An Evaluation of MySupportBroker

Final Report, Volume 1

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"The McPin Foundation exists to transform mental health research by putting the lived experience of people affected by mental health problems at the heart of research methods and the research agenda."

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Foreword

Richard Currie, peer researcher

Historically, disabled people and those that experience emotional and social distress have been passive participants in social research. Now there is a move towards peer led research, co-production and empowerment. As a peer researcher and disability activist this evaluation is a good example of how working with disabled people on an equal basis and in a collaborative manner can make a real difference to the quality of social research. This is important as we found evidence in the evaluation that empowering and enabling disabled people can have a truly transformative effect on family relationships, self-esteem and an individual's ability to be an active participant in their local community. We adopted a semi-structured approach that gave space to customers to share their experiences of peer brokerage and person-centred support planning. On the whole the customers had a positive experience of the support planning process. It's clear from the research findings that there are high levels of customer satisfaction, and clear evidence of good communication and empathy between brokers and customers, and strong evidence of person centred approaches.

Within the research, there is a clear understanding of personalisation and person-centred support planning, and of giving the customers voice and treating people with dignity and respect. One of the most challenging concepts to define was 'peerness'. The term 'peer' is used throughout the health and social care sector as if there is a universally agreed definition of it. However, our findings suggest there is no clear understanding of what a peer is and what a peer does. It was clear from the research that even brokers with lived experience were unsure of when to disclose and to self-identify as having lived experience when writing a support plan with the customer.

My fellow Peer Researcher, Angela Kinn, and I share the view that whilst there is an ambition to promote and deliver peer brokerage, there is room for continued development, particularly around embedding peer principles and peer working in training and creating an environment whereby brokers feel comfortable in using their lived experience. This would allow Local Authorities to have confidence in the robustness of peer ways of working and also to help give customers clear understanding of what peer brokerage is.

In conducting the evaluation, I am pleased to have found that the disruptive and collaborative ways in which MSB works with customers leads to real and tangible changes to the quality of life for both customers and family members.

Angela Kinn, peer researcher

My main professional background is as a Senior Peer Recovery Trainer within NHS Secondary Mental Health Services and my main responsibility is to embed Peer interventions within a Personal Recovery Approach. The 'quiet recovery revolution' in mental health is often observed as the 'brother or sister' of personalisation.

In so many ways the MSB model is an almost mirror image reflection of what we are trying to achieve in the recovery movement. For example, key to our objectives is not only the embedding of peer workers with direct lived experience, it is changing the staff cultures and structures to ensure that 'human to human' conversations are occurring within equal relationships between people that use the services and people that work in them.

Unfortunately, what characterises much of mental health services is power driven, hierarchical, over-boundaried and robotic working, with professionals prescribing and service users receiving. It is primarily these sorts of cultures which are preventing recovery in mental health services and preventing people who are in receipt of social care resources leading fuller, happier and more independent lives.

The MySupportBroker model, like the recovery approach, requires an explicit understanding of co-production. Without this, difficulties can arise in the successful implementation of the approach and ethos. You don't have to call co-production 'co-production'. You can call it transparent, collaborative working between people coming from different backgrounds according to the complex problems you are trying to address.

MSB attracts brokers and other staff who can be:
- peers with direct lived experience who have usually experienced social exclusion
- peers with substantial supporter experience who may also have experienced social exclusion
- people with experience of supporting someone they love which has had a powerful effect on the way they view things
- brokers who will have some lived experience, but who are mostly influenced by their background of working as practitioners in health and social care

The inclusive definition of peer, in which all lived experience is valued equally, is a positive aspect of the MSB model. As part of this, differences also need to be recognised at the workforce level. An explicit co-productive narrative can have

many benefits because it allows people to be honest in terms of where they are coming from and what they need to develop. People from different backgrounds have different in-work support needs and different perspectives. For example, embedding peer working with people who have long term mental health conditions is not at all straightforward; currently the biggest challenge I have professionally is that often people neglect their own recovery as soon as they enter employment. Due primarily to the pressure to be 'normal' (where normal doesn't include managing a long term mental health condition), relapse and clusters of relapses are very common.
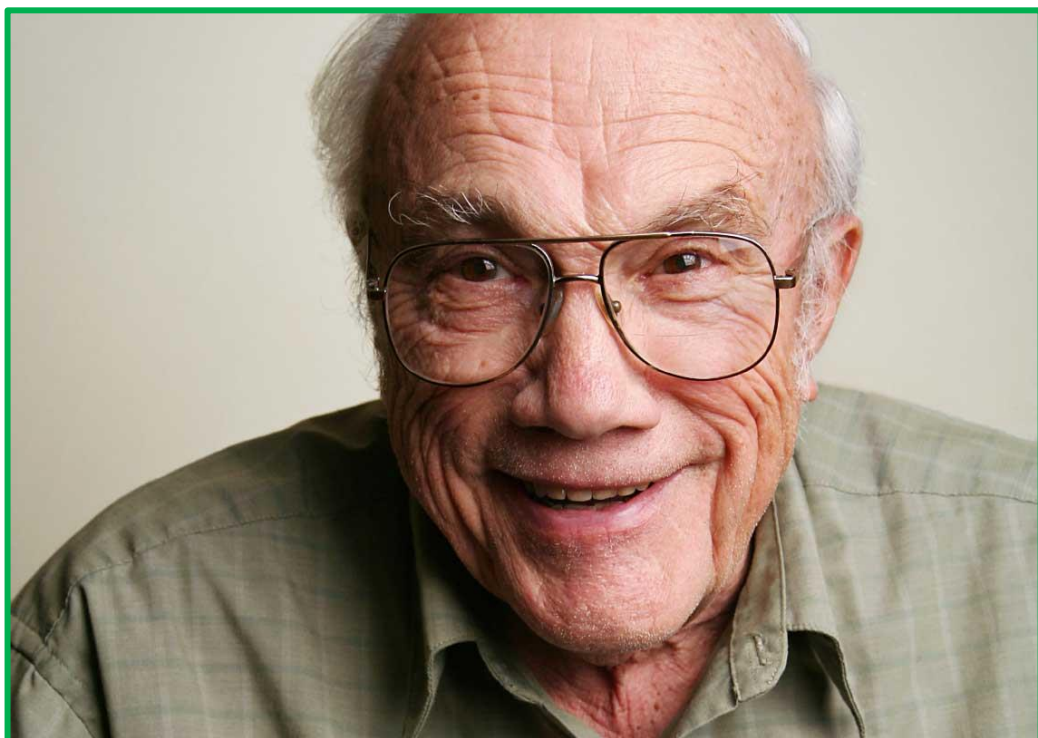
On the practitioner side, often the biggest challenge is holding on to negative practices and thinking you have embraced the new approach, when you haven't. Hierarchical ways of doing things have been reinforced in people from a practitioner background for the whole of their working lives so this is not surprising. Lived experience of all kinds needs a much higher value because 'professional', hierarchical public sector ways of working, whether it be in Local Authorities or secondary mental health services, are absolutely not working.

Acknowledgements

Executive summary

This report describes the 2-year evaluation of the MySupportBroker (MSB) independent peer support brokerage model of support planning. The evaluation was conducted mostly through qualitative interviews with a range of participants including customers, staff from MSB, support brokers and staff from two Local Authority organisations that MSB has worked with, Local Authority A and Local Authority B.

The evaluation had the following aims:
A. To explore how peer brokerage impacts on the wellbeing of MSB customers;
B. To assess how effectively the MSB Independent Peer Support Brokerage model had been implemented in the two Local Authority areas and across the associated stakeholder groups.

PART A MSB Customers, Support Brokerage, customer wellbeing, and the value of 'peerness'

Our Findings:

1   Customer wellbeing, loneliness and social isolation

Findings from the evaluation suggest that in general, customers are not as isolated as may be assumed. The majority had someone they could talk to or turn to in distress most of the time. This is significant in asset-based brokerage as it indicates that many people are able to draw on their existing networks for support. This is an important tenet of the MSB brokerage model.

As the wellbeing and loneliness measures reported, 73% of customers reported often or always having people they could turn to. The MSB brokerage model allowed them to maintain and develop these networks and reduce the risk of isolation. Customers were also able to reclaim social and family roles

2   Support Brokerage and its impact on customer wellbeing

The findings of the evaluation were positive about the experience of support planning with MSB peer support brokers:
- The support planning process and resulting support plans were perceived as personalised, bespoke, and asset based, in contrast to previous experiences of traditional care planning
- Resulting support plans were tailored to individual customer needs and interests, and produced an improvement in wellbeing, mostly through enabling customers to have greater control over their support arrangements by directly employing support assistants

- There was evidence of a positive impact on the wellbeing of wider family as a result of good quality support plans
- Customers described support brokers having excellent interpersonal skills, listening carefully to customers, and showing them dignity and respect
- Customers perceived brokers as knowledgeable and willing to do further research on their behalf

3   Lived experience and the peer broker

The majority of customers did not comment on a broker's 'peerness', and three of the seven brokers interviewed did not report having lived experience of disability or service use. It is not clear from our data to what extent lived experience plays a role in the development of the support planning and interpersonal skills listed above.

What is clear from the data is that this 'human to human' interaction was valuable and resulted in support plans that had an impact on customer well-being and perceptions of control of their own support. A broker's lived experience was, however, significant in relation to the in-work support they needed.

