

**FINAL REPORT TO THE QUEEN'S NURSING INSTITUTE SCOTLAND**

**Physical Activity Peer Support Worker**

**26<sup>th</sup> September 2016-21<sup>st</sup> May 2017**

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**Queen's Nursing Institute Scotland (QNIS) Final Report on the Physical Activity Peer Support Worker**

**Project summary**

The Physical Activity Peer Support Worker (PAPSW) role was a partnership project to develop and test the role of Peer support in community mental health creating and sustaining links to the voluntary sector and statutory sector (NHS and Local Authority). The Peer workers role was to support those most excluded, people with severe and enduring mental health problems to engage in physical activity. The Peer worker used skills to empower individuals to make links with mainstream community services and support the further development of sustainable community activities. The skills the Peer worker used promoted resilience, reduced stigma, promoted social inclusion, embedded strengths based approaches to mental wellbeing and contributed to significant improvements in health and wellbeing. The empathy and mutual understanding of a Peer role helped foster trust, equality, and reciprocity and encourage individuals to exercise choice and control.

The Peer worker did benefit greatly from work experience, training, and paid employment under permitted work rules and this supported their transition into longer term employment. Support and supervision was provided NHS Tayside and the worker was recruited as an NHS employee. Links were made to the local Employment and Support Team to support the exit strategy for the Peer Worker at the end of the project period and to identify potential employment opportunities.

MindSPACE Recovery College was identified as the main partner from the Voluntary sector in this project. MindSPACE Recovery College is like any other college where people come together to learn and share. The difference is that at MindSPACE, learning is delivered by people with lived experience and professional experience of mental ill health.

Through the provision of a safe and creative environment they aim to help people to:

- Improve their knowledge of mental health
- Build their confidence
- Realise their potential and
- Participate in community life

MindSPACE co delivers with Perth College University of the Highlands and Islands the Professional Development Award (PDA) in Mental Health Peer Support. This course is designed to facilitate candidates in the role of peer support worker. The PDA equips candidates with the knowledge, skills and values which are necessary to carry out this role. It was developed by the Scottish Recovery Network and Scottish Qualifications Authority. Peer Support Workers are individuals with personal experience of mental health who are

trained to support others. We were keen that The Peer support worker for this project would be qualified or working towards a Peer Development Award.

Our aim was to support and enable people with long term health conditions to integrate within their local community aiming to reduce stigma and enhance inclusion. We promoted activities within local support services and in particular our named partners. We hoped that the general community would benefit in the longer term as we aimed to mainstream and realign opportunities to focus on mental wellbeing in its widest sense. The new Scottish Government Mental Health Strategy 2017-2027 reinforces the drive to implement a more non medicalised approach which has been a significant focus of this project as well as the benefits of a peer support.

### **Background**

The Scottish Government has launched the new Mental Health Strategy (2017-2027) this year with one of the key objectives being the development of new models of managing mental health problems. Strategically there is acknowledgement that the demand for specialist mental health services is increasing and that primary care services do not always meet the needs of people experiencing mental health problems or distress. The Strategy therefore focuses on new models of supporting people with mental health problems, involving peer workers, offering opportunities to provide a less medicalised and more person-centred approach (The Scottish Government March 2016). As well as identifying the importance of a peer role the engagement sessions focusing on strategy development have identified the need to promote wellbeing through physical activity. This has a direct correlate with Commitment 28 of the Mental Health Strategy (2012) where the reduced life expectancy of people with a diagnosis of major mental health problems are identified and a wide range of physical health improvements through exercise is specified.

We know that long term exclusion and inactivity is significantly detrimental to an individual's wellbeing, health, and life chances and that the benefits of physical activity on mental and physical wellbeing are well documented and evidenced. People with severe and enduring mental health problems can suffer from exclusion and isolation and often suffer from multiple health conditions. As well as increasing physical activity the role was developed to encourage interaction and engagement with others and the individual's local community.

