



scottishdevelopmentcentre
for mental health

Plan 2 Change

Evaluation Final Report

October 2008

The Scottish Development Centre for Mental Health

The Scottish Development Centre (SDC) is an independent, not-for-profit organisation that aims to achieve better mental health and well-being for people in Scotland. We believe that everyone's mental health is important and that good mental health is everyone's business.

We work all over Scotland for and with all kinds of organisations. We also have good networks outside Scotland. Our clients and partners include voluntary organisations, businesses, health boards, local authorities, national bodies and networks. This breadth and scope means that SDC is ideally placed to bring a vision of the 'bigger picture' of mental health to inform everything we do.

We have an excellent record in seeking people's views about mental health and what affects mental health. We have experience in working with the general public, including children and young people as well as with those who have experience of mental health problems, to help people's voices be heard clearly and promote their participation in decision-making.

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EXECUTIVE SUMMARY

Scottish Development Centre for Mental Health (SDC) was commissioned by the Craigmillar Pilot Peer Support Service Steering Group to undertake an evaluation of Plan2Change.

Plan2Change is an innovative project based in Craigmillar where a gap in access to support services for those who have considerable mental health difficulties and related life problems has been identified between primary and secondary care. Plan2Change offers a recovery oriented service and is staffed by Peer Support Workers who have lived experience of mental health problems and are able to use their own experiences of recovery to help others to recover.

Aims, objectives, and indicators of success

The aims of the evaluation were to assess the impact of the Plan2Change and inform the future development and sustainability of Plan2Change. Impacts are likely to be seen for individual service users (hereafter referred to as Peers), Peer Support Workers and other staff, and the wider service and support system within the Craigmillar community.

A *theories of change* methodology was used to conduct the evaluation over three phases:

- Phase One: Baseline
- Phase Two: Impact
- Phase Three: Reflection

This comprised a broad review of context and systems, as well as in-depth interviews (by phone and face-to-face), workshops, and satisfaction questionnaires.

During Phase One of this study, in-depth interviews were conducted with Steering Group members, Peer Support Workers, Peer Support Project Management and Primary Care Staff and this was followed by a Learning Workshop.

Interviewees identified key components of the Peer Support Worker role and the level of support that could be offered to Peers, along with potential barriers to achieving successful outcomes. This fed into the Learning Workshop where an overarching goal for the project as a whole was agreed:

"To increase social inclusion through peer support for people experiencing a range of problems in living, and to provide an alternative option for GPs, primary care and individuals in the Craigmillar community."

Specific objectives for the Peer Support Workers were agreed, and it was felt that if Peer Support Workers were still in post at the end of the pilot and were enjoying their role as well as feeling more confident, this would indicate the project had been successful in achieving these objectives.

Additional indicators of success identified for the project were:

- Changing patterns of GP appointments;
- Individuals referred to the project giving positive feedback to GPs and other local agencies;
- Peer support finding a place and role within local system;
- Local agencies seeing the project as effective;
- Evidence of a national interest in the model and a drive to replicate it elsewhere;
- Career and personal development of the Peer Support Worker.

Database analysis

SDC developed a bespoke Access database for the Plan2Change team to facilitate the recording of activity and monitoring information, and this has worked adequately for the small number of Peers involved. An analysis of this database provides context for the evaluation.

Twenty-three Peer referrals were accepted by the service and went on to work with their Peer Support Workers. Referrals were received between July 2007 and June 2008, with the rate of referral peaking between Dec 2007 and January 2008. The biggest group of Peers were referred by secondary care professionals.

In virtually all cases, either a range of specific issues or a general reason such as 'mental health difficulties' was recorded as the reason for referral. Plan2Change therefore works with some people with a high level of complex support needs.

The average number of meetings with a Peer was thirteen, with a range from one to forty-eight sessions. As many of the Peers continue to engage with the service, these numbers are likely to increase.

The length of meetings varied from 35 minutes to all day e.g. when on walking trips, with most meetings lasting between one and two hours.

A large number of meetings took place either at the Plan2Change office, in the community, or very occasionally in the Peer's home (less than ten visits in total).

Peers had hopes and goals that were related to their present problems, including developing coping strategies, overcoming anxieties and addressing substance abuse, but were also very much looking for ways to move forward, such as becoming more independent, returning to work or researching employment opportunities.

Most of the Peers who engaged with the service also worked with at least one other agency. These ranged from GPs and other medical professionals to other support projects. Many Peers also had other formal supports in place to help them, or their friends and family.

The Plan2Change team may need to reconsider the purpose and format of the database for future use.

Stakeholder perspectives

Problems with referrals shaped the initial months of the Plan2Change project. The low number of referrals coming from GPs may have been caused by GP attitudes, lack of knowledge or understanding, or by limited interest from patients. It may prove useful to consult with referring GP practices about ways to encourage patient take-up. In response to these issues, referral routes were broadened to include self-referrals and referrals from other mental health professionals and as a consequence the profile of the Peer base changed. Whilst still meeting the objectives of the project, more Peers than anticipated were referred by secondary mental health services.

Unanimously it was felt that the employment of Peer Support Workers had been a success. Plan2Change was seen as a demonstration that people who have experienced significant difficulties can make a real contribution and be empowered to recognise their own skills and abilities. Supporting others marked for Peer Support Workers how far they had progressed in their own recovery, gave them more insight into their own wellness and had led to an increase in confidence.

The Peer Support Workers saw part of their role as helping Peers to break overarching goals down into smaller, more manageable steps. They ensured the Peer remained in control – sharing experiences and suggesting alternative actions only where they felt it would benefit the Peer.

It was clear from the interviews that wellness was at the forefront of the project; not only for Peers but for everyone involved. This was reflected in the supervision sessions, the allocation of Peers and the way in which team members interacted.

Stakeholders felt that Plan2Change has been a success in reducing the amount of time Peers have spent with other services, as well as becoming more widely known in the area and around Scotland. Other indicators of success included new peer support projects starting in Lothian and the continued funding from the NHS. It was hoped that Plan2Change itself would expand to different areas and that the development across the country of new peer support projects on the basis of the success of Plan2Change would continue.

However, gaining the trust of other professionals and convincing them that Peer Support Workers can make a contribution is still a challenge.

Peer perspectives

Interviews were conducted with four Peers. Achieving a higher number of interviews was not possible because of the limited number of Peers coming to the end of their engagement during the evaluation period. Attempts were made to supplement this with a Client Satisfaction Questionnaire, but levels of return were too low to warrant detailed reference in this document.

Overall, the Peers were all very satisfied with Plan2Change. The Peers came to Plan2Change via various referral routes.

Peer Support Workers acted as role models and gave information on practical issues and coping strategies, often offering focus and structure for their Peer. Peer Support Workers also recommended other agencies for support, with which the Peers engaged to varying degrees.

Although the problems experienced by the Peers were diverse, the support and guidance of the Peer Support Worker was valued and in some cases encouraged the Peers to exceed their own expectations for themselves. This level of support encouraged Peers to address issues and achieve goals outwith the scope of the meetings with Peer Support Workers.

In particular, knowing that the Peer Support Worker had overcome problems of their own was inspiring, made them easier to relate to, and made the Peers feel less alone. This was seen as a significant benefit of the Plan2Change programme as compared to alternatives. The possibility of self-referral, and swift access to the service were also seen as strengths of the programme.

Structured questions were used to assess the extent to which the project objectives had been met, and Peers almost always reported having made positive progress on those objectives that they felt were applicable to them. In particular, all of the interviewees felt that their Peer Support Worker provided them with a safe environment to talk things through, but they were unsure whether they had also connected with their community. All the Peers also said that, with the support of Plan2Change, they had made significant progress towards the goals they had set for themselves.

Overall, levels of satisfaction were very high and improvements suggested were limited to raising awareness of the service amongst others in the community.

The Peers were well aware that they would not be able to access Plan2Change indefinitely and viewed this future transition as a positive step, which implies that the Peer Support Workers had engendered a constructive relationship with their Peers that avoided dependency.

Successes and challenges

A second Learning Workshop took place a year after the first, and built upon findings of the second round of stakeholder interviews. In this learning workshop one area of focus was to identify the factors contributing to the Plan2Change successes and ways to build upon these as well as challenges for the future and lessons learned.

Conclusions

In conclusion, it is important to link the broad findings back to the objectives and indicators set at the start of the project.

An original indicator of the success of the project for the Peers was that they would be helped and energised to meet the goals they had set for themselves, and make changes in their lives. The Peer Support Workers have worked hard to achieve agreed goals with their Peers and as a result, many positive outcomes have been evidenced by the Peers.

Another original indicator of the success of the project for the Peer Support Workers was that they would be still in post at the end of the pilot, enjoying the role and feeling increased confidence and self-worth.

In fact, three Peer Support Workers are still in post, with few absences from work, and throughout this evaluation Peer Support Workers have expressed an

increase in confidence and competence along with a positive impact on their own wellness. The Peer Support Workers' personal growth and development was another positive outcome.

For the wider system, one of the intended outcomes was that learning from Plan2Change would be able to inform and have positive impacts on future peer support service developments across Scotland. Evidence suggests that Plan2Change is now well known in the wider mental health world (e.g. one Peer Support Worker attended a mental health leadership conference in Canada) and other peer support projects are being piloted.

The project was not without its challenges, which are useful to bear in mind for any future peer support projects. For the Peer Support Workers and Peers, careful and sympathetic management is important in ensuring that everyone can make the most of the programme.

The Craigmillar experience of developing peer support suggests the need to adapt the approach to local circumstances through review and flexibility. Establishing a service that has a very different way of working to 'conventional' services needs strong commitment and leadership to sustain effort in the face of difficulties and to keep focused.

More broadly, the challenge is in convincing others of the benefits of peer support by positioning the project in such a way that peer support is seen as a valuable and sustainable addition to existing models of support. Following on from this, there may be a case for a longer term research programme to follow the stories of Peers and find out more about the impact peer support has had on their lives.

1. INTRODUCTION

In May 2007, the Scottish Development Centre for Mental Health (SDC) was commissioned by the Craigmillar Pilot Peer Support Service Steering Group to undertake an evaluation of Plan2Change. This is the report on the findings of that evaluation, including those previously included in the interim report in October 2007.

