

# STRONGER VOICES, STRONG SUPPORT

Final evaluation report  
March 2015

*'If you are used to having services provided to you then it's a lot to grasp. It took a long time for the penny to drop, but when it does it's quite simple. You get a lot more choice and control if you do your own support plan.'*

**SVSS peer supporter**

## ABOUT DARLINGTON ASSOCIATION ON DISABILITY (D.A.D)

**D.A.D.** is an organisation run and controlled by disabled people and well established in the local community. Set up in 1986, D.A.D. employs 60 people, and has over 90 volunteers, the majority of which are disabled people. The organisation actively promotes local disabled people as positive role models and leaders by way of enabling a positive disability culture, where self-direction is key to planning support arrangements.

## ABOUT THE EVALUATOR

The evaluation has been conducted by **Stephen Lee Hodgkins PhD** ([www.stephenleehodgkins.net](http://www.stephenleehodgkins.net)). Stephen is a researcher, author, community worker and graphic facilitator, specialising in disability inclusion and community work. He has a PhD from the University of Northampton in social psychology and disability studies. In 2000 he set up a disabled person's organisation in Tower Hamlets, now merged with Real. From 2008-11 he directed the Disability LIB £4m National Lottery funded capacity building programme to 200 disabled people's organisations across the UK

## SUMMARY

This report presents the final independent evaluation of the 'Stronger Voices, Strong Support' (SVSS) project and explores the key outcomes and action learning points relating to the peer support model of delivery. Overall this evaluation reports positively on the project and presents a range of outcomes and action learning points that demonstrate the value and the challenges relating to the delivery of an effective peer support initiative.

## KEY ACHIEVEMENTS

- Individuals engaged through SVSS report improved well-being which in turn enables the pursuit of positive and desired life outcomes. Participants report that it has had a positive impact in building confidence, knowledge and skills so that they are empowered to articulate choice and control over their support options.
- The approach transforms the traditional care manager - service user relationship which can diffuse tensions and inspire individuals to identify their choices and assert control.
- The project supported individuals to understand how to appropriately create and manage support plans that put themselves first, over pre-existing and often dominant services.
- Volunteer peer support has enabled the lived experience of disabled people to be a valued and utilised positive resource, and has built useful local knowledge that could only emerge from a disabled person's lived experience of accessibility within the local community setting.

