



Neighbourhood Networks
Mental Health Peer Support Network in North Lanarkshire

Evaluation and review of the effectiveness and impact of the
Wishaw Peer Support Network

February 2016



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Section 1: Introduction

About Peer Support Networks

Networks are generally made up of around 9 or 10 people. Everyone in the network tends to live within the same community, often in walking distance of each other. People who are part of the network are called members because they are part of the network. Members may have a learning or physical disability, mental health issues or other support need. Members choose to be part of a network – their involvement is voluntary.

The aim and purpose of the network is friendship and mutual support. Each member is encouraged to use their skills to help and support other members of the network.

Each network is supported by a Community Living Worker (CLW), who also lives in the same area as the members. The role of the Community Living Worker is to support the network and its individual members. It is also to connect members with their community, increase the activities that they are involved in, their circle of friends and connections and reduce social isolation.

Network members tend to be people who are at the edge of services, who have perhaps previously had more intensive help but are now at a stage where they need some support but don't necessarily need a service or regular support with a set number of hours.

Each network decides amongst themselves how often and where they meet and the activities they want to engage in.

Wishaw Peer Support Network

The network was commissioned by North Lanarkshire Council, who were looking for a different approach to supporting people with ongoing mental health issues.

Previously, people with long-term poor mental health had been supported in more formal ways and over specific and set amounts of time that gradually tapered off. There was an understanding that this approach did not work well for everyone and that more informal, preventative, but very low-level support would be useful for some people. The key elements that were attractive about peer support networks were regular contact with people and connection to the local community.

The network began in June 2014 with five core members. It now has 8 active members, and some associate members who tend to come along on a more adhoc basis but still appreciate the friendship and community connection. The members experience a range of problems that include mental health issues, physically disabilities and brain injury.

The Wishaw network meets once at least once a week in a café in the heart of Wishaw. The network is self-financing with each member paying for their own activities, refreshments and transport.

The Wishaw network offers its members:

- Friendship and sharing the good and not so good parts of day-to-day life
- Regular contact with people
- Opportunities to help each other and people to ask for help
- Involvement in local activities
- Opportunities to travel further and visit different places and take part in different activities
- Some structure to the week that people can plan around.

Members have been referred in a range of ways, including by service providers such as Lanarkshire Association for Mental Health and the Simon Community. Some recent members have been referred by friends, family and through local connections to the peer support network.

The peer support network is voluntary. Members join the support network because they want to be part of it or to try it out. Sometimes members dip in and out of the network. There is an option for associate membership - for members who want to keep in touch with things but don't want or need the weekly get-togethers.

“The network fills a void for people who need some help but not lots of help. Without the network we would be overlooked until there was a problem and in most cases a big problem. But this way we have regular contact with people so the problems and issues don't get quite so big - help and advice is there from Lisa (CLW) and from the others too.” (Network member)

About the evaluation

Neighbourhood Networks asked Outside the Box to evaluate and review the effectiveness and impact of the mental health peer support network in Wishaw in North Lanarkshire.

The sources of information that the evaluation has drawn on are:

- Informal chats with members of the peer support network in Wishaw
- Discussions with staff and managers at Neighbourhood Networks and North Lanarkshire Council
- Neighbourhood Networks Values and Mission Statements
- Building a Better Scotland -Together! - Neighbourhood Networks Strategy for 2013-2016
- Neighbourhood Networks - annual report 2014
- Care Service Full Inspection Report August 2015.

It also draws on sources within Neighbourhood Networks:

- Member Planning Wheel and Action Plan
- Key Performance Indicators
- Support Planning policy and procedure
- Member support plan and risk assessment template

- Website and Facebook
- Members' Newsletters
- Information leaflets

Six members of the peer support network in Wishaw took part in the evaluation. Four took part in face to face conversations and two participated by taking part in a telephone conversation. As a guide for the conversation the Member Planning Wheel and Action Plan, provided by Neighbourhood Networks, was used.

