



Q Improvement Lab

Peer support: discovery and design workshop

13-14 July 2017



Q Introduction

The Q Improvement Lab is seeking to address the challenge of what it would take for peer support to be available at scale in the UK.

On the 13-14 July 2017 over 50 Lab participants came together for a workshop on peer support.

The workshop was an ambitious and innovative process. Over two days we explored and reframed some of the key challenges in peer support and began to generate ideas and opportunities to be acted on this year.

The workshop was designed to build on the research undertaken by the Lab to date, while bringing diverse perspectives to bear on the problem.





Introduction

This document is a summary of the activities that took place over the two days and the discussions and ideas that surfaced.

We've included as much of the 'raw data' from these discussions as possible, so that other people involved in the Lab are able to look for any crossover and relevance to their own work.

If you'd like to comment on any of this document you can login to the online version here:

https://realtimeboard.com/app/board/o9J_k0KuAjA=



Sphere 1: What could the Lab do in the next 4 weeks to make progress

Write issue here:
 Shifting the power from
 "over" to "with"

Q

USE Q TO ACCESS OTHER NETWORKS BEYOND HEALTH & SOCIAL CARE

DEFINE WHAT WE'RE DOING

HOW CAN WE SUPPORT CURRENTLY EMERGING POWER?

HOW CAN WE LIKE TO REDEFINE POWER BALANCE & CAN IT BE THROUGH EVALUATION?

TO EMPOWER SOMEONE ELSE, YOU NEED TO BE

YOU CAN'T SHARE POWER IF

ALSO, YOU MAY NOT KNOW YOU



Identifying the top issues in peer support

The Lab research into peer support identified four broad challenge areas in peer support:

- Evidence
- Culture and buy-in
- Workforce
- Access

More information on this research is available here:

<https://q.health.org.uk/news-story/q-lab-update-sharing-research-peer-support/>

On the first day, each of the areas were discussed by two groups. Each table sought to unpack the challenge area and identify some of the biggest issues that were relevant to that challenge area.



Evidence

How to customise the message for different audiences

Evidence

How to build a rounded, sophisticated evidence base

Evidence

Improving routine data collection

Evidence

Understanding value that it makes to people's lives

Culture

Culture and buy-in

Power and political will for change

Workforce Culture

Tradition and challenging the current paradigm

Culture

Jargon and professional language

Culture

Equity with the medical model

Workforce

Risk and the fear of it going wrong

Culture

Understanding the evidence base

Workforce Culture

How to use lived experience and stories to drive the change

Evidence

Competing priorities for time, money and resources

Workforce Culture

Reducing silo working between people, professions and organisations

Culture

Barriers to collaboration

Culture

Providing high quality services

Access

Accessibility of services

Workforce

Workforce

Training and workforce best practice

Workforce

Issues with confidentiality and conflicts of interest

Workforce

Understanding key components of peer support

Workforce

Access

Lack of awareness or education in peer support

Evidence

Challenges around how an individual accesses services

Access

Geographic factors that impact on access

Access

Making peer support suitable for diverse needs

Access

How to signpost effectively

Access

How to refer effectively

Access

How to develop and train health care professionals on peer support

Workforce

Making the peer support role 'work'

Workforce

Every post-it has been coded in the bottom-left corner based on the group that this issue came from. You'll see there is some crossover between groups, due to the nature of the discussions.

Q Voting on the highest priority issues

Each attendee at the workshop was given four votes to choose the most important issues facing peer support, for the Q Lab to work on for the remainder of this year.

There were 17 issues to choose between and a total of 154 votes were cast. People were asked not to vote more than once for the same issue.

The top four issues received a total of 70 votes, which equates to 45% of all of the votes that were cast.

On the next page, you can see the number of votes that each issue received. We've also highlighted the four issues with the most votes.



Evidence

How to build a rounded, sophisticated evidence base
Votes = 14
Evidence

Improving routine data collection
Votes = 9
Evidence

Understanding value that it makes to people's lives
Not chosen by table
Culture

How to customise the message for different audiences
Votes = 3
Evidence

Understanding the evidence base
Not chosen by table
Workforce Culture

How to use lived experience and stories to drive the change
Votes = 21
Evidence

Culture and buy-in

Tradition and challenging the current paradigm
Votes = 15
Culture

Jargon and professional language
Not chosen by table
Culture

Power and political will for change
Not chosen by table
Workforce Culture

Equity with the medical model
Votes = 19
Workforce

Risk and the fear of it going wrong
Votes = 7
Culture

Reducing silo working between people, professions and organisations
Not chosen by table
Culture

Barriers to collaboration
Votes = 3
Culture

Competing priorities for time, money and resources
Workforce Culture

Access

Providing high quality services
Votes = 3
Access

Accessibility of services
Not chosen by table
Workforce

Workforce

Issues with confidentiality and conflicts of interest
Not chosen by table
Workforce

Understanding key components of peer support
Not chosen by table
Workforce

Lack of awareness or education in peer support
Not chosen by table
Evidence

Challenges around how an individual accesses services
Not chosen by table
Access

Training and workforce best practice
Votes = 11
Workforce

How to signpost effectively
Votes = 14
Access

How to develop and train health care professionals on peer support
Not chosen
Workforce

Making the peer support role 'work'
Votes = 0
Workforce

Geographic factors that impact on access
Votes = 6
Access

Making peer support suitable for diverse needs
Votes = 7
Access

How to refer effectively
Votes = 15
Access



Understanding the top issues

Below is a grid of the four issues that were chosen. As we've started to systematically go through the comments on each of the issues we've seen some very strong similarities between the two issues that came from workforce and culture.

