

> *Basically as a peer support worker I'm like a support worker except I use my own lived experience of mental health challenges to support people and that's usually what I say because that's a very quick, clear, concise way of putting it. Then what I would go and say is, the main thing that I have found about that is, which is that it's actually really quite a special bond that you can build up with people. The empathy is really quite special and it's a different type of relationship because there's a mutuality in there, whilst I'm a professional, I'm an equal to the person that I'm working with. (Peer support worker)*

7   CONCLUSIONS AND RECOMMENDATIONS

Introduction

7.1   The local sites who participated in this pilot have been at the forefront of the introduction of one of the most innovative approaches to supporting mental health service users through their recovery journey in Scottish mental health services to date. This evaluation suggests that peer support working, in combination with the range of recovery based initiatives (e.g. Scottish Recovery Indicator, TIDAL) already in place has the potential to make a significant contribution to effecting a fundamental shift in the way traditional statutory mental health teams operate and interact with their service users.

Evidence supports roll-out of peer support working

7.2   The evidence from the pilot would indicate that the roll-out of peer support working across mental health services in Scotland and beyond would have a positive impact for service users. However, given the considerable challenges associated with setting up, delivering and sustaining a peer support worker service, it will be important to develop a clear set of national guidelines for the effective implementation of peer support working within both statutory and voluntary services. Clear and consistent championing of peer support from senior managers and policy makers at local and national level combined with practical support is also an essential ingredient for successful roll-out.

7.3   This chapter revisits the key objectives of the evaluation and explores the possibilities for the future of peer support in mental health services in Scotland. Based on the evaluation findings, a range of factors necessary for the effective implementation of peer support working are then identified. Finally, as one evaluation participant commented there is no black and white in mental health services, and introducing peer support has raised a number of important (but as yet unresolved) matters which are set out for further consideration by those who will be involved in the roll-out of peer support working and other interested parties.

Impact on service users

7.4   The impact of the role of the peer support workers on service users has been on the whole positive, with peer support workers able to:

- Provide service users with hope of recovery and aspirations for the future at all stages of mental ill health and recovery.
- Act as a conduit between service users and clinical staff, providing both groups with further insight into each other's perspectives and enabling them to approach recovery using new strategies which are helpful to service users.
- Empower service users to take more control of their own recovery through enabling activities and using WRAP.

7.5   Service users on the whole seemed to welcome the option of working with a peer support worker at any stage of mental ill health and / or recovery. In a few cases, service users who did not understand the role of the peer support worker and objected to their enabling approach rejected the peer support worker's help.

Impact on peer support workers

7.6   The impact on peer support workers of taking on the role and the extent to which they are able to promote and maintain their own recovery has also been explored in detail. Peer support workers were faced with a number of challenges, such as:

- Adjusting to employment after many years of not working.
- Developing their role from scratch.
- Learning about their new working environment.
- Integrating with teams whilst challenging non-recovery focussed practice within those teams.
- Being confronted with service user problems that reminded them of their own most difficult times.

7.7   Dealing with these challenges (with the support of supervisors) helped peer support workers to gain confidence and self esteem regarding their contribution towards helping others and influencing NHS culture. For many peer support workers this contributed to their going further in their own recovery journeys. Although some peer support workers became unwell during their period of employment, this was approached by them and their employers in a positive light, and peer support workers tended to make constructive use of their experiences of recovery, refreshing their knowledge.

Impact on service system

7.8   The impact upon the service system and the service culture, values and practice has been considerable given the short space of time peer support workers have been in place. Peer support workers have learned about the art of influencing change by trial and error and raised this as an important learning curve. Peer support workers seem to have been effective in breaking down barriers around the 'them and us' culture that still exists within many NHS services. Even those teams which are quite progressive in terms of their recovery approach have found that the peer support worker has helped them to be mindful of the principles of recovery and develop more effective strategies for applying this to their practice.

7.9   A conclusive finding was that the type of organisation within which the peer support worker should be based does not seem to matter as the peer support workers thrived and had positive impacts on service users and culture in a range of settings. What really matters is that the service or team in which peer support workers are based must be open to and starting to implement a recovery focussed approach to their practice.

Uniqueness of peer support

7.10   Many factors make the peer support worker approach distinctive and positive, the main one of which is the way in which peer support workers are able to use their lived experience as a strength and share this with service users and other mental health specialists with positive impact. Another key feature is the ability to use their great insight, empathy, and commitment to mutuality in their relationship with service users which has helped teams to overcome the 'them and us' relationship which is prevalent in mental health services and be more effective in the service they offer. Peer support workers were viewed by many of their staff colleagues as a unique and essential part of the multi-disciplinary team.

Factors that contribute to the effective implementation of peer support working

7.11   The experience of the pilot teams has provided the opportunity to learn from good practice examples, mistakes and strategies that have contributed to and hindered the process of implementation of peer support at a national and local level. From this it has been possible to identify a number of factors which should contribute to the effective implementation of peer support working leading to improvement in services. These factors cover the set-up of peer support working as well as the conditions required to ensure the integration of the peer support worker into the wider team. They are particularly applicable when an organisation is introducing peer support working for the first time, but should also be used to further develop and assist the roll-out of peer support working in the sites involved in this pilot.

Deployment

7.12   When deciding on which organisations and settings to deploy peer support workers it is important to consider that:

- Peer support can be based in any setting that is recovery focussed in ethos and starting to apply that focus to their practice.
- Some settings are more challenging than others and those that are more challenging such as acute inpatient wards might suit peer support workers with more experience and confidence.
- Partnerships between voluntary sector service providers and the NHS have advantages in providing peer support workers with a supportive base and enhancing joint working between these sectors.
- To ensure continuity and maximum impact for service users, peer support should be available in acute and rehabilitation inpatient and community based teams, however caution should be exercised if peer support workers having to 'follow' patients through their care journey as psychiatrists do, as this could be too intensive a workload for some.
- Placement of peer support workers in environments where they can build longer term relationships is likely to increase their opportunities to introduce WRAP and effect a more lasting impact on the service users that they work with.

Employment conditions

7.13   Peer support workers should be treated the same as any other employee in relation to their employment terms and conditions. Where support for peer support workers is felt to be insufficient, this may highlight that employment conditions would likely be best reviewed in relation to the whole staff team. In addition, however, arrangements for when a peer support worker becomes mentally unwell may need to be developed on a case-by-case basis.

Recruitment

7.14   The following factors will be important in assisting the recruitment process:

- Standardisation of a core peer support worker job description that fits with 'Agenda for Change' requirements would assist efficient recruitment and fairer grading of jobs within different NHS boards and the voluntary sector.
- The criteria required for peer support working, alongside a lived experience, should include good communication skills, positive attitude to recovery, and knowledge of a range of self management strategies. Employers should be open about the potentially stressful nature of the peer support worker role (in particular integration within a multi-disciplinary team and working with individuals with severe and complex needs) and emphasise the importance of peer support worker applicants being at an appropriate stage in their recovery to handle the pressures involved.
- National information and guidance for Occupational Health professionals regarding raising awareness about the peer support worker role should be put in place to avoid misunderstandings that can be difficult for peer support workers.

Preparation

7.15   Preparation for employment is essential for peer support workers to be equipped to integrate well with their new team. The following aspects of preparation are essential:

- Peer support workers should be formally trained on a nationally recognised course.
- Training needs to involve preparation for return to employment, including addressing the management of benefits, if not through providing information then by facilitating good links to appropriate supports.
- Peer support workers need to be provided with training or information that can help them to understand what it is like to work in the NHS or wherever else they will be employed, taking into account ethos as well as systems and procedures such as line management and note taking.
- An essential element of preparation should relate to being an agent for change, with an emphasis on the apparently successful strategy of having 'peerness' with colleagues - taking a gradual approach to influencing change, rather than taking a confrontational approach.
- Staff on teams that will be introducing peer support should be given some training on the peer support worker role and how it will fit in with their role as

well as general awareness raising about the advantages and challenges associated with peer support.

- A full and thorough induction should be offered to all new peer support workers, taking into account the above points and those below relating to integration.
- Further in-house training should be considered for peer support workers such as suicide prevention training (e.g. ASIST[6],SafeTALK), values and recovery based training (e.g. Realising Recovery, TIDAL) and management of aggression particularly in acute and intensive treatment settings.

