

Characteristics of good peer support

Report

30 November 2009

Prepared for: Wellink Trust



Kinnect
group

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Evaluation team

Wellink Trust contracted the Knowledge Institute to carry out the review. Kate McKegg led the team and had overall responsibility for the project. The research team comprised Judy Oakden and Katie Dobinson.

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1 Executive summary

Overview

1. Overall, the study found that the peer support approach, as implemented at Key We Way, shows great potential to affect significant and lasting change in guests. The approach offered guests who engage in the process the potential for significantly improved mental health and wellbeing. Some guests who had been acutely mentally unwell for long periods of time, made significant steps to recovery after engagement and interaction with peer workers at Key We Way. There were examples of past guests who were now working, involved with their community, or participating in meaningful leisure, identified by the study.

Characteristics of good peer support

2. One of the key goals of the study was to identify and describe the characteristics of good peer support. Good peer support facilitates effective and appropriate client (guest) engagement, and it was clear that peer workers at Key We Way were skilled in engaging with a wide range of guests.
3. Peer workers were skilled in quickly building trusting relationships, including the ability to sense when to leave people to settle, and when to engage with them. Further, peer workers were able to make sense of their own experiences and turn these into stories that were meaningful to others and which, when used appropriately, assisted in guests' recovery.
4. Peer workers understood the concept of mutuality and were able to relate to guests in an insightful but reciprocal manner. In the process of mutuality, guests were able to envision new perspectives and possibilities in their own circumstances (based on ideas from peer workers) and look for their own positive potential. In addition, the peer workers provided important support at times when other support normally available to guests (such as friends, family, colleagues at work, interest groups etc) was absent. Further, peer workers were aware of the need to rebuild support networks and were active in supporting guests in this endeavour.
5. Peer workers genuinely wanted to help guests recover and were observant in finding triggers that might shift guests into a more positive mindset. Some of these triggers were contextual, such as providing a family like setting, cooking delicious meals, and providing an environment that was as near to normal family life as possible. Often peers supporters encouraged guests to participate in simple activities such as going for a walk, visiting the shops, going out for coffee, having their hair done or receiving a massage which had the potential to make guests feel much better about themselves. Peer workers were also able to support guests in more practical matters related to being unwell, such as resolving medication issues, supporting them to undergo treatment options and other suggestions in the clinical plan. Thus peer workers clearly

demonstrated strong observation and communication skills which assisted guest recovery.

6. Peer workers generally had good communication with each other and it was clear that teamwork occurred by the skilled ongoing manner in which guests' needs were observed, communicated with others, and the way peer workers worked together to support guest recovery.
7. These are all skills identified in the literature (Whittle & McKegg, 2008) as being hallmarks of good peer support.
8. The following table 1 summarises data on a range of dimensions and provides an executive snapshot of the characteristics of good peers support at Key We Way.

Table 1: Summary of evidence of characteristics of good peer support at Key We Way

| | Ratings | | | | |
|---|---------|----------|------|-----------|-----------|
| | Poor | Adequate | Good | Very good | Excellent |
| Overall rating | | | | | |
| Effective and appropriate client (guest) engagement | | | | | |
| Peer workers are able to provide a climate and context which assists guest recovery | | | | | |
| Peer workers have the skills and attitudes to assist guest recovery | | | | | |
| Effective and appropriate management of peer support teamwork | | | | | |

Areas that warrant further consideration

9. As the peer support approach shows great potential to affect significant and lasting change in guests, it is important to view this document as an opportunity for learning for improvement. In that spirit, we identified the following areas that may warrant further consideration.
10. Peer workers are skilled in engaging guests and supporting their recovery. However, the current service has a minimal focus on transitioning guests onto other support networks than peer support. It is our understanding that the original Key We Way model did allow for transition contact, and this makes sense if guests are with Key We Way for short periods of time, as there would not be time for those networks to be established.
11. There is also a strong indication of the non-linear nature of recovery. Key We Way appears to help guests make steady progress, but this can take some time and some guests were with the service several months rather than just a matter of days.
12. There was strong support for the location of Key We Way on the beachfront. Many guests commented on the calming nature of the

environment. While the study team is aware that some may view the site as being in an isolated location, there are also many benefits of the location and configuration of the current site.

13. There appeared to be some operational issues that need to be addressed to ensure peer workers' wellbeing. While the Peer support approach had the potential to be transformative for guests, there was evidence that the management and supervision of peer workers was patchy at times and somewhat hampered by some staff relationships. The study suggests the operational and management processes linked to peer support be reconsidered, with a view to achieving improved communication between peer workers and management. Areas for consideration include the following:
 - Is it possible to separate the supervision and management of peer workers?
 - What is the ideal structure of site management for a peer support service?
 - What are the benefits of the reduced training programme? In what way do these benefits outweigh the disadvantages of the longer training programme used at the outset of the programme? How is training sustained over the longer term?
14. There was also evidence of a lack of buy-in to the peer support process by some clinicians, which may take time to achieve. The study also indicated that
 - there are needs for operational and compliance reporting
 - the Peer Support model may be in conflict with traditional operational and compliance reporting structures
 - thus the operational and compliance reporting for Key We Way needs to be framed or developed differently within a peer support model, than a traditional model.
15. Despite the operational issues, the peer support approach implemented at Key We Way provided an exciting example of a new way to deliver respite services to those who were acutely unwell to assist their recovery. There is great potential to harness the strength of the peer support approach at Key We Way, once those areas of tension are addressed

2 Background to the study

Introduction

16. Wellink Trust, Te Hononga Ora, is a Charitable Trust, established in 1989, works to enhance opportunities for people with experience of mental illness. Wellink Trust offers a range of services for young people, adults and older people throughout the greater Wellington and Hutt Valley regions. Wellink is well known for its peer services and consumer governance of all of its services.
17. In December 2006, Wellink opened the Key We Way recovery house on the beach at Kapiti. Key We Way is a peer run residential recovery service, one of the first of its kind in New Zealand and the first to be staffed by people with their own experience of mental illness, using a peer support service model.
18. Wellink is committed to this peer service and to learning from the Key We Way experience as a way of identifying service improvements in the future. Therefore, Wellink Trust commissioned a small evaluation study to obtain feedback from service users and peer workers to better understand how the peer support service model works in the Key We Way context.

Objectives of this study

19. The overarching goal of the evaluation is to better understand the characteristics of good peer support, and more specifically to:
 - help to identify the characteristics of peer support that make a difference for service users
 - identify ways to do more of what works and to improve what isn't so helpful to service users.

Review methodology

20. A range of data informed this review including:
 - Development of evaluative¹ and merit criteria² against which the characteristics of peer support were assessed were drawn from existing Wellink documentation including; Wellink's Training programme *Developing Personal Partnerships*, the output from peer workshops run in 2008, the Wellink literature review of peer services *Peer Services and Alternative Models of Acute Mental Health Services Literature Review Report*, (Whittle & McKegg, 2008), and other working papers and background documents.

¹ Evaluative criteria are the "attributes (e.g. features, impacts) of the evaluand that we will look at to see how good ... (or... how effective) it is" (Davidson, 2005, p. 23).

² Merit criteria (or merit determination) "The step in an evaluation that involves the combination of descriptive facts and relevant values to draw evaluative conclusions about performance on particular dimensions or components" (Davidson, 2005, p. 242).

- Design, implementation and analysis of semi structured interviews with services users were undertaken either face-to-face (5 interviews) by telephone (6 interviews) or using a self completion questionnaire (7 interviews), between 29 October and 2 November 2009. In total, a 64% response rate was achieved from the sample provided.
- Design, implementation and analysis of semi structured interviews with Wellink or Key We Way staff were undertaken either face-to-face (2 interviews) or by telephone (8 interviews) between 30 October and 20 November 2009. In total, a 91% response rate was achieved from the sample provided.
- A sense-making session was held on 23 November 2009 with 10 participants comprising Wellink staff, management and Key We Way personnel. At the session, data from the study was examined to look for generalisations, exceptions, contradictions, surprises from guest and peer worker data to further inform the study.
- Analysis of data was framed against the key learnings from the *Peer Services and Alternative Models of Acute Mental Health Services Literature Review Report* (Whittle & McKegg, 2008) and the principles of peer support practice (MacNeil & Mead, 2003).
- *The Real Key We Way Story* (Peters, 2009) also informed this review.