## KEY ACHIEVEMENTS (continued)

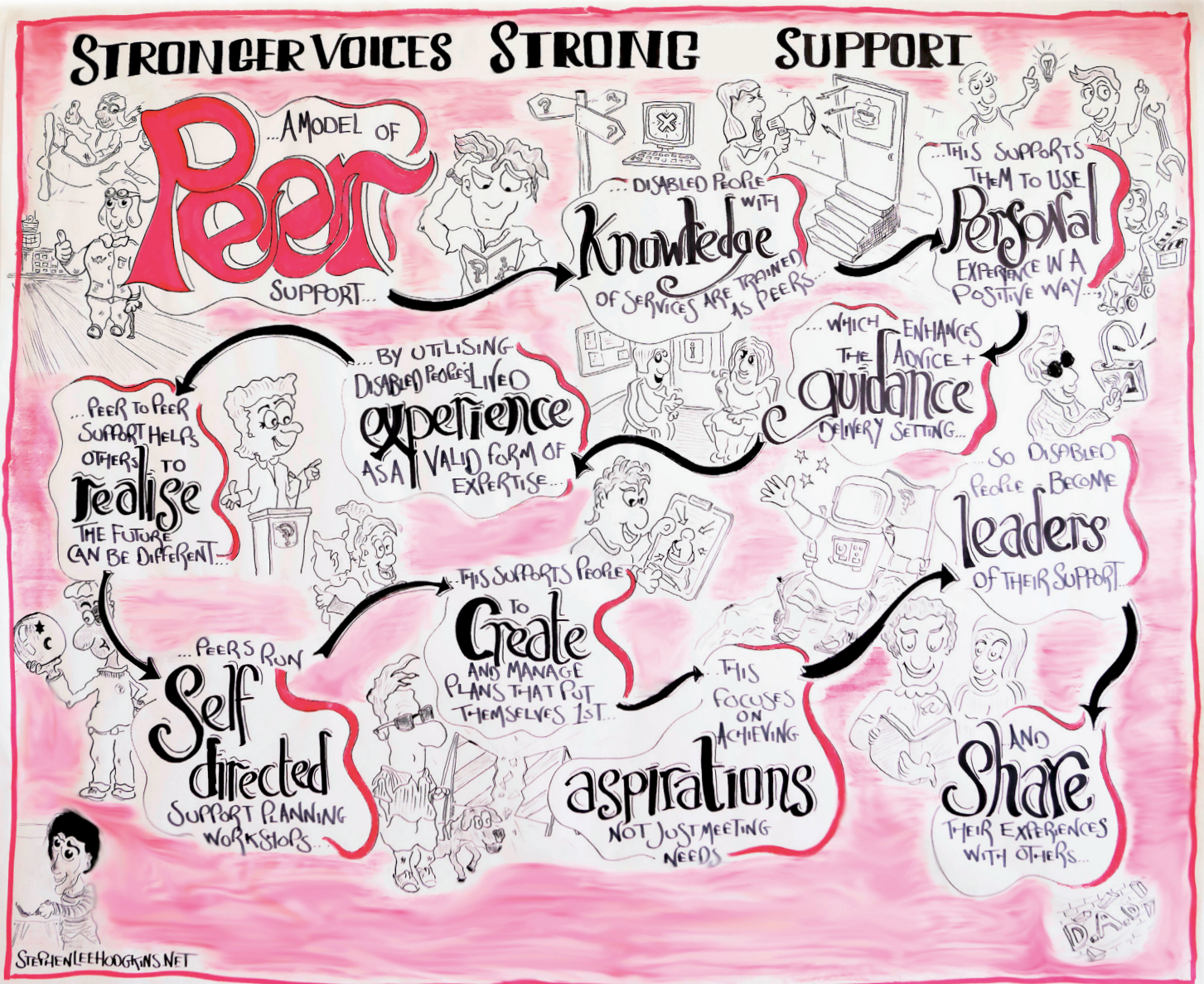
- The development of a comprehensive toolkit that documents SVSS's peer support model would enable other groups of disabled people to run a peer support initiative in their area.
- The accreditation of a peer support learning model, which supports learners to draw on and utilise personal experience in a positive and constructive way. The modules help to formalise the notion of peer support in an advice and guidance delivery setting, and enable further legitimacy and profile to disabled people's lived experience as a valid form of expertise.
- The engagement of SVSS with the multi-disciplinary team (MDT) has brought the value and benefits of peer support to clinical settings, as well as reached out to disabled people who are not aware of, or would not engage with, a disabled person's user led organisation, a personal budget or peer support.
- SVSS' creative delivery of accessible information and peer support has resulted not only in a number of support plans being highly personalised to meet individual desired outcomes, but also helped people challenge, shift their expectations, rethink and question the very idea of needing a service to undertake their care, and focussed them on achieving personal aspirations and self-directed support that emphasises inclusion and positive life planning.
- SVSS has been able to connect with people who may not be eligible for state support and enabled them to build personal support structures within the local community that help them achieve self-directed support, albeit without recognition of a personal budget.

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# A MODEL OF PEER SUPPORT



## INTRODUCTION

Darlington Association on Disability (D.A.D.) was awarded funding for a three-year project in 2012 from the Department of Health's Voluntary Sector investment programme, Innovation, Excellence and Strategic Development Fund 2012-2013. The project titled 'Stronger Voices, Strong Support' (SVSS) was structured on theme one of the fund; 'Personalisation and Choice of Care and Support - strengthening people's choice and control over their own care and support, ensuring that they are in control'. The original proposal set out to benefit disabled people and carers by improving the quality of their support and personal outcomes; the local authority by providing a cost efficient model of support planning; NHS bodies in preparation for the implementation of personal budgets in 2014; and to increase community capacity for citizen peer support.

The overarching aim has been to enable disabled people and carers to have more choice and control over their support plans, resources and life outcomes through the development and facilitation of a peer network. This was achieved through a process of training and supporting project staff and volunteers, all of which were disabled people with knowledge of applying for, and receiving services, to offer advice and guidance, run support planning and entitlement workshops and mentor individuals as they accessed the assessment process. Additionally the project has provided peer-to-peer support to self-funders, those assessed as ineligible, or who do not engage with agencies.

Overall this evaluation reports positively on the project and presents a range of outcomes and action learning points that demonstrate the value and the challenges relating to the delivery of an effective peer support initiative. The following section relating to outcomes has been organised into three themes: *Personal*, focusing on the direct change achieved by individuals, such as empowerment, self-directed support planning and increased choice and control;

# INTRODUCTION

*Operational*, relating to the comprehensive structure and range of resources necessary for developing and delivering a disabled person's peer support initiative, including accredited training, volunteering opportunities and the cost effectiveness of the model; and *Community*, concerning the creative and accessible information delivery of planning support within the local community as well as the positive working partnerships established with local bodies, such as a multi-disciplinary team attached to a local Clinical Commissioning Group.