Integration to the team and organisation

7.16   Integration of peer support workers with teams created multiple challenges for peer support workers, their teams and managers. The following recommendations should ensure that many of these challenges are addressed head on prior to and during the employment of peer support workers:

- Strong support from senior service management and psychiatry should create the conditions necessary for a supportive and progressive working environment for peer support workers.
- Peer support workers should only be placed in supportive environments as a way to enhance, but not introduce, recovery.
- Teams should be clear about how the peer support worker role will fit in with their current practice and team working systems including information sharing, and where possible, operational policies should be reviewed to accommodate the peer support worker role.
- Documentation should be produced for referral processes, note keeping or writing inpatient user notes, to promote the service.
- Systems to manage information about peer support worker activity should be developed.
- Room should be left for the peer support worker and their team colleagues to develop the peer support worker role gradually but systematically.
- Opportunities should be provided for teams to discuss and review the potential and actual impact of peer support on team and individual working and practice prior to and following the introduction of peer support workers.
- Peer support workers must be fully involved in any team reviews following significant events e.g. suicide.
- Information materials (such as leaflets) about the nature of peer support, how it can be of help and how to access the service should be made available to service users with contact details of an individual(s) who can provide further information.

Support and Supervision

7.17   Good support and supervision is required for the peer support worker to be effective in their role, and the following recommendations are offered:

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[6] ASIST (Applied Suicide Intervention Skills Training)

- Peer support workers require supervision and support in two main areas. They need support to help them maintain their recovery and wellness during employment as well as support from within their team to address the development of their role and any operational and employment issues.
- Peer support workers must have access to trained peer support supervisors internally and (where appropriate) externally. In addition there needs to be clarity amongst all involved about the differences between the roles of supervisors and line managers and how these can complement each other.
- Additional support should be available if it is needed when challenging events occur.
- Peer support workers should have ways to connect to other peer support workers and/or those who are very knowledgeable about peer support to be able to reflect on working with peer working principles. This might take the form of local or national learning sets or more informal local approaches to sharing good practice.
- Supervision should be challenging as well as supportive to peer support workers in order to allow them to reflect on their own practice objectively and develop from this.

Building in sustainability

7.18   Sustainable and available training for peer support workers is required to ensure that new peer support workers can be employed. Until then, it is not expected that a rollout of any magnitude will be possible.

7.19   Peer support workers' absences from work could be viewed constructively by them, their employers and colleagues in that when an absence is due to mental health problems, the process of the peer support worker regaining their recovery can enhance the approach they take to drawing on their lived experience to support others.

7.20   Employers will also need to build in strategies to provide cover for long term absences.

National support

7.21   The pilot helped to identify a number of ways in which national support for the rollout of peer support working could be delivered, including:

- A number of evaluation participants (especially those involved in employing peer support workers) identified a need for a clearly identified national champion for peer support within the Scottish Government Mental Health Division. The Scottish Recovery Network currently provides a national lead for peer support developments within Scotland and this role should be reinforced.
- National facilitation of networks/learning sets should be available for peer graduates, employed peer support workers and non-peer trained people such as clinical service managers involved at pilot sites and in other areas where they want to introduce peer support working.

- A lead should be taken on providing outline information and guidance that can be used by local employers to raise awareness of the peer support role within periphery services such as Occupational Health who will be less directly involved in the recruitment and employment of peer support workers but still play a crucial role.

Issues for further consideration

7.22   A number of issues remain unresolved and should be considered by those who will be involved in the roll-out of peer support working within Scottish mental health services and with other interested stakeholders. These issues are:

- To what extent should there be standardisation of the peer support worker job description?   Which elements of the role are core and which are interchangeable?
- Should / can there be a standard pay scale for the basic peer support worker role?
- To what extent should peer support workers share information with their team colleagues about their work with service users? (Taking into account issues around service user confidentiality and trust as well as bridging the gap between clinical staff and service users).
- In what ways should peer support workers access and use previous clinical and risk assessment information about service users?
- What level(s) of responsibility can peer support workers take on in their basic role and in what ways and to what extent can/should this develop as peer support workers become more experienced?

Future for the peer support worker role and peer support in general

7.23   The long term objective of how peer support should feature within mental health service delivery in the future is not clearly defined and those involved in the pilot offered different perspectives on this, including:

- Lived experience becoming an essential element of any multidisciplinary team in mental health services.
- Peer support workers become 'professionalised' with formal training and qualifications and remaining a unique part of a multidisciplinary approach to care.
- All mental health professionals providing an element of peer support at different levels, drawing from their own lived experiences.
- Peer support workers playing a key role in service planning committees.

7.24   It will be important to develop thinking on this issue as it does seem to have an impact on the way in which the different stakeholders within this pilot have approached the deployment and integration of the peer support worker role. Some teams have sought full integration and others maintained a sense of autonomy around the peer support worker role as slightly separate from the rest of the team.

7.25   The way in which the peer support worker role can develop in the future in terms of responsibility and remuneration is also dependent on a shared long-term goal for the future of peer support in mental health services in Scotland.

GLOSSARY

Acute Admission Wards

Acute settings offer short stay inpatient user mental health services to people experiencing acute episodes of mental illness. They receive service user referrals from primary care, outpatient user services, and other agencies.

Agenda for Change (AfC)

Agenda for Change is a major change programme in the NHS. It will modernise pay structures, assist service delivery of service user care, aid recruitment and retention and allow for personal development of staff. It applies to most NHS staff, with the exception of doctors, dentists and some managers.

Lived Experience

Lived experience refers to the expertise acquired by peer support workers via their experience of mental illness and recovery.

Mental Health/ Wellbeing

Mental health is a property of individuals, communities and societies. Mental health and wellbeing includes both how people feel- their emotions and life satisfaction- and how people function- their self acceptance, positive relations with others, personal controls over environment, purpose in life and autonomy. (Towards a Mentally Flourishing Scotland, 2009).

Mental health and mental illness are linked but separate. Some people who experience mental illness may also experience good mental health. Other people who do not have a mental illness may experience poor mental health.

Mental Illness

A mental illness is a mental health problem with signs and symptoms that meet internationally recognised diagnostic criteria such as the ICD-10 or DSM.

NHS Bandings

NHS pay under Agenda for Change is determined by a scale divided into 12 bands and 58 scale points. Each band contains between three and eight points. A post would usually be described by a band and point, or range of points (e.g. Band 3 Point 9).

Peer Graduate

A peer graduate is a person who has successfully completed a recognised training course, to deliver peer support on the basis of their lived experience.

Peer Support Worker

A Peer Support Worker is a person employed to use their personal lived experience to deliver mental health services.

Recovery	People can and do recover from even the most severe mental health problems. Recovery means having the opportunity to live a satisfying and fulfilling life in the presence or absence of ongoing symptoms. No two people's recovery journey or experience will be the same.
Recovery Focussed Care	Recovery focussed care is care and treatment for mental illness that encourages recovery from mental illness, by offering tailored services that assist individuals to identify and pursue the options that help them find and maintain recovery.
Scottish Recovery Indicator (SRI)	The Scottish Recovery Indicator **(SRI)** is a mental health service development tool. This tool has been designed by the Scottish Recovery Network to help mental health services ensure that their activities are focussed on supporting the recovery of the people who use their services. In doing so it highlights issues in relation to inclusion, rights, equalities and diversity. http://www.scottishrecoveryindicator.net/
Scottish Recovery Network	The Scottish Recovery Network is a vehicle for the sharing of knowledge and ideas around recovery. It was launched in 2004 as an initiative under the National Programme for Improving Mental Health and Wellbeing. The Network itself is comprised of a loose affiliation of organisations and individuals, from varied backgrounds, who all share an interest in efforts to promote recovery. http://www.scottishrecovery.net/
Service User	In this report, the term service user describes a person who was using mental health services (which may have included the peer support workers) at the time of the study.
Tidal Model	The Tidal Model was the first recovery model developed with nurses and people who use mental health services. The model is about thinking of ways people might reclaim their personal story as a first step to recovering their lives. http://www.tidal-model.com/
WRAP	Wellness Recovery Action Planning (WRAP) is a tool for assisting individuals to find their recovery, developed in the United States by Mary Ellen Copeland. WRAP Facilitators receive specific, validated training to deliver the intervention.

