

The Future of Peer Support Across the West Yorkshire and Harrogate Integrated Care System



Welcome

- Introduction from Rob Webster
 - Outlining the findings of the scoping exercise
 - Q&A
-
- Housekeeping

Introduction



Rob Webster CBE

*Chief Executive of South West Yorkshire
Partnership NHS Foundation Trust*

*Lead Chief Executive West Yorkshire and
Harrogate ICS*



The scoping project

- Definitions
- Approach
- Headline findings
- Emerging recommendations
- Q&A

Defining 'peer support'

- “Cannot and should not be defined in one single sentence or approach” (Inclusion Barnet 2018: 5).
- There are “many different ways in which peer support can be offered, experienced and discovered” (Mind 2013: 9)

Scoping vs research

1) “Big Picture” overview

- What peer support is out there?
- Who is delivering it?
- Who can access it?
- How does it work?

2) “Zoomed in” look at workforce

- Roles
- Responsibilities
- Experiences
- Perspectives

Our approach

Our 'big picture' approach

- Recruited a team
- Desk-based
- Location-based
- Linking with key providers
- Documenting findings

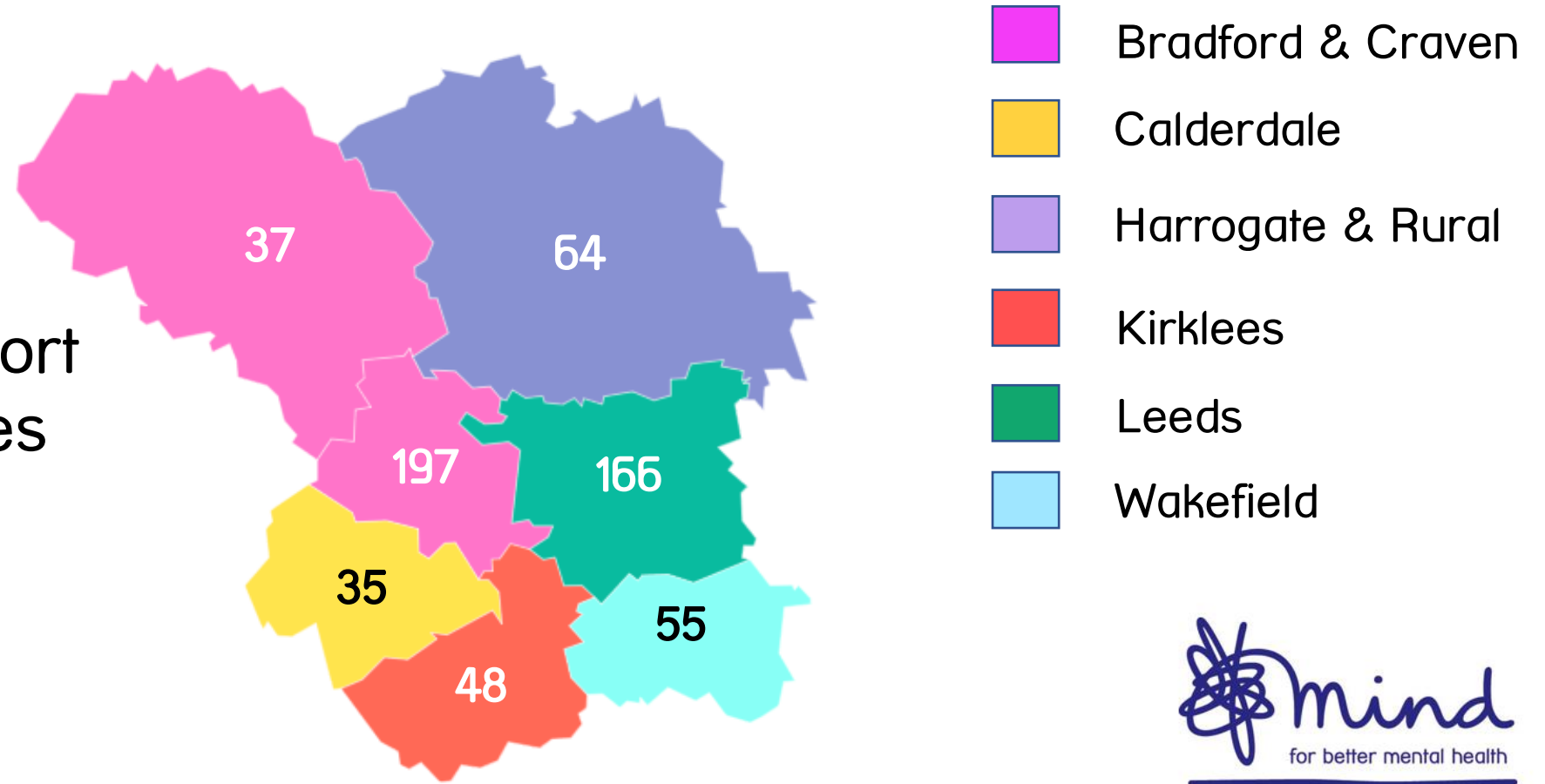
Our 'zoomed in' approach

- Used our regional scoping data to identify key stakeholders across each region of WY&H
- Used scoping data to invite PSWs/managers and volunteers to participate in being interviewed
- Undertook a co-production approach for interview questions

