
PEER SUPPORT:

WORKING WITH THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SECTOR

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SUMMARY

- This paper outlines how voluntary, community and social enterprise sector (VCSE) organisations can meaningfully contribute to the provision of peer support in mental health; and it offers practical examples of the diverse ways in which this is already happening.
- We argue that the knowledge, skills, experience and resources of the VCSE sector are valuable in establishing a network of peer support within and across local communities.
- We outline the benefits of creating links and working in partnership between NHS peer support and local VCSE organisations, with some examples of good practice.

LANGUAGE AND TERMINOLOGY

This paper has been produced by people from different organisations who commonly use different terminology to refer to mental health. Consequently, we use a range of terms, such as mental health problems, mental health difficulties, mental distress interchangeably.

We are using the term VCSE to include the voluntary and community sector, grassroots community groups and user-led groups and organisations (ULOs) and social enterprise organisations.

As a thought piece, the document is designed to be thought-provoking and offer perspectives on critical issues regarding Peer Support Workers and the wider health and social care system. Health Education England commissioned the document with the aim of making a helpful contribution to understanding, planning and expanding the presence of Peer Support Workers in health and care settings.

OUTLINE

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SEVEN BRIEF CASE STUDIES ARE INCLUDED IN THIS DOCUMENT.

1. THE PEER SUPPORT LANDSCAPE

There is a long history of peer support in the VCSE, some of which is in grassroots community groups and user-led groups and organisations (ULO), and some in local voluntary and community sector organisations. The strength of this variety lies in the ability to respond to the needs of our many and varied local communities.

Peer support is at the heart of the service user/survivor movements in the UK. People have always been supporting each other in local user groups and in self-help and campaigning groups, both within and outside mainstream services. Peer support begins with people finding safe spaces in which to share their experiences and tell their stories, spaces where

they can be sure they will not be judged or pathologised. Those spaces have traditionally been found in day centres and drop-ins, and the many self-organised groups created by service users and survivors: service user groups, networks and forums, self-help and peer support spaces. At the turn of the century, Wallcraft (2003) identified a total of 896 service user groups across England and found that 79 percent of them were engaged in self-help and mutual support; indeed it was the most common activity reported.

“For one of the most vital ways we sustain ourselves is by building communities of resistance, places where we know we are not alone.” bell hooks, 2015, p.213

Work carried out in the voluntary sector (e.g. Faulkner and Basset, 2010; Faulkner and Kalathil, 2012; also work by Mind; NSUN; the Mental Health Foundation; the Centre for Mental Health; Together for Mental Wellbeing) has placed on the map the role and value of community-based and grassroots peer support taking place in different informal and voluntary sector contexts, as distinct from the growing body of peer support practice based in mental health NHS services. These community and voluntary sector projects are significant in giving voice to the views of service users and user groups regarding the role and value given to grassroots peer/mutual support over the years (Faulkner and Kalathil, 2012; Wallcraft and others, 2003).

In 2012, Mind undertook a study to find out more about what peer support was available across England to people with mental health difficulties in the community. They used a broad definition of peer support and included a wide variety of groups, including self-help networks, such as Hearing Voices, BEAT, Bipolar UK and Depression Alliance.

TOP TIP:

There will be VCSE organisations providing some sort of mental health peer support in your area. You can find out more by contacting your local Council or Voluntary Action organisation.

The survey found peer support in a wide variety of forms: it can take place as a dedicated peer support project within a VCSE organisation, in informal peer-led groups and anything in between. It might be a group activity, provided on a one-to-one basis or in online or virtual spaces. It may be provided for specific groups of people: e.g. people with a shared diagnosis or particular experience of distress, for women or people from a particular marginalised or racialised community.

Peer support can also be called different things in different organisations: it might be called self-help, peer mentoring, peer advocacy or simply community support. In some communities, the term 'mental health' is avoided because the associated stigma might turn people away.

Peer support in mental health is essentially about mutual support based on the shared lived experience of mental distress, whether it be sharing our knowledge of distress and self-care/self-help, our experience of using (or not using) services, or of being subject to stigma, discrimination, abuse and disadvantage. People engaged in peer support talk of the value of having a shared identity, of finding they are not alone;

TOP TIP:

Peer support in the VCSE sector is provided in a wide variety of ways and in response to the needs of different local communities. It will not look the same everywhere even if the same terms are used.

increased self-confidence; the opportunity to help others; developing and sharing skills; improved mental health and wellbeing; information and signposting; challenging stigma and discrimination ([Faulkner and Basset, 2010](#); [Faulkner and Basset, 2012](#)).