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APPENDIX 1   PILOT SITE CASE STUDIES

Pilot Site Case Study: Glasgow

Preparation and set-up

Recruitment

The pilot in Glasgow employed four part-time peer support workers in June 2008 to work across three acute adult mental health wards. The three Ward Managers all received peer support supervisory training to line-manage the peer support workers. In addition an external supervisor, a peer graduate who had taken the peer supervision course, was appointed. The Glasgow peer support worker job descriptions were given a Band 3 from 'Agenda for Change', which is similar to a Nursing Assistant level, and the peer support workers are subject to the same policies and procedures as all NHS staff.   This was felt to place value on the peer support worker's life experiences, although they feared they might face challenges from Nursing Assistants who might be earning less than this. The senior manager on the pilot team discussed the role of peer support worker with Occupational Health in advance of recruitment, which assisted the efficient recruitment process.

Awareness raising

Prior to the peer support workers commencing employment, the senior management team and the external supervisor visited all of the wards to raise awareness about the role, explaining the peer support ethos and how they expected staff to embrace the challenges ahead. Ward charge nurses also held meetings for trained and untrained staff (who they felt might feel most threatened). Service users were also met with and given job descriptions and handouts relating to peer support workers, and asked to discuss issues with staff if they wanted to. Despite these awareness raising efforts, the peer support workers felt that they were met by staff who did not really understand their role.

Training and induction

The peer support workers undertook the national peer support training and Wellness Recovery Action Plan (WRAP) training in preparation for their posts. The peer support workers used WRAP to manage their own recovery but questioned its relevance in short stay acute wards due to the lack of time to introduce the document to service users who can be in from just one night to four weeks, along with lack of readiness for service users to develop their thinking about their recovery. When deemed appropriate, the peer support workers encouraged service users to use WRAP but this was not a key focus of their activities. In post, the peer support workers were trained to use the TIDAL recovery model. Although management of aggression training was planned for them, it had not taken place at the time of the evaluation. There was a brief formal induction process based on general orientation towards who peer support workers would work with and report to.

Service Delivery

The peer support workers operate on a non-referral basis and do not carry a

caseload. Peer support is delivered in an informal way, with the peer support worker introducing themselves to potential service users generally as they arrive on the ward, or being specifically directed to a service user by a ward team member. On one ward, the peer support worker had an allocated room to see service users in and on other wards peer support workers work within the common areas of the ward and seek out a quiet space to have confidential discussions with service users. Charge nurses suggested that peer support workers could link to Service User Activity Coordinator Nurses on wards, which helped peer support workers to feel involved. Activity is recorded within the service users' case notes and outcome data will be collated via local evaluation using staff and service user surveys.

Issues

The main challenge was successful integration into ward teams as there was quite a lot of resistance initially and lack of information about what the role was. Some staff were worried that peer support workers were going to take over their roles. There were also challenges with individual peer support worker's income impacting their welfare benefits due, in some cases, to the limited hours being worked. Peer support workers supported each other when they could, but they worked at different times and on different days which was difficult. Support is not always available on the wards but this varies depending on peer support workers. The external supervisor has been off sick which has been difficult.

Challenges

- Resolving information-sharing boundaries between peer support workers and the team, and associated confidentiality issues.
- Ensuring the line management and supervision system works to provide peer support workers with the necessary support.
- Acknowledgement of the long haul required in achieving recovery-focussed services.
- Sustaining and rolling out the service with no trained peer support workers to recruit to new posts.
- Whether to extend peer support work to the community.

Strengths

- Efficient grading of jobs and recruitment.
- Senior management support and hands-on project management.
- Strong pilot team that has worked with peer support workers to resolve problems and identify learning to improve future service delivery.
- Clear positive impacts for service users.
- Gradual culture shift and acceptance of peer support workers amongst staff who were initially sceptical.

Pilot site case study: Aberdeenshire

Preparation and set-up

Recruitment

The pilot in Aberdeenshire is funded by NHS Grampian but based within the community and is run by the voluntary organisation Penumbra. The development team drew on guidance from colleagues already running peer support services elsewhere in Penumbra. It was felt that because the Penumbra team in Fraserburgh already had a recovery focus and was enthusiastic about the peer support worker role, it would be appropriate to place the peer support worker there. The team already had good links with the local Community Mental Health Team and they felt that peer support would fit well with their commitment to a recovery-focussed approach.

The wider service structure was that of an organisation already providing support worker roles, although not on a peer basis. The peer support worker was seen as a way to add to the breadth of expertise that Penumbra could offer as a service. There is one peer support worker based at this site. One peer support worker was initially due to start in May 2008 but was eventually not employed. It took a long time to re-recruit to the post as it is a rural area and few people had undertaken the peer support worker training. A new peer support worker started on 1st December 2008. This individual previously had another role within Penumbra and so had an established relationship with the team. The peer support worker is line managed and closely supervised by the Support Manager in Fraserburgh and receives support from other Penumbra Team staff and the Penumbra Regional Manager. The standard recruitment processes used by Penumbra were used, but notably as a non-NHS site there was no requirement to undergo 'Agenda for Change' grading. The job is based on a support worker job description, with a peer support role.

Training and Induction

The peer support worker undertook the national peer support training and Wellness Recovery Action Plan (WRAP) training in preparation for their post. The peer support worker induction period lasted approximately two months, and during this time the peer support worker led awareness raising and networking with social work departments, the Community Mental Health Team and other key professionals in the area to encourage referrals. There was a clear emphasis on moving at a slow, careful pace, being driven by their own needs rather than the timeframe of the pilot, which worked very well, despite feeling some pressure to move at the pace of the national pilot timeframe.

Service Delivery

Between February and early May 2009, the peer support worker had seven referrals which continues to rise. The peer support worker receives referrals via the Community Mental Health Teams in the wider area. There is an official referral process that takes place. If a health professional wants to refer one of their service

users for peer support they fill out a referral form. The referrer and the peer support worker then meet to discuss the referral before both the referrer and peer support worker jointly meet the service user for the first time. The peer support worker then arranges meetings with the service user until it is felt it is appropriate for this relationship to come to an end. The service emphasis has been to deliver a greater amount of time to a smaller service user case load, rather than trying to achieve a high number of referrals. The peer support worker covers a large area and thus spends a lot of time travelling. The frequency of contact varies per service user, based on individual need. The contact usually starts with a few times a week for a few hours, depending on travel and need. Contact will lessen over time as the relationship develops and the service user progresses. Use of WRAP depends on appropriateness for individual service users. The peer support worker uses WRAP for personal support.

Future plans

There was an aspiration for the pilot to be expanded and other people trained on how to use their lived experience, but this will depend on the availability of training. This includes professionals who are already working in mental health services who have lived experience of mental health problems.

Challenges

- Early difficulties in recruiting to the peer support worker post.
- Few people to draw on to recruit to the post.
- Geographical isolation means much time can be spent on travelling.

Strengths

- Excellent pre-existing strengths in service delivery structure and commitment to recovery.
- Close and supportive team.
- Choosing to maximise the strength of placing peer support where there were already excellent working relationships in place.
- Effective awareness raising which has resulted in wide support and a steady stream of referrals.
- Some early success from referrals which is further increasing support for pilot.

Pilot site case study: Tayside

Preparation and set-up

Recruitment

The pilot site in Tayside is a partnership between Augment and the NHS, with Augment being the lead organisation. The pilot is funded by Community and Mental Health Services and Level 1 Services in Angus as well as some voluntary organisation funding from Augment. A key strength in Tayside was the way in which having a voluntary sector lead avoided the pilot being held up in the bureaucracy surrounding the creation of a new NHS role. This led to Tayside being the first site to commence work, and therefore the site that has run for the longest period of time. The pilot used a local newspaper to advertise the role and training course and received a lot of interest.

The pilot started with three part-time peer support workers in March 2008 but Augment found funding for additional hours and thus recruited for another part-time peer support worker who began in November 2008. Two of the original peer support workers resigned from their posts and so two replacement peer support workers were recruited and began in December 2008. Four peer support workers continue in post.

Originally the peer support workers were placed in two settings, one being attached to Community Mental Health Teams, and the other was on an acute ward in a local psychiatric hospital. All peer support workers have been placed in teams that they have not personally received mental health services from. However all peer support workers had a central base in the Augment offices.

Training and Induction

The peer support workers undertook peer support training and Wellness Recovery Action Plan (WRAP) training in preparation for their posts. The first round of peer support workers undertook the national peer support training but the second round of peer support workers took part in peer support training run by a different UK based training organisation. Augment has a unique situation in that it is a service user led organisation, and had the capacity to offer an extended induction period that allowed for peer support workers to further develop their skills in a closely supervised situation. They were also able to draw on their own resources, experience and partnerships to develop a training course for new peer support workers. This self developed course was able to incorporate new topics, such as the administration, management and documentation skills needed for the role.