Nine key action learning points are presented, and include issues that have both challenged and enhanced the project delivery. This highlights how SVSS' peer support approach can work to shift perspectives and change individuals' aspirations by enabling disabled people as community role models to provide accessible information, facilitate active networks, reach out to those not engaging with services, and innovate personal support and assistance options. Additionally, the project recognises that while it has increased knowledge about personal budgets, there is often a significant lack of awareness and information available to the broader group of disabled people and carers that would potential benefit from peer support, but who are often disconnected from community initiatives. The report concludes by summarising the outcomes and learning points, and discusses these in terms of the potential benefits of sharing and establishing the model in other localities and regions.



## METHOD AND EVALUATION APPROACH

This evaluation explores the key outcomes of the SVSS project specifically relating to the peer support model of delivery. Using a range of project materials and interviews the evaluation focuses on, and is limited to, the process and self-reported impact of peer support. Materials reviewed included the original 'Application Form for Innovation, Excellence and Strategic Development Fund 2012-13'; Year 1 and Year 2 independent evaluation reports, plus related project documentation; twenty written case studies covering the experiences and reflections of peer support recipients, volunteers and staff; and interviews with five peer support recipients, one volunteer and two project staff. Interviews were conducted using open ended questions with prompts relating to the individual's experiences of the project and their personal reflections concerning achievements, challenges and learning points. The evaluator reviewed all of the project material collected against the original evaluation brief's stated focus on achieving the delivery of a successful peer support model.

## OUTCOMES

The key outcomes achieved by the project are organised into three themes: **Personal**, focusing on the direct change achieved by individuals, such as empowerment, selfdirected support planning and increased choice and control; **Operational**, relating to the comprehensive structure and range of resources necessary for developing and delivering a disabled person's peer support initiative, including accredited training, volunteering opportunities and the cost effectiveness of the model; and **Community**, concerning the creative and accessible information delivery of planning support within the local community as well as the positive working partnerships established with local bodies, such as a multidisciplinary team attached to a local Clinical Commissioning Group.

### PERSONAL

The SVSS project has achieved significant change for a number of individual participants relating to their well-being and improvements to choice, control and support. A crucial part of this is the sharing between peers of both relevant lived experience and accurate information concerning the entitlement and assessment processes. In this way the project has facilitated leadership and positive role models by disabled people to take active steps to negotiate support options that lead to greater levels of choice and control in their lives.

## OUTCOMES (continued)

### Empowerment and well-being

Within the case studies collected several participants report a positive improvement in their mood and confidence, and one participant stated that involvement in the project has assisted in their recovery. Part of this appears to be achieved through being able to recognise where a support plan does not work for an individual, to understand and articulate alternative options that achieve greater choice and control. The following case study gives an example of this.

*‘In 2008, after being discharged from hospital I was assessed as needing just over 20 hours of personal care per week. I had no idea where the money came from to pay for these services, how much these services cost and nothing written down. It wasn’t until I recognised that I had become quite isolated, spending almost two years living life on my sofa, and institutionalised in my own house. Since attending D.A.D.’s services and the SVSS workshop, I now have a greater understanding of my choices and have moved onto something different. I now have a PA through an agency, someone who has a lot in common with me and happy to work within a lesbian partnership.’*

**SVSS peer support recipient**

The key achievement of SVSS here comes through both the content and delivery of information that participants value, and which has had a positive impact in building confidence, knowledge and skills so that they are empowered to articulate choice and control over their support options. This appears to support the well-being of individuals which in turn enables the pursuit of positive and desired life outcomes.

## OUTCOMES (continued)

### Self-directed support planning

Findings reported in year 1 noted that people using personal budgets were not confident about the process and systems in place to be able to get the most out of the resources available to them. The year 2 evaluation reported that through the advice and guidance, peer support workshops and mentoring, the support planning process was having a positive impact on changing people's day-to-day lives. Furthermore, this was not just about swapping a direct service for a personal budget but focused on enabling individuals take control and be active in managing their support resources by recruiting and employing PAs. While there are a number of different examples, the following illustrates the importance being able to represent an individual's needs and wants, from their perspective, in ways accessible and relevant to them.

*'We (SVSS) were able to support J's Mum to get past the mistakes made in the past and to refocus her energy in identifying her son's needs and in writing a self-assessment and support plan for him. This enabled her to see that if the forms were completed by herself and J then they would be in their words and therefore reflect their support more accurately. In the past there has been a lot of resentment because she has always relied on care managers to write the plans but always felt that they used words that J would not use. Mum was always very anxious that it was not emphasised enough about the fact that he is easily influenced and led into things. Mum felt after these were completed that she felt more in control and that she felt listened to.'*

SVSS project staff member

## OUTCOMES (continued)

The key achievement here relates to the specific style and approach of the SVSS project in delivering information and support. The approach can be seen to be more like coaching peers to experience knowledge actively, rather than just presenting someone with standard and inappropriate information. Being led by disabled people trained in the selfdirected support process enables a more collaborative and accessible approach than that which is traditionally found within the care manager - service user relationship. This can both diffuse tensions and inspire individuals to identify choice and assert control. Part of this is about SVSS being embedded in the community, therefore arguably being more connected to individuals than state services, but also because the project has a distinct expertise and more time to undertake the process than that found within the care management structure and system.