From 2015-2016 we had a Physical Activity Worker in post who engaged with people accessing MoveAhead. The outcomes were positive and have shown improvements to physical and mental wellbeing. 2 people with enduring mental health problems have recently undertaken walk leader training following their involvement with the Physical

Activity Worker creating new opportunities for those individuals. We wanted to extend the project to other agencies and integrate the service fully into the local community. We also wanted to pilot the benefits of peer support in a statutory health environment helping to change the culture within services.

As health and social integration is developing we envisaged that it would be a good time to test ways of working by sharing skills, expertise and resources to create a sustainable vision for the future.

### **Project Aims**

- Identify and engage with those most excluded in the community due to mental ill health, enabling them to make connections with their local community.
- Test the role of a Peer Support Worker in mental health, through NHS systems and supports and the impact on recovery.
- Improve the health of those with long term conditions via the engagement in physical activity.
- Strengthen partnership working between NHS, Local Authority and third sector, enhancing opportunities during the implementation of integration.
- Encourage the NHS to employ people at disadvantage from the labour market and support the benefits of permitted work to those who have been excluded from the labour market due to ill health.
- To encourage clients/participants to co deliver services with us.

### **What we planned to do**

- Use the skills and relationship that the Peer worker possesses to encourage people to engage in community mainstream services such as the local gym, local walks, and exercise classes.
- Test the role of a Peer worker working in mental health NHS organisations identifying outcomes for the Peer worker and client group.
- Provide employment opportunities under permitted work rules, education and training.
- Make use of existing community facilities identifying appropriate exit strategies.
- Reduce stigma in mental health and encourage people to engage in mainstream physical activities.
- To promote physical activity and its benefits to physical and mental wellbeing.

## What did we do?

We, NHS Tayside, wrote a bespoke job description, and interviewed 10 candidates who met the essential minimum criteria. We employed a band 2 Peer Support Worker who was in receipt of Employment and Support Allowance which allowed them to work under permitted work rules. Permitted work allows people in receipt of certain benefits the opportunity to earn up to a set threshold without benefits being affected. Permitted Work can support those with long term health conditions and who have been unemployed, to transition back to the workplace. Due to restrictions on earnings the post was advertised at 12 hours per week. The contract was for a period of 10 months on a fixed term basis. As our QNIS budget was a maximum spend of £5000 we had to ensure that we would be within budget. The successful candidate previously volunteered as Exercise Buddy with the service and a Physical Activity Support Worker.

Over the year our worker has gained skills, confidence and experience. As an organisation we supported and provided a work placement for this worker to undertake an award in Peer Mentoring. The worker was supported to undertake assignments, essays and workplace assessments. Our worker has been awarded a Personal Development Award in Peer Mentoring via Mindspace Recovery College and Perth College University of the Highlands and Islands. The worker graduated in October 2016 and attended a graduation ceremony in Perth Concert Hall that was attended by HRH Princess Anne. This was a really big achievement for the worker as the individual had previously been out of education for nearly 40 years and had been disadvantaged educationally for many years.

NHS Tayside provided a full and comprehensive month long induction which included a one day corporate induction session in Dundee. The worker completed all relevant Learn Pro training programmes, completed with support the Health Care Support Worker Standards workbook and developed objectives via the Electronic Knowledge and Skills Framework (EKSF).

We have engaged with service users and asked them what barriers they have to engaging in physical activity and what they would like to see developed. We developed activities in line with what people said they wanted and needed. We targeted people accessing 4 local voluntary sector agencies who supported people with mental and physical health issues. These agencies were Mindspace Recovery College, Giraffe Trading, The Walled Garden (Perth and Kinross Association of Voluntary Services) and Churches Action for the Homeless. We established a weekly gym group in October 2016 in a local mainstream community facility. We established this group following consultation with service users from our community partners in the statutory and voluntary sector who identified this as a need. This was fully supported by the Peer Worker. The gym group was very poorly attended and unfortunately was cancelled in December 2016 and we reviewed how to best use the resources of the worker.