Plan2Change

Plan2Change is an innovative project based in Craigmillar; an area of multiple disadvantage in Edinburgh where a gap in access to support services for those who have considerable mental health difficulties and related life problems has been identified between primary and secondary care.

The service was based on formalised models of mental health peer support, originally developed in the United States. It was designed to be 'recovery-oriented' in order to promote and support recovery from long-term mental health problems, focused on promoting capacities, resilience and strengths in an attempt to allow people to enjoy a satisfying and included life, rather than other more negative characteristics. Service users were expected to engage in a recovery planning process designed to promote inclusion and recovery at the same time as reducing the need to access secondary mental health services.

Local information suggests that there are many people in Craigmillar who experience considerable mental health difficulties and related life problems, but who receive little support via established referral criteria. Often, the individual problems are not considered serious enough to merit attention but their combined effect results in individuals becoming excluded with little hope of support in resolving the problems and improving their quality of life.

The Peer Support Worker role focuses on providing empathetic social support and encouragement and engendering hope, learning and mutual respect, which makes the client feel safe.

Peer Support Workers were trained in techniques which allow them to model their own recovery in their work. This enabled them to offer a direct example of the possibility of recovery, share tips and techniques for recovery and wellness and use appropriate planning tools to help them in their work.

Supports were put in place to ensure that the working environment is flexible and supportive for the Peer Support Workers. The Peer Support Workers also

utilised their Wellness Recovery Action Plan¹ (WRAP) in partnership with supervisors to identify triggers and anticipate problems. Line management offered direction, advice and support and this was complemented by colleague support sessions. Six-weekly group supervision was delivered via an outside agency, along with weekly team meetings and three-monthly team development sessions.

This report refers to Peer Support Workers, and Peers (their clients).

Evaluation aims

The aims of the evaluation were to:

- Assess the impact of the Plan2Change against its aims and objectives;
- Inform the future development and sustainability of Plan2Change;
- Distil key learning from the pilot to inform the wider roll-out of recovery focussed and peer support services.

This is essentially an impact evaluation and explored impacts on:

- Individuals who use the project (Peers);
- Peer Support Workers employed by the project and other staff;
- The wider service and support system within the Craigmillar community.

¹ The Wellness Recovery Action Plan (WRAP) is a framework with which to develop an effective approach to overcoming distressing symptoms and unhelpful behaviour patterns.

2. EVALUATION DESIGN

Overview

A *theories of change* methodology was used to conduct the evaluation over three phases:

- Phase One: Baseline;
- Phase Two: Impact;
- Phase Three: Reflection.

The research comprised a broad review of context and systems, as well as in-depth interviews, workshops, and satisfaction questionnaires. This methodology is explained in more detail in this chapter.

Phase One: Baseline

Phase One of the Evaluation (from May 2007 to June 2007) was used to set a baseline by:

- Exploring theories of change, expectations, aspirations and challenges from the perspective of all stakeholders;
- Describing the skills and attributes of Peer Support Workers and identifying areas of strength, areas for development and associated support needs;
- Mapping how Plan2Change fits with the local community service and support system;
- Identifying indicators of success with stakeholders;
- Identifying information that will need to be collected to measure success;
- Establishing an agreed 'theory of change' for the project.

To do this, the following evaluation tasks were completed:

Between May and June 2007, SDC held twelve semi-structured interviews with the following stakeholders:

- Four Peer Support Workers;
- The Plan2Change Manager;
- Four core members of the Plan2Change Steering Group;
- The Practice Manager and link GP from the Craigmillar Practice;
- A representative from the Scottish Government Mental Health Division.

Copies of interview schedules are included in Appendix 1.

A half day 'theories of change' workshop involving members of the team, steering group and Craigmillar GP Practice was held in June 2007. Key findings from the workshop are included later in this report and a full report of the workshop has already been submitted to the commissioners and is available from SDC.

SDC supported the Plan2Change team and the Steering Group with the development and implementation of data monitoring systems to record activity data across the project. This process has included:

- Producing a referral pathway for the project in conjunction with the project team;
- Agreement of activity to be recorded across stages of the pathway;
- Developing a bespoke Access database for the Plan2Change team, for recording activity and monitoring information.

Systems for gathering activity and monitoring information were implemented at the beginning of September 2007. A copy of the Plan2Change referral pathway and list of activity fields is included in Appendix 2.

Phase Two: Impact

Phase Two of the evaluation, from July to September 2007, began to examine the impact of Plan2Change. Key objectives were to:

- Describe who is accessing Plan2Change and how this compares to expectations;
- Identify any gaps and implications for the service delivery;
- Review pathways of care in practice, identifying positives and negatives;
- Explore the Peer Support Worker role in practice; its unique attributes and how this compares to expectations;
- Review data collection systems;
- Assess progress towards intermediate and long term goals from the perspectives of all stakeholders.

This involved the following evaluation tasks:

- Review of quantitative and qualitative assessment and outcome data;
- Client Satisfaction Questionnaires to Peers;
- Recruitment for Phase 3 case studies.

Activities undertaken in Phase Two focused on implementing systems to collect feedback from individuals referred to the Plan2Change team. A copy of the Client Satisfaction Questionnaire is included in Appendix 3.

Phase Three: Reflection

Phase Three of the evaluation was initially intended to run from October 2007 until March 2008. However, when recruitment for case studies began in January 2008 it was decided in consultation with the Steering Group that it would be better to delay this stage of the evaluation until May 2008, as referral numbers to Plan2Change were still low. This change in timescale meant that Phase Three of the evaluation predominantly took place between May and September 2008.

Phase Three comprised a continued assessment of the extent to which the project goals were met through more in-depth enquiry. It aimed to identify the factors that helped progress, where blocks have occurred and how these were or could have been overcome, by undertaking the following tasks:

- Repeat interviews with all stakeholders focusing on indicators of success (eight completed in total);
- Service user case studies;
- Review of quantitative and qualitative assessment and outcome data;
- Learning Workshop and dissemination.

The interview schedule used for interviews with Peers is included in Appendix 4. To supplement the insights provided by these interviews, Peer Support Workers were invited to write a brief "Working with a Peer" story, after having asked for consent from the Peer in question. The results are included as boxed case studies in the relevant sections of the report.

In order to review assessment and outcome data, the evaluation team analysed the bespoke Access database developed during Phase One of the evaluation, which contained both quantitative data and qualitative information. In addition, Peers were invited to complete Client Satisfaction Questionnaires, which had been developed during Phase Two of the evaluation.

The second Learning Workshop took place almost exactly a year after the first, in June 2008. It took place after and was informed by the second round of stakeholder interviews. In this learning workshop one area of focus was to identify the factors contributing to the Plan2Change successes and ways to build upon these. Challenges for the project were discussed, along with ways to overcome them and lessons learned for the future.

3. IDENTIFYING PLAN2CHANGE AIMS AND OBJECTIVES

During Phase One of this study, in-depth interviews were conducted with Steering Group members, Peer Support Workers, Peer Support Project Management and Primary Care Staff. This was followed by a Learning Workshop.

Interviews

The Peer Support Role

A number of key components of the anticipated Peer Support Worker role were identified by interviewees, including:

- The need to be fluid and adaptable to individual circumstances;
- Helping people to identify areas in their lives that they wish to change (e.g. getting out of the house, going to college), how these changes might be brought about, and to support individuals in making steps to achieve these changes;
- Signposting Peers to appropriate services or activities;
- Accompanying Peers as they access activities or services;
- Providing empathy;
- Providing inspiration and hope through telling their own story of recovery;
- Engendering trust and forming a partnership with the Peer;
- Holding hope for the Peer when things seem hopeless;
- Revisiting aims and goals
- Becoming a 'critical friend'.

Impacts of Plan2Change

Interviewees anticipated the following impacts of Plan2Change:

For the Peer Support Workers:

- Consolidating the Peer Support Workers' own recovery;
- Reducing the stigma that Peer Support Workers feel;
- The development of key skills such as listening, assessing needs, identifying strengths, or running an office;
- Learning; whether concerning their own capacity to change and adapt, or acquiring practical skills such as IT or office administration;
- Increasing confidence and self belief;
- Providing a stepping stone on to other opportunities.

For Peers using the service:

- Gaining knowledge from Peer Support Workers to meet the goals and aims they set for themselves;
- Giving Peers the belief that they can make changes in their lives;
- Giving Peers the personal resources with which to make these changes;
- Keeping Peers motivated and energised.

On the wider system:

- Providing learning for the mental health field on whether the model of peer support adopted by Plan2Change was successful, and what learning (if any) could be taken from their experiences;
- Positive impacts on future peer support service developments across Scotland.

Conditions necessary for the project to be successful

The interviews raised a number of key points that relate to the conditions thought to be necessary for Plan2Change to be successful and potential circumstances that might be barriers to this success, including:

At the individual level:

- Peers need to have a desire to find out what peer support is about;
- Peers must be encouraged to think about where they would like to be;
- Peers need to have a willingness and motivation to change;
- A *realistic* but optimistic assessment of goals and desired outcomes must be undertaken to facilitate positive results;
- A concern was raised that unless carefully managed, there was potential for a Peer Support Workers' own issues to get in the way of supporting others;
- The ability to maintain boundaries was key; that the Peer Support Workers were not to be seen as friends, or to bring their own issues into the relationship;
- Peers should not become too dependent on the service;
- Peer Support Workers should feel able to use their own stories to engender hope.

On a service system level:

- It would be necessary to foster links with other agencies in and around Craigmillar to facilitate referral and signposting;
- Care should be taken not to deter referrers, and mask the fact that the basis for service is in practical, as well as emotional support;
- Key issues should be clarified with referrers, such as the cut off date for new referrals if the pilot is not to be continued.

A steep learning curve for Plan2Change team

Some unanticipated skills that had been identified as important in the early days of the project were related to setting up a new project. The Peer Support Workers talked of the steep learning curve they had gone through in terms of learning how to develop systems and structures (such as filing systems and obtaining relevant equipment) which were key to setting up an office and new service. Working within a new team setting could also been a challenge, and team working an important skill to develop.

