

groundswell
inclusive solutions to homelessness



HOMELESSNESS AND HEALTH

Resources to support peer activity

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INTRODUCTION AND PRINCIPLES

ABOUT THIS TOOLKIT

The aim of this toolkit is to support people to engage in peer activity around homelessness and health, by providing inspiration, practical advice and examples of peer activity in action. It is designed for people who commission, work in or use homelessness services.

This Peer Health Activity Toolkit has been written by Groundswell and was commissioned by Homeless Link as part of a larger Health Needs Audit project in partnership with a wide range of agencies across England. This project has developed and piloted an audit tool to gather data about the health needs of homeless people, and supported a number of areas use this data to improve health services for homeless people. The audit will be available as a free, web based toolkit from March 2011. It is designed to be used in partnership by local authorities, health services, commissioners and the homelessness sector.

About Groundswell

Groundswell is a registered charity that exists to enable homeless and vulnerable people to take more control of their lives, have a greater influence on the services they use and to play a full role in their communities, through delivering research, training and advocacy.

Groundswell's Core Beliefs

- Inclusive solutions! The only way to genuinely tackle homelessness and social exclusion is by utilising the knowledge and expertise of people affected by these issues.
- There is no Them & Us – only Us! Groundswell brings everyone together to create effective solutions.
- Involvement works! When everyone is involved, the process creates more effective services and enables people to regain their independence.
- We believe in people! People are society's most valuable resource, and everyone has the capacity to make a contribution.
- The whole community benefits when we effectively tackle homelessness and social exclusion.

About Homeless Link

Homeless Link is a national charity supporting people and organisations working directly with homeless people in England. They represent homelessness organisations among local, regional and national government. As the national collaborative hub for information and debate on homelessness, they seek to improve services for homeless people and to advocate policy change.

Health is an enormous issue for homeless people, as poor health can lead to homelessness, and being homeless exacerbates and can cause health issues.

Homeless Link's National Audit (2010) found that:

- 8 out of 10 homeless clients have one or more physical health need
- 7 out of 10 clients have one or more mental health need
- In the past 6 months, 4 in 10 have been to A&E at least once and 3 in 10 have been admitted to hospital
- Almost 1 in 3 regularly eat less than 2 meals per day

The health of people who are homeless is among the poorest in our communities. Being homeless means you are more likely to suffer from mental and physical ill health, and at the same time unable to access the health services you need.

As a sector we are failing our clients on health issues and need to re-examine our methods of trying to support homeless people to tackle their health issues.

There is a lot of change going on at the moment, with the extensive restructuring of the National Health Service, the funding cuts to local authorities, the decentralisation of power and the pushing of the Big Society agenda. There is real cause for concern about how these may effect the most vulnerable in our society. However these changes also present us, as a sector, with a real opportunity for rethinking the way we deliver our services and for doing things

differently. Peer support activity, particularly in this key area of health, is exactly the kind of activity whose time has finally come.

Utilising Peers to address homeless people's health issues is still in its infancy, however this guide will show that there are people trying out new things – and showing these can really make a difference. This guide will have examples, tips, ideas and inspiration which we hope are useful in creating your own peer health initiatives. Good luck and go for it!

What does 'Peer' mean?

Peers are people who are equal to one another in terms of status, power, position, and to a lesser extent, background and experiences. This could mean people who are residents in the same hostel, but in the context of this toolkit we are using the term Peer in its widest sense – people who have a shared experience of using homelessness services. In the commissioning section of this toolkit the term peer might be interchangeable with 'client' or 'service user'.

What is Peer Activity?

In this toolkit Peer activity can very loosely be defined as activities designed, led or delivered by people who have a personal experience of homelessness.

We will look at some options for one-off ad-hoc activities such as health days, or research, as well as long term support services such as advocacy. Whatever your capacity, budget, resources or aims, there is a role for peer activity around health that you can capitalise on to improve your or your clients' health outcomes.

WHY A PEER APPROACH?

Trust and rapport

When working with vulnerable and excluded people, building trust is critical. A peer approach works on the basis that someone who has been there themselves is often seen as being motivated for positive caring reasons - they have been there themselves and know how hard things can be. This shared experience and positive motivation can help generate trust. Peers can also be seen as having no vested interest in the person's recovery, behaviour etc, other than for the good of the person.

This can contrast with how some people view professionals, sometimes with scepticism and cynicism – they can be seen as only offering support 'because it's their job.' It is helpful for professionals to remember that many clients develop this cynicism because often they have been badly let down by people in authority throughout their lives, it is not personal. Of course many professionals go on to develop trusting relationships with their clients, however in some circumstances Peers can form relationships and develop trust more quickly and easily and if this is acknowledged then it can be utilised very effectively to help people.

On a level

A peer approach seeks to overcome some of the traditional problems encountered between 'clients' and 'professionals'. Both clients and workers frequently characterise the dynamic between them as being one of 'them and us.' Even the best workers and the most open-minded clients sometimes find it difficult to get round the fundamental power imbalance in these relationships. A peer approach often does not have the same dynamic underlying it, which can allow for more honesty to flourish, enabling people to acknowledge the need for help, and accept support more readily.

Authenticity

A message delivered by someone with a shared experience to you may carry more weight and be more authentic than information that is in some way theoretical, or not the result of lived experience. A peer approach seeks to capitalise on the strength of the message 'it happened to me'.

Role modelling

An additional benefit of peer work can be that of being a positive role model. A Peer can model effective behaviour, as people who take on these voluntary roles are often people who are further along their own recovery path. They gain standing by their status as say a Peer Educator or a Peer Researcher, as someone who imparts knowledge or supports or empowers others. This aspect of a peer approach might highlight some complications in the idea explored above that people are 'on a level'. Sometimes the gap between the Peer and the clients can be considerable, in this case it might be more technically correct to refer to some of the activities we describe as 'Near-Peer'. However 'Near-Peer' relationships still hold the strength of shared lived experience and are much more similar to peer-client relationships than worker – client relationships, therefore for the purposes of this Toolkit we are referring to all client-to-client activities as Peer Activity.

Challenge

Another factor is that Peers can be seen as being more challenging of clients than many workers are. Recent Groundswell research has shown that many clients feel that workers did not challenge them enough, and that people are prepared to be challenged more. However to complicate matters, sometimes clients feel that workers lack the authority to challenge them. People thought that the right to challenge had to be earned and having been through a similar experience was one way of earning it.

Involvement works!

Groundswell conducted a lengthy research study '**The Escape Plan**' to uncover the critical success factors that have enabled homeless people to successfully move on from homelessness, through interviewing 'Escapees' - people who had been homeless and then moved on, and other people in their lives including workers, family members and friends. One the seven key factors highlighted was the way that 'Escapees' had been able to gain skills, knowledge and positive relationships through peer support. As the study states "a good set of principles for peer schemes... Peers are not trying to tell you what to do, but are there to give you another perspective that might resonate with your own, and then support you in looking at your own story."

As the Escape Plan shows, actually being involved in delivering peer support and client involvement activities was instrumental for some individuals in helping them transform their attitudes to themselves along the path of moving on. Peer schemes can offer people a sense of belonging, of direction, structure to the day, alleviate boredom and the opportunities for destructive behaviour that boredom often presents. It can be a key element in rebuilding self esteem and confidence, enabling people to make a contribution and understand that they have something to offer.

THE BENEFITS OF PEER ACTIVITY IN HEALTH

BENEFITS FOR CLIENTS

For clients involved as peers – improved confidence, sense of purpose and contribution. ✓

Benefits of training and regular, meaningful activity. ✓

Can move people towards employability. ✓

For clients supported by peers – someone on a level to talk to. ✓

Someone who you can relate to and who understands your experiences. ✓

Someone who has time for you and can support you to make changes or get help for your health issue. ✓

BENEFITS FOR SERVICES

By services we mean both health services and homelessness services, and we will consider the benefits of peer activity to each.

Homelessness Services

Better outcomes for clients – increased capacity to support people to address health issues. ✓

Improved involvement and raising health on the agenda in your service – always good news for funders. ✓

Cohesive working approach – staff and clients learning together about health issues and solutions. ✓

Innovation – a new way of working. ✓

Reduces the strain on workers – peer support programmes are an additional way of supporting clients. ✓

Health Services

Peers can support clients to navigate existing healthcare services that may not be reaching those in need. ✓

Peers can support clients to understand their options, access the healthcare they need. ✓

Peers can smooth the path between healthcare professionals and homeless patients. ✓

BENEFITS FOR COMMISSIONERS

In an increasingly complex commissioning landscape, there are considerable benefits to commissioners of health services to use the expertise of peers in assessing need, evaluating quality of service, and promoting uptake and use of services available.

