

Appendix VI: Staff and Peer Support Worker Surveys

Table of Contents

1.	Introduction.....	1
2.	Methods.....	1
3.	Findings.....	1
3.1.	Staff survey results.....	2
3.2.	Perception of peer support workers by non-peer staff.....	4
3.3.	Peer support worker results.....	5
4.	Conclusions.....	7
4.1.	Staff survey	7
4.2.	Peer support worker survey	8

1. Introduction

This appendix expands on the information provided in the accompanying Final Report slide set. Information obtained from both Peer Support Workers (PSW) and non-peer support staff across seven services indicates a good response of over 60%.

2. Methods

The staff and PSW surveys were designed to understand the experience of working in A to C services and the experience of working with each other. The staff survey addressed questions to those directly employed by the service and separate questions for staff employed by other agencies external to the service. Although two external staff respondents had misunderstood the questions and so were removed from the final analysis. Demographic details focussed on job and role, and background experience. The project Lived Experience Lead provided advice on all surveys and their contribution is described fully in the Final Report slide set. These surveys were circulated May 2023.

3. Findings

17 staff surveys were received from a potential pool of 28 staff members directly employed across the services in non-peer support roles. 14 staff members in peer support-based roles (PSWs) returned questionnaires out of a possible 21 employed across the services. See Table 1 for details of survey returns by service and role.

Staff respondents in non-peer support roles described their roles as a team lead, or practitioner (crisis, wellbeing). Examples of other roles specified were Safehaven manager, project worker, senior mental health, or substance abuse recovery workers. Most staff employed did not have a clinical background. The question, on reflection, needed clarity to ask more specific information about their qualifications and experience. Employment arrangements across the services are variable with some staff directly employed by that service or staff are employed by another service e.g., the Southern Health Crisis Team and rostered to support some A to C services.

PSWs' role descriptions used terms such as 'peer practitioner' or 'specialist'. There were two bands, 'senior peer support worker' and 'peer support worker'. These workers mainly worked at the service for under one year with four working over a year.

Table 1 Survey returns by service

A to C Services	Number of peer support workers (PSW)	Number of PSW responses	Number of staff in non-peer roles	Number of staff responses
The Lighthouses (Bitterne and Shirley)	12	8	3	0
North and Mid Hampshire Safe Haven	3	3	8	8
Adults' Safe Haven (Havant)	0	0	5	4
Newport Safe Haven	0	0	5	2
The Lookout	0	0	7	3
Peer Support Service (Isle of Wight)	6	3	0	0
TOTAL	21	14	28	17

3.1. Staff survey results

Table 2 provides the responses to the Likert statements in the questionnaire. Overall, these staff responders felt supported and found work at the service satisfying. They were unanimous in the view that they made a difference to people experiencing a mental health crisis. However, there was less agreement with regards to career progression in their roles.

Table 2 Staff responses to questionnaire statements

Survey statements	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Do not know
<u>...feel supported</u> by their organisation	7	7	3			
...feel there is a <u>clear pathway for progression</u>	2	6	6	1	1	1
...feel they make a <u>difference to people</u>	12	5				

<u>experiencing a mental health crisis</u>						
<u>...find working for the service <u>very</u> satisfying</u>	8	7	2			

Darkest colour indicates most ticked response, mid next, least ticked response is pale, white indicates blank by row.

Short answer responses and free text responses to questions were summarised and indicates an overall positive experience for staff with some comments for additional support and service improvements. Staff felt they gained experience in meeting the needs of a variety of service users and applying different de-escalation techniques. Staff feel supported by their organisation and believe they make a difference to those they support. However, greater clarification is needed around opportunities for staff career progression.

Staff noted the following were the best aspects of the services they worked in:

- Service provision included,
 - No appointment necessary
 - Peer support groups
 - Timeliness of support not available with other crisis services
 - Team has diverse skills
 - Availability in the evenings and providing support when needed
 - Accessibility of service
 - Time to de-escalate and provide tools to independently manage crisis
 - Providing a nonclinical environment.
- Service context included,
 - Nice, friendly and compassionate staff who relate professionally and respectfully to people in crisis
 - Feeling validated at a vulnerable point
 - Calm, safe space
 - Fostering self-care and facilitate problem-solving and sign-posting to other forms of support.

Overall, there was a strong message that staff felt a degree of freedom from typical clinical settings because this allowed them an opportunity to be flexible with the care and support they gave.