Limitations of the review

21. The review was a small, tightly focused, project undertaken within a four-week period. A number of limitations and constraints of this review are noted below.
22. The study included responses from guests and peer workers, but did not include responses from family, clinicians, or the wider community.
23. A total of 20 guests and 10 peer workers and Wellink staff (including management) were interviewed for the study. A workshop including senior management, clinicians and peer workers examined the aggregated responses from the interviews and added further insight and explanation to these results. Although sample sizes were small, there was a high degree of concordance in the responses from the different groups.
24. In developing a sample of guests to survey it was noted that there were a total of 184 admissions to Key We Way from January 2007 to November 2009³ representing 131 individuals who were admitted or re-admitted to the service. As part of the recruitment process, a Wellink staff member contacted all guests who have used the service in the past 6 months to ask for informed consent prior to the fieldwork with guests being undertaken. In developing the sample frame, Wellink staff noted that there were no contact details or contact details were out of date for some

³ For detailed data, see Appendix B.

guests. The final sample frame of 28 guests was achieved through this process.

Notes on the data synthesis process for this report

- 25. This section aims to orient the reader to the way the reviewers made their judgements of merit for this review. Each section of the report starts with a summary of key findings for the section and then provides evidence of our reasoning for these ratings, with a detailed discussion of the findings.
- 26. A table is used to provide a snapshot or synthesis of the key dimensions of merit or performance. To arrive at a single rating of performance, the reviewers used a synthesis methodology which “allows us to draw overall evaluative conclusions from multiple findings about a single evaluand” (Davidson, 2005, p. 151).
- 27. There were several steps in the process. Each data source, both quantitative and qualitative was converted into ratings from Excellent to Poor. The following table briefly outlines the process used to make those conversions.

Table 2: Synthesis process used for the review

| Rating | Quantitative data | Qualitative data |
|---|--|--|
| Excellent: (Always) | 90% or more agree with statement | Clear example of exemplary performance or best practice in this domain: no weaknesses |
| Very good: (Almost Always) | 80% - 90% agree with statement | Very good to excellent performance on virtually all aspects; strong overall but not exemplary; no weaknesses of any real consequence |
| Good: (Mostly, with some exceptions) | 60% - 80% agree with statement and no more than 15% disagree | Reasonably good performance overall; might have a few slight weaknesses but nothing serious. |
| Adequate: (Sometimes, with quite a few exceptions) | 40% - 60% agree with and no more than 15% disagree | Fair performance, some serious, but non fatal weaknesses on a few aspects |
| Poor: Never (or occasionally with clear weaknesses evident) | Less than 40% or more agree with statement | Clear evidence of unsatisfactory functioning; serious weaknesses across the board on crucial aspects |

- 28. All questions from both the Key We Way guests, and Wellink stakeholder interviews, which related to each merit dimension were synthesised to give one composite rating for that dimension. These composite ratings appear in the summary tables. The review team then evidences the reasoning for these ratings, with a detailed discussion of the findings.

3 Existing literature on what constitutes good peer support

29. The following section of this report is from *Peer services and alternative models of acute mental health services: Literature review report* (Whittle & McKegg, 2008, pp. 59-60) on what constitutes good peer support.

The Mental Health Workforce Development Programme published by Health Research Council of New Zealand's (2005a) document outlining a suggested approach in assessing competencies for consumer advisors in mental health services provides comprehensive information on peer attributes and other related characteristics and it is recommended that this core document be read in full by Wellink's key people. The elements noted in the three categories of peer support characteristics are summarised briefly here (Mental Health Workforce Development Programme, 2005a, pp. 3-27).

Personal attributes (personal experiences, values and beliefs): include having mental illness and service user experience, a degree of wellness, self-awareness, a passion for the job, a belief in the concept of recovery, personal and professional integrity (ethics), being responsible, reasonable, resilient, empathetic, understanding, open, honest, open-minded, assertive when appropriate, able to work in partnership with others and having a sense of humour.

Knowledge attributes: cover having the appropriate knowledge and information needed to carry out the consumer/peer support role as well as understanding how it relates to the rest of the organisation.

The Skills: category includes personal skills requirements such as being efficient, effective, self-managing (role, time, stress, seeks advice and supervision), being able to make ethical decisions, being a good communicator (having interpersonal skills and being a good networker) and facilitator.

30. Whittle & McKegg (2008, pp. 60-61) also identified seven standards of peer support:

MacNeil and Mead's evaluation of a peer centre operated by Sweetser in Brunswick, Maine, USA (2003) produced seven 'standards of peer support' which the researchers believe would be useful in helping peer support communities to avoid replicating the power dynamics they may have experienced previously in traditional mental health systems. These are summarised below (MacNeil & Mead, 2003, pp. 1-4).

1. Peer support promotes critical learning and the re-naming of experiences.
2. Peer support culture provides a sense of community.
3. Peer support provides great flexibility in the kinds of support provided.
4. Peer support activities, meetings and conversations are instructive and reciprocal.
5. Peer support relationships promote mutual responsibility.
6. Peer support is being clear about setting limits within peer relationships.
7. Peer support needs to include sophisticated levels of safety.

31. Additional work relating to peer workers was undertaken by the Knowledge Institute as part of the process to develop an evaluation framework and evaluation plan for Wellink Trust. During a workshop with

Wellink staff including peer workers, draft evaluation outcome rubrics were developed for

- effective and appropriate client (guest) engagement
 - effective and appropriate peer support with requisite attitudes and skills.
32. In addition the literature highlights the role of management in successful peer support (Whittle & McKegg, 2008, pp. 65- 76) and notes that peers require training (including clearly defining the roles of peers and others), and that ongoing supervision of peer workers is required.
33. The thinking from the development of the outcome rubrics, along with the literature, informs the development of the evaluative and merit criteria for this project.
34. For this study, the key evaluative criteria include:
- effective and appropriate client (guest) engagement
 - peer workers are able to provide a climate and context which assists guest recovery
 - peer workers have the skills and attitudes to assist guest recovery
 - effective and appropriate management of peer support teamwork.

The following table outlines the key areas of focus for this study:

Table 3: Summary of the evaluative criteria and dimensions of merit of the characteristics of good peer support

| Evaluative criteria | Dimensions of merit |
|---|--|
| Effective and appropriate client (guest) engagement | <p>Guests comment that they:</p> <ul style="list-style-type: none"> • are relaxed in peer worker company, happy to see them, ok with physical closeness, positive language • accept the service as something special • are keen and willing to engage in activities and conversations • feel included in a relationship • have a higher value of themselves – visible in body, self confidence and taking responsibility • have a greater sense of hope, self efficacy and determination • advocate for themselves. |
| Peer workers are able to provide a climate and context which assists guest recovery | <p>Guests comment that:</p> <ul style="list-style-type: none"> • there are opportunities to be with peer workers; peer workers share experiences; they have interactions about peer workers experiences; peers talk about past and future; peer relationships are based on reciprocity • there are ways for peer workers to be included in plans as the first line of help; use of peer workers during times of distress; guests have less reliance on professional help • there are opportunities for expression of acknowledgement of distress; there are ways of normalising extreme distress • peer networks flourish (different types and for different purposes); guests have sense of belonging to other networks • experiences are reframed to positive aspects; they are able to develop a pride of self; • there are opportunities for the education of people about mental illness; • there is lots of whānau involvement. |
| Peer workers have the skills and attitudes to assist guest recovery | <p>The peer worker :</p> <ul style="list-style-type: none"> • demonstrates expressions of high regard for people - verbal and physical (e.g., makes eye contact), is welcoming • focuses is on the person; listens and checks out where the client is • is honest (genuine) about the extent of the relationship • is centred in their role and communicates this to client • takes time • asks questions, reflecting back, matching, following. |
| Effective and appropriate management of peer support teamwork | <p>The organisation provides:</p> <ul style="list-style-type: none"> • a transparent, non judgmental, confidential and safe service • there is training for peer workers • the organisation ensures there are clear protocols and processes so peer workers set limits within peer relationships • there is supervision of peer workers, which includes monitoring levels of peer wellness. |

