'PEER SUPPORT' WORKSHOP

Welcome to the summary newsletter following our 'Peer Support Worker' workshop on the 22nd February. We met virtually on Microsoft Teams to feedback on ideas around peer based approaches that we have gathered over the last year. We hope of create a strategy that enables people who have received care in Yorkshire and Humber Services to go on to volunteer or work in a variety of roles to support others on their recovery journey; 'To give back' and for those who need care in the future to have access to a peer support worker, 'someone who knows what it is like to have similar experiences'

Thanks to everyone for such an interactive session!

Microsoft Teams
22nd Feb
2-3.30pm

Welcome & Introductions

Background & Context to the workshop

Please consider these questions before joining the workshop;

1. What links do you have with a Recovery College (non-covid times)
2. What support would you want if you were a Peer Support Worker working in a service
3. Would you want to work in a service where you had a placement?

West Yorkshire Feedback—Future of Peer Support in our Region

South Yorkshire —Peer support models & culture change

Talk with Andy Freeman
From Space to Breathe

West Yorkshire SCFT & Peer Support Role

Next Steps to a Peer Support Worker Strategy

BACKGROUND & CONTEXT

- West Yorkshire Provider Collaborative are keen to create a strategy that would enable people who have been in our forensic services to become future peer support workers
- We were due to meet at Sandal RUFC a year ago to have workshops in real life!!
- Unfortunately Covid interrupted that opportunity
- Instead we met virtually with service users and staff (where possible) or sent out questions to services to discuss and feed back (either group work or one to one)

Our 1st largescale Virtual Meeting Took place across the Fieldhead site with more than 5 locations and 31 participants, 19 of whom were service users interested in Peer Support way back in June 2020!

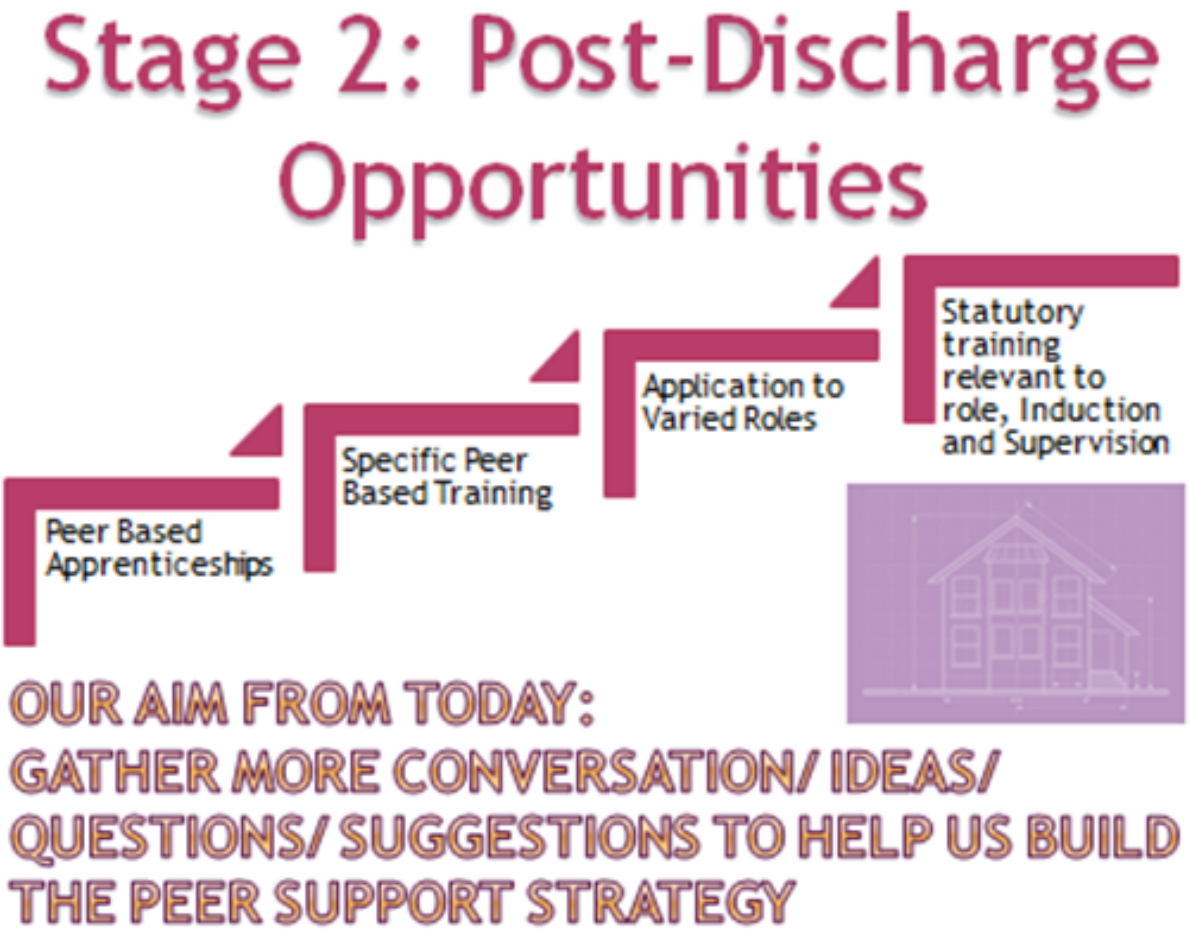
For other services we adapted around the technology which was still very new & all covid complications and sent the slides for feedback.

