



ImROC Peer Worker Critical Debate

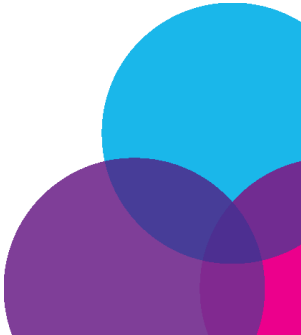
22 June 2018



Welcome

Helen Greatorex
Chief Executive, Kent and Medway
NHS FT

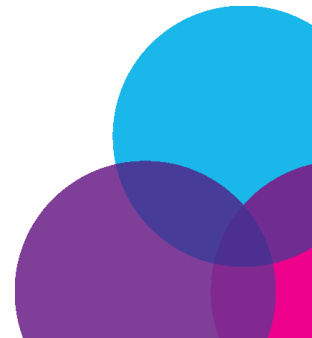
Natalie Livesley
Peer Support Lead, Kent and
Medway NHS FT





Developing, embedding and nourishing the peer workforce within your organisation; what does this entail?

Julie Repper
Director - ImROC



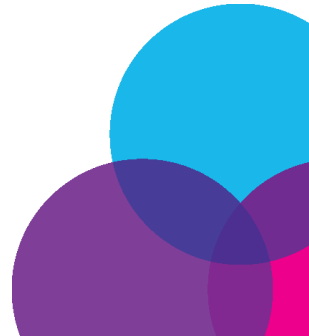


Today ...

- Our starting point ... what comes after training and employment?
- Support to stay well
- Managing individual and service expectations
- Development opportunities
- Embedding peers in organisational thinking
- Achieving a 'critical mass'

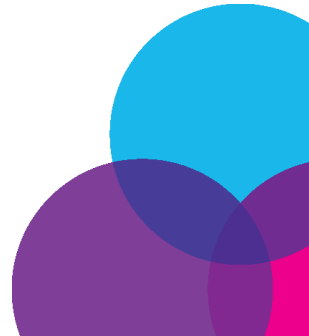
So now you are a peer worker!

- Where to start?
- Preparation for employment
- Induction to organisation and to team
- Make a plan ...
- Clarity, communication and feedback



Keeping yourself well

- It is OK to feel not OK – distinguishing when you need to go off sick
- How to get onto an even keel
- Working out what works for you
- Finding allies
- The role of those allies





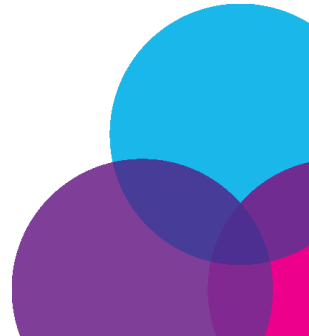
Managing Expectations

- Agree a clear role with your team manager – what fills a gap in the team and allows you to use your experience, skills and interests?
- Whole team must be aware of this role to avoid confusion and resentment
- How do you know if you are doing OK – or not? Build in feedback
- You can't change the world Pick your battles carefully
- But you can develop your influence (with time, patience, effort, modelling, inspiration, choosing when to challenge)
- What next? Use appraisal to discuss Personal Development Plan
- Do you want to be a peer forever? Keep thinking about your career plan



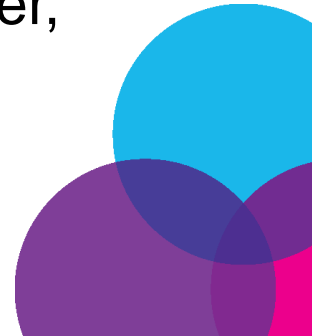
Access appropriate development opportunities

- Peer development days within the service (to regroup, peer to peer support, address shared learning needs, develop strategic approaches, plan new services/opportunities)
- Personal development opportunities (not just training: shadowing, visits, writing, speaking, evaluating, using existing skills)
- Think ahead – beyond peer support.



Embedding peers in organisational thinking

- What can peer workers contribute to organisational strategy?
- How can peers become part of coproduction at every level of the organisation?
- Making a case for investment in peer workers in every part of the organisation and every type of activity.
- Do you ask psws to support organisational development or do you employ peers in different roles?
- Are there opportunities for psws to graduate to a role as peer business advisor, peer researcher, peer project manager, coproduction lead, peer educator/trainer



Achieving a 'Critical Mass'

- The need for ubiquity!
- Driving the recruitment of peer workers in every team – volunteers, interns, peer students are the best way of demonstrating their value
- Continual demonstration of the benefits – newsletters, presentations, publications, emails, posters, banners
- Not just one off stories of personal achievement but demonstration of the difference that peer workers make to outcomes (and cost).
- Influence commissioning – so that services are only commissioned if they employ peers
- Clear graduation/development opportunities – peer work is good for the peers as well as for the service





The more peer workers employed carefully and supportively within a service ...

... the more demand will be created – from employees, teams and people using the services

...the easier it is to demonstrate their benefits in all kinds of roles

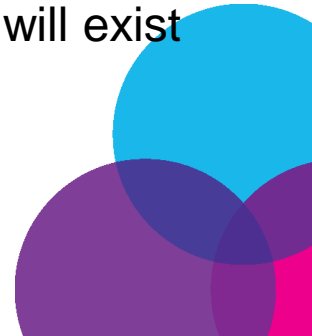
... the greater the pool of resources to influence the service, develop more innovation and create opportunities,

...the greater the likelihood that more posts will be identified in a virtuous cycle

...the greater the investment into the development and support of peer workers

Ultimately the more contact that everyone in the organisation has with properly trained, supported and managed peer workers, the less discrimination will exist and the greater hope will be held about everyone using the service.

That is why Peer Workers are such a critical aspect of ImROC!



