West Yorkshire Finding Independence Evaluation

Annual Report 2017

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Contents

Summary

This report summarises some of the key findings of the ongoing evaluation of the West Yorkshire finding Independence (WY-FI) project. The evaluation combines both process and impact methods. In terms of the latter, we have provided help and support for the development of a cost benefit analysis model and the results are reported separately. The intention of the process evaluation is to identify key lessons for policy and practice and support the ongoing delivery of the project. During year three the focus has been on examining the role played by peer mentors, beneficiary experiences and the membership and core purpose of MARBs. **All beneficiaries interviewed reported that their lives had improved, sometimes significantly, since working with WY-FI**. The key headlines include:

MARB research:

- The membership and core purpose of MARBs have remained broadly the same. However, Calderdale & Kirklees reported enduring problems with getting beneficiaries into mental health support.

- The pressure to move individuals into the navigation process have been reduced which has allowed more time to review Bradford navigation cases. Whereas in Calderdale there has been a tendency to ration WY-FI provision due to the reluctance of some service providers to accept clients for navigation if they are already engaging with services.

- High referral levels and unmanageable caseloads were identified as a key operational issue in Leeds which has been partly resolved by tightening referral criteria. The Leeds MARB is expanding its remit and will be used as the referral route for the Housing First Sex Worker project and will include young people on a trial basis.

Peer mentors:

- The way in which peer mentors are deployed varies across localities. In some areas the peer mentor role closely reflects that of the navigator; in others peer mentors play a complementary role by carrying out distinct functions such as 'befriending' activities. In Leeds they are part of the city-wide recovery service which provides an important progression route.

- Navigators and peer mentors report a number of organisational benefits to using peer mentors that include: acting as a role model to beneficiaries; using lived experience to communicate and support beneficiaries more effectively; and freeing up the time of navigators to manage growing caseloads.

- Peer mentors experience a number of benefits through a routine and structure that supports recovery; enhanced employability that has helped to secure paid work; and enhanced health and well-being.

- The challenges of the approach include the small number of individuals able to carry out this complex and demanding role; the time needed by navigators to supervise and support some peer mentors; and the need to identify and deploy the capabilities of peer mentors appropriately to avoid giving them too much or too little responsibility.

- Peer mentors have a very significant role to play in engaging and providing additional support to those with multiple and complex needs. However, close supervision and monitoring are required to ensure that they are engaged in activities that are appropriate to their interests, motivation and capabilities.

- It is important that each locality has a mechanism to canvass, and act upon, peer mentor views on how their role could be developed to enhance the service to beneficiaries. There may be value in ring-fencing a portion of the Innovation Fund for peer mentors to develop new services with appropriate navigator support.

- Exploring opportunities for enhancing the employability of peer mentors e.g. through external work placements should become a routine part of supervisions where mentors express an aspiration to move into work. The Leeds peer mentors have undertaken placements at other projects and services which has yielded significant benefits. It is in this context that there was some support for the provision of financial incentives to develop further placement opportunities.

- The employment opportunities promoted to peer mentors and beneficiaries was reported to be too narrow. This is being addressed in Leeds by the possible creation of support worker / navigator posts which would offer the prospects of individuals gaining skills that could be used in a wide variety of work places.

Beneficiary Research:

- Most had some contact with services prior to referral but this was often sporadic and they were often viewed as highly vulnerable and/or at risk of disengaging.

- Beneficiary motivations for becoming involved have included a mixture of 'push' and 'pull' factors. Some had been ready to engage with support but felt that local services were unable to offer the kind of assistance needed. The personality of the navigator is an important factor in whether individuals will accept support.

- The process of behavioural change was largely ascribed to the navigation process but it was often the nature of the relationship itself that had precipitated improvements in the lives of beneficiaries.

- Even where current circumstances were still defined by multiple adversities, beneficiaries felt 'cared for' and thus were more confident about their future prospects and more likely to trust professionals.

1. Introduction

The West Yorkshire Finding Independence (WY-FI) project is part of the Big Lottery Fund's Fulfilling Lives programme which aims to improve the stability, confidence and capability of people with multiple and complex needs to lead better lives as a result of timely, supportive and co-ordinated services. The intention is that beneficiaries spend less time in prison, reduce drug and alcohol use, are in stable accommodation and have better mental health. £112 million has been invested in 12 projects over an eight year period. Each has a Voluntary and Community Sector (VCS) lead organisation with a strong track record of supporting those with multiple and complex needs.

The focus of WY-FI is on adults with at least three needs including homelessness, re-offending, problematic substance misuse and mental ill health and who are also disengaged from services. The intention is to work with 1,050 individuals over six years across West Yorkshire with the highest number of beneficiaries in Leeds and the lowest in Calderdale reflecting the geographical pattern of need. The aim is to join up existing provision for the client group. The project is delivered by small teams of staff in each West Yorkshire district employed by a lead organisation with a track record of supporting the client group:

- Bradford: Bridge.
- Calderdale: Foundation.
- Kirklees: Community Links.
- Leeds: Barca.
- Wakefield: Spectrum.

WY-FI is overseen by a Core Partnership Management Board and has several distinguishing components:

- Co-production with service users.
- The deployment of peer mentors to provide practical and moral support to beneficiaries and demonstrate that positive change is possible.
- The use of navigators to help ensure that beneficiaries access the necessary support when they need it.
- Multi-Agency Review Boards (MARBs) that seek to facilitate multi-agency case conferencing, improve the co-ordination of service provision and ensure that services are delivered in a personalised and flexible fashion.