4 Key Summary

35. There was good evidence that the peer support system at Key Wee Way almost always supported Key We Way guests towards recovery when assessed against four criteria:
 - Effective and appropriate client (guest) engagement
 - Peer workers have the attitudes and skills needed to assist guest recovery
 - Peer workers have strong communication skills which assist guest recovery
 - Management and operation of peer support service teamwork supports the guests in their recovery.
36. Overall, almost always guests were able to engage with Key We Way peer workers in a manner which was appropriate and effective in guests' recovery. The study found that by engaging with peer support, guests were able to make sense of their feelings, better understand their personal recovery, and have hope. However, there was also strong indication of the non-linear nature of recovery. Key We Way appeared to help guests make steady progress, but this could take some time and some guests were with the service several months rather than just a matter of days.
37. Guests also appreciated receiving some time to sort themselves out, the setting by the sea, the meals, and the opportunity for interaction with peers when ready. Mostly, with some exceptions, there was evidence that peer workers were able to provide a climate and context that assisted guest recovery; particularly where peer workers offered opportunities for guests to be with peers, acknowledged extreme distress and reframed experiences more positively.
38. Overall, almost always there was clear evidence from guests that peer workers are highly skilled, with the right attitudes to assist guests in their recovery. In addition, the general tone of peer workers' comments about the Key We Way service showed that they were very skilled and had supportive and enabling attitudes about guests' recovery. The review team heard some stories of the success of Key We Way, from both guests and support workers—of guests who recovered from severe mental distress to become contributing members of the community, with meaningful work and leisure.
39. Although originally outside the scope of the brief, it became apparent that in assessing the characteristics of good peer support, it was necessary to examine the management of peer worker teams. Overall, sometimes (with quite a few exceptions) there was evidence from guests and peer workers of effective and appropriate management of peer workers and teamwork. The service achieved higher ratings for being a transparent, non judgmental, confidential and safe service

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There was less evidence from guests and peer workers that there was adequate training for peer workers delivered in a timely manner; that there were clear protocols and processes in place so peer workers set limits within peer relationships; and that there was effective supervision of peer workers which monitored levels of peer wellness.

5 Effective and appropriate client (guest) engagement

40. This section of the report examines the manner in which peer workers and guests engage with each other initially. Given, that the average length of stay (with some notable exceptions) was 19–21 days in 2007-2008 and nine days in 2009, (see Appendix B) it is important that the peer workers are able to quickly build a rapport with guests.
41. Overall, almost always guests were able to engage with Key We Way peer workers in a manner that was appropriate and effective in guests' recovery. As these guests commented:

They let me do my own thing at my own time. They didn't judge me and gave me good advice. The fact that they didn't judge me enabled me to feel relaxed when I was talking with them and they helped me when I was struggling with my depression. (Guest)

Gave me space and time to be myself. Enjoyed their company they were friendly and open to discuss things - general daily problems you might have. Liked it that the staff behaved as if you were a normal person and treated you with respect. Could develop a friendly relationship and didn't feel isolated and vulnerable. Interesting to discuss their life and how they coped. We share a common understanding. Assisted me to feel I was well and that the situation was a good situation. Was not pressured into anything I could cope with the company of those around me didn't feel distressed, felt relaxed and comfortable. Did like and respect all of them pretty easy to get on with everyone seemed well enough to cope with every situation. (Guest)

42. The following table provides an overview of the key dimensions against which the review assessed the process by which guests engaged with Key We Way peer workers.

Table 4: Summary of evidence of effective and appropriate client (guest) engagement with Key We Way peer workers

| Evaluative Criteria | Dimensions of merit | Ratings | | | | |
|---|---|---------|----------|------|-----------|-----------|
| | | Poor | Adequate | Good | Very good | Excellent |
| Effective and appropriate client (guest) engagement | Overall rating | | | | | |
| | Guests are relaxed in peer worker company, happy to see them, ok with physical closeness, positive language | | | | | |
| | Guests accept the service as something special | | | | | |
| | Guests are keen and willing to engage with service | | | | | |
| | Guests feel included in a relationship | | | | | |
| | Guests have a higher value of themselves – visible in body, self confidence and taking responsibility | | | | | |
| | Guests have a greater sense of hope, self efficacy and determination | | | | | |
| | Guests start to advocate for themselves | | | | | |

43. There was clear evidence that positive relationships developed between at least two or three peer workers (but not all peer workers) and guests. Overall, almost all guests (94%) believed that they were able to develop trusting relationships, share, and discuss experiences with peer workers. Peer workers also believed they were almost always able to develop trusting relationships with guests. Peer workers also felt they were able to encourage guests to talk about feelings of distress and know it is ok to talk about it. Guests made the following comments:

They left me alone for a while so I could sort myself out. I really appreciated them doing this as I needed a bit of space at the time. When I was ready and able to talk about my issues, peer support were there for me. (Guest)

They were absolutely awesome to me. It took me awhile to feel relaxed with them but once I was comfortable they were always there if I needed someone to talk to. (Guest)

Was so unwell to start with. There were about 8 support workers and I connected with 2 or 3. (Guest)

44. There was however, some evidence from guests that at times, peer workers were unwell themselves and this had the potential to impact on the experience for guests. Peer workers agreed with this sentiment (this is covered from the peer worker perspective in more detail in section 7).

Some people really did help and some people did not. (Guest)

A lot of the peer supporters were unwell at the time. Sometimes that was worrying e.g. when a woman talked to me about how she had seen ghosts - made me scared. (Guest)

Some of the peer supporters I got on better with than others. A lot of them had mental health issues themselves. (Guest)

45. The support from Key We Way peer workers was perceived as *a lot or a little better* than other forms of support by 94% of guests surveyed. The peer support service was perceived as special and different by all guests and was often described as better and not as *clinical*. In some instances, the complementary nature of peer workers and clinical support was seen as important.

Honest open relationships with in that they understand. [I was] stonewalled in a clinical (environment) treated like a child moron in a clinical environment. They helped me realise that I needed to do things with my life and that I could. They gave me hope for the future. They gave me more optimism, encouraged me to take steps. (Guest)

I went and had an ECT. Peers at Key We Way were very helpful. I was quite frightened and chose two key workers (peer workers) and they came with me and supported me. (Guest)

This is the only place find that [has] peer support staff and their attitude to the job is serious about giving a high level of service. Nice food nice environment achieved that you felt well and you enjoyed your stay and you were comfortable. (Guest)

Been in Ward 27 and Key We Way is a hell of a lot better because it's not clinical it's not just saying take medication. [The Key We Way peer supporters] have a holistic approach to wellness as one. [They provide] a one-on-one connection. In

respite [care] did not get asked "how you are feeling?" KWW peer supporters would pick up on the fact that you were not well. (Guest)

46. Peer workers were proud of the service offered and almost all peer workers viewed the service as special and different from other forms of support and believed it built an environment that aided each guest's recovery process.

Acknowledging where guests are at. Having empathy, identifying other people have been there and been able to move on from that. Get to a different place in their life. Being aware people are not necessarily judging you. Creates a different dynamic than other respite care due to an experiential base of knowledge compared to an academic one in other facilities. (Peer worker)

Compared to other respite care we are more positive. We have a more mutual setting. There are no barriers between guests and ourselves. Guests see that they are not alone. (Peer worker)

Dealing with the guests we let them know it's okay to feel the way they do. (Peer worker).

Response from guests are very positive. We can offer a lot more hope to people who are feeling depressed as we can share our own personal experiences with them. (Peer worker)

I have been a mental health consumer and have stayed at other respite care. Peer Support offers a very broad range of support, empathy and understanding. (Peer worker)

47. The benefits peer workers saw in the Key We Way approach, embodied many of the principles of Peer support (MacNeil & Mead, 2003) such as:

- critical learning and the re-naming of experiences

We give hope to guests. They don't feel judged. They are respected. We have been there too, we let them know they will get through this. (Peer worker)

- a sense of community

There was more interaction at KWW. Other services are more distant. Staff at KWW walked my walk with me. (Peer worker)

- great flexibility in the kinds of support provided

Our job is to support people. We take the time to talk and being pro-active. Other services don't dedicate the time to guests like we do. Talking and listening to guests and being available all the time is what sets us apart from other service providers. (Peer worker)

KWW offers depth of understanding and empathy that is not offered in other respites. (Peer worker)

- activities, meetings and conversations that were instructive and reciprocal

Peer support is "different". There is room for growth in understanding. Other ideas of support. There is more to mental health than just peer support. A combination and overall view is better than a biased view of just peer support. (Peer worker)

- relationships which promoted mutual responsibility.

Mutuality is what makes the difference. The barriers are not there, guests are not treated like a patient at KWW. KWW is more homely and less institutional than other respite care. (Peer worker)

48. In almost all cases, guests were keen and willing to engage with the service. The majority of guests were happy to use peer workers for help during times of distress (89%) and let peer workers encourage them to talk about feelings of distress and knew it was ok to talk about it (94%). Peer workers agreed that guests were encouraged to share and discuss experiences, which were similar for them. This is an excellent finding considering some guests were very unwell when they entered the service.