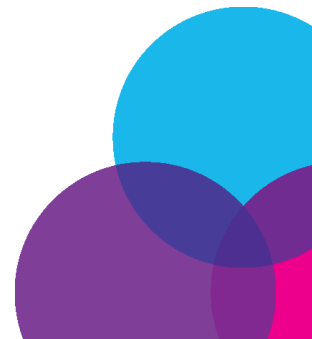


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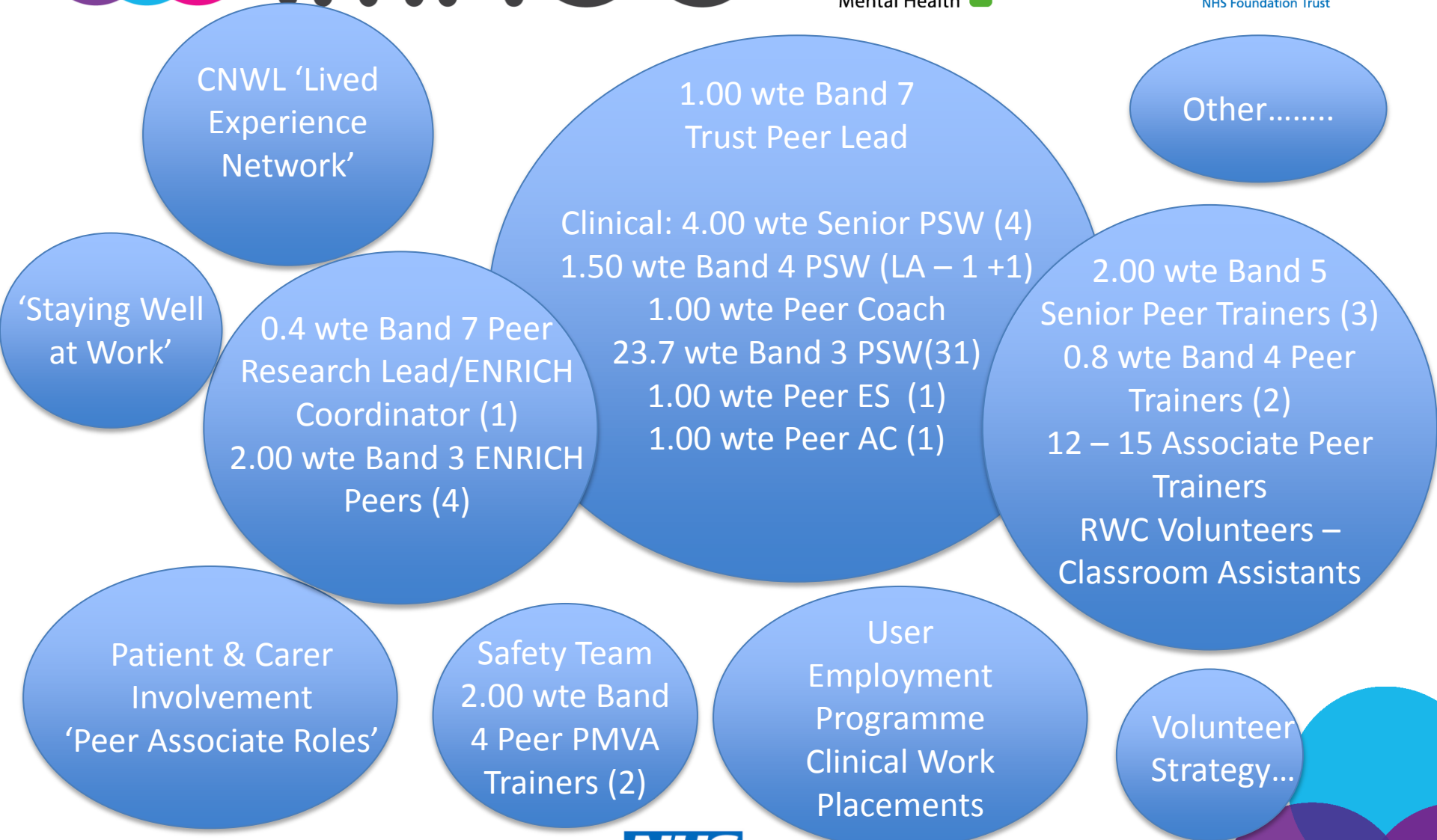




Taking a strategic approach; the importance of joining the dots

*Jane Rennison
Head of Recovery & OT,
Central & North West London NHS
Foundation Trust*







Human Resources

Recruitment process: refs,
proof of address, waiting for
OH appointment, DBS
decisions

Induction

*Probationary Period -
competencies*

*Sickness Absence &
Performance
management*

THE
ORGANISATION

Occupational Health

Health record

Reasonable &
unreasonable
adjustments

Finance

Benefits – ‘Better Off
Calculations’

Travel Expenses & incidental
expenses
“Experience”

Learning & Development

Team Preparation
Accredited Peer Support
Training (‘Place & Train’)
ENRICH Peer Training (‘Train
& Place’)
CPPD

Apprenticeship



“.....we have 40 to 60 at the
moment. We would like 500.....”

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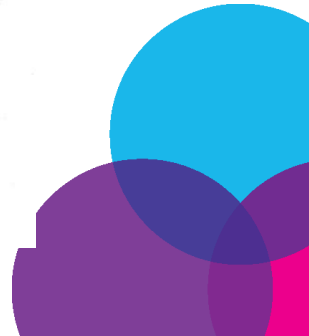
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SOME MANY DOTS



Key Organisational priorities & Agendas

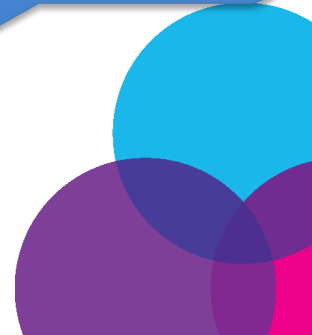
Human Resources

- Recruitment & Retention
 - 'Place & train', 'Train & Place'
 - Recruitment process
 - Temporary Workforce opportunities
- Probationary Period: competencies & consistency
- Lived Experience Network

...right from the start....