"It's not a clinical environment it feels more casual, which I believe helps separate us from wider services that service users may not be the biggest fan of at that moment in time. Peer staff provide an added depth to the support offered, which is clear to see [they] help service users." Staff survey respondent

- Staff also suggested the following improvements to services:
- Better relationship with external services e.g., Community Mental Health Team (CMHT) and emergency services including daily availability
- More clinical support and support to attend service user multi-disciplinary team meetings
- More crisis practitioners
- Facilities need to support demand on service
- Day time service at weekends
- Increase therapeutic interventions including how to manage repeated presentations
- Outreach service for those that cannot attend in person
- Availability of services in more locations.

3.2. Perception of peer support workers by non-peer staff

Staff were asked whether they had PSWs in their team. 11 affirmed they did and 10 responded no, previously, or indirectly. Staff employed directly by the A to C services working in 'non-peer support roles' were asked the following two questions:

- Thinking back to when you first started working with the service on a scale of zero to ten, please mark how comfortable you were about the idea of peer support workers delivering support to people experiencing a mental health crisis.
- Now thinking about your current attitude on a scale of zero to ten, please mark how comfortable you are about peer support workers delivering support to people experiencing a mental health crisis.

The rated scores between question 1 and question 2 showed an improvement by 60%, with the average score rising from 6.6 to 10. 30% of scores remained unchanged, while 10% of the scores showed a decrease.

Respondents given the opportunity to explain their scores noted peer support workers were seen to play a valuable role and were valued by their non-peer colleagues. They were described as confident, well-trained, approachable, and empathetic and stated previous concerns were unfounded. PSWs can connect people to resources and enable service users to become calmer.

However, concerns were raised around training, and whether peers receive sufficient training, both to protect their own mental health and to provide suitable support to others, when working in a crisis setting, particularly peers with little or no prior formal experience. In addition, there was a need for clear boundary setting to protect both the peer and the person using the service. In addition, their recruitment should ensure they,

"are in the most appropriate part of their own journeys to support service users." Staff survey respondent

to limit retriggering their own mental health issues.

3.3. Peer support worker results

14 responses were received from members of staff employed in peer support specific roles.

Table 1 PSWs' responses to questionnaire statements

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Do not know
Training provided by my employer enables me to feel confident within my role	4	7	2	1		
After completing the training for my role, I have a clear understanding of what is expected of a peer support worker	5	7	2			
After completing the training for my role, I have a clear understanding of the organisation's policies and procedures	6	7	1			
I have opportunities for further training within my role	6	4	3		1	
The service I work for has realistic expectations of its peer support workers	6	7	1			



I feel supported by the organisation I work for	5	6	3			
I have effective strategies to help me 'unwind' following a distressing interaction	5	9				
I can contact someone within my organisation for support and to debrief after an interaction	6	6	1	1		
I feel valued as a peer support worker by my clinical colleagues (clinicians working directly within your service)	5	7	1	1		
I feel valued as a peer support worker by colleagues working in our partner organisations (crisis teams, Emergency Departments, paramedics, etc)	3	5	4			2
I feel my role has helped me grow as an individual	9	5				
I feel there is a clear pathway for progression within my role as a peer support worker	4	3	4	2	1	
Overall, I find being a peer support worker very satisfying	8	6				

I feel that the people I support value the fact I have lived experience of mental health crisis	7	4	2	1		
I feel I make a difference to the people I support at the service	7	7				

Darkest colour indicates most ticked response, mid next, least ticked response is pale, white indicates blank by row.

Short answer responses and free text responses to questions were summarised. PSWs value the training they receive, however more tailoring to PSW needs is required. They feel valued and supported by others within their own organisation and by partner organisations. All respondents found the role very satisfying and reported their role had a positive impact on their own mental health. They also believed they make a positive difference to those they support.

Although the role of PSW provides opportunities for individual growth, however, as with the staff survey, greater clarification is needed around opportunities for career progression and development of the job role. Not all respondents felt their lived experience was valued by service users, as some people prefer professional support.

Desired improvements for PSWs included better support and communication from crisis and local mental health teams.

4. Conclusions

Both staff and PSWs working in A to C services were positive about their overall experience to which they both felt able to make a difference to those they supported. However, both wanted more opportunities for career progression.

4.1. Staff survey

Staff feel supported by their organisation and believe they make a difference to those they support. Nevertheless, greater clarification is needed around opportunities for career progression. They valued working alongside peer support workers. Other comments indicated some were concerned about whether peers received sufficient training, particularly peers with little or no prior formal experience. They were positive about the opportunity to work in a nonclinical environment and develop relevant skills in de-escalation. However, staff requested more clinical and practical support and integration with clinical services as well as expansion to A to C service provision.

4.2. Peer Support Worker survey

PSWs reported their role had a positive impact on their own mental health and believe they make a positive difference to those they support. PSWs valued the training they received but wanted training to be more tailored to their needs and greater development of the role. They felt valued and supported by others within their own organisation and by partner organisations. Greater clarification is needed around opportunities for career progression.

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