This Annual Report synthesises some of the key findings emerging from the research undertaken during year three and focuses on:

- Updating the MARB research.
- The role played by peer mentors in the delivery of WY-FI.
- The experiences of beneficiaries.

2.   MARB Update

The MARBs play a pivotal role in improving the co-ordination of multiple service providers and ensuring services are delivered to clients in a personalised and flexible fashion. During 2015 CRESR conducted in-depth research which explored the operation and effectiveness of the five MARBs. Table 1 summarises some of the key developments over the past year and is based upon interviews with the MARB chair in each locality.

Table 1: MARB Developments

District	Membership	Emerging Issues	Impact
Bradford	New representation for prescribing service, exiting prostitution service and the district-wide mental health team.	Less pressure on moving clients into navigation since those in the pre-navigation phase are now counted as outputs. This has allowed more time to review cases in navigation.	Growing evidence of 'service flex' and organisational cultural change. The attendance of senior staff has embedded change within institutional processes.
Calderdale	New representation from the South West Yorkshire Foundation Trust mental health service. Community Rehabilitation Company no longer represented.	Reluctance to progress clients into navigation if they are engaging with services. An inability to get clients into mental health support may be addressed by the creation of a strategic post.	Organisational cultural change ascribed to the growing vulnerability of service users.
Kirklees	Membership is broadly the same although Stonham House which operates a homelessness hostel has joined.	Getting mental health representation remains an issue.	A challenging policy and financial context is increasing pressure on service providers to innovate. The MARB is viewed as a forum that may stimulate innovation.
Leeds	Adult Social Care is the only service that is not currently engaged.	High referrals from two organisations led to long waiting lists and rising navigator caseloads (up to 20 per person). Discussions have led to tightening of referral criteria and more manageable caseloads (8-12 per person).	The MARB will be used as the referral route for the Housing First Sex Worker project and young people have been accepted onto the caseload on a trial basis. 'Systems change' is occurring as evidenced by providers increasingly working together with a navigator-type model.
Wakefield	The attendance of the Probation Service has become more sporadic. Disquiet about a perceived lack of BME beneficiaries has led to the delivery of Diversity training.	The MARB has become a 'victim of its own success' in working with the most vulnerable. Bi-monthly meetings have successfully reduced the time demands on key attendees but have meant less time for sharing information and preparing reports.	Wakefield District Housing are now willing to house the client group and GPs have become more understanding of those with multiple and complex needs. However, it is debateable whether service changes are becoming routinised and leading to a lasting impact on organisational cultures.

3. Peer Mentor Research

The WY-FI Peer Mentoring programme is managed and led by one of the six delivery partners, Touchstone. They employ an Education, Training and Employment team based in Dewsbury but operate across all five districts. The team comprises an ETE Lead (Manager), two Peer Mentor Training Support workers and administrative staff. To date 110 people have registered for the Peer Mentor training course and 75 individuals have completed their training. Most (50 individuals) have commenced placements with WY-FI delivery partners and 27 have progressed into employment. Most WY-FI peer mentors have largely been users of other services rather than WY-FI beneficiaries.

CRESR have undertaken interviews with twelve peer mentors and six navigators to explore the role currently played by mentors and generate recommendations to improve this aspect of service delivery. The interviews had several lines of enquiry including:

- motivations for becoming a peer mentor;
- the role played in delivery;
- the individual benefits;
- strengths of the approach;
- challenges of the approach;
- the challenges of integrating a non-traditional workforce;
- key lessons.

Motivations and experiences of induction and training

Motivations for becoming a peer mentor comprise both **altruism** and **personal** benefits. The desire to 'give something back' to society is a key motivation. Many observed that their experiences meant they were well placed to support others and to understand the challenges in navigating services. One peer mentor recovering from drug addiction explained that he had been abandoned by friends and family when he was in crisis and that it was staff from different support organisations who had shown him the care he needed to move forward. He was keen to provide that same assistance to others struggling with addiction.

Following an induction, peer mentors take part in a 12 week training course which leads to an accredited CERTA Level 2 qualification in Peer Mentoring. The course was a challenging prospect for many and was reported to be characterised by high drop-out rates. Peer mentors were overwhelmingly positive about their experiences of the induction and training process which was described respectively as "varied and constructive", "interesting", "fun'", "very good" and "excellent". Some reported that they had bonded well with other trainees and made a positive "journey". Others described some aspects of classes as "chaotic" with bullying behaviour leading to at least one individual being asked to leave. Nonetheless, they praised the skills of the trainers. "They handled the situation really well". One peer mentor even spoke of how their trainer "had a gift for working with adults".

Peer mentors and navigators highlighted several components that had subsequently proven very useful in the role including:

- Maintaining appropriate boundaries and safeguarding issues

- Non-verbal communication and triggers

- Expectations about the role

- Enabling peer mentors to reflect on their strengths and weaknesses.

There were **some aspects of the training which could be improved.** One peer mentor who previously had a professional career felt that, at times, he was being talked down to and found the approach patronising and information sometimes "dumbed down". Another peer mentor observed that, while the course itself had been excellent, it was surprising that being clean or sober was not a condition for taking part as it made classes more disruptive. One navigator expressed the view that the module could be expanded as the level of training provided was not commensurate with the complexity of the role.

