Peer Support Worker and Carer views on the Mental Welfare Commission for Scotland’s good practice guidance (Study B)

Animate

March 2014
Acknowledgements

We are much indebted to the following individuals and organisations, who gave generously of their expertise, connections and time; and without whom this work would not have been possible.

- Louise Christie, Network Manager (Policy and Development), Scottish Recovery Network
- The Scottish Recovery Network Peer Support Workers
- New Horizons Peer Support Workers
- Plan2change Peer Support Workers (Penumbra)
- Other Peer Support Workers in Scotland
- Karen Martin, Mental Health Development Coordinator, Carers Trust (Scotland) and the Carers Group in Glasgow
- Frances Simpson, Chief Executive, Support in Mind, and the Carers Group in Edinburgh, and
- The Mental Welfare Commission for Scotland’s Advisory Committee.
1. Introduction

This research study forms part of the Mental Welfare Commission for Scotland’s (the Commission) periodic review of good practice guidance produced in response to practical and/or ethical difficulties experienced in applying Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA 2003 Act) and the Adults with Incapacity (Scotland) Act 2000 (AWIA 2000 Act). The topics for the guidance are drawn from intelligence gathered through the Commission’s phone advice service, visiting, monitoring and investigation work.

The good practice guides address the way complex legal and ethical issues impact on the rights of individuals, and the care and treatment they are receiving. The main target audience is practitioners working in mental health and social care. However the Commission tries to write them in an accessible way in order that individuals and carers might also find them useful.

The refined brief

Although the guides are written for practitioners, the Commission wanted to find out how accessible and useful individuals and carers found them. They also wanted recommendations for what might be useful in helping service users and carers to understand their rights in these topic areas. It was expected from the outset that this might include summary documents or perhaps video clips on the website or social media channels.

The main guides that the Commission wanted feedback on were:

- Rights, Risks and Limits to Freedom
- Consent to treatment
- Carers and Confidentiality, and
- Zero Tolerance

The original brief envisaged consulting individuals with experience of mental ill health, with learning disabilities, and carers as the target audience. The research team included an experienced counsellor and group facilitator who is currently working in mental health services as a peer support worker and who also has used mental health services over the past five years. We proposed that, given the complexity of the information the guidelines are designed to convey, we use a peer research approach to obtaining the views of service users. Peer support workers are people who have lived experience of mental health issues who are engaged in providing support to peers who are in recovery. The Steering Group agreed and the brief was subsequently refined to target peer support workers and carers.

2. Methodology

The approach included the following:

- An online survey of peer support workers, distributed through the Scottish Recovery Network, to find out their views on the accessibility and usefulness of the good practice guidelines in their current format and their ideas for improving them
• A brief review of accessible and mixed media approaches being explored and used by others in the field
• Follow up interviews with a range of peer support workers whose survey response indicated an interest in looking at some of the emerging themes in more depth and detail
• Focus groups with carers in Glasgow and Edinburgh organised through the Carers Trust (Scotland) and Support in Mind respectively, and
• A workshop with the Commission’s Advisory Committee.

2.1 Peer Support Worker Survey

The survey was designed in conjunction with the Steering Group to ensure it comprehensively addressed the key areas of interest, including:

• Whether the respondents had heard of and used the guides
• How they had used them
• How accessible, engaging and useful they found them
• What ideas they had for improving them
• What other kinds of materials and formats would help them to provide relevant support to peers.

Excerpts from the ‘Rights, risks and limits to freedom’, and ‘Consent to treatment’ guidance were included to enable peers who had not previously encountered the guides to inform their responses.

2.2 Brief review of accessible and mixed media approaches being explored and used by others in the field

We looked at a number of approaches being used by others in health and social care to make information more accessible, and user friendly. These included:

• The use of written and audio case studies/stories of people’s experience of recovery and caring for and supporting people who have lived experience of mental health issues (e.g. Shared Care Scotland¹ and Carers Trust Scotland²)
• Narrative graphic/cartoon novel approaches to narratives (e.g. Graphic Medicine³)
• An animation developed by IRISS, called Alex’s Story⁴, which aims to make the content of three reports on the future of Scotland's social services ‘more digestible, stimulate discussion and encourage engagement in the processes’ that will shape that future

2.3 Workshop with the Commission’s Advisory Committee

A half-day workshop was held with the Advisory Committee comprising a mixed group of service users, carers, policy makers, and mental health and learning disability professionals.

