Full Report 2020

Key benefits and challenges of integrating peer support into statutory contexts.

mind for better mental health Leeds

Contents

Project team:

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Project aims & context

Leeds Mind has been commissioned by the West Yorkshire and Harrogate (WY&H) Local workforce action board (LWAB) to scope the peer support activity that is being delivered across West Yorkshire and Harrogate integrated care system (WY&H ICS).

ICS context

WY&H ICS is made up of 6 local places: Leeds, Bradford and Craven District (including Airedale & Wharfedale), Wakefield, Kirklees, Calderdale and the Harrogate Rural and District.

WY&H ICS involves cooperative working between statutory, third and voluntary/community sectors to provide more integrated care and support for local residents.

Leeds Mind context

Leeds Mind is a progressive mental health organisation that supports people experiencing mental health difficulties to flourish. Leeds Mind has over 20 years of expertise in peer support and has been recognised on a local and national level for its work in peer support delivery and development.

Project aims

- Scope/map the current peer support provision across the WY&H ICS.
- Understand key benefits and challenges facing the peer support workforce.
- Determine the benefits and challenges for peer support in integrated contexts.
- Develop recommendations.

Challenges and limitations

Anticipated challenges

- The WY&H ICS covers a large geographical area including two large cities and rural areas. Areas outside of Leeds, were mostly unknown to Leeds Mind.
- The project had 10-month timescale which was short considering the size and scale of WY&H region and the broad definition of peer support.
- A lot of peer support is organic and "naturally occurring" (Gillard 2018: 341). It may not be formalised, advertise itself to new members, or have an online presence, which makes it difficult to scope.
- Peer support is complex to define. There is a general lack of awareness of peer support and what it constitutes. Again, this may make peer support difficult to scope as definitions are broad and may vary.

Unexpected challenges

COVID-19: Due to the Covid-19 pandemic and the government-imposed lock down from the 23rd March 2020 the project was impacted in the following ways:

- All Leeds Mind staff members had to make the shift to homeworking which caused delays to our scoping activity.
- During the lockdown period it was difficult to contact other services as they were engaged in transitioning to online working and being responsive to emerging need.
- We had planned to collect data by shadowing peer support workers across the region. The lockdown meant that shadowing was cancelled at short notice which limited our data-collection opportunities.
- We planned to conduct face to face interviews with the peer support workforce across the region. All face to face interviews were cancelled and were instead conducted by telephone/Microsoft Teams. This created additional barriers for engagement.
- In NHS contexts there were challenges for participation as in some Trusts the peer support workforce was redeployed to support in other areas.

Definitions

At the outset of the project some work was undertaken to define the key terms.

Defining 'Scoping'

We felt that there was a distinction to make between the term 'Scoping' and 'research'. We conceptualised 'scoping' as an informal information gathering activity. We did not have the capacity of resources to do a more formalised and detailed research project.

We considered scoping to involve a 'broad-brush' approach rather than a 'fine detail' approach. We defined our scoping activity in two ways:

1) Creating a "Big Picture" overview: What peer support is out there? Who is delivering it? Who can access it? How does it work?

2) Collective messages from the PS workforce about: role, responsibilities, experiences, and perspectives.

Defining Peer support in the national context

The bigger task for definitions at the outset of the project was defining peer support itself. To help us narrow down a definition we conducted a literature review to help us understand national definitions. An executive summary of the literature review is below.

Executive Summary of literature review

Intro

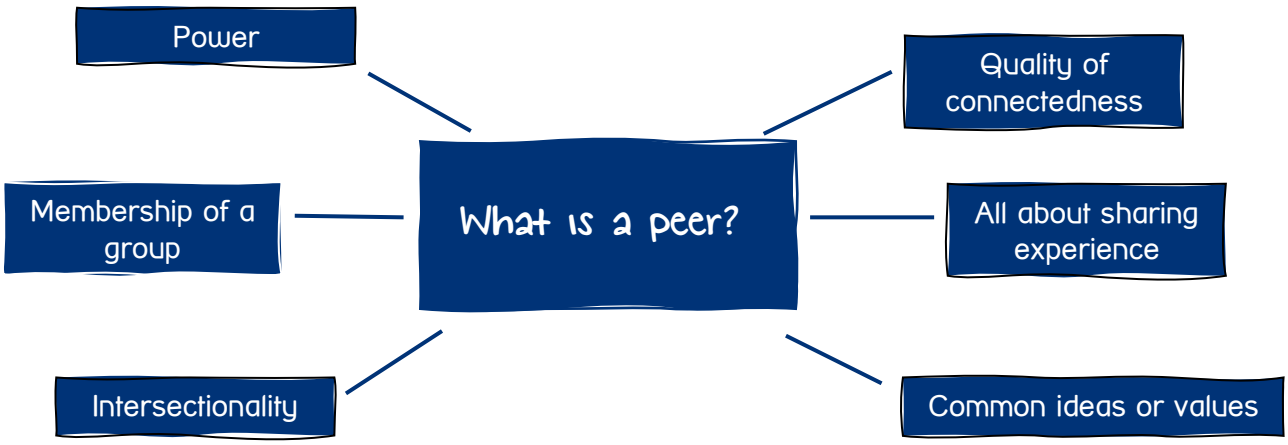
Peer support is the thing we have been doing for centuries. Just being there for someone. In the moment" (Lancaster 2019). Before it was conceptualised as a 'practice' or a 'profession', peer support existed. The aim of this review is to generate a national picture of peer support provision, providing a 'big picture' overview of peer support as a concept and a practice.

Sources

In total, 39 sources were analysed to create this literature review. Of these 39, 22 were from academic sources, 13 were 'grey literature' from the field, and 4 were experiential literature written from the perspective of "peers" themselves.