During Perth and Kinross wellbeing Fair which was held throughout the month of October we re- launched and promoted our walking groups and other activities and attracted new members who were isolated from their community. Our Peer Worker supported two walking groups per week. We wanted to develop a volunteer walk leader role who co will deliver services with us. We aimed for this individual to be in recovery from mental ill health. In May 2107 we recruited a volunteer walk leader via NHS Tayside volunteer recruitment processes. This volunteer was previously a client of the service and was keen to use volunteering for his own personal recovery journey.

In January 2017 we made links with the Community Greenspace Ranger Service. We held a community engagement session asking people what they would like to see developed in relation to outdoor conservation work. Following this session we developed Green Routes to Wellbeing (Perth). This led to the development of a weekly group who met on St. Magdalene's Hill in Perth. The aim was to provide an outdoor learning opportunity which created social and physical activity elements to support physical and mental wellbeing. Our PPSW attended these sessions supporting people to attend by providing transport, and direct peer support. 8 people registered for this group which included people with and without long term health conditions.

In May 2017 we established MoveAhead HUB (Health Using Bikes) again a project supported by the PPSW and our new volunteer.

Operationally, we devised paperwork and systems. We developed evaluation forms to show pre and post engagement needs and asked people to comment on their physical and mental wellbeing. We hoped to use IROC (Individual Outcome Recovery Counter) developed By Penumbra, to measure the impact of Peer Support on recovery. Unfortunately due to restrictions on worker hours it was impossible to use this tool with our groups. The worker had capacity to see one client a week for a one to one Peer Support session in physical activity. Unfortunately we did not have outcomes for this one to one support as due to chronic pain and physical health issues the client cancelled most sessions with the PPSW. The majority of work done by the Peer worker was done in group sessions due to time restrictions within a 12 hour a week post.

### **Our outcomes**

#### **Physical Activity Peer Support Worker- A Personal Statement – By Anne Charite**

Gaining employment as a Physical Activity Peer Support Worker confirmed to me other people's belief in me during a time when I was still struggling to believe in myself. The support and encouragement I received throughout the application and interview process really created a positive shift in the way I had viewed myself enabling me to think 'well if other people believe in me maybe it's time to start believing in myself'. This change in

thinking created a bit of hope and belief within me that by taking all the positive risks I had, maybe I really was moving forward in my personal and professional development and this led me to believe in and embrace the changes going on in my life.

By gaining employment as the Physical Activity Peer Support Worker I felt I had really achieved something, my self respect grew and I felt energised to continue to learn and grow throughout.

I enjoyed the Team work and support I had throughout this time as It made me feel for the first time in my life, ' part of the bigger picture ', I felt socially included and connected, and I felt respected! That was an amazing experience for me as I don't ever remember a period in my life where I had felt so good about myself, I knew I still lacked confidence but from regular support and supervision discussions, I came to believe that this would grow in time.

During the time I spent doing my Physical Activity Peer Support work I learned so much from discussions with my peers about the various mental health difficulties that they lived with and the various ways the stigma and self stigma we experienced had impacted on our lives. We had respect, empathy and validation of each other's lived experiences, and built trust within our reciprocal peer relationships which created a safe space to break down personal barriers. By recognising our resilience as strengths we had developed, and in identifying these various strengths as 'tools' we could use to empower ourselves and take back choice and control, by taking personal responsibility to get through difficult times , or for keeping us well during our recovery journeys and to aid us to re engage in building positive relationships with ourselves and others in the community whilst doing physical activities thereby gaining social inclusion and feelings of acceptance, we gained better health, better well being and lots of opportunities for personal growth.

During this time I developed my skills in communication by being self aware, and creating opportunity for open and honest dialogue, engaging in 'active listening' and clarifying with my peer as to what I was hearing or not!, to ensure that my Peer had felt 'heard' and to ensure that I had not been hearing them through my own personal world view instead of hearing them and acknowledging their perspective and individual needs from theirs. I also developed skills in supporting peers to identify their goals, and action plan their aims to achieve them, through using their individual strengths ,tools, and abilities as well as encouraging and supporting links into a number of community resources. My skills at building relationships outside of peer support expanded too, as I became more confident in setting my boundaries and co operating and maintaining good working relationships with team members, services and people in various community groups and settings. My skills in IT improved also, as I learned to maintain accurate and up to date records, my typing skill increased from using one finger to using two :)