The more recent development of peer support delivered in mainstream mental health services has a lot to learn from the VCSE sector. Employing people as peer workers in mental health services brings with it certain risks, not the least of which is to establish a peer as someone who is not of equal status. They may be employed and paid to deliver a service much the same as any other member of the team, with the risk of losing the identity and ethos of peer support. These issues are explored more here: [The Inconvenient Complications of Peer Support](#) (Blog, National Survivor User Network).

2. THE VALUE OF WORKING WITH VCSE ORGANISATIONS

There are many strengths of the VCSE sector, which enable organisations to respond flexibly to the needs of local communities, and to work in partnership with others to the benefit of their clients and service users. When working well, VCSE organisations can retain the ethos and values of their community, whilst working in partnership with NHS services to enable pathways between services and the community.

- Creating a peer support pathway from services into the community; ensuring that people are supported **following discharge**;
- Benefiting from the flexible and varied nature of peer support in the VCSE: giving people **choices** about how and when they use peer support;
- The ability to rapidly transform the support on offer, as required, and provide a more **agile** service; ability to offer a **place-based** service that is tailored to local, community needs.
- Connecting with local communities, particularly with **marginalised** groups, such as Black, Asian and minority ethnic communities, LGBTQ+, women's groups and individual faith communities;

- Employing peer workers through the VCSE: enabling a more **flexible and paid** way of working than is often possible in the NHS;
- Linking with VCSE organisations can provide vital **support and supervision** for peer support workers who can be isolated in NHS teams and services where there may be insufficient peer workers to create a supportive community. This is particularly important where peer support is poorly understood in the early stages of introducing it to NHS teams.
- Peer support can benefit from the **complementary** skills and resources offered by statutory and VCSE organisations working in partnership.

TOP TIP:

If a VCSE organisation employs the peer workers in a partnership arrangement, that organisation can provide support to peer workers and help maintain the principles of peer support practice.

CASE STUDY - PEER SUPPORT IN A&E THE CELLAR TRUST, BRADFORD

In partnership with Airedale General Hospital and Bradford Teaching Hospitals, the Cellar Trust is now providing peer support based in A&E departments. This will help to ensure that people can get the right support at the right time, as well as helping to raise awareness of alternatives to A&E.

Their part-time Peer Support Workers work as part of the Multi-Agency Support Team (MAST) – alongside psychiatric liaison nurses, personal support navigators, alcohol workers, social workers and the wider urgent care team (Mind in Bradford, Project 6, Age UK). The team assists people who attend A&E in emotional distress, providing one-to-one peer support within the hospital.

3. THE CHALLENGES OF DEVELOPING PEER SUPPORT IN VCSE ORGANISATIONS

- **Credibility:** some professionals find it hard to accept the value and potential of peer support, believing that professional support is necessary. One of the key challenges is simply an appreciation of the value of lived experience in and of itself - that it has credibility alongside professional training.
- The **terminology** of peer support remains confusing across sectors, resulting in confusion amongst staff as well as managers and service users. This can be an issue of communication, both within and across organisations and sectors. Peer support and peer support workers are provided differently in different organisations; this can be a real strength but can also be confusing.
- Risk and Recovery: some NHS services are reluctant to refer people to VCSE peer support services due to perceived **potential risks**. VCSE organisations with experience of establishing peer support workers have experienced resistance within the NHS concerning the nature of the role, in relation to tensions between the recovery approach and the management of risk.
- Some VCSE organisations fail to provide **evidence** of the effectiveness of their services; there is therefore a need to monitor or evaluate peer support work to demonstrate its value. Here, there can be conflict between services needing **hard outcomes** and the softer, relationship-based outcomes produced by peer support.
- Precarious **funding**: short-term project funding and commissioning arrangements can mean that VCSE organisations may struggle to **sustain** their services and provide continuity of peer support. Engagement with VCSE organisations needs careful thought for full cost of recovery of services. The sector should not be viewed as a cheaper option but commissioned on its proven knowledge, expertise and skills in delivering peer support.

CASE STUDY - TURNING POINT: BEACON LODGE, NOTTINGHAM

Beacon Lodge is a 12-bed step-down service providing support to people leaving hospital following an acute inpatient stay. They help identify accommodation and access on-going support packages to support people's recovery in the community.