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### Improved choice and control

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The SVSS project has provided people in Darlington who have or want a personal budget access to peer led advice and support. The focus has been on promoting the concept of choice, so as to use different types of support, purchasing what is needed to meet agreed outcomes, to use a range of services or providers, or to develop something new as a standard option, not an exceptional one. SVSS has supported a range of individuals to achieve personal choice and control over their support by developing them for the first time, as well as rewriting and reorganising plans. This has meant being able to obtain more resources for some, a better allocation of resources for others and overall a repositioning of the individual to be at the centre and in control of the plan. The following gives an example of how an individual was able to ask for more support and evidence the request persuasively.

## OUTCOMES (continued)

*‘Meeting a member of the SVSS staff team at an open day, I opened up at how frustrated I had become at not being able to use my skills, knowledge and experience prior to becoming disabled. I believe I was almost fulfilling my own self prophecy about never being able to ever work again. Volunteering was going to be my route into building my confidence, however, this didn’t materialise and I was made aware of SVSS and attended a workshop. Later I found out about this job, applied and was successful. Interestingly though, now having been part of the workshops and now a staff member, this project has made me realise how little power, choice and control I had. I hadn’t been provided with all the information about my personal budget. The workshops and information I gained made me realise I wasn’t in control. The information, language and terms used in the project helped me to understand what social workers were talking about giving me the confidence to feel equal. At my next review I had a new found understanding that had empowered me to ask questions which previously I couldn’t. I was therefore able to ask for more support and give the evidence in order to secure this.’*

**SVSS project staff member**

Other examples of interest here are where SVSS supported an individual to purchase a new cooker to meet dietary needs and employ her daughter as her PA; another individual was able to have their personal budget reinstated at the desired amount following a reduction due to changes in criteria; and through requesting reassessment another individual was able to increase the amount of PA hours received. The key achievement that can be seen from these examples is how the project supported individuals to understand how to appropriately create and manage support plans that put themselves first, over pre-existing and often dominant services.

## OUTCOMES (continued)

### OPERATIONAL

There are three key organisational achievements to be noted here. The first relates to the volunteer opportunities created. The second relates to the comprehensive structure and a toolkit that includes a range of operational resources necessary for developing and delivering a disabled persons peer support initiative established by the project. Linked to this is also development of accredited training specific to peer support, which in turn leads to a further broader outcome that can be seen to further legitimise and profile disabled people's lived experience as a valid expertise. The third achievement concerns cost effectiveness of D.A.D., as a DPULO in delivering social work functions relating to assessments and support planning.

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#### Volunteer Opportunities

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There have been a total of 16 volunteers engaging with the project over the three year period. A robust training and induction programme was given to each new starter covering advice, guidance, listening skills, non-violent crisis intervention, disability equality, the equality act and safeguarding. Specific training on personal budgets, support planning and local application, review and appeal processes were given to enable volunteers to support the project objectives. Supervision and line management for employees was given throughout the project. Volunteers took on roles as advisors, giving information and guidance about personal budgets and as peer support planning partners, to facilitate planning sessions. Overall volunteers reported a positive experience of their involvement, but also have been crucial in bringing significant lived experience and expertise to the project and allowing them to be utilised as resources.

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## OUTCOMES (continued)

The following two quotes indicate the embedded approach of the project to legitimise disabled people's experience as being both valuable and practical. The first quote highlights how specific experiences relating to different types of impairments, in this case 'mental health' are embraced as resources within the work of the project rather than being regarded as solely personal and problematic.

*'D.A.D. has played a major part in my recovery and I also feel that I have been able to contribute by adding my experience of mental health to the team.'*

**SVSS volunteer**

Relating to this, the next quote emphasises the personal benefits of volunteering as well as how specific personal knowledge (of accessible venues) has been of use to the project delivery.

*'Volunteering with the project has enabled me to build my confidence levels and make new friends with whom I socialise regularly, this has become part of my life. This volunteering role has started to make me believe that I could return to paid work within the right environment and with the right support. I have been developing a resource for accessible venues in and around Darlington that may interest people who have a personal budget and which they can identify in their support plans.'*

**SVSS volunteer**

The key achievement here relates to how the lived experience of disabled people is both valued and utilised as a positive resource in their roles as volunteer peer supporters, and that by doing so this builds useful local knowledge that could only emerge from a disabled person's lived experience of accessibility within the local community setting.



