Evaluation of the Community Peer Mentors Project

Exploring the views and experiences of those supported and those who have supported and referred Service Users.

The Community Peer Mentors Project is a Durham Police, Crime and Victims' Commissioner Initiative aimed at helping to 'Inspire confidence in the police and criminal justice system, support victims and the vulnerable, tackle crime and keep our communities safe'. The project is funded by the Durham Police, Crime and Victims' Commissioner with additional funding from the Home Office Police Transformation Fund.

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Acknowledgements

Thanks to Ron Hogg, Durham's Police, Crime and Victims' Commissioner for commissioning this evaluation and supporting and funding a team of passionate and hard-working staff to coordinate, deliver and support this project. Thanks to the Community Peer Mentor Project Team members who have given their support and commitment to shared learning throughout this evaluation. As such some alterations to practice have been possible on route, in line with an action learning approach. Thanks to the support staff who ensured those who helped with this evaluation remained safe throughout and specifically to Jim Cunningham for his support in helping analyse the operational database.

A massive thank you to those who felt able to complete the postal questionnaire especially the service users who shared their experiences, but also the Community Peer Mentors who volunteer their time, and to the Referrers who have helped give some very vulnerable people a chance to change. All the individuals who returned their evaluation questionnaires have shared valuable comments and insights which will help us further improve this initiative as it moves to the next phase.

Vignettes

Throughout the Evaluation Report vignettes will be shared to demonstrate the challenges faced and the progress an individual can make with the right level of support. These are included to help map the journey and changes made from the individual's perspective using their own words.

Executive Summary

Analysis of the Community Peer Mentor Project (CPM Project) database demonstrates that between April 2016 and 30 June 2018 there have been 261 people referred to the project. Of those 140 (53.6%) have actively engaged and have received support.

Service Users who are assessed to be suitable to receive support and demonstrate 'the will, the want and capacity' to change are allocated Community Peer Mentors (CPMs). Those who shared their views through this evaluation speak positively about the project and the staff. The service users describe positive practical and emotional changes which have helped improve their lives.

In analysing the organisational database, the complexity and vulnerability of the service users is evident. Of the 140 people supported 65% were high impact users of emergency services; 63% were vulnerable or isolated and 61% had a diagnosed mental health problem, demonstrating the right reach.

The CPMs who shared their views highly valued and enjoyed the training. They train to volunteer and help some of the most vulnerable people in our communities to get back on track. Many of the CPMs would like to start supporting clients more quickly after their initial training. Post training the mentors make an enormous difference to the client's lives many of which are complex and vulnerable.

Of the 140 people supported NB: A client could fall into more than one category.

- 105 were victims of crime
- 66 were perpetrators of crime
- 20 were neither of the above

The challenges of being a CPM include personal availability and time to volunteer, apprehension in seeing the client for the first time, the complexity of many of the clients and not always achieving the desired outcome. The most enjoyable part of being a CPM is cited as the anticipated and actual growth of the client.

Eleven professional referrers responded and shared their views about the CPM Project. Most saw a positive outcome for the person they referred. The expectations shared and met were

- A reduction in numbers of reports and incidents with neighbours
- A reduction in demand on police resources
- An increased level of support
- An improved quality of life
- Housing issues overcome

All those in a position to refer said they would do so again, with 10/11 feeling that the service had relieved pressure in their own work.

In addition to the positive impact on the client, financial savings have been made to the Police Service in time saved in responding to emergency call outs.

Evaluation of the Community Peer Mentors Project

Exploring the views and experiences of those supported and those who have supported and referred them.

Introduction

The CPMs Project is a Durham Police, Crime and Victims' Commissioner Initiative aimed at helping to *'Inspire confidence in the police and criminal justice system, support victims and the vulnerable, tackle crime and keep our communities safe'.* The project is funded by the Durham Police, Crime and Victims' Commissioner with additional funding from the Home Office Police Transformation Fund.

In 2018, the Office of the Durham Police, Crime and Victims Commissioner sought to externally and independently evaluate the CPMs Project with the view of sharing their findings locally with the Durham Police, Crime and Victims Commissioner and the Chief Constable of Durham Constabulary, and Nationally with the Home Office, the National College of Policing, the National Police Chiefs Council and the Association of Police and Crime Commissioners.

The CPM Project was launched in April 2016. The project started in Darlington and the South area of County Durham, and latterly expanded to the East and then the North areas of the County. Prior to April 2016 work was underway to develop a training programme for volunteer CPMs that would enable them to confidently support vulnerable individuals who had been victims of crime and anti-social behaviour.

The following report is an evaluation of the CPM Training Programme and the CPM Project, and aims to seek the views of Referrers, Service Users and the CPMs to help to establish the successes and areas for improvement.

Aims and Objectives of the Training Programme

All selected volunteers must undertake the 'CPMs Training Programme' before they can commence as CPMs in the community. The learning outcomes of the training course enable trainees to:

- Explain the role of a CPM and the aims of the project
- Discuss ways in which recovery can be supported, facilitated or hindered
- Reflect on the development of active listening and communication skills
- Discuss the importance of language in promoting recovery and promoting hope
- Reflect upon a range of challenging situations and propose appropriate solutions
- Discuss and reflect upon ethical dilemmas, personal boundaries, issues of accountability, confidentiality and safety
- Consider some implications of personal differences and diversity and their relationship with a client
- Raise individual self-awareness
- Adopt a problem-solving approach in conjunction with the client

Aims and Objectives of the Community Peer Mentor Project

The project is based on the core value *'to ensure everyone is empowered to make 'positive' life changing choices'.*

Aims and Objectives for Statutory Services

Initially the Project was designed to reduce the pressure, high demand and use placed on police (primarily) and other statutory services by victims of crime. 'High Use' was defined as those making more than 10 calls in a 12-month period. During the development of the project over the last two years this clear criteria has changed and has become more flexible. The initial selection of clients has moved from frontline police only to referrals from a wider range of professionals and Specialist Units (Listed in Appendix 1) and provides support to a more diverse selection of individuals. Whilst the project staff continue to support victims of crime and those that place the most demand on provision, this has extended to selected perpetrators of crime who wish to make positive lifestyle changes. Service Users fall into the following categories:

- Vulnerable and isolated individuals affected by anti-social behaviour, neighbourhood disputes, crime or a significant event in their lives, who have unmet needs (real or perceived) for support which they cannot access.
- Frequent callers who have become reliant on emergency services (Primarily the police).
- Support not accessible to them because they do not meet the thresholds for help by statutory services or voluntary and community sector organisations.
- Individual does not have the personal resources to support themselves and becomes dependent on, or is a strain on, organisational resources.

This change was in recognition that many of the emergency phone calls were from vulnerable individuals who were also supported by health, social services and voluntary and community sector organisations, and who may or may not have been a victim of crime.

Aims and Objectives for CPMs

To support and improve the wellbeing of vulnerable, isolated people (those who have become reliant on emergency services) affected by anti-social behaviour, neighbourhood disputes and crime. The stated objectives are to:

- Provide a confidential service, listening ear or act as an advocate
- Help increase reflectiveness
- Help the client learn about themselves
- Help establish trust with the client
- Provide skills and confidence to resolve matters amicably
- Signpost to services if appropriate
- Help the client form new friendships, interests or hobbies
- Robustly challenge inappropriate behaviour

CPMs aim to deliver support flexibly and responsively to isolated and vulnerable adults whatever their age (18 upwards) or circumstances. At the beginning of the CPM Project support for this client group had never been tried anywhere in the UK.

Expected Client Outcome

The project aims to *'leave people with a feeling of hope and confidence to lead a happier and more fulfilling life by promoting closeness, social success, safety and resilience and an opportunity to learn'.*

This is achieved by

- Working with clients to identify the root cause of any issues
- Empowering and encouraging the client to reintegrate back into the community
- Signposting them to the most appropriate support

Aims and Objectives of the Evaluation

Evaluation can be defined as the process of making a value judgement. This may include determining the extent to which a programme has achieved its intended outcomes including the processes undertaken to achieve these. An objective external view is likely to be more robust and will receive greater credence than a solely internal organisational evaluation.

In analysing human experience, in this case through the CPM Project, it is desirable to adopt a multi method approach. The research evaluation design is detailed below.

This evaluation will have three strands as represented in Figure 1

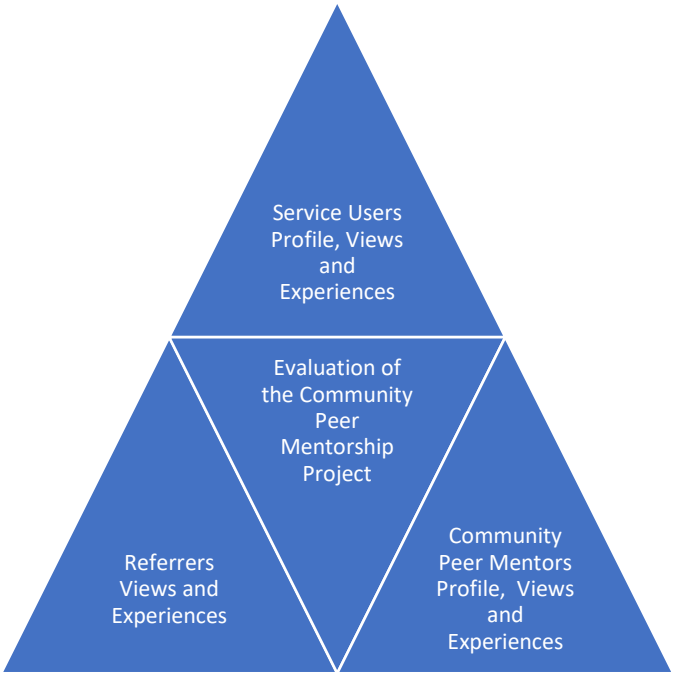

Figure 1: Evaluation Design

The aims are to:

- Better understand how the CPM Project has supported and improved the lives of those affected by 'anti-social behaviour, neighbourhood disputes, crime and other life changing events and who have become reliant on emergency or statutory services.'
- Understand how the training for volunteer CPMs has helped prepare those individuals for the role.
- Explore how the CPMs have personally benefited from the training and the volunteering opportunity.
- Explore the nature of the support provided and the ease of access or difficulties encountered.
- In all cohorts explore what works well and how the project and / or training could be improved.
- Explore client outcomes.
- Explore the views of professional referrers regarding the Project.

In addition to the newly generated research evaluation data the researcher will work with senior staff to help analyse the internal organisational database to help profile the client and mentor group to help make this clear to others considering offering this type of support.

Research Design

Initially the research evaluator will meet with key staff working directly with the CPM Project to profile the service user cohort through the organisational database; to establish any interim successes, and to better understand the criteria used in selecting both service users and CPM volunteers and the processes in place. Meetings will be interspersed throughout the evaluation process to ensure an action research style approach is adopted.

- A semi structured postal questionnaire will be sent to a sample of active and closed case clients who will have been / are victims of anti-social behaviour, neighbourhood disputes, crime and / or other life changing events. These are individuals who have engaged with the project.
- A semi structured postal questionnaire will be sent to a sample of active CPMs including some temporarily on sabbatical.
- A semi structured questionnaire will be sent to the primary referrers to the CPM Project.

Research Sample
48 Service Users
58 Community Peer Mentors
28 Referrers to the service

Table 1: Research Sample

Service User Sample and Selection Criteria

Out of a potential research sample of 140 service users who are fully engaged with the project 48 were selected.

The process used to establish if it was appropriate to send an evaluation questionnaire to a person was as follows:

- The project lead spoke to each of the area coordinators who were either supporting or had supported the client and established if it would be appropriate to send a client a questionnaire.
- If the project staff was unsure other professionals working with that person were contacted for their opinion.
- Finally, clients were directly contacted to ask if it was ok to send them a questionnaire. Some declined and unfortunately some had moved on with no forwarding address. Some clients were removed from the database under the General Data Protection Regulations.

There was a total of 92 active clients who were not selected to complete the evaluation; the rationale was as follows:

- The client had been subjected to a serious sexual assault and on speaking to professionals or the client it was deemed inappropriate to send the evaluation.
- The client presently suffers from an 'acute' or significantly debilitating mental health issue and on speaking to professionals or the client it was deemed inappropriate to send the evaluation.

- The client has moved out of the area and there is no forwarding address.
- The client is presently in rehabilitation and on speaking to professionals or the client it was deemed inappropriate to send the evaluation.
- The client had passed away.

The list below shows the number placed against the reason for non-selection.

- Deceased (2)
- Currently in prison (4)
- Unable to contact or moved out of the area (33)
- When contacted stated they did not wish to receive a questionnaire (17)
- Victim of serious sexual assault or currently in the court process (5)
- Having consulted with professionals it was deemed inappropriate to engage owing to complex issues around the following:
- Alcohol and substance misuse (7)
- Multiple complex issues (5)
- Acute Mental Health issues including self-harm and suicidal tendencies (19)

The 48/140 (34%) selected were all clients who are engaging with the project currently or the engagement has been completed. Due to the vulnerability of many of the clients each person was carefully selected to minimise any harm and to ensure the evaluation does not have a detrimental effect on any of them. All clients selected to complete the evaluation were contacted in the following way:

In person by the area coordinator or their CPM; on each occasion it was explained that anyone linked to the project must not help with the completion of the questionnaire; the clients were however asked if they wished to complete the evaluation and if needed arrangements were made to assist them in their completion.

All other clients were contacted by phone and asked if they wished to complete the evaluation and it was posted out to them.

Each client received an envelope which contained:

- A covering letter explaining how the evaluation would be conducted (Appendix 2).
- The Service User Evaluation Questionnaire
- A return envelope (Stamped addressed)

Due to the sensitive nature of the client's information the researcher had to rely on the Project Coordinator and the Area Coordinators to select the sample. Great care was taken to explain to those selected that the evaluation would be independent and anonymous.

Community Peer Mentors Sample and Selection Criteria

58 CPMs including those presently active in providing support and those on sabbatical were selected to include:

- 43 Females
- 15 Males

Since the project started there have been a total of 16 Cohorts who have undertaken either the two full day or five-week evening training programme. This has resulted in a total of 158 individuals completing the training making them eligible to become CPMs. Of these 62 remained active as a CPM or were on Sabbatical at the start of this evaluation. 4 stated they would be away over the summer and would be unable to complete the evaluation. Those on 'Sabbatical' are described as those mentors who have stated that they wish to take some time out from supporting clients for a variety of reasons including:

- Extended holidays
- Attending further education
- Caring for a relative
- Their own medical issues
- Arrival of a new baby
- A death within the family
- Issues around their own mental health or addiction issues; all of whom continue to receive support from the project.
- Increased responsibility at work
- Gaining new employment and needing time to settle in.