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¹ http://sharedcarescotland.org.uk/resources/Short+Break+Planner+Index+2/Case+Studies.html
² http://www.carers.org/carers-stories
³ Graphic Medicine is a site that explores the interaction between the medium of comics and the discourse of healthcare – www.graphicmedicine.org
⁴ http://content.iriss.org.uk/itf/#alexstory
This included a short presentation of the findings of the peer support survey findings, an introduction to some approaches used by others in the field and consideration of a series of questions similarly designed to stimulate discussion and capture their individual and collective views of the accessibility and usefulness of the guides – and how they might use, improve and augment them.

2.4 Follow up interviews with Peer Support Workers

It was intended to arrange individual follow up interviews with a range of peer support workers, but it proved more practical and acceptable to the participants to organise two collective interviews in Edinburgh and the Borders respectively.

2.5 Focus Groups with Carers

As above, the focus groups were informed by the issues and ideas emerging from the peer support worker consultation. Examples of the guides were provided to enable the participants to get a feel for them, respond to them and explore ways in which the guides could be made more useful and accessible to them as carers.

3. Findings

3.1 Peer Support Worker Survey

The survey was circulated to 55 peer support workers and 29 (53%) responded.

<table>
<thead>
<tr>
<th>Q1. In what setting(s) do you provide peer support? (N = 29)</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community based*</td>
<td>7</td>
<td>24%</td>
</tr>
<tr>
<td>Supported Living Service</td>
<td>6</td>
<td>21%</td>
</tr>
<tr>
<td>Hospital</td>
<td>5</td>
<td>17%</td>
</tr>
<tr>
<td>Stand-alone project</td>
<td>5</td>
<td>17%</td>
</tr>
<tr>
<td>User led service</td>
<td>5</td>
<td>17%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>10%</td>
</tr>
</tbody>
</table>

* included library (2), Café

The ‘Other’ responses comprised:

- Community mental health service
- Adult Community Mental Health, Greater Glasgow and Clyde, NHS
- NHS based employability service. Not hospital located.

The respondents were mainly from 4 Health Board areas – NHS Greater Glasgow and Clyde (7, 24%), NHS Lanarkshire (7, 24%), NHS Lothian (6, 21%) and NHS Borders (5, 17%). The rest came from four health boards NHS Grampian, Tayside, Dumfries and Galloway, Fife (4, 12%).
Q3 How long have you been a PSW? (N = 27)

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td>9</td>
<td>33%</td>
</tr>
<tr>
<td>6 months but less than 12 months</td>
<td>5</td>
<td>19%</td>
</tr>
<tr>
<td>12 months but less than 2 years</td>
<td>4</td>
<td>15%</td>
</tr>
<tr>
<td>2 years or more</td>
<td>9</td>
<td>33%</td>
</tr>
</tbody>
</table>

The respondents were more or less evenly split between experienced and recently engaged Peer Support Workers.

Q4. How well do you know these guides? (N = 20)

The vast majority of respondents had either never heard of or heard of but hadn’t used the guides.

Q5. If you have used any of these guides can you tell us how you have used them? Tick all that apply. (N = 10)

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>As a reference document for myself</th>
<th>To help a peer understand their rights</th>
<th>To help promote a peer’s rights to others</th>
<th>To help promote a peer’s rights to other staff</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rights, Risks and Limits to Freedom</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Consent to treatment</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Carers and Confidentiality</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>
The respondents indicated that they had mainly used the guides as reference documents for themselves and to help peers to understand their rights. They had used the guides less often ‘to help promote a peers rights to others’ and ‘to help promote a peers rights to other staff’.

**Q6. If you have used the guides how accessible did you find them? (N = 5)**

The responses indicated that some had interpreted the question as ‘how easy were the guides to find’ rather than to understand. Despite this two of the five respondents reported that they found the guides they had used easy to understand.

**Q7. Can you suggest how the Commission could better publicise their good practice guides? (N = 6)**

Respondents suggested that the Commission should publicise and make the guides available at peer support learning/training events, as part of PSW induction processes, and have them included in the Peer Development Award (PDA) currently being developed through the Scottish Qualifications Authority. These actions would help PSWs to be more confident in using the guides to advise and support service users.