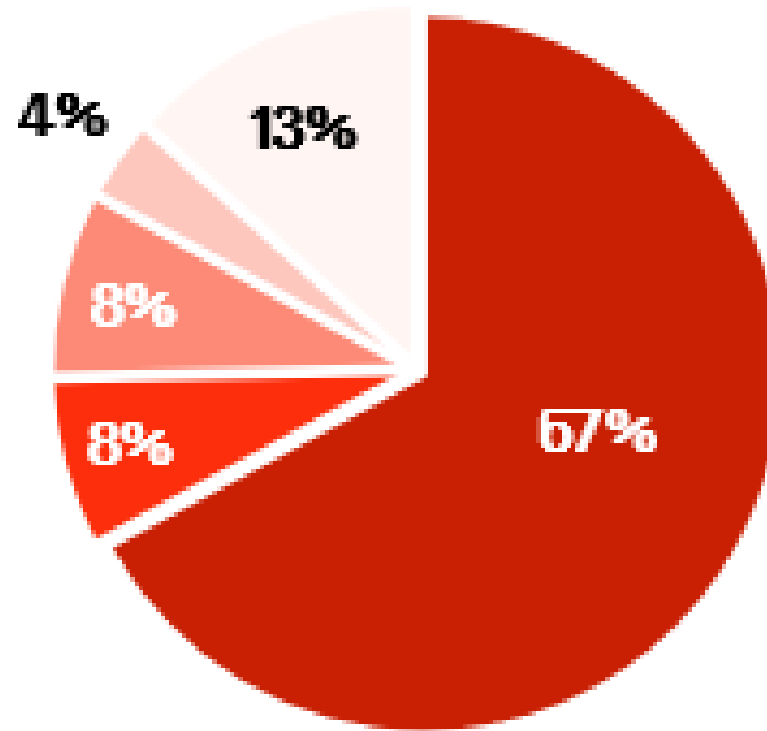
Headline findings

Scoping findings – peer support volumes

602 peer support related activities