Trained on behalf of other organisations

A total of 46 individuals have completed the 'CPM' training programme on the understanding that they would not become active mentors for this project. This has been part of the Durham Police, Crime and Victims Commissioners vision of providing quality training to other organisations, so they will have the confidence that their volunteers and staff have received some form of training.

These organisations include:

- North Yorkshire police
- Aspire – a domestic abuse charity
- ARC – a LGBT+ charity
- The Restorative Hub (including Restorative Justice and Mediation teams)
- Police Civilian staff
- Durham County Council VIP teams (Vulnerable Intervention Pathways)

It would not be appropriate to send an evaluation to these individuals as they are not an integral part of the CPMs Project being evaluated.

Mentors who have left the project

A total of 45 mentors have left the project for several reasons (Table 2). Whilst this is disappointing, many have gone on to secure jobs and other training opportunities or have become involved in similar supportive / community projects. Inevitably, health and family problems may occur and the commitment to volunteer may become too onerous for some.

Reason for leaving volunteering role	Number
New Job	7
Moved into further education	3
Work commitments	7
Involved in new projects	6
Family Commitments	5
Health Issues	3
Moved out of the area	4
Death	1
No longer wish to be a volunteer – no reason given	6
Declined by the project	3
Total	**45**

Table 2: Reasons for Leaving Volunteering

In May 2018 under the new General Data Protection Regulations (GDPR) all CPMs who had undertaken the training were contacted and asked if the Project could continue to hold their information; a total of 45 either replied stating they wish for their details to be deleted or they failed to reply. After a set date to ensure compliance with GDPR their details were deleted. Those belonging to this group could not be contacted.

Therefore, a total of 58 individuals were selected to receive the evaluation questionnaire.

Method of sending evaluation questionnaire

All mentors selected to complete the evaluation were contacted in the following way:

All were sent an email, or called by phone, informing them that an evaluation was to be undertaken and that details would be posted to them.

Each mentor received an envelope which contained a covering letter explaining how the evaluation would be conducted (Appendix 2), the CPM Evaluation Questionnaire and a return envelope (Stamped Addressed).

Referrers Sample and Selection Criterion Applied

The ten top referring organisations were selected from the organisational database. From these, individuals who had referred frequently to the project were sent a questionnaire. A purposeful sample from across senior staff, middle management or frontline workers was also made in the selection process. For the 'Referrers' sample the questionnaire was sent by email. Options were provided to return the questionnaire directly to the researcher by email or to send the completed questionnaire by post.

28 individuals were selected.

Profile of Service Users

Information relating to each client referred to the project is collected and secured safely on the organisational database allowing the team to ascertain a profile of who is being supported and to what extent. Analysis of the CPM Project database demonstrates that as of the 30 June 2018 there have been **261** people selected or referred to the project. Of those **140** (53.6%) have actively engaged and have received support.

Year	Number referred	Number supported
Year 1 (April 16 - 17)	34	30
Year 2 April 17 - 18	171	63
Year 3 April 18 to June 18)	56	47
Total	**261**	**140**

Table 3: Numbers Referred Versus Numbers Supported

During the evaluation the researcher raised questions regarding why 121 (46.3%) individuals had not been accepted by the project. As part of the action research approach the Project Lead undertook an analysis of those individuals to ensure openess regarding the reason for client rejection. The breakdown of these individuals are as follows:

- 16 individuals were on risk assessment and initial consultation by the CPM Project referred on to the Restorative Justice Hub for either restorative interventions or mediation. Hence, they were referred to more appropriate support.
- 24 individuals declined to engage with the project
- 4 individuals did not engage with the project as requested by an external organisation
- 55 were rejected on initial 'Risk Assessment' where it was deemed not appropriate for the project to engage with someone owing to their ability to have the 'Will', 'Want' or 'Capacity' to change or they were deemed too volatile or dangerous to place with volunteers.
- 22 were declined by the project having initially engaged and following either home visit or during engagement with the Area Coordinator or the CPM it was felt it would be inappropriate to engage further as their ability to have the 'Will', 'Want' or 'Capacity' or they were deemed too volatile or dangerous to place with volunteers.

Improvements have now been made to the way project staff record the reasons for not engaging with a client e.g. at the initial risk assessment, during engagement or home visit, at the advice of other professionals or organisations working with the client and where the client declines to engage.

Initially most individuals were referred by the police because of frequent emergency calls to the Police Service. The following selection criteria were acknowledged:

- Vulnerable and isolated individuals affected by anti-social behaviour, neighbourhood disputes, crime or a significant event in their lives, who have unmet needs (real or perceived).
- Frequent callers to services, primarily the police, who have become reliant on emergency services

- Support not accessible to them because they do not meet the thresholds for help by statutory services or voluntary and community sector organisations
- Individual does not have the personal resources, is not empowered, becomes dependent on or is a strain on organisational resources

These individuals are high users of police and often other services, creating repetitive demand, and a response which is often not resolved. However, as mentioned above some referred or selected clients are not accepted for CPM Support due to

- Client not ready to change
- Inappropriate referral
- High Risk to CPMs

Latterly, an individual can be referred to the project by the police and /or statutory services when something has happened that has caused the individual to call the police or the other statutory services numerous times. All clients are assessed in the same way to ensure their suitability to the project.

Client profile - Learning through the initial 60 clients

The following early client profile was developed to highlight both the type and the complexity of the clients the project and the workers have supported. This has helped the Project to better understand the types of referrals but also the type of solutions, help and support required to assist clients to make positive changes to their lives.

An early assessment of the first 60 individuals who were assessed for the CPM Project demonstrates a clear level of client vulnerability as follows:

78% (n= 47) Mental Health Issues

50% (n= 30) were classified as extremely vulnerable

48% (n=29) Were classed as socially 'isolated'

45% (n=27) Had alcohol Issues

32% (n=19) Had been a victim of Domestic Abuse

18% (n=11) Were bereaved

15% (n=9) Had drug Problems

15% (n=9) Had an on-going illness

Many individuals had multiple vulnerabilities (including but not exclusively the above)

Examples of clients referred

1. A 36-year-old male with mental health problems had experienced domestic abuse, had felt suicidal and had self-harmed and had financial problems and 66 safeguarding reports. This individual was a victim of crime (Common assault, harassment, theft) and was a regular caller to 999.

2. A 42-year-old male was bereaved, had alcohol problems, family issues and financial mismanagement including rent arrears, was isolated, had mental health problems and felt suicidal. This individual was neither a victim or perpetrator of crime but was a regular caller to 999.
3. A 36-year-old female demonstrated a chaotic lifestyle with alcohol and mental health issues, she had inappropriate relationships, self-harmed, experienced financial mismanagement and was isolated. This individual was a victim of crime (Rape, assault with and without injury, harassment, theft) and was a high caller to 999.
4. A 36-year-old male presented with a history of mental health, drug and alcohol abuse and domestic abuse, had experienced coercion and had 42 safeguarding reports. This individual was a victim (Stalking, harassment, theft and assault) and a perpetrator of crime (Common assault) and was a regular caller to 999.

Financial Analysis [the initial 60 clients]

Internal analysis of the 60 initial clients was conducted to estimate the cost of these high user vulnerable individuals to the service to determine the potential for savings from the CPM Project. The range of calls made by the initial 60 service users was between 3 - 105 calls to emergency services per year. The before and after CPM Support changes in demand were noted and the difference in demand for support was estimated to have saved the force a minimum of **£660,425** (for these 60 clients alone). The calculation was an estimate based on call out time only (£25 per hour) and did not include the administration costs and follow up time which if included would have increased the saving to the Police Force. These savings equate to over 28,000 Police Staff hours and need to be considered against a relatively low cost of delivery. The annual budget for the CPM Project is detailed below and demonstrates the 4 phases of development and implementation.

Phase 1 – The Original Funding Application - £**29,009 per annum**

Phase 2 – Development Phase - Initiation of the project to Phase 3 - £**35,671 per annum**

Phase 3 - Mid Term – Introduction 'Going Live' of the project across Darlington (April 2016 onwards) - £**35,671 per annum**

Phase 4 - Long Term – Introduction of the project across County Durham (September/October 2016 onwards) - £ **107,194.74 per annum**

Total spend since commencement on the project = **£207,545**

Numbers Referred and Accessing Support

This initial assessment of the first 60 clients helped the team to start to understand the nature of the clients that would require support. This early analysis enabled the project to develop which was important as at this time the Police, Crime and Victims' Commissioner Office were not aware of any other force taking this approach.

By the end of June 2018, **261** individuals had been referred to the project of which **140** clients had agreed to community peer mentor support. These 140 are either victims or perpetrators of crime or both. Some are neither but are vulnerable and demand support across many services. Often the needs of these vulnerable individuals are not being met by statutory services. The following is an analysis based on the data from 140 clients referred to the project and who have had at least one initial contact.

Gender Breakdown

Gender	% (n)	Age Range	Average Age
Females	51.4 (72) *	19-97 years old	45.9
Males	47.8 (67) *	18-88 years old	46.9

*1 person identified as Transgender (n=1)

Table 4: Gender Breakdown

Reason for Referrals by Gender, Victim or Perpetrator of Crime

The vulnerability of clients is demonstrated in the next few tables. In Table 5 there is a breakdown of the 140 clients by gender demonstrating the numbers referred who had been Victims and / or perpetrators of crime, or who demonstrated other vulnerabilities but who were neither victims of crime or a perpetrator.

- 105 were victims of crime
- 66 were perpetrators of crime
- 20 were neither of the above

Female	Male
Victim of crime 55.2% (58/105)	Victim of crime 43.8% (46/105)
Perpetrator of Crime 48.4% (32/66)	Perpetrator of Crime 51.5% (34/66)
Neither victim or perpetrator (9/20)	Neither victim or perpetrator (11/20)

*1 person identified as Transgender (n=1) = Victim of Crime

Table 5: Reason for Referral by Gender.

The type of crimes for this cohort are shared below on Table 6 and overleaf in Table 7.

Type of Crime (Victim)	Total	%
Harassment / Stalking	72	51
All Physical Assaults	56	40
Criminal Damage	33	24
All Thefts	30	21
Burglary	24	17
Public Order	22	16
Rape	18	13
Sexual Assault	10	7
Malicious Communications	8	6
Threats to kill	9	6
Fraud	7	5
Robbery	5	4

Table 6

Type of Crime (Perpetrator)	Total	%
Harassment / Stalking	50	48
All physical Assaults	27	19
Public Order	24	17
Criminal Damage	20	14
All Thefts	19	13.5
Malicious Communications	10	7
Threats to kill	8	6
Drug Related Offences	5	4
Sexual Assaults	2	1.4
Burglary	1	.7
Possession of bladed article	1	.7
Possession of Sexual Material	1	.7
Robbery	1	.7

Table 7

In Tables 6 and 7 please note that some service users have been victims of multiple crimes, and some clients have been perpetrators of multiple crimes, again demonstrating the complexity and vulnerability of many of these individuals. Based on the same data the following vulnerabilities have been identified and help demonstrate the complexity of these clients and the challenges these factors bring in helping support people (See Table 8).

Types of Vulnerability	Total	%
High Impact Users (HIU) on the emergency services	91	65%
Vulnerable and isolated	89	63%
Diagnosed with Mental Health issues & PTSD	85	61%
Victims of Harassment or Stalking (Not all reported to police)	76	54%
Perpetrators of Crimes	66	47%
Alcohol addiction	53	39%
Victims of Domestic Abuse	25	18%
Drug Addiction	23	16%
Self-Harm and Suicidal	21	15%
Bereavement	16	11%
Ailment	15	11%
Illness	11	8%
Elderly	10	7%
Victims of ASB	7	5%
Neighbourly Disputes	7	5%
Victims of Coercive Control	6	4%
Divorce	5	4%

Table 8: Client Vulnerability

NB: some clients have been identified with more than one vulnerability.

65% of the clients supported were high users of emergency service, the initial focus of this project. Isolation and mental health issues figure high on the list of reasons why many

individuals contact emergency services, often inappropriately. Some do so as a result of being a victim of crime or on going unresolved local disputes, and some because they don't have the personal capacity to respond appropriately. Often this inappropriate response can lead to the victim becoming a perpetrator. Many have a long and on-going relationship across multiple statutory services.

In analysing the client data base, client visits by CPMs vary considerably in terms of time spent. It is not presently possible to give an average time for visits for the 140 clients nor a range, but it is possible to share an understanding of the variability. The following data is estimated by the Project Lead and Area Coordinators after assessment of each case.

The initial visit to the client lasts approximately 50 minutes. This is normally a joint visit with the referrer and introduces the project. At the second visit the CPMs spend time completing forms and setting goals and the boundaries. There will be a general discussion and 'getting to know each other' session, where issues, concerns and questions will be raised. Understandably this is a lengthier session and takes between 95 and 110 minutes. All other follow up visits vary depending upon need and client progress and the nature of the goals and barriers to change. These follow ups tend to be between 65-95 minutes but may be extended when clients require help with for example the Department of Work and Pensions (DWP).

The project team do not presently limit the time, nor the visits spent with each client as the service is based on a client centred approach to problem solving and support. Some visits have lasted up to 5 hours where a client has been in crisis, or needs to be taken to court, interviewed by the police or needs health and / or housing support.

Clearly it would be easier to manage future demand if 'time spent' data was collected at each interaction and would help assist developing provision elsewhere. It would also help in the local management of these cases. However, as the range of support is extremely wide and clients need is so variable it is hard to judge what future demand might look like. The data also has a continued impact on the numbers required to be trained to meet the demand. Natural attrition from the volunteering role is inevitable, volunteers own personal availability and matching suitable peers to clients requires careful planning and an understanding of changing demand. It is recommended that in the future some 'time spent' data is collected.

The Referral Process

On receipt of the referral a thorough risk assessment is undertaken. The following are taken into consideration. The project will engage with anyone who meets the project criteria so long as:

- They are not a danger to the project staff or volunteers
- That they have the 'Will', 'Want' and 'Capacity' to change
- They are 18 or over.

However, throughout the Projects engagement if circumstances change it may be decided that it would be unsuitable for the project to engage or continue to engage with that individual.

An initial risk assessment is undertaken to ensure that the referred person is not a danger to either the paid staff or volunteers. Various data bases are checked along with the reason for the referral and any desired outcomes from the clients' point of view. If the client is engaging with other services, the project will contact relevant professionals to discuss the value to the client if the project were to engage. This is followed by a home visit by an area coordinator and if possible the referring person to ensure continuity of care and the wellbeing of the client. If an introduction cannot be made then an initial phone contact is made, thereafter two members of the project staff will visit the client.

