



## Executive summary

Key benefits and challenges of integrating peer support into statutory contexts.



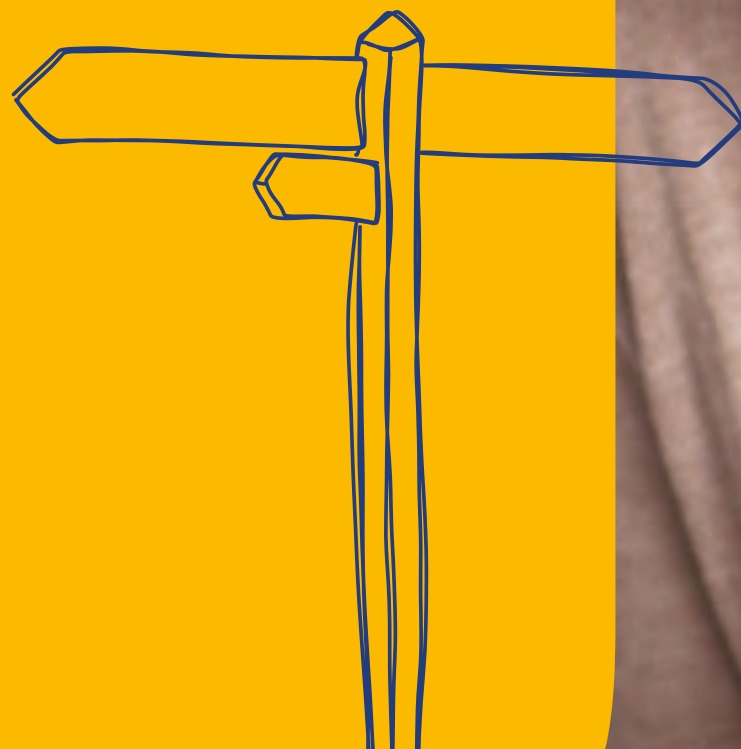
## Benefits

The integration of peer support within statutory and NHS contexts, through both NHS & third sector partnerships and the NHS alone, is continuing to grow.

Numerous benefits were identified for the peer support workforce within statutory contexts.

Benefits included:

- Changing the power hierarchy within the NHS
- Introducing new approaches
- Enriching services and dimensions of support
- Multiple staff support opportunities
- Enhanced signposting routes and pathways.





## Changing the power hierarchy in NHS settings

The peer support workforce in the third sector reported regularly challenging NHS staff about the lack of person-centred support, and their attitudes and language towards the mental health and behaviour of service users.

On some occasions, PSWs stated that challenging the approaches and attitudes within the NHS had been positively received, with the PSWs expertise being acknowledged. Integrating peer support within the NHS has also led to the recruitment of volunteers and employees with lived experience of mental health, and the inclusion of 'lived experience' on within job role specification criteria.

## Introducing new approaches

Integrating peer support in NHS settings has led to greater emphasis on utilising the perspectives of service users.

In one region, individuals with lived experience had been recruited as paid ambassadors to work alongside the CCG (Clinical Commissioning Group), assist in shaping services and gathering public feedback. Co-production with service users also reported across all regions, within the designing, planning and delivery of services.

## Enriching services & dimensions of support

The peer support workforce added an 'emotional element' of support within NHS settings where clinicians often lacked the required time, qualities, and shared understanding.

In addition, the peer support workforce (both paid staff & volunteers) enabled clinicians to focus on their medical duties (e.g. within major trauma units & Oncology departments). In particular, there were two NHS services in which their peer support service was made up of entirely volunteers, and no paid peer support workers.

## Multiple staff support opportunities

Partnership working provided PSWs with greater opportunities for support including supervision from their own organisation (third sector), as well as the NHS provider.

The PSWs hosting organisation provided a more holistic approach to supervision, whereas supervision in the NHS was more client focused and clinical. Additional support resources included access to counselling, and online support such as NHS Silver Cloud.

## Enhanced signposting routes & referral pathways

Integrating peer support within NHS settings has expanded signposting routes and referral pathways.

Third sector partner organisations are constantly working with other providers across their sector, strengthening relationships, and in some cases, merging organisations. This equips the third sector peer support workforce with greater signposting links as they integrate peer support in NHS settings. Peer support also provided an additional pathway and type of support within NHS services.

## Summary of benefits:

Overall, the process of integrating peer support into statutory contexts provides various benefits. In particular, the peer support workforce benefitted from adapting to new ways of working such as co-production, ability to provide additional services (peer support), and dimensions of support (emotional aspect). PSWs also had access to two types of supervision, more resources for staff support, and stronger networks for signposting and referral routes. Integrating into NHS settings has also enabled the PSWs to slowly start changing the power hierarchy within the NHS, and their approaches to working, through the utilisation of their lived experience and underpinning peer support values.





## Challenges:

The majority of challenges identified through our interviews were institutional, within the NHS and included:

1. Understanding of peer support
2. Negative attitudes towards peer support
3. Managing different approaches to working within NHS & third sector partnerships
4. Maintaining boundaries & managing their own mental health.