4   Challenges for the MSB delivery of independent peer support brokerage in Local Authorities

There were some challenges to the MSB model from the perspective of customers:
- Those customers who were already well informed about what they wanted in their support plan found the planning process and planning tools too rigid
- Some customers had not been informed by their Local Authority referrers that an MSB broker would be contacting them, or what the role of MSB brokers was in the support planning process
- Concerns around tax, pensions and insurance for directly employing support assistants can act as a barrier to meeting individuals' needs
- One customer had not had her plan implemented by her Local Authority

PART B Implementation of Independent Peer Support Brokerage in Local Authority settings

Our Findings:

Through using a Normalisation Process Theory analysis we identified a number of points at which the implementation of the independent peer support brokerage in the Local Authority settings appears to have been successful, but also a number of holdups or problems:

Personalisation and 'peerness'

- There was consensus around the importance of implementing personalised support planning and of peer brokerage as an important approach to doing that
- However there were different understandings of what kind of lived experience may qualify someone as a 'peer', and of the role that peer brokers should take

Commitment to peer brokerage (and personalisation)

- At a strategic level in Local Authorities, there was commitment to the implementation of peer brokerage
- Local Authorities reported that provider organisations were resistant to changing the way they were contracted to provide services to a personalised model

Logistical challenges

- There are logistical difficulties around changing the way Local Authority systems work, for example how contracting is done with provider organisations
- Local Authorities had difficulty finding appropriate provider organisations for personalised services, particularly as many day services and activities had been closed through funding cuts

Partnership workings

Both Local Authorities and MSB spoke positively about partnership working at a strategic level however there was evidence of poor partnership working or active resistance at the front-line which may be expressed as:

- Unpredictable, unsuitable or infrequent referrals
- Practitioner concern about broker skills and duplication of work
- Evidence that brokers are subject to bullying, or belittling or abusive behaviour
- Failure to implement plans that brokers felt were good examples of personalisation
- Limitation of the broker role to support planning only

Training and support for brokers

- Some brokers suggested that they would like further training, either to update their skills on a yearly basis or to learn about relevant legislation that would impact upon their work as brokers

- Some brokers suggested they would like more in-work support and expressed concern that the job could be isolating

Recommendations: Strengthening the MSB provision of independent support brokerage in Local Authority settings

Further research and development could valuably focus on:
- Improving support for brokers with experience of social exclusion or mental health difficulties
- Creating a supportive environment in which peers develop their skills and confidence in using their lived experience
- Working with Local Authorities to strengthen information sharing around individual clients
- Working with Local Authorities to address issues around respect and recognition of peer brokers, including addressing reports of bullying behaviours and resolving accessibility issues

Background

MSB Behind the Scenes Box 1: Our Story

MSB was formally founded in 2010 but its roots go further back to an action research project carried out by a small group of young disabled people, schooled in a rights-based approach to disability, who were inspired to see if they could use the advent of Personal Budgets to change how they lived their individual lives and get more choice and control. At this time the need to move from a **medical model of care to a social model of support** was well understood, if not fully realised, in health and social care sectors. So while the legislative and policy environment was changing to reflect this medical to social model shift, the actual lives of people who needed and used support services remained the same in every practical sense. People were often, through circumstance, forced to focus on campaigning for rights as a group rather than the radical pursuit of individual aspirations. For people with no eligibility for state support the situation was even more confusing and opaque.

The MSB approach was, in consequence, a conscious step on **from the social model into a consumer model** with people supported to move from being passive recipients of a limited palette of state and provider set services to active consumers shaping their personal lives and the wider support services market through their spending power. This shift to a consumer approach required a new disruptive solution that worked for all consumers, whether state or self-funded, as an alternative to conventional state or provider care management – so the MSB Support Brokerage approach was born as personalised, bespoke and asset-based.

MySupportBroker (MSB) is a registered social business working across England. All MSB staff have a physical disability or mental health difficulties, or support a family member with a long-term health condition.

The core business of MSB is to deliver a new model of support brokerage for health and social care. With the introduction of Personal Budgets and Personal Health Budgets, for people with support needs resulting from long-term physical or mental health needs are encouraged to take greater control over the money spent on their support. Brokerage is the process by which people are helped to decide on, and access, the most appropriate support to meet their needs.

MSB runs a college which provides accredited training to people who have health and social care needs, or support someone who does, to become a peer broker.

MySupportBroker
COLLEGE

These peer brokers may then provide brokerage services for Local Authorities or NHS directly, or may train existing Local Authority and health care staff to deliver the MSB approach to brokerage through their purpose-built technology and quality assurance process. In this report, we focus on the direct delivery of independent peer support brokerage in two parts of the country – Local Authority A and Local Authority B.

In this context MSB work with people who are referred through Local Authorities (referred to as 'Customers' in this report). They work with children, young people, working-age adults and older people who have health or social care needs resulting from mental health problems, learning disabilities, sensory impairments, physical health problems, any other disability or older age. The average age of customer is 62. MSB Peer Support Brokers develop a support plan with customers which goes through a quality assurance process and is signed off by the customer and, where appropriate, by the Local Authority or NHS. Customers then have ongoing access to their support plan through MSB's online interface.

MSB Peer support brokers work directly with customers and their immediate family to source, plan and manage their social care support. They meet with customers to discuss what is important to them and their family or significant others, and consider their needs for support and safety. The support planning process is designed to empower customers to do things that are important to them, including to undertake training, education or volunteering and to become more engaged in their local communities.

MSB Behind the Scenes Box 2:
Support Brokerage – a new language

Language is important. The MSB approach is disruptive and fundamentally different to conventional care management. Describing what MSB does using conventional terms would be confusing and misleading. A new MSB vernacular was therefore required to denote our difference.

MSB vernacular	Conventional vernacular
Customer: In control, deciding what their own requirements are and how they want to meet them. Person seen as ordinary and as a whole person – strengths, challenges etcetera	**Service User:** Passive recipient, needs assessed by others, told what their options are. Person seen as special and only in terms of their 'condition and assessed needs'
Support: Term denotes 'doing with' covering all manner of support all of us use in life: help in the home, home entertainment, being physically and mentally active, having friends, family and companions, going out and about, religious observance - asset based	**Care:** Term that denotes 'doing to' and is limited to specific offers of care sector, tends to indicate home care, residential care, nursing care – deficit based
Support Brokerage: A 'consumer' service based on a relationship of mutual respect, personal empathy and equal power between a Customer and Support Broker	**Care Management:** A professional/clinical relationship where power rests with the professional through assessment, funding and care arranging decisions
Support Plan: Customer-led action plan setting out their 'good day' (wake up feeling well enough to get up and go to Church) and 'bad day' (need to stay in bed feeling lonely) and what a good life, and good support to achieve it, looks like to them	**Care Plan:** Professional led service prescription, setting out services users assessed care needs (unable to wash or prepare food) and outcomes (improved personal care and nutrition). Specifies care product/service (walk in shower,

(flexible help to match how I am and what I want to do on any given day, don't feel lonely even if I can't go out). Specifies who (sister as paid Support Assistant) for what tasks and when (9 hours per week used flexibly e.g. shower when desired, on good days drop her off at Church, lunch ready on return that they eat together. On bad days pick up her Church friend and bring her to the house, cook lunch, all eat together); and costs (£10 x 9 = £90pw = £4,680 pa)

agency carer to help wash and leave sandwich for lunch) with tasks, time and frequency required (total 7 hours pw - 30 minutes, twice a day, 7 times a week, 9.00am and 5.00pm), product/service provider details (Care Ltd) and costs (£15 x 7 = £105 pw = £5,460 pa).

Support Broker:
Helps their customers to decide how best they want to live their lives, what support they need to do that and how to make what they want happen

Care Manager/Care Broker:
Care managers undertake assessments of their service users/clients, make professional judgements about them, prescribe and arrange care

Support Assistant:
Can be anyone customer chooses, can be employed, self-employed, task/activity focused - whatever customer needs in whatever way the need it - from signing on for that art course - to doing the shopping - to sleeping-over if required, characterised by a relationship of mutuality and collaboration

Personal Assistant:
Tends to mean someone recruited to take on this role, employed by service user, characterised by employer/employee fixed tasks and hours frequently employed/paid under rules set by funding agency

Peer Coach:
Someone with a set of skills who shares this with another person who wants to learn these skills. Based on mutuality, collaboration and peer-to-peer sharing

Volunteer:
Someone who gives their time free of charge to help others in need – can be experienced as 'doing to', not 'doing with' and symbolises a one-way relationship which is often uncomfortable for the volunteer and the person in need.

About this report

In this report we describe the findings of a 2-year evaluation of the MySupportBroker (MSB) model of peer support brokerage. We undertook this research in two sites where MSB directly delivered independent peer support brokerage, names have been anonymised.

The aim of the evaluation was to:
A. Explore how peer brokerage impacts on the wellbeing of MSB customers,
B. To assess how effectively the MSB Independent Support Brokerage model had been implemented in the two Local Authority areas and across the associated stakeholder groups.

As described below, the evaluation took place in a context of evolving practice and a rapidly responding organisation. While changes are planned and implemented through MSB's organisational structures, customers and Local Authority staff were, unsurprisingly, unaware of the changes. As a result, our findings capture moments within those changes, rather than a static model. In addition, while we collected data in two sites, MSB operates elsewhere in the country, and learning from these other sites also feed in to the approach adopted in Local Authority A and Local Authority B.

In order to make the evaluation as useful as possible, and to make sense of the changing context, this report has been constructed as a dialogue between MSB senior managers and the evaluation team. Sections in text boxes are written in MSB's own words and provide a management perspective on the aims and implementation of the peer brokerage model over this time. The rest of the report is written by the evaluation team, but draws on discussions with MSB to help make sense of this data in relation to the activities going on 'behind the scenes'.