Following the home visit a decision is made as to the suitability of the client. If there is agreement to engage with the client, the volunteers are introduced in pairs to support the individual. After each visit the suitability to engage is reassessed. Suitability can also be judged on additional information received from other professionals.

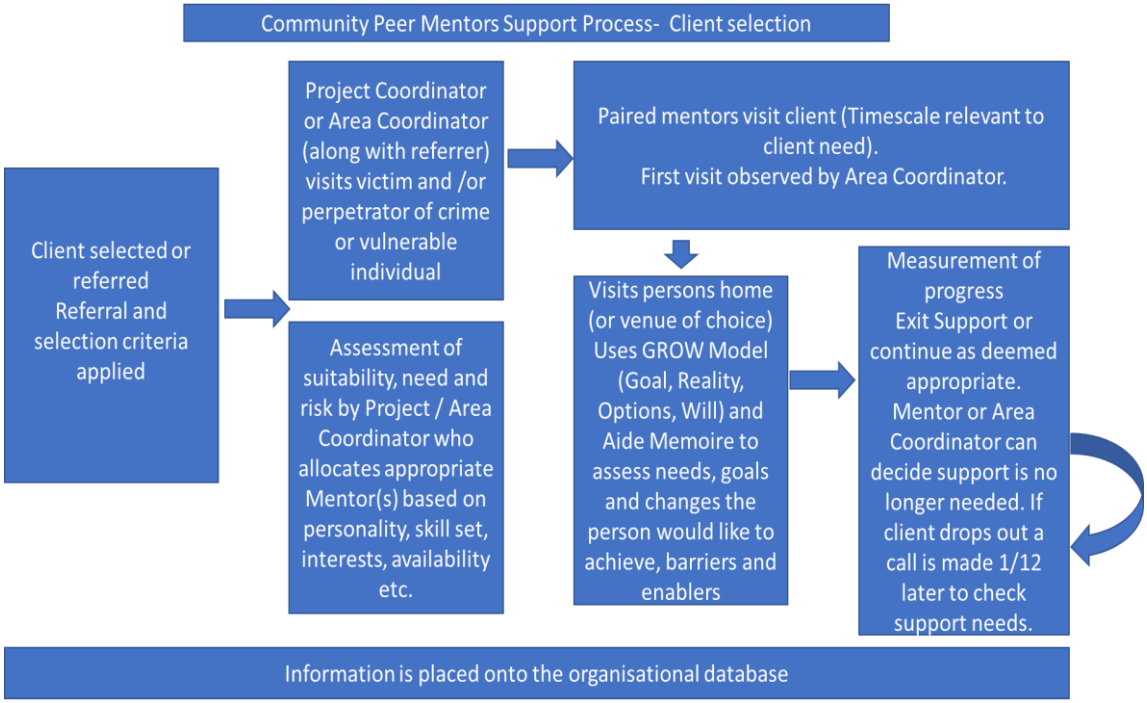

Figure 2: Process for client selection

Analysis of Service Users Responses

Of the 48 Service Users sent an evaluation questionnaire a response rate of 33.3% (n=16) is as expected given the nature of the clients i.e. many have extremely chaotic lives and immense challenges to face. Although the number appears low, the quality of the responses from service users has been good with a huge amount shared regarding their first-hand experiences of the service, helping us learn what works and what could be improved.

Ethnicity of Responders

All responders were White British apart from one Gypsy Traveller.

Sexual Orientation of Responders

All responders bar one stated 'Heterosexual' with one responder choosing not to respond.

Vignettes 1

Male, 40-49

- Victim of Anti-Social Behaviour and Neighbourhood Dispute
- Initially, received support daily
- Started receiving support 9 -10 months ago and has recently re-engaged

What were your goals? *"New Housing, clearance of rubbish and liaising with the police, council, and landlords and help with addiction".* The individual felt confident (score 10) that issues could be resolved, and he could meet his goals.
What barriers did you face? Addiction. *"It took a long time but now almost on top of it".*
How did the Community Peer Mentor help you? *"Talked to relevant agencies and supported myself and wife through the ups and downs we faced."*
Why did you call the CPM in between booked appointments? *"Unusual circumstances where I haven't been unable to work out a solution, they have helped so I would not get into trouble with police or authorities."*
What did you value about the service? *"They have helped in situations I have thought impossible to resolve, where I would try to deal [with it] myself and either make the situation worse by getting arrested or the situation getting beyond my control."*
What practical successes has this created? *"Respect for local authorities; new housing; benefits claim which has relieved a lot of pressure for me to deal with my addictions and health."*
What emotional successes has this created? *"More relaxed and able to see problems with a new outlook where I don't get into trouble."*
Do you have anything else you would like to tell us? *"I would like to thank them because through all my troubles peer mentoring have given me all the help I needed, leaving me free to deal with my cancer and addictions and able to deal with new problems with a different outlook I would never have done before."*

How often did you gain support from your CPM?

Support availability is not set in stone by the CPMs and this is reflected in the service user's responses. Answers range from every two days to fortnightly in the first instance with support lessening with reducing need.

Number Setting Goals

15 out of the 16 service users stated that they did set goals with the CPMs, the nature of which is described below. The individual who stated 'no' to goals set states:

'Initially they helped me stay alive and have set minimum goals along the way.'

This emphasises the personal and measured approach taken, with mentors working at a pace relevant to the service user. This individual faced barriers of depression, alcohol use and malnutrition and very low self-esteem, and states that the CPMs offered:

"A perfect balance of care and guidance. No pressure on pace as I was fragile. They handled me amazingly well." Male, 40-49

Nature of Goals Set

There is a real mixture of goals being set from those that are relatively modest to those that are more challenging. Either way they are important goals for those individuals.

- Changing own behaviour

After experiencing anti-social behaviour and a neighbourhood dispute this woman set a goal to respond differently, she states, *"Learn not to react and approach situations in a different manner".* After weekly, then fortnightly visits and stating a strong commitment to achieving her goals she says that the CPMs *"They learnt [taught] me to ignore the neighbours"* Female, 50-59

- Bereavement

Bereavement can figure high in why individuals feel socially isolated and why some are high callers to emergency services, with one ladies goal stated as *"Being able to get out and feel me again".*

Experiencing poor physical health and mobility problems alongside her bereavement she states how the CPM has helped her:

"We are getting to know each other, and this helps with the loss of my son and husband. We are working out ways to achieve getting out and about to places that suit me and my personality." Female, 70-79

- Preparation / support related to addiction

A number of service users were experiencing challenging situations and as such their goals, whilst achievable, were themselves as challenging. Dealing with addiction, particularly alcohol abuse figures in a number of accounts. (See Vignette 2).

"We set a goal to help me prepare to go to rehab for my alcohol addiction (for 6 months) and I am currently here with another 5 months left. I will get support with housing issues when I leave rehab also." Female, 30-39

- Change of, or addressing housing problem

Housing problems associated with neighbourhood disputes or hoarding behaviour have resulted in setting housing related goals from receiving help regarding house clearance to moving on. Sometimes the housing problems are embedded in other issues including addiction. The stated goal for the following man was:

"New Housing, clearance of rubbish and liaising with the police, council and landlords and help with addiction." Male, 40-49.

The CPMs help liaise with statutory services when clients feel they are unable to do so themselves. And when asked how the CPM had helped him achieve his goal, he states:

[The CPM] "*Talked to relevant agencies and supported myself and [my] wife through the ups and downs we faced."*

Embedded in the practical acts are the CPM's skills in negotiation. This offers the service user an opportunity to learn through observation as the CPMs partner the person in need.

"The mentors were there to listen and to give advice when needed. Took my husband and I to view houses, then mentor [negotiate] *between ourselves and the landlords."* Female, 30-39

- Reducing isolation, increasing socialisation

As stated above experiencing bereavement can lead to isolation and from the accounts can lead to neighbourhood disputes which service users feel unable to deal with alone. Increasing socialisation, giving that person a different focus can be an agreed goal with some individuals stating that they had lost all family members and one individual bereaved by the murder of her sister.

How committed were you to achieving the goals you set?

In order to receive support from the service the individuals must demonstrate a desire to change, as stated in the criteria they must have "the 'Will', 'Want' and/or 'Capacity' to change". 10/16 service users scored 7 or above when asked to scale their commitment to achieving the goal set and as such were committed to the change. 6/16 scored 1-5.
In observing the barriers to change stated by the 6 individuals they included; an on-going dispute; medical issues; *'scared to go out'*; Mental health problems including *'No concentration. No will power';* and as with the man below often the motivation to change is variable, again highlighting vulnerabilities.

"I go up and down like a spike with being motivated and committed to anything". Male, 40-49

Vignette 2

Female 30-39

- Victim of Crime
- Received support every 2 – 3 weeks
- Started receiving support 8-9months ago

What were your goals? *"We set a goal to help me prepare to go to rehab for my alcohol addiction (for 6 months) and I am currently here with another 5 months left. I will get support with housing issues when I leave rehab also."*
What barriers did you face? *"I faced issues regarding my mum being ill and trying to care for her, my abusive relationship escalating prior to rehab, trying to maintain my alcohol and not being able to see my son prior to rehab."*
How did the Community Peer Mentor help you? *"I was given continuous support regarding all of the above issues. This support was through advice and guidance, helping with telephone calls and general chats to motivate and stabilise my mood."*
Why did you call the CPM in between booked appointments? *"To discuss situations regarding my child and social services."*
What did you value about the service? *"I found this service extremely helpful and it has been a positive part of my journey I am taking to change my life. I feel that the experience and knowledge my peer mentor had really assisted me to get to where I am now. I am grateful to this service which my domestic violence police contact told me about and I think it is invaluable to offer this support, which many people need, but may not ask for or know about."*
What practical successes has this created? *"I have currently completed a week-long detox in Manchester and I am currently in rehab for my alcohol addiction (6 months residency). I will get support with housing after leaving rehab."*
What emotional successes has this created? *"I definitely became emotionally stronger and much more motivated after my meetings with the Peer Mentor. Being able to talk to somebody improved my confidence and self-esteem and my anxiety lessened regarding going to rehab."*
Do you have anything else you would like to tell us? *"I am extremely happy with the service I received. My peer mentor was inspirational and if I could help somebody through my experiences in anyway it would be a privilege. Very Happy!!*

What Barriers did you face in achieving your goals?

Clearly, setting goals is easier than achieving them, and responders shared some of the day to day obstacles that can hinder success. Examples of these are shared below:

- Health Problems (See Vignette 3).
- Addiction
  4/16 individuals shared problems with alcohol addiction, with one young man stating that his family helping him financially each month hindered his ability to reach his goal [only respondent to state 'no' to achieving his goal].
- Physical Environment (Type of property, neighbours)
- Fear including an abusive relationship

One man (60-69 age range) set a goal to *"To meet more people, to go out and stop collecting things"* after being a victim of crime, neighbourhood disputes and being bereaved due to the loss of close family. He shared how he was *"scared to go out"* and how the CPM partnered him outside and *"made him feel safe".*

- Carer responsibility

Practical things can also disrupt an individual's plans to change as described in Vignette 2.

- Bereavement

Bereavement and loss appear to play a part in many of the individuals lives and has been the catalyst to why they have found themselves in need of support.

How did the CPM help you achieve the goals and overcome any barriers?

It is clear from the service user accounts that the training has helped the CPMs introduce goals gradually and that the goals set are 'SMART'[1], person centred and that clients are not placed under pressure. 14/16 people stated that they had achieved their goals (one stated 'ongoing').

When asked 'How did the CPMs help you?' As previously stated the following man said *"Initially they helped me stay alive and have set minimum goals along the way… A perfect balance of care and guidance. No pressure on pace as I was fragile. They handled me amazingly well."*

Respondents stated a range of ways in which the CPMs had helped them achieve their stated goals to include:

- Facilitated conversations with key organisations including partnering a client at a medication review at the GPs
- Skills development
- Befriending via telephone conversations
- Advice, guidance and support

"Being honest, respectful, organised and then gave me things and ideas to be actioned which I have achieved." Male 40-49

[1] Specific, Measurable, Achievable, Realistic and Time-based.

"I'm an amputee, and it's the physical problems that block my way. Also talking is difficult as I have had a stroke. We are getting to know each other, and this helps with the loss of my son and husband. We are working out ways to achieve getting out and about to places that suit me and my personality." (Female, 70-79, experiencing a life changing event)

Vignette 3

Female 60-69

- Victim of anti-social behaviour
- Received support weekly plus phone calls
- Started receiving support more than a year ago

What were your goals? *"Support to stabilise my vulnerable traumatic situation. [And to] move house to a new area."*
What barriers did you face? None stated.
How did the Community Peer Mentor help you? *"Accompanied me to interview with local housing officer, stated the circumstances on my behalf stressing the seriousness of my health. Due to the caring interviews I was saved from any form of stress or anxiety. Was given a lift home along with a sincere chat to help reassure me that things are going to change."*
Why did you call the CPM in between booked appointments? *"I was in need of emotional support, attempted suicide. Bullied by local harassment officer. Also, with him Environmental Health Officer. Later verbally mocked and humiliated via phone by the female environmental health officer."*
What did you value about the service? *"They listened, they reassured. They understood my health and traumatic situation. They are 100% sincere, caring, hands on people. If it was not for the existence of the peer mentors I would not be alive. They have saved my life! I no longer just exist I have survived. The peer mentors have reassured me (since ceasing visitations) that they will always be at the end of the phone if ever I am in need of them, even if I just need to talk to someone."*
What practical successes has this created? *"Support with benefits claims and while I was awaiting this peer mentor took me to the food bank. Peer mentor coordinator and team packed and dismantled my possessions and helped me move house, physically and with official needs."*
What emotional successes has this created? *"100 per cent more confident 100 per cent less anxious."*
Do you have anything else you would like to tell us? *"Such was my traumatic situation in the beginning, before the Peer Mentors intervened, I was also suffering Musical Hallucination. Hospital hearing dept told me that they had only treated one other case. They treated me for 1 year along with my self-help. At present this problem is fading gradually. I was in such a terrifying, dark, alien place until the help from the peer mentor. They not only rescued me... they saved my life."*

Clients were asked to read the following statements (Table 9) carefully and indicate their personal view of the CPMs Project by **ticking one box per line.** No one disagreed nor strongly disagreed with any statement.