# OUTCOMES (continued)

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## Operational Resources

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The SVSS project has developed a comprehensive structure and a range of operational resources necessary for developing and delivering a disabled persons peer support initiative. This includes an extensive toolkit of operational resources and materials necessary for the delivery the project. The toolkit details all aspects of the SVSS' project activity over the three years and shares key observations and learning points. The aim is that the toolkit be made available to other groups of disabled people interested in replicating a version of the peer support model for their community and locality.

The toolkit includes a wide range on materials such as, project publicity, leaflets, adverts and web copy; Role descriptions, for both staff and volunteers; Internal training programs for colleagues engaged in delivery; Advice and guidance materials; External workshop plans, format and content, for peer support and self directed support; Peer support research and reference materials; And support planning tools, to facilitate individuals in developing personalised plans.

The development of the toolkit and collation of support materials is a key achievement of whole project. By doing so the key tasks and learning of the project has been made available to be shared with other groups wishing to develop such an initiative. Whilst some other groups may be familiar, and or doing peer support, the toolkit presents them with a comprehensive framework and range of resources that would enable them to run a peer support initiative in their area. Also, included in the toolkit is the development of the accredited peer support training that will be explored in the following section.

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# OUTCOMES (continued)

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## Accredited Training

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The project has developed three different levels of peer support accredited training. This offers volunteers an introduction to peer support, with two further specific learning modules that provide the opportunity to refine knowledge. These are as follows.

### ***Understanding the role of a peer support volunteer in empowering disabled people.***

The purpose of the unit is to develop learners' understanding of the role of a peer support volunteer, within the context of supporting disabled people to exercise choice and control. The unit explores the concept of empowerment and examines factors that contribute to disabling individuals.

The assessed learning outcomes are:

- Understanding the role of a Peer Support Volunteer.
- Understand the concept of empowerment.
- Understand factors that contribute to disabling people.

### ***Developing peer support skills.***

The purpose of the unit is to develop learners' knowledge and understanding relating to the provision of peer support. The unit explores the principles and practice of peer support and considers the challenges facing a peer supporter. It also explores the differences between giving information and providing advice and guidance.

## OUTCOMES (continued)

The assessed learning outcomes are:

- Understand the principles and practice of peer support.
- Know how to provide peer support.
- Know the differences between the provision of information and advice & guidance.

The units are accredited by One Awards 2014 with the support of Coleridge Centre and provide a useful grounding for volunteers, and staff, to draw on their experiences and deliver peer support positively and supportively.

The key achievement here is the accreditation of a peer support learning model that supports learners to draw on and utilise personal experience in a positive and constructive way. Furthermore, the modules help to formalise the notion of peer support in an advice and guidance delivery setting, that although can be applied flexibly depending on individual circumstance, enable a solid operational grounding and structure. Linked to this is also a broader yet significant outcome to note about how these modules enable further legitimacy and profile to disabled people's lived experience as a valid form of expertise. This is significant in its potential to help change knowledge and culture of both assessments and awards of concern to disabled people and family carers.

# OUTCOMES (continued)

## Cost efficiency

Based on the Personal Social Services Research Unit ([www.pssru.ac.uk](http://www.pssru.ac.uk)) unit costs of health and social care 2013 figures used to measure the cost of providing people with health and social care support, D.A.D.'s overall costs are significantly lower compared to qualified, non-qualified and assistant statutory social work roles. The hourly rates, based on PRSSU annual average calculation of 1516 hours (37 hours over 41 weeks) are shown in the below.

Organisation	Hourly Rate	£
DPULO Costs	£24.90	£113,245.20
Statutory Social Work Costs - Qualified	£79.00	£359,292.00
Statutory Social Work Costs - Non Qualified	£55.00	£250,140.00

The costs relating to social work hourly costs (both qualified and non-qualified) only relate to client related work and not face-to-face work which is costed out significantly higher. The DPULO costs include both. Also the additional added value of disabled people sharing lived experiences and giving peer support is not included. Linked to this is also the issue of prevention, and possible efficiencies achieved by way of ensuring clients create and implement plans that are appropriate and sufficient to their needs, thus avoiding crisis management or related interventions.

## OUTCOMES (continued)

### COMMUNITY

The SVSS project has had a significant impact within the local community and demonstrated the value of facilitating a peer network for self-directed planning. Here there are three key achievements to note: i) accessible information and peer support that is meaningful, engaging and locally relevant; ii) effective multi disciplinary partnerships, working in and with communities and professional spaces to reach individuals; and iii) social prescribing, promoting local resources for people to enhance their social capital.