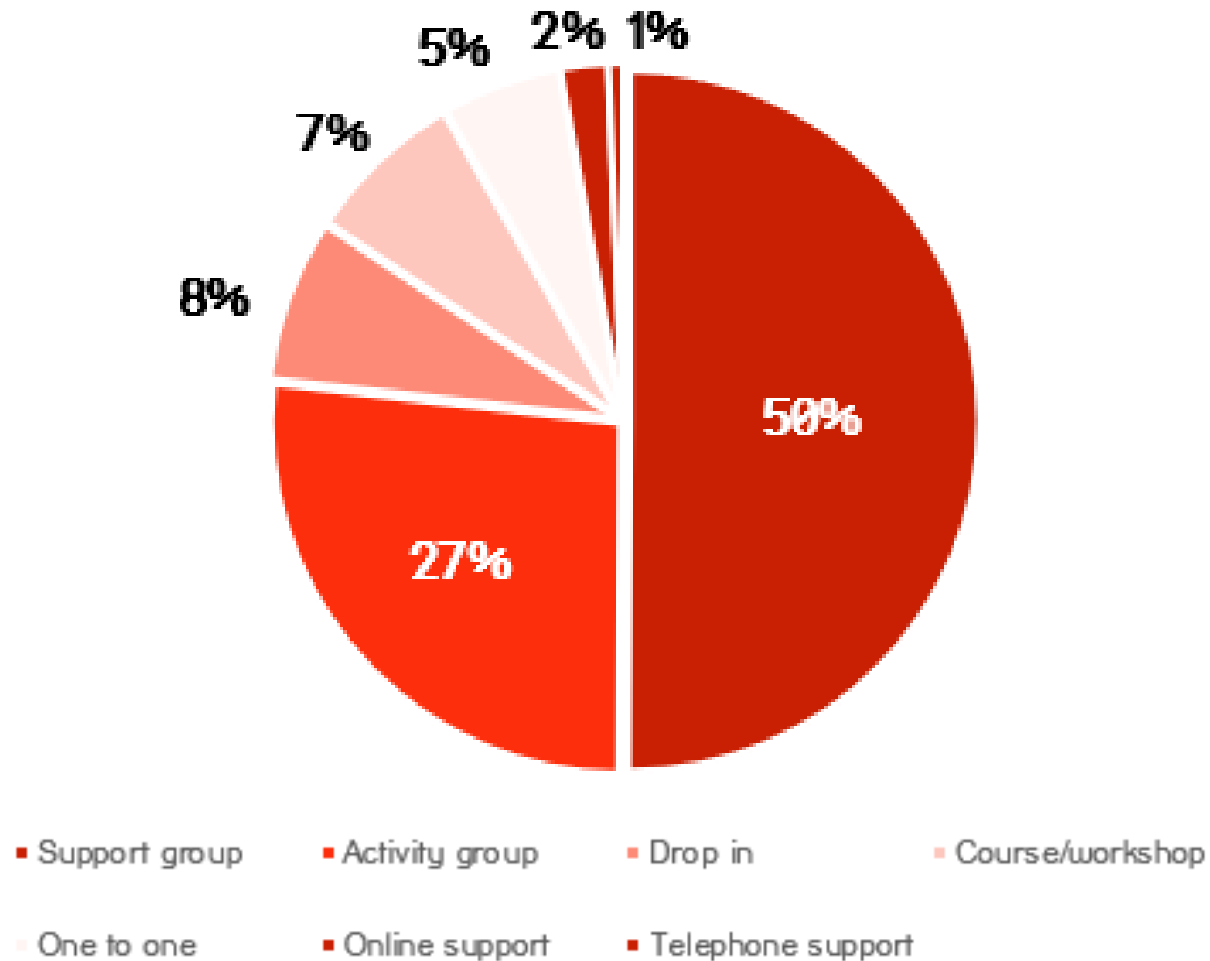


Breakdown by sector

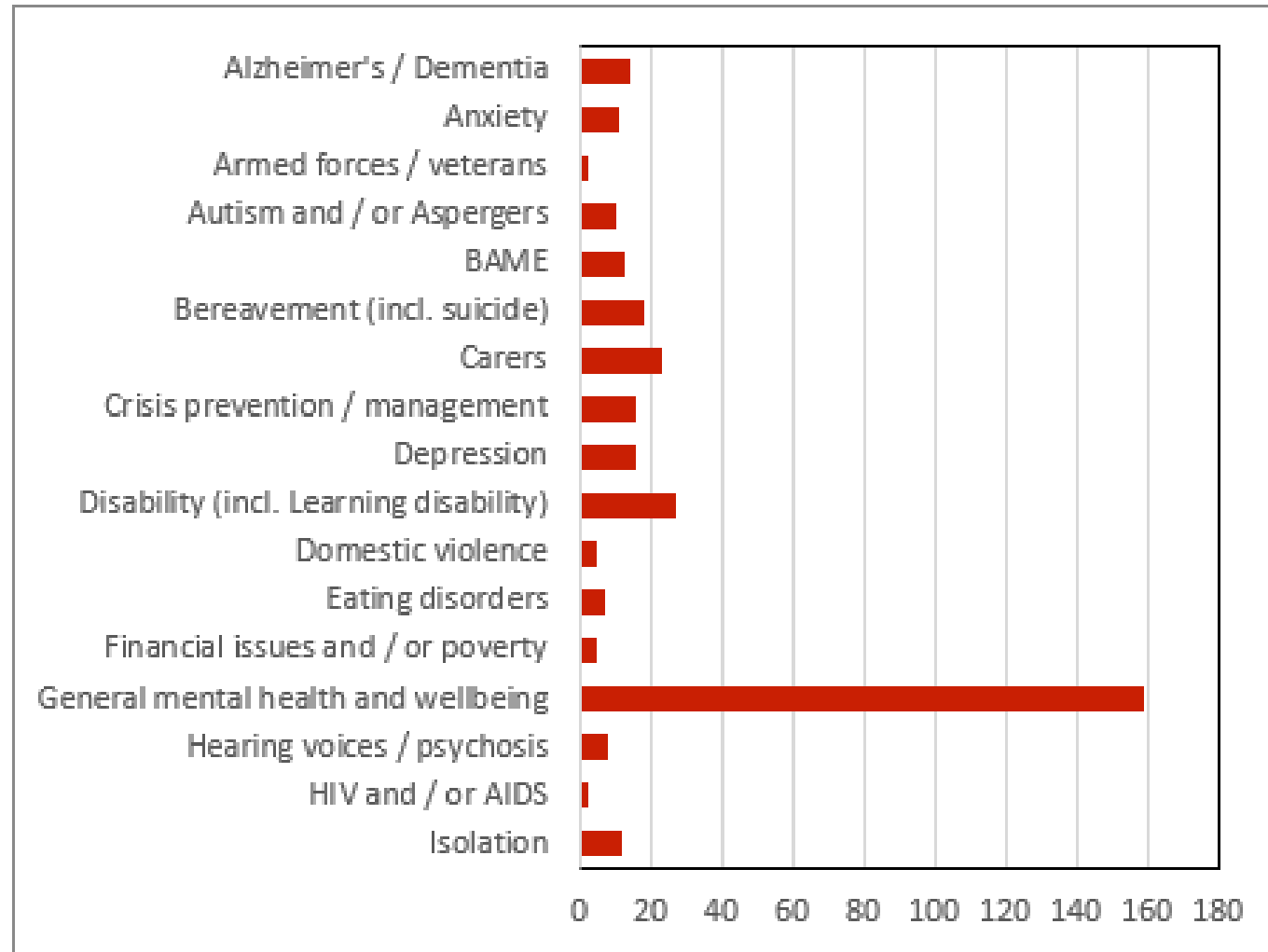