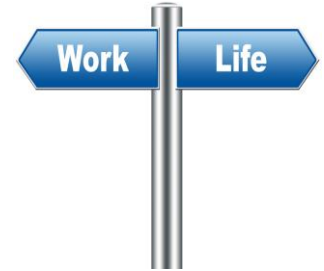
....same rules apply...

.....no parallel processes....





Staying Well at Work



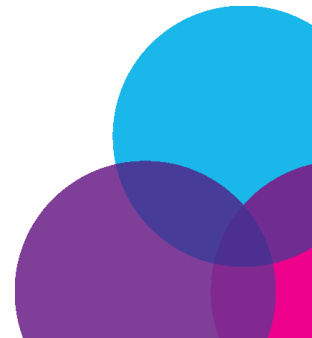
- Occupational Health
 - They may not know what they don't know
 - Reasonable & unreasonable adjustments
 - Promoting early access to support
 - The nature of the task & clinical setting; & the impact of the work on our health
 - “we can only ever recommend”





Training, Learning & Development

- Ongoing development needs of the Peer workforce
- Influencing existing training (policies & behaviours)
- Extending the 'Getting involved' offer



Helping to join other people's dots

- **Risk & Safety Team**

Reduced levels of physical intervention –
changing the 'how'; changing the language;
sitting at the table

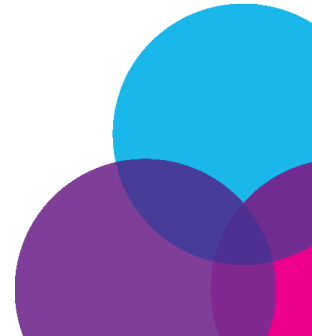
- **Recovery & Wellbeing College, Patient
& Care Involvement, Employment
Services**



Translating Trust Targets

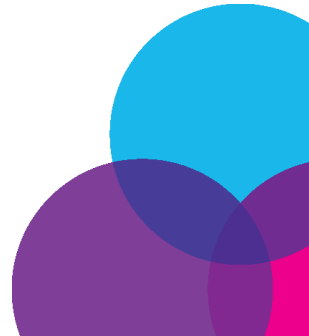
- Moving through & out.....
- Improving physical health
- Value not just ££££s
- Valuing the workforce & its diversity
- Five Year Forward View – doing things differently

PEER SUPPORT WORKERS ARE **THE** FLEXIBLE
WORKFORCE



Working with local teams & managers

- Team Preparation
- Skill mix.....it's all in the name.....
- The notion of 'pure peer support'
- 'The glue'
- Listening to the difficulties
- Consistency of support
- Management not therapy



Developing a Peer Workforce strategy

- Co-produced
- Driving forward a recovery focused culture which benefits everyone
- Evidence of the benefits and distinct contribution





Anticipating the future dots & scanning the horizon

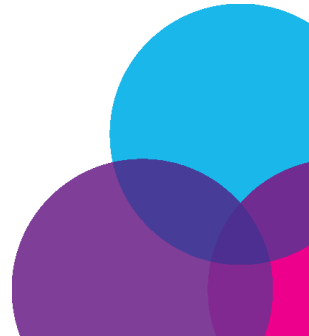
- Partnership opportunities – shifts in power & finances
- Additional funding – perinatal services, children & young people, those living with dementia, psychiatric liaison
- Apprenticeships
- Evaluate.....Evaluate.....
.....Evaluate



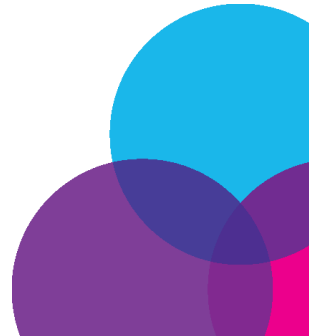


Thank you for listening

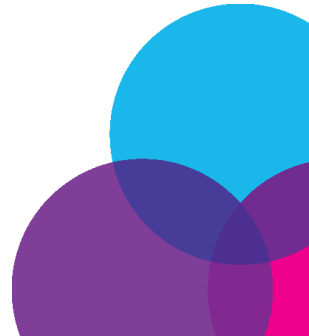
*But most importantly
thank you to peer
colleagues in CNWL for
sharing their wisdom,
musings & humour*



Questions and discussion

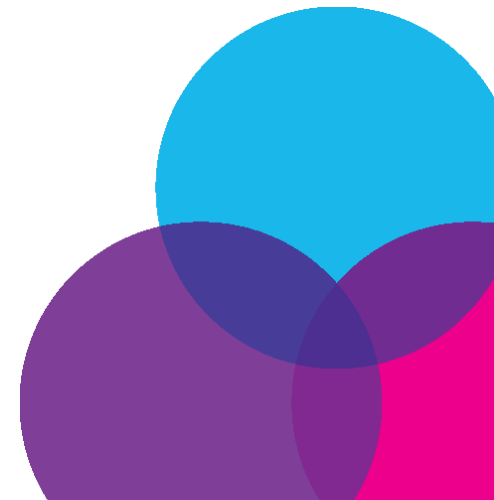
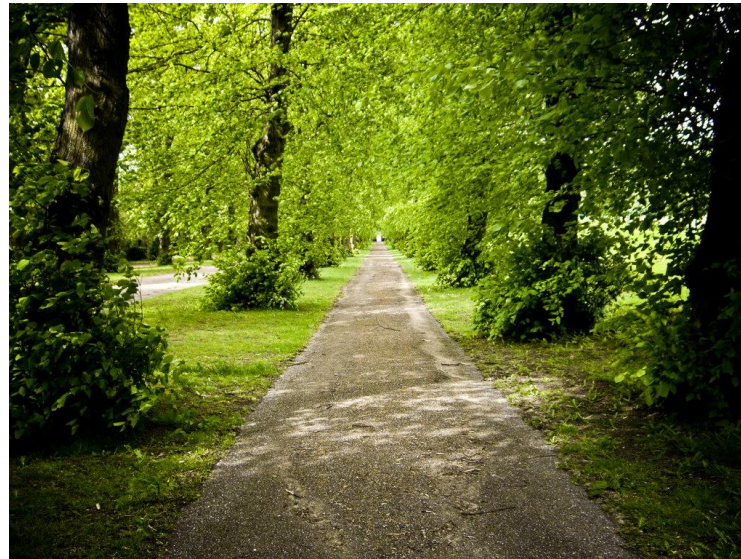