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#### Accessible information and peer support

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The SVSS project delivered accessible information in a range of creative and accessible ways. This included three levels of delivery that were able to respond to individual need flexibly. The first, advice and guidance, provided a telephone helpline and drop in sessions. The second gave a series of workshops focusing on self-directed support and the assessment and application processes of Darlington borough council. This also offered specific support planning sessions at a community cafe and other settings to help people understand how to develop personal plans. The third matched peer support mentors who had been through the support planning process themselves to offer guidance and support to others beginning the journey.

*‘If you are used to having services provided to you its a lot to grasp ... it took a long time for the penny to drop, but when it does it's quite simple ... you get a lot more choice and control if you do your own support plan.’*

**SVSS peer supporter**

## OUTCOMES (continued)

Fundamental to the success of the self-directed planning offered by SVSS' peers was supporting people to challenge and rethink personal, often service related 'needs', and focus on their aspirations. Part of this would cover both disability and human rights, but also practical examples of how to calculate support costs to achieve desired personal outcomes such as obtaining a qualification or developing a community project.

Some specific examples relevant to accessible information here include the use of a visual tool to support an individual to think about what he wanted in his life. This revealed new information that his mother, his main carer, had not previously know. This process led to an increase in his assessed support and the replacement of an unsuitable service with the employment of an appropriate PA with whom he could effectively bond, leading to a significant improvement in his quality of life and particularly the quality of his leisure time. Another example relates to a personal budget user felt unable to afford the contribution to the cost of their social care package. The SVSS project supported them to better understand the financial assessment process, which left them identifying previously overlooked disability related expenditure and thus made the contribution much more affordable.

*'[The peer supporter] navigated me really well, helping me with my daughter's plan, as well as my own carer's plan. The forms are such a nightmare. I've always had to seek out information for everything. With support its easier and you can challenge things, so they really work for you.'*

**Recipient of SVSS' peer support**

## OUTCOMES (continued)

Part of the value of peer support is in the way it gives practical examples that are real and demonstrate positive lived experiences. An example of this has been the guidance given by one of the peer supporters to three families. Each included an adult son or daughter who was a disabled person looking to live independently. The process began with them visiting the home of the peer supporter's son. This gave the three families a practical, real life example of what was achievable. The families were impressed by the quality of the support staff and the lifestyle the peer supporters and his housemates led, including their inclusion in the community, their leisure activities/holidays and their varied day activities including paid work. The peer supporter then helped with the local authority's selfassessment questionnaire. On receiving the indicative budgets, the peer supporter helped one of the families to challenge the initial amount as it was felt it was a significant underestimate, which was reassessed to a higher, more appropriate amount for the support package needed. The peer supporter also helped the families set up an independent living trust so they could pool their budgets together and take responsibility for running all aspects of the packages together, rather than having a provider do this for them respectively. The process has required a lot of work, and development of policies and procedures to manage their supported living arrangements, but has resulted in each family feeling positive, in control of the process and embracing their new arrangements, rather than feeling uncertain about them.

In this way the key achievement relating to SVSS' creative delivery of accessible information and peer support has not only resulted in a number of support plans being highly personalised to meet individual desired outcomes, but also helped people challenge, shift their expectations, rethink and question the very idea of needing a service to undertake their care, and focus on achieving personal aspirations and self-directed support that emphasises inclusion and positive life planning.

## OUTCOMES (continued)

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### Multiple disciplinary partnerships

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The use of community venues and networks has ensured the take up and development of local social capital and ensured community participation for those involved with SVSS.

D.A.D is part of a multi-disciplinary team (MDT) initiative, working to engage with people to reduce social isolation and the need for crisis health and social care interventions. The rationale is that by working in partnership with health and social care statutory services to engage earlier, and in appropriate ways, this helps people exercise greater choice and control. D.A.D is working in partnership with two other voluntary sector organisations to provide a Voluntary Sector Broker to attend regular meetings across 11 GP practices in Darlington with other representatives including GP's, social workers, community matrons and other practice staff to discuss unplanned hospital admissions and accident and emergency admissions in the context of whether they could have better support arrangements in place, such as peer support that would have avoided the admission. A number of people referred via this route have received support from the SVSS project, particularly those people who would benefit from a peer supporting the person to look at their support network and community involvement and how this could be improved.

Focusing on older people, one significant example from this initiative relates to an individual who in an extra care setting had become isolated and was coming into conflict with a front line health service. A peer supporter from SVSS visited the individual having been referred via the MDT and helped the person look at what's working and what's not working. By doing so the peer supporter discovered that the move from a long term family large sized house and to a small flat within the extra care setting had

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## OUTCOMES (continued)

caused significant issues for the individual that had impacted on their health and well-being. Having identified this, the peer supporter helped undertake some activities to address the transition and fed back to the other partners in the MDT.

The key achievements here relate to both the engagement of SVSS with the MDT to bring the value and benefits of peer support to clinical settings as well as how it has helped reach out to disabled people who are not aware of, or would not engage with, a disabled person's user led organisation, a personal budget or peer support.