This approach is not typical of evaluations which prioritise the independence of the evaluation by constructing barriers between the delivery and evaluation teams. This approach will, however, often fail to capture the reality of social interventions which do not happen in 'laboratory' settings. Interventions inevitably change over time and respond to external challenges. This is particularly true for an organisation which deliberately seeks to evolve and react at a rapid pace. In this study we have, therefore, sought a compromise in which the dialogue is made explicit. The findings are drawn from the data collected and reflect the perspective of the customers, brokers and staff interviewed. The conclusions draw on these findings and the context provided by MSB management, and they reflect the result of this dialogue.

MSB Behind the Scenes Box 3:
MSB as a Disruptive Social Business

MSB is a disruptive social business which means it is driven by a social purpose and new ways to do old things. Disruptive social businesses start off small with individual customers and a radical idea which, through successive refinements, comes to the point of reshaping and replacing the old ways, for example long distance calls (Skype), record stores (iTunes), research libraries (Google), local stores (eBay), taxis (Uber) and newspapers (Twitter).

In common with other disruptive social businesses, MSB developed using the principles of Design Thinking. MSB grows through continuous iterations of a process which includes: sit with customers and feel their pain, prototype new services and technology, test fast, fail fast, fail cheap, keep what works ditch what doesn't - and start the cycle again.

This is a different approach to conventional business planning methodologies and in particular public service planning models. It requires Local Authorities and the NHS to relook, in forensic detail, at the mechanics of all their processes and challenge themselves on the way they do it – assessment, care planning, finances, contracting, commissioning, staffing and skill mix. MSB helps them to do that by showing what is achievable through the MSB 'way' and helping them achieve that within their own organisation.

- MSB started small in 2010 with 12 customers with mental health conditions and £36,000 of support funds to plan. In 2016 we have 3,000+ customers and planned £35m of publicly funded support. Each customer has a minimum of 8 personalised actions in their support plans, 65% of which are community-based and free to the customer

- Our customers are supported by an average of 21 people within their personal support networks. Of these 33% are friends, family or community, 25% are professionals, therapists or clinicians and 42% are paid service providers or support assistants

- Our customer base is diverse: 60% are female, 42% have one main health condition, 58% have two or more, across a wide variety of physical and mental health conditions. Our customers range in age from birth to 102 with an average age of 62.4 years

MSB Design Thinking
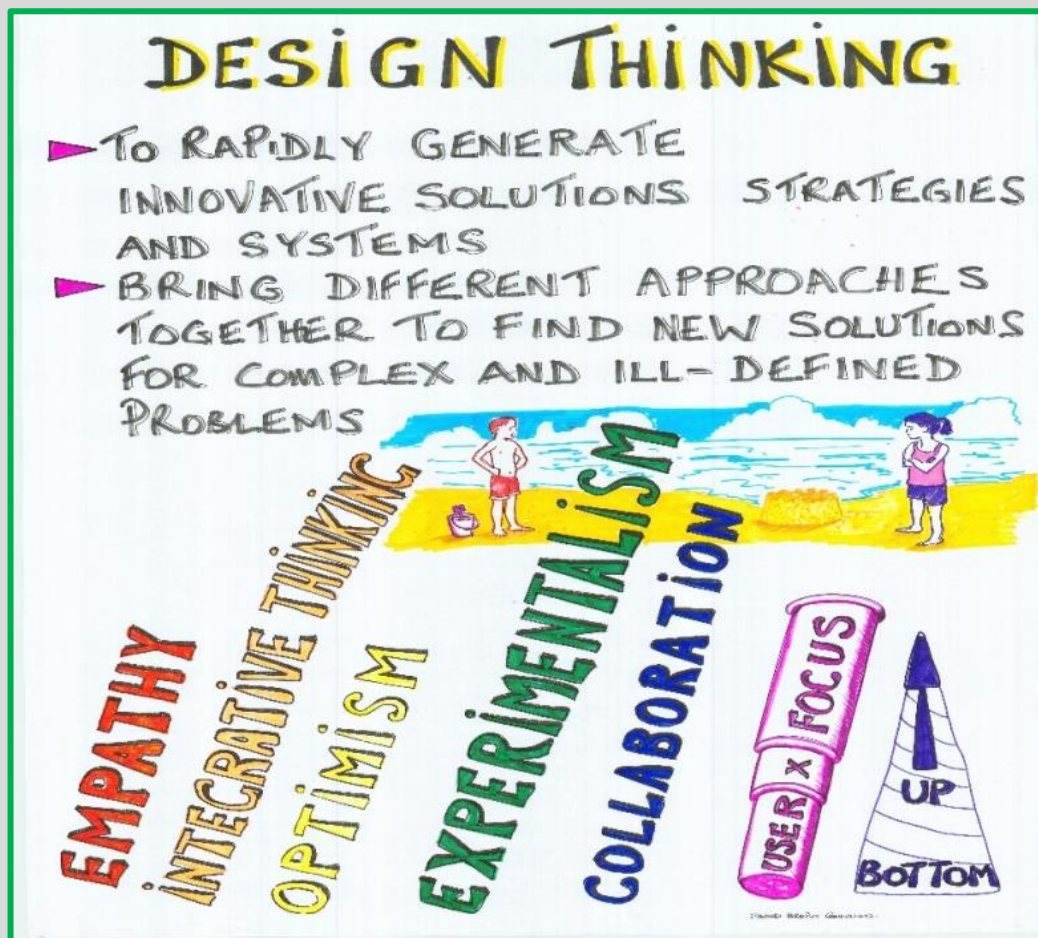
Methodology

The McPin Foundation was commissioned to evaluate the impact of MSB's direct-delivery peer brokerage model specifically in Local Authority settings. We planned to measure the impact of MSB's work on the mental wellbeing and social inclusion of its customers and on progress towards volunteering, training and employment. We also planned to explore the quality of support plans, assessed through completeness, evidence of customers' views being included, and the range of support options agreed. Finally, we planned to measure the impact on MSB's volunteer Peer Support Coaches, in terms of confidence and employment, volunteering and training.

These aims reflected a relatively traditional evaluation approach, with a clearly defined intervention and standardised measures of impact. However, this approach proved to be unsuitable in the context of a rapidly changing organization which was continuously adapting its model in response to local challenges.

As a result, we adapted our approach and aims to address emerging challenges for MySupportBroker:

1. explore customers' perceptions of MSB peer brokerage as a personal approach
2. identify how the lived experience of brokers relates to the peer brokerage process
3. understand customers' views on the quality of support plans and impact on their wellbeing
4. assess how far direct-delivery by independent peer support brokers had been successfully implemented in Local Authority sites

The data for the first three aims were mostly gathered through interviews with customers, peer support brokers, MSB staff and Local Authority staff. These interviews allowed us to explore in-depth the experiences and views of the people involved. The findings reported here reflect what we heard in these interviews. Participants are not representative of MSB customers or brokers as a whole and are not necessarily typical. They each provide a unique example from which we can learn about the overall experience of working with MSB's brokerage model. To meet the final aim, we used an approach called Normalisation Process Theory (NPT) (*Gask et al, 2008*). NPT explores the extent to which change is achieved within a particular setting or organisation.

NPT sets out four levels which are required to fully implement a new practice:

- A shared understanding of the new practice (*coherence*)
- A shared commitment to the new practice (*cognitive participation*)
- A shared engagement in the new practice (*collective action*)
- A shared valuing of the new practice (*reflexive monitoring*)

Peer research

MSB and the McPin Foundation share a commitment to valuing lived experience and recognising the skills and expertise gathered through living with a long-term health problem or supporting someone who does. Reflecting these values, the evaluation team was made up of three researchers, two of whom have their own support needs resulting from physical disability or mental health difficulties, described as 'Peer Researchers'.

We specifically sought to work with people who were familiar with independent peer brokerage. Both were recommended to us by MSB. One peer researcher joined the team early on and helped to shape the evaluation design. The second peer researcher was recruited later. As part of the evaluation team, they drew on their own lived experiences to offer insights and solve problems as they arose.

Interview participants

We interviewed a total of 35 people for the evaluation: 17 MSB customers or family carers, 7 peer support brokers, 6 Local Authority staff and 5 MSB staff working at a strategic level.

The report gives an overview of the customers who were interviewed directly or whose family carers were interviewed. The majority of the data (13 interviews) were collected through qualitative interviews with family carers. We were unable to interview the customers directly in these cases for a variety of reasons. Eight had intellectual disabilities, and sometimes accompanying physical disabilities, that

made it difficult or impossible to gather useful data via a telephone interview. One customer with mental health needs was too ill to participate at the time, and two others had deteriorating conditions that made communicating very difficult. In two further cases, the carer had been the primary contact during the MSB brokerage.

The majority of interviewees were recruited through Local Authority B, as MSB experienced a significant drop in the number of referrals coming through to their brokers in Local Authority A and we experienced significant difficulties in recruitment as a result.