Statement	Strongly Agree	Agree	Neutral
I feel I was listened to	12/16	4/16	0/16
I feel I could express my thoughts and feelings	10/16	6/16	0/16
I feel staff had a good understanding of my situation	10/16	6/16	0/16
I received relevant information to help me understand the role of the CPMs and how they might help to support me	10/16	6/16	0/16
I feel that the support that I received helped me move forward	12/16	4/16	0/16
If someone I knew needed this type of help, I would recommend they used this type of support	14/16	2/16	0/16
I was given a choice of venue to meet.	12/16	2/16	2/16
I feel the service location is accessible	11/16	4/16	1/16
The service provider offered flexible appointments	14/16	2/16	0/16

Table 9: Ratings re: Service Provision

Service users were asked to write comments to explain their answers with only one person ticking 'Neutral' providing an explanation. This related to the choice of venue and the individual states "*Location had to be home.*"

Telephoning the CPM's or project outside of booked appointments

As previously stated once the CPMs have engaged early visits appear to be weekly or fortnightly. However, individuals are told that they can call in between appointments should a need arise. 15/16 of the service users stated that they had called the service in between appointments. Examples of reasons are stated below.

Figure 3: Reason for Support Between Appointments

The quotes in Figure 4 demonstrates practical and emotional support needs. 15/16 stated that the CPMs responded in a timely manner when contacted outside of booked

appointments. One of which stated, *"Yes If no-one answered the phone, they got back to me."* (1/16 not applicable).

The comments also demonstrate the responsive and flexible approach essential to prevent things escalating.

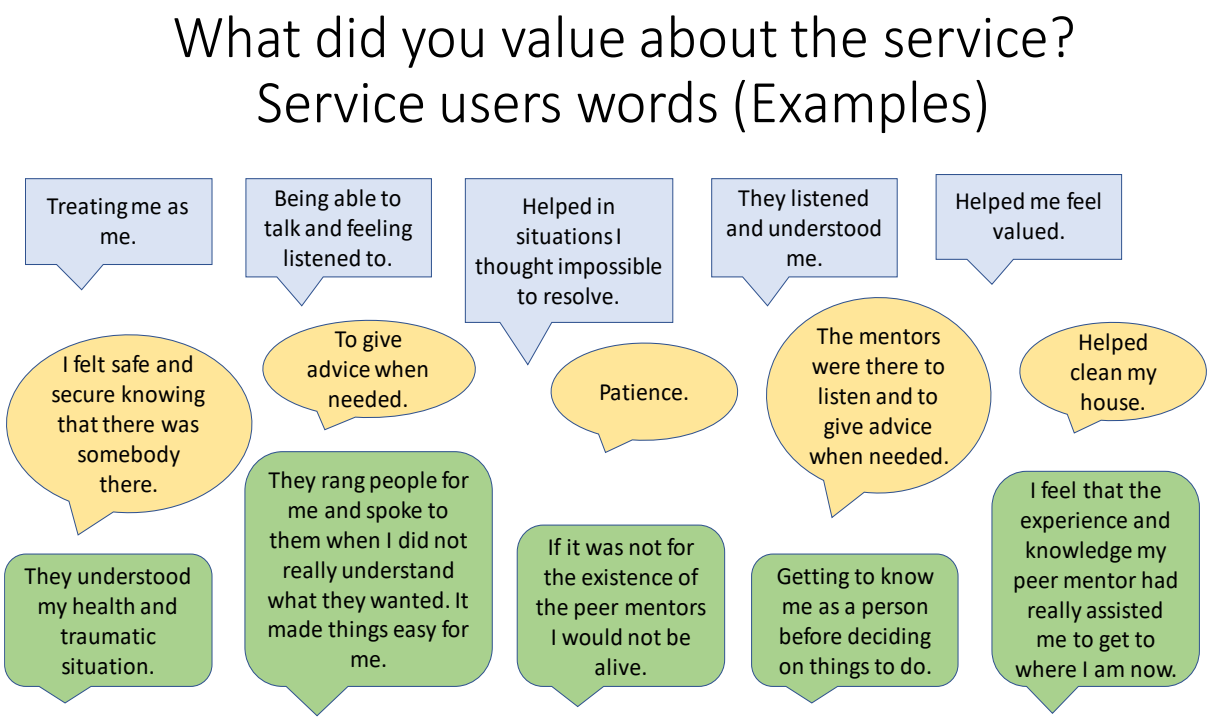

Figure 4

Many of the respondent accounts demonstrate that they had reached rock bottom and could not see a way out. Suicide ideation features in a number of accounts with responders stating that the project and the CPMs had *'saved their life'*.

"If it was not for the existence of the peer mentors I would not be alive. They have saved my life! I no longer just exist I have survived." Female, 60-69

"… they literally saved my life. I have endured a difficult situation with drink and depression/ anxiety intensely for 6 years plus. Felt I had no fight left at the point they found me. Their skills, effort, care and ability to really listen to me helped me move forward and feel valued as a person when I had no value for myself." Male, 40-49

"All thanks to them, last year I was going to kill myself, my mentors stopped these thoughts…. My boys have their mam because of this project. I have my life back. I thought I would never be me again and I am." Female, 30-39

"Being able to get help, quick response to get support. If I hadn't had it, I would not be here." Male, 40-49

Practical and Emotional Successes

All those responding were able to see and describe positive practical changes to themselves and their life because of the time spent with the CPMs Project. Service users' comments are shared in Figure 5.

Figure 5

Most people responding were able to see and describe positive emotional changes to themselves and their life because of the time spent with the CPMs Project. Service users' comments are shared in Figure 6. One responder felt it was too soon to say whether they had made emotional gains and a second remained anxious due to the potential threat from an Ex-Partner.

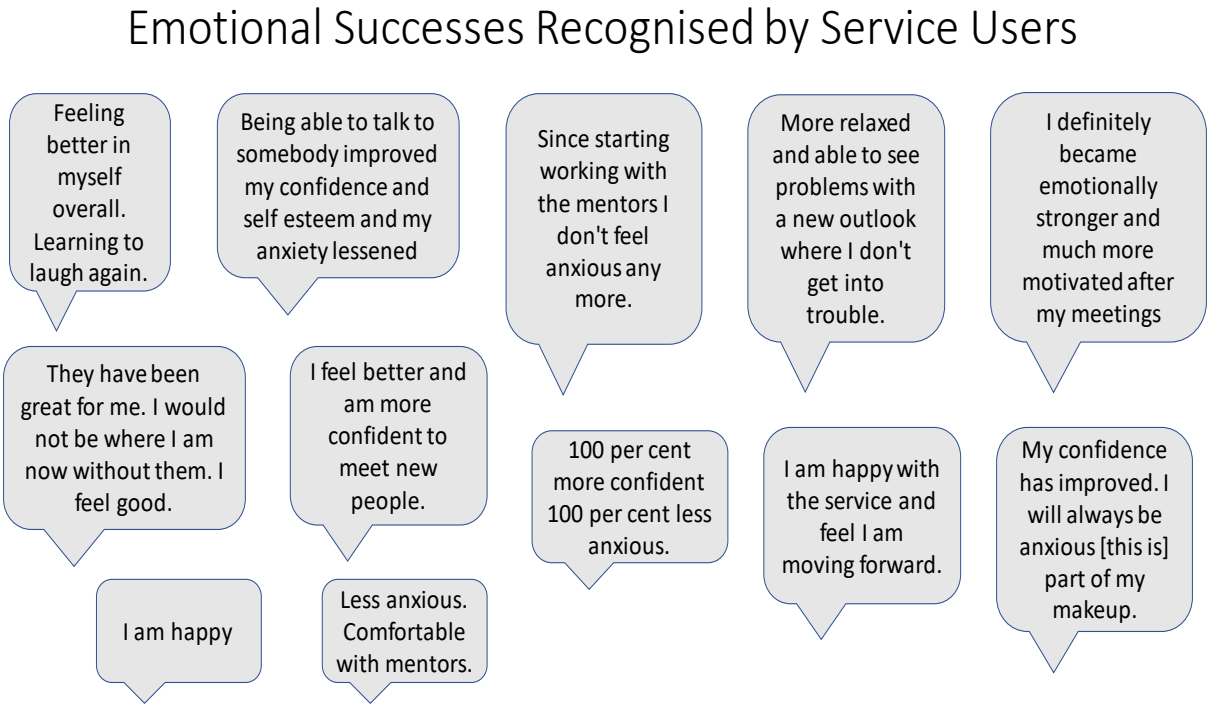

Figure 6

Two comments by service users are powerful reminders of how important the right type of mentorship can be and the following highlights that there is no quick fix. This is a process of change.

"Unfortunately, I can only offer one improvement emotionally and that is 'hope'. I hope that one day I can have a worthwhile life, after losing everything. This has only been able to happen with the constant guidance and care and empathy of the community peer mentor group. My anxiety and depression (I am on medication) will take some time to live comfortably with." Male, 40-49.

The following demonstrates the practical and emotional impact and the movement for this individual from rock bottom to gradual improvement.

"Yes, emotionally I am a lot stronger. I wasn't washing or brushing my hair, I was having panic attacks constantly, I was a mess. This year I'm much better. All thanks to them, last year I was going to kill myself, my mentors stopped these thoughts." Female, 30-39

What could the service do better?

8 out of 16 individuals felt no changes were necessary; 1/16 left this question blank. 1/16 stated 'don't know'. Others commented that more time was needed, a quicker initial response was desirable and an increase in service promotion and resources was necessary.

"I feel the service has been outstandingly good to me and feel that no changes would need to be made." Female, 50-59, Darlington

Of those commenting, more time for the appointments was suggested although this was stated with an understanding that the CPMs were busy.

Improved marketing of the project was suggested as below:

"To get themselves recognised more in the community. I honestly believe like in my case the pressure of emergency services like the police would be lessened." Male, 40-49, Darlington.

Professional referrers also feel that the project should be marketed more widely. The following beat officer states:

"I feel it is not advertised enough. The scheme is one of many things that are available, but the majority of people who would benefit from referring to it are not aware. A major publicity push, even just within Durham Constabulary, would be of benefit to all concerned."

The following service user also supported the notion of improved marketing but had hoped personally for a quicker response to support.

"It took a while (2 months) for my initial appointment. I really needed the help and did struggle, but once we were engaged the support was fantastic. It could be highlighted more to vulnerable people who need support, as I don't think it is promoted enough." Female, 30-39, Spennymoor.

One improvement suggested related to being offered a future opportunity to work with the team.

"By giving the chance to become a mentor myself or a volunteer." Female, 30-39, Darlington

The project strives to provide volunteering opportunities for ex service users and this is stated in the Projects recruiting policy.

Profile of the Community Peer Mentors

At the time of this evaluation 158 individuals had completed their CPM training programme via 16 cohorts (training is on-going). Of these 45 had been trained for other organisations.

Of the 158 their gender breakdown is as follows:

- 1 Transgender
- 1 Binary
- 112 Female
- 44 Male

Of the 158 individuals 62 CPMs were presently active or on sabbatical as previously discussed.

The gender breakdown for the 62 is as follows:

- 42 Female
- 19 Male
- 1 Transgender

The average age of the CPMs is 44.2 years. The youngest is 20 and the oldest 82.

Once a CPM has been trained a suitable pairing of mentors and careful selection of mentors to support specific clients is made. See process in Figure 7.

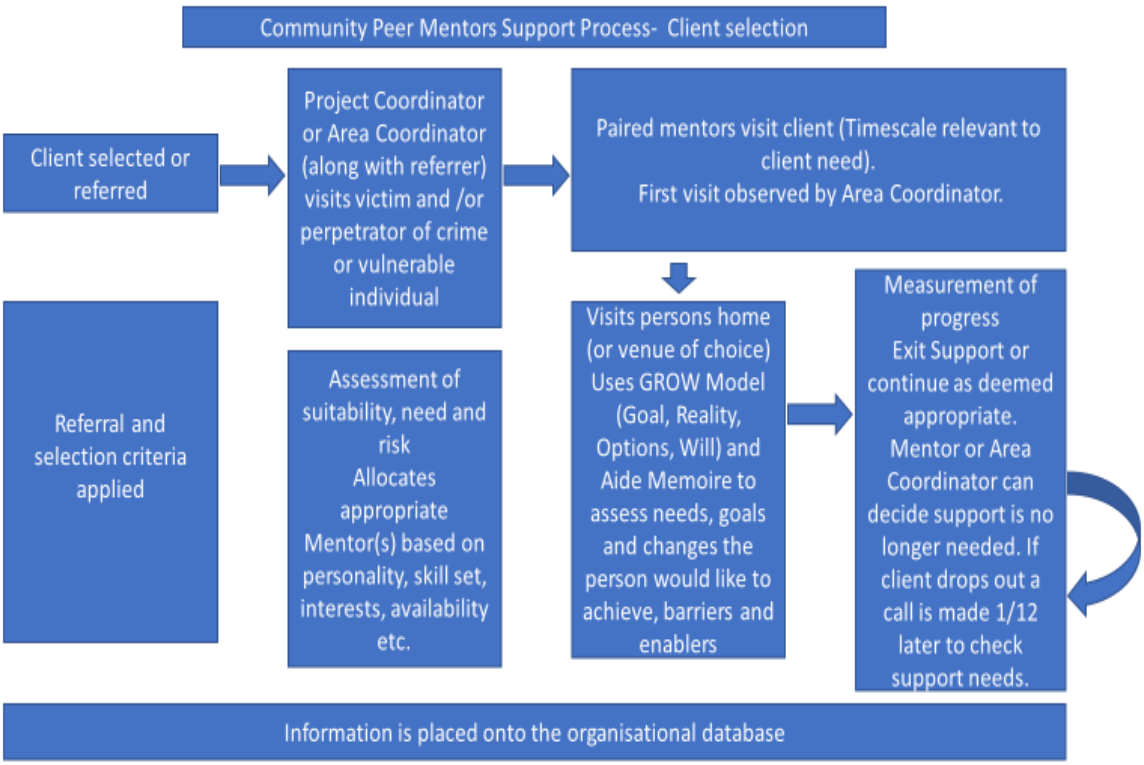

Figure 7: Community Peer Mentor Support Process

As this is a 'Peer' Mentor Project and volunteers are matched to clients to best meet their needs, it is useful to understand how representative the CPMs are of the client group and / or

what they bring to the project beyond the training. In Appendix 3, Peer Support and Mentorship is discussed further. However, in attempting to ascertain the diversity of the CPMs an additional piece of analysis was undertaken to assess what direct lived experience they brought to the role.

The list below in Table 10, highlights the diversity of the peer mentors, who have either personal or close experience of the following listed issues. Some mentors will have experience of more than one issue listed on the information. The list highlights how many peer mentors can support from a position of experience which may help develop a positive and trusting relationship with the Service User.

