

Recovery Network Event 6th February 2014 Report

Developing Peer Support Networks and Services

Introduction

John Butler from Macc welcomed everybody and explained that the purpose of the day was to:

- enable network members to describe what a quality peer support services would look like;
- comment on a proposed model for developing peer support networks and services;
- discuss how we would know if it is working well and;
- advise on how it could be monitored.

Presentations

The event started with presentations from:

- Kate Hardy from LGF about their befriending services and;
- Andrea Lyons from Self Help Services about their new "Peer to Peer Project".

Commissioning Context

James Stock from Manchester City Council explained that there are two parts to the redesign of mental health services contained in the Mental Health Improvement Programme:

- Mental Health Specialist Services and;
- Health and Wellbeing services.

James explained that a new model is being proposed to create a Health and Wellbeing Network and this would include:

- a core service and central information point with other services in communities becoming members of the network;
- access for service users would be through members of the network
- one to one support would be available to navigate the network where needed;
- that peer support would be a vital element of this network and;
- all procurement activity will be completed and new contracts in place by April 2015.

Discussion

Working in small groups participants discussed what a good quality peer support service would look like. The notes from these discussions are set out below

Accessibility

- in a non stigmatised community based setting
- visible, consistent presence, well known to and valued by communities
- welcoming people
- language skills
- easy to access by public transport
- easy to be referred on to additional, move on or alternative services and activities

- self referral (simple forms and support with referrals)
- Given that the people that might benefit most are very isolated and often feel trapped in their homes there needs to be phone help lines and internet access but also capacity for services to reach out, visit people in their homes and support people to engage with community services. For some online services may be less daunting

Flexible

- responsive to different needs lifestyles, cultures and languages
- range of interventions, services and activities- e.g. both time limited and open ended structured and drop in, groups and one to one, on line etc
- range of models peer to peer- befriending and mentoring models; practical support; social groups; activity groups; peer advocacy, time banks and expert patients etc
- night cover
- brief daily phone calls to stay in touch with people

Quality assurance

- training , support and supervision
- regular reviews and peer led evaluation
- encourage honest evaluation and service improvement
- building the evidence base
- peers should be well trained and supported but stay real and in touch with their personal passions. it should not feel like a corporate/professional service- should feel human
- Oryx Cohen and Will Hall two pioneers in developing recovery communities in the USA, when explaining the underlying philosophy of their peer support services said, “we are experts in not being experts and that takes some expertise”.

Staffing

- a culturally diverse mixture of paid and unpaid staff including peers and volunteers. with a range of language skills
- There should be development opportunities for peers to gain paid employment
- should not be seen as unpaid labour – investment in skills and employability
- need both peer volunteers and paid roles
- need to keep volunteers engaged and interested

Funding

- needs to be sustainable
- full cost recovery
- adequate budgets for training and expenses

Philosophy

- alternative and complementary to the medical model- not pathologising
- Take a “Ready Fire Learn”, approach
- co-produced – a partnership of equals
- Humane and welcoming - Rogerian (trust, genuineness and congruence)
- minimising stigma
- balancing the need for personal and collective responsibility with an appreciation of the social and economic threats which can undermine wellbeing
- taking an “asset based approach”, building on what we have and learning from the past experience.

- valuing lived experience
- Peers involved at all levels in shaping, delivering and evaluating
- person centered/holistic approach
- linked with a range of non medical resources and opportunities
- consistent and reliable people know what to expect and come back
- has both specialist mental health focus to ensure inclusion of most vulnerable but also a wider generic approach to broaden horizons, bridge the gap between mental and physical problems and destigmatise.
- small groups are equally valued with larger more organised groups

