2014

Peer-to-Peer Support for Social Prescribing

"It's not just feeling understood and the knowledge and perspectives they have shared about the experiences and obstacles we have in common, it's seeing things in them and then through identifying with them, being able to eventually see those things in myself. These are things non-peers simply could never have inspired in me..." Focus group participant

West CCG – VOLSAG

Acknowledgements

I would like to give thanks and acknowledgement to all the individuals and organisations that have provided me with examples of good practice and ideas.

These contributions have informed the development of key messages and recommendations for the pilot (see separate document).

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Introduction

Background

This report has been commissioned by Newcastle West Clinical Commissioning Group (CCG) and VOLSAG (Newcastle's Voluntary Sector Mental Health Network), and it emerged from a previous project to explore ways of improving social prescribing for people with mental health needs. The remit for this report was to research and consider options to develop a pilot project for peer-to-peer support in the context of Social Prescribing, with an emphasis on looking at the best way to support people with mental health issues.

The research for this report explored local practice of peer support models, as well as projects running outside of the North East. Consultation was undertaken with stakeholders and service users involved with volunteering, peer support and social prescribing Health Champion initiatives. This established models that have been used, are effective and could inform best practice in the event of a pilot being launched as part of longer term plans for Social Prescribing in Newcastle.

There is a section highlighting important considerations for the pilot. The Champion Toolkit document provides a practical guide for the running of the pilot. It is presented as a stand-alone piece of work, but forms part of the overall report that has been commissioned.

Key messages and recommendations have been made as part of this report and a pilot has been designed, with an emphasis on involving people with mental health needs. The Champion Toolkit document includes reference to the impact of the benefit system and how the project could work alongside the regulations in place for receipt of benefits to ensure that Champion volunteers and service users have a positive experience that enhances their opportunities, rather than having a negative impact (such as a sanction).

In 2011, 'One in Four'[1] held a conference entitled 'What do we do now?' This was due to the significant changes in mental health services following the General Election in 2010. Dr Rachel Perkins OBE and Mind Champion of the Year 2010 opened the conference.

[1] One in Four is magazine written by people with mental health difficulties

In the write up of the Conference, the 'One in Four' article stated:

> *Rachel [Perkins] outlined the possibilities that might be taken by people with mental health difficulties to redefine services into things that better suit us. Rachel saw it that the next logical step for mental health was people with mental health difficulties themselves becoming far more involved in creating; designing and delivering services that help and support others. This she suggested was moving away from the idea that 'professionals' always know best and opening up new ways of thinking and doing*

In a document launched by NESTA, Clarence and Gabriel (2014[2]) stated:

> *Public services need to think creatively about the opportunities they offer for people to get involved. Opportunities should reflect the range of motivations people have for taking part…this might include, for example…people who've benefited from services to help others in a similar position*

Value of peer support

When talking about peer support the main themes that emerge from the following quotes below, are the importance of equality and the therapeutic value of 'lived experience' in peer support. Shery Mead (2003) is the founder and past Director of three Peer Support programmes, including a peer run hospital in America. She defined peer support as "a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful".

Katie Cheeseman (2010)[3] stated:

> *All citizens in our society today have the right to be active participants in their local community. For some people with serious mental health conditions their ability to exert control over their lives and to participate in their community becomes distorted and problematic…access to peer support provides an individual with the impetus and necessary support to facilitate a reduction in social isolation and segregation and to help with an individual's recovery and re-integration back into local life…The value of support from someone who has their own lived experience…can lead to measurable improvements in terms of their overall health and wellbeing*

[2] NESTA paper, *'People Helping People ,* the *future of public services'* September 2014

[3] Skills for Health paper, '*Peer Support roles in the mental health workforce – examples of current practice'*

'Together', a UK national charity that supports people with mental ill health, provided the following definition of peer support on their website:

> *Peer support is one of the best forms of therapy for helping people recover from mental distress and its impact on their lives. Other people who have experienced mental health issues offer insight and understanding and can draw on their own experiences to help. They offer an effective complement to the professional support offered by trained mental health workers*

This assertion has been reinforced by one of the participants interviewed as part of this research, who stated:

> *It is hard to overstate the impact that people who share my experiences have had upon me in my life. It's not just feeling understood and the knowledge and perspectives they have shared about the experiences and obstacles we have in common, it's seeing things in them and then through identifying with them being able to eventually see those things in myself. These are things non-peers simply could never have inspired in me that way*

Terminology

The project will be referred to as the 'Champion project' throughout this report.

There will be reference to two types of volunteers from the Project, 'Champions' and 'Support volunteers'.

Champion is a term to describe a volunteer who is supporting a service user who has a social prescription from their GP. The Champion has had a positive experience from their social prescription and helps their peer to access the support needed, for example, attending an activity or appointments.

Support volunteer is the term used to describe a volunteer who is assisting the Champion to undertake their role and is available as 'back-up' if the Champion is unable to support the service user (for example, if the Champion took a break from volunteering due to a change in personal circumstances, such as access to employment or ill-health).

The report will refer to the Central Co-ordinator; the person who supports the link workers with the operational running of the project, including training and supervising the volunteers.

Service user is the term used to describe recipients of a social prescription (people who are using the Champion project service).

Volunteer Centre Newcastle (CSV project) refers to The UK Volunteering and Social Action Charity.

Methodology

The main part of the research consisted of desk-based research and in-depth discussions with professionals which explored models of peer support. This work identified what was available both locally and in other parts of the country.

'Recovery Coach' training was attended to explore its relevance to the role of a Champion. A local Peer Support Develop Programme was identified to see whether there is potential for joined-up working to enhance the skills of the Champion role.

A forum, 'Support for Peer Support' was attended. This forum brought together a range of statutory and voluntary agencies and service users to discuss ideas around what peer support means for the North East.

Three focus groups and several interviews were held with service users and professionals to establish what support is needed when considering a volunteer role. Furthermore, in line with the remit of this report, the considerations looked at the most effective ways to support people with mental health issues to become a Champion.

Overview on peer support models

In 2013, the Mental Health Foundation (MHF) and partners published a document *'Peer Support in Long Term Conditions: The Basics'*[4]. The document included descriptions of different models of peer support. The diagram from the MHF document has been recreated in the body of this work (Diagram 1) for ease of reference. Evidence and examples of each model will be explored, covering both local and other areas of the UK.

It is important to note that the examples include a cross-section of different schemes, including services for people with a long-term condition, older people who are socially isolated, people with drug and alcohol issues, homelessness as well as services specifically for mental health. There is recognition that when people experience any of the above issues, this can lead to a negative impact on their mental wellbeing. People who are given a social prescription could be experiencing any number of different issues and knowledge of supporting services is beneficial to ensure holistic services are offered.

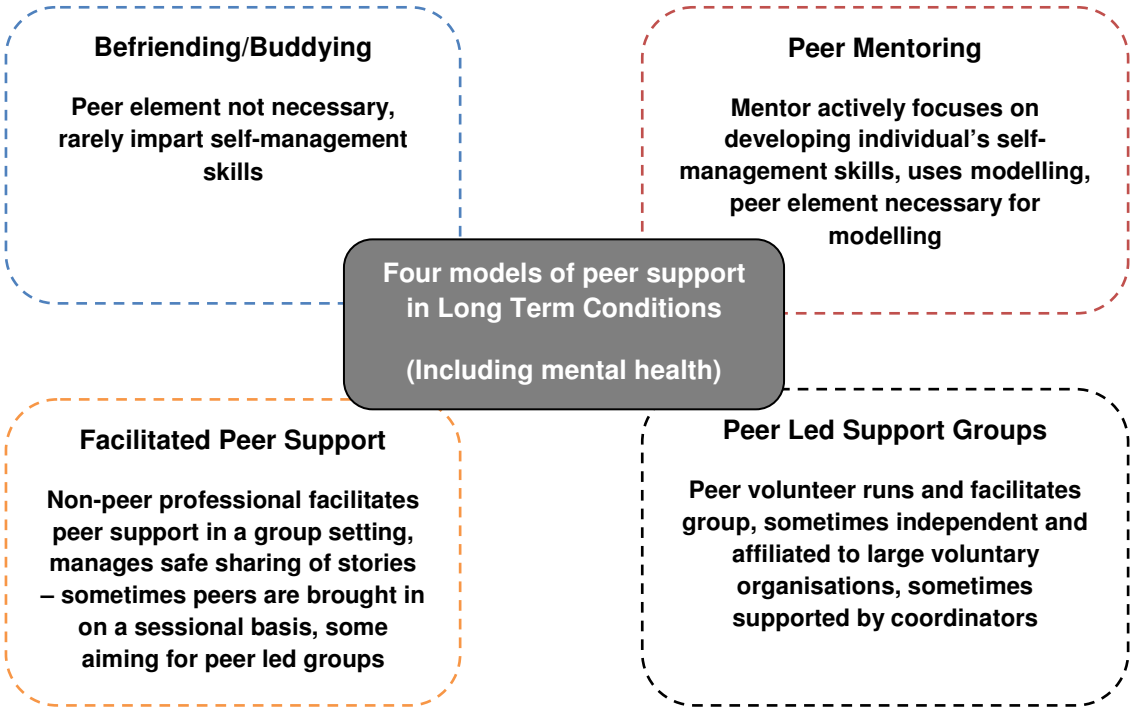

Diagram 1

[4] http://www.mentalhealth.org.uk/publications/187654/

i. Befriending/Buddying model

'Homeline' Befriending' services in London offer support through volunteers visiting people in long-term befriending relationships, assisting them to walk outdoors, helping with day to day tasks and visiting them if they are admitted to hospital.