They were concerned that mental health workers, generally, might not be aware of the guides and encouraged the Commission to promote and publicise them to relevant services and make them available in health centres, libraries and other public information centres.

**Q8. Excerpt from Consent to treatment (N = 16)**

The majority of respondents rated the excerpted passage ‘good/very good’ in terms of being understandable. They had mixed views on how engaging, readable and user friendly they found it.
Some felt there was ‘too much jargon’ and ‘long paragraphs’ which made the passage difficult and confusing to read. Others appreciated the way key sections were bullet pointed which made them easier to highlight and explain to others. It was also suggested that if the guides were published as leaflets, laid out in a more user friendly and straightforward way and used simpler language, then PSWs would be more able to use them to support peers.

Q9. Excerpt from Rights, risks and limits to freedom (N = 16)

As with the previous excerpt, respondents had mixed views on how engaging, readable, user friendly and understandable they found the passage. One respondent liked the way the passage was constructed with the use if sub headings and short paragraphs, while another commented (the passage was) ‘too wordy - would not be able to read it if concentration was poor’.

Q10. We are keen to look creatively at ways of making the guides more accessible and useful within the resources we have available. How do you think this could be achieved? What kind of materials would help you provide support to your peer? (N = 15)

<table>
<thead>
<tr>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stories that illustrate peers as active citizens being supported to assert their rights</td>
<td>13</td>
</tr>
<tr>
<td>2. Stories that illustrate positive outcomes being achieved</td>
<td>12</td>
</tr>
<tr>
<td>3. Using stories (case studies) to illustrate good practice</td>
<td>10</td>
</tr>
<tr>
<td>4. Using social media</td>
<td>9</td>
</tr>
<tr>
<td>5. Stories with video and/or audio clips</td>
<td>8</td>
</tr>
<tr>
<td>6. Interactive materials using a range of the above</td>
<td>8</td>
</tr>
<tr>
<td>7. Producing summary documents of the guides</td>
<td>7</td>
</tr>
<tr>
<td>8. Stories presented graphically (e.g. comic strip/illustrated format)</td>
<td>6</td>
</tr>
<tr>
<td>Please tell us more about which format(s) and materials would best suit</td>
<td>5</td>
</tr>
</tbody>
</table>
Respondents indicated an interest in the use of stories (case studies) to illustrate peers asserting their rights and achieving positive outcomes – highlighting good practice. They had mixed views on the media formats (social media, stories with video and audio clips, and the use of graphics) and recognised the continuing need for printed booklets which can be accessed without recourse to technology.

Specific comments suggested that:

- Although videos would work well, it may not always be possible to show a video to a peer. Sometimes we work only in the community without access to T.V. or computer. Printed booklets in addition to videos would be helpful.
- Being ‘recovery focused’ means giving individuals the opportunity to choose which option best suits them.
- Graphics would probably be best. I don’t like the idea of handing out lots of reading. I don’t generally read stuff I am given. It has to catch my eye.
- Quick guides or 'summary documents' would be useful.
- Options 1, 2, 3, 4, and 5 should be used at college and interactive materials (6) should be available through the Scottish Recovery Network and at individual work places.

3.2 Follow up interviews with Peer Support Workers

It was generally agreed that the guides were well written, comprehensive and informative and where they were used, it tended to be for reference rather than as a hands-on tool for discussing issues and promoting the rights of peers.

They were seen as valuable resources that could additionally be used for training purposes in a variety of settings, both on the job and at college. They were seen as supporting the current impetus to formalise/professionalise the paid peer support worker role.

They felt there was a need to publicise and market the guides more vigorously both through the Scottish Recovery Network nationally and local recovery networks.

They identified a need for a choice of formats to meet people’s needs/desires/capabilities – including web and paper-based materials. They felt it was important not to expect people to fit into one particular format.

The importance of people’s stories was reinforced, as was the need for well designed, plain English/easy read formats. It was seen as important that these materials could be left with peers so they could become familiar with them in their own time and ‘empower themselves’.

3.3 Focus Groups with Carers
Carers liked the quality of the content of the guidance documents, although they were not familiar with them, and thought they contained good information. But they felt the guides needed to be more accessible – in easy read/easier to understand language.