Table 1: interview participant demographics: customers

		Number
Site	Local Authority A Local Authority B	3 (3 family carers) 14 (4 customers, 10 family carers)
Gender	Male Female	11 6
Referral type (Local Authority or NHS CCG)	Local Authority NHS CCG	10 7
Service needs (some participants had multiple needs)	Physical disability Learning disability Sensory disability Mental health problems Progressive degenerative disorder Cancer	9 8 1 2 1 1
Age		Range: 14-76 years; Mean: 46 years

Table 2: interview participant demographics: Local Authority staff

		Number
Site	Local Authority A Local Authority B	2 4
Gender	Male Female	3 3
Job titles	Brokerage team manager Brokerage service manager Commissioning manager Procurement Service Manager Team manager Service Manager for the Care Management Service	1 1 1 1 1 1

Table 3: Interview participant demographics: MySupportBroker staff

		Number
Gender	Male Female	7 5
Job Title	CEO Director for delivery Training Lead Quality assurance lead Referral management lead Peer Broker	1 1 1 1 1 7
Reported lived experience (some reported both personal and carer experience)	Lived experience of disability and service use	4 3

	Lived experience of caring for someone with a disability/service needs Work place experience	6
Peer brokers referral sources	Local Authority CCG Both	4 1 2

PART A
Findings: MSB Customers, Support Brokerage, customer wellbeing, and the value of 'peerness'

1 MSB Customers: wellbeing and social isolation

Findings from this part of the evaluation suggest that in general, customers are not as isolated as may be assumed. The majority had someone they could talk to or turn to in distress most of the time. This is significant in asset-based brokerage as it indicates that many people are able to draw on their existing networks for support. This is an important tenet for the MSB brokerage model.

In order to look at how wellbeing and social inclusion may be affected by the MSB peer brokerage, we collected information from customers before their plans had been developed. It was initially intended that this information would be collected again six months later, but this proved to be impossible (see discussion for methodological challenges surrounding this data). However, the data collected provides valuable information about the customers accessing MSB's brokerage service.

We used the Short Warwick Edinburgh Mental Wellbeing Scale (*Stewart-Brown et al., 2011*) which consists of 7 items, and the 'Loneliness Scale' consisting of 2 items. 130 customers completed these measures with their brokers:
- 82 (63%) of respondents were female, and 48 (37%) of respondents were male
- the mean age of participants was 68.8 years
- 6 (5%) were from Local Authority C, 109 (84%) from Local Authority B, 11 (8%) from Local Authority A and 3 (2%) from Local Authority D

Each Scale item was scored out of 5, with higher numbers representing a more positive response. Combining all seven items, participants were given a score between 7 and 35. The mean score was 20.6.

Table 4: Customer wellbeing and loneliness scales

Item (number completing item)	None of the time (1)	Rarely (2)	Some of the time (3)	Often (4)	All of the time (5)	Mean score
I've been feeling optimistic about the future (130)	8 (6.2%)	12 (9. 2%)	77 (59.2%)	29 (22.3%)	4 (3.0%)	3.07
I've been feeling useful (130)	6 (4.6%)	17 (13%)	77 (59.2%)	26 (20%)	4 (3%)	3.04
I've been feeling relaxed (129)	5 (3.9%)	20 (15.5%)	74 (57.4%)	28 (21.7%)	2 (1.6%)	3.02
I've been dealing with problems well (127)	6 (4.7%)	11 (8.7%)	67 (52.8%)	39 (30.7%)	4 (3.2%)	3.19
I've been thinking clearly (128)	5 (3.9%)	12 (9.4%)	55 (43.0%)	49 (38.3%)	7 (5.5%)	3.32
I've been feeling close to other people (127)	3 (2.4%)	9 (7.1%)	46 (36.2%)	51 (40.2%)	18 (14.2%)	3.57
I've been able to make up my own mind about things (128)	6 (4.7%)	10 (7.8%)	46 (35.9%)	52 (40.6%)	14 (10.9%)	3.45

I often feel there are people I can talk to (129)	3 (2.3%)	3 (2.3%)	32 (24.8%)	59 (45.7%)	32 (24.8%)	3.88
If I feel upset or worried, there are people I can turn to (127)	3 (2.4%)	5 (3.9%)	26 (20.5%)	55 (43.3%)	38 (29.9%)	3.94

2 Peer brokerage – a personal approach?

MSB describes its approach to support brokerage as personalised, bespoke and asset-based (see Box 1 above and Box 5 below). Through interviews, we explored the experiences of customers to find out how far this was reflected in practice.

14 of the 17 customers described a support planning process that that took account of the customer as an individual.

Of the remaining 3 participants, 2 were customers who had already done a lot of the work involved in support planning independently and found going through the MSB process of planning laborious or frustrating.

One participant was not present at the planning meeting. Support was arranged through her husband and daughter. The broker was therefore not able to ascertain the views of the customer directly.

2.1 Brokers show excellent communication and interpersonal skills

Customers or their carers described working with brokers very positively. They felt respected and viewed as human beings by brokers.

- Brokers treated customers with dignity and respect, and gave people plenty of time to think about and answer questions about themselves
- Brokers used clear, non-patronising language
- Brokers went into detail about the customer's whole life, did not just ask questions which were relevant to more traditional care arrangements

- Brokers were happy to take follow up phone calls to clarify something in the plan or answer questions

"[H]is communications skills were excellent. He allowed me to pause, he allowed me time to retrieve words when I needed to. He made me feel like he had all the time in the world to sit and listen to me." *[C03, customer, physical disability]*

2.2 Brokers displayed good knowledge of support options

Customers described their brokers as knowledgeable and able to suggest support planning options that they themselves would not have considered alone. Brokers were praised for the effort they put into planning support, including going away to do research around a particular need where they did not have an immediate answer.

> "[S]he was very thorough. She was finding out what's available in the surrounding Boroughs, things [customer] could do, and places he could go with his carers. So she was very thorough in researching it." *[C04, family, customer has intellectual disability]*

2.3 Not a traditional care planning approach

Participants drew comparisons with previous experiences of traditional care planning where there had often been difficulties or negative experiences including:

- Feeling that they had little control over the process, and that they were repeatedly subject to things 'being done' to them without consideration of their personal situation
- Being talked down to and subjected to patronising or belittling language or behaviour
- Anxiety about possible interactions with Local Authorities, and the possibility that they may attempt to remove resources or, in one case, remove a customer's children, to the extent that customers would avoid being in contact until they in very significant difficulties

> "When it was social services it was when can they do some cut-backs? Where can they save money somewhere? It was more like that – we just felt like we were a burden." *[C05, family, customer has progressive degenerative condition]*

> "[T]hus far my interactions with health professionals, be it doctors, Social Workers or what have you [...] I found it quite disconcerting, bearing in mind I was a teacher before […] how differently people seem to speak with you, converse with you, treat you, when you have the word 'disabled' attached to you." *[C03, customer, physical disability]*

MSB Behind the Scenes Box 4:
MSB College – from learning to work

The disabled peers who undertook the MSB action learning research in 2009/10 felt keenly, from the beginning, that support planning training was needed for both the peer support brokers and their customers. They reviewed every support planning course in London and Southeast of England and found none were accredited or carried formal academic qualification. They believed if they were to have impact, peer support brokers needed an accredited, peer-based support brokerage course to deliver credibility and quality to the sector. So they developed one.

Over the years this has grown and developed into MSB's DfE registered and OCN accredited College. It is now the sector-leading pioneer of QCF peer-to-peer learning, matching people's learning to the changing world of health and care. The College adopts a peer-to-peer, participatory teaching style, allowing learners to unleash their creativity through practice-based learning. The MSB College promotes an asset-based learning style to deliver asset-based services, where individuals' lived expertise adds intelligence and value to organisations, peer networks and individuals.

The MSB College is central to our social mission and to a great extent is its driver making real changes with demonstrable impact on people's lives, including:
- Providing 545 people with the opportunity to complete formal training
- Supporting 170 people to move from welfare to work
- Enabling 200 people to gain their first ever qualification
- Providing practical experience in peer coaching and support to over 420 people
- Empowering MSB customers needing support - to train, develop, gain employment and now support others as they themselves were once supported

3 Not a traditional care planning approach

Our findings suggest that the connection built between broker and customer is not based explicitly on shared experience of disability, which may not even be known to the customer, but on the human to human contact the brokers provide. It is the ability to look beyond the disability to the customer's interests and situation *as a person* that allows this to occur. The extent to which this ability results from the brokers' personal experience is hard to assess, though brokers who had experience of a disability did attribute their ability to show empathy to this shared experience.

Working through peers is central to the MSB approach (see Box 5), defined as having experience of health and social care needs themselves, or through a family member or loved one. In the interviews with customers we sought to explore how brokers' personal experience impacted on the support planning process. In fact, few of those we interviewed made comment on the brokers as 'peers' through their experience of care needs. In general, the experience of the brokers was not made explicit in the process and many customers will not know about their experience, except in cases where the broker had a visible disability. Where the lived experience of brokers was mentioned, it was spoken of in a positive way. Customers and family carers felt it was valuable to talk with someone who had lived experience of disability, and not having to explain some experiences as they felt their broker understood.

"I was sent the introductory email and I remember he mentioned in his instruction that he was disabled and I remember thinking: 'I don't need to know that. Just so long as you can do your job, that's great. I don't need to know that. Why are you telling me that?' But then I realised actually it did make a big difference because he understood so much more. I took it in the wrong way being I was supposed to be the mum who is very 'treat our children equally' but I understand now.[…] Just explaining things to him about our lifestyle, he understood a bit more."[*C01, family, customer has physical and intellectual disability*]

In interviews with brokers we explored the ways in which they used their lived experience in their support planning. Not all of the brokers reported having experience of a disability or of using social care support. Those brokers who did have this experience told us that they were selective in the details they chose to disclose to customers, doing so only where they felt it was appropriate to build a rapport with a customer or to inform a conversation over the development of a plan.