'Age UK Newcastle' has a befriending scheme similar to 'Homeline'. However, more recently it has also developed a different kind of befriending service, 'Phone Neighbours', which supports peers to connect and form a small group. The peers are introduced based on shared interests.

ii. Peer Mentoring model

'Lothian Centre for Independent Living' (LCiL) is a user-led, not for profit organisation that provides a range of services to support independent living, developed and managed by and for disabled people. At LCiL there are several examples of peer mentoring support. Kirstie Henderson, Information & Communications Coordinator, explained that peer support is a key focus of the organisation because it is user-led. Debbie Bayne, Development Programme Officer, added that a Champion project was in the offing and they had begun to recruit ten disabled people who will promote understanding of independent living and raise the profile of LCiL. Each Champion is matched with a Buddy (peer) for coaching and mentoring.

Paul Okroj, Volunteer Development Manager at 'Chest Heart & Stroke Scotland', stated that peer support is "imbedded in the practice of the organisation".

In the North East at 'Moving Forward' and 'Tyneside Mind', service users with mental health issues, are encouraged to provide peer support in different social and activity groups and courses. Both services also provide facilitated peer support, such as the 'Personality Disorder support' group at 'Tyneside Mind' and peer-led support groups, for example the 'Bi-polar support group' at 'Moving Forward'.

The 'Positive Choices' mentoring project, managed by Volunteer Centre Newcastle, ran from 2009-2012. It aimed to empower people with mental health issues to enter into volunteering. Each service user was supported by a Mentor. One of the service users had such a positive experience that he went on to volunteer as a Mentor for the project and support his peers.

'Healthworks' in Newcastle offers a variety of services to support its vision: "For people to live longer, healthier and happier lives in all parts of the city". One of their services is Change4Life which recruits 'Champion' volunteers from the local area to spread its message.

iii. Facilitated Peer Support Model

Diabetes UK, supported by the Centre for Social Action are running a successful peer support facilitation network in Cambridge with the longer-term aim to roll the programme out across the country.

Groundwork North East have a project called 'Healthy Parks, Healthy Minds' which enables residents of South East Northumberland with severe and enduring mental ill health to engage in weekly supported environmental volunteering activities to improve skills and self-esteem. It is facilitated support and the group work as a team to achieve particular tasks to improve the green areas of Northumberland.

Mental Health Matters operate User Voice services in Gateshead (GMHUV), South Tyneside (STMHUV) and Sunderland (SMHUV) which are available to promote mental health service user involvement and promote positive well-being.

2D Changing Lives (Durham) supports people who are socially isolated because of a long term condition and have received a social prescription. The aim is to support people to volunteer. They have received funding through NESTA[5]

iv. Peer-led support groups

The University of Oxford student-led organisation aims to raise awareness and reduce the stigma of mental health issues. 'Mind Your Head' is designed to get people thinking and talking about mental health and wellbeing. They have a website with students' stories about their experiences with mental health issues, blogs and resources.

In Newcastle, 'Launchpad' is an organisation run by and for people experiencing mental health issues. A wide range of work is undertaken including user-led support groups, such as the 'Self-harm' group.

North East Athletic (NEA) is a sports club based in Gateshead for people in recovery from drug and alcohol addiction in the North East region. NEA is run by people in recovery for people in or moving towards recovery.

[5] National Endowment for Science, Technology and the Arts (UK)

Summary

There are a range of different projects across the country and in the North East, which deliver different models of peer support. In terms of the application of the models to the Champion project, it is important that all four areas of peer support are encouraged:

- Befriending and buddying are the foundation blocks of a friendship and the project should create an environment whereby people become connected, support each other and share ideas. Systems could be developed to capture the informal support being offered by service users, but it would rely on the service user exploring this with their link worker. It should be a means of identifying potential Champions rather than being a separate, volunteer role.
- Peer mentoring is the description of the relationship between the Champion and a service user
- Facilitated Peer Support would include group support meetings for Champions to provide peer support about good practice ideas/challenges/celebration of achievements. Champions could be supported to set up activities or groups for service users
- Peer-led support groups could be a development from the facilitated support, whereby staff involvement is no longer necessary and the Champion leads a particular activity.

Training courses for Peer Support

'Northumberland, Tyne and Wear NHS Foundation Trust' (NTW) have a 'Recovery College Hub' with a range of courses to access. One of the courses available is a 12 week course, 'Peer Support Development Programme'. This is available for anyone who may be interested in paid or voluntary work. The training begins its first intake in October 2014. Angela Glascott, Patient and Carer Engagement Co-ordinator said the training will develop using feedback from course participants. Angela went on to explain that NTW have recently employed Peer Support Workers over the last 18 months.

One of the Peer Support Workers explained his journey:

> *I found it really difficult at first. I am honest with people who are thinking about doing this job. I tell them it can be hard and you need to make sure you use the opportunity for supervision to share concerns, which is really key to supporting you in the role. However, it is so rewarding and I really enjoy doing it*

'The Institute of Mental Health Nottingham' and 'The Academy for Health Coaching' co-deliver a two-day 'Peer Support and Recovery Coaching workshop'. This training will inform the development of the NTW course.

Colleagues at NTW would be keen to work in partnership with any similar initiatives in mental health.

The recent 'Supporting Peer Support' meeting facilitated by 'Launchpad', brought together a range of statutory and voluntary agencies and service users to discuss ideas around what peer support means for the North East. The vision for the remit of future meetings is in its infancy; nonetheless there is a strong commitment from the attendees that this is an area that needs continued discussion.

Unpaid vs. paid peer support

There is debate about whether peer roles should be paid or voluntary. The remit for this research was to explore ideas for a volunteer peer support model. However, 'Exploring Peer Support as an Approach to Self-Management'[6] outlines the pros and cons of each argument. In the context of this project, it would be financially challenging to run a pilot project with paid peer support workers.

[6] 'Exploring Peer Support as an Approach to Self-Management', Feasibility Study Report, page 22 published Jan 2012

Consultation

Focus Groups

i. 'Moving Forward Newcastle' (MF)[7]

MF is part of the Mental Health Concern+ Group and offers support to adults who live in Newcastle and experience mental health issues. There were twelve participants from MF who had a diagnosis of mental health issues. Nine attended the group and three were contacted via email and one was a face-to-face interview. Appendix 1 details the questions and responses. The participants were selected by their link worker (at Moving Forward) and identified as people who had 'moved on' and progressed positively through the service. Questions were chosen that explored their views around what help would be needed in order to become a Champion. Interestingly, some of the participants were already informally undertaking roles similar to that of a Champion.

ii. E-Focus group – 'Peer Support North East' (PSNE)[8]

PSNE originally offered peer support to people who might be considering taking up the option of a personal budget. However, the uptake was low for this type of service and the project now offers generic peer support for people who have disabilities.

iii. 'Healthworks' Change4Life Champions (HC)[9]

As mentioned on page six, HC volunteers spread the Change4Life messages about improving physical health. There are sixty-seven active champions in the inner west of Newcastle in a variety of settings such as nurseries, schools, parent and toddler groups and community projects.

For both the PSNE and HC focus group, a short survey was written, consisting of three questions to ask volunteers. For the PSNE volunteers this was distributed via email and for the HC volunteers it was posted on the Change4Life Facebook page. Appendix 2 and 3 provides full details of what participants contributed.

[7] http://www.mentalhealthconcern.org
[8] http://www.peersupportne.org.uk/about-us
[9] http://www.healthworksnewcastle.org.uk

Feedback from the focus groups

The MF group identified two categories of help a Champion could support service users with: emotional and practical. The emotional support included the Champion having empathy, being a "listening ear" and a "shoulder to cry on", as well as reducing feelings of loneliness and building trust and inspiring hope as the Champion could explain how the service(s) had helped them. For example, it was suggested "[It would be] good to have one consistent person involved so a working relationship can be built upon and you don't have to tell 'your story' to multiple people"

Another contribution was:

> *It is hard to overstate the impact that people who share my experiences have had upon me in my life. It's not just feeling understood and the knowledge and perspectives they have shared about the experiences and obstacles we have in common, it's seeing things in them and then through identifying with them being able to eventually see those things in myself. These are things non-peers simply could never have inspired in me that way*

Practical support that was suggested included focusing on the positive aspects of what can be done, and supporting the service user to attend appointments/support for financial worries and signposting. For example, one suggestion was that the Champion could, "help find out the person's needs and wants, to then be able to point them in the right direction with regards to recreational activities, educational courses, mental health courses including any holistic based therapies, jobs and careers".

