



E nga mana, e nga reo, koutou nga toka ahuru o tenei mahi, nei ra te mihi nui, te mihi aroha hoki ki a koutou katoa mo o koutou mahi ringa raupa me o koutou pukenga hoki kia taea ai tatou te tutuki pai i wa tatou wawata, tumanako ranei e pa ana ki tenei kaupapa a Toka Tu. Ahakoa kua tae tatou ki te otinga o tenei kaupapa, kei te haere tonu te kaupapa nui ara ko te hapai tangata, hapai whanau hoki. No reira, kia kaha, kia maia, kia manawanui ki a koutou katoa. Mauri ora.

## Introduction

The Toka Tū project is now complete and this will be the final project up-date. This update outlines some of the journey of the project and leaves with some ongoing challenges for peer support in New Zealand.

We begin acknowledging those who have supported this journey. The participating organisations, their staff and especially the peers who access their services;

- **Connect SR**
- **Balance Whanganui**
- **Otago Mental Health Support Trust**
- **Wellink Trust now known as Wellink Division- Richmond**
- **Te Waka Whaiora, previously known as Te Roopu Pookai Taaniwhaniwha**
- **Junction**
- **Walsh Trust**
- **Oasis Network**
- **MIST**
- **Journeys to Wellbeing.**

## In the beginning

Kites undertook this project, driven by the desire to ensure that people who experience mental distress and/ or addictions have access to services and interventions which support their recovery. Peer support has been emerging within mental health and addictions services and tended to be delivered by small NGOs.

We were aware from earlier investigation that evaluation, capacity and capability was limited in NGOs, especially small ones.

Evidence was necessary to determine if peer support services do in fact, support recovery and what characteristics of peer support are most effective.

## We sought to answer two questions

The aim of the project was to work alongside 10 NGO peer support services from around 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 and
2. What outcomes are supported by peer support services?



- Trialing of outcome measures within peer support services
- Assessment of evaluative capability and capacity

## What we mean by evaluation

Evaluation and evaluative thinking is 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.

## Our approach

A leadership group made up of people from the participating 11 peer support services was essential in ensuring a participatory and developmental approach to the work. The group came together seven times during the course of the project, mostly at their own expense. The opportunity to meet as peers of peer support services was valuable as there are few opportunities for peer support workers to collectively meet in New Zealand.

Under the guidance of the leadership group a series of activities were undertaken, including

- The design of an evaluative workbook (Rubric)
- A review of the peer support literature
- Engagement with over 100 peers to understand what outcomes were important how peer support services supported them

Reports of these activities are available at [www.tokatu.org.nz](http://www.tokatu.org.nz)

## Our findings

Not all findings can be presented here however some are outlined below.

Evaluative capacity and capability is enhanced when leaders of organisations support a reflective culture, seek to develop an evaluative framework and invest in the support and development of evaluative knowledge.

Understanding evaluative findings and using the information generated from them is important. This is an area that is easily overlooked however and can impact negatively on evaluation buy in from staff and peers.

The basis on how we demonstrate to others that something we are doing is high quality, valuable, worth doing, or important to pursue is due to values. To make judgments to determine 'how good is good' evaluative criteria need to be identified.

People who use peer support services value outcomes that lead to and support a fulfilling and productive life. Outcomes sought are employment, positive meaningful relationships, a safe and secure place to live, emotional and physical well-being, self-belief and the ability to give back to the mental health and addiction sector.



The peer support relationship is seen as crucial by people in order to achieve their desired outcomes. Components of a successful relationship are identified as understanding of the experience, a focus on strengths not deficits, respect and compassion. The principles of peer support, namely respect, shared responsibility, and mutual agreement of what is helpful are the factors that see peer support highly valued by the people who access it.

People who use peer support services highly value them; the impact for many has been described as life changing.

Measuring and reporting against outcomes has become increasingly popular in the health sector. Peer support services want to evidence the effectiveness of their services in order to secure ongoing funding and to demonstrate they are making a difference. There are many outcome measures available for use, however there is no perfect measure.

People who use peer support services want outcome measures that demonstrate change and improvement, are based on self-assessment, are culturally appropriate and non-clinical.

Outcome measures can be helpful to the peer support relationship providing a basis for conversation and setting the direction.

Challenges to be considered when using outcome measures included the technical knowledge required to interpret and make use of results, the resource required to collect and input data, the need for the findings to be

meaningful not only to the service but to the peer and peer worker.

## The challenges ahead

During the course of this project we have become aware of many areas of peer support that warrant further attention.

This research has identified that peer support is highly valued by people who experience distress and/or addiction. However peer support is not well promoted, with many peers reporting that found it by chance, or after other avenues of support were exhausted.

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. During the course of this four year project there has been no national peer support worker conference.

Peer support has arisen from the consumer movement. The development and 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 mainstream NGOs and DHBs, with an increasing number of peer support services no longer managed by people with lived experience.



Peer support services are delivered in diverse ways. Within this project alone, the range of services included a telephone support line, a residential crisis service, peer support group programmes, one on one peer support and drop-in centres. They ranged in size from 1 full time equivalent peer support worker to over 20. Evaluation requires acknowledgment of this diversity.

Peer Support is valued by the people that use it but only equates to less than 2% of the mental health and addiction spend. As evidence is often cited as the means for investment in services, how will peer support evidence its effectiveness in a way that aligns with the underlying principles of peer support?

The leadership group, at its final meeting in 2015 offered a number of suggestions to begin to address these challenges. These included:

- the development of a national peer support hub or centre of excellence acting as a conduit for peer support learning and development
- peer support services collectively promoting peer support to peers as well as other mental health and addiction providers, planners and funders.
- Maaori develop their own measures of success, promote Te Whare Tapu Wha and develop conceptual frameworks

- Measuring outcomes is resource intensive and there needs to be an evaluative culture built into peer services
- Consumer leadership/lived experience throughout the organisation
- Make a 5 minute video “What is Peer Support? How to support?”

## Presentations

We are happy to share findings about this project – [please contact us](#) if you would like to discuss further.

## And finally,

The Toka Tū project has been a challenging yet rewarding experience for those who have been involved in it.

A few words from some of the staff at Kites....

*“Participation in this project has been a highlight of my work at Kites. I am now a firm believer that Peer Support deserves greater recognition and resource than it receives and that people who are experiencing mental distress are currently missing out on services that can support their recovery. As a person who does not identify as having lived experience of mental distress I am grateful for the generosity of all involved in the sharing of knowledge and patience that has been demonstrated toward me throughout this work. I have attended many meetings in my work however the Toka Tū leadership group rated as one of the most valuable”.* **Marge Jackson**



*As a project worker on the Toka Tū project, I have learned a great deal about the co-research process and evaluation, but most importantly, I have learned how valuable peer support is to the people who receive it. A highlight for me was co-facilitating the focus groups at peer services, where I was able to learn about what outcomes are important to people and get an insight into how peer services operate. It was a privilege to work with the Toka Tū leadership group and I hope that peer support continues to develop and thrive throughout New Zealand.*

*“Being involved with the Toka Tū project has given me the opportunity to meet some awesome passionate people who drive peer support within their respective areas. It enabled me to gain a better understanding of what exactly peer support intrinsically looks and feels and feels like from the bottom up and its true value for those whom are lucky to have access to it. It also gave me exposure to evaluation techniques and how evaluative information can be best utilized to show best effect”. **Tane Rangihuna***

Our expert advisors and peer reviewers; Dr Sarah Gordon, Dr Debbie Peterson, Kate McKegg, Debbie Goodwin and Mind and Body.

Thank you.