Guide to Establishing and Running

VOLUNTEER LOCAL
DIABETES CHAMPIONS, PEER EDUCATORS & MENTORS

Background
This guide is based upon the experience gained during an 18 months project in Central North West London, which is now an ongoing peer support program. It originated with our Diabetes Service User Group, who wanted to involve people with diabetes in delivering education about diabetes. We also recruited family members and health trainers.

Champions
The role of the champions is to promote key messages about diabetes in the local community:

- To increase knowledge of the risks and symptoms of diabetes, particularly amongst Black, Asian, Middle Eastern and other minority ethnic groups and those living in deprived areas;

- To promote lifestyle changes in diet and exercise to reduce the risk of developing diabetes or to improve control for those who have it;

- To signpost to testing for diabetes, group education and other services for those with the condition.

Peer Educators
The educators facilitate Structured Group Education for Type 2s, in our case X-Pert, in conjunction with either a dietician or a diabetes specialist nurse.

Mentors
The mentors are based in GP surgeries or community groups and hold one-to-one meetings with people with diabetes, to help them with coming to terms with the condition, with implementing lifestyle changes and other practical management issues.

Recruitment
The volunteers are recruited from our patient groups, from people who have done the X-Pert Type 2 course or DAFNE or other structured education courses such as EPP (Expert Patient Program). Champions and mentors in particular have been recruited through meetings with local community groups, which represent our target
populations. Adverts in local papers may have a place in recruitment but are no substitute for getting out and engaging with people through personal contact.

Community groups were keen to get involved. They recognised that their communities were at risk and liked the idea that their members could also be part of the solution.

Volunteers often start as champions and then build in confidence to become mentors and peer educators. Role descriptions are free of health jargon. We ask for no formal qualifications, but rather for first hand experience of diabetes, good communication skills and a passion for the project.

Training

Champions - take a training course over two days, initially arranged by Diabetes UK and subsequently in-house, reflecting local factors.

Peer Educators - take the six session X-Pert course;
- do the two day X-Pert train the trainer course locally;
- have practice sessions;
- learn on the job and gradually expand their roles;
- obtain feedback from their co-facilitator at the end of each session;
- attend group supervision sessions with the program co-ordinator;
- do information governance training.

Mentors - take the six session X-Pert Type 2 course;
- have a separate session on Type1;
- take a mentoring course to NVQ standards, including practice sessions with a mentee with diabetes;
- use a mentoring handbook, which includes governance issues;
- attend group supervision sessions with the program co-ordinator;
- do information governance training.
- report on their meetings with mentees.

Management
This lies within the Public Health team.
A senior manager has overall responsibility for the program.
The co-ordinator runs the program, two and a half days a week.
During the initial 18 months project, which was 50% funded by CLAHRC North West London, a broadly based operations group of stakeholders met monthly and the manager and co-ordinator together with two volunteers met in the intervening months. The co-ordinator prepared a monthly written report.
Now the manager and co-ordinator meet quarterly with a steering group of 6 volunteers and the co-ordinator prepares a quarterly written report.
The notes are circulated to all volunteers and to the Diabetes Service User Group.
Volunteers have an honorary contract with Public Health, which provides them, inter alia, with indemnification for errors and omissions and public liability.
The program continues in Hammersmith and Fulham and has migrated into Kensington & Chelsea and Westminster.
Governance

None of the volunteers give clinical advice. Clinical governance has been developed together with the lead clinicians - a consultant diabetologist and a diabetes specialist nurse, with particular attention paid to specialist training required and referral pathways for patients with urgent clinical needs.

Information governance is developed with any organisation involved in sharing personally identifiable data (P.I.D.) about patients – in this case, the community organisation responsible for delivering the X-Pert training courses, and GPs making referrals to mentors. Nhs.net accounts were set up for mentors to protect P.I.D. Agreements are signed by the Caldicott Guardians in the respective organisations.

Costs

The initial budget for this project was £60,000 a year to cover the costs of developing the project in two boroughs and training 60 volunteers over 18 months. This paid for direct training costs, recruitment costs, service promotion and the costs of a part time co-ordinator (manager of the volunteers). In addition it paid volunteer costs where volunteers were reimbursed for their travel and paid an honorarium, where desired, in the case of the champions and peer educators, for their time spent. Those paid became sessional workers.

As the service has now extended to two more areas, the current budget is £120,000. In addition to the direct costs of the budget, there were additional costs for part of the time of the dieticians, nurses and consultants involved in supporting the development of the project (1/2 a day a month each) as well as the time of a senior manager to support the development (initially 1 day a week, moving to 2 days a month as the project became more established.)

Resources

Click-on links to listed documents:
CLAHRC DIMPLE Project 18 months report
Impact Evaluation of the Champions Project
Diabetes Mentors Handbook
Diabetes Champions Handbook
Champions Role Description
Peer Educators Role Description
Mentors Role Description
End of Course Peer Educator Questionnaire
Volunteer Resources Button

Benefits

Champions – During the initial 18 months project period over 5,000 people in Hammersmith & Fulham and Harrow were reached through over 200 events with over 70% from BME communities. 51 champions were trained. Out of 41 public event attendees subsequently interviewed: 95% claimed to know more about the causes of diabetes; 90% claimed to know more about the symptoms of diabetes;
82% claimed to be more physically active;
74% claimed to have shared the information they had acquired;
74% claimed to have changed their diet;
68% claimed to be more aware of the range of diabetes services locally.
The Social Return on Investment (SROI) was assessed as £11.36 for each £1.00 spent.

Peer Educators – The number of X-Pert courses in H&F was doubled, as only one health care professional was required per session. Peer educators also made phone calls after patient referral by GPs to encourage uptake of the course. One peer educator is now facilitating an abridged X-Pert in Arabic.

Mentors – Real improvements in their ability to self manage were seen in the mentees supported so far. During an independent review, a focus group felt that all those newly diagnosed should have a mentor.

The volunteers and the people reached through the program have had a rich and rewarding experience. There have also been improvements in the volunteers’ own diabetes control. Several of the volunteers, initially recruited for one role, have gone on to carry out another and some are now facilitating the X-POD Prevention of Diabetes course.

**Things to watch out for**
Our first round of recruitment of peer educators was not critical enough in assessing people’s skills to facilitate groups and their availability.

We have learnt that it is essential to engage with GP diabetes leads, practice nurses and practice managers together in order to set up a mentoring system which will work at the practice. Information governance required us to assign nhs.net email addresses to our mentors, but referrals were rarely being made electronically. In the most successful model, the mentor sits in with the GP or practice nurse during diabetes clinic consultations (with the patient’s consent) and is seen by the patients and staff as a member of the team. This makes it easy for the mentor to be introduced by the doctor or nurse, to have a brief chat with the patient afterwards and to arrange follow-up sessions with those patients who would like help. Most patients prefer meeting in private at the practice to meeting in a public space like a coffee shop. Both patients and practices prefer mentors who already have diabetes. For community groups, community language skills are more important.

Volunteers move on, so cycles of recruitment and training are needed. Pacing is vital. There must be enough opportunities or enthusiasm is lost. Think about how many volunteers you can support, motivate and train on an ongoing basis. After a year we recruited another part-time co-ordinator to support the team of champions.

Take steps to ensure that key decision makers are fully briefed about the program and continue to be kept in the loop, and that budget timetables are adhered to.

It would have been almost impossible to establish and implement this three-pronged program without the use of a skilled co-ordinator.
Contacts

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Visit our website

http://www.knowdiabetes.org.uk/