Underpinning the evaluation is the Scottish Recovery Indicators 2 Framework, which is used as a way of considering how the overall service and organisation takes account of the principles and good practice that underpins recovery for people with mental health problems.

Section 2: Mental Health Policy in Scotland

Improving mental health is a priority for the Scottish Government. It is estimated that around one in three people are affected by mental illness in any one year. Central to mental health policy and practice are ideas and approaches that support and encourage recovery for individuals with poor mental health. It is based upon the understanding that everyone has the potential to recover from mental health problems.

The ways in which services are organised and delivered is changing, for example with the introduction of Self Directed Support (SDS) and Integrated Health and Social Care.

The Scottish Government's mental health strategy 2012 - 2015 supports health care that is person centred, safe and effective.

The peer support network for people with poor mental health fits into this approach and context. It is a new way to think about services that support people and for individuals to support themselves and each other.

In January 2016, the Scottish Government announced that £54m will be made available to improve access to mental health services. The funding will focus on

- Improving capacity to see more people more quickly
- Redesigning local services to be more efficient, effective and sustainable
- Improving workforce supply and training for existing staff to deliver services

Self Directed Support (SDS)

The Self Direct Support Act 2014 aims to empower people to have control and responsibility over how their care and support is arranged, including offering people different choices for organising their care. The implementation of SDS differs across the country. Evidence from Scotland and from the rest of the world indicates that this approach works well for people with mental health problems and for people with health issues that fluctuate. It has the potential to be flexible. It gives people the opportunity to think about what help they need when they are well, so they can lead good active lives, and also the chance to plan for the days and times when they are not so well.

The peer support network - with its emphasis on mutual support, personalised service - meets the ideas of SDS very well.

Recovery

A key area for mental health services and approaches focuses on encouraging and supporting recovery. People can and do recover from the most serious mental health problems. Recovery is described as living a meaningful and fulfilling life in the presence or absence of symptoms of mental ill-health. It is about focussing on what an individual can do instead of what they can't do. A recovery approach is also about each person being supported taking an active part in managing their wellbeing and directing the support they receive. The peer support network encompasses

these approaches by focussing on what people can do and how they can support each other. Members also take an active role in managing their wellbeing.

Social prescribing

Social prescribing is a way of supporting people with long term conditions, such as poor mental health, to access and use community based services and activities, with the aim of improving their overall health and wellbeing. It is a process through which a healthcare professional and an individual can identify together the type of activities and services that will benefit them and address a range of issues that may impact wellbeing. For example, it could be for a walking group, fishing club, arts and crafts, mentoring, cooking classes, financial advice, local history groups and peers support networks. There is evidence to show that social prescribing works well for people who are socially isolated and for people with a history of poor mental health. It can be seen here:

https://www.nesta.org.uk/sites/default/files/more_than_medicine.pdf

The peer support network is the kind of community based activity that fits very well into the social prescribing approach.

Health and social care integration

North Lanarkshire will have fully integrated services for Health and Social Care for April 2016. At the time we were working on this evaluation, the consultation on the Strategic Commissioning Plan was underway, involving NHS Lanarkshire, North Lanarkshire staff, independent sector, 3rd sector providers and carers.

The mission statement and values of the integrated services fits well with the approach of the peer support network. The mission statement for the integrated services is 'right support, right time, right place'. The vision is for citizens of North Lanarkshire to achieve their full potential by:

- Living safe, healthy and independent lives in their communities
- Receiving the information, advice support or care they need, at the right time, every time, efficiently and effectively.

The vision and the approach for North Lanarkshire Health and Social Care should work very well for the members of the peer support network. They live independent lives in their community, work with each other and the community living worker to live healthy and safe lives. Improved and early access to services would benefit them greatly.

Section 3: Members' experiences

The evidence gathered in this evaluation shows that the Wishaw Peer Support Network has a positive impact and is effective in achieving positive outcomes in member's lives.

What we did

We held in depth interviews with Wishaw network members. A general chat with the group was held first and then one to one interviews and phone calls were held with network members.