The nature and remit of the role

The way in which peer mentors are employed however **varies across the five WY-FI localities** with the role being more established and better embedded within the service delivery model of some localities. This seems to be a consequence of the size and stability of the local WY-FI team as well as the institutional commitment of the lead organisation. In Leeds peer mentors are part of the city-wide recovery community which provides an important progression route. In at least one locality, the peer mentor role **closely reflects that of the navigato**r. Mentors initially visit beneficiaries with a navigator and, once they acquired the necessary skills and experience, are then given more responsibility. Some eventually undertake lone working and effectively have their own caseload. The remit of the peer mentor role is not static, therefore, but evolves as mentors gain experience and take steps towards securing paid employment as a navigator.

In other areas, peer mentors **complement the work of navigators** by carrying out specific tasks and filling a more distinct function. In one locality, for example, the lead navigator is seeking to recruit male peer mentors in order to support prison leavers to continue pursuing positive leisure activities they took part in during their time inside, such as working out in the gym. In another locality, one of the peer mentors uses her training as an artist to run a weekly art group that she described as a means to build relationships with clients: *'The art is neither here nor there. People will come in and talk about their problems'.*

Levels of **lone working** vary between districts. In one area, the requirement for all staff to have a lone working security device precludes most peer mentors from seeing clients on their own unless they are meeting in a public space and the risk is deemed sufficiently low. There are plans to overcome this issue by increasing the number of peer mentors enabling them to pair up and undertake activities with clients independently of navigators.

Matching mentors and beneficiaries

Navigators are acutely aware that individuals' **capabilities and limitations need to be taken account** of when pairing mentors with beneficiaries. In one locality for instance, the lead navigator explained that a peer mentor with a history of severe anxiety problems would not be paired with ex-offenders or asked to carry out prison pick-ups as these clients can be quite confrontational. These situations require peer mentors who are more forthright in their approach. At the same time, it was recognised that peer mentors have the **opportunity to work with more chaotic clients** where appropriate, albeit without exposing them to inappropriately stressful situations.

Shielding peer mentors from such clients would prevent them from developing valuable skills and experience and opportunities to challenge themselves in the role.

The **gender of the peer mentor sometimes plays a role in establishing good working relationships.** One male peer mentor noted, for example, that he could draw on his own experiences of relationships with women in his discussions with male clients. Another spoke of how, as a woman, she was able to discuss relationship issues faced by one client who was serially co-dependent, in a way that a male navigator could not: *"I could say 'have you thought about being on your own?'".* All three peer mentors in Bradford are female which is seen to usefully complement the predominantly male navigation team.

Peer mentors described being **adept at being flexible in managing interactions** to accommodate the varying needs, outlooks and expectations of different beneficiaries. One explained how he took a different approach depending on the attitude and willingness of the beneficiary to engage. He observed, for example, how male ex-offenders were often resistant to working with a peer mentor at first. In such instances, it often helped to not "take it personally" and, instead, "take a step back". This can provide the time and space to enable a relationship to be developed in the longer term: "With more chaotic clients if you put too much energy in you will just get rejection, hostility. [Withdrawing a little] often means they will treat you better". Some beneficiaries initially resist having a peer mentor as they prefer to work with the navigator who is perceived as the 'real worker'. In such circumstances, the project will often persevere by continuing to take peer mentors along to client meetings so clients can see the benefits of having support from both.

Mixed views were expressed as to whether it was necessary that mentors had 'lived experience' in common with beneficiaries. Some thought that beneficiaries responded better to those that had 'walked in their shoes'; others reported that the core requirements of a peer mentor were not grounded in shared histories and that, for example, an individual with experience of addiction but not imprisonment could still mentor an ex-offender effectively. Indeed, relationships might develop through shared interests such as sport and fitness. Furthermore, the **personal qualities of the mentor** were deemed to be important. Attributes deemed essential for the role included: good listening skills, patience, empathy, emotional intelligence, being non-judgemental, honesty, resilience, flexibility, friendliness, approachability, an 'unflappable' nature, and an ability to "roll with the punches" given that "there are no firm rules with chaotic individuals". A sense of humour was also considered essential: *"you could go home and cry but you have to find the funny side of it because if you don't you're screwed".*

The benefits for clients

Peer 'lived experience' can sometimes facilitate a more **open dialogue** with mentees who feel that mentors are less likely to judge them than other frontline staff. Peer mentors can also be more effective at **sharing information** and **knowledge** about local services and recovery options because beneficiaries may be more likely to listen to, and trust, peer mentors and to act on information if it is provided by someone they can identify with. Interviewees gave several examples where peer mentors were felt to **offer something different to navigators** and where their role can engender an improved response from beneficiaries:

- Peers can act as successful **role models**. They can provide inspiration for beneficiaries that they too can turn their lives around: "Listen, I have been there where you are" (peer mentor) and can show that recovery is 'visibly' possible. As one navigator observed, this could include first-hand experience of the "pitfalls" of recovery and how to manage "when you feel like you've hit a brick wall".

However, one participant cautioned that the navigation process should remain client-centred - *"it is not about them [peer mentors] and their journey"* (peer mentor) - and some raised the possibility that those in "deep chaos" may resent individuals that have made a successful recovery journey.

- Peer mentors may be able to spend more time with beneficiaries engaging in **emotional support and social activities.** This can vary from taking beneficiaries for a coffee or a walk, through to shopping and leisure trips. These activities can make a big difference for clients who are isolated or suffer from anxiety and mental health conditions, providing valuable support to their recovery process.

- Clients sometimes feel **more able to disclose any relapse** to a peer mentor because "only they could understand". There was a perception that peer mentors are "on the same level" as beneficiaries and have an understanding of addiction from lived experiences. This also meant they could sometimes spot problematic behaviours before navigators.