The opportunity to actively use lived experience may be limited in some instances. The support planning meeting is a brief intervention and may not create a lot of space to discuss the brokers' experiences. Despite their willingness to share their experience to build rapport, some brokers reported that customers could be resistant to hearing about the expertise that brokers may have gained through their experiences of a disability.

Lived experience was not the only way in which brokers were able to build

rapport with customers, however. Other interviewees spoke about being able to find a connection through shared interests, and that brokers sharing information about themselves as individuals was useful in this process. Customers may perceive 'peerness' as stemming from similar life experiences that are not related to disability, for example being a similar age or having similar interests, that allow them to form a connection.

"Because he makes [Customer] at his ease as well, because he recognises that [Customer] loves music and all that, so they were talking about music, and football. So it makes the common ground. [...] [Customer] doesn't like strangers [...] but [Broker] very, very, quickly established himself as a friendly person that [Customer] would communicate with, and open up to. [...]" *[C10, family, customer has intellectual disability]*

"I think that he is close to my age so, it might be something to do with music or something. I try and get a connection with people by having an interest that they are interested in, as well. [...] If I don't get something in common or to talk about with a person, something that they share a view on, and I don't get a connection with the person, I will tend to just shut down and just not talk to them." *[C07, customer, who has mental health problems and a head injury]*

Brokers described how they used their lived experience to understand the customer better and to show empathy. This was juxtaposed with the approach of social workers.

This finding is important in assessing the value of the peer brokerage model. The meaning of 'peer' has been applied in different ways in health and social care but focuses on the notion of a shared relevant experience, for example, "Peer support mobilises the insights and empathy of people who share similar problems or experiences to support others who are living with long-term mental or physical ill health." (*Temperly et al., 2013*).

The MSB model interprets shared experiences or problems broadly. The peer broker does not necessarily have the same health problems or needs, and may have experience of them through a loved one, rather than directly.

"I think because of all the things that I have experienced personally, and like with my mum and things, it tends to make me a little bit more aware and gives me a perhaps a sense of empathy towards people [...] that I'm seeing. You know, I'm inclined to sit and listen to what they have to say rather than force issues upon them, which I think social workers often try and do." *[MSBB03 MSB Broker]*

MSB Behind the Scenes Box 5:
Being an MSB Peer – what does that mean?

The MSB peer is someone who has lived experience of using support services, either directly themselves or by someone they love or support. This is a deliberately inclusive definition of peer and one we extend to the professionals and staff we train in our work with Local Authorities and the NHS. This 'peer' requirement is central to us and is built in to the fabric of all of our training. It in effect is our 'shield' against creating what we see as overly restrictive boundaries prevalent in 'professional' caring roles where the human touch has been replaced by mechanistic systems and processes, reinforcing unequal power relations to the detriment of the customer. It is far broader than many of the definitions of peer used in the health and social care sector which tend to focus on personal experience of similar conditions, impairments or illnesses. Neither do we require or expect people to declare their peer experience unless they wish too. Our peer support brokers bring this personal, 'lived' experience and combine it with their expertise and training to the support of others, together with a QCF qualification in Support Brokerage delivered by MSB's DfE registered College. Being a peer in MSB is a basic requirement across brokers and HQ staff and is our way of ensuring all of us are in touch with our personal experiences and use that to empathise with our customers and forge equal, warm, natural and sharing human relationships of trust. The MSB training deliberately sensitises the professionals and staff we train to get in touch with their personal experiences and more in tune with human to human interaction, in place of their conventional professional to service user engagement. The nature of Support Brokerage, like all 'advice' services is a short term focused connection with your customer so empathy and trust needs to form quickly to ensure both the customer and broker can get to the 'nub' of their needs and realise a plan to support them to live their best life.

The 'independence of thought' of our peer support brokers is core and central to the achievement of MSB as a social business. As a start-up MSB had no funds to directly employ support brokers and no money to waste on offices and the usual accoutrements of business so by necessity brokers were self-employed and worked virtually. This has become a cornerstone of our model as this absence of a command and control structure and the emphasis on shared peer experiences prevents any thoughtless drift towards corporatism as we grow. The virtual nature of the business has now also become an asset so there are no fixed office bases, including for MSB HQ – if MSB HQ requires peer brokers to be virtual and go to their customers then HQ needs to be virtual too so we share our working lives as peer equals – another guard against creeping corporatism and a driver of shared need for great user led technology across the business.

4 Impact on quality of support and customer wellbeing

Through interviews with customers, we identified three areas in which MSB brokerage was reported to provide better support than that offered through traditional care approaches:

- directly employing Support Assistants to provide support
- addressing individual needs and interests
- improving mental and emotional wellbeing

4.1 Directly engaging support assistants to deliver care

By engaging support assistants directly, instead of paid agency staff through the Local Authority, customers were able to use the support hours allocated to them more effectively and flexibly. They could choose the individuals who they wished to have as a support assistant and ensure that the same people would be attending to the customer's needs on a regular basis. In several cases customers employed a family member (3) someone who was known to the family (1), or who had previously worked with them (2).

Customers who engaged support assistants directly were able to change them if they felt necessary, for example if they did not trust them or they did not have the relevant skills. MSB brokers assisted customers in these situations to achieve care arrangements that better suited their needs, removing them from situations that were causing distress and allowing them or their family carers to have better control.

While directly engaging support assistants worked for some of those we interviewed, the strength of personalised support is that no one form of support is assumed to be best for the individual. Where agencies were felt by the customer to be preferable, this was also available through the support broker. One elderly family carer had previously tried engaging support assistants to support her son but had problems finding cover when staff were ill or on holiday. Her support broker helped her choose an agency that would meet the support needs of her son, which meant that she no longer had to worry about providing care herself when one of his regular carers was unable to work.

Two customers used the support plan to sustain their existing arrangements through supported accommodation. Brokers were able to identify how the current situation offered the best support to those customers to enable them to stay where they were, which resolved a distressing situation for the customers and family carers involved.

While engaging support assistants directly had significant benefits for participants, there were also concerns around the practical and legal issues associated with becoming an employer. Participants suggested that there is insufficient infrastructure to support customers in this aspect.

"I've chosen the carers very carefully, there are two private carers, and then one agency. It's still not perfect, but I have a lot better influence, knowing that I can pick and choose. I don't have one agency telling me, 'this is the person we're sending'. I can say, well, that person must be wonderful at their job, I'm sure they are, but, in this case, there'll be a clash – there'll be a personality clash – and it will not work, so I need to look at someone else. Now that I've got that flexibility, it really lifts a huge cloud. *[C09, family, customer has cancer]*

"[A]s far as I can see, they don't provide the ongoing support if you're employing your carers directly. […] I think there is a need for some sort of support organisation. That should be part of the provision of the health budget itself. Which is someone who can provide advice and guidance when needed." *[C02, customer, physical disability]*

MSB Behind the Scenes Box 6: Why Support Assistants are central to the MSB approach

MSB see Support Assistants as a better alternative to conventional care agencies for most people. MSB Support Brokerage asks "what constitutes a good life for you?" and Support Assistants (SA's) provide a useful answer because they are flexible and their approach is holistic and relational. The relationship between the customer and the support assistant is of primary importance, not the task. MSB use the term Support Assistant rather than Personal Assistant as it better reflects the wide range of activities they undertake and prevents confusion with secretarial PAs or traditional definitions of what a PA does.

Support Assistants can do all of the tasks that Care agency workers perform but in addition they:

- Address the non-health determinants of wellbeing which are both relevant and essential
- Offer meaningful social contact which has an important role to play in reducing loneliness, isolation and depression and improving wellbeing
- Are personally chosen by the customer, which can be on the basis of shared interests as much as whether or not they can help with daily living activities. The MSB experience of SA's is that they are often relatives and sometimes friends or neighbours and therefore already have a rapport or understanding with/of the customer

While choosing a care agency over a SA takes away the perceived challenges of recruitment, employment and managing finances, it does not increase control because the customer may not necessarily know who will turn up from the agency or exactly when. This has obvious ramifications, for example, for those users with memory loss who appreciate the familiar contact of known people. By employing an SA directly, the hourly rate paid goes to that person with no deductions for an agency fee so it should be possible to get more help for the same money. Furthermore, that help will be qualitatively different to that offered by agency care workers. One important question MSB poses to Local Authorities and CCGs is "does offering customers a choice between care agencies which all provide similar services for similar prices actually amount to choice and control?" In MSB we think not.

4.2   Addressing individual needs and interests

The focus on 'holistic and relational' support (see Box 6) meant that support plans addressed individuals' own interests, not just their assessed needs.

Some customers had money written into their support plans to enable them to attend activities that interested them and to participate in their local

communities. Support assistants often had a key role in building confidence and providing practical help.

As the wellbeing and loneliness measures reported above show, the majority of customers already felt they had access to social support. The MSB brokerage model allowed them to maintain and develop these networks and reduce the risk of isolation. Customers were also able to reclaim social and family roles. One mother, whose young sons had been providing much of the practical care she needed, used support funds to allow her to take them to the cinema regularly, allowing her to regain her sense of self as a mother. The approach taken by the MSB model allowed these aspects to be identified and addressed.