Community Peer Mentors Lived Experiences	
Alcohol – Dependency	39
Alzheimer's or Dementia (Carer)	23
Armed Forces	12
Bereavement – From a significant relationship	24
Carer	35
Crime – Perpetrator	26
Crime – Victim	35
Crime – Victim of Sexual Offence or Exploitation	18
Criminal Justice System – Victim or Perpetrator	32
Disabled	11
Divorced	35
Domestic Abuse – Victim	41
Drugs – Substance Misuse or Dependency	34
Department of Work and Pensions (DWP) or Debt Issues and interactions	15
Gambling –Addiction	5
Homelessness	8
Mental Health Issues – Diagnosed	40
Prison	13
Self-Harm	11
Sexual orientation	4
Vulnerable person – Identified as by a statutory organisation	34
Unemployed – long term	33

Table 10

The information is based on the application forms and interactions between the mentors and the project lead and is from a total of 119 mentors. 33 of which stated they had not had direct experience in any of these issues.

Community Peer Mentor Activity Data

The range and average number of contacts undertaken with the 140 clients from first contact to completion is as follows: *Please note some of these contacts may have been made to the emergency services if the CPM Project had not been in place:*

The average number of contacts per service user out of the 140 is 30.7

The range is:

- Highest number of contacts per person = 266 contacts
- Lowest number of contacts per person = 3 contacts
- 5 service users have had 200+ contacts
- 11 service users have had 100+ contacts
- 12 service users have had 50+ contacts
- 112 service users have had 49 or less contacts

The figures include 'client visits' and a range of support activities required to help the client meet their goals e.g. meetings with professionals to discuss the case, telephone and text message exchanges to the client, multi-agency contact to support the client further and supervisor case discussion. Previously the Project Coordinator developed a drop-down list of associated activities to better understand the offer to clients, however CPMs and others failed to use all categories stated due to time pressure. As contact information helps determine the nature of the service and demand a recommendation would be to reinstate a smaller list of associated activities and for CPMs to input the estimated time taken. (See recommendations)

A breakdown of the highest time in months that a client has been supported is stated below.

- The longest period for one client is 19 months (Still Active)
- 10 have been engaged for 12 months +
- 13 have been engaged for 6 months +

During the evaluation an estimate of the time taken per home visit was made (as previously stated). This information is not routinely collected as part of the project but does help us better understand the demand on the CPMs project, employees and volunteers. To reiterate, initial visits are estimated to take approximately 50 minutes, second visits 95-110 minutes and all others are estimated at between 65-95 minutes per follow up.

Analysis of the Community Peer Mentors Responses

Breakdown and profile of CPM Responders

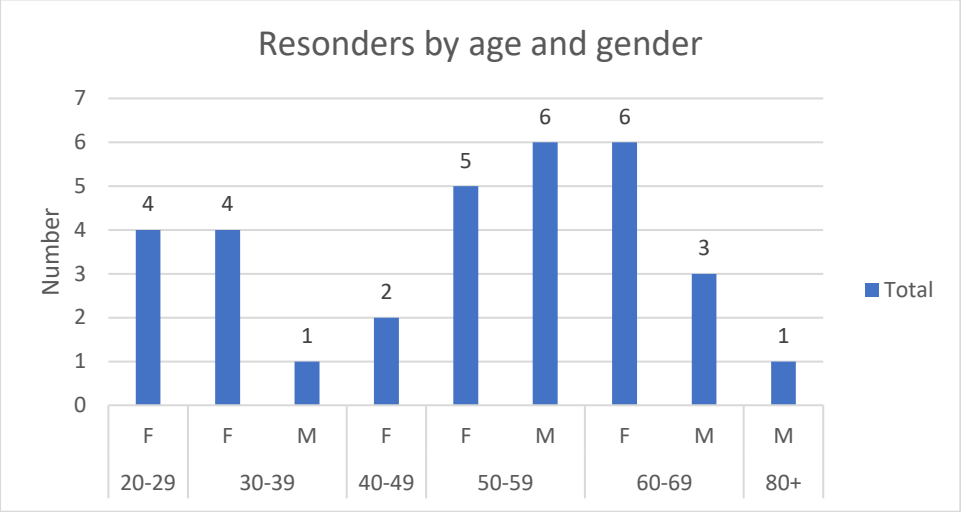

Chart 1: Community Peer Mentors Responses by Age and Gender

Of the 58 individuals sent a questionnaire 55.1% (n=32) returned their questionnaires. Of the 32, 65.6% were female (n=21) and 34.3% (n=11) were male.

Ethnicity of CPMs

The CPMs who responded were predominantly White British, additionally two individuals stated they were of Indian ethnicity, one White Romanian and one White Irish.

Sexual Orientation

The respondents were predominantly 'Heterosexual' with two people choosing not to answer, one stating 'Lesbian' and one stating 'Bisexual'.

Of those responding

- 11/32 trained in 2016
- 17/32 trained in 2017
- 4/32 trained in 2018

17/32 attended the 2 full days training and 15/32 attended the 5 evening sessions.

What did you enjoy about the training?

100% of those responding stated that they enjoyed the training. In understanding what trainees enjoyed multiple responses fell into three main categories. Enjoyment related to the trainers, their peer trainees and the training content as follows:

About the Trainers

- *Informative tutors*
- *Trainers all welcoming*
- *Relaxed atmosphere*
- *Everyone's input, very informative, staff listened*

About My Fellow Mentors and Trainees

- *Meeting new people*
- *Open and honest contributions from attendees*
- *Fellow mentors a pleasure to work with*
- *Everyone's input, very informative…*
- *Group interaction and learning from others life stories*

"Meeting like-minded people who want to bring something positive to other people's lives." Female, 20-29, Trained 2017

About the Training

- *Interactive*
- *Role play and case studies*
- *Group discussion*
- *Lively and friendly*
- *Not too heavy*
- *Diversity of the situation*
- *Finding out how to talk to and help other people*
- *Good oversight to mentoring*
- *Good overall balance, well structured*
- *Learning new skills e.g. active listening and empathy*

"I was a dyslexia teacher and attended many training sessions with that role. The CPM training is far superior to anything I have experienced before. I have found the staff very supportive." Female, 60-69, Trained 2017

How do you feel the training could be improved?

More time

"There was a lot to fit into 5 sessions, more time would be useful."
"Less training please, more breaks".
"Maybe 3 days, get more role plays, time goes by so quickly "

Meeting present clients and mentors

"A visit by, and if possible some interaction by [with], current CPMs and clients."

More role-play

It is unusual for participants to ask for more role play. Often trainees worry about taking part in activities which expose their learning needs. However, increasing role play and case studies was strongly suggested in the responses.

"More role play, going through examples of 'real life' experiences."
"The role play with a potential client was very informative, I'd like to do more."

The increase in role play and the use of real life case studies may help alleviate some of the challenges felt (See section on Confidence post training and comment below)

"Maybe case book studies successes are not as straightforward as case studies. GROW model may not be as easy to implement as presented."

Food

"…not so many sweet things as snacks. The offer available was very generous but I would like something savoury."

Refresher sessions

"I feel the training was fantastic and I can't see how it could improve. Maybe periodic refreshers."

"To meet more frequently maybe every few months."

12 people felt no changes were necessary.

Confidence post training

Individuals were asked to rate their confidence post training on a scale of 1-10 (with 10 being the most confident). Those responding shared the reasons why they had chosen their specific score, and a wide variety of reasons were given for choosing a range of scores from 'Not Applicable' to 10 (Most Confident).

Of those scoring 5 or less, one person scored 3 post training and having seen a client 1-2 months later dropped her score to 2 at 3 months post training.

"I think it is natural to feel nervous, however I did feel equipped having the prompts."

Another respondent rated his confidence at 1 post training and 1 again at 3 months. This client did not see his first client until 10-12 months post training. This wait between training and first seeing a client does impact on the individual's confidence with all other low scorers having not seen a client yet.

25 individuals rated their confidence post training as more than 6. Some explaining that it is *'natural to feel nervous'* and some *'doubted their ability'*. The reasons stated behind the scores were as follows:

- Confidence is affected by *'the uncertainty of what awaits'*, and not *'knowing who you are going to meet'*.
- Confidence is enhanced by the '*shadowing'* and *'paired'* partnership working.
- Confidence is affected by the wait between training and allocation of first client as stated above.
- Confidence is high in some due to previous training and work experience outside of the volunteering CPM role.

In November 2017 Home Office funding enabled the Project to employ two additional Area Coordinators. This helped improve the wait between training and allocation of a client and reduced the gap between referral and client engagement. Both of which had already been identified as risks to the project by staff. Of the 32 peer mentors who replied 7 increased their confidence once they had seen their first client at 3 months. 14 reduced their confidence between their first rating and second, of those 9 stated that they had not seen a client yet and so could not rate the post client confidence. However, 8 out of the 9 scored very high on their confidence post training. 11 individuals rated their scores the same post

training and at 3 months. These were all rated 8, 9 or 10 (High Confidence) bar one individual.

After training how quickly did you see your first client?

Length of Time	Number
Within 1 month	6
Between 1-2 months	10
Between 2-4 months	2
Between 4-6 months	1
Between 10-12 months	2
Have not seen a client yet	11
Total	32

Table 11: Length of Time Between Training and First Client

Of those responding 11 people were yet to see a client, 1 of these was trained in 2016; 7 were trained in 2017 and 3 were trained in 2018. CPMs shared throughout their responses their frustration at waiting to see their first client. Professional referrers also comment on the waiting time between referral and allocation of a CPM. This can be seen in more detail later in this document in Section 'Most Challenging Aspect of the Work?'.

A series of questions (as in Table 12 below) were posed to ascertain a 'yes / no' response, with comments taken from other parts of the questionnaire to help understand the replies. As most of the CPMs answered 'yes' to the questions, the following focuses on better understanding the negative replies.

Questions	Yes	No	NA or not completed
Do you understand what is expected of you in this role?	29/32	1/32	2/32
Do you have sufficient information to make correct decisions about your work?	27/32	2/32	3/32
When something unexpected comes up in your support role, do you know who to ask for help?	26/32	2/32	4/32
Do you know how to gain support for yourself in a very challenging or traumatic event occurs in relation to your role?	26/32	2/32	4/32
Do you have the right resources to undertake this role?	26/32	2/32	4/32
In the last few months has someone talked to you about your progress?	10/32	21/32	1/32
Are you proud to be a Peer Mentor?	29/32	0/32	3/32

Table 12: Understanding the Role as Community Peer Mentor

One individual indicated 'No' to all but the last question in Table 12, and in the section 'What is the most challenging part of the work?' he states: *"Not sure as only just got my first client after waiting for 2 years."* This wait might explain his negative responses to the questions.

Other responders also state that they have either waited a long time to be allocated a client or have not been allocated one yet which account for the 'Not Applicable' responses.
The highest number of 'No' responses were seen against the question 'In the last few months has someone talked to you about your progress?'
In observing the ten positive responses all but one CPM were trained in 2016/17 and all scored high on their confidence post training.
Of the 21 who have not talked to someone about their progress four scored low on post training confidence. Two of which had not seen a client yet but were trained in 2017. Putting in place a method of regular contact regarding progress with CPMs is a recommendation for the future. This will help establish any on going training or development needs and ensure the coordinators can review if clients have been allocated and if not why not and how the CPMs viewed the interaction when they have.

Additional Training Opportunities

Are you provided with opportunities to learn and grow?

30/32 people answered 'yes' to this question. Given the number of individuals stating they have not talked to someone about their progress as stated above, perhaps the additional training opportunities also provide a space for individuals to share how they are personally progressing.

Have you completed your Safeguarding Training?

28/32 CPMs stated they had completed their Safeguarding Training. Of those answering 'no', all four were checked via the organisational database as they stated they were seeing clients and safeguarding training is a must before they are active peer mentors. Three of the four had completed their safeguarding training, one with the project, two of these had been trained through their paid employment. One CPM had not completed their safeguarding training, had not yet worked alone and is now being followed up to complete it.

Have you taken the opportunity to complete the NVQ training via Derby College?

All trained CPMs are given the opportunity to undertake NVQ training (variety of routes and options offered). 5/32 CPMs had completed NVQ training. Some wanted to undertake other training first.
One person stated, *'I did not complete - Lost interest in the NVQ as I could not see it improving my life as I am now retired'.*

What other training have you completed that has been provided by the project?

CPMs describe a large amount of additional training on offer that is diverse in nature.

- Customer Service
- Communication skills
- Domestic Abuse
- Anxiety, worries, fears and Phobias
- Attachment difficulties
- Suicide Awareness
- Autism Awareness
- Understanding Dementia
- Stroke Awareness

Most challenging aspect of the work

Personality and pairing challenges

Not all CPM felt comfortable with the person they had been paired with.

"Working with another mentor who had a different approach and also another mentor had also had problems working with him. The challenge for me was to get this client and the person to fully engage - this appears to be going very well at this time. Also, being asked to take on another challenging client and also work with a mentor who also needed peer mentoring. I had to make the decision not to work with the client and co-worker."

If more CPMs are offered meetings to measure and discuss progress such issues could easily be resolved.

Not being allocated a client quickly enough

It is possible that by not being allocated a client quickly enough the impact of the training and confidence is reduced. 11/32 people reported not seeing a client to date. 2/32 had not seen a client 10 months after the training. It should be noted that sometimes personal reasons hinder formally starting as a CPM, but others appear to be keen to progress.

"I completed the training on May 31st, 2017. The first client I was allocated did not attend his appointment. Then I was ill so there was a long gap before I felt able to accept another client." Female, 60-69 (High Confidence post training)

"Still have not been given a client a year on." Female, 60-69 (Low Confidence post training)

The above lady stated low confidence post training and when asked how the service could be improved she states:

"Better communication, more prompt assignment of client following training".

Not receiving support quickly and not enough client information

"When I had a traumatic situation: there was no-one in the office to help and a lack of information about my client's health issues didn't help me." Female, 60-69

As the researcher was concerned by this comment, the process was discussed with the Project Coordinator. All mentors have the mobile contact for the Project Lead and the Area Coordinators. CPMs are trained to phone the Project Lead or the Coordinators mobiles not the office number if in need of support. It is acknowledged that during face to face contacts some clients do disclose new information to CPMs not previously known to the project. There is a measured set of information given to CPMs, enough to ensure their safety and to provide them with adequate information to help them support that person, however, this is set against maintaining the privacy of some of the client's data. Clearly this process needs to be reiterated at the end of the training. However, a lack of information / support was not felt by all.

"I have always felt I am supported by the peer mentoring team, that I can ask questions and can ask for help if I need it." CPM, Female, 30-39

Personal life of volunteer

Factors shared included finding time due to work commitments to volunteer and attend the necessary training when in paid work.