Service Delivery

The service has developed into a different configuration of delivery over time, with services now fully associated to the Community Mental Health Team. Four peer support workers form a central team that take referrals from the Community Mental Health Team. The referrals are discussed and matched to a peer support worker.

Challenges within an acute setting

The change in service delivery followed the withdrawal of the peer support worker service from the acute ward. The ward was seen as not being ready to embrace or support peer support workers, and the experience of working there was described as challenging to the peer support workers. Tayside learnt from this experience and had the flexibility to reflect on and redesign their pilot. They have worked to achieve a current service delivery that incorporates close support of peer support workers by peer support workers, working with teams that are supportive and recovery focussed, plus close relationships with key partners in delivering the service.

There is an official referral process that takes place. If a health professional wants to refer one of their service users for peer support they fill out a referral form. The referrer and the peer support worker then meet to discuss the referral before both the referrer and peer support worker jointly meet the service user for the first time. The peer support worker then arranges meetings with the service user until it is felt it is appropriate for this relationship to come to an end. The peer support worker records each visit and fills out a progress report. The contact is outcome focussed, with set goals and plans to meet those goals recorded. WRAP is being used but only where it is appropriate for the individual, although all of the peer support workers use WRAP personally. The team have fostered a culture of working closely together and supporting each other in times where there have been challenges to their own mental health.

The focus of the peer support worker is to identify and document the progression towards outcomes for service users. This has been seen to be a helpful focus for the peer support work in this site. The evaluation found many accounts of peer support workers making progress that had exceeded the expectations of professionals, and the supervisor explained how they are aware of the potential discomfort it might lead to for professionals when the peer support worker makes progress where they have not been able to do so.

Challenges

- The lack of integration of the peer support worker service in an acute setting.
- Needing to reflect on the management of the pilot and in what ways the pilot team had contributed to a situation (the acute ward), that approved to be an unsuitable environment for peer support workers.
- Identifying and overcoming the challenges in working in partnership across sectors.

Strengths

- Having had the flexibility and foresight to redesign their service to better fit the needs of the peer support workers.
- Strategic vision about sustainability has led to the development of a volunteer peer support scheme, and a locally developed training course in peer support.

- This ability to adapt and reflect on required change led to a situation of positive growth and service development for the Tayside peer support worker service.

Pilot site case study: East Lothian

Preparation and set-up

Recruitment

East Lothian employed two peer support workers in December 2008 to work part-time on an acute ward. One post is permanent and the other post is temporary lasting until February 2010. There was a delay in recruitment due to the difficulty experienced in gaining an approved banding from 'Agenda for Change' through NHS Lothian. The finalised job descriptions were given a banding of Grade 2. There is a common view amongst the peer support workers and ward staff that the banding of Grade 2 does not reflect the complexity of the peer support worker's role and their workload.

Training and induction

The peer support workers undertook the national peer support training and Wellness Recovery Action Plan (WRAP) training in preparation for their posts. The peer support workers had a brief formal induction to their teams and organisations.

Service Delivery

The peer support workers operate a caseload system and can be working with up to 12 service users between them providing both one-to-one and group support. Service users access the peer support workers by self referral and by referral from ward team members including psychiatrists, usually as a result of ward meeting discussions. The peer support workers are very well integrated to the ward team structure and attend ward rounds and ward and discharge planning meetings. Both peer support workers are very involved in the non-therapeutic side of ward work such as beds and meals.

The peer support workers record contact information in the team notes about the dates and times they see service users, how the service user was (including concerns) and any plans made. The peer support workers also pass verbal information about their contacts with service users on to psychiatrists and other team members when necessary, especially when they have concerns.

Future plans

The acute ward that the peer support workers work in currently will be closing in September 2009 and the pilot team are currently considering where the peer support workers will be placed following the closure. The options include continuing to work on an acute ward or moving to a community setting. The peer support workers are putting forward a plan to the nurses about where they feel their skills could be best utilised, and are thinking about a community based role.

Challenges

- Addressing awareness raising in Occupational Health about both recovery in mental health and the peer support worker role.

- Initial lack of clarity about the role due to staffing changes.
- Developing interest and enthusiasm about peer support within senior management.
- Grading is below that of other peer support workers and there is a need to develop a career pathway.
- Agreeing the best future deployment of peer support workers to maximise their impact.

Strengths

- Full support from nursing staff for involvement of peer support workers in the systematic and formalised approach to developing their role and service provided. This was done by identifying clear objectives for the role and service structures to support this.
- Well developed role template which could be transferable to other areas.
- Permanent post with sustainable funding source.
- Fully integrated into the ward service delivery structures, and well respected as valued member of the team.

Pilot site case study: Edinburgh

Preparation and set-up

Recruitment

In Edinburgh, the pilot site was based in the Community Rehabilitation Team which spans an inpatient ward and the community. Two peer support workers were employed part-time in December 2008. Despite a thorough procedure drawing on information sources such as the peer support worker job description available from America, the peer support worker job description had to be changed to fit into the requirements for 'Agenda for Change'. For example they were prohibited from including a requirement for the candidate to have a lived experience of mental health problems and recovery and although the team felt that the national peer support worker and WRAP training were essential they did not have the same value under 'Agenda for Change' as vocational and academic qualifications. This was felt to have affected the banding which came in at a band 2. After open advertising, formal interviews took place. Re-drafting the job description to meet the requirements of 'Agenda for Change' with an untested job description slowed the process considerably.

A formal approach to recruitment was chosen so peer support workers would be treated as any other member of staff and so other staff understood that peer support workers had the same conditions as them regarding confidentiality, recording in notes and conduct. The team are now pleased that they have a good job description that they can use again and if they were to recruit again they would acknowledge the fact that job descriptions have to fit with the 'Agenda for Change' job template and the limitations that this imposes.

Training and Induction

The peer support workers undertook the national peer support training and Wellness Recovery Action Plan (WRAP) training in preparation for their posts.

Service Delivery

The peer support workers operate a drop-in and referral access system, providing one-to-one and group support. The Community Rehabilitation Team operates in the hospital, community and supported places, therefore across three settings. Peer support workers receive referrals from the team.

Future plans

There was an expectation within the pilot project team that they would continue with the peer support workers after the pilot. They want to move towards employing more peer support workers and are currently working out how they might do this. There was a sense amongst the project team that they did not feel confident to introduce peer support workers into acute wards as they might not be recovery focussed enough at the moment. The Community Rehabilitation Team found that staff in the rehabilitation wards were not as accepting as those in the community team. The Intensive Home Treatment Team may be the first place for roll-out.

Challenges

- Addressing awareness raising in Occupational Health about both recovery in mental health and the peer support worker role.
- Raising awareness amongst other teams about the success of the peer support worker role.

Strengths

- Open and accepting team, leading to good integrated working.
- Peer support workers were able to act as a trouble shooting resource for staff when problems arose with service user progress.
- Peer support workers can follow service users from ward to community.
- Strong support from psychiatry and the clinical service manager.

Pilot site case study: Forth Valley

Preparation and set-up

Recruitment

The pilot in Forth Valley was funded and based in NHS Forth Valley. The peer support worker post was advertised but few people applied for the post which limited the choice of candidates. Two part-time peer support workers started in May 2008 and were based in the acute wards and line-managed and supervised by the Intensive Home Treatment Team (IHTT). The project pilot team worked closely with the peer support workers to draw up job descriptions and contracts, and time was taken to make a crisis action plan which outlined that peer support workers would receive care outwith Forth Valley in the event that they became unwell.

Training and Induction

The peer support workers undertook the national peer support training and Wellness Recovery Action Plan (WRAP) training in preparation for their posts. The peer support workers underwent a long induction period which included an NHS formal induction and working closely with the IHTT to raise awareness about the peer support service amongst staff.

Service Delivery

The peer support workers worked interchangeably in the inpatient user services and IHTT to allow for continuity for service users who can see the same peer support worker if they are discharged or admitted to inpatient user care. On the wards, peer support workers would gain self referrals from service users and work informally with any service user who wanted to speak to them. The peer support workers worked closely with the IHTT to discuss any other appropriate referrals.

Challenges

- Both peer support workers became unwell after being in post for a short time, which brought the pilot to a stand-still.
- Not all staff were supportive of the peer support pilot.