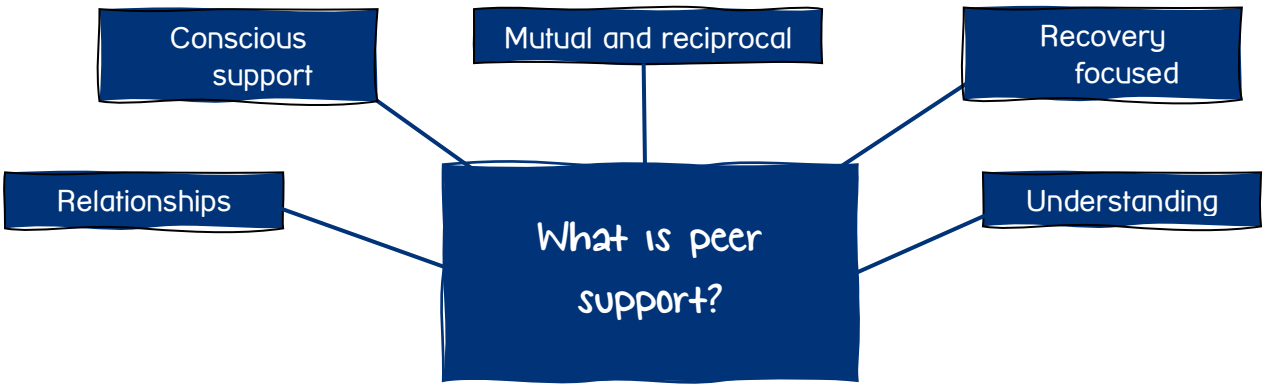
Defining the term 'peer'

The literature indicates that "peer" is understood in a broad and diffuse term as there are "culturally grounded understandings of mental health and different interpretations of 'who is a peer'. (Mind 2017: 9). The review has shown 6 key areas to help define the term 'peer' – see below:



Defining the term 'peer support'

A key message from the literature was that peer support "cannot and should not be defined in one single sentence or approach" (Inclusion Barnet 2018: 6). This seems to be due to "many different ways in which peer support can be offered, experienced and discovered" (Mind 2013: 9) The review has shown 5 key areas to help define 'peer support' – see below:



Values and principles of peer support

Values were considered of paramount importance to peer support across most of the literature that was reviewed. Interestingly, values and principles seemed to be key mode of describing and defining peer support across contexts. The literature review identified 10 values that appeared in the national context.

• Recovery focussed • Authentic • Mutual trust • Choice and control • Safety	• Empathy • Inclusive • Non-directive • Holistic • Shared experience

Benefits and challenges to peer support delivery

The literature review revealed key benefits and challenges for peer support. With regards to benefits - "peer support can have multiple benefits, not only for the recipient and the giver of support, but also for organisations and systems within which the peer support is delivered" (MHF 2013: 3). And for challenges – the review highlighted a mixture of individual and organisational barriers.

(see overleaf for benefits and challenges)

Benefits	
Benefit	Examples
Benefits of supporting others	These included a sense of empowerment, improved self-confidence, accessing work)
Benefits to those supported	These include accessing a judgement-free space, gaining both physical and mental benefit
Organisational benefits	These included reduced hospital admissions, improved cost effectiveness, stigma reduction

Challenges	
Challenge	Examples
The way peer support is valued	If organisations are not familiar, there can often be some resistance, and a lack of proactive support
Maintaining boundaries / being triggered	Peer workers sharing things from their own life could be emotionally challenging, if not managed right
Training / support	Limited access to defined training and support can prove difficult, a lack of centralised guidance

Conclusion

This literature review has been very useful in giving an overview of the national landscape of peer support, and the current trends emerging in the field. This will support the planning and development of the wider West Yorkshire and Harrogate peer support scoping project. To get a clearer understanding about how regional peer support offers any similarities or divergence from the national picture.

A full version of literature review is included in the appendix of this report. This summary only covers key findings. A literature matrix and including full bibliography is available on request.

What does 'peer support' mean in this context?

At Leeds Mind we have an established peer support model that has been carefully developed over a number of years. It was essential to not let our own definition limit the scope of this project. We understood that we must remain open to alternative ideas and experiences of peer support throughout.

With this in mind, a broad range of activities were collated in our scoping activity. The only parameters we set was that all activities had to contain a 'peer to peer' aspect (shared lived experience) and all activities had to be offered with a support outcome in mind.

Included activity types:

- Activities that self-described as peer support
- Activities that did not self-describe as peer support but brought people with shared experienced together in a support context
- Activities that had formal delivery model (courses and workshops)
- Activities that has informal delivery models (meet ups, coffee morning, arts activities)
- Activities that happened within different sectors (3rd sector/community/LA/NHS/Arts)
- Activities for groups of people
- Activities for individual 1:1 support
- Activities that had a mental health condition/diagnosis focus
- Activities that has a different focus (e.g. parenting) with mental health benefit as a secondary focus

Project timeline

See appendix for project timeline Gantt Chart

Approach to scoping

Recruitment of Peer Support Champions:

- To enable us to explore the full WY&H area within the time limit for the project we recruited 4 'peer support champions' to become the scoping team.
- Lived experience of Mental health difficulties and using peer support services was essential criteria for the role.
- Having this lived experience meant that the peer support champions would have personal knowledge of accessing PS across WY&H and diverse perspective on what constitutes as peer support.

Desk-based approach

The peer support champions began with a desk-based approach. Internet searches were conducted via Google and local online directories such a Mind Well Leeds. Searches were also undertaken on social media platforms including Twitter and Facebook. Telephone calls were made, and enquiry emails were sent to identified organisations across the region to gather information.

Local area scoping

Each champion was assigned 1.5 regions across WY&H to scope for the duration of the project. The peer support champions engaged in local area scoping by visiting their region in person and exploring community spaces and organisations where peer support might occur or be advertised. The peer support champions advertised our scoping project in community spaces (via poster and word of mouth) with the hope that PS groups would engage with the project directly.

Scoping through professional networks

The following meetings/networks were engaged with throughout the project. The project was promoted at these events.

- Harrogate Mental Health & Wellbeing Network
- Wakefield Positive Mental Health Network
- Kirklees Mental Health Alliance
- Leeds Recovery College Facilitator Meet Up
- Craven Communities Together Mental Health & Wellbeing Task and Finish Group
- The National Mind Open Hub Network
- Yorkshire & Humber LWAB learning conference
- The National Voices Peer Support Webinar
- Leeds Peer Support Network

The peer support champions were also able to draw on their own existing personal and professional networks to support with the scoping activity and awareness raising.