I want to finish this personal statement by acknowledging the fact that although I have had the most amazing opportunity to practise and develop my professional skills through a

QNIS funded employment opportunity, one which I really appreciate , It was the unfaltering support and belief in me, from the very first meeting I had as a service user with Pam Lamond at MoveAhead approximately four years ago, and her continued encouragement, support and belief in me when I had none of my own that gave me my first glimpse of hope and led me to start taking the positive risks which empowered me to come this far in my recovery journey, personal growth and professional development. I now use the story of meeting Pam at MoveAhead and her belief in me which sparked the hope in starting my recovery journey when sharing parts of my lived experience, to motivate and encourage and inspire hope in others going through their own difficulties to believe that recovery and change can and does happen.

Anne Charite 13/8/2017

Our new volunteer Gavin, just was recruited a few months ago previously being a user of our services. He now co delivers with us on three different groups. Gavin said “Volunteering has been a big step forward in recovery for me, to go from being a service user to actually making a difference in someone’s life is very rewarding.”

In order to measure the impact of the role on participants we developed evaluation forms. The following responses are all direct quotations from service users when asked to complete pre and post engagement evaluation forms.

### **Pre Engagement Questionnaire**

- 1. Do you have any barriers in taking part in physical activity? E.G. Low confidence, financial problems, transport, clothing, lack of information, going alone. Please comment:**
  - Client 1-Low confidence and anxiety
  - Client 2-Low confidence and anxiety about meeting new people
  - Client 3- Severe anxiety particularly when adapting to changes. OCD symptoms. Injured knee.
  - Client 4-No comment made
  - Client 5- Low confidence. Going alone, not knowing anyone
  - Client 6-No
  - Client 7-Going on my own
- 2. What physical activity would you like to take part in? E.G. going to the gym, walking, attending a class, cycling, swimming .Please comment**
  - 1. Gym, walking and exercise class
  - 2. Walking
  - 3. Walking
  - 4. Walking, gym
  - 5. Walking



- 6. Walking
  - 7. Walking
- 3. Do you think that it will be helpful to your recovery to have a peer worker who has their own lived mental health experiences to share? Please comment:**
- 1. Yes. Understand certain barriers without explanation needed.
  - 2. Yes
  - 3. I think that Peer Workers own experiences of mental illness are extremely valuable and allow them to understand and empathise with their patients.
  - 4. Yes motivated me more
  - 5. Not sure, probably would help
  - 6. No comment made
  - 7. Yes
- 4. What would you like to achieve through physical activity? E.G lose weight, meet new people, be more confident, feel fitter, get out of the house. Please comment**
- 1. Be more confident, feel fitter and get out of the house.
  - 2. To be healthier meet people and reduce anxiety
  - 3. Increased confidence and socialisation, in preparation for some form of voluntary work.
  - 4. Meet new people
  - 5. More confident with meeting strangers. Getting outside.
  - 6. Lose weight, feel more confident
  - 7. Lose weight, meet new people
- 5. Do you have any physical or mental health problems that make it difficult for you to take part in physical activity? Please comment.**
- 1. Fibromyalgia, anxiety and depressive mood swings
  - 2. No
  - 3. Severe anxiety ,depression, psychosis, OCD and knee injury
  - 4. No
  - 5. Lack of confidence
  - 6. No
  - 7. Yes
- 6. Would you like a physical activity pack that provides information regarding local opportunities in physical activity?**
- 1. Yes
  - 2. Yes
  - 3. No thank you
  - 4. Yes
  - 5. Yes
  - 6. Yes

- 7. Yes
- 7. Please let us know if you have any other needs that you think we may be able to help you with. Please specify.**
- 1. No comment made
  - 2. N/A
  - 3. No comment made
  - 4. No
  - 5. No comment made
  - 6. No comment made
  - 7. No