Participants shared similar views about what they would hope to get out of the role of being a Champion. The feedback centred on a desire to help others as a result of the struggles that they had endured when starting their journey of recovery. Reflections included:

> *Remembering how it was for me going through bad times it would be nice to believe you could lessen that a little for others*

> *I think contributing in a way which utilises one's own experiences of mental distress and the systems you can enter as a result of it can be a significant personal step. I think an important part, often one of the later steps, of many recovery narratives is for someone to take their experiences, and what they have learned from them, and to then make them mean something outside themselves."*

> *[I want] to help people to not be frightened to admit they have a problem*

There were different views about what people would be anxious about in becoming a Champion. Some were nervous about meeting new people and questioned whether they would be able to offer support to a service user alongside working through some of their own issues. There was a discussion around the importance of ensuring the Champions put their mental health needs first to enable them to provide support.

On a practical level, someone stated that she felt anxious about how to react in different situations and who she would contact if she was unsure about an issue that came up. This sparked discussion from another who said she would be anxious about whether a service user had a violent temper and what the procedure would be to handle this kind of behaviour.

Three people shared concerns about the matching process and whether they would connect with the service user and what would happen if they felt it was not a good match and how the service user might react, for example "[I would be anxious of] running out of things to say, or awkward silences."

People identified that a network of support was needed; to include, supervision from staff and emergency help if needed, peer support amongst the Champions (sharing ideas in group meetings and training) and knowledge of what help is out in the community that they could enable service users to access. Someone fed back, "the boss should be positive, pleasant, understanding and good at listening, not huffy and not dragging you down. Most importantly, they should understand the project."

In terms of Champion support, one participant said:

> *I think one form of on-going support that would be very helpful is for peer mentors [Champions] to get together and discuss the issues they face and the solutions they employ while fulfilling the role. I think this would be particularly useful while people were new to it, but I think contact with other people who are doing what you do would be a helpful thing beyond that in any role. Peer support for peer mentors [Champions] if you like*

E-focus groups with 'Healthworks' and 'PSNE'

There was a shared sense of enthusiasm for their roles as volunteers. Seven people expressed that they wanted to make a positive difference to the lives of others. Two volunteers expressed that they had the confidence to do the role as a result of being asked by the manager of the project. Another added "I knew I had back up – my support worker". Two were inspired by friends to volunteer and one of the HC volunteers went on to inspire her friend to become a HC volunteers.

The issue of transport was raised. Firstly, one of the participants commented that PSNE had arranged transport which had helped them carry out their volunteering role. Another said:

> *Travel can be a prohibitive expense these days for those too excluded to participate in employment. Is there a way people can get help with their travel costs? If so it would be of benefit if peer mentors could be informed of what is available so they can help the people given social prescriptions with this*

In terms of sustaining their role as a volunteer, five stated that they had good support in place and two said training opportunities were helpful.

Interview with Lisa Conroy, 'Healthworks'

Lisa was interviewed because she was previously a HC volunteer and is now employed to provide support to the HC volunteers. She made the transition from being a volunteer to becoming an employed member of the team. The full interview is in Appendix 4.

She emphasised the importance of the encouragement she needed to become a volunteer and to understand the 'bigger picture' of the project and where she fitted into that. As Lisa initially volunteered for 'Healthworks' and is now employed by them, she has an empathy and connection with the other HC volunteers she supports. Lisa explained the importance of the network of support she has received including the staff, resources and the volunteer support as well. She was nervous and excited about becoming employed; in particular she was nervous about the reaction of the other volunteers. However, she said she has had a positive response. She continues to maintain a good rapport and relationship with the volunteers she supports.

Summary

There was a positive reaction to the ideas discussed in the focus groups and interviews, with participants expressing a strong sense of empathy and motivation to help others.

In the MF focus group people were open about sharing their anxieties, but also ideas on how to lessen them. There was an emphasis on volunteers giving each other peer support as well as the importance of supervision and preservation of the wellbeing for the Champion.

One of the participants expressed an interest to volunteer as a Champion if the pilot goes ahead.

Key training identified by the participants:

- Exploring the role of a Champion
- Communication skills
- Boundaries
- Safeguarding
- Dealing with aggressive behaviour
- Coping with challenges
- Preserving Champions' mental wellbeing

Considerations for the pilot

This section explores important elements for consideration, prior to a pilot being launched. The Champion toolkit is a practical guide for running the pilot.

Social Prescribing Champion project outline

Diagram 2 illustrates the outline of the project in terms of its purpose, model, type of support and method of delivery. This approach relates to the supportive relationship between the Champion and the service user.

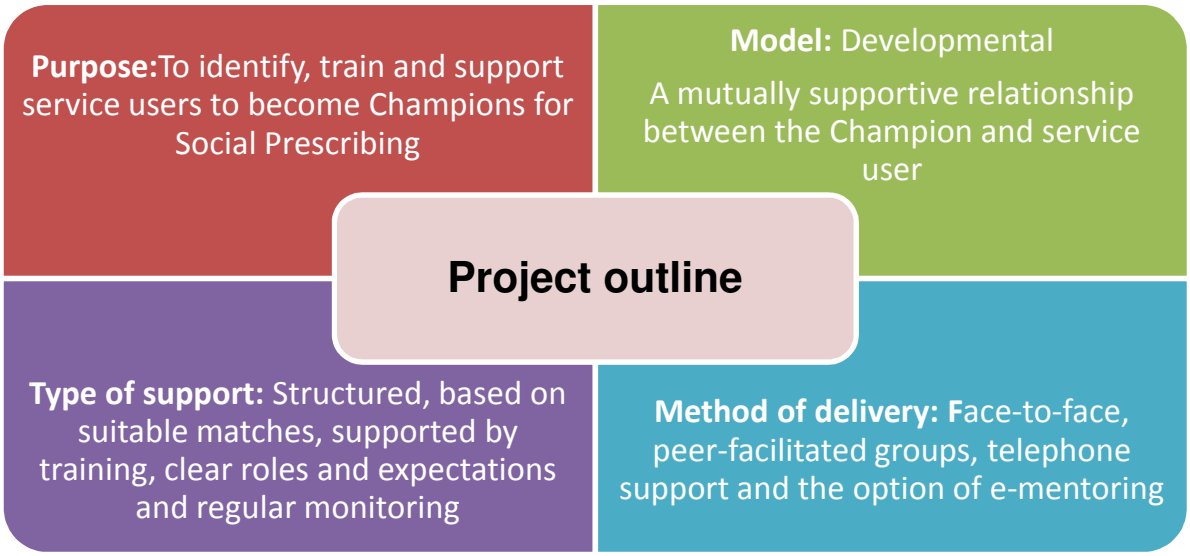

Diagram 2

The model of the project could be either traditional or developmental. The traditional model is usually a one-to-one relationship whereby the Mentor (in this case, the Champion) assumes a position of being 'experienced' and the learning would be primarily one way.

The developmental model is more in line with the Champion support approach as it is based on developing an equal relationship with the service user, whereby neither party is deemed the 'expert'. In this project, the adoption of a developmental model would mean that the service user could be enabled to develop useful strategies to aid their recovery and self-management of their long-term condition.

Unlike the traditional model, the developmental approach would allow for flexibility in how the Champion support is offered as it would be negotiated with the service user.

The impact for a Champion could be a positive effect on their mental wellbeing and they could develop skills, experience and feel satisfaction from helping someone to improve their wellbeing. This experience may lead to increased opportunities for employment, if this is in line with their goals.

Type of support

The project should deliver structured support and have clear boundaries for the service user and Champion. Regular monitoring should be undertaken to ensure the project is of an excellent standard and that the service user and Champion get the very best experience.

Informal support networks can often arise in any service. An example of informal support would be a service user that helps another on a befriending basis, such as, welcoming a service user into a group setting. These are situations that can arise naturally and potentially lead to a friendship and this type of support may not have had any staff intervention. This informal support could be a means of identifying potential Champion volunteers.

If the informal role was developed into an aspect of being a part of the Champion role, the project needs to be mindful of their responsibilities to offer the same training and support.

It is worth noting that some people want to help others without the label of being a 'volunteer' or having the pressure of an application process and having the support they deliver described in a particular way.

Method of delivery

The way a service user is supported should be flexible to suit the needs of a range of people, and to overcome accessibility issues for certain disabilities. This could include: face-to-face, Peer-facilitated support group, Telephone/text support and E-mentoring support.

SWOT analysis of proposed pilot

Diagram 3 is a SWOT analysis, a tool designed to focus on the strengths, weaknesses, opportunities and threats for the project.