WHAT WILL A PEER BASED APPROACH LOOK LIKE?

Stage 1: Inpatient Care

- Entry to a service that supports the Peer Based Approach Pathway
- Collaborative Care Planning that supports goals to the Peer Based Approach Pathway
- Opportunities for SU to attend the Recovery College, Champion Health & Wellbeing (CQUIN) Have an Involvement Role
- Complete a 'Pledge to Peer Support' during in-patient stay

1. Have Peer Workers in place to meet new admissions, Peer based approaches are explained and the pathway is clear
2. While you are in services meet with the Peer support worker to create goals and discuss recovery, hope and future options
3. Attend as many involvement opportunities as possible. Build a portfolio of your achievements with support
4. Make a pledge to 'Peer Support' create a pack through Recovery College that will give you confidence and build skills to be a Peer Support Worker
5. Not everyone wants a permanent paid role, some people haven't worked for a long time and want a stepping stone– apprenticeship or voluntary peer based approaches made available
6. Specific Training to become a Peer Support Worker is offered via Community Recovery Colleges
7. A Variety of Peer Support Worker Roles are offered e.g. in the community, in secure hospitals, as Board members, creating and delivering training, Carer roles, creating policies and procedures as part of a team
8. Induction, Training, on going support and supervision and career progression is available



EXAMPLE OF A PLEDGE PACK

Completion of an approved Recovery College Course in Co-Production	Ward Representative Role e.g. Buddy	Written a contribution to a Newsletter	Taken minutes at a Community Meeting
Chaired your own CPA	Attended a Network Meeting at Sandal	Created a Poster for an event	Experienced presenting 'my journey'

We love the Chat function

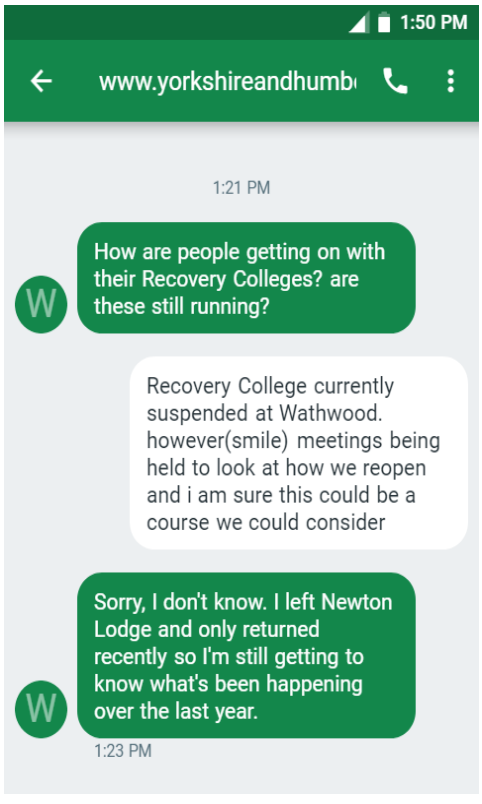
RECOVERY COLLEGE

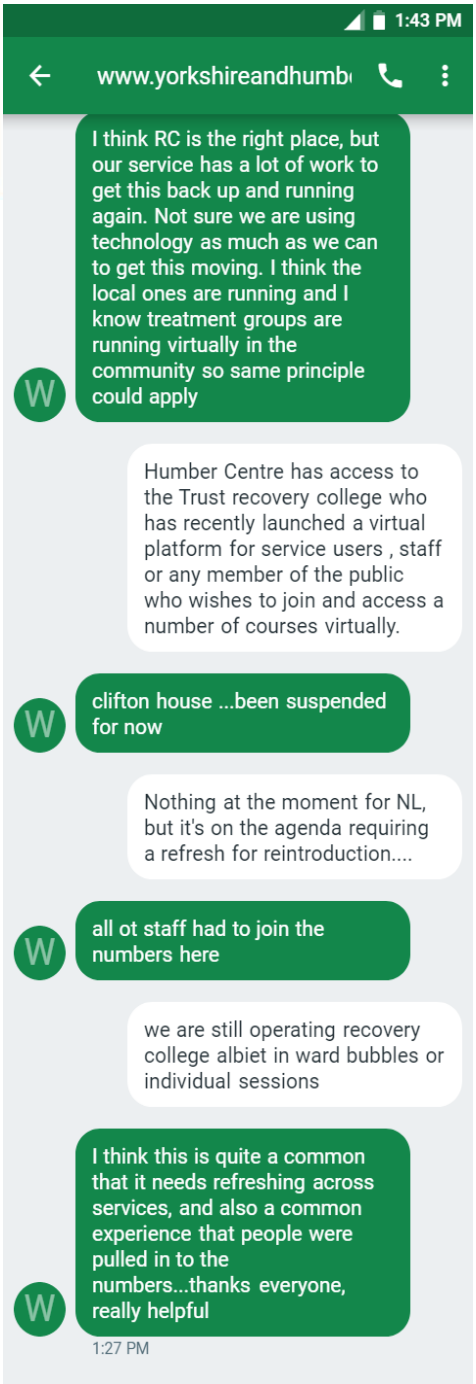
For our model we hope that Recovery College will be the Vehicle to make Peer Support Happen...