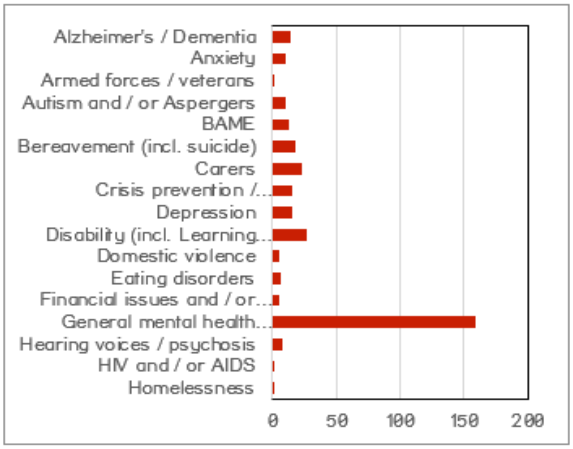
Scoping methodology

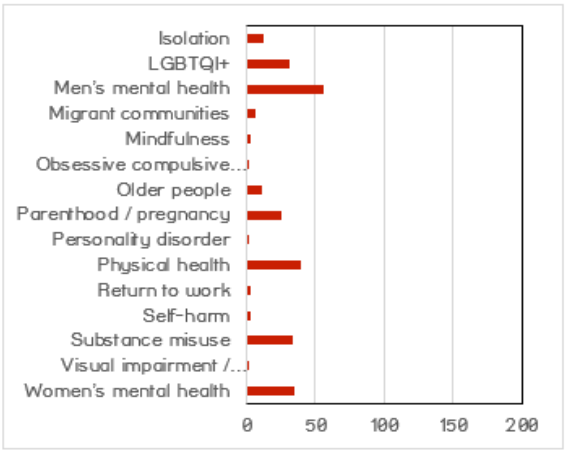
The scoping data was collected in a master spreadsheet that was updated in real-time as peer support activities were identified. This included key information which enabled us to filter by region/sector/type of peer support etc and generate place-based as well as system-based views. Full data are available on request.

Project name/ support type	Main focus (mental or non-mental health)	Shared experience	Primary model of delivery	Funding Type
CMHT	Mental health focused	General mental health	One to one	Statutory
Peer Support Core Programme	Mental health focused	General mental health	Support group	Unfunded
6-month Support	Mental health focused	General mental health	Support group	Non-statutory

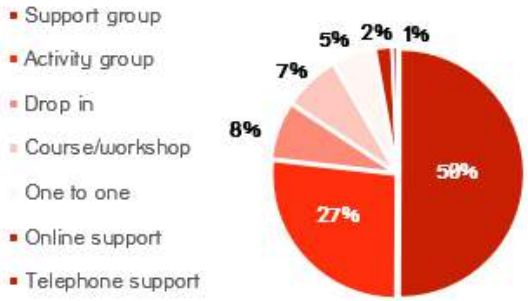
Disclaimer: The information collated in these spreadsheets is representative of the peer support that was visible at the time of scoping activity. The status of these activities at the time of writing the report is not known in full. This data is unlikely to be an exhaustive list of all the peer support activity in the region. This data should be read as a general overview rather than a factual database and should not be used for signposting purposes.

WY&H Regional Overview – Scoping Highlights



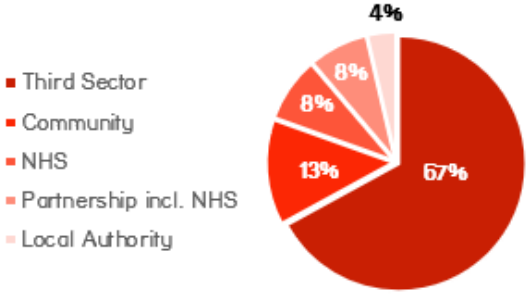


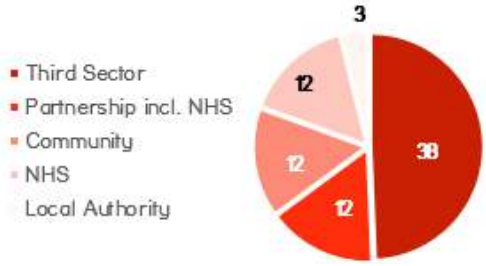
- A total of 602 peer support activities scoped, population of c. 2.47m (ONS figures between Jun' 16 and 19)
- Majority of peer support focused on general mental health, men's mental health and LGBTQI+ community



- Primary delivery model is support group based.
- Activity groups a close second, otherwise a mix of models

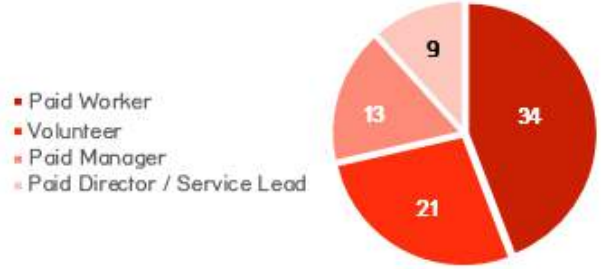
- Majority of peer support provided by Third Sector organisations across WY&H region
- Community groups came a close second, otherwise a mixed combination of other organisation types



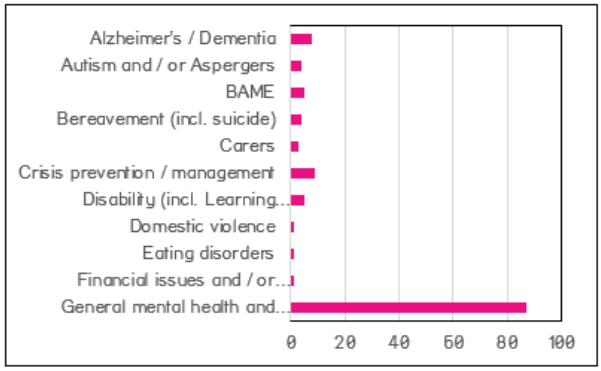


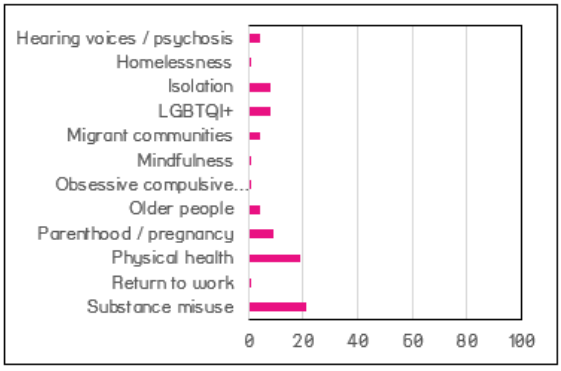
- Majority of interviews we did with the peer workforce was within the Third Sector and Partnerships incl. NHS.
- Interesting to find lower numbers for the local authority.