### **Post engagement questionnaire**

- 1. Do you feel that the service you received from the Physical Activity Peer Support Worker has helped you to reduce any barriers that you had engaging in physical activity?**
- Client 1- Yes, before I was avoiding going out at all.
  - Client 2- Yes, I found it difficult to go out due to social anxiety, and this has helped a lot.
  - Client 3-The Support Worker was very friendly and understanding and put me at my ease. Anxiety was my biggest barrier in attending and the support worker was a great help in this regard.
  - Client 5- Being with other people made it more of a social environment and so having a Peer Support Worker has enabled me to join in the group. Having a Peer Support worker who knows what it's like to lack confidence and not feel good about oneself really helps especially if I am having a "bad day"
- 2. Did you have the opportunity to attend the activity that you requested? Please comment**
- 1- Yes the times and venues were good and acceptable.
  - 2-Yes, no problem
  - 3-Yes
  - 5- Yes, though sometimes I felt guilty leaving my husband due to his comments- obviously this is nothing that the support worker had any control over.
- 3. Please comment on any positive or negative aspect you have experienced through support from a Peer Worker who has their own lived mental health experiences to share? Please comment.**
- 1-It has been a great thing to know there is hope and understanding.
  - 2-It is helpful to make me feel at ease to talk
  - 3- Having a support worker who has experiences mental health troubles in invaluable. You feel understood, you feel free to talk honestly about your problems,

and the contact with someone else who has experienced the same problems as yourself is very reassuring.

- 5- The Peer Worker knows what it is like to have good days, how it can be difficult to just make it to the walking group and talk to other people. She knows how each achievement is important no matter how small that achievement is.
- 4. Did the service help you to achieve your goals? Please comment**
- 1-Yes it did. It has got me out and able to go out more freely.
  - 2-Actually helped me to identify my goals as well as achieving them.
  - 3- Attending regular walks helped me to reduce my anxiety with this type of activity. It also helped me to build my confidence and begin a part time voluntary job.
- 5- Yes it has made me realise I can manage to do things I didn't think I would ever be able to do
- 5. Do you think that taking part had a positive or negative impact on your mental and physical wellbeing? Please comment.**
- 1-It has been a positive thing. My mental and physical health has improved.
  - 2-I have noticed an improvement in both, from exercise and social perspective.
  - 3-It has had a very positive effect on both
  - 5- Taking part has helped me to get more flexible and helped my back. Being in the fresh air has been great and made me feel more alive and realising I can have conversations with people I hardly know has helped my confidence.
- 6. Did you receive appropriate information regarding physical activity opportunities?**
- Yes, ie cycling
  - 2-Yes
  - 3- Yes
  - 5- Yes
- 7. Please comment on any aspect of the service that you have received?**
- 1- The service is excellent and has been a massive help for me.
  - 2- No comment made
  - 3- No comment made
  - 5- Thank goodness for Peer Support Workers! And to the service for taking the time to work out what activity would be best for me, with my input of course to the restrictions due to my caring responsibilities.

At least another 4 people took part in the activities provided by the Peer support worker but either chose not to complete the forms or did not stay long enough in the project to be involved in the post engagement questionnaire. There was a 3 months window between pre and post questionnaire and there was not sufficient time within the project to conduct further evaluation.

## Impact

In terms of activities, we have developed 2 new opportunities supported by QNIS funding. We have been able to offer a joint project called Perth Green Routes to Wellbeing with the Community Greenspace Rangers at the Local Authority. This outdoor based “Green Gym” has been meeting since January 2017 supported by the PAPSW. A variety of conservation, educational and practical tasks have been undertaken and the group continues to meet weekly on St Magdalene’s Hill. We were so lucky that our worker wished to continue to volunteer with this group once she left to take up a new paid post at the end of May 17. She will leave the group on 31<sup>st</sup> August 17 due to other commitments but our new volunteer working on the QNIS developed activities will kindly provide ongoing support to this group and the Ranger service.

Our new bike group is being run by the PAPSW who returned to volunteer on this project and our new volunteer recruited through our QNIS work. This allows us to run sustainable activities at very little cost to the organisation.