We used the member planning wheel and action plan as a guide for the informal interviews with members and as a way to assess the impact the peer support group has on the lives of members.

Purpose of the Network

"The purpose of the Network is to bring out the skills and strengths of the individual members in each Network and encourage those people to use those skills to help others in the Network, encouraging mutual support amongst all members." (Neighbourhood Networks leaflet)

What members like about the network

Members like having a community living worker with whom they have an individual relationship but who is also part of the group.

All the members have all been part of different groups and services previously. They like that this service is different. The important factors are that it is about friendship, mutual support, and is informal.

Many members have been referred to the network by other mental health services or when that provision finished. Members like that this network doesn't have an end date like other services and supports that they have had in the past.

Members also like that the network is having a positive impact on their day-to-day lives. People emphasised how things have improved for them because they are part of the network.

"I was the first member and have been part of the group for 18 months now."

"I like the group and the activities - the social stuff is such a good distraction for me and gives me a focus and structure for the week."

"It has got me doing things - don't know what I would do it without it. It has done a lot for me."

"Meeting with other people - It's good for me, socialising with other people - we are all in the same boat."

“It helps me to do more - it makes me get up and go out and see people and meet the group and then they help me and we all help each other.”

“Before the network I didn’t really leave the house.” (Network members)

Role of Community Living Worker

A key part of the network for members is the role and support provided by the Community Living Worker.

“The Network and its Community Living Worker should also be a way of members connecting with their own community, which will in turn increase their circle of friends, increase their own skills, ensure they are less isolated, and hopefully narrow the divide between people who receive services and other people in the community.” (Neighbourhood Networks leaflet)

Many members talked how the CLW kept in touch when they couldn’t come to network meetings due to ill health or other commitments. The CLW feels like a friend who keeps the group and individuals connected and also makes connections in the wider community. The CLW takes on a range of tasks to support individuals such as help with shopping, reading letters and bills, helping with appointments and links to other services. They also make regular contact with members especially if they don’t come to weekly meetings. They are the first point of contact for the network.

“I was introduced by social services to the network. I was just sat at home, doing nothing, not getting dressed and not going out. It was a good day when I was invited to join.”

“Lisa is great, she even came to visit me in hospital.”

“Lisa helps us - she is a diamond.”

“Without the group I don’t know what I would do.”

“I don’t always get to meetings but Lisa phone me and tells me what is happening so I don’t miss out.” (Network members)

Independent Travel

Travelling about, and sometimes leaving home, is difficult for many of the network members. Most of them said that since joining the network they had been able to travel further with the group, going to new cities and places. Some were also able to travel further on their own too.

Some people had developed strategies of their own such as walking and using taxis. A few said there were days when it was hard to get out of the house.

"I walk mostly rather than taking the bus on my own. But I use the bus and train if I'm out with the others."

"I have travelled to Edinburgh and Glasgow with the group and with Lisa".

"I don't like busy places so don't tend to travel far - I have a safety zone which I don't travel out of. But I felt comfortable with the group going into Glasgow. And on my own I can go to Hamilton now."

"I have been on the train to Edinburgh and we caught the bus to Ayr. The bus driver lowered the step so I could just roll on. It's so good to get out and see things. I couldn't have done it without the network or Lisa."

"Before the network – I had no travel, no activities, nothing. I still have a mental illness but can go to the group and feel comfortable. It's hard to speak to an outsider because they wouldn't understand."

"I can now travel on my own."

"I use taxis to travel about."

"I rarely use buses because I was on one once and it had an accident. I don't feel very safe using a bus."

Friends and family

Some members live with family members or have family nearby. Other members have few family members and friends locally. Many of the members talked about social isolation and the need to meet and see people, and how this improved their mental health and well-being. They also recognised how easy it is when they are feeling unwell to lose contact with family and friends.

The network has increased social interaction for members. It has increased the number of friends, and the number and range of activities that members participate in. Everyone recognised the importance of friendship and valued being part of a group of friends that support and help each other.

"Meeting with other people - It's good for me, socialising with other people."