They wanted strong positive stories of carers in everyday situations. They were keen that the guides were seen as part of a wider approach that exemplified good practice, and encouraged and built on a culture of hope, rather than an end in themselves – ‘anything and everything working together to improve practice and outcomes for service users and carers ….. in a context of dignity and respect’.

They liked the idea of PSWs, who have lived experience of mental health issues themselves, as a bridge between the world of mental health treatment and the people they care for and saw a potential role for them in designing additional accessible materials.

They also felt the Commission could use its influence to ‘badge up’ documents written in partnership with others; that these might then carry more weight across a range of topics that would support carers. An example cited was the need for a guide for carers about Mental Health tribunals, explaining their rights as a carer/relative/person, especially in the forensic world. Another example was the need for a leaflet explaining the roles of people in the system (Police, GPs, SW, Mental Health Officers etc).

3.4 Workshop with the Commission’s Advisory Committee

In general terms the Committee found the guides to be well written; successfully condensing the information contained in the MHA 2003 Act and AWIA 2000 Act, making it more concise and easier to understand.

They had mixed views of the design of the guides with some feeling that they could be made smaller (hand bag size) and more accessible with larger, darker font (point 14) with a more consistent approach to the layout across the series. This could include: content pages, FAQs and glossaries, highlighting key messages, and using the power of (real) stories and pictures to illustrate them.

The guides were felt to be more useful as reference and training resources, rather than practical hands on tools for working with people. It was also generally recognised that more could be done to publicise their existence by making them more widely available, in libraries and through posters, and made more prominent on the Commission’s website.

Ideas for additional materials that would be more accessible to wider audiences including peer support workers and carers included: video clips of discussion, a web book with questions and case studies, photo pamphlets, USB cards and local events/roadshows to help create and publicise them.

A partnership approach between the Commission and other organisations to produce guidance in different formats was also suggested as an innovative way forward.
4. Conclusions

It should be noted that although the sample size in the research was small, PSWs, carers and the Commission’s Advisory Committee were enabled to reflect collectively in the focus groups on the findings from the survey, which provided a more robust and rounded context.

It is clear that the guides were generally well regarded as concise, well written, informative documents that were deemed most useful as reference documents. Despite this respondents also felt that the format, design and layout could be further standardised and improved to make them more user friendly. It was recognised that they were written for mental health practitioners, and not for PSWs and carers and that both would prefer that additional more accessible and user friendly materials be produced with them in mind.

The need for positive stories of peers/carers promoting and asserting their rights was universally recognised. It was also felt that materials needed to be made available in a range of paper, web and social media formats to cater for the diversity of carers and peers.

Respondents felt that the Commission could do more to publicise and promote the guides in a variety of ways, including GPs surgeries, hospital wards, libraries, colleges and on their website – and possibly through roadshows.

PSWs were clear that they saw a role for the guides as both on the job and CPD training resources, and encouraged the Commission and the SRN to promote them through their networks.

They also encouraged the Commission to develop partnership approaches with other organisations both to produce guidance in different formats, and also to ‘badge’ and lend weight to a wider range of information documents, for example, Carers rights at Mental Health Tribunals.

Recommendations

Our recommendations fall into three main categories:

1. Improvements to the existing guides
2. Development of new materials for individuals, carers and peers
3. Extending awareness and use of the guides and new materials to improve practice.

Improvements to existing guides

1.1 The Commission should review and standardise the design and layout of the current guides. This should include additions such as: FAQs and glossaries, the highlighting of key messages and chapter summaries.

1.2 The guides should contain anonymised positive stories of individuals, carers and peers successfully promoting and asserting their rights
1.3 The guides should be published as a series, reference one another and any new materials written for individuals, carers and peers. They should be accompanied by a summary overview document describing the purpose and focus of the series and each constituent guide.

1.4 In addition to paper copies, the guides should be produced in web based and electronic formats integrating audio-visual links to illustrative stories of good practice

**Development of new materials for individuals, carers and peers**

2.1 The Commission should develop additional materials for individuals, carers and peers. These should be easy read and contain positive stories of individuals, carers and peers successfully promoting and asserting their rights.