During the winter months our hardy walking group did a sponsored “step walk challenge”. They decided to walk the equivalent in miles from Perth to Dundee and back, in excess of 40 miles. They achieved this over a 2 week period as a group and raised £160 for MoveAhead. This gave the group a sense of belonging and purpose and they felt that they were contributing to the community. We held a celebration event for those who had kindly fundraised for us. The money raised was allocated to MoveAhead to spend on developing further community activities.

In relation to the wider team culture within the NHS we could clearly see a shift in professional workers from the Community Mental Health Team, who initially had distanced themselves from the PAPSW. Historically within the area, Peer Workers have been seen as a threat to trained staff, however by the end of the project the worker was a fully integrated member of the wider team and was being approached directly to discuss potential referrals. Unfortunately, we did not ask staff regarding their values and beliefs of peer support pre and post project. We do however believe that we challenged stigma within the NHS and reduced staff fears and prejudices of working with an “ex service user”.

We hope to have addressed some stigma in relation to mental health perceptions held by the community. All of our groups focused on promoting wellbeing in its widest sense and as well as attracting people with long term conditions we also welcomed people with no pre existing health conditions. During the Wellbeing Fair we had the opportunity to discuss and showcase our work with the community throughout the region of Perth and Kinross.

Our worker in May 2017 applied to Mindspace Recovery College for a post as a paid Peer Support Worker under permitted work rules. We are delighted to say that she was

successful and left her Physical Activity Peer Support Worker post at the end of May this year. This did however affect our impact as the project was not due to conclude until

### **Sharing our work**

Thanks to our friends at QNIS and their links within Health and Social Care, we have met with the Chief Executive from Perth and Kinross Council. This allowed us the opportunity to showcase our work with QNIS but also our wider remit locally. This led to us developing a DVD in partnership with people using our services. These stories of recovery have been inspiring and moving and capture what we are trying to achieve with communities in relation to positive mental wellbeing and engagement in activity. This DVD will be released soon and will be available on U Tube.

Due to the publicity on the QNIS website I was contacted by a NHS worker in Shetland who was keen to find out how we engaged with communities and got our project established.

We have had discussions with NHS Tayside re the longer term funding options for the project. Unfortunately due to the current financial climate this post has not been allocated continued funding.

The volunteer opportunities within the service have been highlighted on NHS Tayside's Voluntary Services web page. This shows the diversity of roles available and new opportunities to enhance and enable recovery.

### **Next steps**

I plan to share our findings regarding the benefits of permitted work with colleagues in Human Resources. There is currently an area wide review of mental health services in Tayside. Part of the ongoing difficulties faced by the organisation includes the drastic reduction in work force due to planned staff retirement. I aim to share with the transformation group leaders the positive impact employing under permitted work rules can have to the individual and the organisation.

The QNIS legacy can continue without funding thanks to our dedicated volunteers, who both continue to provide support to 3 projects (2 Led walks weekly, Green Routes to Wellbeing and MoveAhead HUB).

### **Financial report**

- Actual staff cost- **£3534.45** including all employer contributions.

NHS Tayside hosted this partnership post. Costs incurred to organisation:

- Support and supervision- Weekly £21.59 x27 weeks= £582.93
- Training including work place assessor for Personal Development Award in Peer Support-20 hours x £21.59 = £431.80

- Materials, paper, postage, phone calls- Approx £100
  - Staff travel to QNIS workshops- 1 staff in September 16- £30, 3 staff in April 17-£90= £120
  - Evaluation time-10 hours at £21.59 per hour= £215.90
- £1450.63**

**TOTAL SPEND= £4985.08**

In Kind contributions:

- Venue costs in kind provided by NHS Tayside- Office base, PC access , lighting heating etc
- NHS Tayside Corporate Induction (full day)
- Full induction provided in kind including completion of mandatory Health Care Support Worker standards. All Learn Pro modules completed and time supported to do this. Full EKSF and appraisal completed.
- Training in NHS IT systems all in kind and continued support.
- PVG for PAPSW and new volunteer. Volunteer induction, training and supervision and support.
- Clothing costs for volunteer

**Conclusion**

Although our PAPSW has moved into a new role within another organisation, she has continued to support our projects by returning to support Green Routes to Wellbeing and MoveAhead HUB on a voluntary basis. Our newly recruited volunteer has taken over the lead of the walking groups and supports the above mentioned groups. Due to the dedication and commitment of our volunteers we can continue to provide sustainable services.