Strengths

- Staff were beginning to see the benefits of having peer support workers as part of the team.
- The pilot team were very supportive of peer support.

APPENDIX 2   SERVICE USER QUESTIONNAIRE RESULTS

A self-completion survey was distributed to users of the Peer Support service via their peer support workers, along with freepost envelopes to ensure convenient anonymous response.   In total, 25[7] users of the Peer Support service returned completed questionnaires.

Context

To set the responses to this section of the research in context, demographics were collected.

Gender	No.	%
Male	8	32
Female	13	52
Prefer not to say	4	16
TOTAL	25	100

Just over half of respondents (52%) stated that they were female, around a third (32%) stated that they were male, and a further 16% did not disclose their gender.

Age	No.	%
16-24	2	8
25-34	5	20
35-44	5	20
45-54	3	12
55-64	7	28
65+	0	0
Prefer not to say	3	12
TOTAL	25	100

Those who disclosed their age were aged between 16 and 64.   More specifically, 40% were aged 25-44 and 40% were aged 45-64.

Region	No.	%
Aberdeenshire	2	8
East Lothian	1	4
Forth Valley	4	16
Glasgow	3	12
Lothian	6	24
Tayside	5	20
Prefer not to say	4	16
TOTAL	25	100

Responses were received from all of the pilot sites, with the most responses coming from Lothian (24%) and Tayside (20%).

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[7] 27 questionnaires were returned but 2 were excluded as they had not used peer support.

Main findings

Answers to the majority of the questions were given on a five point scale, from strongly agree to strongly disagree. As the base size of respondents is low it would be misleading to calculate percentage responses to attitude statements (i.e. one respondent's opinion is equivalent to a 4%) therefore average scores[8] are shown in order to indicate the relative levels of agreement with each statement for the population of respondents. To interpret these scores, a score close to five would indicate that respondents tend towards strong agreement, and a score close to one would indicate that respondents tend towards strong disagreement.

Being introduced to the peer support worker

Statement	Average Score
I was pleased to have the option to work with a peer support worker	4.48
I was given clear information about Peer Support and how it would work	4.24
There was enough information about Peer Support available to me	3.80

On the whole the process of being introduced to a peer support worker was well received. In particular, the average score of 4.48 out of 5 indicates a strong level of agreement that 'I was pleased to have the option to work with a peer support worker'.

Relatively speaking, the slightly lower score for whether enough information was available (3.80) as opposed to whether the information was clear (4.24) indicates that although the information available was considered to be clear, a greater quantity of information would be welcomed by some.

When asked to comment further, many of the respondents who commented said that they were happy to have the opportunity to access a peer support worker because this could help them to resolve their issues and would provide support from someone who had had similar experiences in their own life.

> *Happy to get some help to try and improve quality of life.*

> *The peer support worker had been through similar things to me and had insight.*

> *I liked being able to relate to them.*

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[8] Each response on the scale is allocated a score between one and five, where 'strongly disagree' is one, and 'strongly agree' is five. From this the average scores of the population of respondents are calculated.

Only three 'Don't Know' responses were collected. The base size of 25 still stands as the total population of respondents, however as is standard these three individual responses were not included in the average calculations so as not to skew results either way.

A respondent who was less satisfied with their introduction to the peer support worker said this was because they were "*not given the option*" and were instead told to participate.

Time spent with peer support worker

Statement	Average Score
Overall I was satisfied with the support I received from my peer support worker	4.72
I feel the peer support worker listened to me and valued my opinion	4.72
I feel the peer support worker understood my situation	4.63
I feel that I benefited from the time I spent with a peer support worker	4.60
I feel the peer support worker could relate to and understand my situation more than other mental health workers I have had contact with	4.44
Having contact with a peer support worker helped me with my recovery	4.04
The amount of time I spent with a peer support worker was appropriate	4.04
I feel I would benefit from the peer support worker being more involved in the planning of my care	3.96

Overall the service users were satisfied with the Peer Support service. Indeed, the strongest level of agreement was with the statement 'Overall I was satisfied with the support I received from my peer support worker' (4.72 out of 5 agreeing) as well as 'I feel the peer support worker listened to me and valued my opinion' (also 4.72 out of 5 agreeing).

However, high levels of agreement of more that four out of five were also recorded for all but one of the other statements. Service users therefore tended to agree that peer support workers understood their situation, that they benefited from the time spent with peer support workers, that the peer support worker could relate to and understand my situation more than other mental health workers I have had contact with, that having contact with a peer support worker helped with recovery, and that the amount of time spent with a peer support worker was appropriate.

A slightly lower score (3.96 out of 5 agreeing) was recorded for the statement 'I feel I would benefit from the peer support worker being more involved in the planning of my care'.

Overview

Statement	Average Score
If a friend of mine needed the same sort of help that I did, I would recommend a peer support worker	4.68
Peer support is different from other support I have received	4.24

Recommendation is a very good indicator of satisfaction with a service. The service users felt strongly that if they had a friend who needed the same sort of help that they did, they would recommend a peer support worker (4.68 out of 5 agreeing).

The service users tended to feel that Peer Support is different from other support they have received (4.24 out of 5 agreeing).

When asked why the peer support workers were the same or different to other services provided, the vast majority felt that peer support workers were different. This was because of the empathy and understanding derived from their own lived experience of mental health problems.

> *As they have been ill as well and understand what you might be going through.*

> *I can relate to support worker because they fully understand the illness.*

The informality was also praised as both a strength and a difference from other services.

> *It is more informal and encourages people to discuss issues or chat away from the more pressurised meetings or interviews under professional frameworks.*

Two respondents who felt that the service was not 'different' said that they felt they could receive a similar service from their CPN or from their Community Centre[9].

Comments on the service

The service users felt that they gained support, insight, hope, empathy, confidence, and a fresh perspective from involvement with their peer support workers.

> *Reassurance there is hope for recovery.*

> *A good source of encouragement and a good role model.*

Respondents were invited to list the kind of things that the peer support workers did for them or with them. These included talking, listening, sharing, signposting to other services, WRAP, and activities such as walking, participating in sports, or going to a café.

The service users felt that the Peer Support Service could be improved by considering the carer perspective, continuing the service on discharge, group work, and more time and money being available to employ more peer support workers.

The final comment box of the survey invited general comments about the Peer Support service.   This elicited general praise and support, and comments recommending that the service should be extended.

> *This is a first class service and really helped me.*

> *Find more money to fund peer support workers all over Scotland.*

Two respondents returned the survey but stated that they were not involved with a peer support worker.   One did not give any further information, and the other explained:

> *I feel I haven't been given enough information.   I know of her, but I am not involved with her.*

APPENDIX 3

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Evaluation of the Delivering for Mental Health Peer Support Worker Pilot Scheme: Information sheet for Service Users

The Peer Support Pilot

In 2008 six Peer Support Worker Pilots were launched in Scotland to help support people experiencing mental health difficulties. Peer support is a relatively new approach in Scotland therefore an Evaluation is required to learn more about this way of supporting people and whether it should continue and be made available to other people in Scotland.

The Scottish Development Centre for Mental Health (SDC), an independent organisation, and the University of Edinburgh have been commissioned by the Scottish Government to carry out this evaluation.

Why have I received this?

As you have had contact with a Peer Support Worker involved in the Pilot, we would like to give you the opportunity to take part in this evaluation. We would like to know about your experience of having a Peer Support Worker and your views on this service.

Do I have to take part?

It is up to you to decide whether or not to take part. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen if I agree to take part?

There are two ways you can be involved in the evaluation.

1. Completing a satisfaction questionnaire which will help us to understand how people who have had a Peer Support Worker feel about the service they offer. This will take about 20 minutes to complete and should be returned to us in the freepost envelope provided.

2. Taking part in an interview with a Researcher. This could take place either face to face or by phone, whichever is most convenient. The interviews will last around one hour.

It is up to you whether you would like to take part in one of these activities, or both activities, or not at all. To volunteer to take part in an interview, please complete the enclosed consent form with your contact details and return in a freepost envelope provided.

Please note, at interviews the researcher will give participants the option as to whether they would like the interview to be audio recorded for the purpose of analysis only and in accordance with the Data Protection Act (explained below). It is up to you whether the interview is recorded. The interview can take place without being recorded.

Will my taking part be kept confidential?