Lack of pressure, friendly and comfortable like a real holiday - break from stress - rest and relaxed. (Guest)

Able to do whatever you liked at the house i.e. jigsaw puzzles, I did 7 puzzles (5 X 500 pieces 2 x 1000 puzzle). Allow you to go for walks along the beach with staff or by yourself or go by car and buy rent/ videos or shopping for food. (Guest)

[It was the] first place I felt confident coming back through - next to beach. (Guest)

49. Guests relatively quickly became part of a whānau type relationship with peer workers within Key We Way and 89% of guests surveyed agreed that they felt they were an equal in the relationship with Key We Way peer workers. Peer workers also agreed that guests felt they were an equal in their relationship. Several guests commented that the peer workers at Key We Way made them feel part of the family.

Get to know people - makes it feel more like family. They go beyond the call of duty, they dyed my hair and made me feel really special. They made me feel like part of the family. (Guest)

Having someone around, should you need them, having dinner or meals with other people or staff, having meals cooked by staff, the interaction with other people who understand you. Having people around all the time even at night, should you need them. Having someone keeping an eye on you, should you feel unsafe. (Guest)

50. However, fewer guests (50%) reported that peer workers helped them to work through relationship issues. This may be because they were typically in the service for a short time and these issues did not surface as other more pressing concerns presented (such as medication, general anxiety etc).
51. Almost all guests reported they had a higher value of themselves after visiting Key We Way. This was evident in the high proportion who reported that as a result of interaction with peer workers they were able to try new things and develop new interests (78%), were supported to manage their medication (83%) and were able to look at their experiences more positively (89%). Both guests (89%) and almost all peer workers agreed that guests were encouraged to feel proud of themselves and acknowledge their strengths. There were also examples amongst those guests surveyed where they went on to gain employment, either as a support worker themselves, or onto other (non-related) employment.

Helping me to become independent. Moral support - when cooking let me know how long [things took] - helped me make choices about veges and other foods - got recipes that they have written out. (Guest)

Cups of tea with xx - tea and toast, she was just lovely. I was having a problem with my medication, I would get them mixed up, so they helped with that. (Guest)

Supported me with my crafts - knitting doing things - never done beading before. It made me useful, I like craft - made cards too and also useful to others. Made hats for people. Lots of wool. (Guest)

At the start I could not walk to the letter box.... The best thing was when xx dumped me at the shop and made me walk back there. Did a mosaic table - arts gave me purpose and focus. (Guest)

Towards the end they were very positive in a helping me become a link worker - I would never have thought of it... Learning about the work - how you do peer supporting. Went back to Pack and Save that was really hard. Peer supporters helped me accept myself. (Guest)

Feeling positive about returning to work. Feeling encouraged. (Guest)

52. However, there was also strong indication of the non-linear nature of recovery. Key We Way appeared to help guests make steady progress but this could take time and some guests were with the service several months rather than just a matter of days. There are indicators of a need for clearer transition strategies and longer-term support strategies that work in conjunction with peer support, (or clearer communication of existing strategies) as these were not evident to the guests surveyed.

Did see a lot of people become well, but also a lot came back in and out quite quickly. (Guest)

I had previously been diagnosed with x, this time around I was diagnosed with y. I have been in the mental health system for quite some time and I am able to help myself and to look after myself. One of the draw backs in mental health is that you can develop a relationship with someone within a facility one minute and the next minute they are not in mental health. For that reason, I prefer not to get too involved with other people, including peer support workers. If I need to talk to someone, I will contact my doctor. Peer supporters understand when I was feeling down and were there if I wanted to talk. (Guest)

53. Peer workers agreed that overall Key We Way staff (both team leaders, central office staff and peer workers) supported guests to successfully transition out of Key We Way. Staff and management concurred that there was room for more support as guests transitioned out of Key We Way. Comments indicated that the original support model had included more support in the initial weeks of a guest leaving Key We Way, but this support was reduced due to funding constraints.

We don't do enough towards including peer support in guests plans for the future. I think there is room for improvement. We are all still learning, it is a relatively new model. (Peer worker)

54. Peer workers surveyed felt that the peer support model offered guests hope. Almost all guests surveyed agreed they had gained hope (89%), a greater ability to make decisions about their lives(78%), and were better able to look after themselves (83%) and understand how they were

feeling (89%) as a result of interaction with peer workers. There were several aspects to support.

- on the one hand guests commented that the environment was optimal to recovery

They took us for long walks along the beach. The facility is amazing, the view from upstairs is beautiful, you can see the sea. For me the sea is very healing. The setting is like a breath of fresh air, its lovely. (Guest)

I was able to sort the issues out faster with the support I received. I am more positive now and I know other people who have been through similar experiences. (Guest)

- the peer workers' ability to generate hope was also really valued by guests

The most useful was probably that they gave me some hope that I would feel better. (Guest)

To have hope, to feel nurtured, feel secure and exercise. I felt safe and understood. I was needing rest and hope. Just being with people who understand what you are experiencing was excellent. People to talk to and getting up and out was encouraging. (Guest)

- for some guests a crucial step to recovery was dealing with issues related to their medication, although in some cases medication continued to be an issue

The main issue for me was sorting out my medication. One woman in particular was extremely helpful and had had similar issues with the same medication and its side effects and she helped me a lot. (Guest)

They helped me to take responsibility for taking my medication. I had previously had problems with taking my medication. (Guest)

They didn't check I took my medication and I stored it and then I overdosed while I was there. (Guest)

55. Peer workers also mentioned they were able to help guests monitor and manage their medication with some support:

We are also able to offer understanding and clarity around medication. We all have to take our medication to stay well. For the guest knowing that we ourselves take medication to stay well, helps them a lot. (Peer worker)

56. In many instances, there was clear evidence of guests advocating for themselves on a variety of levels. Many guests agreed that they were making changes such as stopping smoking or eating healthy or having more exercise (61%), and many also reported feeling positive about work or training (67%).

If it was not for Key We Way I would not be here. I am now a lot more positive and doing courses, lots of things I sorted out for myself. (Guest)

I have just completed an Anxiety Management Course as part of my recovery. (Guest)

I am very capable of managing on my own. I make my own decisions. I don't get much support now. (Guest)

Characteristics of good peer support



I still use the relaxing and soothing techniques that they taught me. (Guest)

57. However, there was less overt evidence of guests being more connected with their cultural identity (44%) or exploring their spirituality or personal beliefs (28%) due to interaction with peer workers.

6 Peer workers are able to provide a climate and context which assists guest recovery

58. This section of the report examines the climate and context that peer workers developed, to assist guests in their recovery.
59. Mostly, with some exceptions there was evidence that peer workers were able to provide a climate and context that assisted guest recovery; particularly where peer workers offered opportunities for guests to be with peers, acknowledged and normalised extreme distress and reframed experiences more positively.

Little things they said to me come back to me every now and again. I might be at work and I think about something funny or something that happened that had us all in fits of laughter. The memories of fun and laughter put a smile on my face and make my day a happier one. I don't think I have ever laughed so much as I did when I was there. I would recommend Key We Way to anyone. They were awesome. (Guest)

60. Peer workers concurred that they tried to make the day fun and set up situations so there was laughter, and generally aimed to provide a positive environment for guests.
61. Guests really valued peer workers' ability to make sense of their own personal journey. Peer workers are able to articulate their own experience in a way that is meaningful for guests, to help guests understand their own situation.

It's about making sense of our own experience by talking about with guests. (Peer worker)

I was comfortable they were always there if I needed someone to talk to. They could identify with what I was feeling. They encouraged me to eat which I really needed at the time and their cooking was delicious. (Guest)

If people were down could offer them some hope they interacted appropriately - showed understanding and compassion, which relaxes you - makes you feel listened to and cared about. Very supportive atmosphere helps [you] to remain well and under no stress. Very efficient and effective - they understand what you are talking about and offer support that is helpful. [Peer workers] gives ideas for how you might deal with things in the future. [They are] a pleasure to work with - showed a lot of interest in you. Weren't negative very positive, great bunch of staff. Mostly 2 people on with manager . Everyone very nice and polite and friendly. There were generally 2 or 3 other guests there. Talked with peer supporters on their own and with other guests. Had more personal discussions with them one-on-one they were always there when needed. Sharing personal experiences: important gives independence and the relationship is equal. They are able to relate to your life and kept you in a good space making thinking about your life enjoyable and you had a future and you weren't on your own. They gave that to a great extent. (Guest)

62. Peer workers generally believed the support Key We Way workers gave guests was very good. One peer worker observed that the peer workers aimed to create an environment that was warm and inviting, had a polite and respectful tone, with creativity and colour. They talked of making meals that were slow cooking so there were food smells in the kitchen, to

generate a homely feel. The peer worker observed that by dinner-time everyone was hungry and happy to sit at the table and talk about things like at home.