Our worker successfully got a job in Peer Support which was fantastic outcome. However this limited the time of the project and therefore the achievable outcomes. In total our project ran for a period of just over 8 months and this was excluding the month long induction and training period, sick leave and annual leave of the worker.

The legacy of the Physical Activity Peer Support and physical activity is maintained within the service but unfortunately the opportunities are voluntary and not paid. This was disappointing as we had hoped to create sustainable employment opportunities. However our volunteers report a sense of personal achievement and satisfaction which is gained through the helping of others and giving back to the community.

NHS “red tape” caused delays to the project start due to recruitment processes including the time consuming element of PVG (Protecting Vulnerable Groups) clearance. Also during the course of the project a new Standard Operating Procedure for Record keeping was implemented. This affected the project in as such that the worker was required to complete documentation on the day of patient contact therefore the worker was required to come

back to base each day and write up clinical notes following patient contact. This impacted on the PAPSW'S time and in theory her hours were 12 per week but in reality she could not achieve this given organisational systems and demands. The PAPSW developed substantial Time in lieu.

In the end the project supported approx 11 people in a variety of different physical activities. Although we had hoped to engage with a higher number of people the quality of service feedback was high. The PAPSW spent a great deal of time talking to third sector services and asking them and their service users what should be available in the community. Unfortunately services were slow in supporting their clients to feed back and often the worker had to contact the agency on several occasions before feedback was provided. In some cases agencies never provided any feedback. As mentioned previously, the highest demand was for a gym group, but no one ever attended although sessions were well advertised.

Receiving funding from QNIS was an amazing experience. It gave me the opportunity to try new ways of working and take risks that would otherwise not have been supported financially within my organisation. I met some brilliant people along the way and felt I contributed towards the recovery of many people, including the PAPSW and the new volunteer. It helped me have the confidence to try something new and I always knew that QNIS staff were always available for support and advice. It also gave me confidence in my abilities and I learned an awful lot from trying new processes and learning from my mistakes! I was able to be involved in developing a new job description and had lots of new experience in Human Resources through the recruitment process. Staff at QNIS were able to help me to make links with senior managers locally and this provided us with the opportunity to show case our work, not just the PAPSW project but all the other aspects of the service. This led to the development of a video on people's own recovery stories and how activities developed locally have had a positive impact on mental and physical wellbeing.

The project was intended to be a joint venture between NHS Tayside and MindSpace Recovery College and Perth and Kinross Capacity Building Service. During the worker from Capacity Building was on sick leave and on her return she was seconded to a new position. This contact was lost as her post was not back filled. Contact with Mindspace was made regularly by the PAPSW who attempted to engage with service users. In terms of Operational aspect the project this was the sole responsibility of NHS Tayside who bore all the costs and provided all in kind contributions. The timing of this partnership with the third sector was to strengthen links while to Health and Social Care Partnership was developing. Links with Mindspace were not as robust as they could have been. This was due to a variety of factors, the main one being that the service was in the process of applying for a variety of funding to keep their services going. Timing was not good as the project came at a time where third sector in particular were struggling to keep services going due to lack of

funding. Therefore our third sector partner had little input given the priority of keeping their own services operational. However, they were very successful in gaining funding to employ 4-5 Peer Support Workers under Permitted Work rules. Our PAPSW was successful in getting one of these jobs.

Having this opportunity from QNIS was an incredibly positive experience for me. It's helped me think of things in a wider context and I am looking at how to highlight nationally the benefits of Peer Support and Permitted Work for those with long term health conditions. I feel more confident and energised and more inclined to take positive risks. Being able to work with some many great people and hear such inspiring stories has helped shaped my direction and vision.

**Pam Lamond**

**Senior Charge Nurse**

**31/08/17**