- Vast majority of people we interviewed were paid workers, followed by volunteers

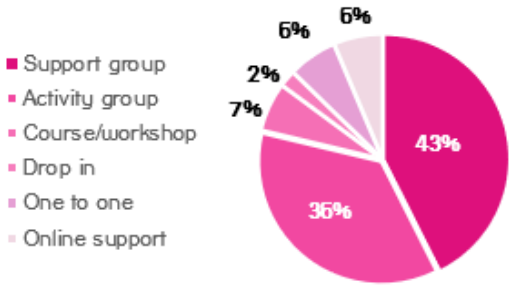


Bradford & Craven Overview – Scoping Highlights

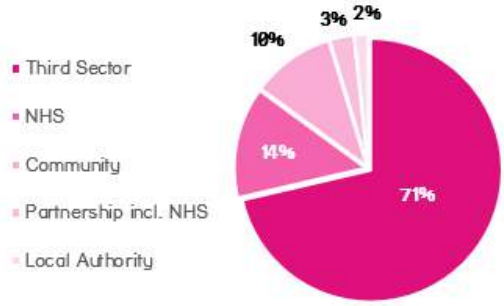




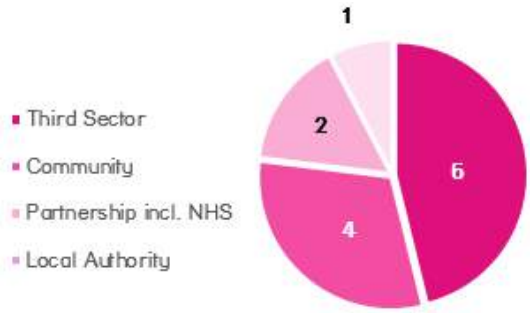
- A total of 234 peer support activities scoped, for a population of c. 587,900 (ONS figures published Jun' 17)
- Majority of peer support focused on general mental health, substance misuse, and physical health



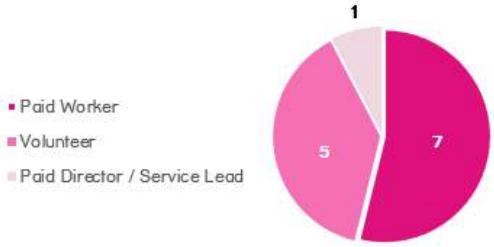
- Primary delivery model is support group based.
- Activity groups were also very prominent, but overall, there is a healthy mix of different methods



- Majority of peer support provided by Third Sector organisations.
- A good level of NHS peer support, provided by Bradford District Care Foundation Trust, e.g. Champions Show the Way

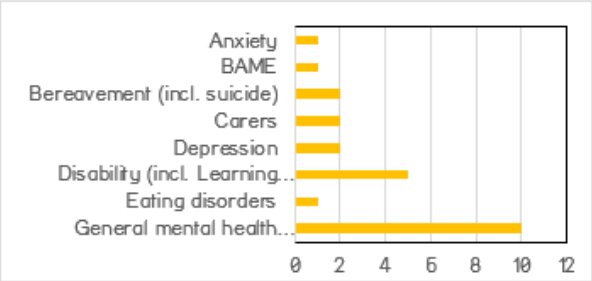


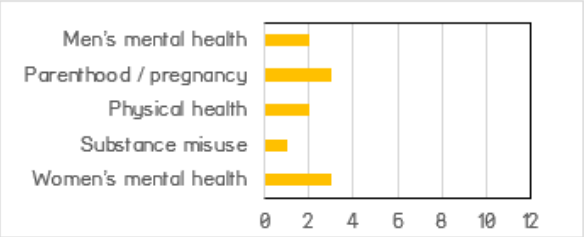
- Majority of interviews we did with the peer workforce was within the Third Sector and Partnerships incl. NHS
- Interesting to note more interview representation from local Community groups than NHS contacts



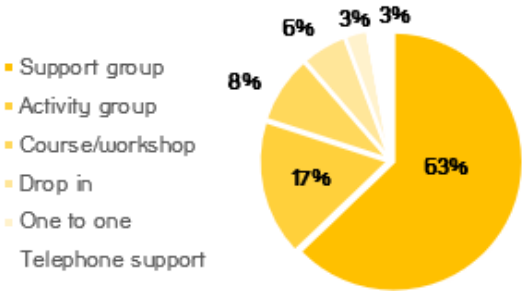
- Over half the interviews were with paid workers, showing peer support is seen as a viable working profession

Calderdale Overview – Scoping Highlights



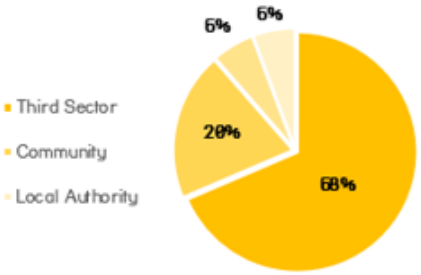


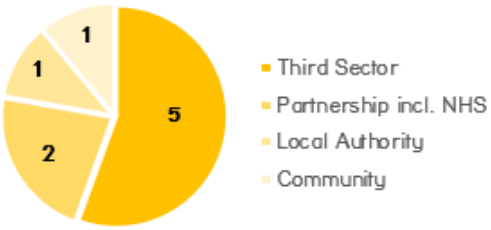
- A total of 35 peer support activities scoped, for a population of c. 210,100 (ONS figures published Jun' 18)
- Majority of peer support focused on general mental health, disability, parenthood, and women's mental health
- Halifax is the largest settlement in the borough and most of Calderdale services are located there.
- Lack of peer support for BAME groups, which were reported as under-represented within WY&H wide services



- Primary delivery model is support group based.
- This tends to change when workers are engaging difficult-to-reach groups such as the rural and isolated.

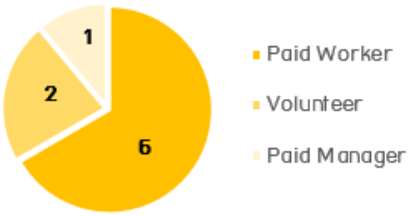
- Majority of peer support provided by the Third Sector, predominantly Healthy Minds Calderdale.
- There has been an increase of mental health support services since the flooding of the valley in 2015. Funding was provided to support the impact of trauma from the destruction of property.



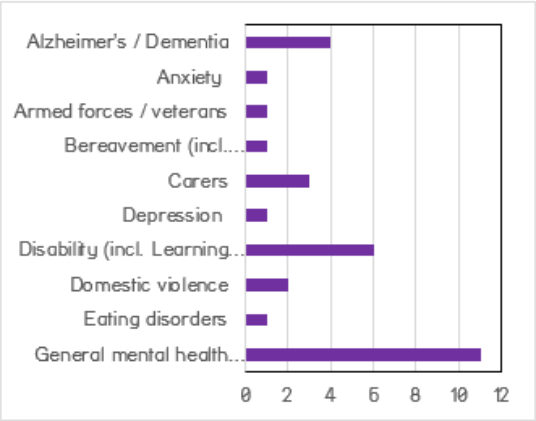


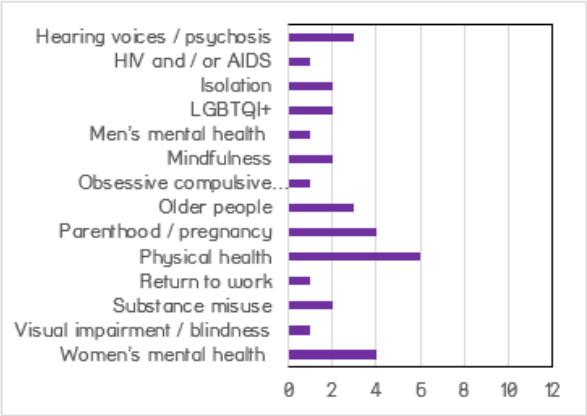
- Majority of interviews we did with the peer support workforce was within the Third Sector.
- Interesting to find growing presence of peer support in community groups.