- Some felt that they were "less objective" than navigators and might approach work with beneficiaries from a **more emotional and empathetic** point of view (which one person admitted might not always be the best one). There is an instinctive empathy with difficulties such as having to constantly recount the same bad experiences or the fear of opening post in case requests for payments make existing debts unmanageable: "I can say, 'yeah, I hate that'. Little stuff like that can make a big change". Some described a distinction between peer mentors and navigators as akin to "good cop, bad cop".

- Some use personal experience to **"call people out"** if they are "spinning a yarn" to navigators. The example of gently rebutting one female beneficiary's claims that she couldn't attend an AA meeting because she was likely to be "hit on" by the men present. A peer volunteered to introduce the beneficiary to women at the meeting that could support her if anything did happen. Another peer mentor pointed out, however, that the initial preference of some for peers often waned when beneficiaries realised it was "harder to pull the wool over their eyes".

- One navigator observed that the complementary skills and degree of lived experiences meant that navigators and peer mentors together provided a **"complete package" of support** to clients. For example, while navigators can outline the support on offer from services, peer mentors can reflect on how they actually experienced it and how it benefitted them: *"I can promote it but the peer mentors can get to the gut of it"*.

The benefits for peer mentors

Some reported that the role provided a routine and structure which had **helped them to sustain their recovery:** *"I was a heroin addict which is a full-time job. Volunteering helps me to fill this gap with non-drug-related activities"*. More broadly, it enabled peer mentors to reflect on, and take succour from, the progress and stability they had achieved in their own lives, further sustaining their ongoing recovery. One advantage of peer mentoring is that the **flexibility of the role** can accommodate the ups and downs of recovery. By allowing peer mentors to take time off when they are having a "bad day", this provides them with permissible time and space to get things back on track. One navigator noted this sometimes enabled peer mentors to return "stronger, more on form and more focussed".

A number of key **personal benefits** were highlighted including increased self-esteem and self-confidence; personal growth; greater empathy; and improved communication skills: *"My confidence is a lot better than it used to be, in the space of six months. Even speaking in this [interview] scenario I'd have been terrified"*. One peer mentor described how beneficiaries have "opened up" to her and shared their intimate

thoughts and fears, making her "feel good about myself". This was testament to the positive work she had achieved and the strong relationships she had built.

WY-FI also played an important role in **improving peer mentors' employability.** For those without previous experience of paid employment, working in an office environment was highly valued as it helped to **develop work-based skills** that improved employment prospects. Crucially, peer mentoring was seen as a **supportive path into the labour market**. It was described both as a "transition period" and a "bridge" during which individuals can "get used to responsibility" and "see if they are work-ready": *"It eases you back into employment in a way that works. If you go from having a full time career using drugs straight into a work environment, the contradictions are just massive and it just wouldn't work… People with a chaotic background can be swamped and overwhelmed by responsibility. It's too much."*

Crucially, peer mentoring provided **a safe and supportive space to undertake work experience** that mainstream services such as Jobcentre Plus would be unable to offer. One reason is that WY-FI staff understand and know how to support and nurture clients with complex needs in a way that conventional employment services do not. Outside of WY-FI, some participants suggested that post-treatment services to support those with complex needs into employment was lacking.

Many navigators worked actively to ensure that the peer mentoring role is a **stepping stone** into paid employment. In one Locality, peer mentors are provided with **placements** with other services and organisations such as Talent Match, PEP, and then, where appropriate, peer mentors are moved into navigator positions. Those consulted in Leeds felt that a possible way of developing further placement opportunities may be to offer financial incentives for the agency and possibly the peer mentor. There were **many instances of peer mentors finding paid work** either within WY-FI or with other external organisations. In some cases, individuals had been supported through the whole journey of recovery from being a beneficiary through to volunteering with WY-FI as a peer mentor and, eventually, paid employment. There was also evidence of a clear 'WY-FI effect'. One peer mentor who successfully gained paid work in a lead WY-FI organisation directly attributed this transition to their experiences as a peer mentor: *"I wouldn't have had the confidence to get the job without being a peer mentor".*

Some felt **WY-FI could do more to provide paid roles** to enable mentors to progress. They expressed frustration that they have invested a lot of time and effort into the peer mentor role but have not had the opportunity to move into a paid role: *"It could be seen as exploitative. Your responsibilities are almost identical to those of a paid employee".* One locality is addressing this directly by seeking to create a paid peer mentor role to support clients to undertake 'meaningful activities.' This recognises the need to provide paid employment opportunities as a pathway to progression. The potential for creating support worker / navigator posts is being explored in Leeds to widen employment opportunities and ensure that individuals gain the skills that can be used in a variety of work places.

Benefits for service delivery

Navigators frequently highlighted the high levels of **commitment** of most peer mentors: *"They are highly motivated and get stuck in".* By undertaking complementary tasks such as accompanying beneficiaries to appointments or leisure activities, peer mentors free up navigator time and enable them to work with more beneficiaries: '*If they [navigators] are tied up we can help*' (peer mentor). As one navigator reported, "*A good peer mentor really does help to take the weight off".* Moreover, this can allow navigators the time to build relationships with more challenging individuals and are

valuable in enabling joint-working with potentially dangerous clients. Additional benefits included:

- One navigator explained how they had learnt valuable **communication techniques** from peer mentors in terms of how "they sell things" to clients in relation to support available.

- A peer mentor observed that they have **different networks and contacts** to navigators that they can draw on to signpost or refer beneficiaries to other services.

- Peer mentors can also play a valuable role in helping to reduce the levels of service provided by navigators towards the end of the navigation period as clients re-engage with services as part of managed **exit strategies**.