"I have made new friends with the people in the network. Isolation just creeps up on you and you have to do something to stop it."

"People look down their noses at people who have mental illnesses."

"Isolation feeds depression and anxiety but meeting a few people can help it. Social contact and good nice things to do can help it."

"I have lost friends because of my mental illness. The network has made a big difference to me. I now have friends and good things to do and people to do them with."

"Before the network I saw less people. The network has given me more purpose and now I meet more people and more people with poor mental health - we are all in the same boat. This makes it easier for socialising and we don't have to explain things because we are all in the same boat."

"I have family nearby but you can't have too many friends."

"It's good to have a group of friends to do things with."

"I now have a group of people who are my friends - I didn't have this before."

"It's not just meetings once a week - it's the support and friendship we have all week that is so good."

"We also speak to each other during the week. I have people to phone up and chat to now. I didn't have this before. We support each other."

"I also phone people in between meeting up. It helps to talk to people about things - it makes me feel better and not alone."

Confidence

The network has also had a positive impact on members' confidence and self-esteem. What has helped members is having a friendship group, people to do things with, being part of other people's lives, supporting, caring and sharing things. Members also talked about having a structure to the week with the members' meeting and then fitting everything else around it.

Members also acknowledge that their confidence fluctuates and it was something that they had to keep working on. Some days were better than others.

"I feel more outgoing – before I was stuck in myself. I didn't leave the house. I would go out in the morning to do the things I had to do and get home quickly. Now I can go out at other times too and I don't always rush back."

"My confidence has not improved but you have to keep going. Really I would like to shut myself away but that isn't going to help."

"I have more confidence and self-esteem now I'm part of the group."

"I have depression - it takes a lot to get me out of the house."

"It can be very hard for people to talk in groups. It can feel like too much at times but once you get to know each other its good fun."

“Meeting and chatting with a group of people every week has built up my confidence.”

“My confidence has improved by being in the network. I see more people and do more things and have more to say. It also breaks my week up which I really like and I have things to look forward to.”

Community participation

Most members, as individuals, did not participate in community activities beyond the network group. However, as group, members said they felt more connected because they attended local events and shows and met in a local café in the town centre. Without the network, most members would not do these things.

“I don’t belong to other groups.”

“I go to Bingo a few evenings a week, when I feel up to it. I get a taxi there. I used to go with my pal but she died. It put me off for a while.”

“I don’t go to any other community groups - this is something I would like to do in the future.”

“I can’t face other things right now but the group works well for me and stops me feeling isolated.”

“I’m on the steering group for Experience Counts.”

Life skills

The network has had a positive impact on members and their life skills. Some members do not need any help but some do. Members help each other with things like shopping, sorting and attending appointments, and checking in with each other. The Community Living Worker has a significant role in supporting the development of life skills for members.

“I’m getting better. I think about shopping for food and things I need for my house. Lisa sometimes helps me too and checks I’m doing OK.”

“I share with my brother so we work things out together.”

“We help each other out with going to appointments and things that need doing.”

“We help each other with practical things and Carrie-Anne has helped me. I also have Monica who helps me out too.”

“House things is my stuff and I sort that out.”

“The group and Lisa have helped me a lot. Lisa helps me with shopping and checking labels - she shows me the symbols so I can remember them next time.”

“With shopping I put it off every day until there is no food left and then I have to go. I’m working on this and some weeks are better than others.”

Employment and volunteering

This is a difficult area for many of the members. Some members were worried about the extra pressure that working or volunteering would put on their lives. They were also worried about letting people down if they can’t do it and this adding even more pressure. Some members said that this would be the next step for them to take and that the peer support network had helped them.

“I want to do this - I’m missing out on stuff but at the moment I’m too unreliable to work with other people and it would worry me. I don’t want to let people down.”

“Some days it’s hard to try and go out. I start to make a move and no I can’t do it. It all builds up in your mind - how would I be able to hold a job down - all too much.”

“I can’t work anymore but volunteering is something I’m interested in.”