"I have a support worker who takes me out. […]I have taken to going to a lot of spiritual healing churches. […] I go to

those for support […] They give you a bit of a charge up of your energy. Some days I feel very flat with no energy at all, so I have to try and fight the depression and the anxiety, and just generally try to keep on top of the changes of mood." *[C07, customer, mental health problems and head injury]*

"[H]e is getting out more. He only used to go to [City] once a week but now it is nearly every day. He gets the bus down there, buys a magazine and comes back, you know. He goes out to the pub more. He is a [Football Club] fan and he obviously go to the matches with an outside carer who looks after him. And I know all the team love him as well because if they don't see him for a day or two they are all asking, 'Where are they?' And 'What is going on, where's [Customer]?' It's wonderful." *[C10, family carer, customer has intellectual disability]*

4.3   Self-reported impact on wellbeing

"Lots of choices and control seem to be taken away from you. I'm unable to control what I'm going to be like on a day to day basis, on an hour to hour basis sometimes. And so to be able to feel in control about my own help and support, about what I want to do, was really important to me. It helped make me feel good about myself again; as well as I could feel at that particular time." *[C03, customer, physical disability]*

Customers described positive impacts on their wellbeing, including a sense of being in control, feeling that their personal dignity was respected, and peace of mind for family carers. In 16 of the 17 interviews, customers or family carers reported feeling more in control

of their support following their support plan, even where small changes had been made. Employing support assistants directly, as discussed above, was an important part of this.

Support plans were used to enhance personal dignity. One family carer described a support plan which provided an accessible shower for a customer with mobility needs so that she was no longer limited to bed-baths. The same customer, who had previously been a beautician, was also allocated a small amount of money to have her hair professionally styled on a regular basis.

Quality, flexible support provided peace of mind to customers and their families.

Family carers felt confident about the support received, and that they could claw back some time for themselves, in order to run errands or spend time with friends or other members of the family. There were also health benefits for some family carers, with one mother reporting that she was finally able to get a good night's sleep.

> "We have had a bit of extra money for [Customer] to have her hair done, you know, because she used to be a beautician, so looking nice really matters to her and there is not much that she can do about it for herself, but I think that when she has her hair cut it makes her feel really happy." *[C05, family, customer has progressive degenerative condition]*

4.3 Employment, volunteering or training

Progress towards employment, volunteering or training is often seen as a key outcome for health and social care support. While for many people this is an important aspiration, it is not always the most appropriate measure of successful support or individual progress. Of those we interviewed, seven had severe intellectual disabilities that made training or employment unlikely for them at the current time. Some were still learning to live independently and some needed 24-hour care. Three customers with fluctuating conditions reported that they were not well enough to pursue work at present. One customer had a progressive disorder, and a second had cancer. At the time of interview both were at a stage of illness which made it inappropriate to pursue options around further training, volunteering or employment. Two of the sample were beyond retirement age.

Two participants were already in some form of employment. Both were in the process of working out how their personal budgets could help them to develop further skills or business projects. One young man with an intellectual disability and social anxiety had developed a support plan to help him engage more with people socially and, at the time of interview, he had progressed to taking up a work placement with a major broadcasting organisation.

5 Challenges for MSB support planning

Interviewees raised some issues around the support planning process where they felt that the approach could be improved or wasn't appropriate for them:

The support planning interview was too rigid for customers who already knew what they wanted.
The transition between MSB and Local Authority was not always well managed:
- Customers were sometime unsure of the role of support brokers
- Brokers received referrals with inadequate information

We interviewed two customers who felt that the support planning meeting was too inflexible and that brokers were not always able to answer their questions. In

both cases the customers had already undertaken their own research and had in effect written large parts of their support plans before they met with their support brokers. In these cases they were looking for a quicker process that would allow them to put in place the support they had already designed for themselves. Though these participants are not typical of MSB's customers in general, their experience suggests that a process of customer-led support planning may be appropriate for some people.

Local Authorities require customers to complete different parts of the support planning process with the Local Authority or with MSB. Assessments and indicative budgets are completed with the Local Authority, support planning with MSB, and implementation of the plans back with the Local Authority. At both points of transfer difficulties arose for customers. The relationship between the Local Authority and MSB was not always clear to participants, suggesting that there is a lack of adequate information at the point at which they are introduced to MSB. Some customers did not know who MSB were or that they were independent of the Local Authority.

At the other end, completed support plans were not always signed off or implemented by the Local Authority, causing frustration and poorer quality support.

"To be honest, I didn't think they would add anything that I couldn't have done myself, and I think in hindsight I would say that's probably true. I personally found the process somewhat tedious, simply because… I'm answering questions that are there for the purposes of supporting people who probably aren't as – how can I put this nicely – as aware of the process they need to go through, or aren't maybe as comfortable with doing things themselves." *[C02, customer, physical disability]*

"[The broker] rang me and said that she needed to come and do a review for [the Local Authority], I think it was, just to see how we're getting on […] and if we're both happy with the situation. And yes, that's the first I've, kind of, heard of them because normally I have a review with [the Local Authority] and I thought it was a bit weird that I had somebody else." *[C14, family carer, customer has sensory disability]*

"I'd had real difficulty with my Local Authority in the support plan. And they had denied me continuity of care by allowing MySupportBroker to continue doing my support plan. And they have forced and enforced upon me their own support plan which is very rigid and doesn't take into account of me. […] It's very directive and that's where they would like to keep me." *[C03, customer, physical disability]*

PART B
Findings: Implementation of Independent Support Brokerage in Local Authority settings

1   Implementing Independent Peer Support Brokerage in Local Authority settings

As described in Box 8 below, MSB identified challenges in directly providing independent peer support brokerage within Local Authorities. To explore some of these challenges we interviewed Local Authority staff, MSB staff and brokers about their understanding and experience of peer support brokerage locally. We used Normalisation Process Theory (NPT) as a framework to explore the qualitative data from all stakeholders. NPT lays out four stages for implementing a change in practice.

Table 5: NPT stages of MSB model implementation

NPT stage	Description of successful implementation
Coherence: There is a shared understanding of the new practice and its aims	All stakeholders have a shared understanding of peer brokerage All stakeholders agree on the value of peer brokerage All stakeholders have a shared understanding of personalisation
Cognitive participation: All stakeholders know what is required of them and are committed to delivering	MSB provide clear model for brokerage and communicate this to brokers Local Authority (LA) management ensures staff have time and resource to support implementation LA staff are willing to make referrals to MSB LA and MSB staff commit to sharing relevant information about referrals MSB brokers understand the requirements of the support planning process and commit to developing support plans with customers LA commit to signing off plans as appropriate and working with care providers to implement them
Collective action:	MSB recruit, train and employ peer support brokers

Stakeholders fulfil their required tasks within the process.	LA staff make regular and appropriate referrals to MSB LA shares appropriate information with MSB Brokers draw on their lived experience in the support planning process Brokers and customers work together to write support plans MSB quality assurance team assess and approve support plans LA reviews and signs off support plans in compliance with the Care Act LA implement support plans, working with care provider organisations
Reflexive monitoring: All stakeholders see the value of the new practice.	LAs and MSB monitor referrals and completed plans; Support plans are reviewed to ensure adherence to MSB principles LAs review and sign off support plans that adhere to agreed standards Customers value resulting support plans and see benefits of MSB model

Our analysis focused on implementation of the MSB model. However, personalisation is also a relatively new practice which is itself implemented to different extents in different Local Authorities. The success of implementing personalisation inevitably has a knock-on effect on the implementation of the MSB model.

6.1 Coherence – how far is there a common understanding of peer brokerage?

Coherence Finding	All stakeholders have a shared commitment to implementing personalised support planning All stake holders have shared understanding of peer brokerage as a valuable approach to personalised support planning Stake holders have different understandings of what may constitute a 'peer' in the context of peer brokerage and what benefits this brings to support planning

All stakeholders reported positive attitudes to employing people with lived experience as peer brokers and a belief that peer brokers could bring additional skills to the brokerage role. There was general consensus around the principles of personalised support planning and peer brokerage but differences in the

way that 'peer' was understood and valued, even within a single stakeholder group.

> "[W]hen MSB was introduced to us as a peer brokerage model, we were very excited about it because we felt that MSB would provide a further choice to our service users and also separate out the two functions from assessment from support planning. […] From the support planning side of things, by someone that's really very experienced and skilled in drawing out how they want their outcomes to be met, and skilled as well in their knowledge about what's out in the marketplace in order to meet those outcomes." [LA05 Local Authority staff]

In MSB, the term 'peer' represented a level of equality between the broker and customer, in contrast to the hierarchical approach of traditional social care; the 'done-to culture' (MSBS02). The value of the peer interaction was in the human to human relationship, in contrast to the professional-to-patient relationship. In contrast, one Local Authority staff member described the peer brokerage role as a specialist role. This focus on the 'broker' role, rather than the 'peer' element, emphasised their better knowledge of local communities and available support, but de-emphasised the commonalities between the broker and the customer.

The nature of this lived experience was understood differently across the interviews. These differences are significant because they define who can legitimately be described as 'peers'. As described in Box 5, MSB as an organisation interprets relevant experience very broadly, but individual MSB staff emphasised different aspects of the 'peer' experience. One described peers in terms of their shared

experience of disability, ideally the same kind of disability as the person they support, while another suggested that experience of the disability itself was less important than experience of the social impact of being disabled. For a third, the key 'lived experience' of peers is use of services and receiving support to meet social care needs, including as a family carer. This was perceived as providing a different perspective – one of support recipient, rather than support provider – which tended to lead to a more positive view of the individual and their strengths.