<u>Question.</u>

Do Services still have Recovery Colleges in House?
(or will they post covid?)

Do you have links to a local recovery college? In person or online?





WHAT YOU TOLD US IN WEST YORKSHIRE...

lots of people are interested in roles but want to know more about the process

WHAT IS A PEER SUPPORT WORKER?

- 'Some one who listens to you'
- 'Some one who has the same experiences as you'
- 'Different to a staff member'
- 'Someone who has been in hospital'
- 'Someone to help us progress- help us move on'
- 'someone to help you focus on recovery'
- 'Not sure'

peer support is common in drug & alcohol misuse/ prisons/ but not yet in forensic menatl health services

HAVE YOU HAD EXPERIENCE OF WORKING WITH A PEER SUPPORT WORKER?

- Majority said no
- In alcohol and drug misuse services

WHAT SKILLS/QUALIFICATIONS ARE NEEDED?

- Relationship building
- Boundaries & self awareness
- Care certificate
- DBT
- Life skills are more important than books, qualifications shouldn't matter
- 'good listener' 'empathy' 'patient' 'non-judgemental'
- Mental Health First Aid
- Knowledge of all diagnoses
- Knowing your remit and when to signpost and how to take care of yourself in the process

WHY WOULD PEER SUPPORT BENEFIT YOU?

- They would understand me and not think me odd
- I could relieve some frustrations I have around the system
- They have also been in hospitals and know what it is like
- Gives hope

WHAT BENEFITS ARE THERE TO BEING A PEER SUPPORT WORKER?

- I get to give back
- It will also let me remember my skills and upkeep them, and listen to my own advice and role model

Let us know your thoughts

Thoughts from SWYFT

- 'They should have experience of mental health and what it is- like being in hospital'
- 'They could they discuss how to progress'
- 'Progress meaning peer worker helping you move on or help you speak out when you are feeling low, help with your views on care plans'
- 'This is a good idea and will help service users on the pathway'
- 'Some people are hard to approach and you have to know how, will training be provided to help with this?'
- 'Our Guys think they would have a lot to offer'
- 'Will peer supporters be trained with further skills?'
- 'Does completing pledges help you evidence applying for such a role?'
- One Person said 'he has been waiting for an opportunity like this and feels that he would engage more on the ward if he had a reason and purpose such as this'
- 'We have a lot of interest here...even more so now with clear "goals to achieve" are outlined'
- 'I think it's a fantastic idea, but what about time frames? Moving on to the 2nd stage, what happens if service user only part way through when they move on. Can they continue to work towards this? If so how would they do this if there new placement does not offer this?'
- 'Recovery college to complete courses if discharged, strategy hopefully be West Yorkshire wide, if not Yorkshire and Humber so people can transfer work done over. Hope that work done will also make up part of a CV for people too, even if don't chose peer support role'
- 'It is a good idea and the more options to be involved the better'
- 'Would this involve going into other units to help others rather than those on same ward?'
- 'Would a paid role only be available once a patient has moved on or being discharged? What if a patient is far from discharge due to other factors?'
- 'What about those with criminal records?'
- 'Learn e skills in services would be good, learn skills in services to take to the community'

- ‘Boundary training, building relationships would be helpful modules’
- ‘We have interest in further supported education’
- ‘One of our patients already has experience with recovery college- would this help?’
- ‘Workshops would be good [to explore training needs]’
- ‘Is there something about carer support workers as well?
- ‘Like idea of care certificate being part of the training’
- ‘There are lots of models of supervision that can be adapted to support those supporting others’
- ‘Online training may have to be considered due to Covid 19 contingency, face to face probably more useful’
- ‘Will environments be safe to work in’
- ‘How much is the role paid?’
- ‘How will it affect my benefits? 16 hour limit. Better to have more roles at less hours?’
- ‘What is the role remit?’
- ‘Will supervision have a psychology element? What does support look like?’
- ‘Need to consider people are well enough to take on helping other people’
- ‘Benefits to peer support worker as well as those receiving support’

Cygnet Bierley

“We believe it would work and be beneficial”
“I am too old for this.” – process seems long-winded
“helpful as peer support worker have also been in hospital”.
Confusion about process of becoming a peer support worker,
“I don’t get it.”.
“We’ve got Recovery College”

moorlands view

What is a Peer Support Worker?	Have you had any experience of peer support?	What qualities does a Peer Support Worker have?	Why would Peer Support benefit you?	Would you consider being a Peer Support Worker?
"Someone who you can discuss this in confidence"	"I have from younger patients"	"Patience and an ability to listen and be honest with your reply"	"Because it will let me relieve some frustrations I feel about the system"	"Yes. I would consider"
"Previously a patient"	"No"	"Someone who understands"	"Someone who can listen to you"	"No"
"Fellow patient"	"No"	"Empathy, non-judgemental. Good listener"	"Make you think you are not odd as they may think like you"	"No"
"Someone who listens to you like a mate & different from staff"	"Non"	"Someone who listens. Doesn't judge you on what you are going through"	"Because they would understand you"	"Yes"
"Support worker. Someone who listens to you"	"No"	"Good listening skills, non-judgemental"	"Yes, it can help me"	"No"
"Experienced at understanding how to get out + stay out of L.F.M with mutual agreement"	"Not enough direction shown t.b.h 25 – 30"	"Risk assessment. Semi-independent. Keeping up to expectations"	"Guidance + advice on living with conditions in M.H.A"	"Age group is beneficial for an overview (15-25 / 25-28 / 28-32 / 32 -37)

Waterloo Manor

Service User Role Expectations?