The original allocation of time for project management was underestimated, and the actual level of management required was considerably greater than that originally made available due to:

- Extensive set up tasks for a new service;
- The realisation that moving from benefits to a paid role had been more challenging for Peer Support Workers than first predicted.

Steps have been taken to increase the supervision and support available to the team.

Good team spirit

The Steering Group talked positively of the relationships that had developed between group members. It was felt that the Group had fostered an open environment, with an emphasis on sharing and learning. It was also recognised that the Peer Support Workers were able to provide peer support to each other on a day-to-day basis. However, it was recognised that this mutual support should only be offered at a level which did not constrain professional relationships.

Uncertainties around the target group

The interviews raised some debate within the team and Steering Group about the target group for the Plan2Change setting. While all were clear that the Peer Support Workers would be supporting individuals with life problems, some of the team also talked about the potential of the service to take referrals from secondary care and thereby support individuals with more serious levels of mental health difficulties.

Referral levels: is there an epidemic of 'projectitis' in Craigmillar?

Concerns were raised by the team and Steering Group that the service could become inundated with referrals, particularly because of the lack of alternatives open to GPs in the area. However, this concern was not corroborated by representatives from the practice and indicated that there were numerous community projects locally to which they could refer clients. Because of its status as the most deprived ward in Edinburgh, Craigmillar has the potential to suffer from "projectitis" with many new initiatives coming and going all the time. This could create barriers for new projects such as Plan2Change to carve a niche.

It was felt by a number of agencies, including members of the Craigmillar Practice, that there had not been adequate consultation or involvement of other local agencies prior to the set up of the initiative.

Learning Workshop

The first Learning Workshop took place in June 2007 and was informed by the first round of interviews with stakeholders as previously described. It focused on identifying objectives for the project and ways of measuring whether these were being achieved. An overarching goal for the project as a whole was agreed:

"To increase social inclusion through peer support for people experiencing a range of problems in living, and to provide an alternative option for GPs, primary care and individuals in the Craigmillar community."

More specific goals were identified for the different levels on which the project hoped to have an impact. For individuals referred to the service (Peers) the following goals were described, with the first of these identified as being particularly important:

- To find purpose and meaning in life;
- To reconnect with the local community;
- To achieve hope and clarity about life direction;

- To have a safe environment and framework for self discovery, learning, and regaining control over one's life.

It was felt that if Peers were making progress towards achieving their goals and using mainstream services to meet their needs, this would indicate success on these objectives.

For Peer Support Workers the following goals were agreed:

- To positively change the perceptions of GPs, services and the community about the strengths and abilities of those with lived experience;
- To change the perceptions of Peer Support Workers about themselves; their own abilities, potential and expertise;
- To reflect, learn, record and share experiences of being a Peer Support Worker and create opportunities to do this;
- To develop a model of reflective practice which engenders confidence in peer support;
- To maintain individual balance and well-being to enable Peer Support Workers to be effective in their roles;
- To break out of ones comfort zone and add value to life;
- To provide support and opportunities in a safe environment.

It was felt that if Peer Support Workers were still in post at the end of the pilot and were enjoying their role as well as feeling more confident, this would indicate the project had been successful in achieving these objectives.

While goals for the project in the context of the wider system were not discussed in-depth at the Learning Workshop, these were agreed to include, to:

- Demonstrate the effectiveness of peer support;
- Fit the gap in the local service system;
- Reduce the stigma around help seeking;
- Evidence that recovery can happen;
- Identify learning around the process of developing a project.

Indicators of success identified for these objectives were:

- Changing patterns of GP appointments;
- Individuals referred to the project giving positive feedback to GPs and other local agencies;
- Peer support finding a place and role within local system;
- Local agencies seeing the project as effective;
- Evidence of a national interest in the model and a drive to replicate it elsewhere.

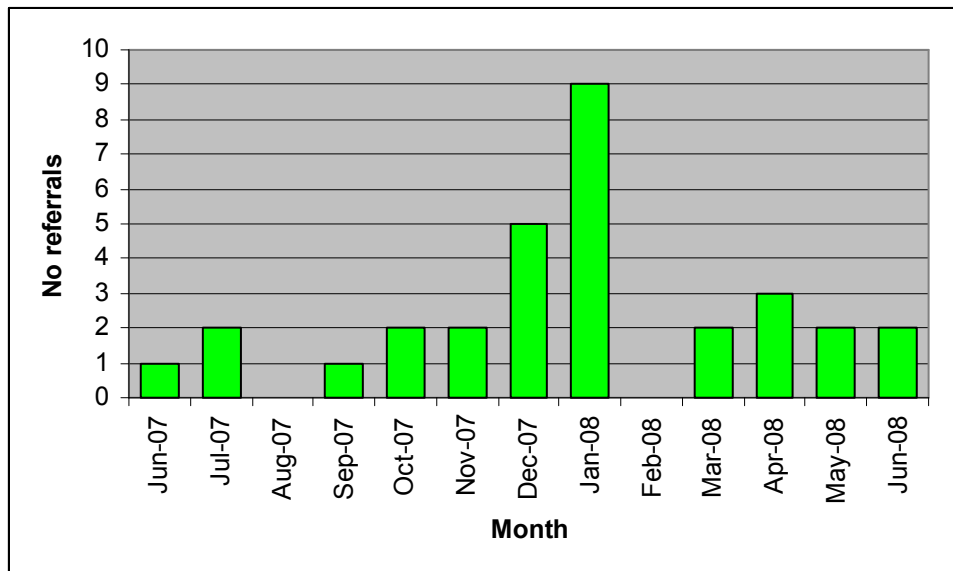
4. DATABASE ANALYSIS

During Phase One of the evaluation, SDC developed a database for the Plan2Change team to facilitate the recording of activity and monitoring information. In order to assess how well this was working, the database was collected by a member of the evaluation team on July 27th 2008 for analysis and the findings below are based on the information held on this date.

The database contains information on thirty two referrals, most often coming from secondary care professionals or GPs. Based on this small number, it is difficult to provide a robust analysis, however an overview of findings is included in this section to provide context for the evaluation.

Referrals were received between July 2007 and June 2008, with the rate of referral peaking between December and January. Figure 1 below illustrates the rate of referrals over time.

Figure 1: Referrals over time



Eighteen of the Peers referred were female, and fourteen were male. Their ages ranged from 18 to 65, with an average age of just under 41, and half of the referrals aged between 30 and 47. No age information was given in eight cases, perhaps because Peer Support Workers may prefer not to solicit this information or because Peers sometimes refuse to disclose their age. All those for whom ethnicity information was recorded were listed as British or Scottish.

Reasons for referral

In the vast majority of cases, a range of specific issues or a general reason such as 'mental health difficulties' was recorded as a reason for referral. Issues mentioned are summarised in Table 1 below.

Table 1: Reasons for referral

Reason	No. of Peers
Depression or low mood	16
Anxiety or panic attacks	6
Anger management	5
Social isolation or loneliness	4
Tenancy support	3
Drugs or alcohol abuse	3
Psychotic episode or hearing voices	3
Inappropriate behaviour	2
Social exclusion	2
Employment	1
Cognitive problems	1
Bulimia	1
Self harm	1
Borderline Personality Disorder	1
Attempted suicide	1

It is clear that Plan2Change works with people who have a high level of complex support needs.

Out of the thirty two Peers reviewed, twenty three attended the first arranged interview. For three of the nine Peers who did not attend, another date was arranged, which two attended. This means that seven Peers failed to attend the initial interview and therefore did not engage with the service. The length of time between referral and interview is displayed in Table 2 below.

Table 2: Length of time between referral and interview

0 days	14
1 to 7 days	4
8 to 14 days	4
Over 14 days	1
Did not attend arranged interview	9
Total	32

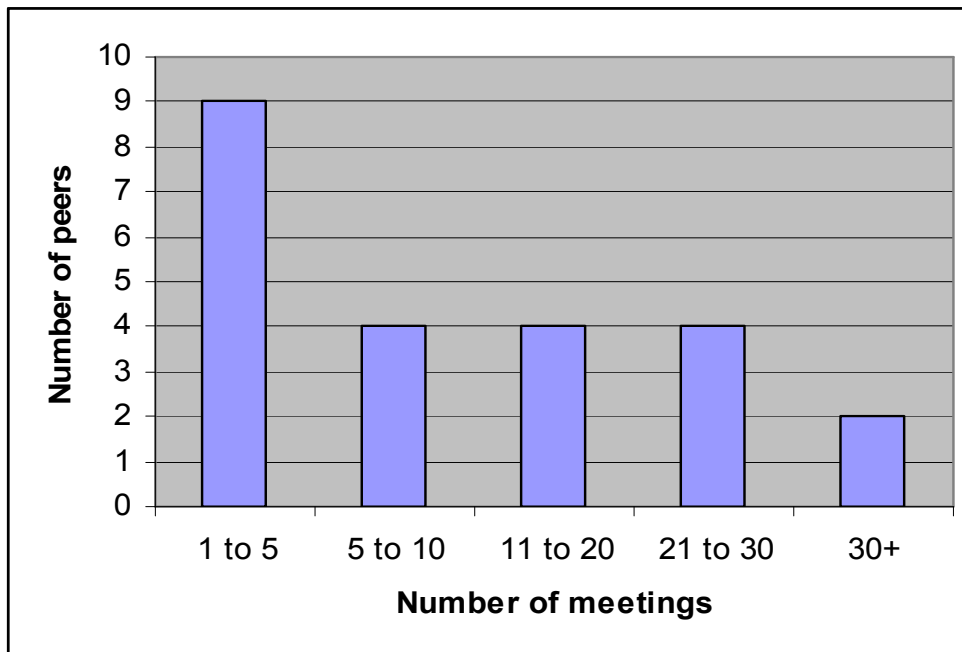
Peers had hopes and goals that were related to their present problems, including developing coping strategies, overcoming anxieties and addressing substance

abuse, but were also very much looking for ways to move forward, such as becoming more independent, returning to work or researching employment opportunities.

For fourteen out of the twenty three Peers who engaged with the service, other agencies used were entered into the database. The range of agencies involved with each Peer ranged from one to four. While this indicates that many Peers have other formal supports in place to help them, eight Peers also received support closer to home: their partner, family members or friends were highlighted as sources of support.