Evidence: How can we use lived experience to drive the system

This issue is important because... we would have a better health and care system if it was totally driven by people with lived experience

Culture and buy-in: Shifting the power from 'over' to 'with'

This issue is important because... of the need to challenge tradition and the current paradigm, which is focussed on systems of hierarchy, power structures and paternalism

Access: How can we ensure that health professionals routinely and reliably refer to and promote peer support?

This issue is important because... Health care professionals need to understand and trust peer support so that they can positively promote it, and so that it becomes an accepted, equal and routine part of care

Workforce: Equity between peer support and medical model

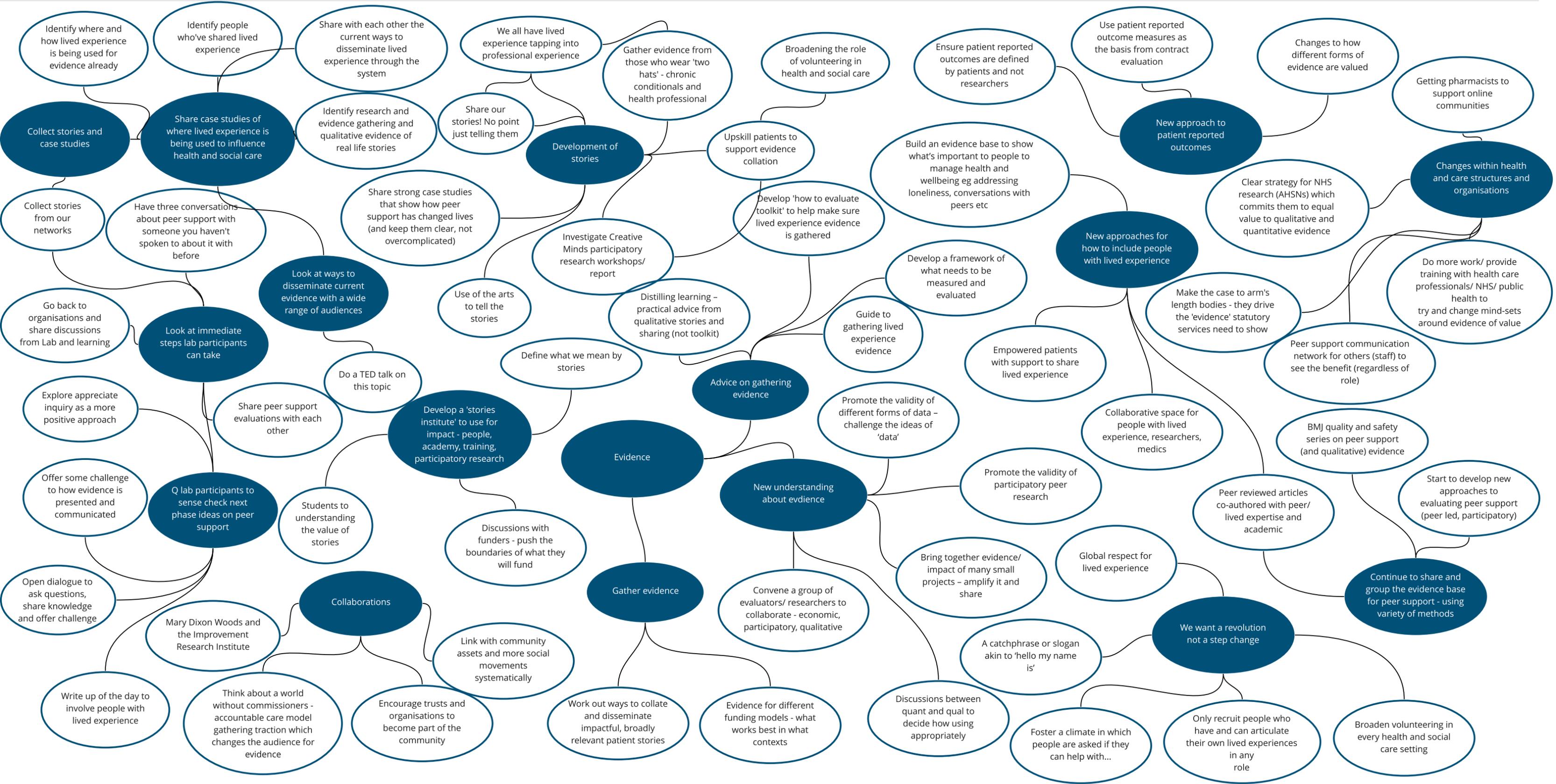
This issue is important because... The dominance of the medical model in healthcare provision is often at odds with the values of peer supports (strengths based approach rather than deficit based approach)

How can we use lived experience to drive the system?

What should we do in the next four weeks?

What should we do in the next year?

What should we do to support long-term change?



What should we do in the next four weeks? → What should we do in the next year? → What should we do to support long-term



Q Critiquing our ideas

The final exercise of the workshop was designed for us to critique the ideas that had been suggested on the day.

Everyone was given time to read through some of the ideas generated by other groups and to think about any unintended consequences that they could foresee.

People also highlight any ideas they thought could work really well.

The comments that we received for this exercise are best viewed in an interactive format when they are overlaid on top of the ideas. This is not possible in the PDF version but can be viewed here:

https://realtimeboard.com/app/board/o9J_k0KuAjA=



Q Thank you

We'd like to thank everyone who came along to the workshop and shared their experiences, knowledge and enthusiasm with the group.

We look forward to moving into the Development and Testing phase and working on some of the great ideas that were surfaced over the two days.

You can get in touch with the Q Lab team at:
QLabs@health.org.uk