Turning Point worked closely with Nottinghamshire Healthcare's Involvement Centre to involve people who have used mental health services in the design and set-up of the pilot service. Today the staff team includes two paid peer support workers who have lived experience and bring a unique, peer-led perspective to the recovery-focused approach of the team. This seamless link between the two organisations allowed for peer support to become embedded within the culture. They also have a satellite campus at the Nottinghamshire Healthcare NHS Trust recovery college; this means they deliver modules for their students and are provided with peer support workers. This co-production benefits both organisations.

4. COMMUNITY LEADERSHIP AND ENGAGEMENT

Creating services with the eventual aim of supporting someone to stay well in their community should be at the heart of any local plans to develop a peer support workforce. This means that local VCSE organisations need a seat at the table when designing new peer services. They can help to:

- Enable people to access different models and communities of peer support
- Ensure pathways into community support are clearly defined and accessible.

- Ensure the rich history of peer support is embedded and valued in NHS led services
- Open up the system to new ways of thinking engage with diverse models of peer support
- Build positive working relationships between the sectors
- Continue the process of positive culture change within the NHS workforce
- Provide complementary training, support and supervision opportunities
- Enable commissioners to engage with a range of peer support opportunities
- Provide better understanding of local services

5. RECOMMENDATIONS

- NHS commissioners and providers need to acknowledge the expertise and experience of peer support in the VCSE sector;
- NHS commissioners and providers should consider engaging in partnership with VCSE organisations in the provision of peer support: there is considerable potential for shared learning and the deployment of complementary skills; for example, in the support and supervision of peer support workers, and in sustaining the ethos and principles of peer support;
- NHS organisations need to undertake a scoping exercise to identify local VCSE organisations engaged in offering peer support and inform themselves about good practice; this will help identify opportunities for partnership working and shared learning, as well as enable signposting for the benefit of individuals;
- NHS Trusts and organisations should support the development of a distinctive body of peer practice as a foundation for the introduction of peer worker roles; this can be undertaken in partnership with VCSE organisations;
- NHS commissioners and providers should communicate and promote the role and value of peer support practice throughout their workforce in order to ensure that everyone is prepared for the introduction of PSWs; this communication needs to be reviewed and refreshed regularly, given the turnover of staff.

CASE STUDIES

NSUN PEER SUPPORT CHARTER: A CROSS-SECTOR COLLABORATION IN SUSSEX

This was developed by a collaboration between statutory and voluntary sector organisations across Sussex, facilitating the production of a peer-led and produced Principles of Peer Support Charter. The [Charter](#) aims to promote the principles of peer support and the varied settings and diversity of approaches across communities. The production of the Charter came out of a conference held in 2017, organised by Sussex Partnership NHS Foundation Trust. A video of the day was produced, recording the presentations, workshop discussions, contributions and key messages about peer support, involvement and co-production across the day. You can view the full and shorter edited version [here](#).

The charter principles are as follows: **commonality, trust, diversity, empathy, hope, solidarity, mutual benefit, equality, and self-determination,**

SECOND STEP, BRISTOL: PEER SUPPORT IN THE COMMUNITY

Second Step is a mental health charity based in Bristol. It began employing peer support workers in 2009, recognising the value of peer support earlier than many organisations. It created paid peer roles, employing staff because of their experiences of mental health problems and using mental health services, to support clients and service users in a different and more mutually beneficial way.

Over 10 years later, peer roles are embedded in all its services. Peer staff are supervised by the peer support officer who works closely with service managers. They aim for peers to make up 15% of their frontline staff, ensuring that wherever possible, clients have access to the specialist lived experience support that peers can bring.

In 2015, Second Step won the contract to set up a new rehabilitation service for people with long-term serious mental health problems in Bristol, the [Community Rehabilitation Service](#). Part of Bristol Mental Health, Community Rehabilitation is led by Second Step in partnership with Avon and Wiltshire NHS Partnership Trust (AWP) and women's mental health organisation, Missing Link. They created the role of peer

recovery navigator to help ensure the peer role was firmly embedded in the service delivery. Peer workers can get close to clients in a way that other professionals do not, offering a unique understanding that is so key in a person's recovery. Community Rehabilitation won Collaboration (Integration) award in the Market 3rd Sector Care Awards in 2017.

CANEROWS PEER SUPPORT: CONNECTING PEOPLE ON INPATIENT WARDS WITH COMPASSION AND COMMUNITY

Canerows peer support is based within the charity [Sound Minds](#) in South London. Sound Minds is a user-led charity seeking to transform the lives of people experiencing mental ill health through music, film and art. They describe themselves as 'a thriving community bound together by creativity and a shared belief in mutual learning and peer support'.