To help others
It is important for people to hear from someone who has been through the same
Talk to staff and motivate them, let them know they do make a difference
It will let me give back too
It will also let me remember my skills and upkeep them, and listen to my own advice and role model

What skills do you think you need?

Knowledge of DBT
Knowing your own limits, still on your own journey- know what you can give and where you need to stop
Confident/ talkative/ get on well with others/ people person
Knowing it's not about you, you have to concentrate on the person you are helping, share what is helpful, know when to give advice and when you need help. Self-awareness.
Even though you have been through something similar, it is not the same, can't presume- everyone's journey is different and you can never fully understand. Empathetic, not sympathetic.

Do you think you need qualifications?

Life skills are more important than books, qualifications shouldn't matter
Basic English so you can speak and understand
Hospital experience is a must, not just community- very different

Pledges- do you like this idea?

It shows commitment
They are not so complex that it puts you off
Its good they are individualised- everyone has different skills
You would need a staff member who knows you well to help you, you don't always see your positives and the skills you have whilst in hospital, you need someone allocated to you who can help you build up and makes you feel confident
Allocated peer support lead in each hospital to oversee people's progress
Barrier could be access to computers and internet
An idea would be to learn about diagnoses as a pledge, would help you understand yourself better to be able to help others

Working with staff

It wouldn't matter to me where I worked, same hospital I have experience that 'I was here and it got me better' and I know the layout etc, new place could be seen as a new start, would just need help getting used to the environment.

I would hope staff would be able to see how far people have come, that people were poorly then and this is now

I have experience of working with teens with drug and alcohol issues, I was like a bridge between, teens saw me as fun and someone who understood, staff could benefit from my relationship to get through to people

The role needs to be "peer support" and for everyone to know what that means so no toes are stepped on and everyone feels comfortable working together

What support/ training would you need?

A good induction, the mandatory stuff but also things relevant to 'peer support' like boundaries, understanding the therapeutic relationship, when to signpost, where help is

Definitely no restraint

Strong job description- the do's and don'ts of the job

What to do if someone is ill, first aid, mental health first aid

Knowledge of different diagnosis

My own debrief plan- how to leave the work world at the end of the day

Talking with someone before I leave to offload

Phone line counselling option

Other considerations for the strategy…

⇒ Job description

⇒ Clearly defined role

⇒ Payment

⇒ Prior convictions and the HR Process

⇒ Training package

⇒ Supervision and support

South Yorkshire Models

Option 1: The Original

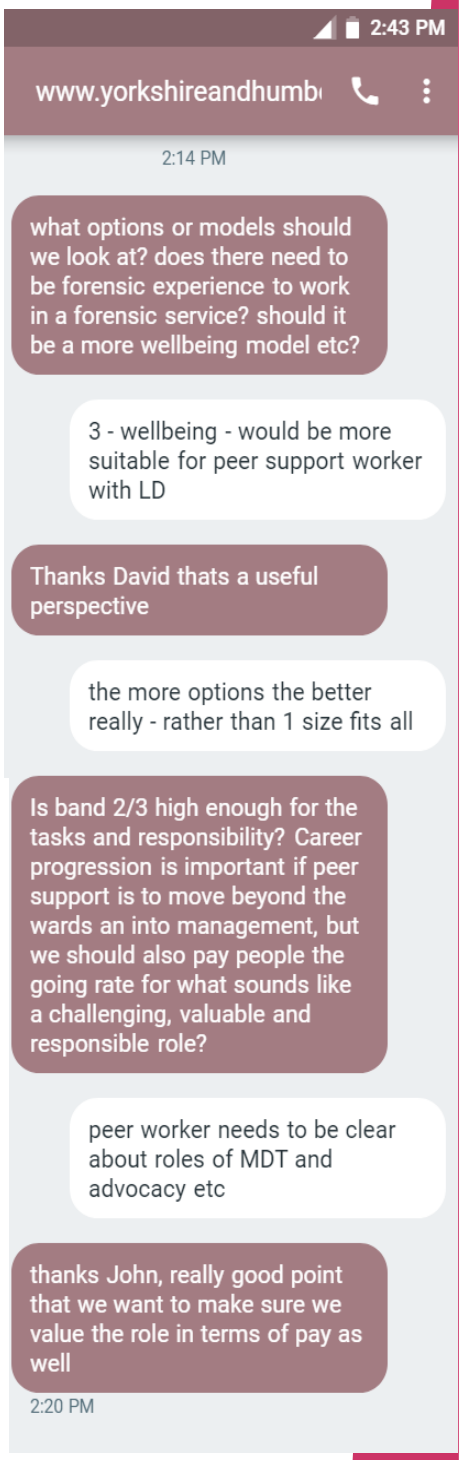
- **Employ someone with lived experience of general mental health issues**
- Powerful attributes – bring hope, experience of their own recovery, can educate others and support through their transition. They can help navigate the 'system' to get the best experience to improve recovery
- Pro's – People may be further in their recovery, they don't have attachments to the service
- Con's – People may not fully understand the pressures and stigma attached to being a 'forensic' patient