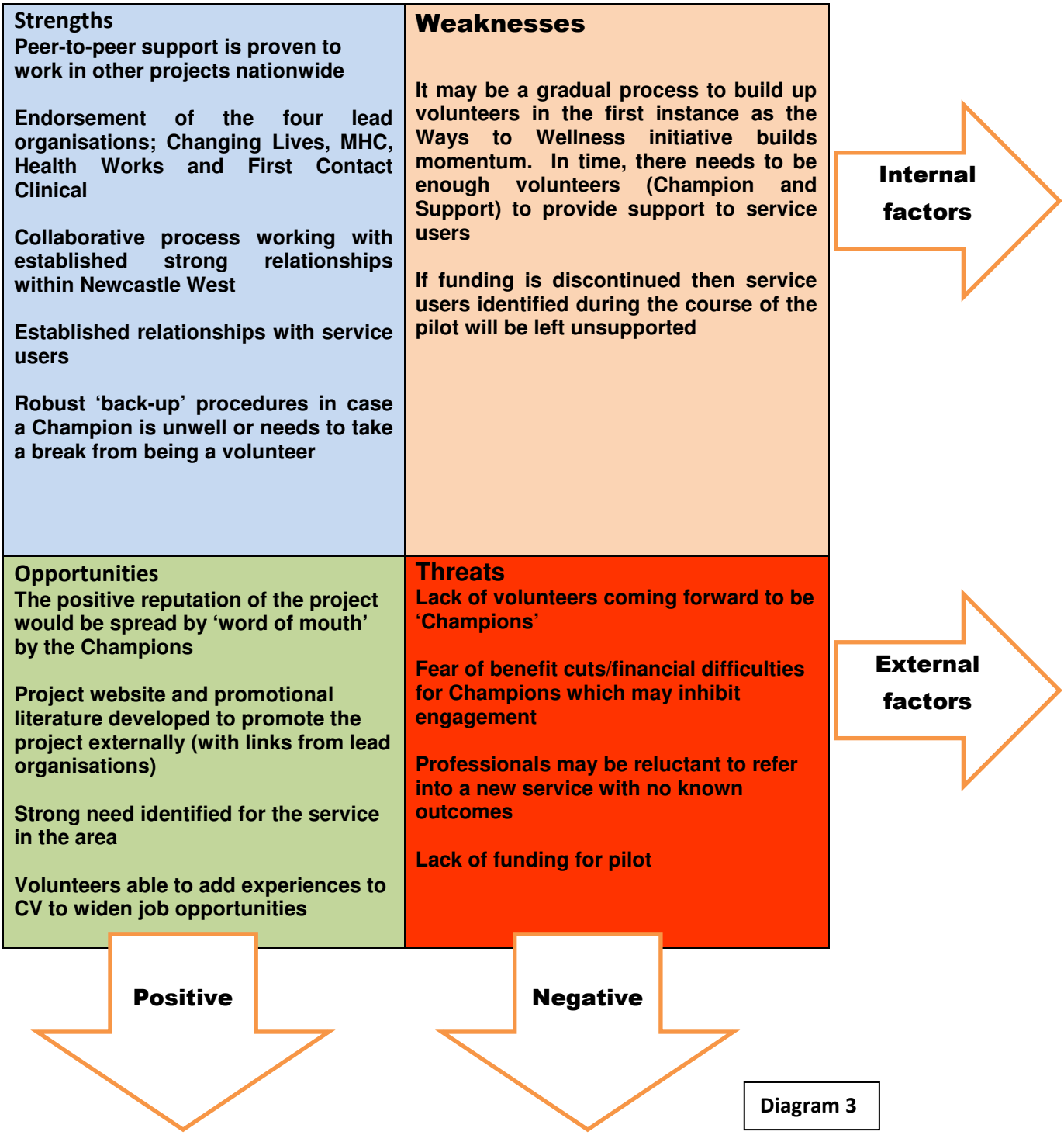

Diagram 3

Managerial oversight

There are different options about how the project can be organised in terms of who is responsible for the operational running of the service, including the supervision of the volunteers. The table below outlines the options, illustrating the advantages and limitations of each.

Operational options

	Option	Advantage	Limitation
1.	Project Co-ordinator New post	Single point of contact for service users, volunteers and professionals End to end support for service users and volunteers which should lead to positive rapport Co-ordinates between link workers, agencies, volunteers and service users This option has been successfully applied in numerous projects	Business risk of one person being responsible for tasks if they were absent or left organisation
2.	Link workers deliver different functions of the role with a central co-ordinator in place	Service users have established good working relationships with the link worker Preventing the need of a referral to another project	It could be challenging to break down the functions of the post as they interlink Challenge of dealing consistently with complaints

Table 1

Option one – A project Co-ordinator

The Project Co-ordinator would have responsibility for the operational running of the project as outlined in Diagram 4. This illustrates the processes of becoming a Champion and Support volunteer and shows that the support structure is two-layered:

- Champions support service users to access support from their social prescription
- Support volunteers assist Champions and provide 'back-up' if the Champion needs to take a break

This system reduces the pressure for the Champion and ensures there is a contingency plan of support for the service user.

The Champion and Support volunteer should meet up on a regular basis (to be negotiated by the project and dependent on the level of support needed). Furthermore, the Champion, Support volunteer and service user should meet up on a regular basis (approximately once per month) to ensure the Support volunteer and service user build up a rapport in the event that the Champion needs to take a break. The service user's link worker should also have regular contact with the Project Co-ordinator to monitor progress of the support and to feed into the reviews held with the service user they are working with. A Support volunteer may assist more than one Champion. Similarly, a Champion may support more than one service user.

Diagram 4: Flow charts to illustrate the processes of becoming a Champion and Support volunteer for Option one

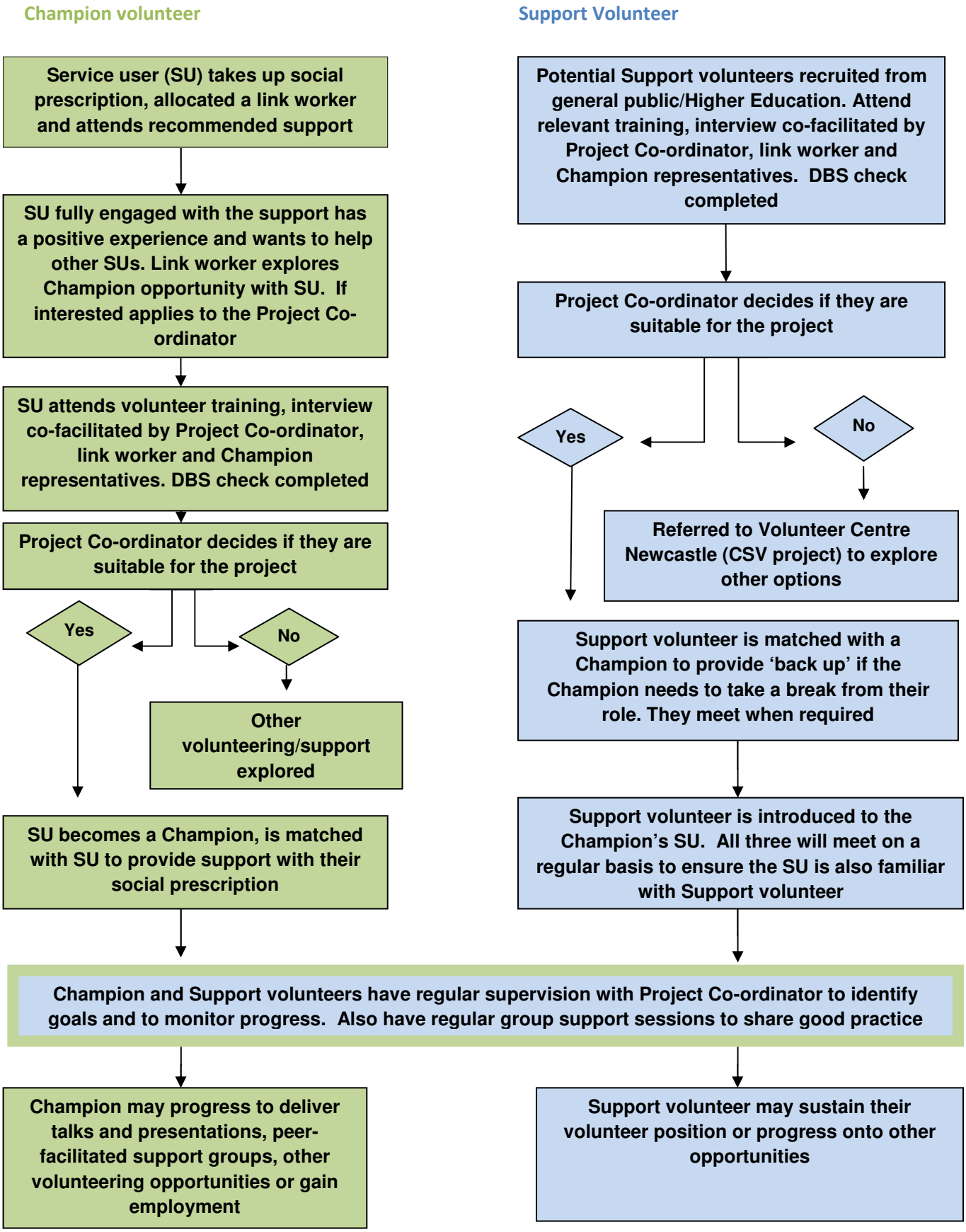

Diagram 4

Option two – Link workers and Central Co-ordinator

The table below outlines how the project responsibilities could be divided between the link worker team and a Central Co-ordinator.