2.2 These new materials should be developed with individuals, carers and peers they should be designed to be used as ‘hands on’ introductory guides to build knowledge and confidence and act as a bridge to the more comprehensive information in the practitioner guides.

2.3 In addition to paper copies, the new introductory guides should be produced in web based and electronic formats integrating audio-visual links to stories of good practice.

**Extending awareness and use of the guides and new materials to improve practice**

3.1 The Commission should continue to publicise and promote the guides and new materials to health and social care professionals, individuals, carers and peers through relevant intermediary bodies and more widely in public places including: GPs surgeries, hospital wards, libraries and colleges.

3.2 They should also liaise with the Scottish Recovery Network and employers to promote the guides and new materials as key training resources, for induction, on the job and college based training purposes.

3.3 The Commission should give consideration to developing additional guidance materials in conjunction with others e.g. carers and carer organisations. This could include a guide to Mental Health Tribunals.

3.4 The Commission should also give consideration to ‘badging’ materials written and developed by other organisations in the field to give them additional credibility.
Plan2change – PSW Group interview (2 PSWs plus manager), Edinburgh

What do you think of the guides?

- Liked the guides found them very readable and informative, but need easy read versions - like MH Act 2007 (easy read version) – a summary document
- Weren’t sure how widely they were known by both PWs and employers

What would be useful to you as Peer Support Workers and the people you work with?

- Also need some web-based materials – increasingly being used
- Deal with a wide range of referrals – differing abilities; don’t discriminate – make accessible
- Could be used in training – encouraging employers to promote/make staff teams aware of the guides in day to day practice – monthly team meetings
- The Commission audits Charities once a year – could build in a question re promotion of guidance; have responsibility to do so
  
- SRN could also promote to local networks – Lothian RN and others
- PSW role is split to some extent – between informal peer support and formal peer support
  - Informal – people refer to themselves as peer support workers, can be confused with a befriending role and often not supervised properly
  - Formal – paid employees; pursuing establishment of an SQA accreditation – Peer Development Award (PDA) – helping to formalise – need more education in primary care; most referrals to Plan2change are from secondary care (60%) through CPNs/hospital discharge
- The guides work in the office but not in the community – need to talk to peers, need to be careful not to overwhelm them – need to promote and empower them over time – need something that can be left with them that they can look at when they are by themselves so they can empower themselves – ‘opening doors to explore’ – providing information and further signposting – aiding recovery
- Need a choice of formats to meet people’s needs/desires/capabilities – not people fitting into one format
- Could the guides be used in Mental Health Act training (four different levels) – could they be introduced here, delivered by NHS and others perhaps
- May need to be written & designed for different audiences – practitioner/ managers, policy makers?
- Colleges too perhaps

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5 This may indicate confusion with the role and responsibility of the Care Inspectorate
**Group interview with PSW at New Horizons, Galashiels**

**4 Peer Support Workers.**

We looked over the results of the questionnaire, and the peers looked at the MWC Handbooks.

We had a lively discussion on the main points below.

**What do you think of the guides?**

- Very comprehensive
- Zero tolerance guide more accessible than the Rights and Responsibility
- A lot of jargon
- Very useful guides should be more widely promoted, as didn’t know that they existed.
- Would be useful to have more information on the Commission generally, and perhaps they could run training sessions/awareness raising sessions based on the guides

**What would be useful to you as Peer Support Workers and the people you work with?**

- A “mini google” on the website so that you can find information that you need on certain topics quickly
- A paper based document for carers and service users outlining the main points of each guide
- Plain English summary document
- A guide based on the “strap lines” at the top of the pages of the existing documents
- Any document to include a glossary of terms or jargon buster
- All guides in a ring binder for easy access, with accompanying service user guides
- Case studies to illustrate guides and provide information on specific situations.
- A flow-chart, or decision chart, type document to help peers to decide what they can do in specific situations.
- A document in plain English that can be shared with peers and ward staff
Appendix 2

Carers Group – Glasgow (3 plus 2 workers)

What do you think of the guides?

- Too bland; print could be darker; lack of pictures
- No quick guide reference to support telephone assistance
- Needs concise, clear, easy language
- Good for generic carers but mental health carers are lagging behind and staff need professional development too

What would be useful to you as a carer to help you promote and assert your rights?