Option 2: Nurturing a Workforce

- **Employ someone with lived experience of forensic mental health issues**
- Develop those currently in services, nurture their skills and abilities and look at a range of experiences to shape the roles, deliver training and link into recovery colleges as well as supporting people on their pathway
- Pro's – direct experience and understanding of being detained in a secure service, confident in knowledge of the 'system' and the restrictions faced by people, supports meaningful employment for people in our services
- Con's – may cause distress returning to a secure service, HR difficulties of offence history, may know people from being a service user rather than someone in a paid role to support them

Option 3: A Wellbeing Team

- **Employ someone with lived experience who suits the values and purpose of health and wellbeing**
- Model includes a personalised approach, brings the person choice and control over their support, it connects all the important people in a circle of support to achieve the outcomes chosen by the individual
- Pro's – It gives the person receiving the care chance to be right in the centre with the support defined and supported with the wellbeing worker, it focuses on positive health and social outcomes and ensures choices are given
- Con's – Difficulty for services if they don't have the culture to work like this, resistance from other teams not already working in this way



SOUTH YORKSHIRE PEER SUPPORT MODELS & CULTURE CHANGE

Planning

Making sure services are ready for these new roles

It will bring a change to culture of the teams and environment, and we need to manage the change carefully so that it's positive for everyone

We need to collectively nurture the peer workforce roles in many ways, both before, during and after the recruitment process

People who come in to the roles will very likely shape the direction of the future workforce. We need to keep this in mind and not be too prescriptive at the same time as supporting with a flexible structure

Planning who, when and what supervision is meaningful

We need to reflect and learn lessons when evaluating the benefits and future of the roles

Defining purpose and the roles

We need to consider what the aims are for recruiting a peer workforce and why we want the roles.

This is more than supporting people in to possible work, supporting the service and the service users who are helped through the process.

Are organisations ready?

What are the changes we want to see?

How will this affect the strategy change in organisations?

Which roles do we want to invest in and when – peer support workers, peer mentors and peer coaches, as well as carer support workers ect

How will these roles compliment existing roles and teams?

Organisational Change

Certain things are key to the success of these changes –

- Strong leadership
- Good planning
- Focussed communication
- Involvement of everyone in the process

Communication

This is extremely important to get right to involve and engage people in the process

If communication isn't clear and plentiful – reaching the right people – then it will impact on the roles, relationships and dynamics, resulting in mistakes

Things to Consider

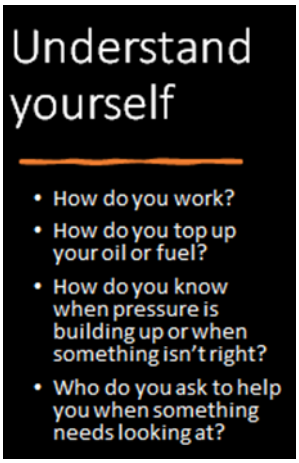
- Invest in a variety of peer based approach roles – to bring a variety of expertise to the team and offers choice of worker to the service user
- Induction and training – there's lots of packages out there, should we be looking to purchase these or should we develop our own?
- Support and supervision – links with others in the role through the Involvement Network for sharing ideas, experiences, development and support
- The consideration of a career structure so there is room for personal development

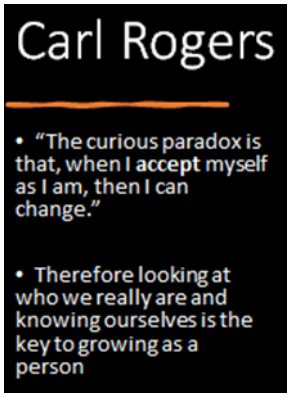
Andy Freeman (spacetobreatheuk.com)

Three core components

- Social Café
- Wellbeing Zones
- Buddy Scheme

space to breathe





Buddy Scheme:

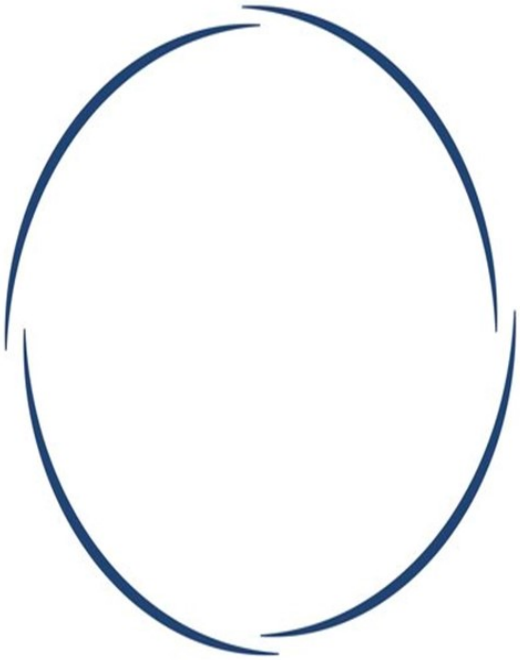
- Designed to help tackle inequalities
- 45 applicants so far (we want 50 buddies) 2/3 have experience of being a service user
- Process of application: written application, 2 references and interview
- All Buddies will have Mental Health First Aid Awareness Training
- Buddies will be in a supportive role (not clinical)
- It is about trust and relationships
- Flexibility—not all experiences are the same and buddy options will suit the person– person centred matching
- Give people tools for life after the stigma of forensics
- Social café offers a space to do things together
- Helps people break the cycle of readmission
- Helping people not to feel isolated
- 3rd party messaging is used for safe contact