It's really hard for anyone to be disrespectful in this kind of environment. (Peer worker)

Walking along side them. Working through what is comfortable and framing ideas and thoughts. Working with them to make decisions for themselves. Keeping them engaged in everyday life and help them feel connected. (Peer worker)

63. Peer workers could see the benefit of the *lived* experience in supporting guests.

When someone talks about their experiences, we listen and support. Because we are mutual, guests and ourselves can relate to each other. We have experienced the same as them from the inside. Otherwise you get in a situation for example in a drug and alcohol facility who try to offer advice when they themselves have never taken drugs or alcohol. Us on the other hand can identify with each guest and we know what they are going through. (Peer worker)

We treat the guests as "guests". Letting them know we are their "peers", we have gone through similar experiences and have an insight on how they are feeling and what they are going through. Offering reassurance and support. (Peer worker)

64. Peer workers were heartened by the successful recoveries that had occurred at Key We Way.

There has been a lot of positive feedback and great recovery stories from guests. Guests have gone on to develop and grow and move into different life styles and careers .I am still learning about peer support and its processes, this question is difficult for me to answer, I don't know. I question "mutuality" and boundaries, practices can be challenged. We can be confronted with all types of stuff that can be quite challenging. (Peer worker)

65. Overall, there was less evidence of peer workers being included in guests' plans for times of distress, or building peer networks for ongoing support. This may indicate there is a need to explore ways to transition guests from Key We Way so they maintain support.

66. The following table provides an overview of the extent to which peer workers were able to provide a climate and context that assists guest recovery.

Table 5: Summary of evidence that peer workers are able to provide a climate and context which assists guest recovery

| Evaluative Criteria | Dimension of merit | Ratings | | | | |
|---|---|---------|----------|------|-----------|-----------|
| | | Poor | Adequate | Good | Very good | Excellent |
| Peer workers are able to provide a climate and context which assists guest recovery | Overall | | | | | |
| | There are opportunities to be with peers; peer workers share experiences; interactions about peer experiences; peer workers talk about past and future; peer relationships are based on reciprocity | | | | | |
| | There are ways for peer workers to be included in plans as first line of help; use of peer workers during times of distress; guests have less reliance on professional help | | | | | |
| | There are ways of normalising extreme distress; and expressing acknowledgement of distress | | | | | |
| | Experiences are reframed to positive aspects; there is a development of pride of self; there is education of people about mental illness; | | | | | |
| | Peer networks flourish (different types and for different purposes); guests have sense of belonging to network | | | | | |
| | There is lots of whānau involvement | | | | | |

67. Overall, there was ample evidence from guests surveyed that they had lots of opportunities to be with peer workers, share experiences, have interactions about peer experiences, and feel equal in the relationship (89%).

Being honest, relationship of trust - they know about you - a strong team - relating to them taking you out of the environment - long discussions timely. Knowing that there are other people who go through the same things is really helpful. There was also lots of encouragement for me to go out into other groups. (Guest)

Understanding world views and understanding everyone has different world views. Being non-judgmental. We talk to each other as human beings on the same journey of wellness. We genuinely want to help others recover. Understanding if they come back it's not a failure. Listening and allowing guests to come up with their own solutions. We can share and relate our own experiences which gives them a feeling of belonging and makes them feel more comfortable. (Peer worker)

68. Sometimes, but not always peer workers were included in first line of help and making sense in times of distress. The majority of guests surveyed (89%) claimed they used peer workers help during times of distress, and peer workers confirmed this finding. Further, approximately two thirds of guests surveyed (67%) maintained they included peer support in their plans. There was also clear evidence, in some cases, that peer support was preferred over clinical support.

Experiences/journeys through life - you get to look at things from a different perspective. Relate to them - acceptance, not a hospital environment. Clinical respite - don't talk about ideas, they are there to make notes /feed you and make sure you are in bed. (Guest)

69. Guests almost always believed that peer workers were able to provide support to make sense of their feelings when they felt extreme distress and know that others feel this way at times too (83%).

One peer supporter in particular had been through a lot more things than me and just listening to her story made me realize that I wasn't as bad as I thought. (Guest)

70. There was also clear evidence that of peer workers were able to help guests to reframe experiences and look at them more positively (89%), to make sense of thoughts when they were distressing (83%) and to better understand their own personal recovery (89%).

I felt supported but not pushed. It was good to hear of other people's experiences and that they were now functioning 'normally'. (Guest)

I guess for me, the most useful thing was just being able to talk to someone who had experienced similar things. I keep things bottled up inside and I felt relaxed and comfortable there that I could talk to them about my problems. (Guest)

71. There was some evidence (with quite a few exceptions) from guests surveyed, of peer workers encouraging guests to get out, to access other peer support networks (61%) or join networks or groups (61%). Peer workers also maintained that almost always guests were encouraged to access and belong to other peer support networks, and set up support networks to support them when they leave Key We Way (with an view to effective transition). For quite a few people, even a trip to the shops could have a big impact on how they felt, and one of the strengths of the peer workers was their ability to observe and meet these needs.

I don't usually go out much, they took me places to get out of the house. The outings really helped me and gave me confidence. They took me to the supermarket with them when they did the shopping. Usually when I was unwell I would just stay at home. I found the outings really helped me to feel better about myself. (Guest)

They took me out for coffee at a café which made me feel relaxed and part of everyday society. It was nice to have their company. They took me shopping afterwards to a crystal shop and I really enjoyed it. They encouraged me to knit, I hadn't knitted for years, I made myself a scarf. (Guest)

[They] encourage you to have contact with friends - they saw something was wrong and got help and[knew] what it was like for them at that moment of time. (Guest)

72. However, building support networks is perhaps an area where more focus needs to be placed the future, as there did not seem to be a transition process out of Key We Way, and guests noted others sometimes returned quite quickly to the service. For many guests their support networks continued to be existing family and friends and there was little evidence that the guests formed new relationships or joined new groups that might provide ongoing support when they left Key We Way.

73. It was clear that in many instances guests had lots of whānau involvement while at Key We Way (83%). Peer workers maintained they encouraged guests to have contact with their family and almost all agreed that they built a welcoming and supportive environment for the families of guests. Guests substantiated peer workers' claims, and several guests mentioned that they had regular contact with whānau while at Key We Way. In some cases, there was clear evidence that the peer workers helped guests to stay in contact with whānau, as these following quotes illustrate.

They allowed my husband and my dog to come and visit. My husband was even invited to stay for dinner, which was great. (Guest)

They took me to see my daughter when she had her baby. (Guest)

Good thing was family could come at any time. Had a big family always felt welcome and that was important. (Guest)

I had a good relationship with my family. The peer supporters really helped as they had a better understanding where you were at. Had a lot of family involvement... They sometimes shared info with family that I wasn't pleased about but it was probably the right thing to do. Mostly the relationships were ok. (Guest)

7 Peer workers have the skills and attitudes to assist guest recovery

- 74. This section of the report examines the skills and attitudes of peer workers to assist guests in their recovery.
- 75. Overall, almost always there was clear evidence from guests that peer workers are highly skilled—with the right attitudes to assist guests in their recovery. In addition, the general tone of peer workers comments about the service showed that they were very skilled and had supportive and enabling attitudes to assist in guests’ recovery. The review team heard some examples from both guests and support workers of guests who recovered from severe mental distress to become contributing members of the community, with meaningful work and leisure.
- 76. Peer workers appeared to be very respectful, look for opportunities to move guests along the continuum to wellness when the circumstances were right and to be highly empathetic and patient with guests.

When someone comes in distressed and you see progress through that state, you can say I have been like that. I know how you feel because I was like that. I tell them that they will grow through this experience and let them know that I have a full time job and I have come through it and so will they. (Peer worker)

- 77. The following table provides an overview of the extent to which peer supporter workers had the skills and attitudes to assist guest recovery.