- Mentors also provide navigators with somebody to **discuss cases**, "bounce ideas off" and provide a different perspective.

- One peer mentor felt that they could **influence and improve the practice of frontline workers**. In one case, they observed a support worker (non-WY-FI) suggest that a client have a drink if it helped them leave the house to access a service. The peer mentor felt the support worker did not fully understand the nature of addiction and gently advised after the visit that this was not appropriate.

- They can help to **break down 'us and them' barriers** between paid staff and beneficiaries. A peer mentor gave one example where frontline staff had contemplated asking a client with hygiene issues not to sit in reception which, to the peer mentor, contravened the ethos of WY-FI of being non-judgemental. In such circumstances, peer mentors can play an active role in subtly reminding frontline staff that "kindness works in a lot of ways".

The challenges of the approach

Some challenges were highlighted including:

- The pool of individuals possessing the **necessary motivation, aptitude and skills** may be small in some localities

- Difficulties encountered by peer mentors in maintaining **appropriate boundaries with beneficiaries**

- Experience among peer mentors is not always recognised and their **skills are not always fully utilised** by the organisation

- The lack of **capacity of some navigators to train** peer mentors.

- Occasional **periods of downtime** when peer mentors had no work.

- The **considerable support required** by peer mentors which can be very labour intensive, particularly for small teams.

The pool of individuals possessing the **requisite experience, aptitude and skills** may be small. Peer mentors frequently pointed to the high drop-out rates of over 50 per cent on the peer mentor course as evidence of this. Dropping out was attributed to a lack of necessary motivation; difficulties in coping with the classroom environment; and insufficient progress in recovery to make a success of the role. One peer mentor also observed that not everyone had the necessary personal skills to undertake the role effectively and gave one example of a peer mentor who "was not great at relating to people".

Peer mentors can, on occasion, **put relationships with some clients at risk** by inadvertently using inappropriate or 'trigger' language that escalated situations. Equally, there were occasions when peer mentors drew too readily and extensively on their experience, which can be uncomfortable for some clients who need time before they can reflect directly on the issues they face. One navigator dealt with this by seeing more sensitive clients on their own to minimise the risk that less experienced peer mentors unwittingly reverse progress and, perhaps more seriously, compromise the reputation and professional integrity of the organisation.

The ambiguity of the role can mean that **boundaries between beneficiaries and peer mentors** can sometimes be difficult to maintain. Peer mentors sometimes develop friendships with beneficiaries that can make it difficult for them to separate support and friendship roles. This was a particular issue for peer mentors working in their home areas where they are well known among the service using community. It can be difficult to manage situations where intense support has been provided, only for clients for then to respond in a way that is not in their interests. In one instance, a peer mentor helped a client take an abusive partner to court only to watch them deliberately give testimony to 'throw' the case. The peer mentor reflected that "it's difficult when emotions are involved" but also noted that one of the navigators had helped her to recognise the importance of not becoming too emotionally affected. In such circumstances, peer mentor training and navigator support was widely cited as invaluable in helping them to manage boundaries as well as develop personal resilience and professional conduct.

There were sometimes **issues with the degree of responsibility that navigators afforded peer mentors.** A small number of peer mentors were frustrated that they were **not progressing quickly enough** within the role and wanted to move on from simply 'shadowing' navigators. Underpinning this were assumptions that all peer mentors have no work experience and so little effort was made to find out what skills peers might have to offer over and above the lived experience in one of the four HARM areas. This needs to be contrasted against the view of one navigator, however, that some peer mentors "want to run before they can walk" and need to be gradually introduced into the role. Taster days are used as one way of doing this. At the opposite end of the scale, one peer mentor observed that frontline staff did not always have the experience and skills needed to train peer mentors and assign responsibilities at an appropriate pace. The mentor had found, on occasion, that staff had placed them "in at the deep end" by expecting them to undertake tasks they had no experience of.

Peer mentors are often dependent on navigators to provide work and initiate contact with clients. This meant, in practice, that they were occasionally **periods of 'downtime'** when peer mentors had little to do. That said, one peer mentor reflected that whilst this could be frustrating, it did not mean they wanted to actively manage caseloads as this level of responsibility and, potentially, stress was not appropriate for an unpaid peer mentor.

Some navigators observed that peer mentor programmes are difficult to manage as **some mentors may require considerable support.** Many are new to volunteering and the work environment and frequently have their own needs in sustaining their recovery. One navigator noted that this could create issues in some cases where frequent absences meant a particular peer mentor could not be relied upon.

The challenges of integrating a workforce with experience of complex needs

All of the lead navigators interviewed **welcomed the additional support provided by peer mentors** although there was a suggestion that members of some WY-FI teams needed convincing of the value of peer mentors. One suggested that not all navigators

were initially "on board' because of a perception that it would involve a lot of work on their part. However, these **reservations have been overcome** through experience. This has been supported by the lead navigator actively challenging negative attitudes and encouraging a supportive and inclusive culture of working with peer mentors. Another lead navigator observed that peer mentoring has taken time to embed but is now at the forefront of their 'vision' of how they see themselves as a service. Reflecting this, some peer mentors described feeling "100 per cent part of the WY-FI team". However, others felt that their **opinions and ideas were not always equally valued.**

There are **organisational challenges** in providing the appropriate level of support and supervision for a workforce with experience of complex needs. In one locality, peer mentors are provided with formal supervision fortnightly but informal supervision on a daily basis.   Underpinning this support is a relapse strategy and flexible working practices whereby mentors are encouraged to prioritise personal wellbeing such as maintaining treatment and recovery commitments. Here, peer members felt very well supported and that somebody was always available to discuss any concerns: *"There's no time where you couldn't talk about something; there's always somebody you can go and chat to"*. This level of support is harder to achieve, however, in smaller teams without a central office.