■ Third Sector ■ Partnership incl. NHS ■ NHS ■ Local Authority ■ Community

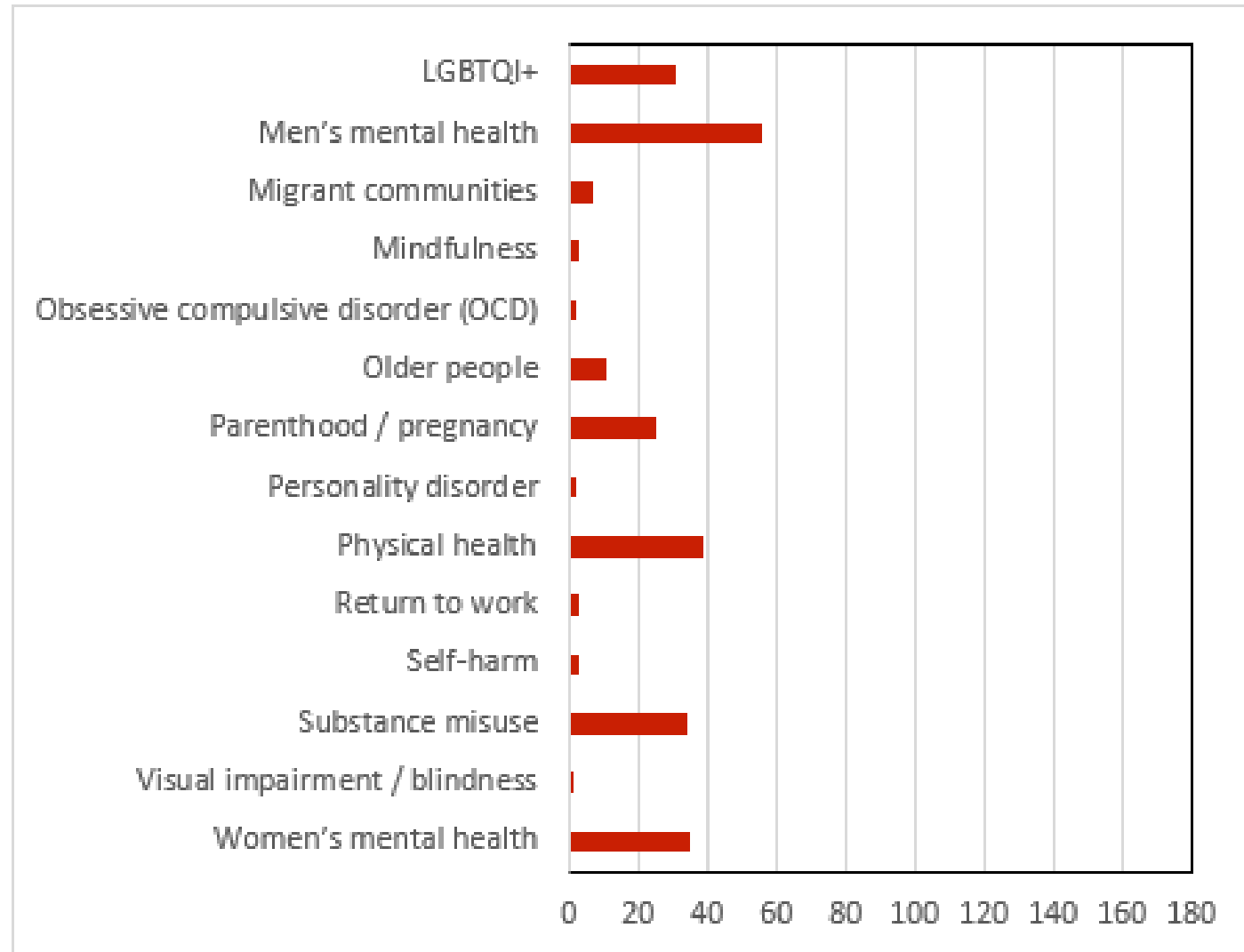
Breakdown by primary delivery method



Breakdown by shared experience (A-L)



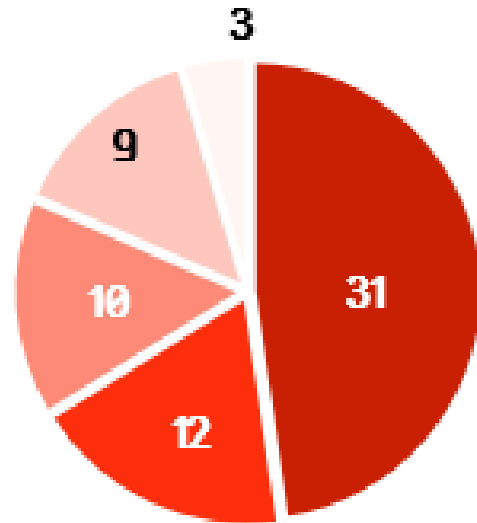
Breakdown by shared experience (L-Z)