## Understanding of peer support

Interviewees reported NHS and clinical staff did not understand what peer support is, what it involves, what PSWs do and why, and the benefits that peer support can provide.

PSWs from third sector partnerships expressed this lack of understanding as a difficulty of working in the NHS, despite various attempts to educate clinical staff. However, within WY&H wide services, there were reports of some disparity, with some areas and teams being more open than others to the peer support approach

## Negative attitudes

Some PSWs reported negative attitudes towards peer support within NHS & third sector partnerships. PSWs voiced feelings of peer support and their job roles, continuing to be under-valued within the NHS

However, PSWs also voiced feelings of peer support and their job roles, continuing to be under-valued within the NHS. NHS staff attitudes were repeatedly referred to as 'dismissive' of the peer support approach, and the needs of service users, with some refusing to utilise and advertise the peer support or refer service users. The ongoing use and decision making, based on stigma and outdated myths by NHS staff was also recalled. A lack of acceptance towards the 'mental health lived experience' was also reported, and language used within meetings was described as "derisive". For one particular third sector partnership service, there were differences within pay despite being required to carry out the same duties as NHS staff.

## Balancing different approaches to working

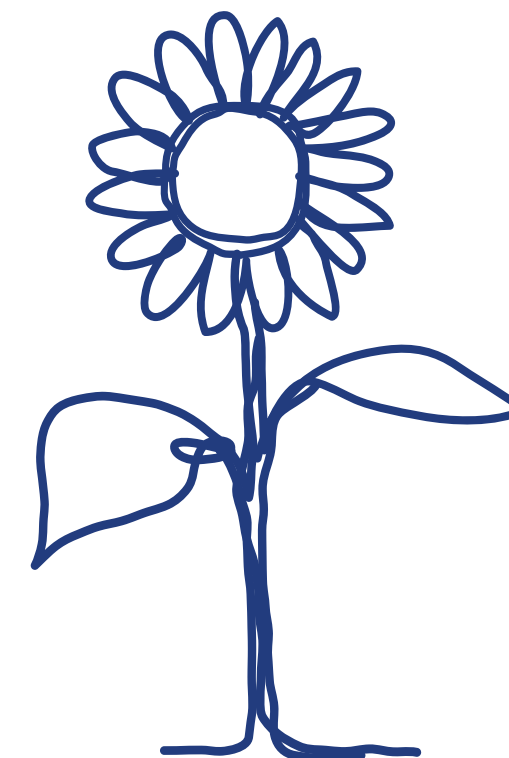
PSWs employed by third sector organisations and working within NHS contexts described difficulties in balancing the peer support and NHS approach to working, almost as if they were "swapping caps".

Individuals described trying to keep both organisations happy and being questioned by other PSWs about whether their work can be considered as peer support if they are adapting NHS ways of working. A PSW worked stated that, unlike peer support, equal relationships are not seen as necessary, as well as a lack of person-centred care. Instead, the NHS as "very prescriptive" with staff "being told what to do".

## Maintaining boundaries & managing own mental health

PSW stated that maintaining boundaries was a key challenge within peer support and was also vital in managing their own mental health.

Triggers were noted to arise when providing both group and one-to-one peer support (e.g. in inpatient units & home visits). PSWs provide a lot of emotional support as well as sharing their own lived experience within that, and thus were cautious of emotional burnout. Some PSWs reported the risk of taking responsibility for service's users' recovery, and therefore, boundaries were necessary for both the PSWs and service users. PSWs reported that boundaries may become blurred at times due to the nature of the role, and difficulty in distinguishing between it not being a 'friendship' or a 'clinical relationship' but somewhere in between the two.





## Barriers to employment (volunteers)

Despite the identified benefits of peer support helping services users gain paid employment (including within the peer support service) and/or return to work within the Bradford and Craven District, Wakefield and Kirklees, this was not the case in Wakefield.

In Wakefield many services users who wanted to/or went on to volunteer reported fear of losing their benefits. Going from unemployment and benefits to being employed was also reported as a big change for service users. It can take many individuals a long time to get their benefits in place and, this change may potential become a barrier towards up taking future employment opportunities.

*Overall, these key challenges are more paramount, given the increasing integrating of peer support within statutory contexts.*

These challenges need addressing in order to improve the understanding and recognition of the peer support workforce, to improve mental health and employment prospects within society, and to explore how the WY&H ICS can further engage with under-represented groups (e.g. BAME), where there may be higher health inequalities.

## Summary of challenges:

In summary, the process of trying to integrate peer support into NHS and statutory contexts has highlighted various challenges.

In particular, institutional challenges, including the lack of understanding of peer support and what it entails, as well as negative, dismissive and outdated attitudes towards peer support within NHS services. This was evident across WY&H.