One navigator reported challenges in terms of the need to provide a **very significant amount of time and support** to a peer mentor who was felt to lack the confidence and social skills for the role: *"It was like having two clients"*. Even with more confident peer mentors, joint visits inevitably slowed down the process and were more demanding on navigators who had to make continual risk assessments on behalf of both beneficiaries and peer mentors. One navigator also noted that it can be challenging to persuade less confident peer mentors to move beyond joint visits to start undertaking more activities with clients independently.

Where navigators cover a large area and contact between staff is often over the phone, it is harder for mentors to feel part of a team. There were also **issues around access to the WY-FI office and the provision of desk-space.** In one locality organisational rules mean that peer mentors who have previously received support from the delivery partner as a service user are not permitted to enter the office or access case files. This means that one peer mentor who had accessed 'light touch' housing support before becoming a peer mentor was required to operate from the reception area which was felt to be *"demeaning"*. It also frustrated navigators who considered it unfair and ironic that WY-FI could not flex in this instance for a peer mentor who was widely regarded as highly capable. The lead navigator consequently transferred some of the peer mentors' activities to a different office in the district where the same rules do not apply. These issues have now been resolved and have highlighted the need to manage these kinds of conflicts through partners using relevant risk assessments and the Peer Mentor programme making appropriate placement referrals. In another locality, one peer mentor observed that they did not have their own desk, computer or access to email which meant they had to 'hot desk'. Whilst they acknowledged there were issues with confidentiality which meant it was not appropriate to have access to caseload systems, they did feel that practicalities such as their own desk would enhance the role.

Recommendations

It is recommended that:

- Peer mentors have a very significant role to play in engaging and providing additional support to clients. Nevertheless, deploying those with 'lived experience' to provide peer support brings unique challenges which necessitate the implementation of effective recruitment, training and support processes. These

appear to be working quite well although some disquiet was expressed about the high drop-out rates characterising the delivery of the training course. This suggests that more care could be exercised when selecting individuals to undergo training. Such an approach may also help to limit disruption by individuals with higher levels of need. One further option might be to provide a pre-training pathway or 'taster' to engage clients who might not be ready for the full course.

- The deployment of peer mentors can secure a number of organisational benefits. First, peers can be ambassadors to other potential service users and provide proof that recovery is possible. Second, the deployment of peers exemplifies the values and cultures of an organisation. Third, peers are able to highlight real issues 'on the ground' and so can help improve service delivery. Finally, they can help paid staff cope with growing caseloads. However, peer mentors should not shoulder unreasonable burdens or merely allow navigators to manage their growing caseloads. This requires close monitoring and regular supervision to ensure that peer mentors are engaged in activities that are appropriate to their interests, motivation and capabilities. Peer mentors should be treated differently in recognition of their diverse needs and capacities. It is also important to demonstrate patience in order to enable mentors to grow into the role at their own pace. With this in mind, WY-FI could usefully review if appropriate systems are in place to identify the skills and capabilities of peer mentors to ensure they are being used to their maximum potential.

- Consideration should be given to how to develop the role of the peer mentor. One locality is looking to increase the scope for, and capacity of, peer mentors (unpaid and the new paid role) to undertake more of these supporting activities e.g. to attend appointments or undertake social activities such as days out or running mutual aid groups. One peer mentor also suggested that existing free space in the WY-FI building could be used to set up a 'soup and a social' space which can play a vital role in enabling beneficiaries to support each other. This approach has been deployed effectively in other services such as a breakfast club and café in a recovery service. It is important that each locality has a mechanism to regularly canvass, and act upon, peer mentor views on how their role could be developed. There may be value in ring-fencing a portion of the Innovation Fund for peer mentors to develop new services with appropriate support from navigators.

- Peer mentors widely report feeling part of WY-FI teams but there are occasions where this is compromised by a lack of desk space and, in one case, different rules for peer mentors in terms of accessing the main office and case files. In some cases the availability of facilities may mean a degree of hot-desking is inevitable. However, unequal treatment of peer mentors based on past usage of WY-FI needs to be addressed urgently to prevent justifiable resentment. Differential treatment of peer mentors should only occur where there are clearly identifiable risks in allowing an individual to undertaken a specific task. It is recommended that WY-FI review current systems to ensure rules and processes are otherwise consistent for all peer mentors.

- WY-FI plays an important role in improving the employability of peer mentors and helping them to secure work. It is important to maximise these opportunities by ensuring that all localities have both a clear commitment to providing and expanding the number of internal paid opportunities. Exploring options for enhancing employability e.g. through external work placements and, ultimately, for moving into paid work should also be a routine part of supervisions where peer mentors express an aspiration for moving into work.

- A 'light touch' review of support and supervisory procedures for peer mentors should be conducted in order to identify weaknesses and also ensure that good practice can be shared across districts. Indeed, it could also kick-start the process of collecting evidence to develop guidance for peer mentoring that WY-FI could

actively disseminate and promote in the later phases of the programme. This would increase the likelihood that the important work and learning around peer mentoring achieved through WY-FI can be shared and adopted externally beyond the lifetime of the programme as part of its commitment to embedding systems change in services.

4. Beneficiary Research

CRESR have undertaken nine face-to-face interviews with beneficiaries to explore their experiences and canvass their views. The interviews considered four key themes:

- situation at referral;
- relationship with the navigator;
- other agencies;
- impact and change.