Table 6: Summary of evidence that peer workers have the skills and attitudes to assist guest recovery

| Evaluative Criteria | Dimension of merit | Ratings | | | | |
|---|---|---------|----------|------|-----------|-----------|
| | | Poor | Adequate | Good | Very good | Excellent |
| Peer supporter workers have the skills and attitudes to assist guest recovery | Overall | | | | | |
| | Demonstrate expressions of high regard for person - verbal and physical (e.g., makes eye contact), is welcoming | | | | | |
| | Focuses is on the person; listens and checks out where the guest is | | | | | |
| | Is honest (genuine) about the extent of the relationship | | | | | |
| | Is centred in their role and communicates this to client | | | | | |
| | Takes time | | | | | |
| | Asks questions, reflecting back, matching, following | | | | | |

- 78. Almost all guests felt that peer workers were very welcoming and accepting of their circumstances. As already noted, peer workers provided guests the time and space to reconnect their thoughts, become more settled and less distressed. An environment conducive to communication

and recovery was created, and guests were encouraged to join in with support, when and, as they were able.

The staff take care of the people under their care. Lot of support and time. A different set up of staff at house, the view, sleeping rooms, the cooking, meals though the day that you can eat. The house always warm and safe to be in. Easy lifestyle [is] created. (Guest)

Looking over the beach helped me to calm down by hearing the sea. And support to feel free to talk my thoughts over because I was heard. Making changes to eating healthy and more exercise. I know smoking is bad but it helped me through. (Guest)

79. Guests almost always mentioned the individual ways they were helped, which demonstrated there was a high level of focus on the guest. In particular, peer workers especially focused on looking for opportunities to support recovery by encouraging guests to exercise, engaging guests with conversation over meals, supporting meaningful leisure, identifying and assisting guests to deal with medication issues and taking a holistic view of the guest as a person.

Make sense of my feelings when I was distressed and knowing that others felt this way at times too helped me a lot. (Guest)

They were really, really good at helping you feel your life was going in the direction you would like, they always encouraged me, helped me to get out of my pyjamas. They understood that I could 'go' at any stage initially. (Guest)

I have problems sleeping at night. When I couldn't sleep they were there for me to talk to. Just talking to me made me feel heaps better. It was really nice knowing that they were there for me, especially late at night. (Guest)

They gave me suggestions on how to cope with distress. How to manage distress. They gave me relaxation and soothing techniques to use when I was feeling distressed. They did my hair - it made a real difference and made me feel special. (Guest)

80. There was clear evidence that peer workers are mostly honest (genuine) about the extent of the relationship and had a sincere desire to support mentally distressed people to recovery. However, as already noted, there were some instances where professional boundaries were overstepped.

Professional boundaries were overstepped - e.g. one person used to take me in their car when they went home to check up on their kids - looked like they were out with me, but I sat in the car for 30 minutes (while they were inside with kids) they are not there anymore. Peer support works well with good management and clear boundaries. Some were just there for the money, but many do it for the right reasons. (Guest)

Didn't agree with what some people did. There were peer supporters on the wakeover that went to sleep. Other people on the wakeover were very helpful. Issues with staff confidentiality broken, gossip - heard negativity - knew who liked who. (Guest)

81. There is evidence that mostly (with some exceptions) peer workers were centred in their roles and communicated this to guests. However, there were also examples of where guests felt peer workers had become unwell themselves.

They were very kind and there. If I wanted to talk they were there for me. They were doing their job, that's what they are there for. I appreciated the kindness they showed me. (Guest)

82. There is ample evidence that peer workers appeared to be sensitive to timing, and many of the comments already made indicate how effective they were in judging what the 'right' time was for a guest.

I was in there for a longer period due to them making sure my medication was correct. This was so beneficial for me as previously I had been in other facilities, given medication and sent home again. This time the atmosphere was more relaxed and they took the time to make sure my medication was at the right level. (Guest)

They took me a step up. (Guest)

Focusing on strengths has this boosted my self-esteem...It met my needs at the time. Empathy and time given freely. No bullying or pressure. Not to feel bad because you are there. (Guest)

83. It was clear that peer workers had the ability to listen well, asking questions, reflecting back, matching and following as the following quotes show:

I haven't stayed at another facility before. It was great to be able to stay at Key We Way and have peer supporters who could empathise with the way that I was feeling. I think people who have been through similar experiences are better able to help others. They have a better understanding. (Guest)

They were there when I needed someone to talk to. When you are feeling depressed it helps to have someone to talk to. They were really talkative and comforting. It was a very nurturing in a nice environment. (Guest)

8 Effective and appropriate management of peer support teamwork

84. Although originally outside the scope of the brief, it became apparent that in assessing the characteristics of good peer support it was necessary to examine the management of peer support teams. This section of the report examines evidence of effective and appropriate management of peer support teamwork, from the perspectives of guests, peer workers, and Wellink staff and management.
85. Overall, sometimes (with quite a few exceptions) there was evidence from guests and peer workers of effective and appropriate management of peer support and teamwork. The service achieved higher ratings for being a transparent, non judgmental, confidential and safe service
86. There was less evidence from guests and peer workers that there was adequate training for peer workers delivered in a timely manner; that there were clear protocols and processes in place so peers set limits within peer relationships; and that there was effective supervision of peer workers including monitoring levels of peer wellness.
87. One guest provided a vision of an 'ideal' peer support service, which identified some possible gaps in the current service as the following quote illustrates:

A really good service would have a robust, fair and transparent complaints process, it would be organised, it would have stable people who aren't going in and out of hospital, and more support for them as a team. It would have ongoing follow up and support and also still have the budget to take people out of the environment...It [Key We Way] was the first time, and there were lots of things that didn't work - the management was really disorganised, they left things to the last minute, procrastinating, and then just didn't know what to do. But it could be built on and improved. It was a good first attempt, and if it keeps going, they should keep the honesty and openness. (Guest)

The following table provides an executive summary of some of the key dimensions of management of peer support teamwork identified during interviews with guests.

Table 7: Summary of evidence of effective and appropriate management of peer support teamwork

| Evaluative Criteria | Dimensions of merit | Ratings | | | | |
|---|---|---------|----------|------|-----------|-----------|
| | | Poor | Adequate | Good | Very good | Excellent |
| Effective and appropriate management of peer support teamwork | Overall rating | | | | | |
| | There is a transparent, non judgmental, confidential and safe service | | | | | |
| | There is training for peer workers | | | | | |
| | The organisation ensures there are clear protocols and processes so peer workers set limits within peer relationships | | | | | |
| | There is supervision of peer workers which includes monitoring levels of peer wellness | | | | | |

88. Overall, there was evidence that sometimes (with quite a few exceptions) there is effective and appropriate management of peer support teamwork. In this section of the report, we examine each dimension of merit of effective and appropriate management of peer support teamwork. There was evidence that mostly, with some exceptions, Key We Way was a transparent, non-judgmental, confidential, and safe service.

89. There was clear evidence that peer workers were transparent in their dealings with guests, and there was almost always a high degree of mutuality in the relationships developed, from both a guest and peer worker perspective.

90. However, there was not the same evidence that peer workers felt line supervisors and managers were transparent in their dealings with peer workers.

91. Guests generally saw the Key We Way service as non-judgemental. Peer workers agreed that there was considerable focus in the peer support model on coping with the different world views of others.

They were always open and accepting of things I said. (Peer worker as a guest)

92. Almost always, there was evidence that peer workers were able to cope with different world views and had a range of strategies to deal with world views that were challenging.

There is a lot of intuitive knowledge or tacit knowledge. Peer workers are skilled at judging when to focus on safe containment and when to start drawing guests out. (Staff)

I accept everyone has different world views. We acknowledge their view and don't take it away from them. (Peer worker)

We value each person's beliefs. We have ongoing training in "intentional peer support". There are no right or wrong beliefs. Respect what guests say. Listen to what they say. If we need assistance, we would discuss at supervision or at our team meetings. (Peer worker)

I am open to different world views and try not to project any of mine. I try looking through their perspective and try to gain understanding of their views. (Peer worker)

You need to listen and hear what they say in an accepting manner. Make them feel they are listened to. Discuss with team if issue was a concern and record in progress notes. (Peer worker)

93. Strategies for dealing with challenging world views included: being tolerant of other perspectives, discussing challenging perspectives with other peer workers, noting perspectives in the progress notes (if they were particularly challenging and likely to upset others e.g. racism), or using supervision to resolve issues the guest resurfaced.

We try and discuss with guests where that idea comes from. We don't say it's wrong. Part of our role is to give and take. We acknowledge that we don't all have the same views or perceptions. We would notify oncoming staff of what was discussed so the next shift is prepared. Guests' views are valid for them. We can challenge guests for a broader view and offer our own point of view. (Peer worker)

Vastly different world views can be upsetting in particular for other guests. Generally we have a high level of understanding. We talk to them, reiterate we are living in a communal space and ask guests not to bring it up again if its upsetting other guests. E.g. racial remarks. If it was causing an issue, we would record the incident in the guests daily notes and notify oncoming staff. We could ring on call and ask for advice. We have really good internal processes to follow. (Peer worker)

94. There was evidence that sometimes (with quite a few exceptions) the service was confidential. Guests were less convinced that the service was always confidential than peer workers. There were several instances recounted by guests of guests feeling confidences were broken, either due to information being revealed to families, or due to guests overhearing staff gossiping or arguing.