The database contained the details of meetings or activities for all twenty three Peers who engaged with the service. The number of meetings Peer Support Workers had with the Peers ranged from one for a Peer who had only attended the initial referral meeting and then not engaged, to forty eight for someone who had been engaging with the service from the 26th of October 2007 and was still working with the service – as shown in Figure 2 below. The average number of meetings with a Peer was thirteen. As only six out of these twenty three Peers had stopped engaging with the service, these numbers are likely to increase.

Figure 2: Number of meetings with Peers



The length of meetings was not always recorded, but varied from 35 minutes to all day, with most meetings lasting between one and two hours.

Peer Support Workers recorded the type of meeting or activity on the database. These included phone-calls, walk group and swimming. However, there were

also one-off events such as 'crisis meeting', 'emergency meeting with PEP team' and meetings where Peers were introduced to other services. A large number of meetings took place either at the Plan2Change office or (partly) in the Peer's home.

Six out of the twenty three Peers whose referrals were accepted had come to an end. For most of these Peers, no further contact with the service was planned. However, engagement with the project does not have to be an all-or-nothing affair; people can come back or decide to have more contact in the future.

5. STAKEHOLDERS' PERSPECTIVES

During Phase 3 of the evaluation, Peer Support Workers and their managers (hereafter referred to as Plan2Change staff) and Steering Group Members were interviewed again, to gain insight into their perspective on the development of the project. A representative of the Craigmillar GP practice was also interviewed. It was attempted to include the views of a representative of the Multiple and Complex Needs Initiative, but this proved impossible due to delays in responses and annual leave. In total, eight people were interviewed for this part of the evaluation.

Working with Peers

Lack of GP referrals

Throughout the interviews, it was clear that problems with referrals had shaped the initial months of the project. Originally it had been intended that all referrals would come through the Craigmillar GP practice, but after several months only a few referrals had reached the project. Many possible reasons for this lack were given by Plan2Change interviewees:

- GPs being too busy to adequately explain the service to their patients;
- GPs not knowing their patients well enough to decide when to offer the service;
- GPs not having any faith in the quality of the intervention on offer and worrying that if things go wrong they will be held responsible;
- GPs not being sure that the project will be there in the long term, given the large number of short-lived projects in Craigmillar;
- GPs being reluctant generally to refer to non-health services;
- The envisioned referral process being fairly restrictive in that someone has to come to their GP (which many potential Peers may not do), the GP has to remember that the service is on offer and then to take the step of referring.

Feedback from the Craigmillar GP practice suggested that, while GPs had initially talked to quite a lot of patients about the service, there had been very little take-up. Possible explanations given were that patients wanted to see a professional and for their problem to be fixed rather than having to work on it themselves. When one patient did use the service and they did not feel the service had been of benefit although this information was not conveyed directly to Plan2Change. This, combined with the limited interest from patients, meant that the enthusiasm of GPs dwindled and that they stopped offering the service as much.

Given the above, it may be necessary to inform GP patients more about peer support. People may not expect to be offered this service, because it has not previously existed and having no frame of reference for what such a service may offer they may therefore reject it. On the other hand, other GP practices have been more successful in generating referrals. If, as some steering group members suggested, the project still wants to further develop the primary care referral route in order to be able to work on prevention and early intervention, it would be of interest to speak to these practices and examine how they ensure take-up from patients.

Change in referral route

Because of the lack of referrals coming through the GP practice, the referral criteria were changed. Secondary services that were aware of the project had already expressed a desire to access the service, so this became one new referral route, with the other being the possibility of people referring themselves. The referrals were also opened up to two other GP surgeries in the area.

A consequence of the change in referral route was that the Peer group changed from the one initially intended, with the majority using other services and almost all Peers experiencing mental health problems. However, both the Steering Group members and the Peer Support Workers felt that they were still fulfilling their original remit of helping people with multiple and complex needs:

But the reality is that people who experience significant mental health problems, as everyone knows, experience significant exclusion. So it still fits the brief. (Steering Group member)

Indeed, this change in referral routes had been discussed with representatives of the Multiple and Complex needs initiative who agreed that the project would still be working in line with the objectives of the funding. The change was successful in that it led to increased referrals: at the time of the Phase 3 interviews with the Plan2Change team (May 2008) the project had had around thirty initial sign-ups of which they had actively worked with around twenty. Peer Support Workers' case loads at the time varied from five to seven, with them feeling there was still some room for growth.

I don't find it too much and I could probably take on a couple more people but if you take into account the first interviews we do, the presentations and training we do with peer support and the team meetings, there is not that much time left over. (Plan2Change staff member)

Accepting new Peers

Peer Support Workers described the procedure for new referrals. An initial appointment is arranged with the potential Peer and ideally two Peer Support Workers, during which the Peer is able to find out more about the service and to explain what support they are hoping for. After this, their situation and expectations are discussed in the team meeting, where the decision is made whether Plan2Change support is appropriate and who would be the best team member to provide the support.

The fact that engagement with Plan2Change is voluntary was seen as strength of the service. Interviewees stated that Peers choosing to work with the project provided some of the momentum for positive change.

Part of the motivation on the Peer's part to change things comes before they come to the service, which is a step in itself, but it's also nurtured by us being focused and trying to be creative. (Plan2Change staff member)

It was also felt that, because Peers were not compelled to use the service, this made them see the service in a more positive light and engage more actively.

However, in an interview with one of the Steering Group members, the fact that the peer support team can filter out people emerged as a double-edged sword: while it is essential for the peer relationship that both people are ready to engage with the process of recovery, having the luxury of 'selecting' Peers was seen as a potential problem in having peer support taken seriously as a service.

I think it could be a real criticism of peer working. The statutory sector has been saying for a long time "well, you just work with the people you want to work with and we have to work with all the difficult people, we have to work with everyone". (Steering Group member)

Fortunately, at the time of the interviews with the Peer Support Workers (June 2008) only one potential Peer had been refused the service, for several reasons.

He wasn't actively wanting to work with us either; it was just a way to get out of hospital. He had also been a danger to females, which was another reason not to work with him. Ultimately, they have to want to work with us and we couldn't see what we could do with this chap, his goals, there was nothing there. He becomes unwell very quickly and all in all we felt we would be out of our depth. (Plan2Change staff member)

Therefore, the Peer group of the service is limited by self-selection (only those people who choose to access the service get to use it).

Support provided

Peer Support Workers spoke of the support they provided to help people to reach their goals. Often, they helped Peers to break overarching goals down into smaller, more manageable steps and encouraged them to be active in pursuing their goals.

It's about engaging in old interests and trying to find new ones. (Plan2Change staff member)

"Working with a Peer" – Story 1

This Peer was referred to our services through their GP. A first interview was offered to him. During this appointment we were able to find out what the Peer expected to gain from working with us and whether our service was suitable for him. The next stage was to take back the information that we had gathered to our team meeting where it was decided that I should work with him. This was based on my previous experience from suffering from depression and having to take time off my work.

The reason I used parts of my life story was to establish a peer relationship in which the Peer could see that I understood something about their experience. I also thought that it would give my Peer hope that you can get over or learn to manage living with depression and that he too could return to his work within time.

The positive impact has been that he has been more able to manage his wellbeing and he has now returned to his work.

The main setbacks have been due to money issues and the constant harassment he has had from the bank. Understandably this has brought his mood down at times. He now sees me less frequently but still values the time and space to talk openly about his problems.

My personal development with this Peer has been for me to not jump in and fix his problems for him but to take a step back and let him find resolutions and answers for himself.

Some signposting and accompanying people to appointments and other agencies happened, but Peers were left firmly in control and other agencies were only suggested if it was felt this was something the Peer wanted. This did not mean that Peer Support Workers did not challenge Peers; they especially challenged instances of negative thinking, but one Peer Support Worker also encouraged a Peer to acknowledge the impact of her anger on others. An important part of their way of working was the sharing of their own experiences, which they felt could show people there was hope as well as suggest ways of moving forwards. However, they used their own stories critically, always asking themselves who was benefiting from the sharing of experiences.

"There is no need to give gruesome details. It's about sharing in a way that has an impact but does not overwhelm somebody. (Plan2Change staff member)

Peer Support Workers described their appointments as very definitely not just a social time. While some support involved activities, mostly their efforts were focused on building a relationship and helping Peers to find ways to move forwards. There was a stress on 'intentionality' with regard to meetings with Peers.

I have gone swimming with people and gone to other agencies with them and to appointments, but the majority of the time it's about talking and listening. (Plan2Change staff member)

"Working with a Peer" – Story 2

This Peer heard about our service through a community psychiatric nurse. The Peer phoned us directly and we arranged for her to meet with us at Plan2Change.

It was clear on this first meeting that we felt we could make a difference to her life and she was keen to work with us. This Peer also had clear aims and goals that she wanted to work towards. The team then decided that I would be the most appropriate person to work with her as I had suffered from depression and anxiety.

I used parts of my story to show her that I too, had once lost hope in having any quality of life but managed to turn this very negative experience around by learning new skills and tools that have helped to keep me well. I also felt that by sharing my story, not as a victim but a survivor I would help my Peer to see that there is hope, there is a light at the end of the tunnel and no matter how bad you think things are it is always possible to change your life around.

The support I provide varies from meeting once or twice a week to telephone supports. I have also gone swimming with her to help her gain confidence and it is hoped that she will be able to continue doing this on her own.

There have been many setbacks along the way and situations have arisen out with our control. This has brought up many painful issues for my Peer on top of the original difficulties that she was presenting at our first appointment. Goals and aims have therefore been moved and changed accordingly.

The positive impact is that she is able to ask for help when in crisis and feels able to phone me for support. She has also managed successfully not to reach for alcohol when she is feeling low.

My personal development with this Peer is that I have to respect her choices even when I don't agree with them and by doing this she will be able to grow and learn.

Peer Support Workers

Unanimously it was felt that the employment of Peer Support Workers had been a success. Interviewees saw Plan2Change as a demonstration that people who have experienced significant difficulties can make a real contribution and be empowered to recognise their own skills. The commitment and development of the Peer Support Workers was lauded by the Steering Group members.