Refreshment break



Establishing Roots & Paving the Pathway

Natalie
Livesley

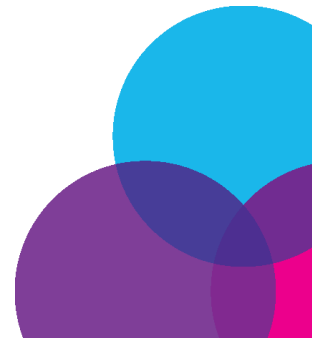




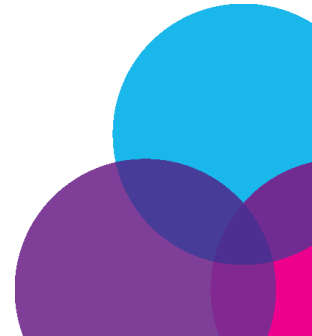
Embedding



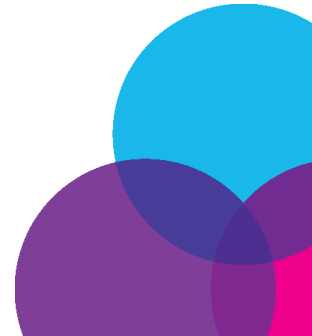
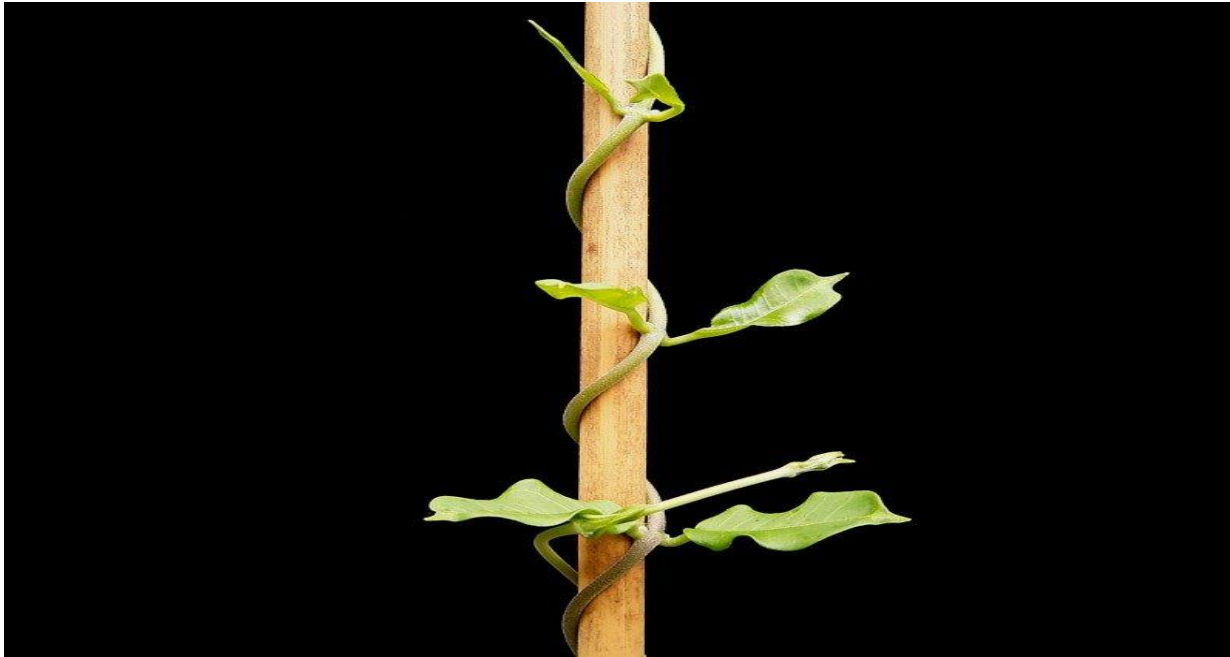
Education



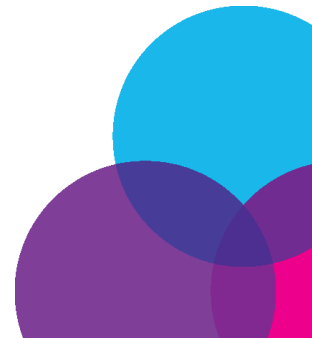
Recruitment



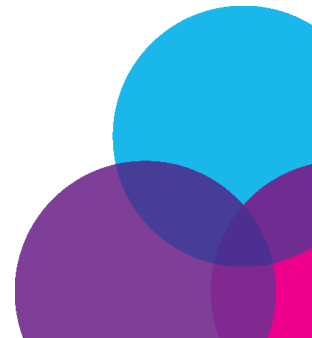
Career development



Value for money




Bigger Impact



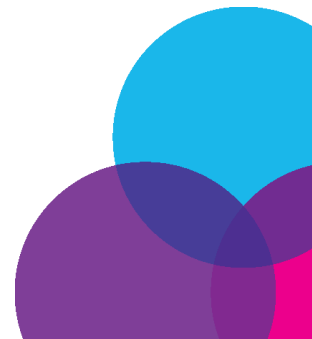


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Keeping the CPFT recovery plates spinning



Pride in our care



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Peer Employment

Sharon Gilfoyle

Head of Recovery & Resilience

Head of Inclusion

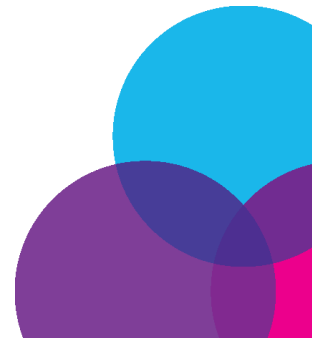
Tracey Bartlett

Recovery College Manager

Peer Professional Lead



The CPFT journey so far...