- Vast majority of people we interviewed were paid workers.
- Peer support services gave volunteering opportunities to service users and helped individuals gain employment or return to work.

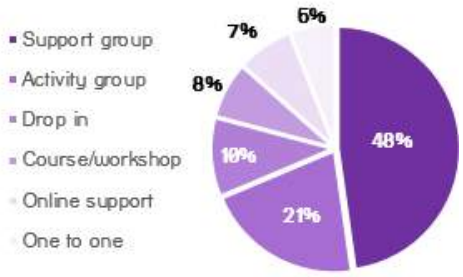


Harrogate & Rural Overview – Scoping Highlights



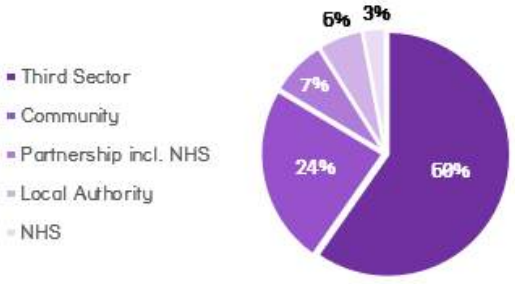


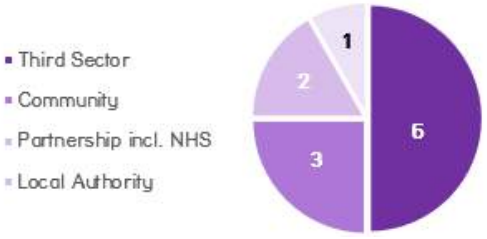
- A total of 64 peer support activities scoped, for a population of c. 75,070 (ONS figures published Jun' 16)
- Majority of peer support focused on general mental health, physical health, and disability support
- Harrogate has a mix of urban locations, e.g. city centre, and rural hotspots like Ripon and Knaresborough.



- Support groups made up nearly 50% of the primary delivery methods we came across for this region
- A good variety of different support methods

- Majority of peer support provided by Third Sector organisations.
- A relatively high level of community peer support groups – still a decent NHS representation alongside this though

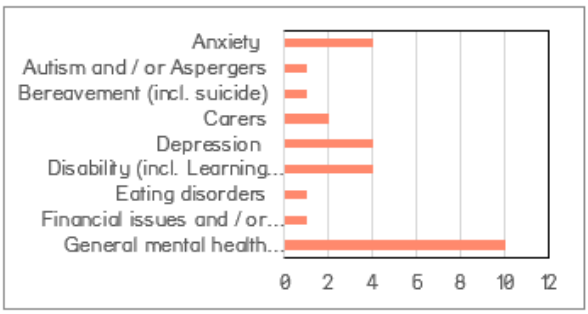


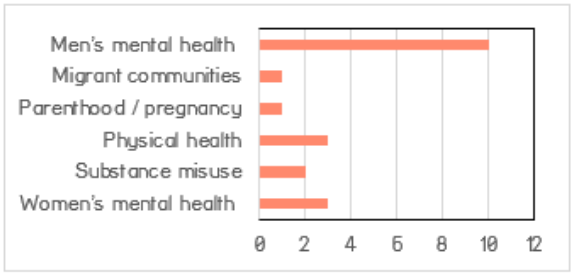


- Majority of interviews conducted with the peer workforce was within the Third Sector and Partnerships incl. NHS
- Near equal balance of NHS and community participants

- Over 50% of interviews were with paid workers, showing peer support is seen as a viable profession

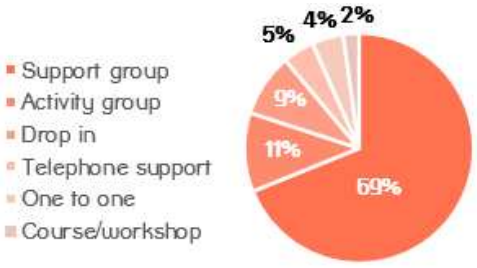
Kirklees Overview – Scoping Highlights

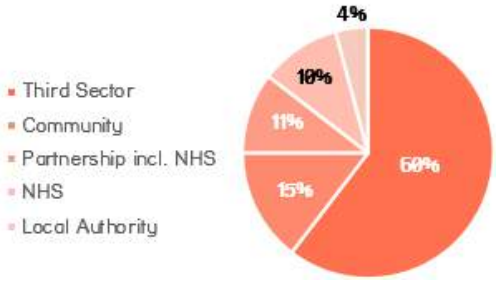




- A total of 48 peer support activities scoped, for a population of c. 438,727 (ONS figures published Jun' 18)
- Majority of peer support for general mental health, men's mental health, anxiety, depression, bereavement

- Primary delivery model is support group based.
- Kirklees also has many arts-based organisations that deliver groups with a focus on mental health. Peer support happens organically in these groups.





- Majority of interviews we did with the peer workforce was within the Third Sector.
- Interesting to find an equal presence of peer support between the NHS and with local authority groups

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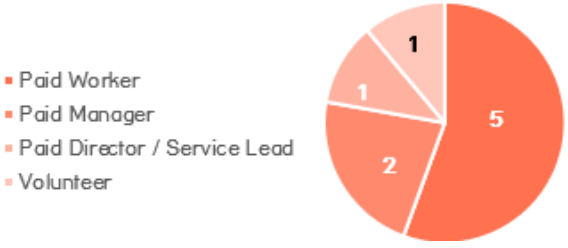
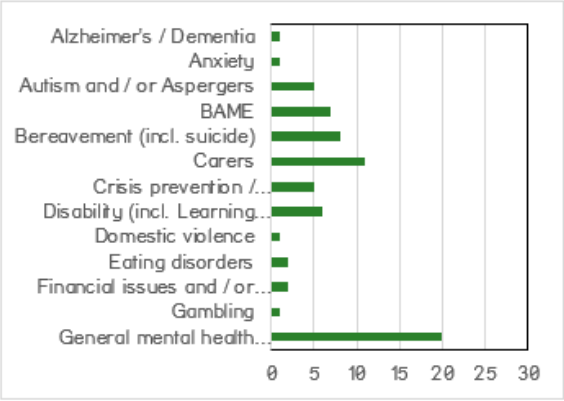
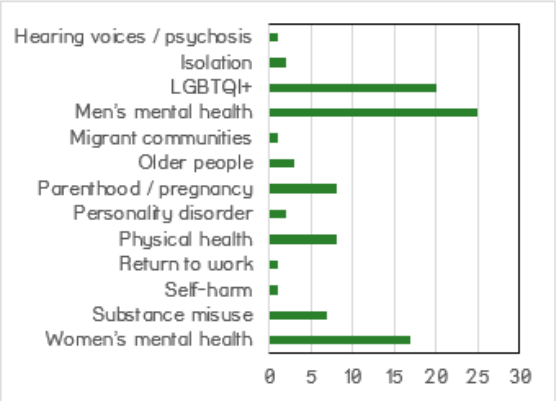