Interview breakdown

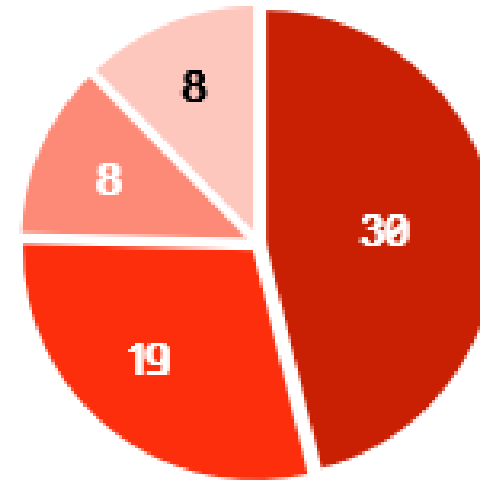
A total of **65** interviews conducted

Sector breakdown



- Third Sector
- Community
- Local Authority
- Partnership incl. NHS
- NHS
- Unknown

Workforce breakdown



- Paid Worker
- Volunteer
- Paid Manager
- Paid Director / Service Lead

What does peer support mean to you and your organisation?

"I don't think it's a friendship, but I also don't think it's a clinical relationship, it's in the middle. It's more of a human approach"

"To me personally, peer support is the utilisation of employee's own personal experiences with mental health to help and support others. It is purposefully non-clinical, as a lot of people find clinical settings to be daunting and some qualified mental health care professionals can be almost robotic".

"Support is doing things with people and not for people".



Leeds

What does peer support mean to you and your organisation? Findings summary

- Collective vision for peer support
- Led by lived experience
- Peer-led element enables peer support to occur naturally and in 'organic' ways
- Adapts a more social model approach
- A more authentic and 'human' approach

Is your peer support practice underpinned by any particular values or principles?

“Empowerment...
real empathetic
conversation...
showing that you truly
understand”.

“Equality and...trying
to overcoming that
power hierarchy that
can often exist within
mental health
services”.

“Supporting people
to...have a space
where it is safe to
be vulnerable and
to experience
building trust”.



Leeds

Is your peer support practice underpinned by any particular values or principles?

Findings summary



Leeds

What are the key duties and responsibilities of your role? What does a typical working day look like for you?

"I do run three different groups and we have like targeted workshops, and... I guess, the planning for the sessions and making sure people attend. I guess it comes along with a lot of one to one support for people as well".

"Help them with just getting out...developing their social skills...engaging in some kind of sporting or community activities...supporting them to do their shopping, paying bills... exploring courses that are happening around them...making referrals for various services".



Leeds

What are the key duties and responsibilities of your role? What does a typical working day look like for you? Findings summary

- 1) Building peer support relationships & facilitating peer support models
- 2) Signposting & referrals
- 3) Supporting service users to access the community
- 4) Managing social media groups & content,
- 5) Building relationships with key organisations & charities.

What benefits have you experienced in your role as a peer support worker/manager/volunteer?

"Freedom to share our own experiences in a therapeutic way, where appropriate, and it also means that the 'us' and 'them', hierarchical mentality, doesn't exist. Working in peer support also helps my own mental health as it is a constant reminder that I, too, am not alone in how I'm feeling".

"It has allowed me to hold down a job without going off sick for mental health regularly – I now feel able to go into work even if I'm having a bad mental health day as I know that my colleagues understand and will be there for me. You don't have to wear a mask so to speak".

I have learnt a lot from my service users...and their knowledge and wisdom and it has helped me to grow as a person as well. I have really taken the things they have said on board".

What benefits have you experienced in your role as a peer support worker/manager/volunteer?

Summary findings

- Job satisfaction
- Benefits their own mental health
- Ability to share their own lived experience
- Personal growth and development
- Benefits for service users – being understood, reduced sense of isolation. Volunteering/ gaining employment within the peer support service and/or returning to work was evident across the Bradford, Kirklees and Calderdale.
- Shared benefits – ability to share lived experience, benefits for their own mental health, and personal growth and development.
- Organisational benefits included co-production & partnership working.

What challenges have you faced in your role as a peer support worker/manager/volunteer?

"I am sharing stuff from my own life - it can become quite draining and exhausting and without realising it as well".

"Working out how vulnerable can you be? because the role requires being vulnerable... for extended periods of time".

"It is a lot of boundaries. I would find myself trying to go above and beyond for patients, and kind of try to almost take ownership for getting them into recovery or getting them better".

What challenges have you faced in your role as a peer support worker/manager/volunteer?