All information that you give will be kept strictly confidential and we will not use your name or any other identifying information in our reports. The Scottish Development Centre for Mental Health (SDC) abide by the UK Data Protection Act 1998 and the Directive on Privacy and electronic communications Regulations (December 2003). SDC will store personal information relating to this evaluation securely for a maximum of one year following the close of the project, when it will be shredded.

What will happen to the results of the evaluation?

The results of the evaluation will be reported back to the Scottish Government's Mental Health Division in July 2009. The full report and research findings will be available from the Scottish Government website:
http://www.scotland.gov.uk/Publications/Recent. As a participant in the evaluation you can receive a copy of the report if you would like one. Please contact Hannah Biggs (phone 0131 555 5959, email Hannah@sdcmh.org.uk) to request a copy.

Contact details:

Should you have any further queries, or would like to find out more about the evaluation, please contact either Hannah Biggs who will be carrying out the interviews or Rebekah Pratt who is leading the evaluation project.

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Evaluation of the Peer Support Worker Pilot Scheme Consent form

Please tick the box(es)

[   ]   I confirm I have received and read the information sheet.

[   ]   I confirm that the nature of this evaluation has been explained to me.

[   ]   I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

[   ]   I agree that SDC can audio record this interview to be used for the purpose of analysis only and in accordance with the Data Protection Act (explained below).

[   ]   I understand that any information collected during this evaluation will be treated as confidential used in accordance with the UK Data Protection Act 1998 and the Directive on Privacy and electronic communications Regulations (December 2003). I understand the Scottish Development Centre will store personal information relating to this evaluation securely for a maximum of one year following the conclusion of the evaluation, after which it will be securely destroyed.

[   ]   I agree to participate in an interview for the above study.

_____   _____   _____
Name   Date   Signature

APPENDIX 4

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Evaluation of the Delivering for Mental Health Peer Support Worker Pilot

Interview schedule for representative of Recovery Innovations

To be conveyed to interviewee: All information that you give will be kept strictly confidential. Your name or any other identifying information will be removed before any results are published. You are welcome to use a fake name if you wish. The Scottish Development Centre for Mental Health (SDC) takes the privacy of personal information very seriously and any information collected during this contract will be used in accordance with the UK Data Protection Act 1998 and the Directive on Privacy and electronic communications Regulations (December 2003). SDC will store personal information relating to this contract securely for a maximum of one year following the conclusion of the contract, when it will be shredded. (Everyone taking part in an interview has received an information sheet and signed an informed consent form. Thank for time today, fill in consent form)

1.   Describe your involvement in the training of the Peer Support Workers?

2.   What are the key learning points you wanted to deliver in the Peer Support Worker training? *(3 key points)*

3.   What are your views on the peer support model(s) proposed for the Scottish pilot?

4.   What do you think will be the most important challenges for individual peer support workers during the pilot? *(3 key points)*

5a.   What do you think will be the most important challenges for the employing teams during the pilots? *(3 key points)*

5b.   What do you think will be the most important challenges for the supervisors during the pilots? *(3 key points)*

6.   What will be the main indicators of success for the pilot?

7.   Is there anything else you would like to say?

APPENDIX 5

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Evaluation of the Delivering for Mental Health Peer Support Worker Pilot

First interview schedule for those involved in national implementation

To be conveyed to interviewee: All information that you give will be kept strictly confidential. Your name or any other identifying information will be removed before any results are published. You are welcome to use a fake name if you wish. The Scottish Development Centre for Mental Health (SDC) takes the privacy of personal information very seriously and any information collected during this contract will be used in accordance with the UK Data Protection Act 1998 and the Directive on Privacy and electronic communications Regulations (December 2003). SDC will store personal information relating to this contract securely for a maximum of one year following the conclusion of the contract, when it will be shredded. (Everyone taking part in an interview has received an information sheet and signed an informed consent form. Thank for time today, fill in consent form)

These interviews will focus on:

1. Exploring national perspectives on development and implementation of peer support

2. National support that will be put in place during the pilot and rationale for the planned approach

3. Anticipated challenges, desired impact and success factors

APPENDIX 6

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Evaluation of the Delivering for Mental Health Peer Support Worker Pilot

Interview schedule for inception interview with local pilots and team leads

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Part 1
1. Introduction to the aims and methods of the evaluation

2. Identifying key pilot site contacts for the evaluation who will assist with providing material for documentary evidence and for overseeing local recruitment of service users

3. Identifying key services and individuals in the wider service system who would be relevant contacts for the evaluation (as future participants)

Part 2
4. Local aims and aspirations for the pilot

5. Culture and ethos: preparedness of team

6. Indicators for success at end of pilot: esp. expected impact on team culture

7. Key challenges anticipated

8. Approach to using WRAP and availability of this to the evaluation team

9. Capacity of routine monitoring systems to provide data for the evaluation on throughput, client characteristics, problems dealt with, interventions used, outcomes

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Evaluation of the Delivering for Mental Health Peer Support Worker Pilot

First interview schedule for peer support workers

To be conveyed to interviewee: All information that you give will be kept strictly confidential. Your name or any other identifying information will be removed before any results are published. You are welcome to use a fake name if you wish. The Scottish Development Centre for Mental Health (SDC) takes the privacy of personal information very seriously and any information collected during this contract will be used in accordance with the UK Data Protection Act 1998 and the Directive on Privacy and electronic communications Regulations (December 2003). SDC will store personal information relating to this contract securely for a maximum of one year following the conclusion of the contract, when it will be shredded. (Everyone taking part in an interview has received an information sheet and signed an informed consent form. Thank for time today, fill in consent form)

1a.   What were the main things you learned from the Peer Support Worker training? *(3 key points)*
    1.
    2.
    3.

1b.   What were the main things you have learned from the induction process into the organisation you now work for? *(3 key points)*
    1.
    2.
    3.

2.   Have you had Wellness Recovery Action Planning (WRAP) training?

3a.   Do you intend to use WRAP in your role as a Peer Support Worker?

3b.   If yes, how and why?

3c.   What benefits do you think WRAP will bring to your role?

4a.   What do you hope to gain from your involvement in the Peer Support Worker Pilot Scheme? *(i.e. what objectives have you set yourself?)*

4b.   Do you anticipate any other impacts on your life as a result of taking on this role?

5.   What are your aims and aspirations for the role, specifically:
   a)   What you can offer to service users?
   b)   What you can add to the team/service you work with/for?

6a.   What do you think makes the Peer Support role different from other professionals/practitioners roles? (is it unique and how?)

6b.   How would you describe the kind of relationship you will need to develop with service users to be of help to them?

7.   How will you measure your own success? *(i.e. what will indicate that you have been successful in your role, e.g. feedback from service users/team)*

8a.   How do you think other workers in the organisation you work for perceive your role in the team?

8b.   What are the key relationships you have within the team/with other workers that will help you to carry out your role as a Peer Support Worker? *(with whom and why are they key?)*

9.   What do you think will be the key challenges in your role as a Peer Support Worker? (3 key points)
   1.
   2.
   3.

10.   What support do you think you will need to carry out your role as a Peer Support Worker?

11.   Is there anything else you would like to say?

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Evaluation of the Delivering for Mental Health Peer Support Worker Pilot

Repeat interview schedule for Peer Support Workers[10]

To be conveyed to interviewee: All information that you give will be kept strictly confidential. Your name or any other identifying information will be removed before any results are published. You are welcome to use a fake name if you wish. The Scottish Development Centre for Mental Health (SDC) takes the privacy of personal information very seriously and any information collected during this contract will be used in accordance with the UK Data Protection Act 1998 and the Directive on Privacy and electronic communications Regulations (December 2003). SDC will store personal information relating to this contract securely for a maximum of one year following the conclusion of the contract, when it will be shredded. (Everyone taking part in an interview has received an information sheet and signed an informed consent form.)

Focus: to assess the extent to which Peer Support Workers are able to promote and support their own recovery and whether the peer worker role encourages and facilitates or provides a barrier to further / maintaining recovery.

Thank PSW for time today, fill in consent form

Area One: The PSW role

I would like to begin by asking you some questions about the peer support worker role itself, how it might have developed over time and what sorts of activities you have been doing (*Prompt, confirm facts e.g. start date, how long in post, which PSW training completed*).

1. What is entailed in the role? *(Prompt for tasks, relationships, using WRAP)*

2. How the role has evolved / deviated from what you expected?

3. How does your role fit in relation to the team you work in? *(Prompt for level of integration of the peer support worker within the team)*

4. Thinking about the team you work in, what is it about the peer approach that is different to what is provided by others? (*Prompt for what is unique or distinctive, what is similar*).