"Juggling work full time and giving up free time to attend the 5-week course" CPM, Female, 50-59;

A reason given not to undertake more training was *"Time restriction due to work. Just started a new job."* CPM, Male 50-59

Personal circumstances also included finding the confidence to attend training whilst dealing with own past experience of domestic abuse. The following quote emphasises both the importance of fully understanding the people that apply to become a volunteer and being aware of the support that they may require, but most importantly acknowledging the importance of peer support and CPM knowledge in being able to support others from a lived experience position.

"Domestic abuse training was difficult for me as I am a survivor. This is not the fault of the peer mentoring team as it was my choice to attend, everyone was very professional, and I learnt a lot. I have learnt a lot more about legislation and am better prepared as a mentor." CPM, Female, 30-39

First meeting with the client

A few respondents shared apprehension regarding the first meeting with a client.

"I think meeting the client for the first time." CPM, Female, 60-69.

"Walking into the unexpected. The first meeting although I had experienced this in previous roles." *CPM, Male 50-59*

Not achieving the desired outcomes

This includes frustration felt by CPMs when clients appear resistant to change or to making enough commitment.

"Being able to relate to issues clients are experiencing. Overcoming frustration that some clients do not want to help themselves or accept your guidance. The time it may take to gain the clients confidence." CPM, Male 50-59

"Observing the response of our first client, his blatant disregard to the CPMs and his obvious uncooperative attitude. We put ourselves out and he seemed to work against our best efforts." CPM, Female, 60-69

The complexity of the client

Some mentors are challenged by the complexity and difference and diversity of the client groups, particularly in relation to their own lives. Supporting them without becoming too involved can be challenging.

"Not becoming too attached to clients and their situations. It can be heart breaking hearing and feeling first-hand about the hardships some clients face." Female 20-29

"Working with clients that have a lot of issues and working with a client and supporting them to overcome their issues and to make an improvement in their lives." CPM, Male, 60-69

"Working with someone with quite severe mental health issues, which probably needed addressing before we could help properly". CPM, Female, 20-29

Maintaining the confidence and keeping up to date to enable a suitable level of support or advice.

"I have only just started working with my first client and have met her twice. So far, the challenging part is knowing what is involved in claiming benefits. Universal credit is a new benefit and there is a lot to learn." CPM, Female, 60-69

"Gaining more confidence when talking to clients in their sometimes, difficult situations …." CPM, Female, 50-59

Most enjoyable aspect of being a Community Peer Mentor

Anticipated and actual client growth and development

"Seeing the client being positive and meeting his goals". CPM, Female 60-69

"Seeing the client develop and grow." CPM, Female, 30-39

"Meeting new clients and hopefully seeing them progress as people". CPM, Male 30-39

"Watching people grow and mend". CPM, Female, 20-29

Meeting and learning from other peer mentors

Respondents reveal a comradery among the CPMs. Responses demonstrate a good deal of respect amongst the peer mentors who share diverse backgrounds and life experiences which once shared can help others develop and learn. This strengthens their knowledge and ability to help their clients.

"Passing on my experience from the past (as I used to be an alcoholic) to other peer mentors and gaining knowledge in other peer mentor's roles and life experience.". CPM, Male, 50-59

"Being able to get out and meet people from different backgrounds. Being able to use my skills and experience to help clients and other peer mentors." CPM, Male, 50-59

"I have enjoyed meeting another community peer mentor and building a rapport with her." CPM, Female, 60-69

"Meeting others and learning about the individual incidents and difficult issues dealt with by the police, who then ask the CPMs to assist the client to mediate with their issues." CPM, Female, 60-69

Helping others

"My expectation that I would be able to help a fellow human being facing problems in day to day life." CPM, Male, over 80

Having pride in the role

In the quote below this pride is linked with the growth and achievements of the client.

"The pride I feel when we meet our client and the positive impact that we have made to his life and his needing of less contact with emergency services and his reduced alcohol intake and him actively looking for a more positive and meaningful contribution to society." CPM, Male Peer mentor, 50-59

"A good, you see in people. You feel a sense of pride in helping others to get a fair outcome at the end." CPM, Male, 50-59

The CPMs were asked to describe any personal successes that they associated with undertaking the training or in acting in the role of a CPM. The answers fell into three main categories to include

- Securing a new job / employment (paid and volunteering)
- Continuing to learn
- Using their skills and knowledge beyond the CPM Project.

As mentioned previously some individuals who had trained as CPMs had chosen to leave the project having secured new employment or to retrain having gained skills, knowledge and experience through the training and work as a peer mentor. Some secured new or changed employment and choose to stay on as mentors and these individuals' class this as a success.

"Working paid for the NHS". CPM, Female, 30-39

"I now work as a prison custody officer and have used my training [taught] skills on numerous occasions." CPM, Female, 50-59

"I have recently got a part time paid job as a community enabler and I feel that putting down on my CV the fact that I am a CPM helped me get the position." Female, 60-69

"Given me experience and confidence to carry out a role in a psychiatric hospital. CPM, Female [on sabbatical], 50-59

Many of the peer mentors describe an increase in personal confidence and self-esteem as their success. With some learning a great deal about themselves as mentors and trainees.

"Receiving the training has built up my self-confidence. I have learnt more about my learning style. I am a reflector and I need to have the information before I act." CPM, Female, 60-69

"Confidence in being able to actively listen gave the opportunity to directly help a client." CPM, Female, 20-29

The ongoing support from the project staff is evident in the following quote aiding the growth of this individual.

"I felt pleased and a sense of pride that the peer mentoring team waited for me to get the correct seizure medication and to recover before I felt safe for me to mentor. This made me

feel valued, improved my self-esteem and made me realise that I could still contribute to the community in time." CPM, Female, 30-39

A few individuals were given the opportunity to share their experiences more widely, which were personal successes for them

"I did a speech. Jim and Liz encouraged me to do a speech about the project at one of the awards evenings. That was a massive step for me." CPM, Female, 30-39

Additionally, some have shared their learning outside of the project, helping to continue to challenge themselves and learn, whilst in the case below, helping to promote the CPM Project.

"Giving an interview on BBC radio and also being the first Ex Prisoner to go back into Holme House Prison and give a talk to DART peer mentors about my progression and passing on information about the peer mentor role." CPM, Male, 50-59

The following individual shared a personal success and has been able to support a friend due to the training and her new-found skills.

"Peer mentoring training - I have recently regained contact with an old friend who has struggled with addiction and has had a past running with the police. I have used some of the tools / learning in training to engage her with community services and support her through re-establishing positive routines and have also been a sounding board." CPM, Female, 30-39

Whilst the aim is to help those in the community who reach the criteria for this project, it is clear from the above that the impact of the project is far reaching in helping the peer mentors themselves and others with whom they connect.

Would you recommend this role to a friend or family member?

30/32 said 'yes' they would recommend the role to a family or friend.

2/32 stated 'no' with one person stating that he would not do so until he had more experience himself from which to recommend.

Both were concerned regarding the time between training ending and allocation of a client and recommend the following service improvements.

"Better communication, more prompt assignment of client following training." CPM, Female, 60-69

"The hub being more proactive - long-time waiting for a case coming my way." CPM, Male, 60-69

Service Improvement Suggestions from CPMs

Of the 30 who would recommend this role, they felt the service could be improved in the following ways.

Training

CPMs could be asked to suggest ideas for training. The type of additional training suggested was self-defence training, more mental health training and some on line provision as in the statement below:

"Online courses please (Business admin and IT and customer service). To offer me more free courses for example completing job application forms, interview techniques, free mindfulness sessions, webinars on different training so we keep our continual professional development up to date." CPM, Male, 30-39

"To have an ongoing training package perhaps that leads to a full diploma or a specialised certificate (something that is not available to none helpers). Then ongoing meetings and support." CPM, Female, 30-39

More Group Meetings

As stated above and below a few people wanted additional meetings for ongoing support and particularly to share "*difficult situations"*. There appears to be a strong sense of wanting to continue to learn from each other.

"Meeting with mentors to discuss their experiences - maybe 3-monthly." CPM, Male, 80+

"More team meetings and meetings with other mentors." CPM, Male, 50-59

Creation of Senior CPM'S

Two individuals suggested the creation of a hierarchy of CPMs to alleviate costs and pressure on paid staff and add a layer of Peer Mentor support to those that are supporting the service users as follows:

"I personally feel that without appearing and presenting myself as conceited - Coaches and Champions could be introduced (enabling and rewarding individuals) in a voluntary capacity to alleviate the need for excess expenses on mileage etc. the seniors could assist with assessments and compatibility of clients and our team. Also, the opportunity of face to face in public places with clients rather than two lots of expenses." CPM, Male, 50-59

"Maybe senior mentors to relieve the Projects management of some of the day to day issues that peer mentors have or need answers to. A 'friend' a peer mentor can go to for a chat - someone they can talk to. We make 'friends' during the training and may never see them again." CPM, Male, 50-59

Practical improvements

- More information about clients
- Phones for CPMs
- More 'Check ins' [back to Area Coordinators]
- Less paperwork (N.B. CPMs are not required to complete paperwork)
- Grow the project – as below

"I feel the service could grow more and be supported by volunteers and also well supported by the police and PCSOs as our help, helps them to do their job in the community well." CPM, Male, 60-69

14/32 did not feel any improvements could be made to the service.

Do you have anything else you would like to tell us?

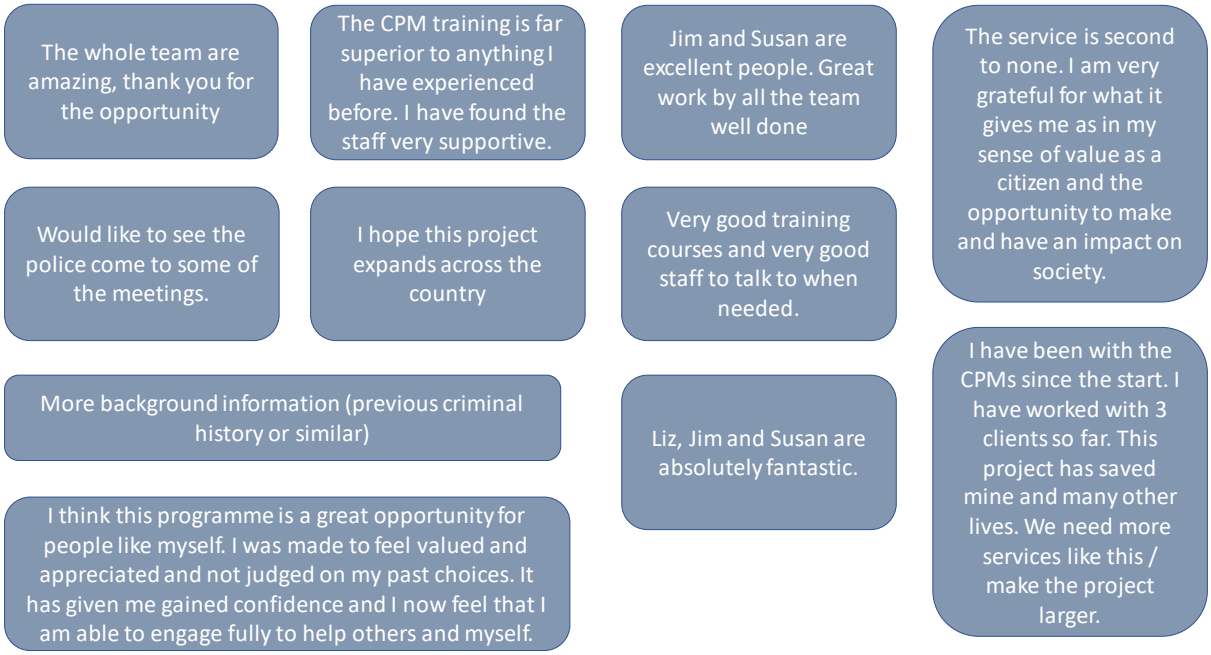

Figure 8: Additional Comments from CPMs

Analysis of Professional Referrers Responses

The response rate of 39.2% (n= 11) from the professional referrers was disappointing and if we are to further learn from those that refer to the project it might be worth some additional work beyond this evaluation. This may come in the form of a standard feedback form automatically sent to all referrers describing the progress of the client and asking for any feedback regarding the service at that time. The time frame to complete the questionnaires was extended but this did not improve the response significantly. However, those that did response provided important data as follows.

Breakdown and Profile of Professional Referrers Responders

Four organisations responded to include Darlington Borough Council, Durham Constabulary, Durham Council Multi Agency Safeguarding and Checkpoint. Of the 11 people who responded, 5 were frontline staff, 4 were middle managers and 2 were senior officers.

How did you find out about the CPM Project?

5 people found out about the project via internal organisational training and induction, 3 were informed via conference presentations e.g. the POP (Problem Orientated Policing) Awards and 3 were informed and involved in the early development of the project.

Did you receive information about the following?

- The project = 100%
- The role of the CPM's = 100%
- Referral criteria =100%

Number of referrals made overall

Status and Range	How many referrals have you made?
Front line	**5**
1	1
Between 2 - 5	3
more than 10	1
Middle Manger	**4**
Between 2 - 5	2
more than 10	2
Senior	**2**
Between 2 - 5	1
NA	1

Table 13: Number of Referrals Made by Professional Status

Ten of those responding had made a range of referrals apart from one senior manager who was knowledgeable about the project but had not referred a client himself.

What was your reason for referral?

Reasons shared were as follows:

- To reduce police time e.g. Anti-social behaviour, extremely high user of 999 and 111, entrenched behavioural issues.

"A member of public was a constant caller to Police, ambulance and the 111-system making numerous unfound complaints against her neighbours, council officials, Police and other random people. There were over 100 calls to each department. This had caused a lot of tension in the street where she lived." Police Beat Officer

- Due to the vulnerability of the individual e.g. Victim of crime, exploitation, elderly, required support over a lengthy period.

"Vulnerable repeat victim of harassment and ASB" Police Community Support Officer

"Vulnerable female having difficulties with local youths" Neighbourhood Policing Team

- Long standing dispute

"Long standing dispute involving an individual with complex needs / challenges". Strategic Manager, Council

- To break down barriers '*between the police and the client'.*
- To explore whether an Ex Offender could become a CPM.

"To explore role as a CPM to support clients engaging with local communities and exploring their abilities to help and support others. It would help my client to become a Community Peer Mentor and might help to improve his own work." Checkpoint.

The last bullet point demonstrated the peer support function in action, rather than mentorship. In the peer support definition, a peer acts as an 'identity model' where recipients can identify with the person who is supporting them, because of social circumstances and personal experience being aligned e.g. an ex offender peer supporting an offender. They can share information and knowledge from personal experience and demonstrate that change is possible because they themselves have achieved it (See Appendix 3 for Peer Support / Mentorship definitions and discussion)

On referral did you co visit your client with the CPM Facilitator or Area Coordinator?