> "I do have an understanding of the barriers [of] being different in society. And I do understand what it's like to have to justify your knowledge and skills and experience when you're starting, sort of, 'ten points down'. […] As a peer it's… you've got the lived experience of those additional barriers that are put in place because of the society we live in, some of which we can't remove." [MSBS03 MSB organisational staff]

> "I've had debates with people who will say you're not really a peer unless you have a particular disability […]. I don't agree with that […] Peer support brokers are people who have a lived experience of care and support, so have empathy around the customer they're working with, and use that empathy to really help their customer identify what's their best life and help them move towards it […] It's about being empathetic and in tune and very personally aware of the other person and the challenges of dealing with care and support needs." [MSBS01 MSB organisational staff]

These different interpretations of 'peer' are also reflected in the responses of Local Authority staff whose definitions variously encompassed personal receipt

of services or knowing someone who has received services. This is also reflected in the diversity of peer brokers interviewed, not all of whom had their own experience of living with a disability or using social care services.

Of the seven brokers we interviewed:
- 3 had experience of using services or of living with a disability that requires support
- 1 had experienced health issues due to injuries but no long term health condition or support need
- 2 had cared for someone who used services alongside their own experience of illness, injury or service use
- 3 did not have experience of disability or service use, but did have experience of working in relevant social care services or training in psychology and counselling

6.2 Cognitive participation – how far are stakeholders committed to peer brokerage?

Cognitive Participation Findings	Strategic staff within both MSB and the Local Authority are in agreement the peer brokerage should be implemented

At a strategic level, Local Authorities showed commitment to the principles of peer brokerage and the specific model offered by MSB. Some Local Authority stakeholders perceived the involvement of MSB as a resource for implementing person-centred planning without necessarily committing themselves to the principles of 'peer' brokerage.

Some brokers and organisational staff at MSB expressed concern that some staff in the Local Authority, working in roles related to service brokerage and delivery, were resistant to changing their processes and unwilling to consider more creative solutions in support planning.

We found little evidence of this resistance in the interviews with Local Authority staff themselves, though this may be a reflection of those who were willing to participate. There was, however, discussion from Local

Authority staff of the difficulties in changing processes to accommodate MSB peer brokerage. Local Authority interviewees reported that care providers were reluctant to change, and they put pressure on the Local Authority to maintain the status quo.

"Yes, certainly when she brought it in it was quite exciting. There was nothing like [it], I don't think, in terms of peers developing this peer brokerage model and it certainly resonated in terms of the approach the Local Authority, wanted to take to develop alternative models and options of brokerage."
[LA03 LA strategic staff]

"I think there is a horrible layer in a lot of Local Authorities around middle management, that have a heck of a lot of control and power by doing absolutely nothing because the machine's so big and to actually change

that […] it needs a buy-in from everybody and I think there's a layer of people that, to protect their own jobs, that they can [feel] threatened […]" *[MSBS02 MSB strategic staff]*

6.3 Collective action – how far do stakeholders engage in activities required to implement peer brokerage?

Collective Action Findings	MSB have recruited and trained a skilled pool of freelance peer brokers Brokers use lived experience in the support planning but may explicitly disclose their experience Brokers and customers work together to write support plans MSB quality assurance team assess and approve support plans Referrals from the Local Authorities to MSB infrequent, inappropriate or unpredictable LA does not share all necessary information with MSB in regard to particular referrals LA does not pass on appropriate information about role of MSB peer brokers to customers LA report concern over the amount of time a plan may take to complete Brokers report difficulties in getting LA signs off on support plans LA report problems in relation to duplication of work and non-Care Act complaint support plans Brokers report plans are not implemented in full or in part by LA, or that they are not informed if plans are implemented LA's report that provider organisations are reluctant to move to personalised forms of contracting

Employing and supporting brokers

Peer brokers have been recruited, trained and supplied with work on a freelance basis by MSB. Customers were positive about the support plans developed and 15 of the 17 customers interviewed had had all or part of their plans implemented, although some experienced delays.

However, brokers raised concerns about the reliability of work and the financial instability this caused. Fluctuations in referrals meant that sometimes they had too much work and other times not enough. Some brokers found it difficult to survive, financially, on the income they received from brokering alone.

Some brokers reported feeling that they were supported by MSB and that they were able to ring members of the central HQ to talk through a difficult planning meeting or if they have queries or need further support. However, others did not feel they had enough support, or were unsure of where to go to receive support. One broker suggested that the role was 'lonely', and that it would be of benefit for brokers to support each other more. One broker suggested that trainee support brokers who had experience of mental health problems were not supported enough during training, resulting in many dropping out before completing the training course. Two brokers felt it would be useful to have ongoing training with regular updates on relevant changes in legislation.

Some of these issues could have a particularly negative impact on brokers

who were managing their own health difficulties. Specific support needs for peer brokers based on their own disability or health issues were not always felt to be adequately addressed.

"[I]n the beginning it was hard because I was learning as I went along. […] we were working on, what I would call, very heavy situations and it was emotional for us. […] I think it would be good if we got together a bit more or we did more case discussion, […] and quite often when you're talking to a peer you come up with creative ideas, which is helpful." *[MSBB04 MSB Broker]*

"I think the greatest disappointment is that actually we're not really brokers at all, we're planners. That wasn't the intention. […] the fact that we can't physically action what goes on that support plan..." *[MSBB01 MSB broker]*

Support plan sign off and implementation

Aspects of the process were frustrating for peer brokers, including limitations of the system (in particular that support brokers are not able to broker plans themselves when working with Local Authorities) and the handover to the Local Authority for sign off and implementation. Following the support planning process, brokers are not always informed if their plans have been implemented in full, in part or not at all. Refusal to sign off support plans was sometimes perceived by brokers as a way for Local Authorities to resist personalisation or peer brokerage. Some participants expressed concern that Local Authorities did not sign off support plans that brokers considered to be good examples of personalisation and that had been approved through

internal MSB quality assurance processes because of internal bureaucratic processes. This echoes the limitations of the direct delivery model as outlined by MSB in Box 8. Under-development in the local market for services and support was raised as a barrier to implementation of some support plans by Local Authorities. Local Authority staff were unsure whether the appropriate providers existed for some of the creative options agreed in care plans, citing challenges in moving from block contracts to personalised services, and the impact of austerity cuts.

"One of the big barriers is what's available because we've all got different ideas about all these free services that are out there […]As we know with

what's happened with cuts and things, those services are not there anymore.

So it's about having resources outside as well to support people." *[LA03 LA staff]*

Working across MSB and Local Authorities

Both Local Authority strategic staff and MSB organisational staff spoke positively of their working relationship at a strategic level. However, referrals were described as slow or non-existent and when referrals did occur they were sometimes perceived as inappropriate.

Interviews with MSB staff suggested that some of those in the Local Authority may lack the resources or time to fully complete the tasks required of them. Within the Local Authority interviews, concerns about the MSB model of working creating extra work for staff or duplicating work were raised. Again, this challenge is attributed to the separation of assessment, support planning and implementation stages by MSB.

Communication between the Local Authority and the brokers was not always effective. At referral, brokers did not always have the relevant details to fulfil their role. As highlighted above, customers were not always informed that a peer broker was going to contact them, leading to confusion about their role in the support planning process.

"[T]here have been some challenges, most definitely, particularly around duplication and repetition in terms of the work. We did feel that in some instances MSB were actually reassessing the service user and the carer and gathering information that we already had." *[LA05 LA staff]*

Peer brokerage

There was evidence within the interviews that some staff within Local Authority organisations were reluctant to recognise the skill and qualifications inherent to the peer broker role, and did not always participate in partnership working with the brokers.

This lack of perceived value in the peer broker role was further demonstrated in a number of Local Authority behaviours reported by brokers and MSB strategic staff:
- Difficult or obstructive behaviour – some Local Authority staff were not willing to talk or work with brokers which was perceived as 'silent resistance' [MSBS03 MSB strategic staff]
- Lack of recognition for the skills and professional role of the peer brokers, including a sense that this input should not be paid for
- Failure to implement support plans or implementing different support without discussion with MSB
- Belittling, bullying or abusive behaviour shown to peer brokers.

"Again, within the Local Authority space, less in the NHS, people tend to use the term peer — although they would never

say this out loud — like it's a lower level person. It's not something they would

pay for, they expect it to be free."
[MSBS01 – MSB strategic staff]

"[S]ome of my experience […], well not me personally but the brokers I was shadowing there, was downright

bullying, marginalising, undermining, talking over. […] I was actually insulted. [Laughter]. You know, I got […] an email from a social worker. It was the rudest email." *[MSB01 MSB Broker]*

6.4   Reflexive monitoring - how far is implementation monitored and valued by stakeholders?

Reflexive Monitoring Findings	LAs and MSB monitor referrals and completed plans Support plans are reviewed to ensure adherence to MSB principles LAs review and sign off support plans that adhere to agreed standards Customers value resulting support plans and see benefits of MSB model

Support plans

There was a strong commitment to the principles of good, personal support planning among brokers. The completion of an effective person centred support plan with a customer was a source of pride and satisfaction, and was the main motivating factor for them to continue working as brokers. However, the real life impact of support plans is often not fed back to brokers. This may affect the extent to which the brokers themselves feel that their work is valued.

However, our data shows that MSB and Local Authority staff may have different expectations about what a quality support plan should look like. Staff in the Local Authority interviews raised concerns about overlap between assessment and support planning, the level of detail in the plans and the lack of rationale for decisions made. Some Local Authority staff were concerned

that peer brokers did not fully understand the legal requirements of the Care Act or what constituted a legitimate need for support planning.

Within MSB, there was a sense that the Local Authority was still implementing a traditional care model, rather than a truly personalised approach.