[T]he pride they obviously take in it and the dedication and commitment they bring is evident in the way they work, which is really encouraging, really positive and really powerful role modelling for other people. (Steering Group Member)

It was also noted that, although Peer Support Workers had at times experienced difficulties since the start of the project, the level of absences was no higher than in other projects.

"Working with a Peer" – Story 3

This Peer was referred to our services through an occupational therapist, who is based in the community mental health team at Ballenden day hospital. A first interview was offered where two Peer Support Workers and himself shared a little bit of history of our service and the Peer shared a little bit of his life history. After the 1st interview the Peer was discussed at the team meeting and it was decided I was the most appropriate person because I had similar life difficulties i.e.; child abuse, living rough on the streets, long term depression. The reason I used parts of my life story on the above topics was to give the Peer hope that he was not alone with his burden and with a little help and support through understanding, he could also start having nice dreams and goals.

The positive impact has been he can communicate and feels able to ask for help, he can go out of his house independently and meet select people, he has been able to stop misuse of drugs and now started to explore relationships.

The setbacks have happened twice since I have been seeing him where he has decided to live rough on the streets for a couple of days. We have talked about these mishaps and he came to a conclusion that his medication was a significant factor to his confused mind.

My personal development with this Peer has been to accept that I must go at his pace and not set a personal agenda for him. When this Peer joined this project he did not have a clear idea of aims and goals except he wanted to understand what was happening to him and maybe having control back to a better quality way of life. This support is ongoing on a weekly basis except on holidays and other work commitments.

We established a trusting working relationship where we discussed his need of a healthy lifestyle to help him through his depression and now he has started to explore relationships. This has been difficult and challenging for him because he has never had a girlfriend before and his keenness has led him to some financial difficulties. His self-esteem is gathering pace and I am standing beside him when he feels the need to talk by phone or go for a walk together.

The Peer Support Workers themselves said that the (high) expectations they had had when they started working for Plan2Change were being now being fulfilled. They also stated that being a Peer Support Worker had had a positive impact on their own wellness overall, even though shutting off at the end of the working day and juggling work and life commitments had been challenging at first. Supporting others marked for Peer Support Workers how far they had progressed in their own recovery, gave them more insight into their own wellness and had led to an increase in confidence.

Work has also helped me to move on in life, to overcome my own mental health difficulties, because it was only one year ago that I had a support worker myself. It has helped me by allowing me to help others: seeing positive real life people helping themselves and being happy. It also helps to be able to make a difference for somebody. (Plan2Change staff member)

"Working with a Peer" – Story 4

This Peer was referred to our services through an occupational therapist, who is based in the community mental health team at Ballendon day hospital. At the first interview this person was very clear about his aims and goals. They were about independent living and being able to look after himself.

He gave a brief history of his chaos he was living in and also his past which included leaving his job following being diagnosed with Schizophrenia.

The reason I used parts of my story at this stage was to make the Peer comfortable as I also had a similar employment background, and I also found life challenging when I left my job. He was able to understand the concept of recovery because I was a living example.

At the team meeting it was decided that I was the most appropriate person to work with this person.

Working in partnership with the Peer and other people who were supporting him was to address his living accommodation as he was living in a fully supported accommodation with all his meals provided. The Peer felt he was in an institution with minimum rights. Through negotiations we were fairly quickly able to sort the accommodation and finances.

The positive impact is that he can now explore what is happening in the outside world and through encouragement he can manage to go away on trips independently.

The setbacks are medication related which does make him unhappy and depressed and with this comes some hygiene and being untidy problems. We do address this on a regular basis and are currently discussing medication with psychiatrist.

My personal development with this has been my understanding of Schizophrenia and about psychotic medication and being able to accept there are going to be continuous challenges and for me to be with this Peer when he is requesting help. His support is ongoing on a weekly basis.

Peer Support Workers were very positive about the way the project was managed. The fact that supervision was flexible and could be brought forward when necessary was appreciated and the supervision sessions themselves made people feel well supported.

At the moment supervision is very good. I can't fault it because I have been given everything I have asked for and have been supported fully in all my ideas.
(Plan2Change staff member)

Peer Support Workers fed back that even at difficult times, such as when one of the team members' contract was not extended, they had been managed well.

It was clear from the interviews that wellness was at the forefront of the project; not only for Peers but for everyone involved. This was reflected in the supervision sessions, the allocation of cases and the way in which team members interacted.

The most important element of the way we work is that we need to model the maintenance of well-being. We are the living evidence that peer support works so there is a strong focus on looking after ourselves physically, mentally and emotionally. It is part of our work to monitor and talk about our wellness.
(Plan2Change staff member)

The only point of contention was salary: Peer Support Workers felt that the unique skills and experience they brought to the job were not sufficiently recognised in their salary.

Plan2Change and the wider system

In terms of the wider system it was felt the project was a success in several ways. Once the referral route changed, the service had good take-up from secondary services, which was validation in itself of the need for a peer support service. Also, professionals in these services have been enthusiastic about the progress made by their Peers. Peer Support Workers related that people were probably attending secondary services less than they would if they were not engaging with Plan2Change. While the original intention of reducing GP appointments was now no longer a main aim of the project, a Peer Support Workers said:

It probably has had an impact on GPs in that the people I have worked with would have had more appointments with their GP if they hadn't been seeing me, even when they were not referred by the GP practice. (Plan2Change staff member)

Interviewees felt that Plan2Change is now well known in the Craigmillar area as a project, since the Peer Support Workers spent a lot of time visiting other agencies and explaining what the project was all about at the start. Peer Support Workers have also had many opportunities to speak at events: there is a lot of interest in the project. As a result of these speaking opportunities and Steering Group members spreading the word, the project is well known in the wider mental health world in Scotland. Encouragingly, other areas have started their own peer support projects after hearing about or having contact with Plan2Change. For example, the success of Plan2Change meant that NHS Lothian were comfortable enough with peer support as a concept to start other projects. Some Steering Group members also suggested that the successful implementation of Plan2Change may have contributed to peer support being one of the commitments in Delivering for Mental Health. Another indicator of success mentioned was the continued funding from the NHS.

Interviewees also mentioned the impact they hoped Plan2Change would have on the wider system in the future. One Steering Group member saw the way the focus within Plan2Change on the well-being of everyone involved as a valuable model for other employers.

It was hoped that Plan2Change itself would expand to different areas and that the development across the country of new peer support projects on the basis of the success of Plan2Change would continue.

Interviewees felt that, in order to realise these hopes, those involved with the project need to keep promoting the awareness of peer support in the community. It was hoped that, in time, Peers themselves will be able to spread the word, not only to their family and friends but also to the wider mental health world.

Spreading the word is especially important given that one of the challenges for the project has been to gain the trust of other professionals and convincing them that Peer Support Workers can make a contribution that goes beyond social outings.

I think that some professionals think peer support is about filling a morning, going for a cup of tea, so I have to be clear about what we do to them as well. I think there is a bit of stigma: you have used services for a number of years, so your capacity is limited. (Plan2Change staff member)

A related problem has been that other professionals may not understand what is different about peer support, when they feel they too work within the same

principles of focusing on strengths, promoting recovery and helping people to regain control over their lives.

Another challenge is to get people to understand what we do. A lot of it is simply good practice; it's what a good CPN would do or a support worker, so people might say "That's what we do". (Plan2Change staff member)

However, as one Steering Group member noted, now that other peer support projects have started, Plan2Change will not have to challenge current perceptions in isolation.

There are some sceptics out there who think that you are just creating a whole new set of problems for yourself. I think there are some other people who are very enthusiastic and therefore very keen to learn about the possibilities, so I think the fact that we have been able to run a second course and there are now four or five areas where they are going to be employing peer support workers has probably taken some of the heat off Plan2Change, in terms of having to be the be-all and end-all. (Steering Group member).

6. PEERS' PERSPECTIVES

Activities undertaken in Phase Two focused on implementing systems to collect feedback from Peers referred to the Plan2Change team.

To gain an insight into how the project is experienced by Peers who use the service, Peers were initially invited to either fill in a Client Satisfaction Questionnaire or participate in an interview once they left the service. However, with the limited referrals coming in and Peers generally engaging with the service for a considerable period of time, only one Peer was interviewed in January 2008 when their support was coming to an end. Subsequently, Peer Support Workers were asked to invite all those Peers who had meaningfully engaged with the service to take part in the evaluation. This resulted in three more interviews in June 2008. While the original intention had been to interview more people, many Peers had just started to engage with the service and some of those who had engaged for longer did not give their consent to be interviewed. This means that this chapter is based on interviews with four Peers: two men and two women.

In order to solicit the views of a wider group of Peers, a Client Satisfaction Questionnaire was developed in Phase Two of the evaluation, to be completed by those Peers who left the service but did not want to be interviewed. When it became clear that few Peers were going to come to the end of their support within the timeframe of the evaluation, Peer Support Workers were encouraged to ask all of their Peers to fill in a Client Satisfaction Questionnaire, with limited success. Three out of the five returned questionnaires were completed by Peers who also consented to being interviewed and were therefore excluded. The two remaining questionnaires were very positive about the service, although one had been filled in when the Peer had only been engaged for a few weeks. The other one included many positive comments, such as:

Excellent service – this needs to be rolled out across the country.

Very good support, very relaxed, non-threatening environment.

I knew what I needed to do but the project helped me focus on the issues which affect me and give me the toolkit to my wellness.

As these Client Satisfaction Questionnaires otherwise did not add to the analysis, they are not referred to anywhere else in this report.

Accessing the service and reasons for engaging

The Peers had accessed the service in a variety of ways. One Peer had visited his GP to seek help with his depression and anxiety. His doctor gave him different options, including Plan2Change and seeing a psychologist. This Peer chose to attend the Plan2Change Project because he wanted to get help quickly, rather than being put on a waiting list.

Two Peers were referred to Plan2Change by secondary services; one through their Community Psychiatric Nurse at Ballenden House and another by their tenancy support worker. The information they were given was limited to the fact that Plan2Change provided peer support, which was of enough interest for them to contact the project to find out more.

She just said that this organisation was run by people like myself who struggle and that made me actually feel a little better because it meant I wasn't alone with how I am feeling and stuff. (Peer 2)

The final interviewee felt that the possibility of self-referral was a strength of the project because being referred through a GP can make you feel labelled. She came to the project after she had met a Peer Support Worker at a recovery event who had told her the service was available.