Project responsibilities

Link worker	Central Co-ordinator
Identify service users to become Champions	Market and promote opportunity for support volunteer in local community
Ensure relevant paperwork completed, such as reference request & DBS check	Recruit support volunteers and ensure relevant paperwork completed, such as reference request & DBS check
Deliver training with the Central Co-ordinator for Champions and support volunteers	
Decide matches through discussion at link worker team meetings. Allocated link worker introduces Champion and service user	Provide supervision to the Champions and support volunteers
Allocated link worker undertakes reviews	Respond to complaints and feedback about the service
Data collected and sent onto Central Co-ordinator for monitoring and evaluation	Ensure relevant data is being collected, monitored and evaluated
	Funding bids
Provide representation at the Project Steering Group meetings	

Table 2

Diagram 5 illustrates how the process of becoming a Champion and a Support volunteer would be supported by both the link worker and the Central Co-ordinator in practice.

Diagram 5: Flow charts to illustrate the processes of becoming a Champion and Support volunteer for Option two

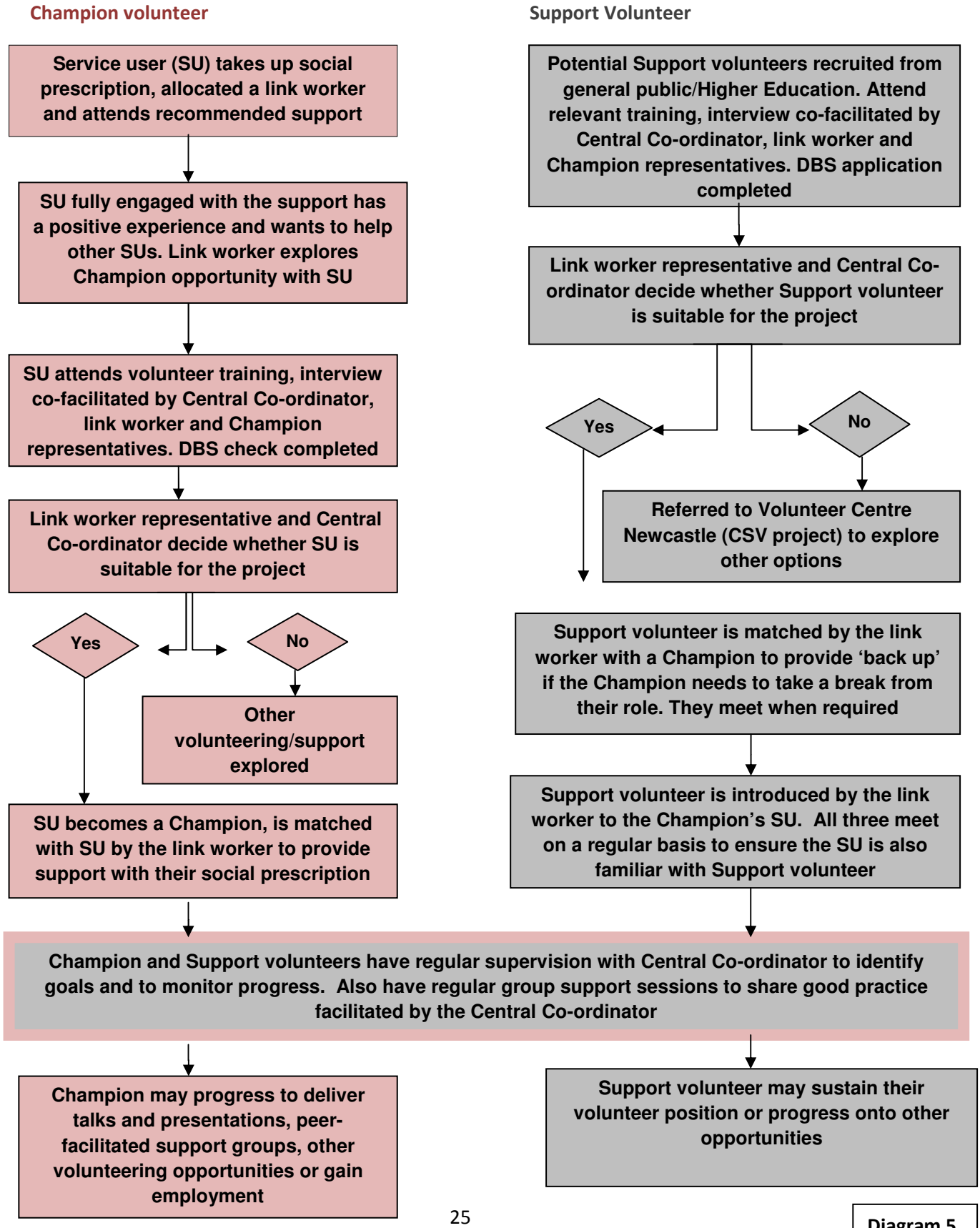

Diagram 5

Support for project staff

A Senior Manager(s) needs to ensure that the operation of the project is working well and if not, to problem-solve. Due to the nature of the work, the supervision also needs to include time for the project staff to debrief about any issues that have arisen with service users or volunteers (Champion or Support).

Policies and procedures

Following consultation with Karen Watson, Development worker at Volunteer Centre Newcastle (CSV project), it was highlighted that the following key policies are needed for the Champion project:

- Personal and Professional Boundaries
- Vulnerable Adult Protection
- Child Protection
- Data Protection
- Health & Safety (including personal safety)
- Insurance including Employer's Liability insurance and Public Liability insurance
- Diversity and equal opportunities
- Monitoring
- Supervision and support
- Volunteer expenses
- Problem-solving policy
- Complaints

Steering group

To monitor the progress of the Champion project, a steering group should be set up with representation from key stakeholders and partners. Clear terms of reference need to be decided between the members of the group and regular meetings should be planned.

Partnership working

Effective communication is key to the success of this project, in terms of incoming referrals, dealing with complaints efficiently and ensuring that ideas for good practice are shared. Partnership working could also lead to collaborative efforts and shared use of resources and training opportunities.

Recruitment and selection of volunteers

Champions will mainly be recruited via their link worker, through the process of their review and if it is felt the service user is ready to undertake the role. However, there is also the potential to advertise externally and invite people to apply for the position who have had a positive experience of engaging with the same services but perhaps through a different referral route from Social Prescription.

The Support volunteer roles could be undertaken by anyone who has an interest in this field, for either personal satisfaction and/or people who want to gain experience (but not as a placement) for a professional course they are undertaking, such as Counselling, Health and Social Care, Social Work or Occupational Therapy.

Age of volunteers

'Volunteering England' states that people under the age of 18 are legally classed as vulnerable and organisations should take this into account when involving them as volunteers. As the nature of this project is working with vulnerable adults, the minimum age for volunteers should be 18 years old.

Matching Champions with service users

Champions and service users can be matched either based on the similarity of the condition they have, such as depression (condition- specific peer support), or on shared interests and compatibility (generic peer support). A Feasibility Study[10] detailed the advantages and disadvantages for each type of support (see Appendix 5). An important conclusion and recommendation identified that when the matching process is based on shared interests and personality, then it is recognising that each person has different needs, rather than assuming commonality based purely on both having the same diagnosis (which they would ultimately experience differently).

[10] 'Exploring Peer Support as an Approach to Self-Management', Feasibility Study Report, published Jan 2012

State Benefits and volunteering

Champion and Support volunteers may be in receipt of certain benefits, for example Job Seekers Allowance (JSA) or Employment Support Allowance (ESA). Following consultation with Jobcentre Plus colleagues, Suzanne Henderson and Carole Nelson, it was explained that it is important that the volunteer checks with Jobcentre Plus prior to engagement with the project to ensure they have details about the volunteering. The reasons for this are:

- The volunteer could be subject to a sanction if they put the project volunteer role as a priority. People on JSA are expected to be ready for work with 48 hours notice. All volunteers should ensure the Jobcentre have the details of their volunteering in the event that someone made a false accusation that that they are working (which would then be subject to an investigation and temporary pause in their benefit)
- The volunteering may enhance opportunities for employment and may widen the jobs the volunteer is able to apply for

In the training for all volunteers, the project needs to make it clear that there is an understanding about these issues and that it is the responsibility of the volunteer to ensure that they adhere to the rules of the benefit they are receiving. If a volunteer needed to attend an appointment or interview at short notice then this would be accommodated by the project and appropriate arrangements for cover of their volunteering activity would be made.

