

## DESCRIPTION OF THE PRACTICE

### 1. Title of the practice

Peer support to help recovery: the example of the French Mutual Support Groups

### 2. Organisation responsible for the practice

National Fund For Solidarity and Autonomy (CNSA), France

### 3. Contact person(s)

Name /	Daphné Borel
E-mail	<a href="mailto:Daphne.Borel@cnsa.fr">Daphne.Borel@cnsa.fr</a>

### 4. Summary of the practice

The 'Groupes d'Entraide Mutuelle' or Mutual Support Groups are a way of supporting people by people who share the same health issues and disabilities, such as mental health problems or brain injuries. They have been officially recognised by the French 2005 Disability law - at the beginning, only for people with mental health problems and since 2011 for people with brain injury) and developed since, all over France.

In 2015, there were about 400 Groups, each with 67 people on average, i.e. concerning around 27,000 people. 87% of the groups concerned people with psychosocial problems and 13% were for people with brain injuries.

Mutual Support Groups rely on peer support and self-organisation: people can help each other because they share the same kind of needs or disabilities. They are organised as a non-profit organisation, created and run by people with disabilities: the organisation receives public funds, which can be managed directly by service users, who can also even hire a social worker.

### 5. National/regional/local context of the practice

In the 80's, patients affected by the same disease claimed their right to be part of the political debate and care projects about their own disease. Service user organisations were created and financially supported by the government. The same kind of service user organisation was then created for people with mental health issues, and later for people with other disabilities, such as brain injury.

Both the French government and national policy have been supporting service user involvement for about a decade now: by supporting service users' organisation and by cooperating with them on many issues, by automatically consulting service user organisations before publishing any new piece of legislation related to disability issues.

Service user organisation of people with learning disabilities are supported and recognised at policy level. There are two types of organisations representing them: one gathers families (most of them having a child with learning disabilities), the other one gathers people with learning disabilities themselves.

Any new political legislation or project now includes the principle of supporting service user involvement, and the concept of 'peer expertise'.

### 6. Staff involved

Users and their peers, sometimes social workers. On average, there is 1.4 employee working full time. More than 80% of the Groups have 2 employees or more. Around 70% of the groups have volunteers working with them.

### 7. Target group

So far, the mutual support groups have been targeted at adults with mental health issues or brain injury only. However, representatives of groups with other disabilities are starting to claim their right to have such groups, and for all kinds of disabilities.

## 8. Aims of the practice

Regroup people with the same difficulties or disabilities, enhance social inclusion, create a safe place for support and exchange, tackle loneliness.

## 9. Issues for social services

Service Integration/ Cooperation across services		Service Planning		Contracting	
Technology		Skills development (of the workforce)		Quality of services	x
Others: Service user involvement / peer support	x				

## ANALYSIS OF THE PRACTICE

## 10. Status

Pilot project (ongoing)		Project (ongoing)	x	Implemented practice (restricted areas)	
Pilot project (terminated )		Project (terminated)		Widely spread practice/rolled out	

## 11. Scope of the practice

*Describe the setting of the practice, considering the following criteria:*

- *Micro level practice:* practice that involves individuals at local level
- *Meso level practice:* practice that involves organisations or communities
- *Macro level practice:* practice that involves large population groups

This practice involves individuals and 'peers' at the local level.

## 12. Leadership and management of the practice

*Description of the leadership of the practice, considering the following criteria:*

- *Collaborative management:* shared between large partnerships, often of central, regional and local representation
- *Organisational management:* by one organisation
- *Professional management:* managed by a single person
- *Shared management:* shared with no defined leadership

The initiative, led by service users themselves, was officially recognised in the French 2005 law – the main piece of legislation about people with disabilities. A new category of social services was created: the mutual support group, and it has received public funding.

A national body (the CNSA) allocates funding to regional health agencies (ARS). ARS then distribute funding to the various associations.

## 13. Engaging stakeholders in the practice

*Description of the engagement of stakeholders, considering the following criteria:*

- *Individual practice:* individuals have sought practice change
- *Network approach:* one or more organisations develop a network

- *Collaborative approach: large collaboration with relevant stakeholders*

Mutual support groups are mainly funded through national funds, and supervised by public authorities. They can however involve other sectors as partners, to support the social integration of their members: health, cultural, housing and employment services are often linked with these groups to provide help and services asked and needed by the members of the mutual support groups.