Peer Worker Training

- Cohort 1 commenced May 2010
- Initially accredited with Recovery Innovations USA
- Trained two Peer Educators who delivered cohorts 5 – 9
- Peer Worker training delivered through Recovery College East since 2013
- Recovery College East co produced a new peer work training programme in 2016 based on 8 years experience of training and employing PSW's
- Peer Education Programme (PEP) accredited in the UK with The Open College Network at Level 4
- Four new PEP facilitators have qualified at Level 5

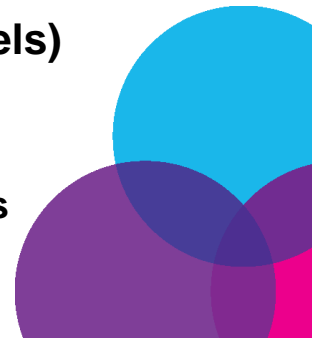




Peer Employment Statistics 2010-18

- We have successfully graduated 151 peer work students
- We currently have 36 'pure' peer workers in post
- We have four peer tutors
- Over 80% of peer work graduates are currently in some form of employment or volunteering
- 15 people have moved into a higher band post in CPFT (Peer Educators, Recovery College Manager, Recovery Coach, Support Time Recovery Worker, Psychological Wellbeing Practitioner)
- Three people are working as Health Care Assistants
- One person is working in HR recruitment (Service Users on interview panels)
- Three people have trained as Community Psychiatric Nurses

We have over 60 graduates are currently employed across the Trust in a variety of posts





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What next?

- **Re-launch events**
- **Converting vacant Band 2-4 posts...an opportunity for more PSW posts?**
- **PSW posts across all Directorates- starting with Children's transitional posts**
- **Lack of post availability on CPFT's risk register**
- **Increase confidence in the role – from a training and development perspective**
- **Developing new ways of working within long term physical health**



Contact details

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Pride in our care

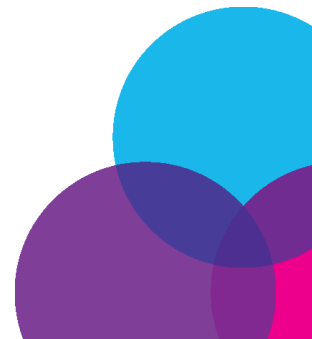


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The Growing Pains of Peer Support

Emma Watson

Peer Support Development Lead





Peer Support in Nottshc

- Approximately 65 peer workers employed across the organisation
- Roles include:
 - Peer support workers in AMH, Perinatal & CAMHS
 - Peer tutors in Learning and Development & Recovery Colleges
 - Compass workers in MHSOP
 - Link workers and Health Coaches in primary care
 - The peer support development team

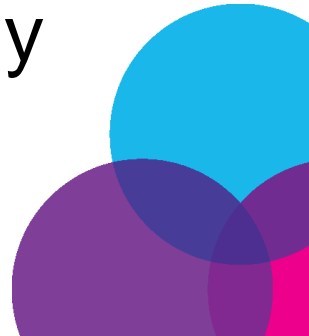


‘coming home’ to peer support

I spent a lot of my life not really being connected with myself, and because of that I was unable to sustain any working role, and I think this peer role [...] helped me to realise that I’d lost touch with myself, and I needed to regain that in order to be able to move forward myself. And I can honestly say that since I’ve done the peer training [...] I’ve not looked back in the sense of...I’ve never been employed for so long as I have been since I’ve been in this role. Even on the peer training, I felt like I’d come home, I’d found myself again, and that was, I suppose that was the beginning of it all really. It just really fitted well, it sat well, it felt right. And I’ve never felt that before in anything else I’d done


Being with, not doing to

It's about supporting somebody to really connect with themselves...because sometimes, as a peer support worker, it's about just allowing that person to be in that place, so sitting with them in that, so they're not alone. So it's not always even about making a journey with them, it's about *being* with them mostly



A culture of sharing

the conversation [in the office] is always opening up and people bring their own experiences in and talk about it more. And to me that's just amazing because I think actually it's a bit of a relief for them, because I think they've been like really closed off and not...used any of their experiences and I don't think they use it clinically but actually they're talking in the office more about how they're feeling and stuff and I think that's reallygood



Peer skills aren't unique to peer workers

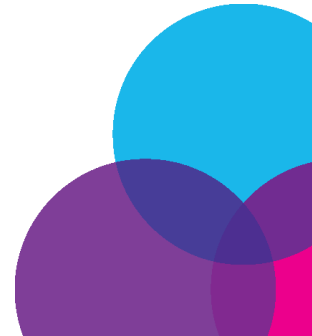
It would kill me to think actually, I just haven't got time in the day to even just say hello and how are you doing. I can't imagine. But I think if all that pressure was removed, I would say any member of staff could go on that trail that I've described, that journey





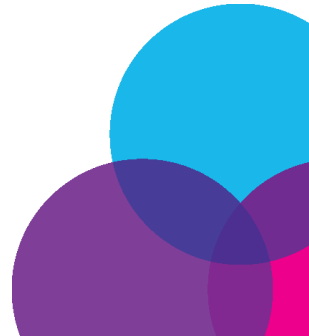
Being defined by lived experience

I thought it would be more empowering than it has been. I think I thought it would be great, but then I've thought about it and I think I'm not sure I like it. I'd rather be a support worker and then use it when it's right to use it and when I need to use it and share it. Because I probably would do exactly the same, but it wouldn't be out there for everybody to see



Being too 'peer'...

not all staff, but some will get jittery about peer support [...] there's just some that get a bit scared about it, you know 'do we trust these people?'