Summary findings

- Managing interpersonal boundaries (deciding in what circumstances to share personal experience & how vulnerable they can be. Building relationships & not taking ownership for the recovery of service users)
- Managing their mental health (providing emotional support & sharing personal experience)
- Becoming triggered (seeing similarities of own experience & areas that they had not fully healed from)

Challenges of Peer Support in integrated contexts

“Articulating what my role actually is...for them to understand it and how I’m not just sharing personal information for the sake of it and that there’s...a rationale,...an assessment on whether this is appropriate...and in what circumstances”.

“They have a way of working...it’s very “I’m this level and you’re that level. I don’t see the value in what you have to say and what you have to bring”...Within the NHS they use bands, so bands 3, 4, 5, 6 and upwards and so I think they hold a lot of stock in those”.

“It’s working within the constraints of [NHS service] it’s not the way I would work...it’s kind of keeping that side happy whilst sticking to your values of peer support”

Challenges of Peer Support in integrated contexts — Summary findings

- 1) Lack of understanding : repeatedly having to explain what PS is and why PSW's share their lived experience.
- 2) Negative attitudes : tokenistic promotion of PS, dismissive attitudes & refusal to engage with PS, & stigma towards live experience.
- 3) Balancing different approaches to working: Social model VS medical model; NHS boundaries, guidelines & red tape. 'Community focused' recovery instead of institutionalised. Maintaining PS values within NHS settings.

Benefits of Peer Support in integrated contexts

I have a really supportive team both at [third sector organisation] and at the [NHS service]... if I need to talk about things... I have the supervision to help deal with those challenges ...my NHS supervisor will focus very much on my individual cases so the people I'm working with. My third sector manager will think more about things that are going on, in terms of my facilitation and also general wellbeing

"It then allows the clinical team to focus on their clinical practice... then a lot of the emotional support can come from those volunteers that have got that lived experience...I think the support is very much...the empathy, and the time... in a clinical environment. Some of the staff don't have that...the support is very much the active listening and the time with patients or with individuals or carers".

Benefits of Peer Support in integrated contexts – Summary findings

- Helping to shift power hierarchy in the NHS
- Introducing new approaches (co-production, accessibility & experts by lived experience)
- Enrich services & dimensions of support (empathetic & authentic emotional support, time and space)
- Multiple opportunities for support (Increased access to different types of supervision, support & resources)
- Enhanced signposting routes & pathways (Access to contacts & networks across sectors & new referral opportunities)

Emerging recommendations

Shifting dominant culture

- Unpicking of “engrained” hierarchical cultures
- Instilling respect for lived experience
- Continued commitment to embedding social model practices in clinical settings

Organisational and strategic buy-in

- Not down to individuals to promote value of Peer Support
- Allies of PS at high level to advocate and promote value of PS
 - avoid PSWs constantly explaining their role / role boundaries

Improving understanding

- Engagement events for clinical staff to learn more about peer support values & its principles
- Give bigger platform to PSWs to share their story and expertise
- Greater encouragement for clinical staff to engage with PS learning events

A commitment to integrated working

- Valuing different types of expertise and ways of working
- Recognising the best practice of PS in the third sector
- Welcoming the sharing of ideas and potential value

Planning ahead for Peer Support Workforce

- Clear expectations/explanation in place for PSW and other NHS staff about role
- Setting up clear processes and contacts for PSWs within NHS
- Recognising the emotional toll of PS - build self-care and reflective practice into the PS roles
- Ensuring adequate support for PSWs – regular training, supervision, guidance & resources

Embedding flexibility and openness

- Flexibility within larger institutions to allow peer support workforce to retain peer support values and principles
- Reviewing “red-tape” and barriers so peer support work/workforce can be responsive to emerging needs

Paying attention to inclusion and accessibility

- Create frequent opportunities for co-production
- Hiring a diverse PS workforce so multiple peer identities are represented and catered for
- Planning realistically to allow time for PS work/workforce to build relationships and establish trust

Celebrating Peer Support and the PS workforce

- Giving peer support workforce recognition for their contribution in meaningful ways

Thank you

Any questions?