#### 14. Involvement of service users and their families

*Description of the involvement of service users, considering the following criteria:*

- *Team involvement: service users and carers were part of the practice team*
- *Consultative: a consultative body of users was set up for an on-going dialogue and feedback*
- *Involvement in care: person-centred approaches to care/support*

This is a service-user led organisation.

#### 15. Costs and resources needed for implementation

*Description of how the practice is financed, considering the following criteria:*

- *Within existing resources: staff time and other resources are provided 'in-house'*
- *Staffing costs: costs for staff investment*
- *Joint/Pooled budgets: two or more agencies pool budgets to fund services*
- *Funded project: external investment*

The programme is funded through national funds. It costs about EUR 30 million a year, with an average cost per group of about EUR 75,000 a year.

The annual budget (EUR 75,000 a year) covers staff (1-2 social workers per group, and other running costs (e.g. premises). There is however an important need for training, which cannot always be financed by national funds: training of service users themselves, to help them to be 'manager' or 'employer'; but also training of social workers hired in those groups, who have to learn a new way of working, of standing with people with disabilities, since they are their direct employers, instead of a professional organisation usually.

#### 16. Evaluation approaches

*Description of the evaluation method of the practice, considering the following criteria:*

- *Multi-method: use of both a qualitative and a quantitative approach*
- *Single method: qualitative or quantitative approach*
- *Audit: looks at data sources such as existing medical records, and/or other routinely collected service data.*
- *Informal: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback*
- *No evaluation*
- *An evaluation is planned*

The practice is currently being evaluated through a national evaluation programme funded by the state authorities. Results should be available in the Autumn 2016.

#### 17. Measurable effects of the practice and what it has achieved for...

Service users	There were 403 groups in 2015 – that is 3 times more than 10 years earlier.
Formal care givers	n. a.
Informal carers	17 out of the 67 people of a Group (these are average figures) are actively and regularly participating in the group's activities. They are usually friends or close members of the family.
Organisations	Between 2005 and 2015, the number of GEM tripled.

Other	n. a.
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**18. Anticipated or ‘aspirational’ effects of the practice and what it has achieved for...**  
*This category can include outcomes which are not documented, quantified or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.*

Service users	This practice has received positive feedback from users, who report increased levels of self-confidence, social integration, autonomy and empowerment.
Formal care givers	These groups also have an impact on social workers, and more generally, on the whole sector of professionals working with people with disabilities: the relationship has become much more balanced through the recognition of the peer expertise and competence, instead of having on one side the professional with competences and knowledge about disability, and on the other side, the disabled person with no competence, sometimes seen as the “object” of care policy. These groups allow people with disabilities to be an active part of their own care.
Informal carers/families	It often leads to a change of view about people with disabilities: the families often say that there are “surprised” by all the things that can in fact be managed by people with brain injury.
Organisations	n. a.
Other	n. a.

**19. How the practice has changed the way the service is provided (lessons learned)**  
 Peer support has increased users’ empowerment, self-confidence, and contributed to the creation of small users’ network all over the country.

**20. Sustainability of the practice**  
*Description of whether the practice is sustainable, considering the following criteria:*

- *Potential for sustainability:* practice was newly started or is on-going/not yet mainstreamed. How could the practice be sustained (in terms of resources)?
- *Organic sustainability:* service users have been empowered to take the practice forward
- *Established:* the project has been operational for several years

It has proved to be sustainable:

- On the financial level: the national budget has been stable or has increased since the law has recognised those groups)
- Through the impact on users themselves: medical care (especially in hospitals) and medical expenses have been reduced for the people involved in those groups.

The success of this programme can however be fragile and needs constant support from local authorities and the legal framework, which describes precisely how such a group should be run. The legislative framework has for instance introduced a kind of “sponsor”, a non-benefit organisation, which can help the mutual support group in case of difficulties, such as human resources management.

**21. Transferability of the practice**  
*Description of whether the practice has been transferred, considering the following criteria:*

- *Transferred:* transfer to other regions, countries, service user groups, etc.
- *Potential for transferability:* there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

This programme could be implemented in other countries, but also for other disabled people, if some conditions are respected: long term funding, training of disabled people and social workers, legislative framework dedicated to those groups...



NUMERO 101  
BILAN D'ACTIVITÉ  
DES GROUPES  
D'ENTRAIDE MUTUELLE (GEM)  
ANNÉE 2014

See annual review of mutual support groups (in French)