...and not being peer enough

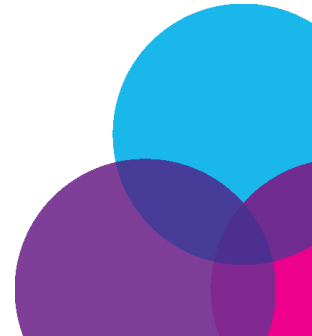
I keep wrestling with the idea that, you know, ten, fifteen years on, how valid will my experience be? If I maintain my wellness? How valid is that going to be for someone? As it becomes less...it'll become less relevant. So how...valuable will my role be? Do I just become a support worker and not a peer? So these are the sort of things that I wrestle with within myself.





Systems are changing

I suppose because the resources had been strapped it just felt that very much the agenda of the team was very different...An emphasis on, you know, having...meetings on people that were in immediate crisis and sorting out the crisis and then moving them on. There was a lot of moving people, moving people on quickly. And a lot of emphasis on medication and things like that



Spreading vs. diluting

I mean I would still like to be a peer support worker, it's not saying that I don't want to do that role, but I just felt so unsupported, and so...kind of...that really the role was being diluted so much that I felt...I needed some structure, I needed to...be working in that kind of way. I didn't want to become somebody who was just off delivering medications and off doing this and that just to give myself something to do, which is almost how it felt really





Career progression

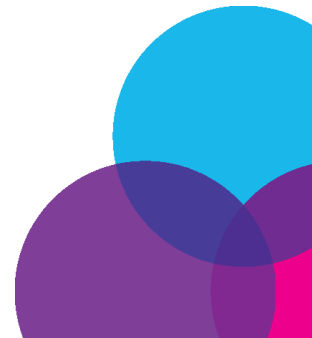
Like I said earlier on, I feel like I've come home, but I don't want to be in a home that then crushes me. And it kind of feels like it could go that way, at the moment. And I'm determined I won't be crushed, so if I have to go I will. But I don't want to.





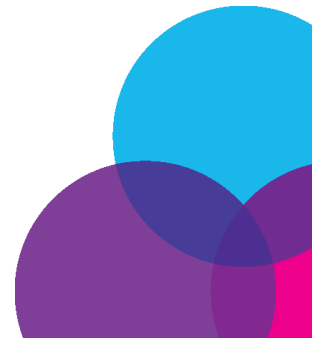
Thank you

Emma.watson@nottshc.nhs.uk





Questions and discussion



Lunch





Camden and Islington
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The
Recovery
College

Spinning the plates!

Self identity: From survivor to peer?



Iris Dearne

(Recovery College Manager),

Fiammetta Schofield

(sessional peer recovery tutor)