---

[10] The repeat interviews were held roughly six months after peer support workers were in post if possible.

Area Two: Reflecting on the impact of the role

I would now like to ask you some questions about what sort of impact you feel the peer support role has, both in terms of the service users and professionals you may have worked with.

5. What sort of impact do you feel you have had on service users through offering peer support? *(Prompt, how might that evidence be collected or documented)*

6. Can you give me an example of a case you felt was particularly successful? *(Prompt around use of recovery, factors that contributed to success, what goals were focussed on)*

7. Can you talk me through an example of a case that you felt was less successful? *(Prompt, barriers, challenges, reasons for difficulties)*

8. To what extent do you feel the presence of peer support workers in your team challenged the professionals you work alongside? *(Prompt around values, culture or organisational practices)*

Area Three: Training and Support

I am interested to learn more about what sort of support you have received as a peer support worker, including supervision and training and how useful this was.

9. Could you start by describing to me what sort of support was available for you in your role? *(Prompt around supervision, peer network, training and utilization)*

10. What were the sources of stress in the role, if any?

11. What factors help to make peer working effective? *(Prompt for less effective here also)*

12. Did you feel the support you received was adequate? *(Prompt around flexible working and career development, any additional support needed)*

13. How well did the original peer training prepare you for the role? (*Prompt around its fit to the Scottish context, impact of length of time between receiving training and starting job, additional/subjective training opportunities, what training has been done, would other training before starting been helpful? What kind of training would have been helpful?)*

Area Four: Influence on PSW's own recovery

We are interested to learn more about how being a peer support worker might impact you own personal journey of recovery.

14. Has being a peer support worker had any impact, positive or negative, on your own recovery? *(Prompt for, in what ways, any particular challenges to recover, or reinforcement of own recovery)*

15. Is there any particular support or conditions you feel are important to maintaining your own recovery whilst offering peer support? (*Prompt around WRAP)*

16. What advice would you give to others who might be considering becoming a peer support worker in terms of how it might relate to their own recovery?

Area Five: Moving forwards

Finally I would just like to ask you a couple of questions about the wider learning we should consider about peer support, and what views you might have about how this pilot might be extended in Scotland.

17. What do you think are key learning points about how to best provide a peer support worker service? *(Prompt, what do areas need to consider if they were going to set up such a service)*

18. What would you do going forward to continue to develop and improve the peer support service? *(Prompt, any new areas to grow into, any mistakes made to learn from?)*

19. Is there anything else you would like to add about your experience of being a peer support worker?

Thank PSW for their time

APPENDIX 9

Evaluation of the Peer Support Service: Service User Questionnaire

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Introduction

Scottish Development Centre for Mental Health (SDC) is an independent organisation working in collaboration with the University of Edinburgh and the University of Stirling to conduct an evaluation of the Peer Support Services that have been piloted across Scotland in 2008/9. We would be very grateful if you could take the time to answer the questions below about the Peer Support Service you have received.

All answers will be kept completely confidential. No one from the Peer Support Worker pilot will see your answers, and all identifiable material will be removed before results are analysed.

If you have any questions please contact Hannah Biggs, Researcher, at hannah@sdcmh.org.uk **or Tel: 0131 555 5959**

Please think about being introduced to your Peer Support Worker

1. I was given clear information about Peer Support and how it would work

Strongly agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't know
☐	☐	☐	☐	☐	☐

2. There was enough information about Peer Support available to me

Strongly agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't know
☐	☐	☐	☐	☐	☐

3. I was pleased to have the option to work with a Peer Support Worker

Strongly agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't know
☐	☐	☐	☐	☐	☐

Can you please say why you were or were not happy with this option?

Strongly agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't know
☐	☐	☐	☐	☐	☐

5. I feel the Peer Support Worker listened to me and valued my opinion

Strongly agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't know
☐	☐	☐	☐	☐	☐

6. I feel the Peer Support Worker could relate to and understand my situation more than other mental health workers I have had contact with

Strongly agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't know
☐	☐	☐	☐	☐	☐

7. I feel that I benefited from the time I spent with a Peer Support Worker

Strongly agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't know
☐	☐	☐	☐	☐	☐

8. Having contact with a Peer Support Worker helped me with my recovery

Strongly agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't know
☐	☐	☐	☐	☐	☐

9. I feel I would benefit from the Peer Support Worker being more involved in the planning of my care

Strongly agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't know
☐	☐	☐	☐	☐	☐

10. Overall I was satisfied with the support I received from my Peer Support Worker

Strongly agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't know
☐	☐	☐	☐	☐	☐

11. The amount of time I spent with a Peer Support Worker was appropriate

Strongly agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't know
☐	☐	☐	☐	☐	☐

Please think generally about your views of Peer Support

12. If a friend of mine needed the same sort of help that I did, I would recommend a Peer Support Worker

Strongly agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't know
☐	☐	☐	☐	☐	☐

13. Peer support is different from other support I have received

Strongly agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't know
☐	☐	☐	☐	☐	☐

Please describe how Peer Support is the same or different?

14. What do you think you gained from having a Peer Support Worker involved in your care?

15. What kind of things did the Peer Support Worker do with you or offer to you?

16. In what ways do you think the Peer Support Service could be improved?

17. Have you got any other comments about the Peer Support Service? (If you need more space, please attach another sheet)

Finally – Would you please tell us a little about yourself?
Please note that you do not have to answer these questions, but if you do it will be of great value for the evaluation.

What is your age?	16-24	25-34	35-44	45-54	55-64	65+	Prefer not to say
	☐	☐	☐	☐	☐	☐	☐

Are you:	Male	Female	Prefer not to say
	☐	☐	☐

What region do you live in?	Aberdeenshire	East Lothian	Forth Valley	Glasgow	Lothian	Tayside
	☐	☐	☐	☐	☐	☐

Thank you for completing this questionnaire, your comments are very much appreciated. Please return this form in the provided postage paid, addressed envelope as soon as possible.

If you would like to participate in an interview to share your views in greater depth, please complete and return the consent form when returning your questionnaire.

APPENDIX 10

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Evaluation of the Delivering for Mental Health Peer Support Worker Pilot

Interview schedule for service users

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1. How did you come to be working with the peer support worker?

2. What did you hope the peer support worker would help you with?

3. How did you feel about being asked if you would like to see the peer support worker? *(Prompt, are there times you would be more likely to use a peer, or not?)*

4. How did you find working with your peer support worker? Did it help that they had lived experience?

5. Were there particular goals you worked on with your peer support worker? *(Prompt, were these realistic, are you working towards these)*

6. What sort of things did you do in your time with the peer worker? *(Prompt around tasks, WRAP, being listened to, given information. Prompt how long each contact lasts, over what period of time sustain contact, what setting do they meet i.e. formal/informal)*

7. a) Was the peer support worker different from other roles you have come into contact with?

   b) How was the peer support worker different from other roles you have come into contact with? *(Prompt, were there differences compared to other*

health professionals? If so, were these differences helpful or not? Were they better, worse, no different?)

8. What sort of impact did it have on you personally having contact with a peer support worker?

9. Were there any particular things you liked or valued about your contact with the peer support worker?

10. Was there anything that could have improved the peer role or service?

11. Would you recommend peer support services to other people?

12. a) (If support has ended) – How did your contact with your Peer Support Worker come to an end? *(Prompt, was this a satisfactory end? Would you have liked to have seen support continue?)*

    b) (If support hasn't ended) - How do you see the contact with your Peer Support Worker progressing? *(Do you see a future without peer support?)*

13. Do you have any other comments you would like to make about your contact with the peer support worker?

APPENDIX 11

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Evaluation of the Delivering for Mental Health Peer Support Worker Pilot

Interview schedule for peer support service supervisors

To be conveyed to interviewee: All information that you give will be kept strictly confidential. Your name or any other identifying information will be removed before any results are published. The Scottish Development Centre for Mental Health (SDC) takes the privacy of personal information very seriously and any information collected during this contract will be used in accordance with the UK Data Protection Act 1998 and the Directive on Privacy and electronic communications Regulations (December 2003). SDC will store personal information relating to this contract securely for a maximum of one year following the conclusion of the contract, when it will be shredded. (Everyone taking part in an interview has received an information sheet and signed an informed consent form. Thank for time today, fill in consent form)

1. Can you tell me about your involvement in the peer support pilot? *(Prompt, who employed by – is it the same organisation as the PSWs?)*

2. Can you describe how you have been involved in providing supervision to peer support workers? *(Prompt, have they had supervision training, for PSW?)*

3. In providing supervision to the PSW's, what benefits do you feel the PSW role offers? *(Prompt, for the clients, for the peers and for teams)*

4. In providing supervision to the PSW's, what challenges do you feel the PSW role brings? *(Prompt, for the clients, for the peers and for teams)*

5. As you reflect back over the course of the pilot, what learning do you feel you have gained around how to support PSWs?