Situation at referral

Most had some contact with services prior to referral but this was often sporadic and they were often viewed as highly vulnerable and/or at risk of disengaging. Beneficiaries invariably had long-term and serious drug or alcohol use and mental health problems. One interviewee has severe depression, has suffered a nervous breakdown and; in common with some other beneficiaries; tried to commit suicide on a number of occasions. Many had a history of offending and had spent time in prison. A number were sustaining a tenancy although housing was often unsuitable in some respect; some were in temporary accommodation and most had histories of homelessness.

Many had **traumatic personal histories** and were often **isolated**, estranged from family and other support networks. "I just feel no-one cares….I don't have any support. I am on my own". One interviewee had been forced into street sex work and had been raped. All her four children had been taken into care and she had life-limiting health problems resulting from drug and alcohol addiction, and most of her fingers had been amputated due to gangrene. Another individual in his late twenties who has a severe form of ADHD has a history of being bullied and **exploited** by those in his social network. After being a victim of a street robbery, two men moved into his flat with the pretence that they are offering him protection:

> "They take my money off me….I'm getting used and abused. I get paid tomorrow and I can guarantee that half that money won't be money, I'll have to give that out…..I want my life back. I want to be feeling sane again. I've been robbed, I've been mugged, I've had everything taken from me and they still want more…It make me quite ill because I've not got a safe place anymore".

Beneficiary motivations for becoming involved have included both '**push' and 'pull' factors**. Push factors have included the prospect of being incarcerated, the need to attend as part of a Community Rehabilitation Order or losing limbs due to drug use. Pull factors have included the personality of navigators, and the desire to change or combat social isolation. A highly vulnerable young man was, for example, suffering from acute anxiety and panic attacks; was unable to leave his property; was 'binge-drinking; and had suffered a serious physical assault. He had been physically abused by his father as a child. Chronic low self-esteem meant that he was simply unable to ask for help and acknowledged that he was 'struggling'.

Some had been ready to engage with support but felt that there **had not been a service able to offer them the kind of assistance they needed**. Indeed, many described being in need of help at the point they were referred to WY-FI: *'I was absolutely flat on the floor….I've been there loads of times, I'm well practiced at it and the more that you're on the floor the more that your problems are a mountain and you don't want to face them. You give up''.*

Navigator relationships

The **personality of the navigator** is important. Beneficiaries frequently highlighted difficult relationships with local service providers and some found it hard to trust professionals. Some reported that a key reason why they were not progressing was due to personal clashes with front-line staff. By contrast, beneficiaries had developed strong relationships with navigators which were likened to friendships. Humour and being approachable are identified as playing a key role in building rapport and trust. Some drew a distinction between the way in which navigators and staff from other agencies engage with them:

> *'He treats me as a person, a normal person. He treats me as a friend. I like it because I'm treated normally, not treated like I'm fucked in the head, like talked down to, talked to like a child…..I do daft things but I'm not a child…[navigator] talks to me with respect and I talk to him with respect''.*

A key attraction of WY-FI is the large amount of **time** that navigators are able to spend with beneficiaries together with the flexible nature of the support provided. This is vital in establishing relationships of trust which can be a long-term process. A vulnerable young man reported being 'terrified' at first and it was only the persistence of the navigator that slowly convinced him to become involved. His first meeting consisted of talking about his dog during a walk around his local community. Beneficiaries frequently highlighted the lack of time that they had with other service providers. It is in this context that a key advantage of the navigator relationship was its **reliability** and **longevity**.

Relationships with navigators are further strengthened by the wide range of **emotional, financial and practical support** that they offer beneficiaries which can make a significant difference to their lives. Support has included: helping individuals to navigate the benefits system and claim more appropriate benefits such as Employment and Support Allowance (ESA) and Personal Independence Payments; secure access to housing; supporting attendance at services, such as doctors; dealing with daily correspondence; liaison and advocacy with other agencies; escorting to a range of local support services.

Other agencies

Navigators have been able to help clients **sustain or improve relationships with other service providers**. Reminding beneficiaries of appointments and getting them there was viewed as vital for helping them address their needs and achieve stability. This, together with their advocacy role, means that navigators help participants to establish better relationships with services. This support helped one interviewee to better communicate and articulate his needs:

> *"I have a problem trusting people. I trust [navigator]. Means I can go into meetings and appointments with someone I trust and have them on my side and help me get my words out and my point of view across….I don't tend to say the right thing or mean it as is comes out'.*

Navigators have also introduced beneficiaries to services that they were not already in contact or helped them navigate bureaucratic processes. This has included Mindfulness Therapy to help a young man cope with an anxiety disorder. In this case the navigator had to play a strong advocacy role because he is simply unable to ask for help. Navigators have also helped beneficiaries negotiate the bureaucracy involved in making benefits claims. Making a claim for ESA required filling in a fifty two page application form. This support was highly valued with one beneficiary describing help to secure ESA and negotiate debt after WY-FI had put him in touch with the CAB as a ''life saver'.

Impact and change

All felt that their lives had improved, sometimes significantly, since working with WY-FI. More than one beneficiary reported that without such support the consequences might have been devastating:

"I would have topped myself".

"'I don't know whether I'd still be here….there's been quite a few periods in my life when I've wanted to call it a day and if he'd not been around to support me with a lot of things I don't think I'd be here….he's helped a lot"

Although positive changes were often attributed to the help provided by the navigator, it was often the **relationship itself** that was pivotal. Many described an improved sense of well-being derived from having somebody in their lives that they could access when they need support: '*I feel like I've got someone who genuinely cares. He's got my interests at heart."* In turn this helped them to cope in times of crisis:

"When my life falls apart, it falls apart and it falls apart pretty quick….I need support in every part of my life…and in he jumps in and it's the first bit of breathing space I've had in a long time….it's the first time in my life that I've had people that are there to help me and support me when I'm falling apart".