22 June 2018



Your partner in care & improvement



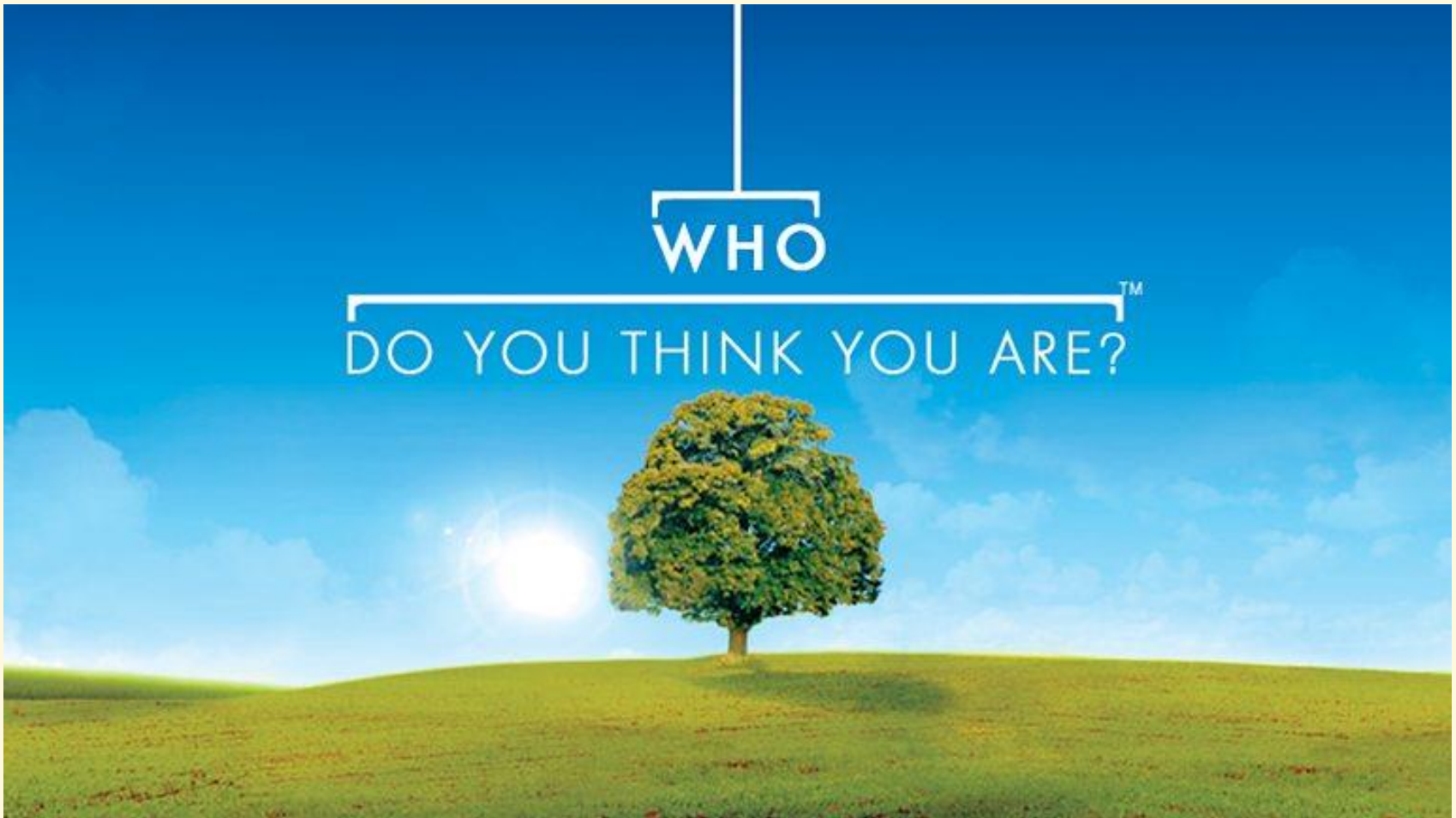
The beginnings



1. Professionals
2. Peers
3. Venues
4. Students



Who do you think you are?



Your partner in care & improvement





The
Recovery
College

FI'S RECOVERY JOURNEY

Study

Work

SKILLS



Thoughts

SURVIVAL

Your partner in care & improvement



Apprenticeships for Peers?



Q&A



Your partner in care & improvement



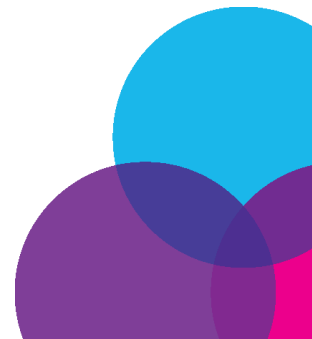


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Understanding the role of Peer Support Worker(s) in Positive and Safe Care

Sandra Hutton

Head of Patient and Carer Engagement
Northumberland Tyne and Wear NHS
Foundation Trust



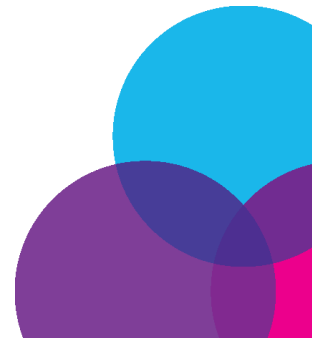
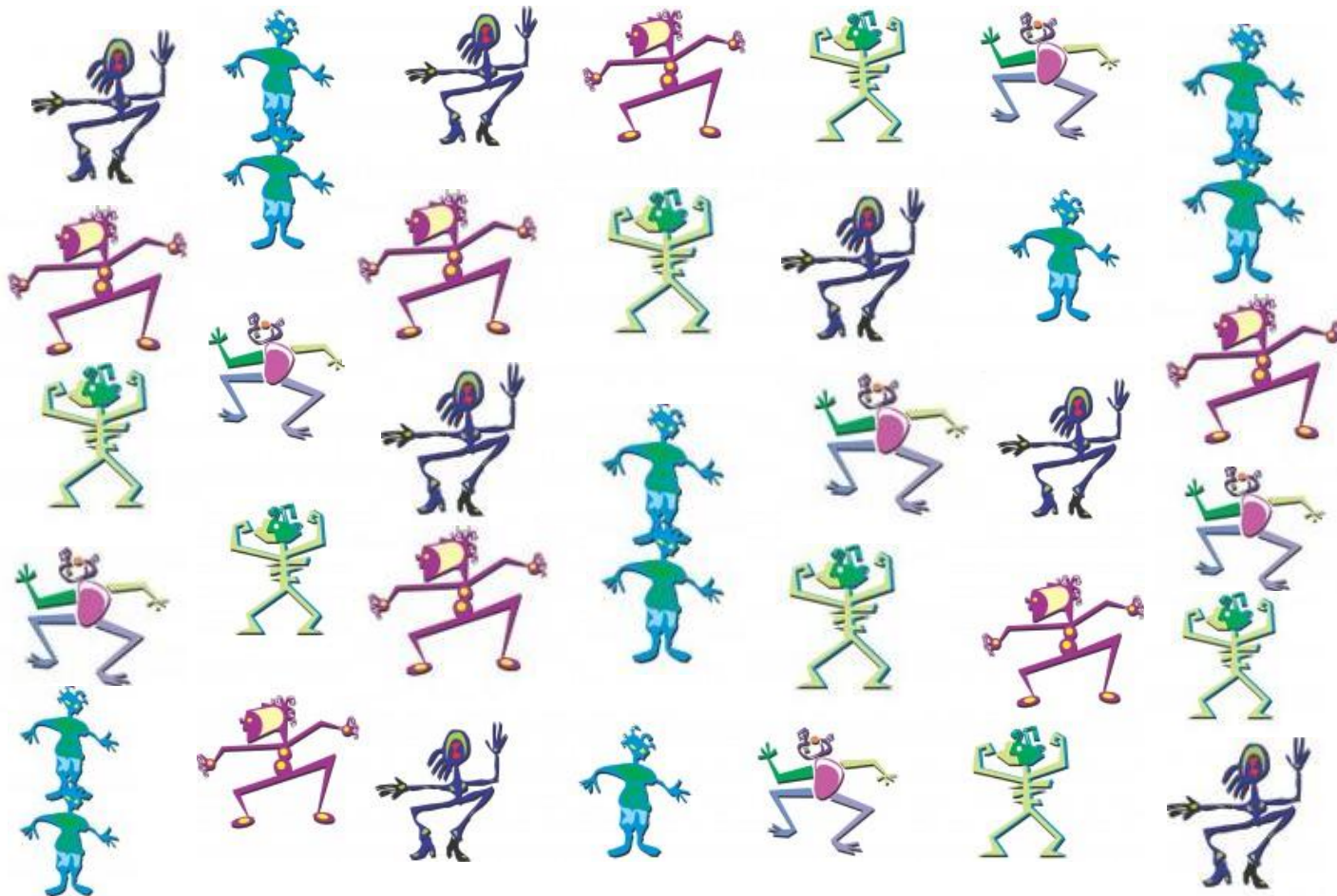