Support for the service

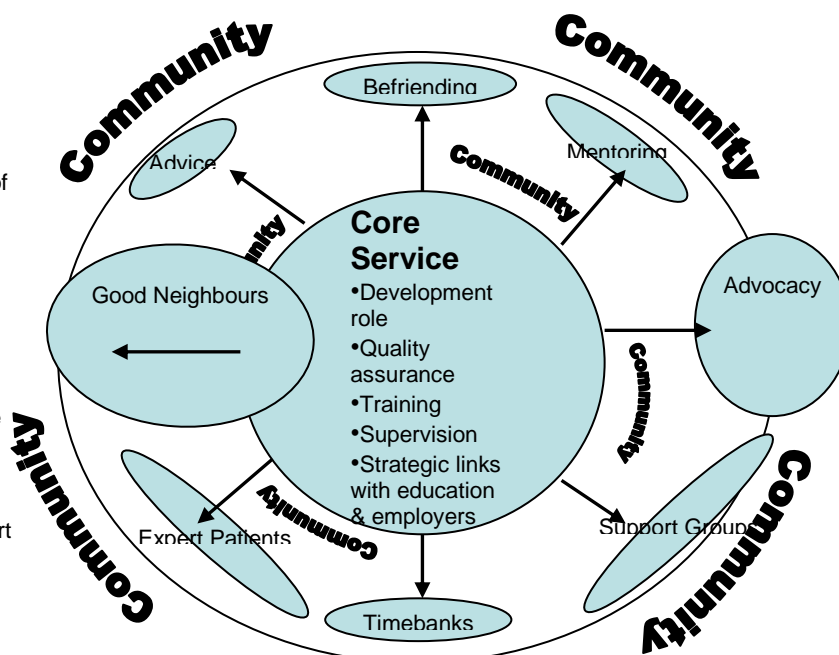
- Some form of co-ordination group involving people with broad based experience working in communities (Umbrella consultancy organisation).

Presentation

John Butler presented the proposed model below, he explained that it was based on the findings from the two previous recovery network events and on the principles described by Will Hall and Oryx Cohen, during their presentation in Manchester in 2012.

Key Principles:

- Inclusive and accessible to all
- Asset based approach
- Builds on good practice
- Uses economies of scale
- Consistency in approach
- Reflects different communities and places
- One set of outcomes everyone works to
- Creating opportunities beyond peer support
- Peer led
- Membership to network



Outcomes:

- Increased engagement of communities
- Increased number of peer opportunities
- Increased number of organisations delivering peer support
- Increased diversity of services
- Increased number of people moving on to new opportunities following peer support

Discussion

Participants discussed the proposed model and addressed the following questions:

- Should there be a core service, if so what should it provide?
- Should there be a membership scheme, if so what would make it worthwhile to join?
- Are there any key principles missing, is there any you would add?

- How do we ensure inclusivity for services?
- Should the services be generic or specialist?
- Should services be peer led and independent wherever possible?
- How do we generate good quality opportunities beyond peer support, whose role should this be?

Everyone agreed with the principle of a core service to support the development of a diverse range of peer support networks and services and that the core service should support strategic links with education and employment. People thought that the membership scheme would be good for organisations but that it may be off putting to individuals and that the service should have both specialist mental health and generic elements. See list below for additional comments.

Core Service will: - reduce fragmentation, build consistency and quality and realise economies of scale

- building on what's there reach out to find people already doing peer support
- develop a strong recognisable brand for a network of services
- Promote practice which tackles stigma
- Provide a publicity function
- Facilitate development and linkage of online resources
- Provide funding advice and facilitate access to resources e.g. meeting rooms
- help with accessing extension funding
- quality assure peer support practice by providing policy development, training and supervision functions
- develop a single point of information and a point for referrals and facilitate pathways connecting people with service's and activities and co-ordinating access to interpreters (gateway model)
- provide developmental support in building community based peer services
- Outreach to underserved areas and groups especially the isolated and vulnerable
- support networking between services
- pool resources
- be supported by a diverse steering group
- be supported at all levels by peers/people with lived experience
- Support evaluation around generic outcomes framework e.g. new skills, more social connections improved self confidence.
- support peer led reviews- user focused monitoring

Next Steps

We had planned to discuss how we would want the service to be monitored and evaluated and what we should be measuring but we ran out of time. It was therefore agreed that a smaller group of volunteers would follow this up by email over the next week.

The consultation officially closes on the 12th February so an event report will be submitted before that deadline. Thereafter commissioners will develop a service specification.

Participants: 40 people attended including people who use services, carers, providers and commissioners representing the following organisations

Macc
African & Caribbean Mental Health Service
Creative Support
42nd Street
LGF
Making Space
Self Help Services
LMCP
Making Space
Manchester Carers Forum
Manchester Mind
Great Places Housing Association Next Step Project
People First Housing
Manchester Early Intervention Service,
Manchester Mental Health & Social Care Trust
Manchester City Council

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Manchester Mental Health 
and Social Care Trust