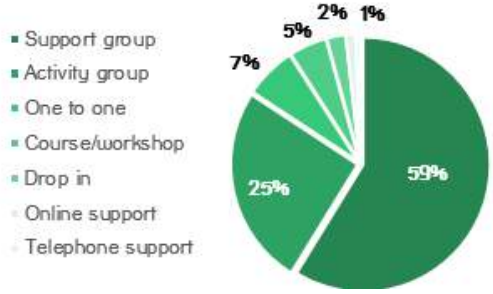
- Vast majority of people we interviewed were paid workers.
- Some of the paid workers had progressed from group member / volunteer / paid member of staff.
- Very much a focus of trying to integrate individuals back in to employment and the community.

Leeds Overview – Scoping Highlights



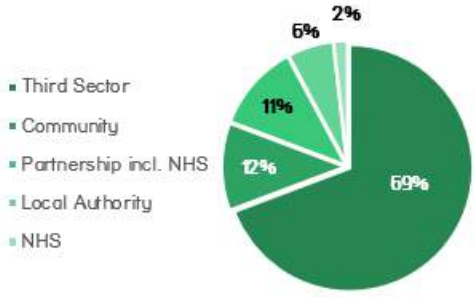


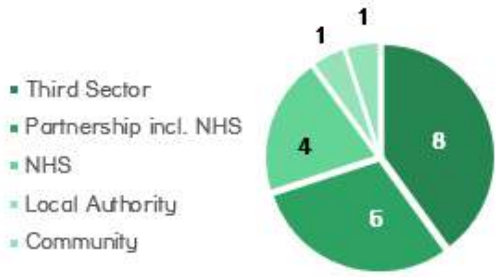
- A total of 55 peer support activities scoped, for a population of c. 818,085 (ONS figures published Jun' 19)
- Majority of peer support focused on general mental health, men's mental health and the LGBTQI+ community.
- Peer support for physical health is well embedded within Leeds Teaching Hospitals. e.g. Major Trauma unit



- Primary delivery model is support group based.
- Activity groups are also very prominent, but overall, there is a healthy mix of different methods

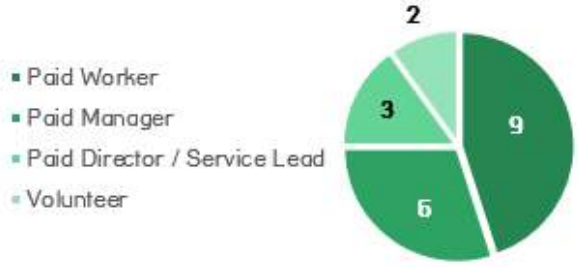
- Majority of peer support provided by Third Sector organisations.
- There is a growing amount of peer support being implemented into the NHS and through third sector partnerships.



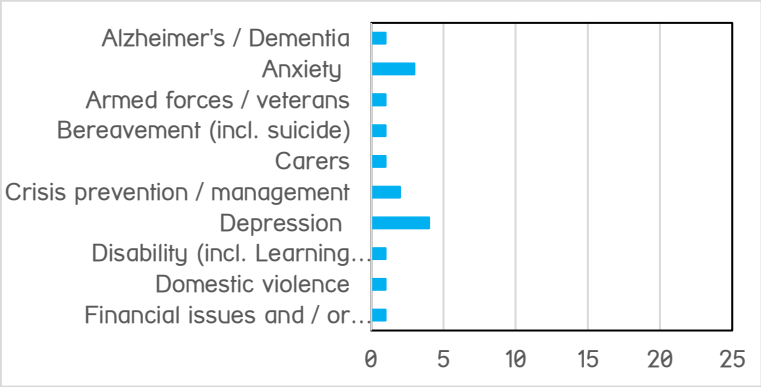


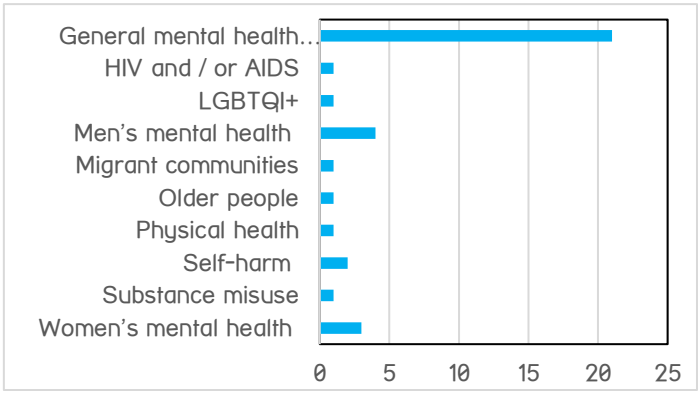
- Majority of interviews we did with the peer workforce was within the Third Sector and Partnerships incl. NHS
- Interesting to find high presence of peer support in the NHS in contrast to fewer community groups.

- Majority of the interviews were with paid staff, showing the value of peer support within Leeds.