For full details about claiming state benefits and volunteering please visit: http://www.volunteering.org.uk/component/gpb/statebenefits

Monitoring & Evaluation

It is essential to monitor and evaluate the project in order to demonstrate its success and how effective it is in terms of the impact and difference it makes to people's lives. The process of monitoring and evaluation highlights strengths, limitations and changes needed to improve the quality of the service being offered.

The MBF recommend that projects involve service users and volunteers (in this context Champions and Support) in the planning and development of the monitoring tools. Feedback and ideas for monitoring tools could be encouraged from service users and volunteers at reviews and during supervision and group support.

The size of the pilot project would mean that information could be collected from all of the participants, rather than a representative sample. If funding was continued and the project was developed then it may be more prudent to collect from a smaller sample.

Quality assurance

There is an opportunity to apply for an Approved Provider Standard (APS) which is the national quality standard designed specifically for all types of mentoring and befriending projects. Projects which meet the requirements of the standard are accredited for three years. For more information about the accreditation process you can visit:

http://www.mandbf.org/quality-standard#sthash.eo9mFTD0.dpuf

Ways to Wellness initiative

One aspect of the report remit was to explain how the project planning could coincide with the planning for the 'Ways to Wellness' initiative. The information below illustrates a timeline for the Champion pilot to go 'live'. This is subject to the funding being secured. Katy McTernan, Manager at CSV is available to write a budget forecast once the steering group have decided which option is being adopted (Project Co-ordinator or role division between the link worker team and a Central Co-ordinator). She is available to contact on: kmcternan@csv.org.uk

Timeline for 2015

January - March	Link workers begin their role & complete induction to Ways to Wellness
March/April	Link workers begin to receive referrals from GP practices
April/June	A Central Co-ordinator or Project Co-ordinator needs to be appointed to oversee the Champion project (depending on which option is chosen by the steering group)
July-September	Recruitment, training DBS checks can begin for volunteer Champions and Support volunteers
September	Champion volunteers available to be matched with service users

Conclusion: Key messages and Recommendations

1. What kind of model works best?

Key message

- Evidence suggests condition-specific support limits the ability to help a wide range of people, whereas generic peer support recognises each person has different needs
- Traditional model of support only allows one way learning, whereas developmental model is based on equal relationships
- Introducing a two-layered system of support; Champion and support volunteers, reduces the pressure for Champion and ensures there is a contingency plan of support for the service user
- There is debate about paid vs. unpaid peer support

Recommendation 1 & 2

1. Adopt developmental, generic, two-layered system of support for service users
2. Consider which option works best for the pilot, paid or unpaid peer support

Key message

- Research for the project identified methods of support and that they should be as flexible and varied as possible
- The impact of some long-term conditions can lead to limited mobility

Recommendation 3

3. Consider telephone and e-mentoring as an inclusive support option

2. Supporting service users to become Champions

Key message

- Service users and Champion volunteers are vulnerable adults

Recommendations 4-7

4. Minimum age for volunteers should be 18 years of age
5. Volunteers need relevant ongoing training, including boundaries and safeguarding awareness
6. Volunteers provided with opportunity for regular supervision
7. Co-ordinator to maintain good practice guidelines of working with 20-25 matches per full-time post

Key message

Informal befriending and buddying support, manifests in all aspects of life and can be developed into a skill to be applied in peer-to-peer support

Recommendation 8 & 9

8. Social Prescribing link workers to identify potential Champions that could be supportive with peers and explore the Champion role as an option for volunteering during reviews
9. Extend the opportunity to volunteer, to people who have experienced a long-term condition but not a social prescription

3. Next steps for the steering group/commissioners of this project

Key Message

- Good practice has evidenced the importance of strategic oversight and regular reviews for ensuring a project develops effectively and systems in place are fit for purpose

Recommendations 10-13

10. Steering group to decide management structure
11. Steering group to decide which host organisation's policies will be adopted
12. Champion toolkit document to be reviewed by Steering Group with feedback from volunteers and service users
13. Steering Group to form a 'Champion project' Steering Group with appropriate representation from service users and key organisations

Key message

- Value of peer-to-peer support has been established through the research for this pilot

Recommendation 14

14. Secure funding and deliver pilot

Key message

- Having a single point of contact for service users, volunteers and professionals has been successfully applied in numerous projects
- Co-ordination is vital for the efficacy of the Project
- Essential to monitor and evaluate the Project for quality control and funding purposes

Recommendation 15

15. Consider options for appointing a Project Co-ordinator or a Central Co-ordinator to support the operational running of the project

Key message

- Gaining a national quality standard will promote confidence to funders, potential service users, volunteers and professionals

Recommendation 16

16. Apply for Approved Provider Status through the Mentoring and Befriending Foundation once the project is established

Key message

- Importance of collaborative working
- Volunteers in receipt of state benefits need to adhere to the conditions attached to their claim

Recommendations 17-20

17. Champion project to compliment support offered by Social Prescribing link workers to service users
18. Continue to have representation at the 'Supporting Peer Support' forum
19. Links with Jobcentre Plus should be established and maintained
20. Work in partnership with key organisations and agencies

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Appendices

Appendix 1: Moving Forward Focus Group & interviews

1. How do you think having a 'Champion' could help people with mental health needs?

- Listening ear – understanding the persons problems, thoughts, symptoms
- Provide support to go along to appointments @ for example job centre, Drs etc.
- Having gone thru initial probs myself
- My own experience as anxiety etc. may help others with anxious feelings nervousness & that you felt the same when you joined [a service]
- It would be beneficial because that person has been through the same
- Support, help, talk about any problems, help with any health problems, to put a smile on (their)face, help with medications
- They may find as I myself did that they are not alone in their illness i.e. their fears, worries, anxieties etc.
- Support to focus on the positive things in the other person's life and to look into activities that they may enjoy or be involved in
- Having someone to talk to that has gone through similar may learn to trust again
- The champion would help them and tell them about the service and how it helps me
- Can help with financial worries, point you in the right direction (e.g. internet), listen to you
- To find out the person's needs and wants to then be able to point them in the right direction with re. to recreational activities, educational courses, mental health courses including any holistic based therapies, jobs and careers
- It can help with re. To giving that person a starting point and direction, as well as encouragement both verbally as well as physically, i.e. kind of a 'shoulder to lean on' in a way.

If you were thinking of becoming a Champion:

2. What might you hope to get out of the role?
    - Build trust
    - Remembering how it was for me going thru bad times it would be nice to believe you could lessen that a little for others that could use some support to cope
    - If I could help someone I would make me feel good about myself and that of the other person

- I have helped someone at Moving Forward before and I learned with the person. I looked forward to meeting the person and enjoyed knowing I was helping them. I got support from staff if I needed to ask anything.
- Benefit of helping other people with problems and knowing that person is happy with my support
- I would get satisfaction for helping people
- Helping others helps you to feel you are useful and have something to offer
- I could help you onto new career path

3. What might you be anxious or unsure of?
   - How to react in difficult situations, who to contact
   - Anxious to meet other people and not be able to give them the right support and help they need.
   - Worried about being dragged down by the other person's problems and depression etc.
   - Worried about someone who may be violent
   - Connection of matches, not clicking with a person. I think it comes down to personal choice
   - I would feel bad if we didn't connect and how would you tell the person?

4. What training and support would be useful to help you become a volunteer Champion?

   - Role of champion not to take things personally and take on the emotions of the one you are giving support to "a talk on"
   - Training – sit down one-to-one with a support worker to explain the role
   - Training in learning the boundaries of the support needed. What ground rules would be necessary?
   - Be positive and social
   - I think just from past experience that's all the things I would need to do that
   - Training to cope with the person's problems what support I would get if needed.
   - Training in dealing with challenging situations
   - Training to cope with the person's problems
   - What to do/how to handle a situation if certain boundaries were overstepped
   - How to handle an aggressive service user
   - How to look after one's own health, i.e. safeguard your own mental health

- This is a two-way thing. Support for both of you. Small steps, swap ideas, lead by example, break the cycle. Empathy, understanding, goes a long way. Letting people know they have options & choices.
- A Champion can feel more confident it's a good feeling helping someone else so what makes you feel good is a positive move for your wellbeing.
- Communication and listening skill training
- Safeguarding
- Confidentiality training

5. What on-going support might help?

- On-going support will help if you or that person needs it to reassure them
- What other support and help is out there for you and others and what emergency numbers or people who can help
- Regular get together with staff to discuss how things are going
- On-going help that may be useful is to be able to go to a supervisor should you have any problems
- Knowing there is someone there to talk to who knows the system
- The champion to know of courses and places via Moving Forward they can refer
- Experience of issues and knowing if I am stuck I can turn to people – signposting
- A supportive team leader/supervisor etc. with continuity who you can go to if and when needed
- Emergency supervision either by phone or in person if needed
- Monthly or bi-monthly meetings (discussion of this being both one-to-one and group so share ideas)
- Having someone to go to when you need advice & ideas to help you give the best you can for the person you are supporting.