Assessing need ✓

Peer input will enable commissioners to get more detailed, qualified and valuable information about the health needs in an area. Peers may be able to accurately represent and reflect issues that affect a client group because of their personal experience in using services, combined with an approach that seeks to explore whether theirs is a common experience (for example peer research).

Involving all stakeholders in developing needs assessments is essential for effective commissioning, including utilising service user perspective.

Evaluating quality of service ✓

People with personal experience of using services can provide insight into what works and why, what does not work and why, what might work better, where the barriers are and ideas for overcoming them.

Helping to embed a new service ✓

Once a service has been commissioned – everyone has a big sigh of relief – but change is never easy and peers can help new providers to understand the client group and their expectations and help the client group to understand the changes and how they can voice their concerns about them.

Contract Review ✓

Peers can help commissioners to manage contracts with service providers by feeding back on clients' experience of the new service and assisting in developing solutions to overcome challenges and build on good practice.

EVERYBODY WINS! ALL YOU NEED IS A BIT OF TIME TO SUPPORT YOUR PEERS AND TO LEAF THROUGH THIS TOOLKIT FOR INSPIRATION!

PRINCIPLES OF PEER ACTIVITY

PRINCIPLES OF PEER ACTIVITY FOR COMMISSIONERS

Plan well. Think ahead in your cycle about when you can meaningfully involve clients. Involve Peers as early as possible ideally from the needs assessment and service design – the earlier in the cycle the better – this allows Peers to familiarise themselves with the jargon and the people involved.

Focus on where input can be utilised. Only involve people in areas that they can genuinely impact, if the service specification is already signed off, then there is no point asking people what they think. What is really undecided? Think how peers' input can be utilised in areas that their input will improve the decision making.

Make Information Accessible. 100 page tender documents and complex e-procurement applications often do not go down too well, if you want useful informed opinion, give good accessible information and allow time for people to read it together and ask questions as they arise.

It's a team effort. Ensure Peers are well supported, given training on the tendering and procurement process and opportunities to get to know the rest of the Project Board and the Tender Appraisal Panel (TAP)

Give Feedback. Keep people informed of the outcome of the process.

PRINCIPLES OF PEER ACTIVITY FOR SERVICES

Support. Providing support to people taking on Peer roles is absolutely vital. Make sure you consider the resources to provide genuine support. **More details in section 3.3 Ongoing Support.**

Identify the need. Health is a difficult issue to deal with effectively in homelessness services, and a peer project could support this. There may be people in your service who are ready to move on, or to give something back. Providing meaningful opportunities for these people to hone their skills, learn new skills and contribute can bring benefits to them and to your service.

Enhance not replace. Peers are most effective in bridging a gap, not replacing or substituting support that should be available from the service. Peers, like any volunteers, need support and resources and these things require investment – they are not a source of cheap labour. **See the section on making it work.**

Be open to suggestions and challenge. Involving people with personal experience of an issue or service is an excellent way of ensuring quality of service, but there needs to be room for challenge and change.

PRINCIPLES OF PEER ACTIVITY FOR PEERS

Your experience is an asset. Messages are always stronger if delivered by someone who knows from experience what they're talking about! You can use your peer status to support others.

It's different for everyone. Having said that, everyone's experience of issues is personal and individual, so you can inspire, support, challenge and guide others, but remember it will be different for everyone and what worked for you won't necessarily work for others.

Work within the boundaries. Supporting others safely requires working within a framework, or boundaries. You can develop this with your team or the service you are working for, and once it's developed – stick to it!

Keep talking. Share your experiences of peer work with others – other peers and your supervisor. If problems arise – be upfront and take them to your supervisor immediately.

PEER ACTIVITY IN HEALTH

PEER HEALTH RESEARCH

Peer Health Research in this context would mean research about health conducted by peers – people with experience of a particular health issue or of being homeless when accessing health services. Using peers in this aspect of delivery is a common technique particularly in mental health research because it reduces the stigma about diagnoses and mental health conditions and encourages research participants to be honest and forthcoming. It also facilitates shared understanding of the issues.

In addition, peer research is about involving people with experience of the issues in all aspects of the research process, for example:

- Participating in a Research Steering Group
- Promoting the research with the client group and ensuring they know what it's about and why it's important to participate
- Assisting in arriving at the key questions.
- Working out appropriate incentives for participation
- Participating in testing questionnaires, interview schedules, focus group guides
- Training people to deliver research safely, ethically and robustly
- Participating in analysis and developing recommendations
- Dissemination of the findings

Why use peers in research?

Non-judgemental. Peers who have similar experiences, such as dealing with homelessness, addiction or their mental health, can ask questions about these sensitive issues in a way that is non-judgemental and can lead to greater openness. Some services in Homeless Link's Health Audit Pilot suggested that clients weren't always willing to disclose substance use or the extent of it because they were worried about staff reaction.

Empathy. Interviewees who feel the interviewer has a sense of empathy with their situation may be prepared to be more forthcoming and give greater detail.

Approach. Participating in a formal research study can sometimes make participants feel like 'guinea pigs' who are being observed. Using peers can overcome this barrier as they can help convey that the experiences that someone has are valuable, and that they are contributing by participating and sharing their experiences. Peer research can help create a sense of 'finding our own solutions' and this self-help approach can engage interviewees in the research process.

CASE STUDY: PEER RESEARCH AT ST MUNGO'S - HAPPINESS MATTERS

Mental health is a highly personal, and highly stigmatised subject. We wanted our research to examine issues that homeless people themselves think are important in relation to mental health and wellbeing. We also wanted our interviewees to feel able to speak openly and freely, without fear of being judged, about their mental health and mental health support needs, and about potentially painful and distressing aspects of their lives. For these reasons, we decided to use trained peer researchers (people with their own histories of homelessness) to work with us, not just to interview clients but also to decide what questions to ask and how. We know from previous experience in St Mungo's that this approach both ensures we address the issues that homeless people feel are important to them, and enables our clients to talk more freely and honestly about themselves.

A total of 12 peer researchers were recruited from among people currently living in St Mungo's accommodation projects, many of whom had a personal history of rough sleeping and mental illness. All had been homeless at some point in their lives, and their experience guided our approach. We trained them in general interview techniques, and provided them with basic information about mental health and emotional well-being. We also supported them throughout the interview process, and ensured they had the opportunity to talk through any difficulties and emotional distress that conducting the interviews may have stirred up for them.

Martyn, the interviewer's tale

Martyn was one of the peer researchers. Previously a rough sleeper, he is now in treatment for drink and drug use and has become an active member of St Mungo's client group, Outside In, a voice for clients across the organisation. "The peer training was good fun. We talked about how to do it, and what questions to ask. Doing the actual interviews was sometimes hard. When people realised you weren't staff, that you'd been homeless like them, they just opened up. But you were aware that you could be opening a can of worms. The interviews were meant to take 20 minutes each but most took 40 and one woman spoke to me for nearly two hours."

Some interviewees mentioned how much they valued the support from former homeless people who have been trained as support workers (in fact one of the interviewees was a trainee project worker himself).

'Put more money into training ex users, each-one-teach-one'

'My best bit of support was from other people who've been in my position'

Heath, 43, has lived in a St Mungo's hostel for just over a year. He says he enjoyed talking to the peer researcher: "She asked the right kind of questions. I could answer them properly."

This is an excerpt from the full report available at www.mungos.org/happiness_matters

HOW TO DELIVER PEER RESEARCH

This section is an introduction to how you might go about conducting research, and offers an overview and guidelines only. If you have not done research before you should consider partnering up with another agency, such as an academic institution, a social research agency or a peer research specialist.

The Homeless Link Health Needs Audit provides a valuable opportunity to get involved in peer research that will gather information about the health needs of homeless people in your area, so that more effective and responsive services can be developed in the future. **Click here.**

Recruit a group of peer researchers

Are you interested in undertaking research with your peers to improve health services for homeless people?