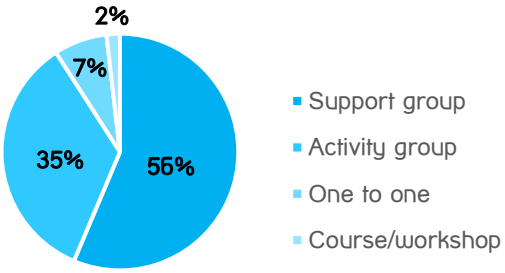


Wakefield – Scoping Highlights



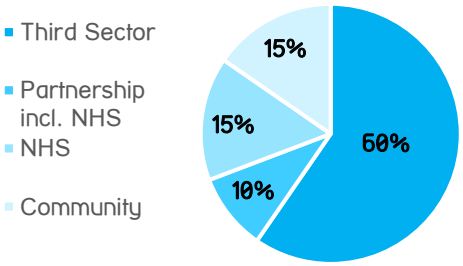


- A total of 55 peer support activities scoped, for a population of c. 345,038 (ONS figures published Jun' 18)
- Majority of peer support focused on general mental health, anxiety and depression.
- Although Wakefield does support other groups, e.g. BAME, we didn't find exclusively peer support groups



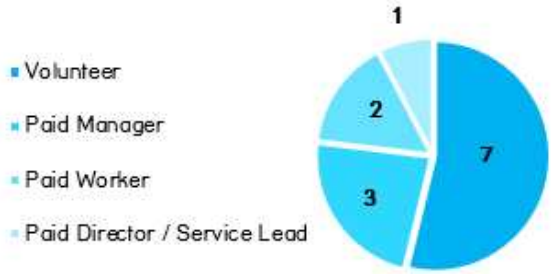
- Primary delivery model is support group based.
- Due to the city's strong art scene, a lot of the peer support happens through creative activity groups.

- Majority of interviews we did with the peer workforce was within the Third Sector and NHS.
- Interesting to find high presence of peer support in the NHS in contrast to fewer community groups.



- Majority of peer support provided by Third Sector organisations.
- Wakefield has an established and growing peer support presence in NHS services such as Turning Point Talking Therapies, Wakefield Recovery College and SWYFT.

- Vast majority of people we interviewed were volunteers.
- However there is a greater focus on peer support helping to integrate individuals back in to employment.



Interview methodology

We decided to co-produce our interview questions and process with peer support workers (See appendix for final co-produced interview process & questions).

Why co-production?

- We are not the experts: most of the scoping team only had service user experience of peer support.
- We felt it was vital to seek guidance lived experience experts to create a meaningful and inclusive process.
- The Leeds Mind peer support team have experience of delivering peer support across different sectors and delivery models.

Co-production process

- We ran a participatory workshop with Leeds Mind peer support facilitators in which processes, questions, barriers, and challenges were discussed and ideas generated.

Co-production outcomes

Co-production enabled us to make room for peer support values and principles to influence the interview process:

- Interviews were semi-structed and more conversational than a traditional interview dynamic. This echoed the peer support values of mutuality and attention to power.
- We built reflective space into the interviews so that both interviewee and interviewer shared how they were feeling at the start and end. This enabled the peer support values of reciprocity and sharing lived experience to be brought into the process.
- Signposting information for each location was compiled and saved in case any interviews needed additional support.

Ethical framework

Participation: We only invited participation from adults employed/engaged in the peer support workforce as staff or volunteers.

Information sheets: We created project information sheets outlining the project aims, context and participation options. Key information was given including contact details of the project team, management and anticipated time commitment (see appendix).

Consent forms: We created a project consent form which included a checklist for participants to sign and confirm they understood the project and to indicate if/how they would like to be involved. A data protection checklist was also included to ensure participants understood how we would use the information they shared. All consent forms were saved securely in password protected Leeds Mind system. (see appendix).

Interviews

All interviews were recorded consensually and then transcribed. Most transcripts were manually transcribed but where consent was given, a transcription software called Otter was used to support with this (Full transcripts available on request– all recordings have now been deleted).

A simple data analysis process was undertaken to theme the interview data from each region and pull out key messages and quotes (Data analysis working documents available on request).

Interview findings

What does peer support mean in WY&H?

National findings highlighted that there is no one way of defining peer support and a lack of a universal model. As an organisation, and throughout this report, we acknowledge this finding, and agree that peer support, should not be reduced to one single definition/ model. Therefore, we asked individuals what peer support meant to them and their organisation in order to gain further understanding of how peer support is defined and understood in WY&H.

Overall, there was a collective vision for peer support across the regions of WY&H. Peer support often adapted a social model approach. It was conceptualised as being 'non-clinical' and offering a more authentic, and 'human' approach to support. Importantly, peer support was consistently defined as being 'peer-led', bringing together people with shared experiences which enabled the peer support to occur naturally and in 'organic' ways.

> **"I don't think it's a friendship, but I also don't think it's a clinical relationship, it's in the middle. It's more of a human approach".**

> **"Support is doing things with people and not for people".**

> **"To me personally, peer support is the utilisation of employee's own personal experiences with mental health to help and support others. It is purposefully non-clinical, as a lot of people find clinical settings to be daunting and some qualified mental health care professionals can be almost robotic".**

> **"Who is a peer is a negotiated process between individuals involved, based on whether they feel a connection around the shared experiences, situations and/or identities that are important to them".**

Regional highlights

There were some small regional variances in responses, for example the peer support workforce in Wakefield and Calderdale placed more emphasis on peer support being 'recovery focused' and community oriented.

> **"Peer support is people who have interacted with our service and come out of it the other side within what we call recovery".**

> **"Finding all the different jigsaw pieces that fit together for that person's mental health recovery...we're trying to build up that picture of completing the jigsaw for yourself".**

> **"Peer support means stuff that we do in our communities".**

Peer Support Values in WY&H

Our literature review indicated that importance of values and principles in defining peer support. Similar to findings of Inclusion Barnet (2018: 5), the majority peer support definitions from the WY&H peer support workforce, included descriptions of their key values.

There were various similarities and slight differences between the peer support values identified nationality and those within WY&H. Shared experience, respect, and empathy and understanding were the most prominent values of peer support, on a national and WY&H level.

> **"We all have a mutual respect...it's not necessarily that we've all been through the same things, but we all respect that each other has had their own experience of mental health".**

> **"We always try to...treat the person with respect regardless of context or what situations people are in".**

> **"The experience and the ability to connect...through some shared understanding and experience of something".**

> **"Empowerment...real empathetic conversation...showing that you truly understand".**

Additional values found on a regional level include empowerment, equal relationships and overcoming power dynamics, creating a safe space, and being recovery focused.

> **"Creating an equal relationship...In the NHS it can be difficult because some staff don't have the permission to be that equal with people or share those experiences".**

> **"Equality &...trying to over-coming that power hierarchy that can often exist within mental health services".**

> **"Peer support is about changing that relationship and realising the real expert is yourself".**

> **"Supporting people to...have a space where it is safe to be vulnerable and to experience building trust".**

> **"There's many different forms of peer support...I am focusing on peer support where we try and aim for recovery".**

WY&H peer support workforce – key duties

Role and responsibilities of the peer support workforce was not covered in our initial literature review. Therefore, to get an understand of the workforce duties within WY&H, interview participants were asked about the main duties and responsibilities of their role, and what their typical working day consisted of.