I felt that I had some support needs, just like every one else. I had been praying for someone to see me through some of the issues I was dealing with, on both a psychological and a practical level. (Peer 1)

Goals

From the interviews with Peers it became clear that, while Peers came to the service with certain problems, the formulation of goals for their engagement with Plan2Change was a result of a dialogue between them and their Peer Support Workers.

It's pretty much "what do you want to do kind of thing" it's a bit of a joint effort. (Peer 3)

For example, one Peer Support Worker who had found exercise helpful in dealing with his own mental health problems motivated his Peers to increase their physical activity and often took them walking during their appointments. Peers said they really appreciated this guidance and that they found it helpful to be given suggestions for new ways of coping. In two cases, Peer Support Workers

also facilitated the formulation of goals that went beyond what Peers had initially aspired to, but in a way that was sensitive to their current needs.

A long-term goal is to work in a charity shop. (...) She has tried to get me to go and do charity work and has also mentioned doing some art therapy, but I have told her I am not there yet, I wouldn't be able to handle a room full of people. She is patient and we will talk about it again another time, and if I say that I am okay to do it she will go and look into it. It means that I don't feel pressure at all from any of it. (Peer 2)

As three of the interviewees disclosed having mental health problems many of the goals mentioned focused on becoming better able to deal with their mental health problems and to move towards recovery. However, it was clear that even those Peers who were using secondary services were at different points in their recovery: while one interviewee said she wanted to get help with leaving the house and taking buses, another wanted to get voluntary work and to get a place on a main-stream college course.

It's a big step, though, going into the mainstream again. Last time was when I left school, which is a long time again. Hopefully it will be alright. I am feeling a bit anxious about it, but it's a challenge. (Peer 3)

Another Peer was experiencing mental health problems for the first time and wanted to better understand the causes of his problems, as well as develop ways of minimising these, such as increased exercise, developing good sleeping patterns and a better diet.

The remaining interviewee saw the support more as a dialogue through which she and her Peer Support Worker helped each other, but needed support with practical problems she was facing and decisions she had to make.

Engaging with Plan2Change

All four Peers were very positive about their Peer Support Worker. They felt they were easy to get along with, non-judgemental and very supportive.

Working with him is fine, it's a pleasure. He is good to talk to and good for emotional support as well, he's a good role model, a bit of an inspiration to folk I think as well. A good guy, we get on fine. I have a good relationship with him I think. (Peer 3)

Three Peers appreciated that meetings were arranged in such a way that they became a vehicle for change, with exercise taking place during the support time,

or the timing and place meaning that Peers had to get out of bed early and / or out of the house.

To go and meet [my Peer Support Worker] I have to go outside, that is a goal itself, to go out and meet her. I found it very difficult at first and I did miss a few appointments. That was down to myself, she has always supported me and made sure that I remember my appointments. (Peer 2)

Peers felt that their Peer Support Worker helped them in several ways. They provided valuable information, both on practical issues and on coping strategies and made Peers aware of other agencies or people that could help. Additionally, they felt they provided a good sounding board and a sympathetic ear, with a lot of the support time dedicated to conversation.

Because sometimes I blether about things that maybe don't really matter to my situation but he will listen and be like "Right, back to where we were". He helps focus me, lets me have a rant and then say "Right, back here again". (Peer 4)

It was clear from the interviews that Peers also made considerable steps towards their goals on their own, without direct support from their Peer Support Worker, which is in line with the aim of the project to get people to take control over their own lives.

Another goal was to sort out the situation with my mum and I have done that as well. I hadn't spoken to her for 2 years and was quite manic and nasty to her. I had to get my mum to try and forgive me for that. I just done that myself. (Peer 2)

Connections with other agencies

All Peers made reference to being put in touch with other service providers by their Peer Support Worker, but their engagement with these services varied. One Peer only phoned the service that had been found to say that she would not need it after all, and another had one social work appointment which did not result in any further help being offered. However, the other two Peers actively engaged with services, courses and one-off events they had been told about by their Peer Support Worker, which included recovery and WRAP events, a relaxation course and a programme to improve your self-esteem.

[My Peer Support Worker] pointed me in quite a few different directions. (Peer 4)

The end of support

While peer support had come to an end for only one Peer interviewed, all of the Peers spoke about the future ending of their support, making it clear that they knew they would not be able to access Plan2Change indefinitely and implying that the Peer Support Workers had engendered a professional relationship with their Peer.

For one the ending of support was already something he was working on:

For now I will keep working with [my Peer Support Worker] but there is another goal to sort of start breaking away and make it every two weeks, which I think we are getting close to right now. And then go from there further. Not because I don't want to see him, but because it is good to be independent. (Peer 4)

The others were less focused on moving towards ending the support, although they were aware of it, because they felt they still had significant challenges ahead of them during which the support they were receiving would be very helpful.

Impact of support

In the Theories of Change Evaluation Workshop held in June 2007, a list of goals was compiled for Peers who engaged with the service:

- To find purpose and meaning in life;
- To reconnect with the local community;
- To achieve hope, and clarity about which direction they want to travel in life;
- To have a safe environment and framework for self discovery, learning, and regaining control over one's life.

The interviews with Peers held in this stage of the evaluation attempted to assess whether the project had succeeded in helping people to achieve these goals. Peers were asked what goals they had come to the project with and what work they had done to achieve these goals. In this way, their own views on the impact of the project were assessed. In order to also get a sense to what extent Peers felt the impact of the project matched to goals outlined above, structured questions were also used, with Peers being asked if they felt the project had helped them in a number of ways. While some of the goals were only assessed by one statement, others were broken down into smaller components. The questions asked and answers given by the interviewees 1, 2, 3 and 4 are shown in Table 5 below.

Table 5: impact of Plan2Change on interviewees.

	Yes, definitely	Some-what	No, would have liked	No, not needed
1. Finding purpose and meaning in life	2,4	3		1
2.a Reconnecting with your local community		2, 3	4	1
2.b Enabling / encouraging you to use services / facilities within the community (e.g. leisure, library, clubs, social workers, specific services etc)	2,4			1,3
3.a Becoming hopeful	2,3,4			1
3.b Being clearer about the direction you want to your life to go in	2,3,4			1
4.a Providing you with a safe environment to talk things through	1,2,3,4			
4.b Providing you with a framework for self discovery and learning	1,2,4	3		
4.c Believing that you can make positive changes in your life	2,3,4			1
4.d Feeling motivated to make positive changes in your life	1,2,3	4		
4.e Regaining control over your life	2,4	1,3		
4.f Taking responsibility for making changes to your life	1,2,4	3		

These answers show that when Peers felt that the goals were applicable to them they almost always moved towards them with the help of Plan2Change. It is heartening that all interviewees felt that their Peer Support Worker provided them with a safe environment to talk things through. The one area that no Peer felt that they had firmly developed was their connection to their local community, which they found a confusing concept. Comments made suggested that, while some had taken part in workshops, recovery events and courses, they did not always feel that this connected them to their community as such. Also, two Peers who said that they felt the service had definitely encouraged or enabled them to use the *facilities* in their communities, were not clear whether this meant they had connected with their community as well.

Peers own accounts of their engagement with the project revealed a variety of different impacts, from the profound to the more practical. One Peer in particular

felt that Plan2Change was her lifeline and that it had enabled her to take her first steps towards recovery:

Ever since I have started meeting [my Peer Support Worker] I have started going on a bus and before I never set foot outside of the house for two years, before I met [her].(...) she has given me strength and courage and a lot of goals met. Making me feel less alone in the world whereas before I just used to feel so alone because I acted differently or didn't handle things the way I should have, so I was petrified to go out. (Peer 2)

For the others, their engagement with the project had been more part of a process, which amongst other things contributed to positive change. However, they too felt that their Peer Support Worker had had a significant impact, either in terms of enabling them to take positive steps sooner or faster or by encouraging them to take bigger steps. One Peer had returned to work, after he had managed to change his sleeping patterns and improve his diet, while another had taken on more voluntary work and was about to start college. Less tangible outcomes of support mentioned were improved confidence and ability to cope with difficult issues in their lives.

He has helped my confidence and to get to grips with the death side of things. He has helped me to find a special place for it within myself and to put it to one side. (...) Through his explanation of how he dealt with it I feel more confident when I am talking about it. (Peer 4)

All Peers said that, with the support of the Plan2Change, they had made significant progress towards their goals. Two Peers commented, however, that there would always be new goals, which in one case was the ambition of self-employment, with another Peer feeling that she still had a long way to go before she would reach her goals.

The benefits of peer support

Throughout the interviews Peers mentioned the advantages of peer support over other types of support. First of all, there was just the fact of knowing that the person supporting them had had similar problems, which made them feel less alone. At the same time, being in the company of someone who had experienced significant problems but overcome them to the point where they were able to support others was inspiring.

And you can feel like I am the only one going through this, that's how I felt when I first got ill, I was like, I didn't want to tell anyone I was ill, I wanted to keep it to myself because I was a bit ashamed about it. I sort of bottled it in, so

I think speaking to somebody who has been there and been through it and used certain strategies to come through it, that is such a help, eh? (Peer 3)

Peers also felt that, because their Peer Support Worker had first-hand experience, they were easier to relate and speak to and more likely to really listen, especially in comparison to some other professionals.

She was very gracious and amicable and very professional, but not in a systems way. The fact that she had experience of problems helped because she wasn't just talking from a book. (Peer 1)

I argued with a lot of the psychiatrists, saying "you are wrong and you are wrong, and you are this and that". I have never done that with [her], I have never argued. I feel as if I could just say anything and that makes me feel safe, whereas with a psychiatrist I don't know what is going on inside of their head, really. (Peer 2)

Finally, Peers much appreciated the fact that Peer Support Workers' experiences meant that they were able to provide information. Three Peers mentioned their Peer Support Worker giving them information about and helping them to implement coping strategies, which they then were able to use on their own, such as breathing exercises. One Peer appreciated the greater insight into his illness his Peer Support Worker was able to provide.