*Other institutional challenges included managing different stakeholders, different approaches to working, staff hierarchies, securing funding and engaging under-represented groups within services.*

PSWs faced their own personal challenges such as maintaining boundaries and managing their own mental health. For service users, there was some indication of barriers to employment within Wakefield alone. Although some commonality of challenges across the ICS, individual areas face their own, population specific challenges.







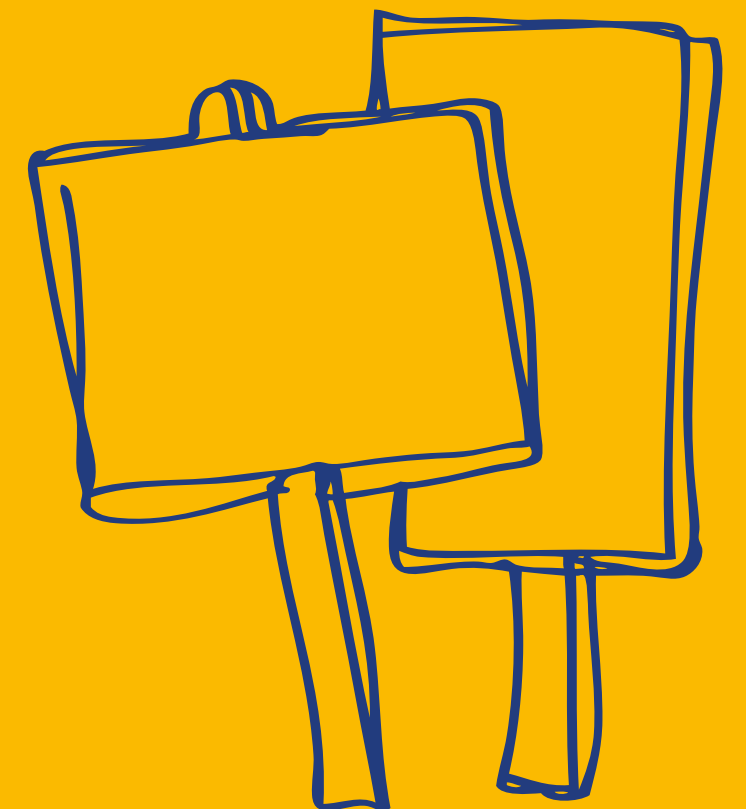
## Emerging Recommendations

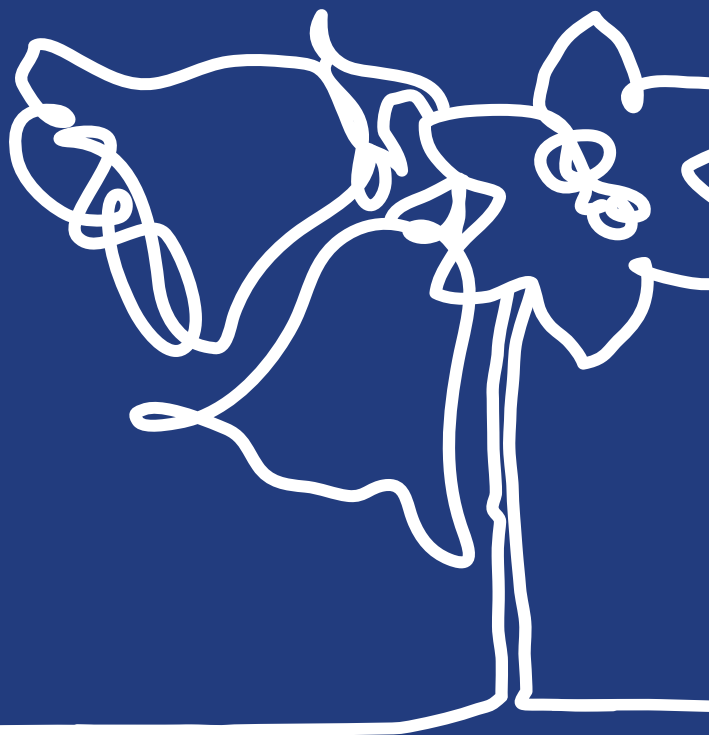
This scoping project would like to suggest some recommendations for the future of peer support in integrated contexts across west Yorkshire and Harrogate. Due to the diversity of settings/ models/ and cross sector nature of integrated working, these recommendations will be offered as 'areas for consideration' with some suggested actions.

We understand that the implementation of action(s) will vary across different contexts. Further detail and suggested actions for each area can be found within the full version of the project report.

Based upon the interview findings, key themes, benefits and challenges of integrating peer support into statutory contexts, we have identified 10 different 'areas for consideration'. Areas of recommendations included:

- Shifting dominant culture.
- Organisational and strategic buy in of peer support.
- Improving understanding of peer support.
- Planning ahead for peer support work/workforce.
- Attention to inclusivity & accessibility.
- Celebrating peer support & its work force.
- Embedding flexibility & openness.
- Protecting peer support values & principles.
- Measuring experiential outcomes within peer support.
- Acknowledging tensions around integrating peer support in statutory contexts.





11 Clarence Rd, Horsforth, Leeds LS18 4LB

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