There was lots of rumour and gossip at times. (Guest)

You could hear arguments between staff and the person in charge – made people nervous. (Guest)

You knew who liked who (was a female thing). (Guest)

Arguments between staff and person in charge bitching etc made people uncomfortable. (Guest)

95. However, peer workers believed that mostly (with some with exceptions) Key We Way staff in general, including peer workers, team leaders and Wellink central office staff, maintained confidences about guests in an appropriate manner. While the focus on guests was commendable, there was evidence that staff relationships were not always excellent and confidences about staff were not always maintained.

There is a lot of division amongst staff due to unprofessional behaviour, back stabbing and gossip ... Despite problems staff have maintained a professional manner with guests and have carried on with their jobs and this has gone unrecognized and unappreciated by management. (Peer worker)

I have had my confidences broken, hidden agendas, trust issues broken, games played. It has been a very negative and disturbing experience for me. (Peer worker)

96. Peer workers often believed Key We Way staff (including peer workers, team leaders and Wellink central office staff) were able to build excellent relationships with clinicians and other mental health teams. However, there was also evidence that peer workers were not convinced that peer support was well understood by clinicians.

Clinicians don't always treat peer workers as an equal. Clinicians need to listen more and take what we say more seriously. Some clinicians see us as glorified baby sitters. Clinicians don't always understand what Intentional Peer Support is. (Support worker)

Clinicians need more training on what peer support is. Some agencies are on board, others are unsure. More interaction between management and clinicians would be helpful. Guidelines of the peer support role in the peer-clinician relationship could be developed further. I feel some agencies look down on us because we have been through the system personally. (Support worker)

97. There was evidence that the service was mostly (with a few exceptions) a safe service, which had the potential to affect transformative change for some guests. However, there was also some evidence that at times peer workers were unwell, and staffing levels on the wake-over's were not sufficient. Where there were interpersonal issues between peer workers and those managing them, there was also the potential for safety to be compromised due to lack of communication.

98. Several guests also reflected that at times staff were unwell themselves and this reduced the feeling of safety.

Many of the peers were unstable, going through crisis themselves, and some of the things they told us were damaging. Some even thought they could diagnose others. (Guest)

Not good when xx became 'management'. At the time quite a lot of people were unwell. What is the mechanism to make sure people are well? (Guest)

99. It was also apparent that the overnight shift had the potential to be challenging for peer workers.

The environment is unsafe when we only have one staff member on duty. Having one staff member on duty has the potential for all sorts of things to happen. When you have no backup it can be very dangerous. Especially in the weekends and evenings. (Peer worker)

If there is only one staff member on duty, we would not challenge an aggressive male for safety reasons. We don't feel safe when there is only one staff member on duty. (Peer worker)

100. The study also examined the training of peer workers. There was evidence that training for peer workers was adequate from both guests and peer workers.

The way staff interacted with me it appeared they were well trained. (Guest)

101. Overall peer workers believed the training at Key We Way sometimes, (with quite a few exceptions) was very good or excellent.

Characteristics of good peer support



We are getting the training we need. We are taught the same approach and beliefs so there is consistency to our approach. The training we receive is invaluable and it improves each time. (Peer worker)

102. Mostly, (with some exceptions), peer workers believed that the training of peer workers at Key We Way

- valued the peer workers past experience as important
- ensured peer workers understand their past experience
- helped peer workers use their past experience to help guests
- helped peer workers gain a clear view of what peer support is
- helped peer workers take account of each guest's crisis plan.

103. There was clear evidence of the training being well received by peer workers, although some peer workers felt more training was required.

Training is carried out over 6-8 weeks. Training is led by two peer workers who are passionate about peer support. There is lots of role playing and putting peer working into perspective and practice. Training is about empowering people. At weekly staff meetings we cover re-training from "Peer Support Training Manual". Because it is given by peers with a broad perspective of mental health. (Peer worker)

More training is required. Training needs to be more specific to each person. At present training is very generalized for everyone. Peer respite is very specialized and training needs to be more specific. (Peer worker)

Some of our training contradicts my own world view. From my own personal experience, the training needs to be broader and open to different interpretations. (Peer worker)

104. There was an indication, however, that not all peer workers had received training, and that it was possible for them to come onto the Key We Way team before they received any training.

A lot of staff haven't done Intentional Peer Support training. This is an area that needs to be addressed. This training is now run through Wellington office over two days. There is a lot of material and information to cover, two days is not long enough. The training worked better when done as a team over 6-8 weeks. (Peer worker)

Some people have never been trained. (Peer worker)

105. Further, as the quote above illustrates, there was evidence that the training had changed over time - being relocated to the Wellington office of Wellink, and consolidated into two days instead of being over six to eight weeks. There was no indication that peer workers understood why these changes had been made to the training.

106. Sometimes, with quite a few exceptions the training of peer workers at Key We Way provided clear guidelines of the peer support role in the peer-clinician relationship. However, while peer workers felt they had clarity about the role, they felt clinicians did not always accept peer worker expertise as valuable.

Clinicians need more training on what peer support is. Some agencies are on board, others are unsure. More interaction between management and clinicians would be helpful. Guidelines of the peer support role in the peer-clinician relationship could be developed further. I feel some agencies look down on us because we have been through the system personally. (Peer Worker)

The team at Kapiti work really well with us and give us the respect, it's a shame other teams weren't the same. (Peer Worker)

107. The study also focused on the manner in which the organisation functioned operationally. Sometimes, (with quite a few exceptions) there was evidence that the organisation ensured there were clear protocols and processes, so peer workers set limits within peer relationships.

108. There was evidence that mostly, peer workers believed the way Key We Way operated and the role of peer support in that process was very good or excellent. Sometimes, with quite a few exceptions, peer workers had a clear view of the role of peer workers in the way Key We Way operated. Mostly, peer workers believed that

- team meetings were run on a regular basis
- they have a chance to raise issues of concern to management
- issues of concern raised by peer workers are addressed in a timely and transparent manner by management
- on a shift-to-shift basis, there is an efficient change-over process for peer workers
- note-taking and recording key information about guests is consistently undertaken
- important information about guests is shared between shifts
- there is a safe environment for both peer workers and guests, for instance wakeovers are run effectively

109. Peer workers made the following comments about the role of peer workers in the way Key We Way operated

I see the results with guests as they go through a healing process. All information is recorded and shared within the team. (Peer worker)

We get really good consistent feedback from guests. Peer modelling is going very well and guests find it very encouraging. (Peer worker)

We have really good processes in place and they are really easy to follow. (Peer worker)

All my co-workers work well together and we assist and support one another. (Peer worker)

110. Despite relatively positive ratings, there was clear evidence from guests and peer workers alike that, at times the flow of information from Wellink to peer workers and back was impeded by line management.

There were management issues; management could have had a lot more structure. (Guest)

Peer workers do not feel safe to discuss concerns (Peer worker)

Management focus on the negative, not the positive. (Peer worker)

There has been a lot of staff division caused by the issue of xx and lack of communication and miscommunication. (Peer worker)

Generally, it is very good.[But] our reputation in the community has suffered due to the internal struggle with management.(Peer worker)

111. As a result, guests and peer workers alike maintained that the complaints processes was not transparent and that complaints raised did not receive the attention, consideration, or the feedback that peer workers felt was warranted. The impeded communication had serious consequences for some peer workers, who felt isolated from support. In addition, some peer workers felt the service was under-resourced, particularly on wakeovers.

112. One guest made observations of how the Key We Way operations process would run in an ideal situation, which took into account some of the current issues.

*A really good service would have a robust, fair and transparent complaints process, it would be organised, it would have stable people who aren't going in and out of hospital, and more support for them as a team. It would have ongoing follow up and support and also still have the budget to take people out of the environment. It was the first time, and there were lots of things that didn't work - the management was really disorganised, they left things to the last minute, procrastinating, and then just didn't know what to do....There was lots of rumour and gossip at times. But it could be built on and improved. It was a good first attempt, and if it keeps going, they should keep the honesty and openness.
(Guest)*

113. Management observed that it whilst it is important to have policies and protocols that are aligned with the philosophy of peer support, there was also an organisational need to address the compliance and clinical issues. However, there appeared to be tension in the line management structure and the peer support philosophy, which may warrant further consideration. The line management function did not appear to work as well as it might. This may possibly be symptomatic of a more systemic conflict of roles and responsibilities. The following section on supervision provides more insight into a systematic tension within the management structure.

