



## **Peer Support Services Aotearoa**

**Findings of study to identify the resources and procedures that will support Peer Support Services to undertake ongoing evaluation.**

**Overall Findings Report**

**May 2015**

## Logo and Whakatauki



Toka Tū is the name chosen for this project and comes from the whakatauki:

*Ahakoā akina a tai, akina a hau, he toka tū toka ahuru tatou*

Although the tides and winds may come crashing down upon us, like a rock we stand resilient and comfortable in the face of adversity.

The 'mango pare' part of the design represents the resilient rock or 'Toka Tū' while the koru on either side of the mango pare represents the tide and winds which crash upon the rock day in and day out.

The logo was designed by Henare Brooking, of Ngati Porou and Rongowhakaata descent. Henare was taught his skills by renowned master carver and tohunga ta moko Mark Kopua, which has enabled Henare to open his own ta moko business, Mokoira, in Lower Hutt.

## **About Kites Trust**

Kites Trust strives for equal citizenship for people who experience distress. We seek out opportunities to ensure that people who experience mental health problems and/or addictions have equal opportunities to live, work and participate in the community.

As the name Kites denotes, the aim of our organisation is to try new ways of doing things and ‘to make ideas fly’.

Our belief is that consumer leadership is the key mechanism to achieve social inclusion. For the past three years we have placed emphasis on seeking and promoting innovative solutions and fit for purpose services that are useful to people during times of distress.



### **Kites Trust**

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## **ACKNOWLEDGEMENTS**

Kites Trust would like to give a heartfelt thanks to everyone who participated in the Toka Tū project; all participating peer support services, and the people who use these services, participants of the focus groups, our expert evaluators, Kate McKegg and Debbie Goodwin, and our research advisors, Dr Sarah Gordon and Dr Debbie Peterson.

The Toka Tū project has begun to evidence both the value peer support has for people who experience mental distress and/or addictions and the resources and procedures required to deliver high quality peer support services. We hope that the incredible work that has been achieved throughout the course of the project can continue to be built on and that peer support continues to flourish and become increasingly more available for people who experience mental distress and/or addictions.

Nei ra a e mihi ngakau ana, mihi aroha hoki ki a koutou ngā huna I whai wāhi mo tēneki kaupapa o Toka Tū; koutou ngā hunga āwhina whakatipuranga, ngā hunga I putanga I ngā rere, ngā kaiwhakauru o ngā roopu aroaro, a mātau tohunga wāriu, arotake rānei Kate McKegg rāua ko Debbie Goodwin, me a mātau kaitohutohu rangahau hoki a Dr Sarah Gordon rāua ko Dr Debbie Peterson, No reira , Tēnā Koutou katoa.

I tīmata tēneki kaupapa a Toka Tū kit e whakaturanga it te wāriutanga o tēneki mea te āwhina whakatipuranga mo ngā hunga e wheako ana I te mate hinengaro, kahungatanga rānei, ā, ngā rauemi me ngā tikanga hiahia ana no nga rere tiketike te ahua. Ko a mātau tumanako kia hāere ai kia puawai hoki tēneki kaupapa whakahirahira, ā, kia whakawātea ai I nga whakataunga mo ngā hunga wheako ana I te mate hinengaro, hunga kahungatanga rānei kia wātea.

### **Participating Peer Support Services**

Balance Whanganui

Te Roopu Pookai Taaniwhaniwha now called Te Waka Whaiora- (Matahauriki Day Service)

Wellink Trust now Wellink Division of Richmond NZ- (Key We Way and Warmline)

Junction

Connect SR

Connect SR Mahi Marumarū

Jigsaw-Walsh Trust

Otago Mental Health Support Trust

Journeys to Wellbeing

MIST

Oasis Network

**Thanks to:**

Lotteries Community Sector Research Grant.

## Toka Tū

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## Introduction

Research and evaluation is necessary to ensure peer support services continue to grow and develop as an effective response to people who are experiencing mental health and addiction problems.

Many peer support services in Aotearoa New Zealand tend to be delivered by small non-government organisations (NGOs). Limited budgets and competing demands impact on the capacity and capability to undertake research and evaluation in these settings.

Since 2011, with the support of a Lotteries Social Sector Research Grant, Kites Trust embarked on a project alongside 11 NGO peer support services from around Aotearoa New Zealand, to answer the following questions;

1. What are the resources and procedures that will support peer support services to initiate and undertake ongoing evaluation?
2. What outcomes are supported by peer support services?