“I need a bit more confidence for this. I’m getting there but still have some way to go.”

“In the past I have thought about it but I have physical difficulties which makes it so hard now.”

“No, I can’t think about employment and volunteering. It is too much for me just now.”

“This is something I would like in the future.”

“Right now I would be worried that there would be too much pressure having a job. I would be good one day but another day the pace would be too much for me. I would be worried and anxious and this would set me back.”

Health and wellbeing

Members were very clear that being part of the network was very effective in keeping them well and had a positive impact on their health and wellbeing. Most members also understood what things help their health and the things they needed to do to look after themselves.

“We talk about everything - there are no closed subjects.”

“We talk about how to keep well and to look after each other”.

“We do talk about what things help keep us well. I think the outings and plans are good because it give you something to think about before you go and afterwards too.”

“Meeting and chatting with everyone helps with my mood at the time and it improves it. We sometimes talk about the ways in which we can improve and look after our wellbeing.”

“Seeing everyone in the group really helps and especially sharing and talking about problems. It might sound daft but to hear about other people’s problems makes me realise that everyone has things going on and it’s not just me. We all have ups and downs and can help each other.”

“We sometimes talk about what things help with our wellbeing and keeping well, things like showering and looking after teeth and how eating good food can help you feel good.”

Money management

For some members the network and the Community Living Worker was a good source of advice, help and support with money issues. Members also knew that they could speak to other members and the Community Living Worker. Other members felt very confident dealing with money on their own.

“If I have any issues or letters I’m not sure about I ask Lisa. It really helps to have someone that I can ask. Also I can some of the other members too.”

“I stay with my brother and he sorts things out.”

“No difference - my daughter helps me with this.”

“I need some help with letters and sorting out any problems. I make sure I pay my bills. I’m good with money.”

Section 4: How the network is organised

The evidence gathered in this evaluation shows that the Wishaw Peer Support Network has a positive impact and is effective in achieving positive outcomes in members' lives.

Networks

Being part of a network has had a positive impact on members. It has increased their friendship circle, given opportunities for to develop and use new skills - using new technology to keep in touch with each other. Some members have also seen a reduction in their need for medication.

The idea of mutual support and helping each other has also created opportunities for members to take a leading role in supporting others and advocating on their behalf.

"We don't do anything for people that they can do themselves – it's about broadening horizons."

"It's about citizenship - people knowing they can if they want to. But also having a friend to go with them if they want that too."

"Social isolation is a big inhibitor. It can take away years of people's lives."
(Workers at Neighbourhood Networks and other organisations)

Staffing

The network is supported by one Community Living Worker, working 16 hours a week. The CLW sets up the network and is often the first point of contact for potential members, family members, carers and service providers. They have a key role in keeping in touch with members, especially if they are unwell or can't make get-togethers. It is a dynamic and complex role, needing to know about people's health and family support but should not be responsible for it.

Each member has different needs and is starting from a different place. For example, some members just need a group to join, whereas others need a bit more help with everyday things, such as shopping, appointments and letters as well as reminders and help to get to sessions.

Peer support work is about providing support and also the idea of mutual support - that people who need some help can also help other people. It takes time to do this and it's also about changing views and showing family members and other organisations that it works.

"This can take time. People don't start out as friends. It can be a long slow process."

"It's about help to live an ordinary life. But it can be a challenge working with other people's expectation of what a service is. It can be very difficult to measure success."

“Belonging and becoming part of a group needs to be supported. What can we do for each other - it takes time - good friendships don't just happen - it's a journey.”

Support planning

Each person in the network has an individual support plan based on the principles and practices of person centred planning. The plans also show how each person will be supported to meet the 9 National Care Standards for Housing Support and Active Citizenship outcomes. These include:

- keeping my independence
- more friendships and relationships
- having more chances to work and learn
- doing more things in my community
- taking decisions important to me

This work is carried out primarily by the CLW and supported by the network manager. It underpins the work of each network and member. This work is crucial but takes time.