- ✓ Recruit more people than you think you need
- ✓ Ensure expenses are covered and consider incentives for researchers
- ✓ Offer people training and support before asking them to start researching

Offer Training

Items to include in the training:

- Why you are undertaking this research and what will happen to the data
- Why it is important to use peers – brainstorm
- What some of the barriers of using peers could be – brainstorm
- The importance of confidentiality and anonymity
- Separating your own opinion from people you are researching
- Go through the content of the research
- Practice! Interview each other in pairs and see how it feels from both sides
- How to signpost if interviewees request further support
- Go through practicalities

Encouraging people to take part

- ✓ Put up posters – eye catching and easy read and stress the contribution people are making by completing the survey
- ✓ Say you are peers – you understand and are non-judgemental
- ✓ Be available at different projects and at different times of the day, allowing different people to get involved.
- ✓ Clearly identify yourself as a researcher – maybe an ID badge – or a T-shirt!
- ✓ Think about incentives – what would encourage people to take part, a snack bar, a voucher, cash?
- ✓ Are there any other events or activities (in this toolkit) that you could combine with conducting the surveys?
- ✓ Thank people for their involvement and remind them what the information will be used for – encourage them to tell their mates about it!

Over-identification or leading

It's important to stress that the role of a peer is to put people at ease, but not to get too involved in the issues personally. It's about the interviewee's experiences, not your own and be careful about leading questions – i.e. suggesting the answer you want in the way you ask it – you should remain impartial.

Confidentiality

Think through the confidentiality of your research. Are you committing to ensuring that identifying information about the person is separated from their response? If so ensure this happens. Who is going to have access to the information? Will you be getting back in touch with people after the research? Are there any circumstances where you break confidentiality, such as revealing the intention to harm others? Make sure all these things are clearly conveyed to participants.

TOP TIPS FOR PEER RESEARCHERS

PREPARATION

- Make sure you're familiar with the questionnaire this means reading it through several times
- It's crucial to practice with a LIVE audience
- Learn the introduction – then make it your own "so it trips off your tongue" use the exact wording for confidentiality
- Know where the tricky bits in the questionnaire are and prepare an explanation- agree this with the other auditors
- If there are words in the questionnaire that are new to you; write a definition on your copy. (see the Homeless Link glossary)
- Get a sense of responsibility as a researcher; remind yourself you have a responsibility to the client and the organisation - you're doing an important job
- Have a sense of belief about your role: "I am doing this to improve the provision of healthcare for homeless people". Feel confident to relay this to interviewees

DELIVERING RESEARCH AT A PROJECT

Introduce yourself to staff

- Be professional and polite
- Ask for the named staff person.
- Get introduced to other staff working there
- Explain what you are doing – be friendly and reassuring
- Ask for essential info, where are the loos, fire exits etc

Prepare for the interviews

- Find a space where you won't be disturbed
- Think about how you set up the room keeping confidentiality and comfort in mind
- Organise your paperwork. Have the glossary and guidance notes to hand
- Make sure you have water available for you and your interviewee.

Facilitating the interviews

- Put people at ease; be open-minded from the outset
- Keep eye contact – it helps with building trust
- Speak with the client "on a level", don't talk up or down to them; speak adult to adult
- Be open to questions - keep taking pauses so that people feel there is time to ask
- Explain all the practicalities, incentives, what happens with the info, confidentiality etc.
- Make sure your mobile is off during the interview!
- Make sure you stick to the questionnaire.
- If your interviewee asks you a question and you are not 100% certain of the answer – let them know that you will find out and get back to them – then: find out and get back to them!
- Don't exchange personal contact details; including phone numbers, email addresses or addresses with interviewee

PEER HEALTH EDUCATION

Peer Health education uses most strongly the principle of authenticity of message and the 'special relationship' between peers.

It is about delivering a message and this needs to be the basic principle of a peer education activity - **IDENTIFY THE MESSAGE YOU WANT TO DELIVER AND STICK TO IT**.

Health information about medical issues needs to be delivered by medical professionals those with the most up to date clinical knowledge of an issue – this is crucial to keeping people safe. However peers can have a unique role in supporting that information and making it tangible. Hearing from someone who has personally experienced a medical issue is a very powerful way of encouraging people to seek medical advice, or to get an issue sorted.

Peer health education involves peers describing their experience of a health issue, the barriers they faced in addressing that issue, what treatment was like for them, and by virtue of being here to tell others about it, the impact the health issue has had.

Peer education in health could cover most health issues but those particularly well suited to peer education would be:

- **infectious diseases** - where a message about transmission and keeping safe can easily be delivered by those with personal experience
- **chronic diseases** - whose early detection and management are key factors
- **embarrassing issues** - where hearing that others have had the issue too, and got over them can inspire people to confront issues and seek support for example sexual health services
- **screenable conditions** - blood borne viruses, TB etc. Peers can help convey why it's important to be screened, and what could happen as a result

BARRIERS AND HOW TO OVERCOME THEM

Stuck choosing a topic?

- Ask people what they want to hear about - put up a notice board, ask people to fill in a card at reception, or at breakfast
- Ask among your peer group what experiences people have and want to talk about
- See **World Health Days** for timely inspiration – there's a whole calendar of international health days and there may be additional promotion you can access around the day – e.g. **TB alert** can send your service TB related goodies!

Feel you don't know enough about it?

- You're not expected to be an expert! Work directly with medical professionals – or have good signposting as to where to get any questions answered.

Being drawn into giving medical advice?

If health issues are raised that require medical advice – then always seek formal expertise. Call NHS Direct on 0845 4647, visit the **website** or get in touch with a GP.

- ✓ **Boundaries.** Ensure peers understand the remit and limit of their role - it is important that they are not seen or understood to be medical professionals
- ✓ **Confidence.** Peers should have training and practice delivering their message to feel confident - this doesn't have to be delivered by a trainer, but can be group rehearsals facilitated by a leader or a worker.

If possible invite a medical professional with expert knowledge to talk to the peers so they have a wider context and clearer understanding, but commit to work within their role and not give medical advice.

HOW TO:

- ✓ **Choice.** Identify an issue or issues that people have personal experience of and are willing to talk about
- ✓ **Conversation.** Use focus groups to do this if possible, bringing people together to talk about a shared experience they will realise they know a lot about it and probably have a lot to say. It's good to expose people from the start to the diversity of lived experience even of the same issue and to keep that in mind
- ✓ **Clarity.** Define your message and stick to it - the simpler the better!
- ✓ **Information.** Have medical knowledge or sources of further, reliable information available. **NHS choices** is a good starting point, there may also be comprehensive websites about your chosen topic
- ✓ **Partnership.** Ideally deliver the message in conjunction with medical professionals and particularly around preventative medicine and screening. You'd be surprised - most health professionals will have educators, advisers, promoters they can call on to deliver sessions in the community

MYTHBUSTING AND AWARENESS RAISING

This works particularly well for conditions that have many myths and often stigma attached to them - e.g. TB, HIV, mental health issues.

See the 1in4 campaign around mental health awareness www.1in4.org.uk

How to deliver a mythbusting session:

- ✓ Choose your topic and research it
- ✓ Design a short quiz with multiple choice answers about your topic including symptoms, transmission (lots of myths to be busted around transmission!), treatment, prevalence etc
- ✓ Deliver a short presentation about the health issue - including personal experience makes it much more accessible and interesting
- ✓ Question and answer session
- ✓ Repeat the quiz!

TOP TIPS FOR GIVING SPEECHES/MESSAGES:

Remember it's your personal experience that matters here

- ✓ Structure. A beginning, a middle and end. Start by introducing yourself and your circumstances - this builds the identification with your audience
- ✓ Describe the health issue and what it was like
- ✓ Talk about barriers and ways to overcome them
- ✓ Explain what it's like now and anything you've learned, what's better as a result, or what your message is
- ✓ Repeat the message!
- ✓ Take questions

CASE STUDY: TB PEER EDUCATION

The TB Peer Education Project is run by Groundswell in partnership with Find & Treat. The team includes peer educators who have themselves had TB, and also been homeless or had drug and alcohol issues.

The Mobile X-Ray Unit - the MXU is a van fitted with TB screening equipment which stops outside homelessness and drug services throughout London to offer TB Screening. [Click here](#) for more info.

Peers attend the screening sessions with the Mobile X-Ray van and speak to service users of homelessness and drug and alcohol services about the importance of having a chest X-Ray that can tell them if they have TB. They also deliver sessions sharing their personal experience to homelessness staff to them about the realities of TB and to TB health staff about working effectively with homeless people.