- How would you use – easy read more day to day relevance and positive stories of carers (keeping their confidentially); supporting good practice; culture change issue – guarded not black and white
- PSWS
  - Surprised at their being only 55 PSWs Scotland wide – seems a small number but a good resource. Perhaps guides/documents/stories could be written by PSWs – and could also help in designing new documents
  - PDA being developed – harnessing skills and experience; professionalising/formalising experience
  - Had been a Gartnavel pilot of 3 PSWs – only one now
- A format like the “Steps to dealt with Stress” book (NHS Scotland/SG) and accompanying relaxation DVD would be good
- Card for wallets
- Sick of paper leaflets – get torn – need to be more robust (hand bag sized)
- Don’t see service users reading leaflets – may be DVDs would work
- Karen Martin is developing a triangle of care – link to outcomes for carers and service users - want triangle of care coordinators in every hospital
- Need anything and everything working together to improve practice and outcomes for service users and carers (compassion and respect; and voice) – a context of dignity and respect
- Rolling information screens in GP surgeries
- Range of means – new technology
- See Me was good – could something similar be done for mental health carers – they are less visible than the generic
- Needs to be couched in context of hope – recovery is not cure
Carers – Edinburgh (4 plus 1 worker)

What do you think of the guides?

- The guides have some good stuff in them – well written
- Liked the quality and conciseness of the information provided – very informative

What would be useful to you as a carer to help you promote and assert your rights?

- Size – half size maybe
- The Commission
  - What is the extent of Commission’s ‘powers and duties’?
  - Need to publicise what the Commission do – clarify the role Early/new carers issues fall outwith the scope of the Commission – not yet in the system
  - Need guide for carers about MH tribunals – your rights as a carer/relative/person; especially in the forensic world – trauma comes first – roles of people in the system (Police, GP, SW, MHO etc) – preventative effect – need access to a ‘duty solicitor’ for carers (named person carers have some entitlement)
  - The Commission could ‘badge up’ documents written in partnership with others – carries more weight (a ‘quality mark’) – for different carers (diversity)
- Language is difficult – need ‘carer’ in a wider list – including family member, friend etc (identification)
- Generic carer label doesn’t work – in SRN survey of labels ‘lived experience’ came top!
- Good that the guides are all different colours
- Could change paper from white to cream – better for people with dyslexia/reading difficulties
- Could include more graphics and symbols
- Summaries within the documents for different groups
- Cross reference on a guide to other guides in series
- Clearer about who they are written for
- Could have a linking volume with speech bubbles .... ‘found Zero Tolerance good when.....’ etc
- SRN book of narratives – a good source of recovery stories
- Accessible guide with ‘bubbles’ saying ‘ this is what the law says’
- Different voices illustrating how they use the docs – ‘good practice’
- Documents written for different purposes – reference and illustrating achievement
- Edinburgh Carer Council – have a good series of documents
- The freephone number is lost on back cover – what can you phone them about?
- Need a standardised format – seem to have been colour coded to year of publication not topic
Appendix 3

Mental Welfare Commission Advisory Committee Focus Group - 13 Feb 2014

1. How did you respond to the guidance?

What were your first impressions?

- Looks good, eye catching
- Single/double columns to a page – pros and cons – probably double
- Need summaries
- Improve design of divider pages
- Better font (14) and colour (darker text)
- Aren’t too biased in views – inclusive in everyone’s view
- Useful
- Language used is good (plain English)
- Good overview
- Another document to read
- How useful will it be in practice?
- Gives spread of experience
- How can it be translated into everyday practice?
- Big and verbose
- Liked the headlines in the Risks - thought the Risks was more ‘friendly’
- The Risks one felt a lot more relevant
- The Confidential one had nice policy but might have some unintended consequences e.g. drive to guardianship
- Not enough information on named people
- It’s hard to link up all different legislation
- These are concise and easy to understand compared to the Acts
- Specialist design companies are available e.g. SNOOK

What did you like, and dislike and what would you change?