6. From your perspective as a supervisor can you describe any implementation issues that were identified locally? *(Prompt: reflect on recruitment & training)*

7. How effective do you think were the supports that were put in place? *(Prompt for the peers and for the services)*

8. What, if any, ongoing support do you feel would be beneficial for you as a supervisor? *(Prompt for local or national supports)*

9. What role do you think the pilot had in facilitating cultural change in local areas?

10. What lessons have you learnt from the peer support pilot? (positive things to repeat, or areas to build on)

APPENDIX 12

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Evaluation of the Delivering for Mental Health Peer Support Worker Pilot

Interview schedule for professionals in wider service system

To be conveyed to interviewee: All information that you give will be kept strictly confidential. Your name or any other identifying information will be removed before any results are published. The Scottish Development Centre for Mental Health (SDC) takes the privacy of personal information very seriously and any information collected during this contract will be used in accordance with the UK Data Protection Act 1998 and the Directive on Privacy and electronic communications Regulations (December 2003). SDC will store personal information relating to this contract securely for a maximum of one year following the conclusion of the contract, when it will be shredded. (Everyone taking part in an interview has received an information sheet and signed an informed consent form. Thank for time today, fill in consent form)

1. Can you please briefly describe for me your role and what contact you have had with the peer support worker service?

2. What benefits, if any, have been offered through the peer support worker service? *(Prompt for whom, service users, professionals)*

3. What challenges, if any, have come about from the peer support worker service? *(Prompt for whom, service users, professionals)*

4. What impact, if any, has the peer support worker service had on your own work, team or service?

5. What impact, if any, do you perceive the peer support worker/s has had on service users?

6. What distinctive or unique features, if any does the peer support worker role offer?

7. Are there any implications for services or practice development locally in terms of integrating peer support workers into current services long term?

8. What issues, if any, need to be addressed for the peer support service to become sustainable in the long term? *(How would these be addressed?)*

9. Finally, do you have any suggestions for how the peer support worker role or service could be improved?

APPENDIX 13

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Evaluation of the Delivering for Mental Health Peer Support Worker Pilot

Repeat interview schedule for those involved in national implementation

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1. What implementation issues were identified both locally and nationally?

2. How effective do you think were the supports that were put in place? *(Prompt for the peers and for the services)*

3. What learning emerged from the variations of models of delivery?

4. What, if any, ongoing support is required from a national perspective to support ongoing local developments? *(Prompt for ongoing sites and new sites)*

5. What role do you think the pilot had in facilitating cultural change in local areas?

6. What advice would you give to someone implementing a future roll-out of the peer support role? (Areas to be replicated, barriers, challenges?)

APPENDIX 14
Significant Events Analysis Meeting Recording Form

Name of Lead Practitioner ....

DATE	KEY EVENT TO BE DISCUSSED	ACTION (if applicable)
	What happened?	
	What situation led to the events?	
	How did you feel about the events at the time?	
	How do you feel about the events now you've had time to reflect?	
	What could have been done differently?	
	What did you do well?	

You may wish to complete one or more of these tables above for each case if there were specific issues or events that you wish to study, for example you may wish to complete a table for the various stages relating to peer working.

Significant Event Analysis Meeting Record

Significant event analysis meeting date ………………
Present

Event/Issue	Discussion Summary	Decisions and actions to be taken	Key individual(s)	Date implemented	Review date

APPENDIX 15 EXAMPLES OF MATERIALS PRODUCED BY PEER SUPPORT WORKERS

NHS Forth Valley

PEER SUPPORT WORKER

from the gift of one flower a single seed is spread producing hope and stability to enhance the environment

The peer support approach is based on the principles that having lived, and coped with, mental health problems in their own life, this uniquely qualifies peer support workers to help others.

The essential criteria to work as a peer support worker in Forth Valley are having the ability to share their experience in a positive manner with others.

They will be instrumental in introducing a Wellness Recovery Action Plan (WRAP) to service users who are involved in acute services

WRAP

Wrap offers a Personal Workbook with which you can develop an effective and very practical, common sense approach to overcoming distressing symptoms which can sometimes arise from harmful levels of stress. It's a tool with which you can gain

Peer Support embraces the key concepts of recovery.

Hope
Environment
Choice
Spirituality
Empowerment

Peer support is:
- Being open to new ways of thinking about own experience
- Being mutually supportive and mutually responsible
- Learning from one another
- About recovery and transformation
- A way of sharing our personal story
- A way of offering help and support as an equal
- An attitude that values each person's experience

Peer Support Workers are working within acute admissions wards and the Intensive Home Treatment Team in Forth Valley Primary Care.

Peer Support Workers within NHS Forth Valley have a lived experience of mental health difficulties and have utilised resources within mental health services in Forth Valley. Within the remit of the pilot the peer support workers have:

- 1:1 supervision
- Paid employment within NHS Forth Valley with the same terms and conditions as other employees
- Intensive training prior to applying for position
- Involvement with awareness raising presentations

What is Peer Support?

The Peer Support approach is based on the principle that having lived, and coped with, significant challenges in their own lives, peer workers are uniquely qualified to help others think about the things that make life a struggle at times. Peer Workers bring their experience of their own recovery in order to support and challenge others to examine their own expectations and behaviours. The peer relationship is an equal relationship and is not based on the traditional model of helper and helpee.

Peer Workers base their approach on sharing ideas and offering hope and inspiration, informed by their own life experience and working with others to make a plan to make changes for a happier and healthier life.

When Should I think about peer support?

Peer Support may be useful for you if:

- You are recovering from a mental health problem
- You feel stuck with your recovery
- You are having difficulty planning for your future
- You find it stressful coping with life events
- You are in transition, e.g. leaving hospital, moving house, starting work.

Working Together

What You Can Expect from a Peer Worker

You can expected that a peer worker will:

- Always believe in your potential for change and growth
- Never judge you
- Respect you and treat you as an individual
- Help you create a plan for positive change that you will then lead
- Help you locate and access community resources
- Offer tools and ideas for maintaining change
- Help you to see your strengths and show you how to use them
- Respect diversity
- Maintain Confidentiality
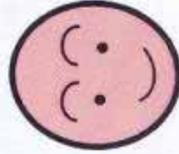
What is Expected of You

We expect you to:

- Be prepared to consider good and bad points of your life and work with us to create a plan for change
- Set goals for yourself and work towards them
- Offer us the same respect that we offer you
- Be open and honest about how well you think things are going

What we hope to achieve together:

We hope that:

- You will feel healthier and happier
- You will have strategies to manage stressful life events
- You will have direction in your life
- You will know that people can recover
- You will reduce the time you spend with other services
- You will feel more connected to your local community

You will feel more hopeful for the future

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Peer Support Project

PENUMBRA
SUPPORTING MENTAL HEALTH

Peer Support Project

A Project in Partnership with Aberdeenshire Council and NHS Grampian

Tel: 01779 490 315

About Penumbra

Penumbra is a leading Scottish voluntary organisation working in the field of mental health. We provide an extensive range of person centred support services for adults and young people.

We also campaign to raise awareness of mental health issues and reduce the social stigma attached to them.

Penumbra has been a been a pioneer of peer support work and we have experience of delivering successful outcomes for people through peer support.

Peer Support Project

Peer Worker
Penumbra
31 Longate
Peterhead
AB42 1JE
www.penumbra.org.uk

Contact Number:
01779 490 315

Working with Others:

Doctors, nurses and other professionals from the Community Mental Health Teams in North Aberdeenshire can put you in touch with the peer worker. Doctors and nurses working in Royal Cornhill Hospital can also put you in touch. A Peer worker will work in partnership with other people and other agencies that are also working with you.

Getting Support

In order to get support from the peer worker you must be:

- Over the Age of 16

- Living in North Aberdeenshire

- Recovering from a mental health problem

GSR
GOVERNMENT SOCIAL RESEARCH

Social Science in Government