Keeping in touch with members when they are unwell is important role. Network members are on the edge of services or have little involvement with other services. If they live alone and don't have family nearby, they can easily be lost.

The gaps in community health services and the time it takes to get people seen by staff there can undermine the preventative nature of the network with its focus on supporting people's wellbeing and ways of coping. Delays can result in members reaching crisis situations before they get help as typically it takes 8 to 12 weeks to get help and people can be in a crisis before that time.

“The model is for people at the edge of services – it's about prevention and maintaining things.”

“People need to identify with the group/ network: Is this group for me? Do I fit here?”

“It is important to document things so can challenge things and see patterns.”

“It takes a lot of time and effort to get people into the community health team - as not part of services and Neighbourhood Networks not a mental health organisation.”

Risk management - individual and organisational

The network model aims to enable people to take risks. Potential risks are identified as part of individual support plans and the support and opportunities that the network and Community Living Worker give are an important part of people living with risk and having a good life.

For the members of the Wishaw Peer Support Network, the risks are often about staying safe and free from harm. People also talked about the network helping them manage the risks from having too many empty hours in their day and becoming socially isolated.

The individual plans and the way this network has developed take account of the nature of people's mental health, including the ways it can fluctuate. Members watch out for each other and understand how people's wellbeing and their needs can change. They also know how people's use of mental health services and other services will vary for time to time.

There are times when the members are able to support other members when they are having a period of poorer health. There are also times when some members need more support but the other members are themselves less able to provide that. The role of the community living worker is especially important in these situations. She also has to find the balance between putting effort into support for an individual and benefitting the network as a whole.

Neighbourhood Networks has had to take account of the pattern of risks for this group of people, where there is less predictability than for many of the people who are part of other networks. The experience so far has been that this involves more investment from the organisation in terms of planning and assessing risk, and in training, support and supervision for staff.

Learning for the organisation

Traditionally Neighbourhood Networks has supported peer support networks for people with learning disabilities and physical disabilities. Working with people with mental health issues presents new challenges for the organisation in managing a range of expectations, needs, support issues and new ways to communicate and involve a diverse group of people.

The learning from this network shows how the model can support people who have fluctuating and less predictable wellbeing and needs.

“The established networks have had a more of a common thread. We now have greater diversity in who we support. People want and need different things from us.”

“We are hearing different voices and we are learning how to respond as an organisation.”

Section 5: Assessment

Overall Assessment

The assessment of the impact of the Wishaw Peer Support Network is based on how the network is achieving its own aims and objectives, and how it reflects wider mental health practice and recovery approaches.

All the feedback in this report points to a network that is high quality, well respected and valued by those who benefit. The comments from members show that the peer support network is highly valued and has made a huge difference to the lives of the people who are involved.

The members were very clear in their respect for the Community Living Worker and the work she does to support and encourage them. Members gave feedback that the support they received from her was individual, sensitive, responsive and high quality.

The feedback in the report shows that the peer support network's aims outlined in the introduction are being met, and that this is resulting in a high quality peer support network with good outcomes for the individual members.

Areas where the Wishaw Peer Support Network has had the biggest impact

- Caring and supportive network of friends
- Reduced social isolation
- Getting support and help in their everyday lives from each other
- Giving support and help to others
- Regular contact with people
- Travelling to new places and to new activities
- Expanding members' lives, with an increase in their activities and being part of the community
- Increased confidence in their own ability to cope with life.

Recovery good practice

We looked at how the Wishaw network and the way it is supported by Neighbourhood Networks reflects the good practice that is brought together in the current Scottish Recovery Indicators. This lists indicators of a recovery-focussed service and asks for a note of the evidence that supports each aspect of recovery-focussed support.