TOP TIPS FOR RUNNING A PEER EDUCATION PROJECT

- ✓ **Boundaries & message.** Keep strong boundaries around the project, being very clear - basic ones. Be simple in your message, and when it works, stick to it
- ✓ **Value 'peerness'.** Allow the peers to develop their own peerness within those boundaries - their job is to go and speak to someone else. Peers don't need training in how to go and hang out with someone in a hostel, they know how to do that.
- ✓ **Let peers train peers.** Existing peers reach out much more to the new peers the importance of team building and knowledge sharing. That everyone's got a way, an angle and they can all watch and reflect on each others' angles and through the generations of peers the quality of knowledge and reflection on that is better. They get it in a language that is more like the language they speak

Q&A WITH FRANKLIN

TB Peer Educator

How would you describe what a peer is?

A peer is somebody who helps out not just with clients, but who communicates between clients and staff on the van – the nurses, drivers. Having a good attitude and being the mediator between clients and staff.

Why should health services include peers?

To break down barriers. That's it in a sentence. A lot of people that are on the street are afraid of authoritative figures – they always think there's something more to it than meets the eye – and they don't understand the language that's used either. So that makes them dubious about what the person is saying to them.

Q&A WITH STEVE BETHELL

TB Project Coordinator, Groundswell

What do the peers do?

A lot of the direct work with the MXU the message is very simple: TB is out there, you can get it, I got it, I got cured, come on get on the van. We're really cautious to make sure that peers don't start stepping across the boundary into giving medical advice.

A lot of their time is spent backing up clinical education sessions delivered by professionals. The peers add a human touch - when you're getting cold medical advice, or information, having someone there who's actually had it opens people's hearts. You see all the people in the room realise - oh this is real - It's a real person that could get TB. They're more likely to act on the information.

Why does it work for clients?

The important thing about 'Peerness' is shared experience. A peer who's in the same boat just naturally has this thing - a shared

experience means there's no outside observer and no judgement. Someone who's had TB, experienced homelessness or using drug and alcohol services, speaks the same language. It's a different voice, not the same one that says you should do a lot of things, or you shouldn't do a lot of things, and that can make the message stand out.

It's inserting the idea of self-help. It's a powerful thing if you're stood next to someone who is the 'same' as you but who can make a statement of self help, someone you identify with who actually makes a positive statement, it just tugs you a little. Someone else doing what it is you could do for yourself prompts you to do it.

Why should commissioners be interested in peer approaches?

Because it works! In some situations there's a real need for peers, even if it is more expensive, if you want to reach someone and you can't reach them then you need peers. Some of the most important work that the TB Peers do is to get the message through to people that other services can't reach. You need to get to their level and they might give you the time of day.

Funders look at what they're actually trying to do which is effect change. It's 'big picturism' - you invest in the robustness of a community, and that information is being passed down through the generations. In homelessness a generation isn't a generation, it's 9 months in a hostel, so the information that's passed on by peers means you're really effecting change on a big level with a small amount.

HORACE

TB Peer Educator

A peer is someone who feels it and knows it. I got involved after I saw the dedication of the TB team and I wanted to give something back. Encourage people to get screened, and reassure them that if there is anything wrong, they will get treated. And if they are frightened to get on the van because they might find something, or they don't have the time, it only takes 90 seconds to have an x-ray.

PEER HEALTH PROMOTION

Health Promotion is about supporting people to take more control of their own health, principally by providing accessible information. This can include things like stopping smoking advice, exercise and diet advice, sexual health information etc.

The **Ottawa Charter of Health Promotion** also refers to developing personal skills, strengthening community action, and creating supportive environments for health, backed by healthy public policy. A Health Promotion programme could incorporate elements of personal development training, client involvement and representation, as well as involvement in commissioning and policy making.

There are a range of community based Health Champions programmes in existence, some of which include accredited training in health promotion by the **Open College Network**, and others are accredited by the **Royal Society of Public Health**.

Ideas for peer activity in health promotion:

- ✓ **Accessing services.** A simple, ad-hoc way of encouraging peer health promotion is to get people who have had a good experience of a service or getting a health issue sorted, such as giving up smoking, or having gone to the dentist or opticians, to speak to peers about it
- ✓ **Bring local services in.** Contact your local stop smoking service and ask for information or a visit to the hostel – find them via www.smokefree.nhs.uk
- ✓ **Activities.** Hold a healthy eating day – with information about healthy eating, fresh ingredients to prepare a simple dish. Smoothies work well – if you can get a food processor for the day
- ✓ **Consultation.** Hold a focus group to get ideas on how to make the hostel a more 'supportive environment' for health. What do residents want to change? Set up exercise sessions, a breakfast club?
- ✓ **Sports or exercise groups.** If you want to set up a regular group then inspiration, information and ideas for funding available at www.homeless.org.uk/sport-for-all

BARRIERS AND HOW TO OVERCOME THEM

Lack of interest

Health promotion competes with a range of issues people face and are dealing with when they're homeless. A Peer approach can, in itself, give some inspiration for dealing with health issues.

Being drawn into giving specific advice

If health issues are raised that require medical advice – then always seek formal expertise. Call NHS Direct on 0845 4647, visit www.nhsdirect.nhs.uk or get in touch with a GP.

CASE STUDY: HOMELESS HEALTH PROJECT, BROADWAY

Broadway run the Homeless Health Project, funded by Supporting People and the Hammersmith & Fulham DAAT to improve health outcomes for people living in SP funded accommodation in the borough. It is a statutorily funded pilot service that the commissioners put out to tender.

The project has specific targets around increasing GP registration, improving health referrals to make them more appropriate and successful, and decreasing hospital admission.

To establish a baseline, the project undertook a snapshot survey of clients in hostels and projects about their health and use of health services.

See the section **Peer Research** to see how you could deliver a survey to find out about need in your hostel or area.

One element of the project that involves clients directly is the training programme.

Dan Ware, project coordinator, gives us his top tips for getting people involved in health:

Promote. We put up posters, gave people an incentive to come – we used vouchers, and advertised it through our partner agencies. Lots of people came.

Discuss! We held focus groups to give people an opportunity to raise what they're interested in.

- What are the health issues people want to talk about or get more information about?
- What are the health services that work well for people?
- What are the services people don't use or have had bad experiences of, or think aren't for them?
- What do people want more of/less of/ and most importantly – what do they want to do about it?

Peer facilitation works! We enlisted the help of trained peer facilitators who ran the groups.

Choice. The issues raised by the focus group became the training sessions we're putting on. People chose: sexual health, first aid, anger management, healthy eating, assertiveness skills, registering with a GP.

Action! We contacted representatives from different agencies and have put together a 12 week calendar of health training. They're all doing it for free!

CASE STUDY:

PEER MENTORING PROGRAMME

What's it all about?

It's a week long, facilitated, accredited training course for people who use, or have recently used support services and who would like to pursue volunteering, a career in supporting others or just want to occupy their time positively. It's an experiential course which aims to develop self awareness and confidence through identifying and examining personal issues, existing and past relationships, personal triggers and boundaries. The course also includes harm reduction education, effective communication techniques and a session on creating a network of local services.

"It's about spreading the word, and being able to pass on factual information to people who are still using or drinking problematically. With this said, the course is also an excellent route for those who are abstinent and are looking to mentor."

How do you advertise?

"We liaise with other services and agencies – hostels and drug services, mental health services. It's word of mouth from people who've done the course. We explain what's expected and available. The recruitment process is very informal, it's open access. There has been a waiting list in the past. Although with our new building the course will be running every two weeks, which is a huge step for us and for our students"

What does the course cover?

"It's a National Open College Network qualification in peer helping skills. It covers skills for communication, listening skills, what a peer's role is, your own limitations, confidentiality, finding resources and support services and networking skills. We do an icebreaker and a lifeline exercise about our own experiences – I do this too as the trainer,

and it means people aren't intimidated – it sets the tone that I've been through these experiences too, and it starts people off in an honest and non-judgemental environment. It runs for 5 days – a whole week, from 12-4. In the second week there are one-to-one meetings with the trainer to look at people's portfolios for accreditation and they go and visit some services to use their networking skills and meet new people."

What does the course hope to achieve?