A number of activities were undertaken to answer the above including; an assessment of organisational capacity and capability, trialling of outcome measures and interviewing participants of the peer support services (peers). Whilst individual reports are available for specific areas of activity and learning, this report provides a summary and overview of findings for the project as a whole.

## Background

In December 2010 Kites Trust received notification that an application for a Community Sector Research grant from New Zealand Lotteries had been successful. Kites Trust had sought to undertake this research as peer support was identified as an intervention valued by people experiencing mental health and addiction problems. The project selected nine organisations, comprising 11 peer support services following an expression of interest process. Each participating organisation entered into a Memorandum of Understanding agreement which included identifying a member of their organisation to be part of a leadership group. The role of the leadership group was to inform the project through each stage.

The project was participatory and developmental with each stage of learning informing the next.

Expert Advisors were commissioned to support the work alongside team members from Kites Trust. Dr Sarah Gordon and Dr Debbie Petersen, service user academics, provided research guidance and Kate McKegg and Debbie Goodwin provided evaluation expertise.

## Māori Participation

Kites assigned Tane Rangihuna to provide cultural advice to the project alongside Debbie Goodwin. Whilst one Kaupapa Māori peer support provider expressed an interest to be involved, resource and multiple demands on their time prevented their participation. To ensure Māori were active participants, a Wellington based Kaupapa Māori provider was engaged and agreed to be part of the leadership group.

Endorsement was sought and received from local Kaumatua of each participating organisation.

Toka Tū was chosen as the name of the project as it came from the whakatauki:

*Ahakoā akina a tai, akina a hau, he toka tu toka ahuru tatou*

*Although the tide and winds may come crashing down upon us, like a rock we stand resilient and comfortable in the face of adversity.*

A logo was designed by Henare Brooking of Ngati Pororu and Rongowhakaatu descent.

## Ethics approval

The project sought to support peer support services to increase their capacity and capability to undertake evaluation and to develop an evidence base for recovery focused peer support services. It was initially envisaged that each participating organisation would engage the people who used their services to complete a self-assessed, consumer designed measure of recovery called Tāku Reo Tāku Mauri Ora (My Life, My Voice). Data collection would be centralised at Kites Trust and analysed. Due to the collection of personal information ethics approval was sought.

Three applications for ethics approval to the multi-regional ethics committee were submitted. The first application in May 2011 was declined as the leadership group had not yet been formed. This created a challenge for the project as the release of funding from Lotteries was conditional on gaining ethics approval. The second application was submitted late 2011 and the decision was deferred.

In August 2012, ethics approval was gained following changes to the project methodology. Instead of a centralised collection of individualised outcome data, participating NGOS would undertake their own data collection using a variety of outcome measures. This approach suited the diversity of service delivery by each peer support service. Focus groups would be held with participants of the peer support programmes to answer the questions; what are the outcomes of value to consumers and to what extent are these outcomes of value supported by the peer support services? The delay in gaining ethics approval contributed to the project timeframe being extended.

## Definitions

The leadership group defined peer support for this project, drawing largely on the work of Shery Mead as;

*“Organised support based on shared experience of emotional and/or psychological pain. Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. The peer relationship is purposeful, non-judgemental, strengths based and recovery focused. The connections and trusting relationships that are formed lead to hope and movement toward achieving goals and dreams”*

Evaluation and evaluative thinking was defined as the systemic reflection about things of importance and value, for example, how well a peer support programme is doing , what value it is to various stakeholders and if it is worth doing more of.

## Overall Findings

A number of reports providing in-depth background information and findings from this work are available at [www.tokatu.org.nz](http://www.tokatu.org.nz). This report highlights a number of findings arising from the work over the course of the project as we sought to address our two questions;

1. What are the resources and procedures that will support peer support services to initiate and undertake ongoing evaluation?
3. What outcomes are supported by peer support services?