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### Social prescribing

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While the focus of the SVSS project has been to support individuals to develop and achieve self-directed support plans funded through personal budgets, it has also responded to numerous individuals and enquiries who have not met the local authority's eligibility criteria. Part of this response has been to help build local knowledge about opportunities for people to have their support met through existing social capital and mainstream services. This has helped support broader prevention and early intervention strategies through helping individuals to build up networks and connections that facilitate personal resilience and support solutions. SVSS has helped facilitate social prescribing for people, so they may build networks and connect, avoid isolation, and be creative in developing activities that are preventative and enhance personal well-being.

Some examples of SVSS' social prescribing includes supporting people to have the information and/ or support to attend local activities such as community cafes, friendship groups, using the local Shopmobility service, ballroom dancing and a local 'autumn leaves' project that helps facilitate friendships to name a few and

## OUTCOMES (continued)

use other voluntary sector providers such as Citizens Advice Bureau. A key approach of the SVSS project in this work is to identify potential barriers and work with individuals to overcome these. SVSS has also helped a mother and daughter, who provided 24 hour support, to build sufficient levels of trust between each other and work out the practical arrangements so that they can have some regular weekly time away from each other at a coffee morning. Another example that relates to the innovative and creative use of a personal budget for social activities that help achieve aspirations and create well-being, is an individual who was supported by SVSS and an independent living trust to set up an art project. This has developed into a small business which employs an artist paid by their direct payments and paid commissioned to make large murals for nurseries, events and other spaces.

The key achievement here relates to both being able to direct people who may not be eligible for state support to connect with and build personal support structures within the local community that help them achieve self-directed support, albeit without recognition of a personal budget. Promoting access to social activities and networks supports individuals in creative and innovative ways to be active in their personal aspirations and support requirements, rather than rendering them passive through standard and inflexible support options.

# ACTION LEARNING

This section presents nine key action learning points observed and encountered throughout the life of the project. These include issues that have both challenged and enhanced delivery. While each is significant and specific, taken together they demonstrate the key elements necessary to be in place, and those to be mindful of, for the delivery of a successful peer support initiative. These are drawn on experiences from across the three years of the project as well as key learning and action points cited in previous evaluation reports.

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## Changing aspirations

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SVSS' unique expertise around the personal budget support planning process has a positive impact on changing people's day-to-day lives and aspirations by giving real life and practical information from people who have relevant lived experience. Shifting the focus from personal needs to aspirations is key to the success of good self-directed planning and support

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## Accessible information

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People using a personal budget do not always know what their indicative budget is or what the options of managing that budget are, and are not confident about the process and systems in place to get the most out of their budget. People accessing SVSS became more confident with these issues because of the accessibility of the peer-to-peer knowledge sharing approach that facilitates personal understanding in meaningful ways for people.

# ACTION LEARNING (continued)

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## Role models

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The promotion of positive examples of disabled people's experiences whose lives have changed by taking an aspirational approach to personal budget use and through peer support networks has been crucial in uptake and success of the project. Using role models to further publicise the project could help widen its reach in spaces where there is a low level of understanding about self-directed support and personal budgets.

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## Active networks

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Peer support connects with people in a unique and transformative way. People attending the drop in sessions were facilitated to share personal experiences within a safe and accepting space which allowed for the development of several friendships, and informal, yet active support networks. A network of strong friendships between peers has developed as a result of SVSS and people reported feeling less isolated and achieved greater connections to the community.

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## Formalised peer support

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The SVSS project has developed a comprehensive structure and related operational resources for developing and delivering a disabled person's peer support initiative. This includes an extensive toolkit of operational resources, such as publicity, role descriptions, handbooks, sessions plans, peer support guidance, support planning tools and monitoring tools. This offers a full range of documentation and material necessary to replicate the project and ensure quality in its delivery. Significantly this includes a series

## **ACTION LEARNING** (continued)

of accredited peer support learning modules. The training was developed at SVSS and reported by attendees as being comprehensive, extremely valued and has a positive impact in terms of building confidence, knowledge and skills about the topic and related issues. Together the toolkit and training have been significant to the project in enabling a formal operational structure as well as demonstrating credibility and legitimising the value and power of disabled people's and family carers' lived experience.

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### **Volunteer skills**

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Workshops were a really useful way of recruiting volunteers to become advisors and peer supporters, although retaining volunteers was an ongoing challenge as people develop and are able to find employment. Offering different ways to engage and retain new volunteers, including attracting more people in different ways to volunteer who have a personal budget to share what it has changed in their lives has helped the achievements of the project.