It's about moving people forward, so they can go on to volunteer or into full time employment as support workers. The Basement volunteering programme is open to everyone who's been sober and drug free for 12 months, and this is a preparatory step. It involves doing 30 hours volunteering in the Basement. It's certificated and well recognised. Many graduates go on to work in hostels and other services. This course started in 2004 and we have never needed to advertise because the course is always oversubscribed.

What peer mentor trainees say:

Why are you here?

Because I'm in a position of responsibility, because of my experience (of using drugs) I'm in the best category of person to support others with the same problems. People with personal experience have more empathy. I have seen a lack of empathy and understanding in services.

I want to be able to apply for the volunteering programme here so I can talk to people about their choices and what abstinence can be like.

It makes it more authentic, people are more likely to give you the time of day if

@ THE BASEMENT IN LIVERPOOL

you're a peer, than someone who's had no experience of it – for who it's all about numbers.

What's good about the peer mentor project?

You feel more involved and empowered – it gives you hope, like you're part of something- it's our thing – like a society!

You know you're going to get some identification with the other people – you can take some risks, you're going to have something in common.

I would have felt self-conscious and scared of being judged but you couldn't get a more non-judgemental environment.

What difference does it make that the trainer has personal experience of using drugs and being a service user?

It helps you not to feel guilt or shame. It enables you to open up and be more honest.

Why do you think as peers you will be able to get difficult messages about health and harm reduction through to others?

Because they won't feel inferior. They'll be more open and more trusting and more likely to take the advice.

It creates a feeling of hope that is inspirational and shows it's achievable.

Seeing people come through hostels, prison, rehab and then to see them standing here as a tutor or downstairs as a member of staff – they say that they know what you're feeling like – and you don't feel alone. You feel empowered, yes it's hard but you can still achieve all this stuff, like they did.

I feel confident in passing on the message, that clients will trust you. Eventually I want to go into schools and speak to kids.

The staff here they're like superheroes –

they've been 'lads' and now I come here and I see them, having been through recovery and having been homeless, and they're sitting behind the desk and helping others. Some of them I've used with, they're an inspiration – people will listen to them.

Graduation Ceremony

The Basement's graduation ceremony is held at Liverpool Anglican Cathedrals Western Rooms. The ceremony is a fantastic way not only for students to celebrate their success, but for students to apply their networking skills through meeting other peers and services which adds to the specialness of the occasion and students certificates are presented by the training team and local radio current affairs presenter Roger Philips.

What students have said about the graduation ceremony

"The venue is great- It is lovely to see how well people look and a great chance to see how they are progressing. A lovely place, a nice treat and it is great to be recognised for achievement. The ceremony has blown me away. Fantastic."

The Peer Mentoring course runs every two weeks @ The Basement, Liverpool. You can contact The Basement on **0151 707 1515** to book your place on a course or any enquiries or bookings can be made via e-mail. Just email **sean@basementdropin.org**

PEER HEALTH ADVOCACY

"Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice."

Action for Advocacy

www.actionforadvocacy.org.uk

Advocacy in health means helping people say what they want in healthcare, what they would like to be different and in supporting them to get that.

Advocacy works particularly well with a peer approach because it's all about doing what it is the client wants to do. It's very client led so it a) puts the responsibility with the client while supporting them and b) doesn't

assume a specialist knowledge of the subject or area of support (i.e. health issue) and so can be performed by people who are truly alongside the client.

Peer advocacy might mean individual advocacy or it might mean group advocacy. If it is going to be individual, one-to-one advocacy, then peers need to be carefully recruited for the right skills and motivations, carefully trained and supported, supervised and should undergo criminal records bureau checks.

Safeguarding, consent, confidentiality and boundaries are the tenets of a successful and safe peer advocacy programme.

However group advocacy can be delivered much more straightforwardly and would borrow many of its principles from effective service user representation.

BENEFITS OF PEER ADVOCACY FOR COMMISSIONERS

Advocacy enables people to access the services they need and are entitled to - advocates can smooth the way and make the pathways work better for people.

Advocates will get a keen sense of what works and doesn't work in services for people, so are a huge resource in identifying gaps in provision, needs mapping and duplication of services.

An additional benefit of Advocacy programmes for commissioners is that clients will be empowered to find the

solutions themselves; it's not an infinite support process but something that builds confidence in accessing services that are already out there.

The Kings Fund – the leading independent health charity state "We believe that health advocates could play an important role in building bridges between disadvantaged citizens and the knowledge, support and services they need to prevent illness and improve their health."

BENEFITS OF PEER ADVOCACY FOR SERVICES

Peer health advocacy can support homelessness services by providing additional support and resources to clients around a health issue. Peers can free up keyworker time by accompanying clients to

health appointments and can add a new perspective to the relationship. However, workers should take care not to intervene unnecessarily in the advocacy relationship as it is a privileged and confidential one.

BENEFITS OF PEER ADVOCACY FOR CLIENTS

Advocacy can provide impartial and independent support for getting better access to healthcare and representing the client's wishes about their healthcare.

"It's really important to me to have someone independent coming along with me, it's different, they're on my side but they're independent" - Advocacy client

CASE STUDY: HOMELESS HEALTH PEER ADVOCACY

The Homeless Health Peer Advocacy Service is run by Groundswell in partnership with NHS Westminster. It works in Westminster, matching current rough sleepers and people living in hostels to a trained, independent Peer Advocate to help them deal with a health issue.

"The Homeless Health Peer Advocacy Service is a project to help support the needs and wants of people who are homeless in improving their physical (and mental) health through empowerment, encouragement, assistance and support. These are some of the key points of being an independent advocate.

The project is helping to fill a void in the sector by allowing trained homeless peers to advocate for and assist homeless people to reach healthcare services that before seemed unattainable, to help them improve their overall wellbeing.

Another aim of the project is to engage with health professionals and improve the relations between professionals and the homeless by peers leading by example as we have the experience of homelessness.

Using ex-homeless peers trained in advocacy is a win-win situation, as it helps everybody involved. The peers benefit from valuable training to pursue a career in the sector. Homeless people benefit because the 'them and us' barrier is broken down and they can get help to sort out their health issues. And lastly the health system benefits through valuable insights that the peers can bring, being ex-homeless clients themselves.

The training and induction that we received is invaluable because working with people who are homeless can be challenging, working with chaotic lifestyles and multiple issues." - Richard, Health Peer Advocate.

"I wanted to give something back. You get job fulfilment when the client deals with their issue. It's money well spent on training us, I can see this kind of project being a long term solution to homeless healthcare." - Nic, Health Peer Advocate.

"We speak the same language as the service users, and I believe we take some pressure off the keyworkers. I wish this service had been around when I was on the streets." - Dennis, Health Peer Advocate.

Contact Beth Coyne at Groundswell on **020 7976 0111** or beth@groundswell.org.uk

CASE STUDY: LONDON PATHWAY CARE NAVIGATORS

The London Pathway is run from University College London Hospital by Dr Nigel Hewett and nurses Trudy Boyce and Florence Cumberbatch. The project supports and cares for homeless patients in hospital and on discharge. It is a model of integrated healthcare for single homeless people and rough sleepers, which puts the patient at the centre of their own care pathway and aims to transform health outcomes for homeless people.

In addition to specific ward rounds led by a specialist doctor, and dedicated homeless health nurse practitioners the project will be recruiting and training care navigators, people with a personal experience of homelessness. Care navigators will befriend, support, challenge and mentor homeless patients in the hospital, helping them navigate the hospital environment, and supporting the homeless health nurse practitioners. They will help follow-up patients post discharge.

CARE NAVIGATOR CONCEPT

Having Care Navigators recruited from homeless patients central to all of these developments will embed service user involvement from the start and provide a rare example of genuine patient involvement in the development and direction of a new service.

The aim of this component of the London Pathway is to have people with an experience of homelessness central to the development of the London Pathway. There are two elements to service user involvement. The expert panel is a steering group of people with an experience of homelessness providing an overview and guidance for service developments. Care navigators are individuals with an experience of homelessness who will develop an individual mentoring and support role for homeless patients in the hospital and to support them on leaving the hospital. So, for example, Care Navigators could begin with the roles of peer support and mentoring then further training would provide skills in peer health education and promotion. More training could allow Care Navigators to develop skills in advocacy and this role could evolve into either direct care provision in step up/step down units, or care planning and management, depending on the preferences and aptitudes of the individual Care Navigators.

Q&A WITH TRUDY BOYCE, CARE NAVIGATORS COORDINATOR

"We're using ex homeless – people who have experienced homelessness, who can come and help us on ward round, going out into the community, being mentors.