6. Any other comments/things that should be considered?

- Being there for someone
- Not to put your anxieties on someone else as it could make them feel worse

Interview via email from service user A

How do you think having a 'Champion' could help people with mental health needs?

Good to have an advocate who understands what you might be going through, and to speak/act on your behalf if you are feeling low/anxious.

Good to have one consistent person involved so working relationship can be built upon and you don't have to tell 'your story' to multiple people.

If you were thinking of becoming a Champion:

What might you hope to get out of the role?

Building confidence in your own abilities.

What might you be anxious or unsure of?

Running out of things to say, or awkward silences.

What training and support would be useful to help you become a volunteer Champion?

Regular supervision to discuss any concerns or issues arising.

What on-going support might help?

No comment provided

Any other comments/things that should be considered?

No comment provided

Interview via email with service user B

How do you think having a 'Champion' could help people with mental health needs?

I think when speaking with a peer it is easier to feel understood and empathised with, and to build trust. I think feeling listened to and understood is something that is helpful to receive, and being part of relationships where trust is built is also helpful. Feeling less isolated and alone in your struggles can be a powerful thing. I also believe those that have personal experience of the things you are experiencing are those with the most helpful knowledge to share, and that people who have been through the process you are going through are the best placed to give information about it.

As I understand it, one aim of social prescribing is to help combat social isolation, and contact with a peer mentor in itself is something which would reduce isolation. I believe more peer presence in the support for people with mental distress would be a very helpful and positive thing. I genuinely hope that the presence of peer support will be a valued thing in its own right rather than a means to increase participation in an initiative. It is hard to overstate the impact that people who share my experiences have had upon me in my life. It's not just feeling understood and the knowledge and perspectives they have shared about the experiences and obstacles we have in common, it's seeing things in them and then through identifying with them being able to eventually see those things in myself. These are things non-peers simply could never have inspired in me that way.

If you were thinking of becoming a Champion:

What might you hope to get out of the role?

To feel that I was contributing positively in some way to other people's lives would be rewarding. I think building relationships and supporting other people helps us feel good about ourselves. I would expect the role to be challenging, but also rewarding.

I think contributing in a way which utilises one's own experiences of mental distress and the systems you can enter as a result of it can be a significant personal step. I think an important part, often one of the later steps, of many recovery narratives is for someone to take their experiences, and what they have learned from them, and to then make them mean something outside themselves.

What might you be anxious or unsure of?

The role of Social Prescribing Champion is one I haven't heard of before. I think this naturally creates a little uncertainty about exactly what the role entails, what the specifics of the role are. To me an intuitive answer to easing this source of anxiety would be to have some way of speaking to people who already fill that role. It would be interesting and illuminating to hear from them what they spend their time doing, how they do it, and what rewards and frustrations they experience. While the very first people to do it won't be able to benefit from this, I think it's something that would be of benefit when it was a practical possibility.

I feel that peer support, and support in general, works best when someone has the autonomy to 'be' with the person in front of them, actively listen to them, and respond

to what unfolds and their needs without an agenda. If I had a "Champion" I personally would be both disappointed and less helped if formalising peer support on behalf of supporting an initiative impeded the ability of the person I was talking with to respond honestly and helpfully as a peer, and displaced other topics of conversation I might want to have. So I think being unsure of exactly what you would do, and how you would be expected to do it, and also how that might conflict with how one would naturally be inclined to go about peer support, is a natural source of anxiety too.

I personally would much prefer to function primarily as a supporter of a peer rather than a champion of an initiative. I believe it would also be more helpful to both the peer relationship and the person it is with for it to work and be titled that way. It's not so much that I feel peer support to engage in social prescriptions is not potentially a very positive thing, it's more that I believe widening the role (or removing the imposition of that central focus) would increase the helpfulness that can be achieved.

I have to admit I am unsold on being referred to as a "Champion". On the bright side it might provide an easy opportunity for humour to be injected into introductions.

What training and support would be useful to help you become a volunteer Champion?

I think the suggestions I saw about training were very good. Training can build confidence and a feeling of preparedness that help to reduce the anxieties around what is to come for those who take on any role. It would for me at least, and I doubt I am unique in feeling this way. I think training with boundaries would be very helpful for people, both helping people feel confident with where they lie in what could be a new type of relationship, and helping people to develop responses for how to react if their boundaries feel uncertain or threatened in some way. I think training on listening and communicating would also be helpful.

I think as clear an image as possible of exactly what the role entails and what is expected and what is not expected would also be very helpful. A clear picture of confidentiality expectations being presented to both people in the relationship would be an important part of that.

What on-going support might help?

I think one form of on-going support that would be very helpful is for peer mentors to get together and discuss the issues they face and the solutions they employ while fulfilling the role. I think this would be particularly useful while people were new to it, but I think contact with other people who are doing what you do would be a helpful thing beyond that in any role. Peer support for peer mentors if you like.

Any other comments/things that should be considered?

Some people are unable to attend events on their own. It would be helpful if peer mentors are able to attend the social prescriptions with people (and could visit their homes where this was stated as something the people receiving peer support and social prescriptions would prefer). I don't know if this is envisioned as part of the support where required, but I would hope so.

Travel can be a prohibitive expense these days for those too excluded to participate in employment. Is there a way people can get help with their travel costs? If so it would be of benefit if peer mentors could be informed of what is available so they can help the people given social prescriptions with this.

Interview face-to-face with service user C

How do you think having a 'Champion' could help people with mental health needs?

Patience and the time to listen. Not watching the clock – make the person feel like they are the only person in the room. If someone is having a bad day then they shouldn't put that onto others. A Champion has more qualification to help someone else because you've been there. You need to be understanding and be able to put a smile on someone's face.

If you were thinking of becoming a Champion:

What might you hope to get out of the role?

To feel I have done something positive. To help someone the best way I can. To help people feel like they have a chance and realise that people with mental health issues aren't stupid – they are just as capable as someone who hasn't got mental health issues. To help people to not be frightened to admit they have a problem. To know my hard work (for me and to help them) has helped that other person. To know what I have been through has helped someone else.

What might you be anxious or unsure of?

Being careful of what I say to someone in case I send someone over the top and they commit suicide. I would be worried I said the wrong thing the wrong way and they might do something dramatic. I want to know I am getting what I meant put across in the right way and that they understand what I'm saying.

What training and support would be useful to help you become a volunteer Champion?

Listening

Confidence to help someone else.

What ongoing support might help?

To have the freedom to say what you feel if something has upset you, you need to try and resolve it but if it is really bad then you might have to end the relationship. You would go to the person in charge and explain what's happened and see what they say.

The boss should be positive, pleasant, understanding and good at listening, not huffy and not dragging you down. Most importantly, they should understand the project.

Any other comments/things that should be considered?

No other comments

Appendix 2: E-focus group with 'Peer Support North East' (CIC)

Peer Support North East came about as a part of an initiative set up by Gateshead Council together with a partnership of voluntary sector organisations.

The council wanted to be able to offer peer support to people who might be considering taking up the option of a personal budget, and was able to provide SEED funding to enable this to happen.

Voluntary sector organisation involvement included organisations working with older people, disabled people, people with learning disabilities and people with sight and hearing loss and funding initially was to a lead organisation working on behalf of the partnership (consortium). An integral part of the project was to also look at setting up a user led social enterprise.

A project led was appointed and her job was to recruit train and support peer support volunteers, and also build networks and relationships with council teams, especially around personal budgets. It was intended that council staff would refer possible personal budget holders to Peer Support NE.

Peer Support volunteers were recruited through the 6 partner organisations, and initial meetings, discussion groups, working lunches and training sessions were used to build people's confidence and knowledge.

Over a period of two years, 28 people expressed an interest in becoming a Peer Support and took some part in training. In fact 'the team' eventually relied on a core of 10 volunteers.

However, referrals from the council were not as many as originally hoped (it could have been that council staff didn't truly appreciate the value of Peer Support or that potential personal budget holders didn't want support ???) So, over time the Peer Support project became a more generic advocacy and mentoring service and now continues to provide peer support as and when appropriate.

Feedback from Peer Support volunteers

1. **What gave you the confidence to 'go for it' and become a Peer Support volunteer?**

The initial support provided by our host organisations to enable me to consider peer support, and then the person centred accessible training and support from the Peer Support Co ordinator and others who really made me feel a part of the team and able to share my experiences with others .

The fact I knew I would have back up, like my own support worker, to help me.

I knew other people, friends, who were doing it.

Transport was organised and paid for.

2. **What helps you to stay motivated to keep volunteering?**

Because I enjoy working with the other volunteers.

Because I know that what I do is valued by the people we are helping.

The support I get from the co ordinator and the fact that although I might not volunteer/ work for a few weeks, she keeps in contact with me

The regular meetings and get togethers

That fact that I feel an important part of the organisation and that volunteers are listened to and appreciated.

We were able to do some really useful; training

I really enjoyed meeting other people with other disabilities.