<table>
<thead>
<tr>
<th>Like</th>
<th>Dislike</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readable (to this group)</td>
<td>Can be confusing(i.e. confidentiality guidance)</td>
<td>Style change – colour of text</td>
</tr>
<tr>
<td>Comprehensive</td>
<td>Could be smaller</td>
<td>Add contents page</td>
</tr>
<tr>
<td>Thought provoking</td>
<td>Too big (better handbag size), but need large fonts</td>
<td>Next step – integrating guidance into strategy</td>
</tr>
<tr>
<td>Good use of language</td>
<td></td>
<td>Improve accessibility of in terms of format</td>
</tr>
<tr>
<td>Key messages</td>
<td></td>
<td>Include images, pictures</td>
</tr>
<tr>
<td>Explanatory about meaning of acronyms and meaning of consent</td>
<td></td>
<td>Target other training</td>
</tr>
</tbody>
</table>
How would you use them?

- Prominent hard copies
- Poster displaying available guidance
- Signpost to physical library to read had copy
- Reference material
- Social media
- Link to publicity over investigation
- Promotion
- Use in training
- Reference
- Campaigning tool for rights
- Safety net/reassurance
- Helping to make local policy
- Training of care staff
- CPD seminars

2. How do these survey findings relate to your experience of the guides as a practitioner, service user, carer - or on seeing them for the first time?

How engaging?

- Some are a bit overwhelming in size/content
- Useful as reference - contain important issues

How readable?

- Assumes certain knowledge
  - Legal issues
  - Previous service experience
- Language could be plainer – would help accessibility
- Assumes capability and capacity

How user friendly as a discussion enabling tool?

- Not very
- Depend on audience
- A lot of potential to become one!
How do you think they could be improved?

- Individual stories to illustrate use of guidance
- Picture format for certain groups – perhaps best done by others e.g. a partnership between MWC and other organisations to produce guidance in different formats
- Social media for signposting
- Part of broader MWC advice service
- Glossary of terms
- FAQS
- Picking up key messages
- Case studies – feeds into discussion
- Step back and think of audience before developing them
- Use power of real stories
- Wouldn’t use with people with learning disabilities – would write a good easy guide
- Different groups have a different capacity to understand
- Would use this as a template
- Outline the most important bits
- Could be good to have a virtual tool that would help bring it alive - “Alex Chisholm” (IRISS)
- But this could be done with real people
- Forum Theatre could help in larger groups
- More personalisation
- Different forms for different groups
- Recognise the strong and good messages in existing guidance

3. Ideas for new materials (continued)

Can you imagine how these and other ideas could help make the guides more accessible?

- Video clips of discussion
- Checklists of available guides
- Poems (about readers experiences/artwork)
- Films – engaging with real situations/interviews with people
- Role reversal (i.e. changing places) - getting other people’s perspectives; challenging stereotypes
- Film – emotive work gets people thinking /discussions – can be more accessible language
- Translated – to web book with questions, case studies
- Photo format – real people act out a story to turn in to photo pamphlet – easy and cheaper; you can use volunteers
• USB cards – easy to carry about (may be problematic for public sector use – security concerns)
• Try using online tools, such as blogs and the ability to feedback on websites (be more proactive)
• Organise local events to open up a discussion
• Have roadshows around the country to help create accessible guides and to raise awareness - need to interact with people physically and online
• Could get some extra endorsements e.g. Care Inspectorate

What are the pros and cons of the different approaches?

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
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<tbody>
<tr>
<td>• Case studies</td>
<td>• Need access to real people for specialist advice</td>
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<tr>
<td>o can create/amalgamate</td>
<td>• Case studies</td>
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<tr>
<td>o a lot quicker to produce</td>
<td>o Anonymity</td>
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<tr>
<td>o can be easily catered towards audience</td>
<td>o Getting people’s stories</td>
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<tr>
<td>• Films</td>
<td>• Films</td>
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<tr>
<td>o Potential joint working with SEE ME Scotland</td>
<td>o Resource intensive</td>
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<tr>
<td>o Engaging</td>
<td>o Need to have discussion forums afterwards</td>
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<tr>
<td>• Training (role reversal)</td>
<td>o Manage media coverage</td>
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<tr>
<td>o Get perspectives of others</td>
<td>• Training (role reversal)</td>
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<td></td>
<td>o Need trained staff to facilitate</td>
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<td>• Costs</td>
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<td></td>
<td>• Distribution need too – need to make people aware that they exist – can use (internal) networks</td>
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