Draw a circle

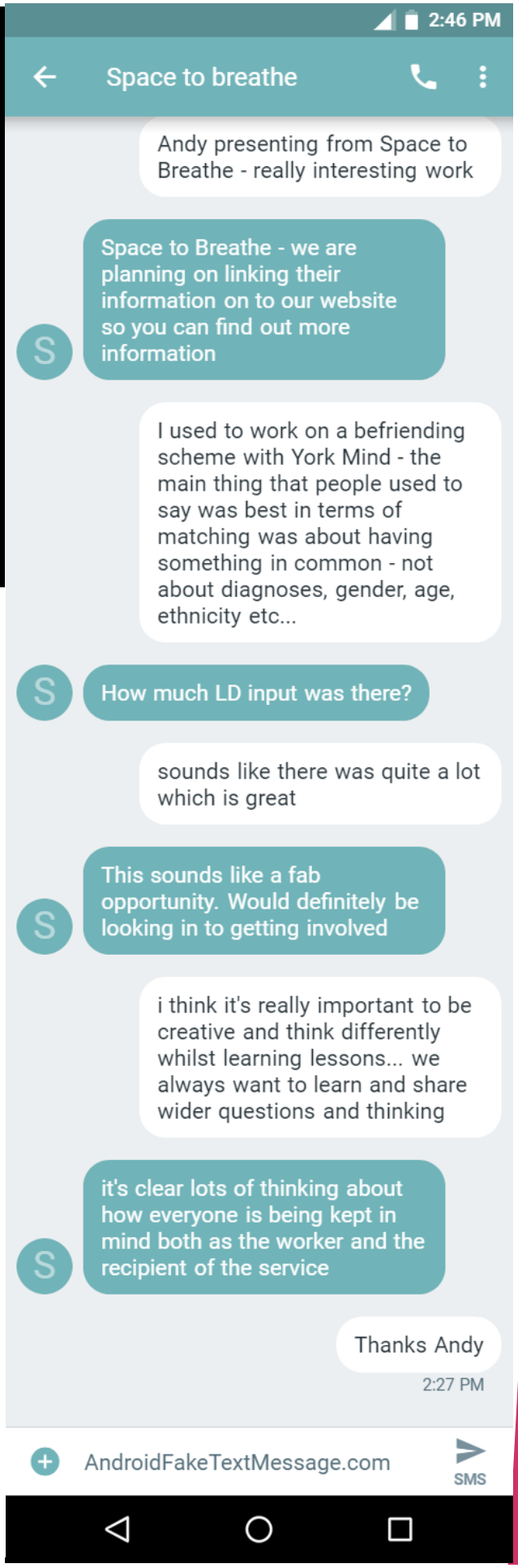
Inside the circle express all your thoughts, feelings and ideas about how you feel but without words

After 5 mins look again, what do you notice?

THE STORY SPHERE



space to breathe



West Yorkshire and Harrogate Health and Care Partnership

Laura Gow; West Yorkshire Specialist Community Forensic Team (SCFT)

- Community Team are Employing a Peer Support Worker and the Job is out to Advert as we speak via NHS Jobs
- Done lots of learning through the Provider Collaborative on the online platform around training and supervision for a Peer Support Worker
- Would like to know what a good induction looks like?
- Who should supervise? Some one who is already a Peer Support Worker?
- Hopes for the role to include social meetings and activity
- Hope for Budget for Access to Green Spaces

NEXT STEPS TO A STRATEGY?

- Send us any additional thoughts/ queries
- We will create a Newsletter from todays workshop
- What direction should we go in next?
- What are the priorities?

From The Chat

2:01 PM

www.yorkshireandhumb

1:32 PM

W what forum can i find job application for the peer supporter worker roles within the nhs?

Some jobs on nhs jobs I think

W Although this can be quite a tricky website to navigate

Just to say don't let DBS process put people off - it can be worked around.

W what do i have to do to get into this role soon as i am being discharged in the next few weeks

I have found PS and JD for both band 2 and 3 peer support workers within our trust

W is that open to ex service users?

Lots of non-secure services have really good peer support roles and a great place to get ideas from.

W recovery college could be really helpful for NHS jobs

1:40 PM

W Something that has just crossed my mind, which links to what Laura mentioned re. occupational health. How would we know if they have lived experience?

Claire - References and testimonials from previous establishments maybe?

W References and testimonials would be good

we could develop standards using the SeQuln tool

W Maybe going forwards - think about how different roles eg involvement as inpatients / volunteer roles / full time paid posts can all link up?

Some agreed standards for scope of forensic peer support role, training and supervision requirements might be handy?

