



**Healthy London
Partnership**

Exploring different peer and lived experience roles in London

Roles, responsibilities and their role in supporting community MH transformation

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Exploring different peer and community connector roles in London



Playing a vital role in providing care that is more personalised and connecting with a person as a whole to meet all of their wider mental and physical health needs



Supporting a person to set and achieve their personal goals for example supporting a person to achieve their goal to employment



Supporting a person to navigate a complex system to access help in the right place and time

Across London there are a range of different peer, community connector and Lived Experience Practitioner roles that are supporting people with Serious Mental Illness in their communities.



This video shares learning from the people currently working in these roles by highlighting good practice and exploring any emerging challenges or barriers.



Offering flexibility to tailor care to a person's needs to help them achieve better outcomes within their communities



Helping someone prevent a crisis, supporting them during a period of crisis or through a transition from discharge to the community



Peer tutoring and peer education roles support specific topics such as depression and anxiety, and can include academic and social learning



Providing care that is more personalised and connecting with a person as a whole to meet all of their wider mental and physical health needs

When the client feels stuck and feels alone, isolated and feels like no one understands them, as people who share a similar background we are there first of all to show them that they are not alone and then explore the goals before maybe even being linked up with the service, when you are not sure even if you have the energy to do anything but you know you need some help

– Z. Nil Suner, Senior Peer Coach, C&I



Examples include:

- Using trauma-informed ways of working to consider why someone may begin to disengage, peer workers can help to minimise disengagement.
- Peer workers and Lived Experience Practitioners can help relate to that person and support them during a difficult time such as in preparation for a clinical assessment.



Examples include:

- During multidisciplinary team conversations peer workers play a role in demonstrating that people can recover from mental health difficulties.
- Peer workers and Lived Experience Practitioners have helped to excavate hidden clues or narratives that are easily lost around why somebody might feel that they are not able to engage with an MDT at a particular point in time. For example helping the team to consider wider issues such as the family and friends, faith and cultural background.



I am able to say that I have been a patient there too, and there is something very powerful about making that connection

– Marie-France Mutti, Lived Experience Practitioner, Oxleas



Supporting a person to set and achieve their personal goals

Within the primary care services, the kind of coaching approach that helps people to draw out strengths and make plans around managing their physical and mental health issues particularly working with people who have those dual problems or people who are considered to have a serious mental illness

– Cerdic Hall, Manager of the Choice and Control Peer Coaching Service, C&I

Our Peer employment specialists integrate the use of the Individual Placement and Support (IPS) for employment model, which is an evidence-based model that thinks very much about the person and their employment journey, and their journey back to or into work, a competitive employment specifically as opposed to anything shouted or voluntary based and they integrate and utilise their lived experience of recovery alongside the fidelity to the IPS model

– Mell Ball, Trustwide Lived Experience Practitioner & Peer Support Lead, CNWL



Examples include:

- Using a coaching approach to help someone consider both the physical and mental health support they may need.
- Finding new ways to reframe things for a person so that they support wider aspects of their life such as sports, activities or university.
- Camden and Islington offer a 'Choice and Control Peer Coaching Service'. Clients are offered up to 10 hours of coaching sessions to help the client focus on what is important to them and how they want to improve their health and wellbeing.

The peer coach will help a person achieve their goals by:

- Being heard
- Finding hope
- Connecting to people, place services and;
- Exploring options to improve the quality of their life

<https://www.candi.nhs.uk/our-services/choice-and-control-peer-coaching-service>

- Using evidence-based models to consider a persons employment journey to get into or back to work.



Supporting a person to navigate a complex system to access help in the right place and time

The team would go with people to particular appointments for instance so that they can connect up and ask good questions of health providers but also attend particular things they might feel anxious about as well; but also being a bit of a bridge between organisations so helping people step away from statutory services or make connections with specialist services they might need as well

– Cerdic Hall, Manager of the Choice and Control Peer Coaching Service, C&I

When you talk with the patients; the one thing that they all mention is the gift of hope and companionship that the Lived Experience Practitioners (LXP's) bring with them, as someone who has had similar experiences, and this cannot be replaced by anything else that they receive

– Japleen Kaur, Head of Volunteering Services, Lived Experience Practitioner Programme and Service User Involvement Lead, Oxleas



Examples include:

- Helping service users to make contact with services – they can accompany people to their appointments to support them as needed and to help them make the best use of their appointments.
- Helping support the referral process and signposting to other local community options.
- Being a bridge between services by attending appointments with the person, connecting up to the right place and helping them to ask good questions to their clinician. This support also provides companionship and understanding to service users.