114. There was evidence that sometimes with quite a few exceptions, there was quality supervision of peer workers that included monitoring levels of peer wellness. While peer workers almost always felt they were able to work with clinicians to deliver support in a way that supports guests crisis plans, there was less evidence that peer workers own needs were met. Only sometimes, (with quite a few exceptions) peer workers claimed they took care of themselves physically, felt their experience was valued by Key We Way, and felt there were good working relationships between peer workers.

I found supervision a positive experience. After supervision I have vented my issues and feel better having shared my feelings. Supervision helps put issues into a different perspective. (Peer worker)

Supervision is always available if you need it. (Peer worker)

115. However as already noted in the study, there was evidence that there was less than adequate provision of supervision to ensure that peer workers were able to take care of themselves emotionally, that the environment was safe for both the peer workers and the guests and that there were good working relationships between peer workers and team leaders.

We have access to regular supervision. At the moment relationships are not good between peer workers and team leaders. Team leader does not do their job properly. (Peer worker)

116. Peer workers did not all seem to be aware of their rights to choose their supervision provider.

I have received supervision only once in the last 18 months. Other staff receive regular supervision, I don't know why I am not offered it. I understand the supervision others receive is very good. I am not sure how supervision works, one is informal and the other is about planning. I have only had one informal session and that wasn't helpful. I didn't know at the time that I could elect who I wanted to supervise me. (Peer worker)

117. Feedback indicated there is a need to further explore and determine what is the ideal structure of site management for a peer support service. There are indications that there may possibly be a need to separate the managerial and supervisory aspects of the role of the team leader. Several peer workers made comments along the following lines:

The current style of supervision is quite damaging. Line supervision does not work well. Supervision should be administered with someone who is not your boss. (Peer worker)

118. It is important to remember that in spite of the challenges around identifying the ideal structure of site management for peer workers and guests, Key We Way provided peer support that enabled guests to make significant improvement. The ongoing challenge for peer support services is to manage the tension between peer workers and clinicians, and manage the operational and compliance requirements of the service within the peer support framework.

119. In conclusion we leave the last word to the guests:

I found the beach and the environment so calming. Other respite places I have been to have not been as homely as it was at Key We Way. The sound of the waves had a real calming effect on me. The staff are so nice. Please do not shut it down. (Guest)

I would not be here today if it was not for Key We Way. (Guest)

9 Bibliography

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Appendix A Principles of Peer Support Practice⁴

Practice principle number one: Renaming of experiences

Communicate in people first language to help:

- Reframe the thinking about the experience of mental illness so one can see ones strengths and how ones psychiatric experience fits in context with one's life).
- Use common language in such a way that one will gain understanding that one's emotional distress is an appropriate response to a difficult situation.

Practice principle number two: Providing a sense of community

- Work from a sense of peer culture that is created through a mutual experience of extreme psychiatric distress.
- Validate and witness stories and experiences.
- Develop an environment of peer support culture through validating and witnessing stories of others which creates an awareness of the peer support culture.

Practice principle number three: Providing great flexibility.

- Create such a range of possibilities that will keep people included in the peer community.

Practice principle number four: Providing a learning environment

- Value other's expertise and recognize how the constructive dimension of peer support is **reciprocal**. A peer is an expert in our own experience and has had to learn wisdom to survive.

Practice principle number five: Providing a sense of mutual responsibility across peer relationships.

- Create an environment that will enhance mutual responsibility for all.

Practice principle number six: Sustainable roles and relationships.

- Be aware of reciprocity and of sustainable roles and relationships.

Practice principle number seven: Safety and acceptance through connection.

- Create safety and acceptance through the quality of the relationship.

⁴ Adapted from: MacNeil, C., & Mead, S. (2003). *Understanding What Useful Help Looks Like: The Standards of Peer Support*.

Appendix B Key We Way Occupancy Rates

| Key We Way Occupancy | Dec-06 | Jan-07 | Feb-07 | Mar-07 | Apr-07 | May-07 | Jun-07 | Jul-07 | Aug-07 | Sep-07 | Oct-07 | Nov-07 | Sub total |
|----------------------------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| Number of Entries | 2 | 4 | 6 | 5 | 4 | 6 | 5 | 5 | 2 | 4 | 2 | 4 | 49 |
| Number of Exits | | 4 | 6 | 4 | 5 | 5 | 5 | 4 | 3 | 4 | 2 | 4 | |
| At month end | 2 | 2 | 2 | 3 | 2 | 3 | 3 | 4 | 3 | 3 | 3 | 3 | |
| | | | | | | | | | | | | | |
| | Dec-07 | Jan-08 | Feb-08 | Mar-08 | Apr-08 | May-08 | Jun-08 | Jul-08 | Aug-08 | Sep-08 | Oct-08 | Nov-08 | Sub total |
| Number of Entries | 3 | 1 | 2 | 2 | 6 | 3 | 7 | 4 | 6 | 9 | 9 | 6 | 58 |
| Number of Exits | 2 | 1 | 2 | 5 | 5 | 3 | 7 | 5 | 7 | 6 | 10 | 6 | |
| At month end | 4 | 4 | 4 | 1 | 2 | 2 | 2 | 1 | 0 | 3 | 2 | 2 | |
| | | | | | | | | | | | | | |
| | Dec-08 | Jan-09 | Feb-09 | Mar-09 | Apr-09 | May-09 | Jun-09 | Jul-09 | Aug-09 | Sep-09 | Oct-09 | Nov-09 | Sub total |
| Number of Entries | 7 | 6 | 7 | 2 | 7 | 5 | 9 | 5 | 4 | 9 | 10 | 6 | 77 |
| Number of Exits | 7 | 6 | 7 | 2 | 6 | 8 | 7 | 7 | 3 | 7 | 10 | 6 | |
| At month end | 2 | 2 | 2 | 2 | 3 | 0 | 2 | 0 | 1 | 3 | 3 | 3 | |
| | | | | | | | | | | | | | 184 |
| Length of Stay | | | | | | | | | | | | | |
| | Dec-06 | Jan-07 | Feb-07 | Mar-07 | Apr-07 | May-07 | Jun-07 | Jul-07 | Aug-07 | Sep-07 | Oct-07 | Nov-07 | |
| Cumulative days | | 56 | 49 | 60 | 91 | 61 | 64 | 82 | 157 | 65 | 20 | 100 | |
| Avg Days per person | | 14 | 8 | 15 | 18 | 12 | 13 | 21 | 52 | 16 | 10 | 25 | |
| Occupance Rate | | 45% | 44% | 48% | 76% | 49% | 53% | 66% | 100% | 54% | 16% | 83% | |
| | | | | | | | | | | | | | |
| | Dec-07 | Jan-08 | Feb-08 | Mar-08 | Apr-08 | May-08 | Jun-08 | Jul-08 | Aug-08 | Sep-08 | Oct-08 | Nov-08 | |
| Cumulative days | 33 | 14 | 82 | 493 | 25 | 119 | 5 | 87 | 74 | 39 | 123 | 35 | |
| Avg Days per person | 17 | 14 | 41 | 99 | 5 | 40 | 1 | 17 | 11 | 7 | 12 | 6 | |
| Occupancy Rate | 27% | 11% | 73% | 100% | 20% | 96% | 4% | 70% | 60% | 33% | 99% | 29% | |
| | | | | | | | | | | | | | |
| | Dec-08 | Jan-09 | Feb-09 | Mar-09 | Apr-09 | May-09 | Jun-09 | Jul-09 | Aug-09 | Sep-09 | Oct-09 | Nov-09 | |
| Cumulative days | 64 | 80 | 64 | 21 | 88 | 84 | 36 | 98 | 29 | 54 | 80 | 34 | |
| Avg Days per person | 9 | 13 | 9 | 11 | 15 | 11 | 5 | 14 | 10 | 8 | 8 | 6 | |
| Occupancy Rate | 52% | 65% | 57% | 17% | 73% | 68% | 30% | 79% | 23% | 45% | 65% | 28% | |
| Number of Admissions | | | | | | | | | | | | | |
| To 19/11/2009 | 184 | | | | | | | | | | | | |
| Number of People Admitted | 131 | | | | | | | | | | | | |
| To 19/11/2009 | | | | | | | | | | | | | |