Scottish Recovery Indicators 2 table for Wishaw Peer Support Network

Indicators	Sources of information		
	Informal interviews and telephone conversations with members	Interviews with staff and managers at Neighbourhood Networks and North Lanarkshire Council	Service information - newsletters, annual reports, policies, social media
Basic needs are identified and addressed	Members are part of the network because they want to be part of it and because it offers friendship and reduces social isolation		Organisational values, policies and procedures underpin identifying and addressing basic needs
Goals are identified and addressed	Members work towards achieving goals and activities – such as fundraising, visits and trips	Members have an individual care and support plan	Organisational values, policies, procedures. Newsletters, annual reports and social media promote identifying and addressing goals through case examples
Personalised services are provided	Members take part on a voluntary basis. Each person has an individual relationship with the Community Living Worker	An individual and personalised service and care is developed in discussion with each member.	Organisational values, service leaflets, newsletters, annual reports and social media promote personalised services
Service is strengths based	Members acknowledge each others strengths and use them to support and encourage each other further.	Service developed upon ideas of independence, mutual support with everyone contributing to the network and community	Organisational values, service leaflets, as well as newsletters, annual reports and social media promote personalised services
Service promotes social inclusion	Members live in the community and the network participates in local activities and events and uses local facilities	Members live in the community and the network participates in local activities and events and uses local facilities	Underpinned by organisational values. Website promotes social inclusion
Service promotes and acts on service user involvement	Members are at the heart of how the service works and plans for the future	Staff act upon and encourage the views of members to develop and design the service - it is integral	Website promotes and develops service user involvement

		to the working	
Informal carers are involved	Informal carers are involved where and when members want it	Informal carers are involved	
Service encourages advance planning and self-management	Members support each other to think about the future and plan self-manage	Self management is central to how the networks works	Organisational values, service leaflets, newsletters encourage planning and self-management
Staff are supported and valued	Members clearly value the support of staff	Clear line management and support and supervision for staff	
Practice is recovery focussed	The peer support group and members are recovery focussed	Practice is recovery focussed	Organisational values, polices and procedures are recovery focused

Potential developments

The Wishaw network is successful in supporting people who have mental health problems, helping them stay well and have a good quality of life. However, there may be ways to further increase the impacts for members.

The network does appear to have relatively weak links with other services that support people with mental health problems in this area, and this is another aspect that could be developed.

Suggestions for the Wishaw Peer Support Network

Volunteering, beyond being part of the network, is an area that members as individuals found most difficult. But this does have potential benefits around increasing people's confidence, making more friends and finding more ways to be involved in the community.

- The network could look at ways for the network as a group to participate in local one off volunteering activities together
- The network could talk to other mental health groups in the area, to see if they have identified volunteering opportunities that have low levels of stress.

People described how lack of money limits what the network can do together.

- Look at options around small grants for community groups and fundraising, especially for activities that help members build their skills and confidence.
- Check what sources of advice and support are available to community groups making grant applications or fundraising, to spread the work on this and enable members to build more skills.
- Think about possible ways to fundraise for activities and in support of other charitable organisations in the area.

Find out about ways to contribute members' views and experiences to the development of wider services in North Lanarkshire for people with mental health problems, and be aware of sources of support.

- Find out how members can be aware of Lanarkshire Links (collective advocacy group) and contribute to consultations etc. through them
- Look together at how members of the network can use elament (digital access to mental health resources in Lanarkshire: <http://www.elament.org.uk>)
- Find out about national networks such as the Scottish Recovery Network, and opportunities for members to create their own recovery stories.

Suggestions for Neighbourhood Networks

The development of health and social care in North Lanarkshire provides a good opportunity to raise the profile of this model of support and of the good practice that Neighbourhood Networks follows.

- Look at how Neighbourhood Networks contributes to the development of plans for people with mental health problems

- Develop and maintain contacts with community mental health teams and mental health providers, with a view to raising the profile of the network as a source of effective support, and to get a better service for members.
- Find out about current services to support people when they are in crisis and the scope for influencing these as part of future plans.

Develop new ways for networks and members to participate in Neighbourhood Networks that reflects the needs of a diverse group of people.

- Make sure members of this network know about the opportunities that are there, and repeat the invitations so that people can respond when their wellbeing is at the right point.
- Make sure that the information and case examples developed by Neighbourhood Networks include examples from people with mental health problems.