As part the CPM Project Model, it is preferred that referrers co visit the client on the first appointment as part of the risk assessment. However, of those responding 6/11 did not co-visit, 1/11 NA, and only 4/11 did visit the client with a member of the CPM Project team. Of those four, one was frontline, two were middle managers and one was a senior member of staff. The 'Risk Assessment Process' is essential to the safety of workers and clients. In a recent internal analysis of 141 people who had not engaged 72 were rejected from the project due to concerns regarding risk. This equates to 24.3% of the overall referrals between April 2016 and 10 September 2018.

How did you think the CPM project could help you and your client?

A breakdown of the text demonstrates the following expectations

- To reduce isolation
- To provide support e.g. to victim and their family, help into education and with finances
- To take over management of the client
- To provide liaison and a single point of contact

- To reduce emergency calls
- To provide housing assistance

Were your expectations met?

Most people stated 'yes' reflecting a positive outcome for the client and referrer. Some stated support was 'still in progress' so they were unable to comment fully on the outcome. The expectations shared and met were

- Reduction in numbers of reports and incidents with neighbours
- Reduction in demand on police resources
- Increased level of support
- Improved quality of life
- Housing issues overcome
- Training underway as a CPM

Although the majority of those responding witnessed positive outcomes due to the engagement of the CPMs, the following demonstrates that not all outcomes are positive often due to the complexity and nature of the client and their willingness to accept help or cooperate.

Vignette 4

Referral of a victim and perpetrator of crime
Classed as vulnerable
Very high user of services

Reason for Referral

"A member of public was a constant caller to Police, ambulance and the '111 system' making numerous unfounded complaints against her neighbours, council officials, Police and other random people. There were over 100 calls to each department. This had caused a lot of tension in the street where she lived."

How did you think the CPM project could help you and your client?

"It was thought that by using the peer mentor she would have a single point of contact for her complaints, the burden on emergency services would be reduced and that she would have someone she could trust to guide her through the help she needed."

Were your expectations met?

"No. It was hoped that the calls to emergency services would reduce and that she would receive help. Initially she worked with the peer mentor but due to her complex nature and needs she ended up making spurious claims about promises made and not kept and went back to her old ways."

Referrers were asked to reflect on their last referral and consider 'What criteria for referral they used when referring?

In considering the last 10 people referred (NB one individual had not referred to the service)
8/10 were classed as vulnerable
9/10 were high users of services
6/10 were a Victim of Crime with one described as potentially becoming one in the future as described below:

"Potential for her to become a victim of a very serious crime as her behaviour has had a detrimental effect on her relationships with friends, family and neighbours." Police Beat Officer

6/10 were classed as a Perpetrator of Crime

7/10 were referred as the professional felt they could not offer them the help they needed.

As all boxes that applied to their last client could be ticked the complexity of the clients were emphasised. In four clients all of the above boxes were ticked.

Are you likely to refer to the project again?

All those in a position to refer, said they would do so again, with 10/11 feeling that the service had relieved pressure in their own work. One person stated 'N/A' due to his seniority. All referrers would recommend the CPM Project to a colleague. Of those stating 'yes' the reasons 'why?' include a recognition that the CPMs have the time and skill to influence service users.

"Their capacity and skill to invest the time in influencing the problem." Manager, Anti-Social Behaviour Team

"The clients are almost in need of a life coach. The police don't have that ability or those contacts." Police, Professional Standards

"The scheme itself is a very good means to addressing someone who needs that bit more time and attention that the emergency services or other departments cannot give." Police Beat Officer.

A recognition that CPMs can provide emotional and practical support.

"The service has been a massive help to some of my most vulnerable members of the community in which I work, and it can be useful in helping these people to realize they are not alone and help them to cope better with the situation they are experiencing as well as providing practical help to the person to help them change their situation." PCSO

Referrers would recommend the service to others as they had witnessed positive outcomes for their clients.

"First class service and support resulting in a positive outcome." Darlington Borough Council

"The work of CPM has been outstanding and has had a substantial impact on reducing the vulnerability of clients and is making a huge difference on frontline demand." Police Harm Reduction Lead

"Because when it works, it really works!" Neighbourhood Policing Team

Have you any concerns regarding the confidentiality of your client's information?

No referrer expressed any concerns regarding client confidentiality. Confidentiality is covered during the training and individual CPMs must read, agree and sign 'Your Community Peer Mentor Agreement' (Appendix 4) before commencing as a mentor.

As with the Community Peer Mentors the referrers were asked to rate activities along a scale as demonstrated in Table 14.

How would you rate the following?

	Very Good	Good	Fair	Poor	N/A or Not known
Speed of response - referral to first assessment	4	4	0	1	2
Waiting time between referral and client seen	4	2	1	1	3
Communication from the Project Staff initially	5	2	2	0	2
Assessment of Risk	3	5	0	0	3
Communication updates from the Project Staff	5	2	2	0	2
Helpfulness of staff	6	4	0	0	1
Discharge information	3	1	2	0	5
The overall quality of the service	3	6	1		1

Table 14: Professional Ratings Re Service Provision

Comments related to the ratings from Referrers

To better understand the rating scores selected respondents were asked to comment and qualify their decision. As the majority of referrers stated 'very good' or 'good' the following concentrates on the less favourable responses only.

One person commented that the speed of response was 'Poor', with one person saying, 'not known'. The following police officer states

"Speed of service can sometimes be frustrating… Speed up initial contact between facilitator and client. Does a police officer have to be present at initial meeting? This can often slow down the process."

The Officer questions the referral process which is best suited to a dual appointment at the beginning of the support to aid transition to the service and improve quality. However, it is acknowledged that in waiting for the availability of both parties this could extend the time between referral and assessment. Project staff find it useful having a dual approach. In a recent analysis within the project of the 261 referrals between April 2016 and September 10, 2018, 121 individuals were found not to be suitable to receive support even though they had been referred.

The following Checkpoint worker also mentions waiting times whilst commenting on whether they received feedback once the client had been referred.

"I did not require feedback re outcomes as I was no longer working with client, but I have made referrals prior to this one and have been very happy with the service. The waiting times were an issue initially but have improved greatly recently."

In scoring 'Fair' regarding feedback this council anti-social behaviour worker refers to the demand on both the services [referrer and service] whilst acknowledging the importance of feedback.

"I feel due to demands on both our time the ability to catch up and feedback are reduced but still important."

Only one individual scored the quality of the service as 'fair', with all others stating good or very good. Again, this referred to the speed of provision and although he would recommend the service to others he states

"… there are often difficulties in time scales as it can take a fair amount of time for facilitators to make contact with referrer, which means police time is still being taken up".

The researcher was keen to find out if there were any additional benefits in operating the CPM Project and as such the Referrers were asked additional questions.

It is easy to find vulnerable and demanding individuals very challenging when trying to undertake your role.

Has the service changed your perception of these individuals?

8/11 respondents stated that by referring and working with the CPM Project their perception of their client had changed.

Helped you challenge your own beliefs and stigmatising behaviour?

5/11 stated 'yes', 5/11 stated 'No' with 1 N/A.

Helped you better understand your client group?

9/11 felt they understood their client group much better as a result of referring to the service.

Relieved pressure on your role?

10/11 felt the service had relieved pressure in their own work. The one individual who stated no did so as he continues to work with the client and had referred the person to the service for training in the hope that he may be able to become a CPM in the future.

What do you value about the Community Peer Mentorship Project?

Figure 9

There is overwhelming support for the service with referrers acknowledging the professionalism and skill set of those providing the provision and the diversity of those offering it. Partnership working is good and the commitment to achieve the best for the clients is acknowledged.

Figure 10

How could we improve the service?

The following are suggestions from professionals regarding service improvement.

- Reducing the time between referrals and engagement [3 responses]
- Improve promotion of the service

"I feel it is not advertised enough. The scheme is one of many things that are available but the majority of people who would benefit from referring to it are not aware. A major publicity push, even just within Durham Constabulary, would be of benefit to all concerned." Beat Officer

- Increase feedback information to referrer
- A multi-agency commitment *"Greater contribution from health partners / commissioners to sustain the service."* Police Harm Reduction Lead

Six people felt no improvements were needed.

The following demonstrates the external commitment to this project. The final comment may provide a method of helping ensure the right types of referral are made.

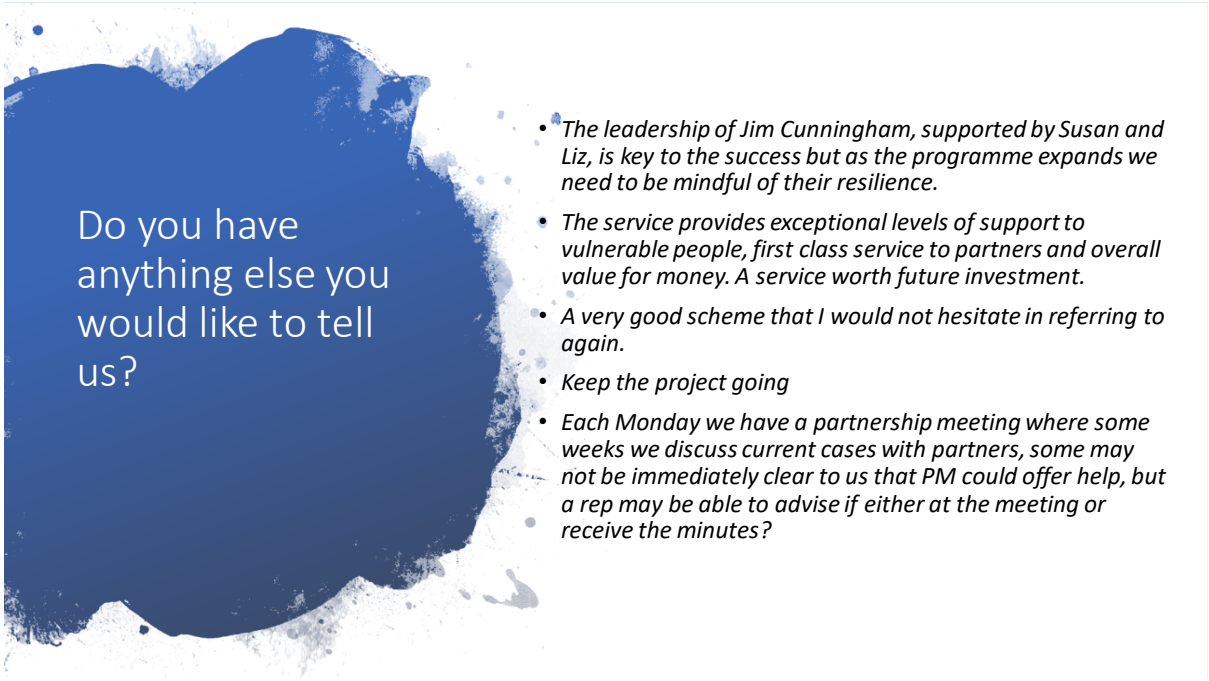

Figure 11

Recommendations

Managing demand

Whilst opening up referrals to a broader range of referrers is positively viewed it does present difficulties in managing the uncertain demand that this brings. The previous system of internal client selection meant demand could be managed in a much more structured way. A clear plan must be put in place to regularly assess the numbers and nature of the individuals referred, the readily available volunteer CPMs and the complexity of the clients**.** The latter may result in longer periods of support required and this is hard to judge at the early stages of assessment. It is inevitable that there will be a wait between referral, risk assessment and allocation of CPMs to the client, but for the quality of the provision to remain high, this waiting time needs to be carefully managed. On referral the referrer should be given an indication of when the peer support will happen, enabling them to inform their client and better understand the waiting period at that time.

Marketing

As the service expands and develops a refresh marketing strategy needs to be put in place. This however needs to be carefully balanced to ensure demand created by clearer refreshed marketing can be met by availability of key staff and volunteers.

Allocation of Community Peer Mentors post training

A minimum standard should be set indicating the time between completion of training and first allocation of a client. Some individuals have shared their frustrations in the length of time it has taken, and some referrers believe this could be improved. This helps in ensuring volunteer CPMs remain up to date and confident before they take on a client. The recent addition of two new Area Coordinators has helped reduce the wait between training and allocation of a client.

Regular training updates

Ensure formal meetings as a collective team (paid workers and volunteers) on a regular basis. This will both strengthen the collective and individual learning (Recommend at least every 6 months). Sharing examples of real life cases is valued as a learning tool. However, this time could also be used to reiterate standard procedures such as how to call for help and advice when emerging issues arise. Additionally, a sample of CPMs could be asked to complete a selection of the questions used in this evaluation to determine their views.

Regular evaluation

A sample of service users, CPMs and referrers should be sent a set of evaluation questions at least annually to seek service user, CPM and referrer views of the provision in pursuit of quality assurance and improvement. A selection of the questions used in this evaluation could be used to determine what is working well, and what could be improved.

Closing the feedback loop

It is recommended that at the end of the CPM support, feedback to the original referrer is provided. Development of a 'Feedback to Referrer' standard operating procedure and proforma would ensure this happens. The importance of this needs to be built into the training or alternatively the task could sit within the Area Coordinator role who could also ensure that the date of feedback is noted on the organisational database. Feedback is particularly important given the complexity of many of these clients, the chaotic lifestyles of some and the potential to relapse into previous behaviours. If the referrer knows the CPM support has ceased, they will be aware of this potential to relapse and can act quickly to refer back should the need be necessary.

Database and data collection

Previously the Project Coordinator developed a drop-down list on the organisational database of 24 associated activities linked to the support given to clients. However, CPMs and others failed to use all categories stated due to time pressure. To better understand the demand and the nature of the contact made, a recommendation would be to reinstate a smaller list of associated activities and the estimated time taken to undertake them. As part of service development and quality improvement, in October 2018 work was undertaken to assess the list of 24 activities and finally 9 new reporting areas were agreed.

- Case Notes – observations and remarks
- Risk Assessment and Data Input
- Home Visits
- Meetings and contacts with Professionals
- Attendance to meeting with clients e.g. Court, hospital / GP
- Personal Independence Payments and DWP Finance reviews and meetings
- Contact with organisations for Signposting
- Text or email contact
- Telephone contact

Ex-Service Users as CPMs

Whilst it is demonstrated through the accounts shared by service users and CPMs that both Peer Support and Mentorship are used, it would be pertinent to increase the numbers of ex-service users training and qualifying as CPMs in keeping with true peer support (See definitions in Appendix 3). This can be particularly successful in the Justice System, with ex-offenders demonstrating that change is possible.