W Becky that would be useful to think about developing a structure and how things link up

that sounds good Chris i agree! sharing someone in their successful recovery is what we all want

2:36 PM

so there are already some jobs advertised on NHS jobs, however there are not that many jobs available at the moment - we are hoping that this will mean more opportunities available in the future but it may take a bit of time to establish

What would people like to see at future meetings?

People already in the role joining future calls to talk about how it's worked for them - positive and negative?

thanks John Rushby good idea to ask people in the roles to come and talk with us in the future

C Having been thinking about employing a paid peer support role in the West Yorks SCFT, I like the idea of starting with roles when you are an inpatients and then developing skills to work towards a paid role

I wonder if there is a volunteering approach to these roles to begin with, that then leads into paid employment after more experience has been gained.

C Thanks Becky and Claire - I think this was definitely along the lines we were thinking so thats good to know

1:53 PM

W yes i agree as some people may not have the confidence to go into paid employment

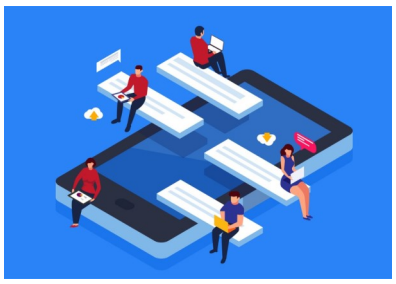
like you say it gives people a stepping stone towards paid employment, that is not a step too far too quickly to put people off

W We had a volunteer at Newhaven who was great a befriender.

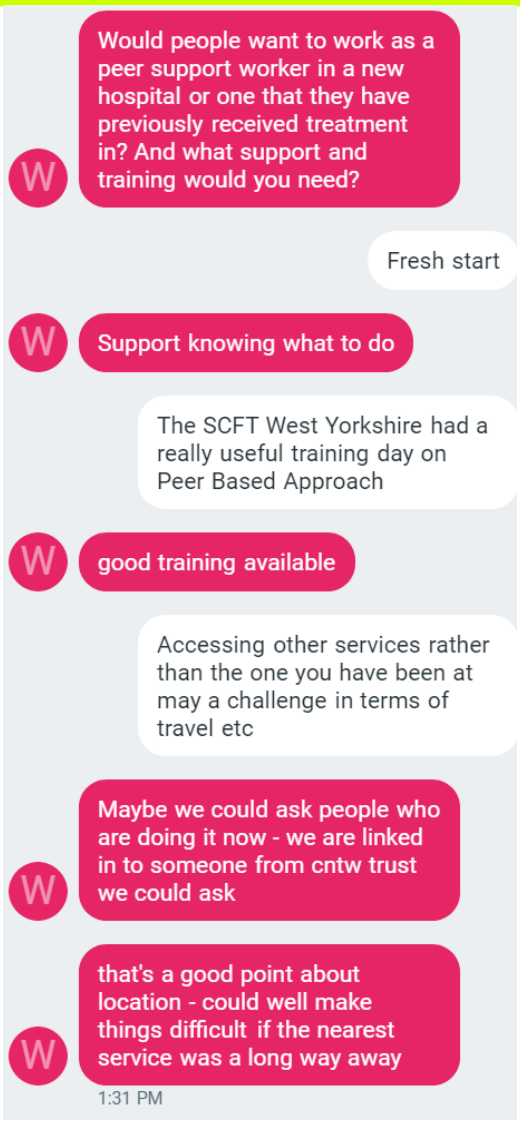
people might be unsure about going straight into paid employment, affecting benefits etc and then struggling and having to navigate all that

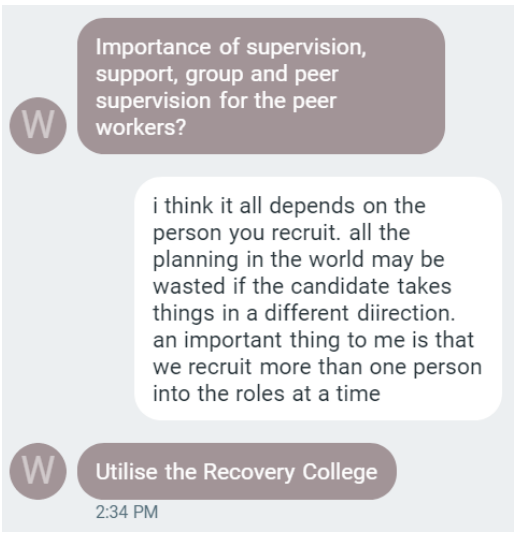
W yes befriending is a great example of peer support