Overview

- Peer Support Workers
- Positive and Safe Care
- Case study 1&2
- Let's Talk

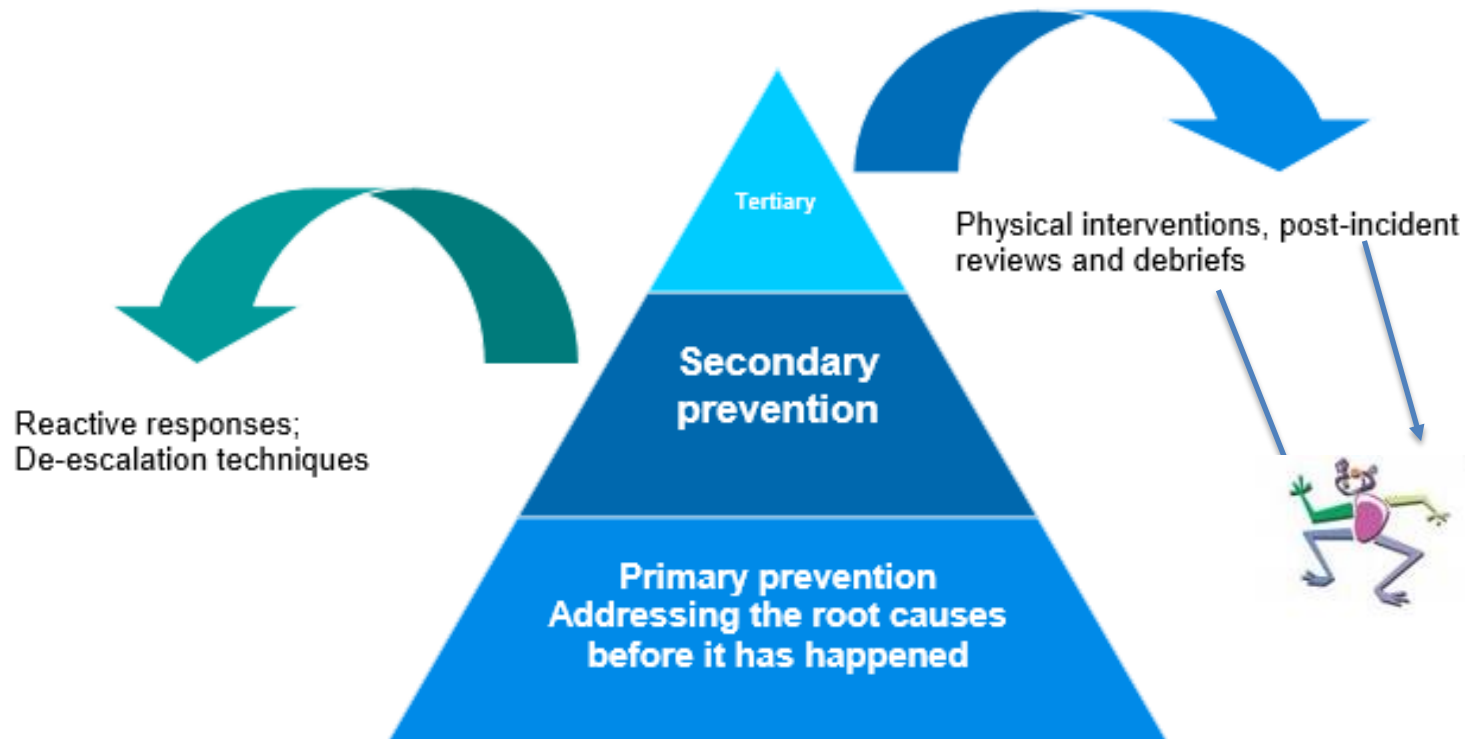


37 Peer Support Workers

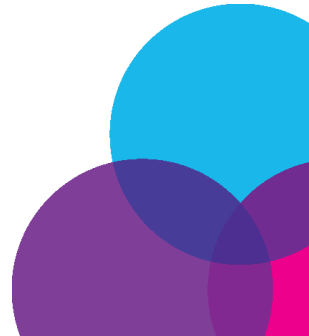




Public Health Model



Case Study 1 and 2



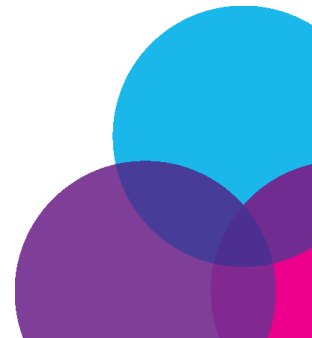
Sharing the Learning

- Ongoing discussion with Peer Support Workers
- Discussions with Clinical Leads, Inpatient and Community
- To reevaluate current PMVA training
- Design bespoke 1 day training for all Peer Support Workers

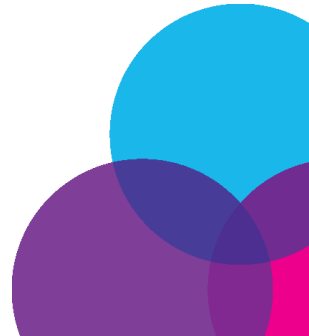


Over to You

“Should all Peer Support Workers undertake the full PMVA training?”

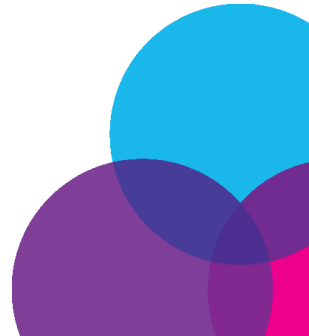


Questions and discussion





Refreshment break





Understanding the ENRICH peer support for discharge role

James Bryne

Rhiannon Foster

Lucy Goldsmith

Rebecca Turner





Closing remarks

Julie Repper