Offering flexibility to tailor care to a persons needs to help them achieve better outcomes within their communities

Peer coaching services have shown a real ability to be flexible, we have worked with a voluntary service called “Talk for health” who create peer led groups within local communities and train people in a kind of democratic way about certain skills and communication that are healthy and create better outcomes for people; so not only gives an avenue for people to go and get further supported conversations but also there is a really easy path to there because actually peer coaches will walk alongside them

– Cerdic Hall, Manager of the Choice and Control Peer Coaching Service, C&I

Examples include:

- Using Peer coaching services in a flexible, creative and personalised way that allows solutions to be derived by the service users. For example Islington GP Federation are designing a Peer Coaching service so that anyone registered to North Islington is eligible. They can access the service as often as needed and can step in and out in the aim of making referrals as easy as possible.
- Working in partnership with VCSE organisations to create opportunities and a creative offer for service users within their local communities.

Examples include:

- Developing ‘easy in and out’ services and Community groups for service users to facilitate their recovery and help them to achieve better outcomes. For example:

The Bromley Day Treatment Service (DTS) run through Oxleas is an alternative to inpatient admission and provides therapeutic continuity for people leaving hospital.

Referrals are made via the home treatment team (HTT) Psychiatric Liaison Team and the ward multi-disciplinary teams.

8 weeks of therapeutic interventions are offered with ongoing assessments for service users to develop coping strategies, make positive lifestyle choices and gain greater understanding of their mental health to promote wellbeing.

DTS also provides a SUN Service (Service User Network) which is a network of group members who work alongside facilitators to receive crisis support, information, practical advice and coping skills. SUN offers lifelong access to SUN Service Users as and when they find themselves in a crisis.



Peer tutoring and peer education roles support specific topics such as depression and anxiety



Peer tutors would be supporting for an independent learning plan for instance, for somebody to think about, recovery focused, with courses who everybody can attend and some of them find that useful. The focus there is mentoring rather than supporting or intense amount of peer support work or intervention, it's mentoring as such where you might find in the university but is very valid, they provide part of their lived experience but wouldn't be using that to such an extent and still the focus would be on that person and their self-directed learning

– Daniella Harnett, Peer Support Professional Lead, ELFT



Examples include:

- Providing support for people within classroom and group basis support as well as one-to-one support.
- Recovery focused courses to support a person with self-directed learning. For example:

[Camden and Islington \(C&I\) Recovery College](#) provide free online courses to every resident C&I 18+. Peer tutors work together to co-deliver courses that cover topics such as dealing with difficult emotions, how to cope with traumatic events, living well with a long term condition and exercise to feel good. A full list of courses can be found [here](#)

- Helping to teach therapeutic management of violence and aggression if people are distressed to support people in a more trauma-informed and therapeutic way.

Central and North West London peer safe practice tutors work alongside clinical tutors to teach the therapeutic management of violence and aggression. Peer tutors can help bring a lived experience perspective to this role. Training is co-produced deliver it in a more trauma informed and therapeutic way.



Helping someone prevent a crisis, supporting them during a period of crisis or through a transition from discharge to the community

Our role is to help support those people at the very difficult time either when you've been discharged or you're trying to prevent a hospital admission, people at that point are quite often either on the edge of crisis or maybe in crisis. Our role is to support them and to help them make that transition and also where appropriate to either get them community Mental Health support, maybe by getting a key worker in the Community

– Marie-France Mutti, Lived Experience Practitioner, Oxleas

Examples include:

- Supporting service users and the process when they come into the emergency department in different ways: during the pre-assessment, assessment or post-assessment, being able to flag any particular aspects realised from their own experience.

My role is generally to work within the emergency department....my job is to engage with patients, it can be at pre-assessment to find out briefly how they are; then if the possibility arises I would attend with a psychiatric nurse, doctor or consultant. The purpose is to assess the patient to see what the ongoing care would be or treatment and I would sit with them and give any other questions or things that I feel during the assessment. The doctor would consult with me and ask what do I feel, if there is anything I've picked up from what they said and how they have been, then a care plan is decided....after the assessment I might stay with the patient to give them tools and skills maybe from my own experience of mental illness, the ways I have recovered to help them and/or it can just be a general chat

– Ray Lovell, Lived Experience Practitioner, Oxleas

Examples include:

- Lived Experience Practitioners and Peer Support workers are invaluable by being able to provide the right support to service users when they are in crisis but can also help service users either in a preventative way or during the process of discharge and transition to the Community.