For the **most vulnerable** all that can be achieved is a measure of stability in their lives. A highly vulnerable young man was, for example, embarking on a long-term process of change and was at continuing risk of falling between the cracks of services. His aspiration was simply: *"to walk around with a smile on my face'*. A key milestone was his first unaccompanied bus ride. This has been followed by stopping binge-drinking and attending mental health support sessions. Another individual had been using crack and heroin and was frequently exploited financially by friends reported a change in her willingness to leave home through the navigator support: *'I wasn't leaving home because of anxiety, but the [navigators] help is making me feel more confident and comfortable'.*

Support has provided an **important level of stability** especially in relation to drug use. However, there are still many issues to be resolved before the withdrawal of support could be contemplated. Beneficiaries also valued the opportunity to build a relationship with another adult outside the existing social networks. *"It's good just to talk to someone. All my friends are alcoholics, junkies. It's good to have a normal conversation. No begging".* This said, managing without the support of a navigator was something that could be envisaged: *"hopefully in the next year or so I'll be able to stand on my own two feet and tell [navigator] I'm alright and stable enough and thanks for your help but I don't need you anymore".*

For others the process of change can be more rapid. *"I have now got a more positive outlook on life".* This has been translated into a desire to help others facing similar experiences. She has recently helped to raise money for a local community project

and expressed a desire to become a Peer Mentor. However, her navigator reported that detoxification meant that she was now more anxious. Nevertheless, the beneficiary identified a range of positive impacts:

- Sustaining a tenancy for four years (the longest period).
- Completing a detoxification process.
- Physical and mental health improvements.
- Better family relationships which means that she sees her daughter every week.
- Help to conduct peer research for WY-FI.
- The adoption of more appropriate behaviour with professionals. She was previously confrontational ("outgoing and gobby") but is now: 'confident in the right way'.

Positive change can be **fragile**, with events threatening to undermine, or at least, slow down progress. For one beneficiary, a recurring and as yet undiagnosed health condition had knocked his growing confidence. Another was nervous about the imminent release from prison of a friend's partner who has exploited her financially in the past. There was a sense, however, that these concerns could be shared with, and supported by, navigators who were able to help them manage any turbulence in recoveries.

Navigation had helped some to **trust people more** primarily because the relationship had improved their confidence and self-esteem. The development of more **positive outlooks** had allowed some to become involved in local community projects including fund-raising activities and helping at community allotments etc. An increased sense of well-being also enabled them to feel that doors were open to them in the future. Even where current circumstances were still defined by multiple adversities individuals could see a better future. A few reported that they had more choices in other areas of their lives such as volunteering opportunities and access to specific counselling/training activities. One interviewee had taken up nail sculpting, through a class offered on the premises where WY-FI operates. Another had been supported to access space in an art studio to follow a talent in art.

Navigator perspectives

Some referrals have not been ready to engage with support. Some individuals: 'enjoyed chaos or cannot see beyond it'. In these cases navigators have encountered **poor behaviour** ranging from regarding WY-FI as a 'taxi service' to aggression. A few have been disruptive when their needs have not been met. When challenged about their confrontational stance towards front-line staff some individuals have responded: *"It's what they get paid for".*

A total of 156 **Personalisation Fund** applications had been approved by the end of May 2017. Most applications have been made in Bradford (77) with the fewest in Wakefield (11). The Fund has been used mainly for furnishings/furniture/furniture removals and storage and has also provided money for rent, deposits and to deal with arrears. This support has generally been made in the early stages and was viewed as a means of facilitating trust with beneficiaries. **Peer mentor support** has been made available in some cases. A key advantage is that some service users view navigators as authority figures and are more likely to open-up to those that have 'walked in their shoes'. However, this approach is not appropriate for all with some reported to be mistrustful of peer mentors. This highlights the importance of the **matching process** between professionals and service users.

The **emotional impact** on navigators can be high and was underlined by the recent death of a beneficiary in Wakefield. A navigator observed: 'You cannot take it home with you, you need to switch off'. The utility of talking issues through with other team members was highlighted. The discussions in the PDG were also resorted to be useful for talking about particular problems with colleagues in other districts and sharing best practice. Consequently, interviewees felt that the ongoing need for emotional support militated against replicating the approach in future models of provision with single area-based navigators.

Navigators are becoming involved in **long-term intensive relationships**: *'We're liaising for them in every area of their life''*. All beneficiaries will have different experiences and journeys towards recovery and relapse is common. For the most vulnerable all that can be achieved is a measure of stability. Facilitating access to benefits and methadone can be helpful in this respect. The prospect of moving individuals on from the navigator caseload is fraught with difficulty because the most vulnerable will have a long-term need for intensive support. A navigator reported: *'The design of WY-FI is good but what comes after?'*

Calderdale have been early adopters of a **'Parking Bay**' in the Management Information system to address the issue of how to help clients manage the transition from full navigation to leaving the service. Navigators reduce the level of support but continue to offer ad-hoc support when needed and can put clients back into navigation if their circumstances change. Beneficiaries are seen as ready for the Parking Bay when levels of chaos have reduced and they are clearly engaged with services and able to attend appointments without support. The project will end support completely after four or five months of hardly hearing from beneficiaries as they become more independent.