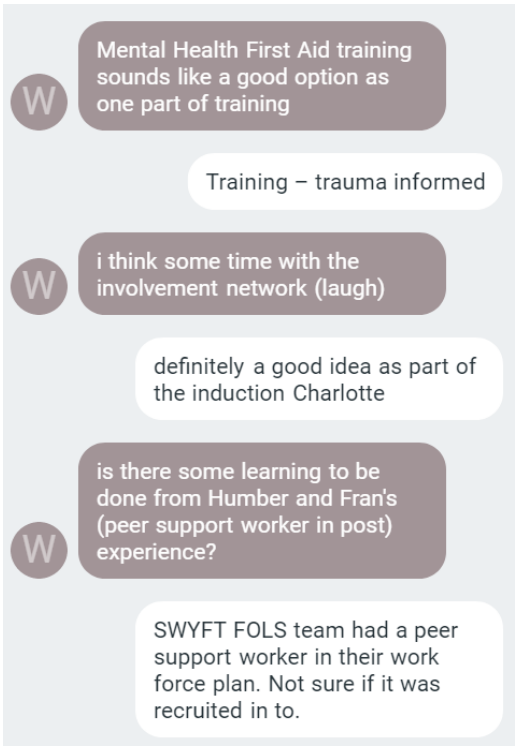
2:16 PM

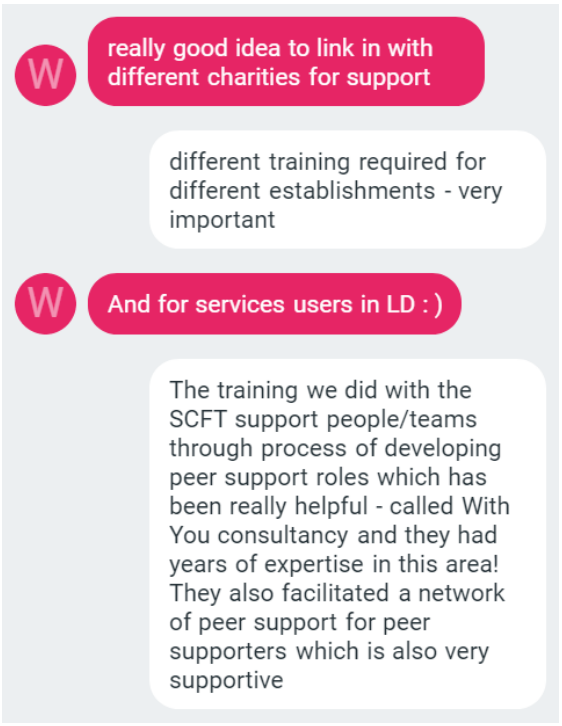


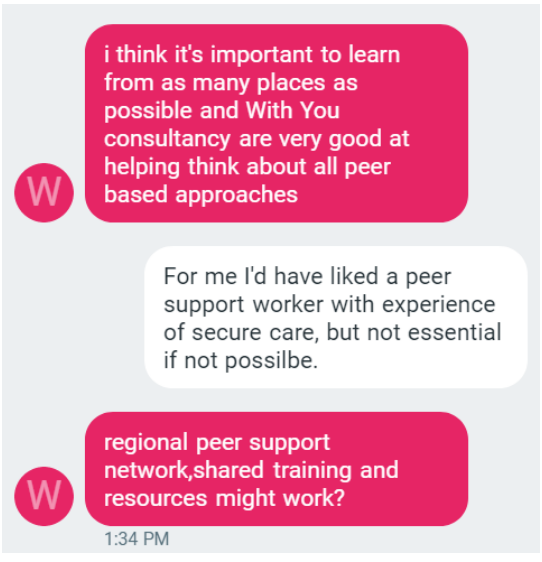
Collaboration. Hope. Encouragement. Empowerment. Respect. Support. Fun


Would people want to work as a peer support worker in a new hospital or one that they have previously received treatment in? And what support and training would you need?
Fresh start
Support knowing what to do
The SCFT West Yorkshire had a really useful training day on Peer Based Approach
good training available
Accessing other services rather than the one you have been at may a challenge in terms of travel etc
Maybe we could ask people who are doing it now - we are linked in to someone from cntw trust we could ask
that's a good point about location - could well make things difficult if the nearest service was a long way away
1:31 PM


Importance of supervision, support, group and peer supervision for the peer workers?
i think it all depends on the person you recruit. all the planning in the world may be wasted if the candidate takes things in a different diirection. an important thing to me is that we recruit more than one person into the roles at a time
Utilise the Recovery College
2:34 PM


Mental Health First Aid training sounds like a good option as one part of training
Training – trauma informed
i think some time with the involvement network (laugh)
definitely a good idea as part of the induction Charlotte
is there some learning to be done from Humber and Fran's (peer support worker in post) experience?
SWYFT FOLS team had a peer support worker in their work force plan. Not sure if it was recruited in to.


really good idea to link in with different charities for support
different training required for different establishments - very important
And for services users in LD :)
The training we did with the SCFT support people/teams through process of developing peer support roles which has been really helpful - called With You consultancy and they had years of expertise in this area! They also facilitated a network of peer support for peer supporters which is also very supportive


i think it's important to learn from as many places as possible and With You consultancy are very good at helping think about all peer based approaches
For me I'd have liked a peer support worker with experience of secure care, but not essential if not possilbe.
regional peer support network,shared training and resources might work?
1:34 PM

Yorkshire and Humber Involvement Network

GET INVOLVED!

We are Holly, Jo and Charlotte and we work as Involvement Leads across all the secure services in Yorkshire and Humber and we like to produce a newsletter after we have met virtually so everyone can share in ideas and conversations– it is especially important to us to stay in contact in this way whilst we follow Government Covid-19 guidance and cannot visit or meet up at Sandal.

If you have any comments about this newsletter or if you want to contribute to any of the questions or themes around peer based approaches then please get in touch!!

Find out more or contact us at;
www.yorkshireandhumberinvolvementnetwork@nhs.net

Collaboration. Hope. Encouragement. Empowerment. Respect. Support. Fun