3. **What support do you find the most useful to help you with your role?**

Accessible information

One to one support for me

Transport

The training we had

The support from the other volunteers

As a part of their training the group looked at the **Our Sight Our Future project** (sight loss) which is visually impaired people speaking up for themselves, raising awareness of visual impairment with regard to services, support, transport, access to information etc. representing people with sight loss at meetings and where decisions are made. They do it because services could be better, council are cutting services, it is impossible to get a personal budget and generally people don't understand the implications of sight loss...They feel they are misunderstood, and sometimes people who are newly blind also misunderstand and think they can't do anything.

Our Sight Our Future wants to get visually impaired people to volunteer to make a difference....

Case studies

Lisa is a person with learning disabilities, aged 34. She has already had considerable involvement (she was chair of their board of trustees and delivered disability awareness training) with the voluntary/user led organisation supporting people with learning disabilities and was nominated for the Peer Support Project by them.

She completed the peer support training and as an extra to that also gained a training qualification. She was supported by a support worker sometimes, but not often. She was very well able to explain to other people what the value of a personal budget had been to her and was able to make a real difference to other people's lives by demonstrating how she coped with everyday life and how she was able to do many of the things others thought she couldn't or shouldn't do.

SD is a blind person and has not worked for over 20 years (since she lost her sight). She felt that, because of her sight loss, she was not able to work and couldn't do things other people did. She was nominated by her local blind organisation as she was already volunteering for them, but not in a meaningful way (making tea). She enjoyed meeting with other people and enjoyed the training (which for her included an accredited advocacy course). She built up her confidence by being together with other like-minded people, and benefitted from learning from them. She was introduced to other blind people who 'inspired her' and she now works with groups and with individuals, as a 'champion', and other people are lead by her example of how a blind person can do lots of things they previously thought could not be done.

In her role as an advocate she now is able to support other blind people with housing issues and issues with social services and health.

AM is a young physically disabled person (disabled by a stroke 10 years ago) She now lives in sheltered accommodation (although she is under 50). She joined the project after the initial personal budget related group and benefitted from feeling part of something useful and being with other like-minded people (maybe getting away from the institutionalism of her home) Having, though the work of the group, becoming more confident and feeling more able to speak up, she now attends meetings and events representing people with disabilities.

Transport is provided for her, and a reminder of meeting dates. She also benefits from discussion groups within the project where issues such as housing or social care or health are discussed.

Appendix 3: Questions for Healthworks focus group

Champions Questions

A. What gave you the confidence to 'go for it' and become a Champion?

1. It was the enthusiasm of the mini champions and seeing how happy the children were to be involved and how nice the Change4Life team at Healthworks were that gave me the confidence to go for it
2. I became a champion to give something back to community and help others
3. My friend was doing the same course I wanted to represent the school
4. My son went to this school and I knew the champion who was already there was moving on to another job and they needed a new champion; I was already a champion at my other son's nursery.
5. I was asked by the nursery manager to become a champion as I helped the nursery a lot and was on the committee. I like to learn new things and to pass them on.
6. It sounded a good idea to learn more about the change4life and what were the right answers to advise parents about healthy eating
7. I wanted to make a difference even to a few people. When the opportunity came up I jumped at the chance to learn new things about healthy lifestyles
8. I wanted to try something new. I like to volunteer at my local Centre and the change4life is a great way of showing people that being healthy is not hard
9. It sounded a great way of helping out at the school and getting parent involvement using the change4life that is a national campaign
10. I was on parent's voice and I did the course. It was a good course and I have made lots of friends

B. What helps you to stay motivated to keep volunteering?

1. Thinking of new ideas, how I can involve the children in thinking up new recipes
2. To keep motivated is seeing the mini champs and parents and children's faces when they learn something new
3. My passion for what I am doing

4. I like volunteering

5. The more I helped people make small changes the more I wanted to keep learning and passing information on
6. Getting chance to do extra courses, such as food hygiene, understanding healthy food and nutrition. Making a difference one mam in particular I helped changed her lifestyle for the better and her kids eating habits. She is now a champion herself

7. We receive invites to catch ups with the change4life team at Healthworks about twice a year. I attend the partnership which gives you a chance to see the bigger picture and what's available for families

8. Free resources from change4life make it colourful and easier also cheap. The support worker supports me to get parents to my coffee mornings or demos my advertising on the change4life champions Facebook page (change4life champions Newcastle) – also the school lets me have room for free

9. The kids at the Centre who I work with. Champion support worker is always there to help

10. The champion support worker is always offering me new courses and support

C. What support do you find the most useful to help you with your role?

1. The support I get from the school and the other parent champions and the support workers keep me wanting to do it

2. And the support worker who goes the extra mile to help support champions

3. Being able to ask for support from the champion support if needed

4. Meeting up with other champions and the support worker to arrange different sessions

5. Change4life team at Healthworks

6. Support of the staff – champion support, change4life health trainers and free courses with the food skills team at Healthworks

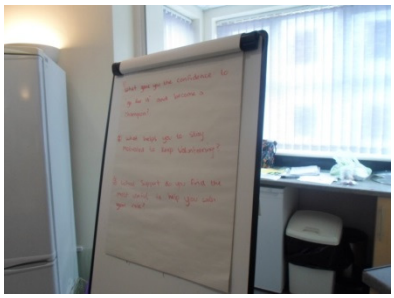
7. The champion support worker and other workers from Healthworks – they helped me to organise my first change4life session and they keep me in the loop about free courses, workshops and events I can attend or arrange to have at my setting for service users

8. The champion support workers ideas of getting parents involved and making it fun for the kids. also other champions who are now my friends

9. Champion support and the rest of the staff at Healthworks including health trainers who came and demonstrated portion sizes and healthy packed lunch workshops

10. The other champions give good support and Healthworks staff

Champion Group Discussion



Appendix 4: Interview with Lisa Conroy, 'Healthworks'

In terms of your previous role as a Champion volunteer:

What gave you the confidence to 'go for it' and become a Peer Champion?

My son went to nursery and I always packed him a healthy lunch. The manager of the nursery approached me and asked me if I wanted to do the course to become a Champion. She gave me encouragement and it was a nice feeling to be asked.

What helped you to stay motivated to keep volunteering?

I was invited to a Partnership meeting and I was really nervous about going because I wasn't sure what to expect and I was nervous of being asked something by professional people. However, it gave me an understanding of the bigger picture. Kath (Project Manager) introduced me to other Champions at the meeting and I enjoyed going.

What support did you find the most useful to help you with your role?

Training, the staff (Bernie the under 5's Health Trainer was a great support. I was supported with equipment and free resources.

In terms of your role now:

How long did you volunteer for before becoming employed as a paid member of the team?

I volunteered for 9 months before this opportunity came up.

How did you find the transition from being a Peer Champion to being a Champion Support Worker? E.g. most enjoyable aspects/challenges etc.

I was excited and nervous because I wasn't sure how the Champions would react. However, its been fine and I still volunteer as well alongside my paid post.

What support has been most useful to help you with your new role?

Kath and Suzy (staff from the Project) help me out if I am stuck. Every day is completely different which is great.

Appendix 5: Arguments for generic or condition specific peer support

Arguments for generic	Arguments for specific
Empathy is not condition specific: Empathy is central to building a trusting relationship with someone who is seeking support. Someone who has experienced a similar illness or condition to you may be better placed to offer empathy than someone who has not. However, feeling and acting on empathy is a quality that many people possess, and does not have to be condition specific.	**There is an organic supply of peers:** Participating organisations reported that people who have had the same condition as those they work with often feel compassion and want to support other people with the same condition as them. This offers a continuous source of elective volunteers.
People often have multiple conditions: People may have more than one long term condition but only want to access one source of peer support.	**Benefits in sharing symptoms:** Some peer support services/groups find that there is a need for the peer support to be condition specific as they want to discuss shared symptoms.
Capacity: Not all long term conditions are conducive to face-to-face peer work because of their physical limitations. The coverage of peer support for specific conditions is very patchy. For some condition people may never be well enough to become a peer or a volunteer. Furthermore some people have such rare conditions that mean they cannot, or it is very unlikely, that they will receive support from a condition specific peer. This might be a situation where a non-peer facilitator or a generic peer worker could provide input.	**Degenerative and non-degenerative illness can have significantly different impacts on people's lives, mental wellbeing and ability to self manage:** Participants identified that there may be a difference in terms of degenerative (e.g. Parkinson's, Multiple Sclerosis) and non-degenerative long term conditions. For these conditions, condition specific peer support may have a special value.
Some systems are universal: The Pain Association provides support for chronic pain, whatever the cause. Should mental health support be the same, whatever the cause?	
Impact on mental wellbeing is universal: For support regarding emotional wellbeing participants were able to envisage a generic peer support worker.	
Each person's needs are different: Providing peer support for self management of long term conditions based primarily on same conditions could limit or reduce attention to the important fact that each person has personal needs that are different.	
There are current generic models operating: A few organisations that participated in this study do not ask delegates about their conditions. One participating group described their peer service as a generic, solution focused recovery model, not focused on the specific condition but on positive lifestyle choices.	