I think the main strength to me has been the similarities he has went through in his life. He was further down the road of depression than I was and he has a greater understanding of where I possibly was heading. (Peer 4)

Views of the project

Peers were asked what they thought the strengths and weaknesses of Plan2Change were and how they thought the project could be improved. Three Peers were very clear that the main strength of the project was the peer support element while another mentioned the possibility of self-referral. Peers did not identify any weaknesses of the support provided.

No, there was nothing I wanted that the project was unable to help me with. (Peer 1)

Improvements suggested were better publicity, so that the project would be better known in the local area and expansion, so that peer support becomes available to more people in more locations.

In general they could spread it out, make it there for other people to get help, because I think it is a great idea, it is certainly working for me. (Peer 4)

Two Peers said they had spread the word about the project themselves and made others aware that this type of support was available.

7. PLAN2CHANGE SUCCESSES AND CHALLENGES

The second Learning Workshop took place almost exactly a year after the first, in June 2008, and built upon findings of the second round of stakeholder interviews. In this learning workshop one area of focus was to identify the factors contributing to the Plan2Change successes and ways to build upon these. Later on, challenges for the project were discussed, along with ways in which to overcome these and lessons learned for the future.

The following factors that contributed to the success of Plan2Change were identified, along with ways that other services can learn from this:

- Establishing a team which works together effectively. Getting support from other team members had made a huge difference in learning how to cope with difficult aspects of the job. For example, issues that arise from work with Peers (e.g. suicide, child protection etc.) are now brought up in the team meetings.
- There have been no structural barriers experienced by the Plan2Change Peer Support Workers. This is something that has been encountered with other peer support work project, where peer support workers come into an established organisation and there can be some structural barriers to being accepted as equals.
- The group had time to develop peer support for each other at the start of the project and had a degree of freedom to develop their own vision of peer support. This has been an unforeseen advantage of the low number of referrals at the start of the project, but is something that could be built in to future projects.
- It was helpful that Plan2Change had been situated as a stand alone project, as this may have positively influenced how potential Peers saw the project.
- The referral route and criteria are seen as desirable: the mix of primary care and secondary care Peers means that some move towards goals quite quickly, which means there is a good balance for the Peer Support Workers.
- The positive outcomes for the Peer Support Workers are a big success for the project and how this has been achieved needs to be communicated. The perception that recruiting people with lived experience is asking for problems needs to be confronted and dismissed. Easily accessible supervision and contact with other Peer Support Workers has been very helpful. In team meetings in the Plan2Change project people share how they are feeling that day and then share any personal or work issues that are relevant. This was felt to be unique to the project and very helpful.

- The special contribution made by peer support as opposed to non-peer support is a success, because Peers are more relaxed and know that the Peer Support Worker has been in a similar situation they can relate more easily. Peers find it easier to talk about things and feel really listened to, and Peer Support Workers are more able to challenge people who come to them in a non-threatening way. They also allow people who come to the team to retain control and power over their own lives and to build on that. The team members work past labels and jargon and diagnoses and focus on Peers as people and they also feel that they have helped people not to end up in secondary care. They have also motivated people to prevent themselves from becoming ill. Unfortunately, what Peer Support Workers do can sound like common sense, which may make sharing learning around this more difficult, because it may be dismissed by other agencies as something they are already doing. A convincing way of presenting the difference may need to be developed.
- Peer Support Workers have communicated and built relationships with other services and have started to gain their respect; although this is something that needs to be further developed. The Plan2Change team have been out and about giving presentations about their work and they have had good feedback from other services, both locally and elsewhere. They feel that it is important for them to do some more work at bringing in other champions such as GPs or other people who can champion the project from outside it.

Practical challenges for the implementation of schemes such as Plan2Change were identified:

- It was felt that Plan2Change needs to be part of a repertoire of interventions, because different things work for different people. Practitioners also need to understand this: that just because it did not work for one person they referred this does not mean it won't work for anyone.
- Plan2Change often provided support alongside secondary services; it is important that in this circumstance there is transparency about responsibilities for care.
- There are some problems with case loads and workload management: referrals seem to come in all at once, which leads to a busy period. The intensity of the work can then tail off, as Peer Support Workers only see peers as often as the Peer wishes and needs, which often becomes less frequent over time. If the number of referrals goes up the project will be busier. In time, a waiting list may be the best way to deal with the timing of referrals.

Other issues were also discussed:

- Referral starts with the referrer, so the team needs to think very carefully about how referrers are discussing the Plan2Change service with potential Peers and to help referrers to do this well so that people are encouraged to come and use the service.
- Can Peers be champions for the project? One Peer told several people about the project and recommended they try it, but no referrals resulted from this directly. However, he also fed his positive experiences back to his GP, which seemed to have raised referrals from that practice.
- There will be a national network for Peer Support Workers and their supervisors to facilitate learning between different peer support projects – this may be one way in which Plan2Change staff can share some of the learning around what worked for them.
- Professionals are now encouraged to share their own experiences, but may not have been trained to share appropriately. The development of peer support is part of the emphasis on putting the care back into care services, and perhaps if it was explained in this way it would be more readily accepted. However, a more sophisticated way of describing what happens in peer support may be required. 'Sharing stories' suggests a narrative describing someone's whole experience, rather than a sensitive selection of aspects of one's own experience to share.
- It may be useful to share the results of the evaluation much more widely so that teams in the south of Edinburgh all become aware of the project and its successes, which may lead to more referrals. If there was a dissemination event, staff from the new peer pilot projects could also be invited so that learning can be shared. Additionally, the team could do more writing themselves; sharing case examples and helping people to understand just what it is that they do.

8. CONCLUSIONS

In conclusion, it is important to link the broad findings back to the objectives and indicators set at the start of the project.

Peers

An original indicator of the success of the project for the Peers was that they would be helped and energised to meet the goals they had set for themselves, and make changes in their lives.

The Peer Support Workers have worked hard to achieve agreed goals with their Peers by:

- Breaking goals down into smaller steps;
- Signposting and accompanying to alternative services (if desired by Peers);
- Challenging negative thoughts and behaviour;
- Motivating Peers to move forward with hope;
- Offering information and advice;
- Sharing personal experiences if appropriate.

As a result, many positive outcomes have been evidenced by the Peers, including:

- Returning to work;
- Starting voluntary work;
- Starting college courses;
- Recognising their own needs;
- Becoming able to leave the house and use public transport;
- Picking up own medication;
- Becoming more physically active;
- Made major life decisions.

Peer Support Workers

An original indicator of the success of the project for the Peer Support Workers was that they would be still in post at the end of the pilot, enjoying the role and feeling increased confidence and self-worth.

In fact, three Peer Support Workers are still in post, and throughout this evaluation Peer Support Workers have expressed an increase in confidence and competence along with a positive impact on their own wellness. As discussed earlier, at a practical level, the original allocation of time for project management was underestimated, and the actual level of management required was considerably greater than that originally made available. Although there have been challenges in adapting to the role and learning the necessary skills to undertake the work, the outcomes have been considered positive.

The Steering Group expressed satisfaction with the performance and commitment of the Peer Support Workers, and the Peer Support Workers claimed to be happy with the project and their supervision.

The wider system

For the wider system, indicators for success required the provision of learnings for the mental health field from Plan2Change with positive impacts on future peer support service developments across Scotland.

It could be said that the uptake of Plan2Change from secondary services is "validation in itself", but evidence suggests that Plan2Change is now well known in wider mental health world. In particular, other peer support projects are being piloted, in part due to Plan2Change, and peer support is one of the commitments highlighted in Delivering for Mental Health.

Challenges

The project is of course not without its challenges, which are useful to bear in mind for any future peer support projects.

For Peers, the level of change experienced as a result of participation can feel uncomfortable, and those with chaotic lives may be prone to disengagement with the project. With careful and sympathetic management, these issues can be avoided.

For the Peer Support Workers, the challenge is adjusting to a new role, and balancing empathy with a level of professional detachment. New Peer Support Workers need to be supported as they learn new skills and given clear training on what is required from them and ways of dealing with their feelings.

At a management level, it is important to have support in place and time allowed for the Peer Support Workers to adjust to their roles, and for records to be kept in such a way that they can be easily updated and analysed.

The Craigmillar experience of developing peer support suggests the need to adapt the approach to local circumstances through review and flexibility, and to do the 'groundwork' prior to starting an initiative. Establishing a service that has a very different way of working to 'conventional' services needs strong commitment and leadership to sustain effort in the face of difficulties and to keep focused.

For the wider system, the challenge is in convincing others of the benefits of peer support by overcoming the stigma of lived experience and communicating the difference between peer support and other interventions. A peer support project must be positioned in such a way as to be considered viable, sustainable and professional. A more targeted approach may be required to persuade GPs that such a programme may be appropriate for their patients.

APPENDIX 1: Phase One Interview Schedules

Stakeholder Interview schedule

About the peer support role

- How would you describe the peer support role?
 - Who is it aimed at (needs of Peer)
 - How it works (what sorts of support provided, for how long etc)
- What skills and attributes are required to be a Peer Support Worker?
- In what ways will people access the service?
- How will patients, the public, other services and others learn about the service?
- How will the project link with other services (statutory and voluntary)?
- What is your contribution to the project?
(What do you hope to gain from being on the Steering Group?)

Expectations

- What impact do you foresee the peer support project having:
 - On the individual Peers
 - On the Peer Support Workers themselves
 - On the wider mental health system
- What will help achieve these impacts? (opportunities)
- What will hinder them? (blocks)
- Where will the main challenges lie? How can these challenges be overcome?

Staff Team Interview Schedule

About the peer support role

- How would you describe the peer support role?
 - Who is it aimed at (needs of Peer)
 - How it works (what sorts of support provided, for how long etc)
- What skills and attributes are required to be a Peer Support Worker?
- In what ways will people access your service?
- How will patients, the public, other services and others learn about the service?
- How will the project link with other services (statutory and voluntary)?