They can understand where the patient is coming from, they've been there themselves – in similar circumstances."

Why do you need care navigators?

"There are people who are homeless who have been abused by the general public, talked down to, and they have a defence system – and a common defence is aggression, and you have to get past that. They come into hospital, there are nurses and doctors who

don't understand what they've been through – they only see the rough end of them when they come in, and treat them not as well as they could. A care navigator will be someone with whom they can talk things through and be with them without stepping over the line, they will feel more comfortable, talking to somebody on the same level with them."

How will you train care navigators?

"Some of them already have had training by Street League. We had a study day with three of the potential navigators which was really good. We did role play with them – running through what to do in various situations. It was made fun.

Then, as they are coming on board in the hospital too, we've put them through the volunteer programme here too- which they learned the basic things of hand cleaning, and what they are allowed to do in the hospital and what they're not."

How will they work?

"They will go with me on the ward rounds, and see who is imminently going to be discharged, what their needs are (such as clean clothes, help with transport, an appointment for housing or benefits advice), and which way Care Navigators can get more involved with them. Then we'll go out in the community to see if they need help and support them to make use of local services. At the moment we often find people returning to the hospital for help because they are not managing to make connections with the available support services. We aim to help to make those connections. We're not there to stand on anybody's toes – like the hostel or social workers. And they won't give health advice- they have no qualifications to do that, but they will be supported by the nursing team and may be able to reinforce health advice from the specialists.

The Care Navigators can also take patients to appointments, if needs be, visits to the hostels, do shopping if required- just to be there." This is a new project which will be shaped by the experiences of the Care Navigators themselves.

PEER INVOLVEMENT IN HEALTH COMMISSIONING

Peer involvement in commissioning gives a high level opportunity to represent the interests of people who are homeless. This goes beyond just influencing the services which exist, but actually helping to decide the specification of which type of services should exist at all, and getting involved in the selection process for which services receive funding.

With the current economic and political climate there is a reduction in the amount of services being directly delivered by local authorities with a resultant increase in the volume of commissioning occurring. So it is particularly important to find meaningful ways for peers to get involved in commissioning processes.

Commissioners have a lot to gain from taking into account the needs and experiences of homeless people when working out what services need to be commissioned and what they should look like.

Involvement in the procurement stage follows naturally on from research into what is needed and this may be the next step after undertaking a process to involve clients in a Needs Assessment process - the Homeless Link Health Audit for example.

Find out what's happening locally

As the picture of commissioning is rapidly changing it is a good time to keep your ear close to the ground. GP consortia will be forming over the coming months, so it is important to start forming or strengthening

relationships with your local GP practice. This is a good idea in any case, as you may well be supporting your clients to register with a GP. Visit with a couple of clients and see if you can set up a time to have a chat to the Practice Manager for example. Many GP surgeries have patient groups – see if anyone in your service is interested in joining one.

The Commissioning Cycle

Assessing needs. The first stage of the commissioning cycle is about evaluating local need and identifying any gaps in provision. This is the most crucial stage where peers can have a meaningful input.

Procurement. The stage where services are purchased, often starts with drawing up a 'service specification' giving the details of the type of service a commissioner wants. This can get quite technical so make sure there is accessible information explaining everything if you want meaningful involvement of clients at this stage. Then there is an application process, and another opportunity for involvement is in assessing applicants, by reviewing and scoring applications or assessing presentations and interviews from hopeful services.

Contract Management. Closing the commissioning loop is collecting information on how a procured service is performing. It is essential to get a peer perspective on whether a service is actually doing the job it's meant to or not. This information should feed into the contract management of the service.

CASE STUDY: HAMMERSMITH AND FULHAM DRUG AND ALCOHOL ACTION TEAM SERVICE USER GROUP

Simone Hellen of Groundswell who facilitated the input of the Hammersmith & Fulham Drug and Alcohol Action Team's (DAAT) Service User Involvement Group into the commissioning of new drug and alcohol services:

"The point at which you really need service users is in acknowledging what the gaps and the needs are, and then taking that information and working with a group of service users to ensure that's coming across right in the service specification. Ultimately the service specification is what you are managed by – the contract which you've agreed to be managed by. It's a very powerful way to be involved."

"We did training with the service users and with all the staff who were involved in the tender appraisal panel, which worked really well. It was about finding a way to work together. We did exercises to encourage people to talk about their points of view and what in their experience led them to hold these points of view; people shared, discussed and sometimes changed their minds. Also, to get an understanding of the language – that wasn't just the service users – a lot of the staff were stumbling over the

language of procurement – that was a great leveller to have staff say to service users 'we don't understand either!'

We made an easy to read Guide to Commissioning and Procurement, with an explanation of the process, a jargon buster, checklists and diagrams. It was in a ring binder with space to put in your papers as you go along. It gives service users the confidence to say "hold on, aren't we meant to be doing a Risk Assessment at this stage?"

No doubt it was tough process to be involved in, but the benefits for service users were really strong, they found the workshops fun, they found it good to be in an environment with professional people and have their expertise acknowledged and prized in the same sort of way as people around the room. But the fact is getting involved in the commissioning process was not everyone's cup of tea but some people have got a strong desire – they've been through services – have seen where they go wrong and see where they go well, and they want services to be the best they can for people who are coming after them."

TOP TIPS FOR INVOLVING CLIENTS IN COMMISSIONING

- Reach an understanding about the objectives of the commissioning activity and have a clear process
- Make sure all participants understand each person's area of expertise and are willing to be guided by it
- Have plenty of time to read all the applications fully
- Give opportunity for people to ask questions
- Make sure everyone is able to voice their opinion or point of view
- Have a discussion to discover if and why people aren't yet in agreement
- Be open minded – listen to others
- Be fair but firm when scoring
- Before you award marks make sure your find evidence for the claims the applicant is making
- Make a final decision through an open process

WHAT MAKES IT WORK?

This section is about recruiting, training and supporting Peers in health activity. It draws on the lessons from the case studies featured in this toolkit, and from general good practice around volunteering with homeless and vulnerable people.

Skills for the role

Experience. Are you looking for people with experience of a particular health issue? In the case of some peer education, you may want people to talk about their personal experience of the issue. This is the approach taken by the TB Peer Education project above, where all the peers have suffered from TB themselves.

In health promotion for example, this may be less necessary. Remember – you’re not necessarily looking for paragons of health or those whose bodies are temples! You’re looking for people who can put across messages and be genuine and non-judgemental.

Willingness to share experience. Some peers will choose to directly identify with the issue and be explicit about their own experience of it. Others will prefer that the identification is assumed, not explicit “you don’t have to tell people, they can just tell you’ve been there” – Peer Advocate

Abstinence/Recovery. Is the activity suitable for people at different stages of recovery? If it’s sufficient that people are sober on the day, or if the commitment is ad-hoc or flexible, you can open it up more widely. For more involved peer activity such as one-to-one client work, which may in itself be stressful, you need to be confident people are robust enough in their own recovery to support people with similar issues.

Commitment and motivation. The level of commitment and motivation the role needs

should set the parameters of the recruitment, training and induction process. If you need people to commit to a long term, and regular availability, being on time etc, these are things you can test for in the recruitment process by for example inviting people to an initial chat and then a follow up interview to test for timekeeping and commitment.

Practical considerations. Think of your requirements, but think also of ways people could get involved if they don’t meet the requirements. While someone is working towards the confidence to speak to large groups, or awaiting CRB clearance, what else can they do? Could they speak to small groups, one-on-one, write something about their experience for a newsletter or poster, run focus groups or ask other people what they think, give practical or admin support to the project?

Numbers. If you’re setting up a project you probably want a few people involved so they can be a team and so that training and induction is efficient. **See also Steve Bethell’s comments on the role of the team in his TB Peer Education programme.**

If you can be flexible about the training, you might be able to take people in as they show interest, and they can learn on the job.

When deciding the number of Peers to recruit – consider what you would do if people can’t make it, or don’t turn up. Also how much capacity you have for supporting them, and what resources you have for e.g. paying expenses.

Clarity of expectations. Be clear about the commitment, and be as flexible as possible - hours and levels of engagement to suit if you can, or the bare minimum that you expect. Provide information about what people are signing up to do, and make a volunteer agreement.