### Evaluative capability

Evaluative capability is an evaluation of an organisation’s current capacity, performance, strengths and limitations for evaluative culture. At various points in the Toka Tū project, participating services completed self-assessments and evaluated their capacity and rated their performance according to the following capabilities;

- **Demand based capabilities:** Leadership, attitude to learning, risk taking and change
- **Supply based capabilities:** Evaluative skills, competencies and experience and information systems
- **System and Structural based capabilities:** Outcomes Framework Monitoring, systemised evaluation and reporting and organisational structures

The findings of the self assessments were summarized and it was concluded that for peer support services to successfully initiate and undertake ongoing evaluation the following needs to be considered:

## Leadership

Strong leadership is crucial for the development of an effective evaluative culture. Leaders who value the contribution evaluation makes to service delivery influences staff positively. This creates a culture where staff can reflect and ask questions about the way they do things and evaluate what they do in their service. An evaluative culture that has become embedded within the organisation is more likely to be able to sustain leadership and organisation changes. Evaluation aligned to the underlying philosophies and values of peer support becomes more valued by staff and the people using the peer services and is seen as useful. Incorporating peer support principles and developing an organisational evaluative framework is recommended.

## Evaluative culture and knowledge

Ensuring a number of people within the organisation are interested in evaluation supports the development of an evaluative culture. Encouragement and support for reflective practice appears to help focus ideas and attention on evaluation when there are many competing demands for resource. There are a number of opportunities within the organisations where reflection and evaluation can occur, for example, within the peer and peer worker relationship, within teams and within the organisation as a whole.

Competing demands on resources, especially time, rated as significant barriers to developing an evaluative culture. Many leaders were reluctant to ask staff, whose capacity was seen to be already stretched, to participate in what was considered an additional activity. Developing evaluative knowledge and competence will support an evaluative culture, for example, most services participating in this project did not rate their evaluative skills highly, especially with regard to the technical skills required to making sense of evaluation data.

## Systems

Whilst a number of services have monitoring and reporting systems in place to meet contractual requirements, data entry and analysis of information for evaluation was challenging. During the course of the project despite outcome measurements being trialed, no analysis of outcome measurement information had occurred. Evaluation design considering all aspects of the evaluative process is recommended, with sense making crucial component.

## It is all about values

Evaluation requires providers to consider the following questions;

*On what basis will we decide or demonstrate to others that something we are doing is high quality, valuable, worth doing, or important to pursue?*

*On what basis will we determine 'how good is good'?*

It is values that help make these judgments. Evaluative thinking and practice requires getting to the heart of what quality and value mean, about the outcomes that matter, and the processes that contribute to these outcomes. It allows reflection and incorporation of these 'values' in the criteria that is used to judge how 'good' our services are, and how 'good' our outcomes are.

An evaluative rubric was developed during the course of this project as a resource for peer support services to undertake evaluation. The rubric was seen as an effective way to reflect and identify evidence of quality practice. The purpose of the rubric is to:

- Provide an opportunity for peer support services to take a fresh look at their service, based on quality criteria determined by peer support workers
- Give peer support services an opportunity to improve the way peer support services operate, to assess their quality and provide a means of accountability
- Learn which resources and processes are required for NGO peer support services to undertake and build evaluative enquiry.

The rubric reflects what peer support services identify 'good' peer support to be. Designed as a self reflective tool it outlines the elements required for a peer support service to be operating at minimum standard and identifies the aspirational gold standard for a service to be operating. This is a resource that peer support services can use to support evaluation. It is designed to be practical, easy to use and can provide the foundation for focusing further work such as identifying training needs and influencing strategic planning.

## Identifying the outcomes supported by peer support services

Before identifying the outcomes supported by peer support services it was necessary to first identify what outcomes people who use these services value. Focus groups were held with over 100 peers from participating mental health and addiction peer support services to learn what outcomes peers' value in their life and how the peer support service supports achievement of these outcomes.

## Outcomes of value identified by peers

The key themes that emerged as outcomes of value to participants were employment, a safe and secure place to live, relationships, self-belief, independence, wellbeing, overcoming stigma and the need to give back. Many of the participants wanted financial security, to be less isolated and to be a contributing member of their community. Self acceptance, hope for the future and a sense of control over life with less distress, were identified as desired and achievable goals. Being able to share knowledge, inspire others and overcome negativity were described as key reasons peers wanted to give back to the mental health community.

## Peer Support services support outcomes of value

Peer support services support outcomes valued by peers, by supporting and facilitating connections and relationships, giving hope, offering programmes and activities and through the support of engagement with culture. The focus groups however identified it is not so much *what* peer support services do, but rather *how* they do it. Participants identified the relationship between the peer and peer worker as paramount. Relationships were described as mutual, respectful, compassionate and supportive. The peer support workers' experience of mental distress /addiction provided the knowledge base from which they operated, which was considered by peers to be valid and valued expertise. These findings suggest that identifying ways to evidence peer support services against the principles to which they operate, for example, principles of respect, shared responsibility and mutual agreement of what is helpful could be a useful way to evaluate how they support the outcomes peers value.