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### **Reaching out**

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SVSS supported people who were 'ineligible' for assistance, and/or did not engage with services by enabling them, with information and access options to make positive connections community support. This helped people build networks and connect, avoid isolation, and be creative in developing activities that are preventative and enhance personal well-being. This required the project to be less prescriptive and rigid in the way it defined and engaged with individuals using the project.

# **ACTION LEARNING** (continued)

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## **Furthering partnerships**

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Developing a broad ranging directory of local accessible resources has been useful to the peer support guidance. Making links with statutory services has been difficult and unsuccessful in places, but very beneficial when it has worked. Referrals to the project were initially through D.A.D.'s own services, and were slow to come from health and social care settings. However, the work with the MDT has created opportunities to connect with individuals in more clinical settings, and if this is done further it could increase the reach and impact of the project.

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## **Innovating self-directed support**

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There are many examples in Darlington of the positive use of pooled budgets of which SVSS has helped some to be established and reviewed so as to create and achieve desired life outcomes. Peer support networks provide a dynamic space for others to explore and innovate opportunities to pool and share resources so as to achieve personal goals and community inclusion in new and transformative ways.

## CONCLUSION

This report has presented an evaluation of the SVSS peer support delivery model. It presented a range of outcomes and achievements arising from the project. These explored the direct change achieved by individuals, such as empowerment, self-directed support planning and increased choice and control, the development of a toolkit, accreditation of its peer support training, volunteering opportunities, the cost effectiveness of the model, the creative and accessible information delivery of planning support and the positive working partnerships established with local bodies. From this a number of action learning points were included that highlighted how the peer support approach works to change personal aspirations by enabling disabled people, as community role models to provide accessible information, facilitate active networks and help innovate the support options available to disabled people and family carers. This final section concludes by summarising the key and crucial elements of the SVSS peer support model, and explore these in relation to establishing this within other localities and regions.

D.A.D. is an organisation run and controlled by disabled people and well established in the local community. Set up in 1986, D.A.D. employs 60 people, and has over 90 volunteers, the majority of which are disabled people. The organisation actively promotes local disabled people as positive role models and leaders by way of enabling a positive disability culture, where self-direction is key to planning support arrangements. This has been a key factor in both the design and overall successful delivery of the SVSS project. It cannot be underestimated that the impact will be transformative upon a disabled person or family carer when another shares a personal experience and practical information about how they overcame barriers and achieved a better outcome relating to their support, life and aspirations. The presence of a strong community, such as that of D.A.D. no doubt helps to articulate these outcomes as possible for others across the local area.

## CONCLUSION (continued)

D.A.D. recognised the importance of peer support planning and its wealth of experience of peer working with disabled people in Darlington to realise disabled people's independence, choice and control over their lives. However, changing cultures and particularly processes within a statutory sector organisation takes time, and overall D.A.D. and the SVSS project have faced many challenges whilst developing a cost effective model of peer support and peer support planning. Not least the persuasion and positioning of disabled people's lived experience as a legitimate and valid form of knowledge. Yet the delivery of the SVSS project through the current funding has demonstrated its capacity to do so within Darlington, and proved the success of the model and concept, as the range of personal, operational and community achievements cited above indicate.

The context in which the project achieves success is crucial. Several interviews undertaken as part of this evaluation noted the leadership and positive representation of disability emanating from the peer supporters associated with the project, along with a specific understanding about not only how personal budgets are applied for, reviewed and appealed, but also the potential to achieve something different with them. This effect was also noted by other recipients of the project who were not entitled to a personal budget, but found personal solutions through accessing community and untypical resources. This is despite political uncertainty and significant budget restraints that have had a huge impact on local resources and shows the added value of the SVSS model to achieve greater choice, control and inclusion in their lives. This value could be of particular use to the new style of resources the forthcoming Care Act proposes, in particular the implementation of assessments that adopt a self-directed support planning approach, as well as the broader move away from the dominance of standard large style service providers to the innovation by individuals to create local and context specific alternatives.



## CONCLUSION (continued)

In this way, the potential to replicate the successes of the SVSS model in other localities and regions requires certain key elements to be in place. These relate to having a proud disabled person who has had directly relevant local experience and knowledge, has access to the SVSS model blueprint and operational resources, receives accredited training where relevant, is embedded within a supportive community of other proud disabled people and allies, and is willing to share their experience with others in an empathic way. As has been explored the approach adopted then can be likened to coaching, where peers are facilitated to experience knowledge actively, rather than being presented with incomplete or partial information that is inaccessible. Being guided by disabled people who have access to the SVSS model blueprint and operational resources and have received the accredited peer support training allows for a more collaborative and accessible approach than found within the historical service manager - service user relationship. The power of this is transformative, not only in the way disabled people are able to achieve inclusion for themselves, but also in the way projects such as SVSS can achieve inclusion for the whole of society and community, including helping to innovate and improve essential resources and services.