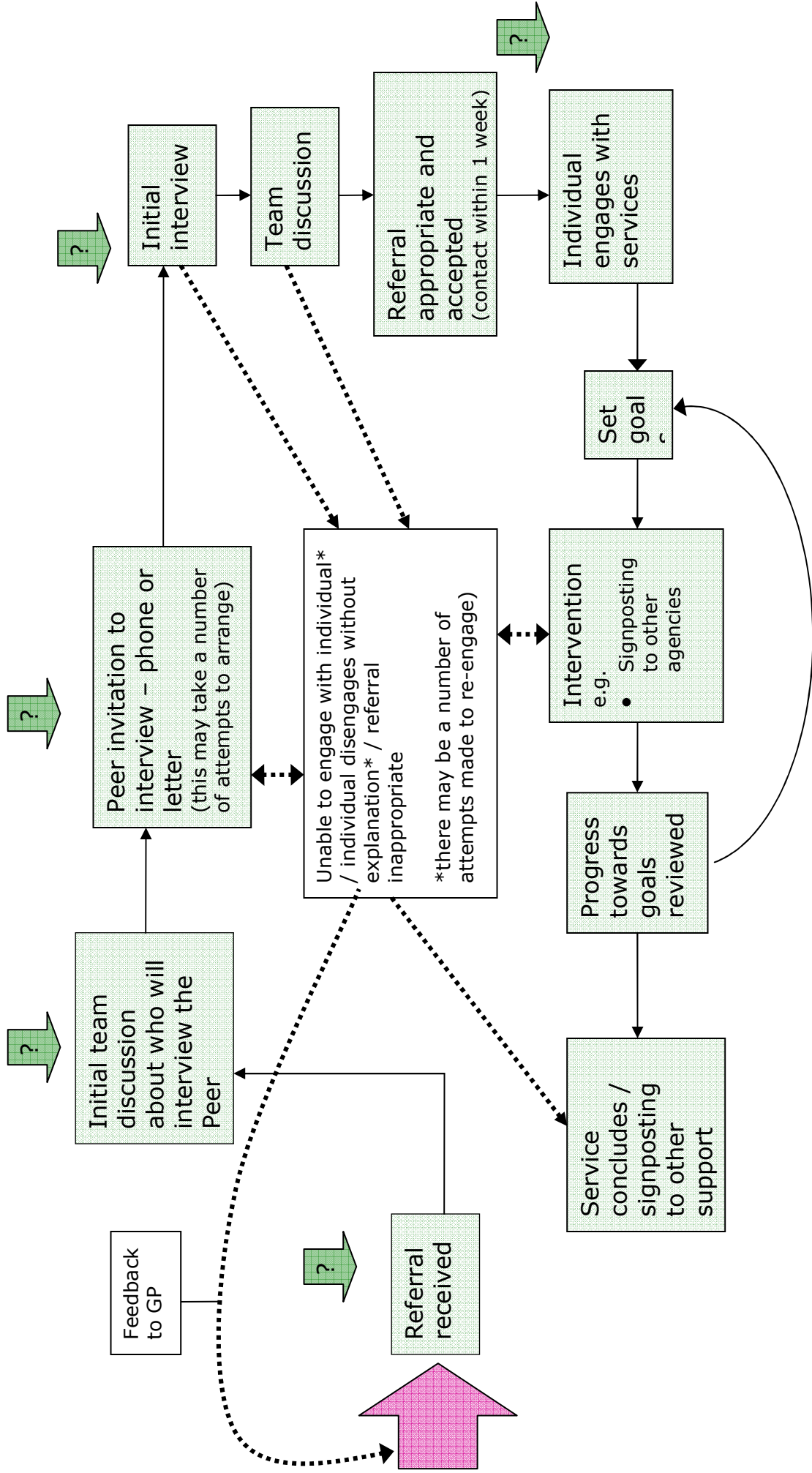
About you

- What motivated you to apply for this job?
- What are you hoping to gain from being a Peer Support Worker (personally and professionally)
 - What could help you achieve this?
 - What could act as a barrier to this?
- How well equipped do you feel to take on this role?
- Where will the main challenges lie? How can these challenges be overcome?
- What are your supervision arrangements? What do you want to get from support and supervision?

Expectations

- What impact do you expect the peer project having:
 - For the individual Peers
 - On you
 - On the wider mental health system
- What will help the project succeed? (opportunities)
- What will hinder it? (blocks)

APPENDIX 2: Plan2Change Referral Pathway



P2C: Types of Data recorded

Types of local data – For each new peer	How collected	When collected
REFERRAL		
Referrer – Name of GP	Referral letter	At referral
Date of referral	Referral letter	At referral
Reason for referral	Referral letter	At referral
ASSESSMENT		
Date of interview	Interview letter	Interview letter
Attends / does not attend interview	Interview form	Initial Interview
Gender	Interview form	Initial Interview
Age	Interview form	Initial Interview
Ethnicity	Interview form	Initial Interview
Used Plan 2 Change before?	Interview form	Initial Interview
Existing sources of support	Interview form	Initial Interview
Peer hopes from project	Interview form	Initial Interview
Course of action taken e.g. referral accepted, referral to another agency / GP	Interview form	Initial Interview
SUPPORT PLANNING		
Date of first meeting following interview	Log sheet	First meeting
Attends / does not attend	Log sheet	First meeting
Goals / issues identified	Goals form	First & subsequent meetings
Support offered, e.g. nurturing the relationship	Log sheet	First & subsequent meetings
INTERVENTION		
Contact date, type, length and location	Log sheet	First & subsequent meetings
External Agencies involvement (existing, new & nature of involvement)	Log sheet	First & subsequent meetings
Goals progress	Goals form	As appropriate / end of service
Length of overall support (time)	Log sheet	End of service
Reasons for support ending	Log sheet	End of service
End plan (e.g. onward referral)	Log sheet	End of service

APPENDIX 3: Client Satisfaction Questionnaire



scottishdevelopmentcentre
for mental health

Evaluation of the Plan 2 Change Project

Client Satisfaction Questionnaire

Instructions

1. Feedback about your experience of the Plan 2 Change project is important for future improvements to be made. Please take 15-20 minutes of your time to finish this questionnaire.
Your answers to this satisfaction questionnaire will tell us more about how well the Plan 2 Change project has met your needs. **YOUR ANSWERS WILL BE KEPT CONFIDENTIAL.** No one from the Plan 2 Change project will see your answers, and all identifiable material will be removed before results are published.
2. To take part, please complete the questionnaire below
3. You should return your completed questionnaire and consent form as soon as possible in the stamped, addressed envelope attached.

Thank you for your time.

Section 1 – Information About You

a). What is your age? _____

b). Are you

Male	Female	Other

(please tick)

Section 2 – Satisfaction Questionnaire

- 1) How would you **rate the service you received** from the Plan 2 Change project?

Please tick one:

Excellent

Good

Fair

Poor

Comments:

--

2) Did you **get the kind of service you wanted** from the Plan 2 Change project?

Please tick one:

No, definitely not

No, not really

Yes, generally

Yes, definitely

Comments:

--

3) How well has the Plan 2 Change project **met your needs**?

Please tick one:

All of my needs have been met

Most of my needs have been met

Only a few of my needs have been met

None of my needs have been met

Comments:

--

4) If a friend of yours needed the same sort of help, **would you recommend the Plan 2 Change project** to them?

Please tick one:

No, definitely not

No, I don't think so

Yes, I think so

Yes, definitely

Comments:

--

5) How satisfied are you with **the amount of help** you have received?

Please tick one:

Quite dissatisfied

Indifferent or mildly dissatisfied

Mostly satisfied

Very satisfied

Comments:

--

6) Has the Plan 2 Change **helped you to deal better** with your problems?

Please tick one:

Yes, it helped a great deal

Yes, they helped somewhat

No, they really didn't help

No, they seemed to make things worse

Comments:

--

7) If you needed help in future, **would you use the Plan 2 Change project again?**

Please circle:

No, definitely not

No, I don't think so

Yes, I think so

Yes, definitely

Comments:

--

8) How satisfied were you with the Plan 2 Change project **in general**?

Please tick one:

Very satisfied

Mostly satisfied

Indifferent or mildly dissatisfied

Quite dissatisfied

Comments:

Any other comments? (If you need more space, attach another sheet)

Thank you for completing this questionnaire, your comments are appreciated. Please return this form in the provided stamped, addressed envelope as soon as possible. If you would like to participate in an interview to share your views in greater depth, please now complete and return the consent form inside the Blue envelope.

APPENDIX 4: Peers Interview Schedule

Coming to the project

- How did you come to the project? (Referred by GP, self-referral, referred by other agency)
- What was the reason for you using Plan2Change?
- What did you hope the project would help you with?
- If referred by someone else – how did you feel about being referred to the project?

Working with the project

- What goals did you decide to work towards with your Peer Support Worker? (Realistic?)
- What work did you do towards achieving your goals?
- Did your Peer Support Worker help you with this? y/n

If yes, how?

- Did anyone else help you with this? y/n

If yes, how?

- Did your Peer Support Worker put you in touch with any other agencies? If so, which, why and how did this help?
- To what extent do you think you have made progress towards achieving the goal(s) you set with your Peer Support worker?
Put in a 5 point scale from fully achieved to no progress.

- Did you change the goals you were focussing on? (if yes, discuss how and why)

Impact of the project

We are interested whether the project has helped you in the following ways:
(put: a lot, a little, no, don't know, tick boxes for each)

- Providing you with a safe environment to talk things through
- Providing you with a framework for self discovery and learning

- Finding purpose and meaning in life
 - Becoming hopeful
 - Believing that you can make positive changes in your life
 - Feeling motivated to make positive changes in your life
 - Being clearer about the direction you want to your life to go in
 - Regaining control over your life
 - Taking responsibility for making changes to your life
 - Reconnecting with your local community
 - Enabling / encouraging you to use services / facilities within the community (e.g. leisure, library, clubs, social workers, specific services etc)
- Are there are any other ways in which the project helped you?
 - Is there anything that you wanted that Plan 2 Change has not been able to help you with?
 - How would you have gone about achieving your goals without the support of Planning2Change?
 - How did you find working with your Peer Support Worker? Did it help that they had personal experience of problems?
 - (If support has ended) – How did your contact with your Peer Support Worker come to an end?

Final thoughts

- What is the main strength of the project (best thing about it)
- What is the main weakness of the project (worst thing about it?)
- Do you think there are ways in which the project could be improved? (if yes, how)