RECRUITMENT

Depending on the type of work you are doing, you will want to recruit in different ways. But whichever way you do it, it's a really important part of the process. Getting the right people involved requires asking the right questions and being clear from the outset what the task is and why you're doing it.

Basic recruitment – light touch/ ad-hoc

Informal peer activity e.g. one off sessions, talks to peer group: posters to advertise, a brief chat with a worker coordinating the activity and an expression of interest should suffice. The same principles about clarity of purpose and mutual expectations apply.

Role Profile

Depending on the level of the peer activity, this will range from a few lines on a poster to a full role description and person specification, as if for a formal job. However small the role, having something in writing can help ensure a shared understanding and can be useful to refer back to, to help overcome any issues that arise.

How to advertise

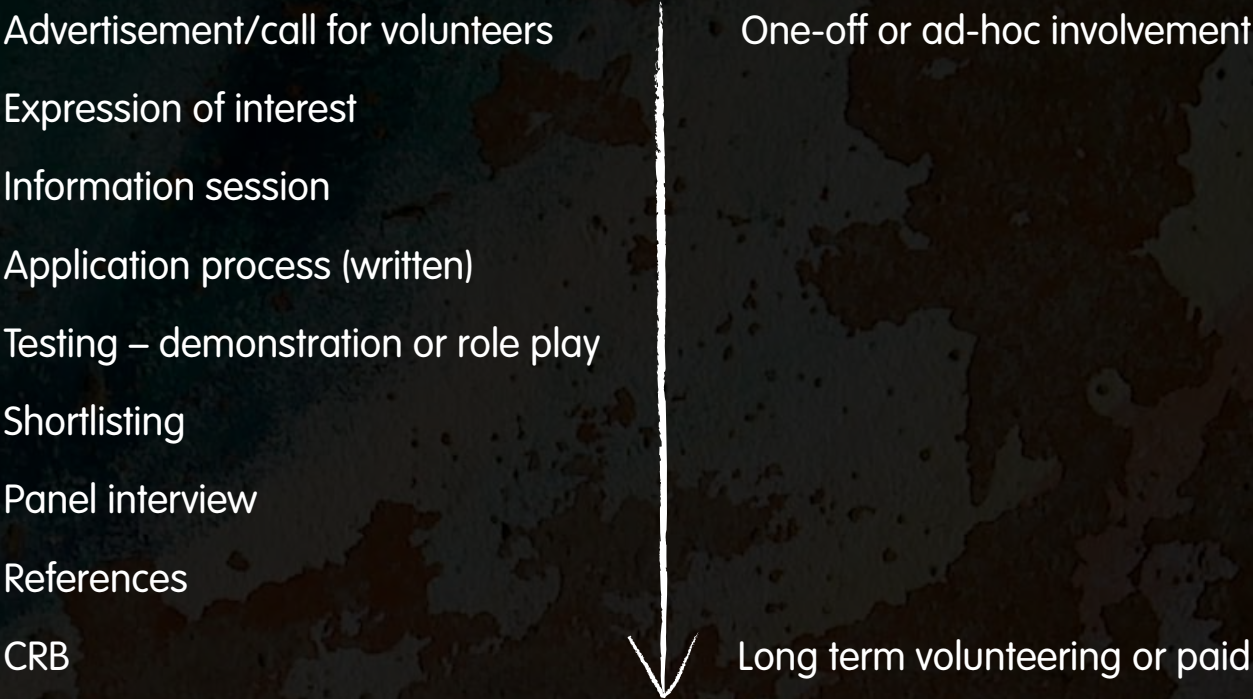
Spread the net wide. Use bright, colourful posters, with pictures, advertise via your networks of partners, your off chance conversations, include health as part of the keywork session, attend residents' meetings or service user involvement forums. Hand out flyers at other events that attract clients.

For formal peer activity you will want to replicate as much of a traditional recruitment process as you see fit – including an application phase and possibly taking up references. If individuals are working one-to-one with clients and unsupervised over a period of time, current legislation requires them to be Criminal Records Bureau checked. CRBs checks can take a long time (up to 4 months) and people cannot work unsupervised with vulnerable adults until you have received and approved their CRB disclosure. So ensure that you plan for this by applying for CRBs early in the process and that the first phase of a programme contains activities that do not require 1:1 work, such as training, induction, giving talks etc. More info on CRBs at www.crb.homeoffice.gov.uk

For longer peer activity that would include for example a training package – think about how much commitment is required and match the recruitment process accordingly. For example if you need people to attend a month or more of training, you need to ensure commitment and motivation levels are high.

If your peer volunteering role is aiming to be a step towards employment, then replicating as much of a formal recruitment process as possible can be a valuable experience and good practice for peers.

HERE IS A SCHEMA OF RECRUITMENT PROCESSES AGAINST LEVEL OF COMMITMENT



| | Expression of interest | Information session | Application process (written) | Shortlisting | Panel interview | References | CRB |
|-------------------------------------|------------------------|--------------------------|-------------------------------|--|-----------------|------------|-----|
| Informal peer education – one-offs | ✓ can be verbal | ✓ can be a brief chat | ✗ | ✗ | ✗ | ✗ | ✗ |
| Formal peer education programme | ✓ | ✓ | Depends | Depends if you have more interest than you can support | ✗ | ✗ | ✗ |
| Peer advocacy or one-to-one support | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

INDUCTION AND TRAINING

The Basics. Basic induction will need to cover ground rules, purpose of the project, role of the peer, limitations of the peer, where to get support and additional information, how to stay safe (boundaries), what the timeframe and commitment expectations are, what if any expenses are available etc.

Bells and whistles. More complex induction and training would consist of:

- developing skills for the role
- practice & role play
- training from people already doing the role

- additional information and education about health or the health issue
- meeting professionals and practitioners who work in the field
- shadow shifts

Feedback and evaluation. Get feedback on the training - what works and doesn't, what do people need more of, and remember peers should teach peers! Use as much group learning and exchange of information and reflection on practice as you can.

ONGOING SUPPORT

Providing support to people taking on Peer roles is absolutely vital. The level of support needs to be closely matched to how demanding the work is, but whatever you do, do not underestimate this element.

Taking on a voluntary role supporting others or helping improve things for others can be a critical step in the journey out of

homelessness. Through doing Peer work people can often have the realisation that they actually have something to offer, that their own experiences have value and that they have a contribution to make. This can transform an individual's self perception, which can be a vital step to transforming their life situation.

Remember you may be asking people to do a challenging role and many people who take on Peer roles are still tackling issues themselves. The act of helping others may trigger reminders of past or current struggles, so it is vital that you are ready for this and offer the right support.

Structured Support

Support should be structured in to any Peer programme so that there are formal times to check in with people and see how they are getting on and if they need anything to help them fulfil the role. This could be a simple debrief at the end of a short event, or one-to-one meetings on a regular basis.

Support can be provided from a lead worker, from a manager, and from other peers. A combination of all three is likely to work best. One-to-one client work, such as Peer Advocacy should ideally be supervised by a professional clinical supervisor. This kind of support can be expensive so if you are writing a bid for your work, build it into the budget.

Regular and varied support

For longer term Peer roles it is important to offer different types of support for example fortnightly 1:1 sessions with a manager and monthly group supervision, as well as team meetings for peer support for example. Different approaches and different management styles give people a range of spaces to raise their issues or concerns and to get support in different ways.

Signposting Support

It is important to have a comprehensive list of signposting support, in case issues are raised that are outside of your professional expertise or the boundaries of what you can cover. This should range from practical issues such as the local Citizen's Advice Bureau to help with benefits issues, to more personal issues such as drug and alcohol and mental health support providers. It is best to offer a range of support for any issues that people raise, for example, the address of a drop in centre and a helpline number. There is a national directory of helplines at www.helplines.org.uk/directory

Feedback

You should have a clearly communicated and simple to use feedback procedure in place that gives Peers the opportunity to formally feedback to a more senior member of the team than their regular manager. This means if there are any problems whatsoever they know exactly how to go about communicating these. Peers should be and feel supported by the organisation, not just any one individual.