"I've also read some of the MSB support plans and […] some of the information was very detailed. I'd question perhaps why anybody would want to go into so much detail about your relationship say for example with your parents, your grandparents, etc., and perhaps maybe emphasis should be a little bit more on what's the here and now and how can we support you." *[LA06 LA staff]*

"When we spoke to [the Local Authority] about what their version of a support plan was it was just an addition to the

assessment that was an old fashioned care plan, and they felt that was still support planning, and it was a prescription, it wasn't at least a conversation, it wasn't even that. In some cases it wasn't face to face."
[MSBS01 MSB strategic staff]

MSB Behind the Scenes Box 8:
MSB – An evolution towards revolution

MSB Support Brokerage has gone from pilot, to prototype to scaling in the past 6 years. While the essential Support Brokerage remains the same, we now apply it differently depending on the commissioning organisations we are working with which include Local Authorities, CCGs, NHS Trusts, Charities, private organisations. It was in this context of rapid development that this evaluation took place and we are very appreciative for the involvement and openness of Local Authority A and Local Authority B for their participation. We know that the learning from this evaluation will benefit our ongoing discussions and support brokerage work with these Local Authorities.

Our experience of the challenges of direct delivery of independent support brokerage at scale in Local Authorities led us to our new approach of supporting Local Authorities to change from within by licensing our training, technology, systems and processes as engines of internal change. This is proving to be highly effective as it helps to drive the adoption of a new culture, practices and systems at a faster rate because it is focused on change from 'the inside' rather than forcing change through placing the MSB disruptive support brokerage model on top of a conventional care management systems, with the resulting resistance and tensions which was frustrating for all involved.

This delivery approach is further evolving where we are supporting new community based Support Brokerage businesses to set up as providers of independent support brokerage under contract to local Local Authorities and the NHS – being local services for local people. This was the initial vision for MSB expansion as a facilitator and supporter of local services, people and marketplaces. This vision which seemed at times unachievable is now, 6 years on, becoming a real possibility!

Conclusions

Support Brokerage, Customer wellbeing, and the value of 'peerness'

Customer perceptions of MSB peer brokerage as a personal approach and the quality of support plans

The findings of the evaluation were positive about the experience of support planning with MSB peer support brokers, particularly when compared to experiences of traditional care planning;

- The support planning process and resulting support plans were perceived by customers as personalised, bespoke, and asset based
- Customers reported that support brokers have excellent interpersonal skills and listen carefully to customers, showing them dignity and respect
- Customers perceived brokers as knowledgeable and willing to do further research on their behalf
- Resulting support plans were tailored to individual customer needs and interests, and customers felt that they improved their wellbeing, particularly through increasing their control over their support arrangements
- Employment, training and volunteering outcomes were not a priority for the majority of the customers interviewed

We found evidence that a good support plan improved the wellbeing not only of the customer involved, but also of carers and family close to the customer. This occurred through a number of routes, including seeing their family member being treated with dignity and respect, having better control over the care arrangements of a loved one, and not having numerous 'strangers' coming in and out of the house to provide care (as occurs in some agency provided care arrangements).

There were some challenges to the MSB model from the perspective of customers

- Some customers (in particular those who were already well informed about what they wanted in their support plan) found the planning process and planning tools too rigid
- Some customers expressed confusion around taking their support plans forwards when directly employing support assistants with respect to issues around tax, pensions and insurance

Lived experience in the peer broker model

Lived experience is central to the peer brokerage model, but this was not always explicit in practice. Brokers are careful about how and when they talk

about their own experience of support needs with customers. Our findings suggest that the peer element of the brokerage model is less about using common experiences of a disability, and more about the ability to connect with the customer on a human to human level.

This concept of 'peerness' has implications for the peer brokerage model and for peer support more widely. Though it is not incompatible, it is a shift of emphasis from that generally described in the health and social care literature on peer support, where the focus is on a shared common experience, usually predefined by the intervention (NESTA, 2015). The focus on a human to human approach draws different contrasts between peer and professional support. It addresses the power imbalance inherent in the traditional professional-client relationship. Without diminishing the knowledge and expertise brought by the broker, the exchange of ideas becomes a more equal one in the peer relationship. It also brings a different set of boundaries to those of the professional-client interaction. There is more scope in the peer relationship for the broker to share elements of their own personal selves. This may be their experience of

support needs, but may equally be around a passion for sport or music if they feel this could help to establish a connection with the customer. This is not generally expected within the professional-client relationship.

This shift in emphasis also has implications for who might be a peer. The MSB model takes a broad interpretation of shared experience compared to some other peer projects, for example including people who have experience supporting someone with a disability as well as people with experience of living with a disability. There is also not an attempt to match people based on the type of disability or support need they have experience of. The human to human approach suggests, however, that this kind of matching by shared experience is much less important than the brokers' skill in building peer-to-peer connections. It is possible that this skill is enhanced by having this shared experience, but we cannot say this definitively from our data. What is clear from the data is that this 'human to human' interaction was valuable and resulted in support plans that had an impact on customer wellbeing and perceptions of control of their own support.

Implementation of Independent Support Brokerage in Local Authority settings

During the period of this evaluation, MSB became increasingly aware of the challenges and limitations of the direct delivery model of peer brokerage. Our findings have highlighted some of these

challenges as identified by various stakeholders, including the Local Authorities.

There were positive working relationships between MSB and Local Authority strategic management, and a commitment to making the MSB model work. However, at the front-line there were problems in establishing good communication and partnership working, particularly at the points of handover to MSB for support planning, and back to the Local Authority for sign-off and implementation. Customers were not always made aware that they would be contacted by an MSB broker, or what their role was. There was perceived duplication of effort and a lack of clear differentiation between the assessment and support plan. We found evidence that the personalised approach taken by MSB clashed at times with the traditional model used in health and social care practice, leading both brokers and Local Authority staff to feel that the quality of the other's work was inadequate, with resulting barriers to sign off and implementation. Most concerning were reports of bullying and disrespect experienced by some brokers at the hands of Local Authority staff.

The challenges in implementing the direct delivery approach had serious implications for a number of stakeholders. For customers, there was evidence of confusion about MSB's role and about the purpose and scope of a support plan. For some customers, including one of those interviewed for this evaluation, this resulted in not receiving the support agreed.

The difficulties in working across Local Authorities and MSB meant that there were inconsistent levels of referral and

brokers were not getting a reliable stream of work, and therefore not getting a reliable income. Negative experiences of working with the Local Authority also affected peer brokers, many of whom had experienced discrimination due to their disability in the past.

For Local Authority staff, there was felt to be a duplication of effort which put pressure on their limited time. Workload pressures are frequently reported as a challenge in health and social care practice anyway, and if this approach is perceived as exacerbating, rather than alleviating, this pressure, it is likely that staff will seek ways to minimise this, including avoiding making referrals where possible.

MSB report that many of the issues highlighted in this report have been addressed through changes in the way MSB works in partnership with Local Authorities, particularly by employing a 'licensed-delivery', rather than a 'direct-delivery' model (see Box 8). This change attempts to address the challenges that arise through dividing the assessment, support planning and implementation stages, making the process more seamless for the customer. This evaluation has not tested the 'licensed-delivery' model and we cannot therefore draw conclusions about how far this successfully overcomes the barriers we identified. There may be scope for further evaluation to understand if and how this alternative model improves implementation and outcomes for customers.

Learning on evaluation methodology

The evaluation described here differs considerably from that originally envisaged. The evaluation team has worked closely with MSB to take a flexible approach to address the difficulties arising in the course of the project. There are some key areas of learning for future evaluations.

MSB is a responsive organisation which adapts its practice as it learns more about what works and doesn't work. While this approach has many strengths for improving practice, it poses challenges for the traditional approach to evaluation which assesses change for beneficiaries and seeks to attribute this, as far as possible, to a particular intervention. Effective evaluation of changing practice requires a much more qualitative and exploratory method. Ongoing communication between the organisation and the evaluators to capture shifts in practice is essential, but needs careful management to ensure that the evaluation can retain independence and is able to give a critical analysis of data as it collected.

The measures originally intended for use in this evaluation have not been effective. Many of the standard measures explored at the start of the project were rejected in discussion with brokers because they were felt to be inappropriate or intrusive. The WEMWBS, which was initially felt to be well-suited, was extremely difficult to administer, particularly at follow-up and was ultimately abandoned. Standardised outcomes capture tools do pose a challenge within the peer-to-peer dynamic. Customers and brokers were both reluctant to use them. While it is essential to be able to evidence the effectiveness of an intervention, more work is needed to identify ways of doing this that do not disrupt the intervention itself. While new tools may help with this, our view is that the wording and content of the measure were not the challenge here as much as the attempt to quantify people's experience itself.

The lived experience brought by the peer researchers on this project was extremely valuable. It allowed the evaluation to stay grounded in the experiences of those involved in the work and challenged the research to stay relevant and critical. It was not an easy process, however, for the peer researchers involved who were both closely connected to the project and personally invested in the work. These challenges are best summed up by peer researcher Richard Currie in the quote below.

"From a personal perspective as a researcher with lived experience there were many challenges that I needed to overcome. Lived experience was useful in terms of framing the scope and parameters of the evaluation, and also in conducting interviews as sharing my lived experience where appropriate allowed a safe secure space for interviewees to share their experiences. When analysing the data, lived experience made interpretation more challenging. Because I'm a person with lived experience of having a support package I am personally affected by issues raised by this research. Through personal reflection and conversations with colleagues, I was able to guard against interpreting the data from an overly personal perspective."

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