Canerows was founded in 2007 by three service users at Sound Minds (Devon Marston, Coral Hinds and James Braithwaite), motivated by their own experiences to improve the experience of BAME people on inpatient wards. They established a ward visiting service, with the aim of providing patients with support from people who have faced similar challenges in their lives.

Canerows now has a team of around 18 people with lived experience visiting six acute mental health wards across Queen Mary's and Springfield Hospital. The peer support coordinator supports and co-ordinates the work of the ward visitors. Each ward visitor makes one or two visits a week, with the aim simply of talking to patients and connecting with compassion and humanity.

HARBOUR CRISIS CAFE, LEWISHAM, SOUTH LONDON

The Harbour Crisis Café at University Hospital Lewisham offers peer-led support in a non-clinical setting to people experiencing mental health crises. It is a partnership between Certitude, a London VCSE, Lewisham and Greenwich NHS Trust, and South London and Maudsley NHS Foundation Trust (SLaM).

University Hospital Lewisham's A&E department was seeing a high number of people presenting with a mental health crisis. Lewisham CCG proposed setting up a space to provide peer-led support that could work alongside primary mental health services, with the aim of reducing re-attendance at A&E and re-admittance to wards.

The Harbour Crisis Café aims to provide a relaxed, non-clinical space where people can talk about their experiences and share techniques to help them through a crisis. It is an example of effective collaboration between local NHS trusts and a VCSE, linking mental health services to provide vital support to those in crisis. The Harbour Crisis Café recently worked directly with the GP Alliance in Lewisham to provide an easier pathway to referrals. GPs can now refer patients directly, which has resulted in peers generally contacting people within an hour, reducing additional stress on the person in crisis.

SELF-HELP PEER SUPPORT DROP-IN GROUPS, MANCHESTER

Self Help (a user-led mental health charity housed within the Big Life group) has over 25 years' experience of delivering peer support, in particular through its peer-led, drop-in support groups of which there are currently seven. Self Help was established in 1995 by Nicky Lidbetter and Glenmore Nunes who developed a drop-in support group for people living with anxiety disorders, because there was little support available in the city of Manchester.

Throughout the late 1990s, Self Help delivered a wide range of drop-in support groups and developed a reputation for responding to community-based needs. Originally, the groups were funded through small pots of funding obtained through the local community. Now, NHS mental health commissioners fund all of the Self Help condition-specific, peer support groups. Self Help has always aimed to work positively with the NHS and mental health commissioners.

The groups provide a safe space for people with particular mental health difficulties, and have acted as a lifeline for many people. The groups aim to support people to live well with their mental health issues and, critically, link in with other people, reducing social isolation.

FURTHER RESOURCES

Andy Bell and Louis Allwood: 'Arm in Arm: The relationships between statutory and voluntary sector mental health organisations.' ©Centre for Mental Health, 2019, commissioned by the Association of Mental Health Providers www.amhp.org.uk www.centreformentalhealth.org.uk/arm-in-arm

Hooks, Bell: Yearning: Race, Gender, and Cultural Politics. Routledge (2015)
ImROC: Implementing Recovery for Organisation Change - offers training and consultancy for developing a peer workforce <https://imroc.org/imroc-peerworkforce/>

Mind (2013) 'Mental health peer support in England: Piecing together the Jigsaw'. www.mind.org.uk/media/5910954/piecing-together-the-jigsaw-full-version.pdf
Side by Side Research Consortium (2017) Developing peer support in the community: a toolkit. London: Mind. www.mind.org.uk/media/17944275/peer-support-toolkit-final.pdf

National Voices Peer Support Hub: an online bank of high quality, curated resources for people looking to measure, evaluate, sustain and grow different types of peer support programmes. <https://www.nationalvoices.org.uk/peer-support-hub>

NSUN Charter for Peer Support in collaboration with community, peer-led and NHS organisations across Sussex: <https://www.nsun.org.uk/peer-support-charter>

Together for Mental Wellbeing: Peer Support Resources (includes Peer Support in Secure Services; Social Return on Investment (SROI) of peer support in accommodation based services) <https://www.together-uk.org/peer-support/>

Voronka, J. (2017) Turning Mad Knowledge into Affective Labor: The Case of the Peer Support Worker. *American Quarterly*, Volume 69, Number 2, June 2017, pp. 333-338.

Woods, A., Hart, A. and Spandler, H. (2019) The Recovery Narrative: Politics and Possibilities of a Genre. *Cult Med Psychiatry* <https://doi.org/10.1007/s11013-019-09623-y>