Checklist for support and supervision

- how the peer is generally and any issues that have come up that might affect their work
- checking in what went well and what could've gone better and why
- coming back to the principles they learnt or the basic message they're trying to get across
- capturing concerns and good feedback
- giving constructive feedback about performance and any areas for development – remember the feedback sandwich (highlight positive feedback, then give constructive feedback – one thing that would have made it even better, or 'you could try...' and then finish with more positive feedback reinforcement)
- checking in about future aspirations and training needs
- checking in about practical things like timing and expenses
- ask if the support is working for them and if there's anything else they could benefit from

Learning from each other

Group and peer support should be about reflecting on practices - what works and learning from each other. It's a good idea to use the principles you covered in training and ask people to give examples of work they've done that supports the principles of research/promotion/advocacy or whatever kind of peer work it is. Examples might be: respect for clients, impartiality, confidentiality, the principles of research promotion/advocacy or whatever kind of peer work it is.

EXPENSES / INCENTIVES

It is important that you have a clear and concise policy for paying Peer's expenses, so that everyone understands what they can and can't claim for and what maximum levels are. Your policy should follow the three basic principles:

- **Reimburse.** Ensure Peers are not out of pocket through their voluntary work
- **Protect Benefits.** Ensure Peers receive expenses safely - that does not threaten their welfare benefits
- **Protect Your Organisation.** Ensure you pay expenses in a way that does not imply someone is 'employed' opening up tax and employment legislation implications

Reimburse

Think of all the out of pocket expenses that Peers rack up through their volunteering, ensure that this is all covered. It is important that you ask Peers to collect receipts to prove that it is reimbursement rather than payment.

Travel. For travel think if you can pay for a 'travel card' or other daily ticket rather than a return – as this is often cheaper. It also means that people can utilise the card for other activities- increasing the positive impact of their volunteering. Be prepared to advance expenses and collect receipts later to ensure people have money up front to travel to you.

Phone. Do not forget phone credit. If you want people to phone you then you should provide phone credit as calling from mobile can be expensive and living on benefits is a squeeze.

Food. People need good nourishment to help them work well, so either directly provide meals and refreshments or provide generous allowances. If people are out and about you need to acknowledge that they cannot always find somewhere cheap and cheerful. Some

people prefer to make and bring their own food so supermarket receipts can be legitimate.

Childcare. If you actively want the involvement of parents of pre-school age children then you need to consider covering childcare costs to enable their participation.

Other. This can include things like postage, stationery or maybe specialist equipment – say for a sports project, or training required to undertake the role. Ensure that it is clear what items can be reimbursed – or offer to purchase these directly.

Protecting Benefits

In April 2010, Jobcentre Plus signed an agreement with Volunteering England called Working Together to Reduce Barriers to Volunteering to promote the value of volunteering and to tackle any barriers that jobseekers and they might face. Jobcentre Plus should therefore be encouraging of volunteering, and advisors should be aware that the '16 hour rule' has been scrapped.

If people are on Job Seekers Allowance – people can still volunteer as long as they continue to actively seek work and are available for interviews with 48 hours notice.

Working Together to Reduce Barriers to Volunteering can be downloaded from **Volunteering England**.

Guidance on Volunteering while on benefits is available from www.direct.gov.uk

Protecting your organisation

The key is understanding the distinction between volunteering and employment and ensuring that you are not inadvertently 'employing' peers. Detailed guidance is available from **Volunteering England** and **VolResource**

Also make sure your organisation's insurance policy covers the work of the peer project.

ENDING WELL

It is important to be clear from the outset what time commitment is required and what's available - e.g. how long the project can last, is to make the closing process smooth and expected.

Preparation. Prepare people if the end of the project is approaching. Start talking early about next steps and what people might like to do – what have they enjoyed about the peer activity and could they use this experience to go on to further volunteering, training or employment?

There may be mainstream programmes that build on and make use of peer skills – such as the **NHS' Expert Patient Programme**, or a **local Health Trainers initiative** for example, or Health Promotion training and qualifications. If people are interested in developing a career in health then see www.phorcast.org.uk or www.nhscareers.nhs.uk

Evaluation. Get feedback from peers about their experience of peer activity. What worked well and what could have been done differently? Capture positive feedback for future advertising and recruitment, and constructive feedback to improve the experience for others.

Next steps. If peers have been successful in their role, could they train or support new peers? If you have a second intake, could trainee peers shadow existing peers? Could peers deliver training sessions? What ideas do the peers have for development or extension of their role?

Celebration. Think about how you could celebrate the work peers have done and have a get-together to showcase or celebrate, or a day out. The Basement holds a graduation ceremony, see the case study above. Certificates of achievement are always well received, and if the contribution has been ongoing, you should offer to provide a reference.

EVIDENCING THE DIFFERENCE PEERS MAKE

Monitoring and evaluation of any brief intervention, volunteering programme or promotion and education work can be difficult. However it is important that you put aside resources to collect evaluation information, firstly to be able to reflect on how your Peer programme is going and secondly how you might improve it. Evidencing the difference a peer approach makes can be essential if you are seeking funding, or buy-in from your service or other partners. Sharing evidence with volunteers can also help people understand the difference their peer work has made.

Here are some basic aims and outcomes of peer activity in health and ideas for how you could measure them:

Peer health research

Aim: to research a specific issue amongst a client group.

Outcomes: Peers are able to effectively engage with client group on this issue and obtain meaningful responses to their data.

Evidencing tip: Include a question (to be asked by someone else) about the impact of a peer researcher. This way you can collect qualitative data like the quote from St Mungo's, that supports the use of peers in research.

You may be able to collect quantitative data if you have a mixed team – do the peer researchers get more detail/more in-depth answers/more surprising answers or more people who are willing to take part?

Peer health education

Aim: To get across health messages, raise awareness or bust myths

Outcome: Clients are better educated about a health issue

Evidencing tips: How many people attended a session? Ask people to fill in a questionnaire or quiz about the issue at the beginning and at the end. Ask for feedback – what did you learn?

LINKS AND FURTHER SOURCES OF INFORMATION

Action for Advocacy - www.actionforadvocacy.org.uk

The Basement, Liverpool - www.basementdropin.org.uk

Criminal Records Bureau - www.crb.homeoffice.gov.uk

Experts Patients Programme - www.expertpatients.co.uk/course-participants

Find & Treat - www.findandtreat.com

Groundswell – Escape Plan - www.groundswell.org.uk/The_Escape_Plan_Report.pdf

Health Promotion Agency -
www.healthpromotionagency.org.uk/Healthpromotion/Health/section2.htm

Helplines UK - www.helplines.org.uk/directory

Homeless Link – Health Needs Audit - www.homeless.org.uk/health-needs-audit

Jobcentre Plus guidance - www.volunteering.org.uk/NR/rdonlyres/1F7AED97-B851-41C4-A314-A3C4AC332A03/0/talking_benefits.pdf

The Kings Fund – Building Bridges -
www.kingsfund.org.uk/publications/building_bridges.html

The London Pathway - www.londonpathway.org.uk

St Mungo's – Happiness Matters - www.mungos.org/happiness_matters

National Open College Network - www.nocn.org.uk/Homepage

NHS Careers - www.nhscareers.nhs.uk

NHS Choices - www.nhs.uk/Pages/HomePage.aspx

NHS Direct - www.nhsdirect.nhs.uk

1 in 4 - www.1in4.org.uk

Public Health Online Resource for Careers, Skills and training - www.phorcast.org.uk

Royal Society for Public Health - www.rsph.org.uk

Smokefree - www.smokefree.nhs.uk

Sport for All - www.homeless.org.uk/sport-for-all

TB Alert - www.tbalert.org

Volunteering England - www.volunteering.org.uk

Volunteering while on benefits - www.direct.gov.uk/en/HomeAndCommunity/Gettinginvolvedinyourcommunity/Volunteering/DG_064299

VolResource - www.volresource.org.uk/briefing/volunteer.htm

Westminster Health Trainers - www.westminsterhealthtrainers.com

World Health Days - www.who.int/mediacentre/events/annual/en/index.html

If you are homeless, then we hope this toolkit will inspire you to get involved in peer activity around health. If there is nothing available in your area yet – then maybe this will give you the information to make the case to an agency to set one up – or set something up yourself!

If you are working with homeless people and you want to engage in peer activity around health, then we hope this toolkit has the ideas, advice and good practice examples you need to get started. Involve peers as early in the process as possible and ask people to help design the project. Remember - the most important element is to provide people with the right support to be involved.

For health and homelessness commissioners – we hope this shows how peer activity can enhance your processes and help you utilise people's lived experience to design and commission better services. You may even want to commission new services which specifically deliver peer health activities.

Please get in touch with any feedback on this toolkit.

Good luck and Go for it!

GROUNDSWELL

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