Expansion of CPM Programme

Whilst this project has expanded rapidly over the past year, it remains important to maintain clear referral criteria, ensure there are enough CPMs to meet the demand, and continue to be able to deliver a service that is needs led. It is the customised care that is essential in supporting the vulnerable clients. The fact that no time limits are placed on service users (provided they demonstrate degrees of positive change over time) helps create the successful relationships between service user and CPMs. Expansion must not be at the expense of a reduction in quality and care.

Conclusion

The behaviours of those clients supported by this project are dependent on multiple factors and differences such as relationships, the setting or environment, culture and economic conditions. These factors are called determinants because they can determine or influence an individual's behaviour. Determinants can be positive or negative depending on the effect, and as such are often referred to as either risk factors or protective factors.

It is clear from the personal responses of the service users, those that refer them and the CPMs, that the project helps put in place a number of protective factors which assist in helping to reduce an individual's vulnerability and demand on police services (and others).

Protective factors are conditions or attributes in individuals, families and communities that help people deal more effectively with stressful events and mitigate or eliminate the subsequent risks to the individual or those in the community.

In evaluating the CPM role and experience there are also many positive impacts evident for those providing the support. Learning from the training and the experience of volunteering helps the CPMs grow as individuals, has assisted some in securing paid employment and for those already employed helps develop new transferable skills.

For the referrers the service provides an important outlet and route to gain the right support for those in need and can reduce the real and expected impact on statutory services.

Future aims for the project include building capacity, capability and resilience to extend the positive impacts that the project and this way of working can bring.

Training is on going which is important in maintaining the CPMs capacity and confidence.

The status of the organisation is now under review with moves towards the CPMs Project becoming a registered charity. Consideration need to be given to change the name from 'Project' to 'Programme'. Charitable status will enable a broader pool of funds to be accessed and help secure its future.

If you have any questions related to the evaluation or the CPM Project, please contact the Programme Coordinator, Mr. Jim Cunningham, James.Cunningham@durham.pcc.pnn.gov.uk

For a link to the web page see below.

www.durham-pcc.gov.uk/victims/community-peer-mentor-project.aspx

Appendix 1: List of Referrers to the CPM Project

700 Club – Charity helps to support the homeless, those who are dependent on drugs or alcohol, suffering from a mental health condition.

Checkpoint – New approach to stop individuals from entering the criminal justice system by offering intensive support for a time specific period.

Cohesion Officers – Specialist department within the police to investigate hate crimes

Community Rehabilitation Company (CRC) - Key partner in Integrated Offender Management – which brings together local agencies to target offenders causing most concern to communities.

Darlington Borough Council – Anti-Social Behaviour Teams – Adult Social Service – Housing

Domestic Abuse Investigation Teams – Specialist police department investigating medium and high-risk domestic abuse cases.

Durham County Council - Anti-Social Behaviour Teams – Adult Social Service – Locality Team – Housing – Support & Recovery

Financial Investigation Team

General Practice Surgeries (GPs NHS)

Job Centre Plus

Local Estate Agents

MIND – Mental health charity

Multi Agency Safeguarding Hubs (MASH) – Central referral team formed of staff from various agencies who review all child, adult and domestic abuse referrals.

National Probation Service (NPS)

NHS Foundation Trust

Northern Rights – Charity that offers a dignified, work focussed service where people with health problems and disabilities are given the support they need to overcome their problems and achieve.

Positive Lives (NHS) – NHS initiative to reduce demand on A&E

Professional Standards & Legal Services – Police department that investigates complaints at a local level that are made against police staff.

Prolific Offender Unit – A police led initiative to work with partners for the most prolific offenders.

Public Protection Unit (PPU) – Specialist department within the police to manage, support and monitor high-risk offenders.

Restorative Justice Hub

Victim Care and Advice Centre (VCAS) - Care, advice and support for victims of crime across Cleveland, County Durham and Darlington.

Vulnerable Intervention Pathways (VIPs) – A Durham County Council multi-agency problem solving approach to manage perpetrators and support victims of crime and anti-social behaviour.

Appendix 2: Copy of letters sent by project to Service Users and Community Peer Mentors

RON HOGG
DURHAM POLICE, CRIME AND VICTIMS' COMMISSIONER
Putting victims first in County Durham and Darlington

COMMUNITY PEER MENTORS
YOU ARE NOT ALONE

Mr James Cunningham
Community Peer Mentor Coordinator
Durham Police Crime and Victims Commissioners Office
07787-860087
James.cunningham@durham.pnn.police.uk

22nd June 2018

Project Evaluation – Your help please

I hope you are well and I wondered if you would take 10-15 minutes to help with the external evaluation of the project that is being undertaken.

This research evaluation will aim to:

Better understand how the Community Peer Mentorship Project has supported and improved the lives of those affected by 'anti-social behaviour, neighbourhood disputes, crime and other life changing events, and who have become reliant on emergency or statutory services'. (There is a separate evaluation going to clients)

Understand how the training for our Community Peer Mentors has helped prepare you for the role.

Explore how the project has personally benefited you from the training that we offer.

Explore the nature of the support provided and the ease of provision or difficulties encountered

Explore what works well and how the project could be improved.

Each form has been numbered, when it is returned in the envelope provided we will pass the envelope straight to Dr Dawn Scott without opening them; she will then inform us which numbers have been received; however, she will not disclose to us individual's comments.

If you have any questions, then please do not hesitate to give me a call

Look forward to hearing from you.

Take care and kind regards

Jim Cunningham
Project Coordinator

Appendix 3 Peer Support and Mentorship Discussed

There are many Peer Support and Mentorship models, defining and dividing the roles as different, but many also demonstrate a clear overlap between the support element and mentorship function.

"Peer support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations."

Peer Support Among Adults with Serious Mental Illness: A Report from the Field. Davidson, L et al. *Schizophrenia Bulletin*, Volume 32, Issue 3, 1 July 2006, Pages 443–450.

Often in the peer support definition a peer acts as an 'identity model' where recipients can identify with the person who is supporting them, because of social circumstances and personal experience being aligned e.g. an ex offender peer supporting an offender. They can share information and knowledge from personal experience and demonstrate that change is possible because they themselves have achieved it.

Fletcher D. R, Batty E (2012), suggest that *'Mentoring usually involves someone more experienced guiding, coaching or encouraging someone less experienced in the performance of a task or role.'*

They also quote Tolan (2008), who has identified four key characteristics of mentoring services:

1. Interaction between two individuals over an extended period of time

2. The mentor possesses greater experience, knowledge or power than the mentee

3. The mentee is in a position to imitate and benefit from the knowledge, skill, ability or experience of the mentor

4. The absence of role inequality that typifies other helping situations and is marked by professional training, certification or pre-determined status differences.

Offender Peer Interventions: What do we know? Fletcher D. R, Batty E (2012)

Not all those trained as CPMs have peer knowledge and experience but are in a prime position to mentor clients because of the skills and knowledge they have. As one Senior Police Officer states;

"CPM [Project] provides an excellent and effective responsive referral pathway for vulnerable people. The diversity and skills mix of the volunteers is hugely beneficial and their commitment is equally commendable."

During the training mentoring, coaching and mediation is described and practiced and is described as follows:

"Mentoring is "off-line help by one person to another in making significant transitions in knowledge, work or thinking" (Megginson & Clutterbuck, 1995)[2]

"Coaching is the art of facilitating the development, learning and performance of another." Myles Downey, (2003).[3]

"Mediation is a form of dispute resolution which involves a mediator sitting with those involved in a dispute and working with them to reach an agreed resolution. One of the key features of the process is that it allows the parties themselves to decide the outcome of the dispute rather than it being made for them. The mediator acts as a neutral guide for the parties to reach a joint decision." [From the CPM training].

The information in Appendix 5 is used within the CPM Training and Project to describe the attributes and expectations of the CPMs in their roles.

[2] Megginson, D. & Clutterbuck, D. (1995). Mentoring in Action: A practical Guide for Managers. London: Kogan.

[3] *Effective Coaching: Lessons from the Coach's Coach. Texere* Publishing*; 3rd Revised edition*

Your Community Peer Mentor Agreement

Welcome and Congratulations on becoming a Community Peer Mentor (CPM)

On behalf of the Durham Police Crime and Victims Commissioner Office (PCVCO) thank you and we greatly appreciate you volunteering with us and hope you will find the experience enjoyable and rewarding.

This agreement is to clarify what you can expect from us and what we expect from you as a CPM; this agreement covers 'Confidentiality', 'Ethical Code of Conduct' and 'Employment Status'. This has been introduced so everyone is aware of boundaries and acceptable behaviour of all concerned in the project.

Please read this information carefully and sign to indicate you understand and accept the conditions. This agreement will remain in force for the duration of your time as a CPM.

I understand I can end this agreement at any time without explanation or blame; leaving the opportunity for me to volunteer again as a CPM. If the project decides to end the agreement they will explain why.

The information below is compliant with the new Data protection legislation; I understand that when I stop volunteering as a CPM, or take a 'sabbatical' for more than 6 months the project will:

Retain my information for 6 months (The Retention Period) so to allow me to re-engage during that time and the project to send me information.

I can request that my information be deleted straight away and the project will comply immediately.

At the end of the 'Retention Period' my details will be deleted from databases and records destroyed.

I have the right to request, in writing, access to my records; this is known as a 'subject access request'.

To have any inaccuracies corrected and information erased on request.

I have been informed that I can complain to the ICO (Information Commissioner's Office) if I think there is a problem with the way my data has been handled.

The project will not allow your information to be shared unless there is a legitimate reason to do so and we will not allow direct marketing or automated decision-making and profiling.

What you can expect from us:

Choice: You are not obliged to undertake tasks you are not comfortable with.

Inclusion: The project is open and accessible to all with fair, simple and consistent processes, you are a key member of our team you will be asked to provide impute in how things are organised, revised and progressed.

Support: We will provide you with on-going support and training appropriate to your needs, abilities and skills.

Safety: Your health, safety and wellbeing is paramount; safety measures, insurance, safeguarding are in place. You are encouraged to raise any concerns and will be updated on any improvements or progression.

Reimbursement: You will be paid for travel, other agreed out of pocket expenses; receipts maybe require.

Insurance: Is provided by the PCVCO for you whilst you are undertaking your voluntary work for us.

We ask the following of our Mentors:

You maintain and uphold the good name and reputation of the Project and the PCVCO.

Fulfil your role in a way that reflects the Commissioners values and purpose.

Treat all members, officers, service users and members of the public with respect and dignity.

Adhere to relevant policies and procedures including Health and Safety, Equalities and Codes of Conduct

Bring to the projects attention any concerns, potential risks and safety or safeguarding issues immediately

We are flexible about when you volunteer and guided by when you are available; in return please make us aware at the earliest opportunity if you are unable to attend any meetings or training arranged.

If you use your car ***YOU MUST*** confirm with your insurance company that you have adequate insurance to cover.

Confidentiality Agreement

As a Community Peer Mentor, you will have access to a considerable amount of personal and confidential information relating to clients, their associates, the community and professionals.

You ***MUST*** treat all information in a discreet and confidential manner during and after your time as a CPM.

Written records and correspondence must be kept securely at all times; emails ***MUST NOT*** contain personal information that could identify a client or their associates.

No information is to be disclosed to unauthorised persons; you must take reasonable steps to verify the identity of anyone you correspond or talk to about a client to ensure it is appropriate to share.

Conversations involving the disclosure of personal information of clients or professionals ***MUST NOT*** take place in public areas, or where you maybe overheard.

You ***MUST*** understand that under the new data protection legislation that you may be held personally responsible for any loss of data in your possession or under your control.

Ethical Code of Conduct

We aim to help people achieve their goals by making them feel 'EMPOWERED'; trust is paramount for them and the integrity of the project. Our 'Ethical Could Conduct' is there to ensure this is maintained; as CPMs YOU will:

At all times, respect the rights and dignity of those you engage with.

Never intimidate, threaten, harass, use undue influence, physical force, or verbal abuse a client or associate.

Not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition, or state.

Always recommend to the client they make their own decisions in matters when dealing with professionals.

Not volunteer when under the influence of drugs, prescribed or otherwise, alcohol or other substances.

Aim towards integration of the clients into the communities of their choice.

Not enter into personal relationships, sexual/intimate activities or commitments that conflict with the interests of the client. This includes accepting any money or gifts or entering into a financial arrangement.

Declare any personal or pecuniary interest that may arise when dealing with a client.

Never visit a client on their own without prior discussion with a coordinator

Inform the project **IMMEDIATELY** should you have **ANY** interaction with the Police, or any other agency.

As a CPM if you have any issues, dilemmas or concerns in relation to clients, professional or another Mentors *YOU MUST* bring it to the attention of the coordinator as a matter of urgency.

Employment Status

As a volunteer on behalf of the PCVCO; you are not an employee and there is no employment relationship.

As a Volunteer there is no requirement for a formal contract of employment and you do not have any protection under Employment Legislation e.g. right to claim unfair dismissal, redundancy payments etc.

There is no entitlement to any pay, occupational sick pay, maternity pay/leave, annual leave or join any pension scheme.

While activities undertaken by volunteers may compliment and support work undertaken by employees such activities do not replace or remove the work of employees.

As a CPM there should be no expectation that activities that you perform will lead to employment.

I understand by signing this document I fully understand and agree to be bound by its terms and abide to the: 'Confidentiality Agreement' – 'Ethical Code of Conduct' and 'Employment Status' for Volunteers.

I understand that should I breach ANY of the above I may be asked to stand down as a volunteer CPM and I may be subject to an official or legal investigation, depending on the circumstances. I have received a copy of this agreement.

Appendix 5: Mentorship

Mentors listen.	They maintain eye contact and give mentees their full attention.
Mentors guide.	Mentors are there to help their mentees find life direction, never to push them.
Mentors are practical.	They give insights about keeping on task and setting goals and priorities.
Mentors educate.	Mentors educate about life and their own careers.
Mentors provide insight.	Mentors use their personal experience to help their mentees avoid mistakes and learn from good decisions.
Mentors are accessible.	Mentors are available as a resource and a sounding board.
Mentors criticize constructively.	When necessary, mentors point out areas that need improvement, always focusing on the mentee's behaviour, never his/her character.
Mentors are supportive.	No matter how painful the mentee's experience, mentors continue to encourage them to learn and improve.
Mentors are specific.	Mentors give specific advice on what was done well or could be corrected, what was achieved and the benefits of various actions.
Mentors care.	Mentors care about their mentees' progress in school and career planning, as well as their personal development.
Mentors succeed.	Mentors not only are successful themselves, but they also foster success in others.
Mentors are admirable.	Mentors are usually well respected in their organizations and in the community.