## Measuring outcomes

Increasingly, mental health and addiction services are seeking ways to evidence the outcomes of their work and a number of outcomes measures were trailed within this project. Peer support services were motivated to collect outcome data as they saw this as a way to evidence the effectiveness and value of peer support. Whilst a single measure for use across services was desired, the diversity in which services were delivered meant this was not possible. A careful process of selection was undertaken with peer support services considering criteria such as acceptability to peers (including those who experience addiction), cultural appropriateness, ease of administration, strengths-based not deficit focused questions and an absence of power and control references. The use of outcome measures within peer support services is an emerging area requiring more investigation. Challenges to be considered when using outcome measures includes, the resource

required to collect and input data, the technical knowledge required to interpret and make use of results, and importantly the need for the findings to be meaningful not only to the service, but to the peer and peer worker. Peers reported that they wanted measures that showed change and improvement, were self-assessed, culturally appropriate and non-clinical.

## Other learning

Through the course of this project a number of additional insights and learning occurred.

### Peer support is unique

Peer support is an explicitly values-driven activity and differs from the dominant mainstream mental health service delivery in a number of ways. The differences include the factors which drive the two approaches, for example, peer support focuses on principles of self-determination, whereas mainstream mental health services are driven by legislative mandate. Mainstream services are based on longstanding theoretical and scientific foundations valuing expert knowledge whereas peer support is based on principles of recovery, reciprocity and experiential learning.

### Despite the value placed on peer support, services are not well known or promoted

Peer Support is highly valued by the people that use it but only equates to less than 2% of the mental health and addiction<sup>1</sup> spend. Many of the peers who participated in the focus groups reported that peer support was not presented as an option early on and they found it by chance, or after other avenues of support were exhausted.

### Focus groups are seen as a meaningful method of engagement for evaluation

Qualitative approaches, such as focus groups were seen by participants as a useful way of seeking meaningful engagement with the people who use peer support services. Peers reported that they felt the opportunity to reflect alongside their peers was useful and the methods used in focus groups aligned well with the underlying principles of peer support. The focus groups incorporated a future reflection exercise and for many this was seen as a helpful way to explore future goals and aspirations in a safe environment.

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<sup>1</sup> Platform Trust,. (2013). NGO stories and Statistics; A profile of the mental health and addiction sector in New Zealand.

## Workforce development

Peer support workers role model recovery and provide valid and valuable expertise drawn from their personal experiences of distress. However development and opportunities for collective learning of this emerging and highly valued workforce is limited.

## Leadership by people with lived experience

Peer support has arisen from the consumer movement, that is people with lived experience of mental distress seeking better outcomes. The leadership of peer support has been by consumers for consumers and up until recently largely delivered within consumer led organisations. The landscape however is changing. More peer support services now sit within NGOs and DHBs, that are not consumer led, with an increasing number of peer support services no longer managed by people with lived experience.

## In conclusion

The Toka Tū project brought together peer support services from across Aotearoa New Zealand. Using a participatory approach, resources and procedures that will support peer support services to initiate and undertake ongoing evaluation were explored. The project identified the outcomes of value to people who experience mental distress as well as discovering how peer support services work to support the achievement of these outcomes.

The findings suggest evaluation is a desired activity of both peer support services and the people who use them. Peer support service capacity and capability for evaluation however is limited by resource, leadership and knowledge.

Given evaluation is the systemic reflection about things of importance and value, evaluation of peer support services needs to be considered in terms of what people using the service value, what service providers value and what stakeholders value. This project has evidenced that peer support is highly valued by people who experience mental distress and/or addictions and peer support services are supporting the outcomes highly valued by the peers who use their services.

Peer support is based on guiding principles and it is against these, that success could be measured. As peer support services develop in Aotearoa New Zealand, evaluation, including workforce development and leadership, will all require attention and support. The methods for undertaking evaluation are not limited to outcome measurement and other ways of evaluating such as focus groups are a method of engaging with peers that warrants further exploration. This project has

provided the foundations for further investigation into the ways to evidence the effectiveness of peer support in Aotearoa New Zealand.