Findings revealed that the peer support workforce engages in a broad range of activities and the roles are not limited to providing peer support directly. Interviews revealed that there are five key duties of the peer support workforce across WY&H:

1) Delivering peer support models/activities 2) signposting and referrals 3) supporting service users to access the community, 4) managing social media groups and content, and 5) building relationships with key organisations and charities.

> **"I do run three different groups and we have like targeted workshops, and... I guess, the planning for the sessions and making sure people attend. I guess it comes along with a lot of one to one support for people as well".**

> **"Help them with just getting out...developing their social skills...engaging in some kind of sporting or community activities...supporting them to do their shopping, paying bills... exploring courses that are happening around them...making referrals for various services".**

> **"I promote the groups through social media...I give talks to...clinical practitioners, recovery workers, social prescribers, so they've got an understanding of what we do, and they can signpost to us with competence".**

Additional duties mentioned included securing funding, administration, advocating for service users and attending benefit assessments. However, workforce duties varied across the different providing sector.

Regional variances:

The key duties identified above differed in terms of their prevalence across sectors. In particular, supporting service users to access the community was more prominent in the statutory sector, including NHS & third sector partnerships. Whereas, in the third sector, the peer support workforce focused more on facilitating service users back into communities through becoming well enough to return to work.

The majority of signposting and referrals were made to other voluntary and third sector organisations, and community groups. This was also evident within the statutory peer support workforce, including NHS and third sector partnerships. In contrast, reports of statutory services making internal referrals to other NHS departments, was minimal.

The management of online social media groups and content was also more evident within the voluntary and third sector, and local community groups. There was one

NHS & third sector partnership who reported the majority of their delivery included online peer support content.

Benefits of working in peer support across WY&H

National findings revealed multiple benefits to peer support workforce including confidence, decreased self-stigma, interpersonal skills, earning money, and improved wellbeing. However, four key benefits were identified across WY&H. These benefits included job satisfaction, improved mental health, ability to share lived experience, and personal growth and development.

> "It has allowed me to hold down a job without going off sick for mental health regularly – I now feel able to go into work even if I'm having a bad mental health day as I know that my colleagues understand and will be there for me. You don't have to wear a mask so to speak".
>
> I have learnt a lot from my service users...and their knowledge and wisdom and it has helped me to grow as a person as well. I have really taken the things they have said on board".
>
> "Freedom to share our own experiences in a therapeutic way, where appropriate, and it also means that the 'us' and 'them', hierarchical mentality, doesn't exist. Working in peer support also helps my own mental health as it is a constant reminder that I, too, am not alone in how I'm feeling".

Job satisfaction benefits were reported in the context of witnessing service users grow and progress. Improved mental health came from sharing their own lived experiences with a view to helping others and being able to share and reapply their own coping strategies within the role. Benefits of personal growth and development came from learning new skills from service user's expertise, and gaining work experience and paid employment, leading to increased self-esteem.

Regional highlight:

Reports of volunteering, gaining paid employment and/or returning to work were evident across the Bradford & Craven District, Kirklees, Leeds, and Calderdale.

Additional highlights

In addition to the direct benefits for the peer support workforce, three other broad categories of benefits appeared across WY&H. These included: 1) benefits for service users, 2) shared benefits for both the peer support worker's & service users, and 3) organisational benefits.

Benefits specific to service users included: feeling understood, and a reduced sense of isolation, and progression to volunteering and/or employment in service.

Joint benefits for peer support workers and service users included: improved mental health, the opportunity to share their lived experience, and personal growth and development.

Benefits on an organisational level included: increased opportunities for co-production and greater partnership working across organisations.

Challenges of working in peer support across WY&H

Our literature review identified several challenges facing the PS workforce at a national level including burnout, managing boundaries, and becoming triggered. Across WY&H, there were similarities with national findings and three main challenges were identified. Challenges included: 1) managing interpersonal boundaries, 2) PSW's managing their own mental health, and 3) PSW's becoming triggered.

> **"I am sharing stuff from my own life - it can become quite draining and exhausting".**

> **"Working out how vulnerable can you be? because the role requires being vulnerable... for extended periods of time".**

> **"It is a lot of boundaries. I would find myself trying to go above and beyond for patients, and kind of try to almost take ownership for getting them into recovery".**

Managing interpersonal boundaries & their own mental health was challenging for the peer support workforce due to their role requiring some element of vulnerability and sharing their own lived experience.

PSW's also reported a 'decision making' process of in what circumstances, it would be beneficial to share their lived experience with service users, and how much they can share before it becomes problematic to their own mental health.

Boundaries were also paramount in building relationships and ensuring they do not try to take ownership for the recovery of service users. Managing triggering situations was also another challenge as a result of providing direct peer support to service users, having that element of 'shared' experience, and going through their own recovery process.

Regional Highlights

The above challenges were repeatedly reported within third sector organisations (including NHS partnerships) and community groups. Potential reasons for this prevalence may include peer support and its' underlying values, and the appreciation for lived experience being more well- established within the third sector compared to statutory services such as the NHS.

The scoping project also aimed to explore specific benefits and challenges of the peer support workforce in integrated contexts – for example NHS and third sector partnership projects or projects where peer support workers are employed in NHS settings.

Benefits of peer support in integrated contexts

Our literature review identified various institutional benefits including greater diversity and inclusivity, and reduced stigma. Within the WY&H ICS, five key benefits were found as a result of the third sector working in partnership with statutory services and peer support workers being integrated into NHS settings.

Benefits included: 1) changing the power hierarchy in the NHS, 2) introducing new approaches, 3) enriching services and dimensions of support, 4) multiple staff support opportunities, and 5) enhanced signposting routes and pathways.

> **"We are kind of challenging people on things quite a lot on the ward. Challenging how person-centred things are".**

> **"In terms of the recovery college, it's vital that everything we do is co-produced. So that means our peer support comes from people who have lived experience of either mental...or physical health, to co-produce and co-deliver the courses that we offer".**

> **"I have a really supportive team both at [third sector organisation] and at the [NHS service]...if I need to talk about things... I have the supervision to help deal with those challenges...my NHS supervisor will focus very much on my individual cases so the people I'm working with. My third sector manager will think more about things that are going on, in terms of my facilitation and also general wellbeing".**

> **"It then allows the clinical team to focus on their clinical practice... then a lot of the emotional support can come from those volunteers that have got that lived experience...I think the support is very much...the empathy, and the time... in a clinical environment. Some of the staff don't have that...the support is very much the active listening".**

> **"We've got fairly good ties to a lot of third sector organisations".**

> **"People present with mental health problems, the first place to call is the GP. They have somewhere else to go...they enter a community and a network".**

The integration of the peer support workforce is slowly starting to help shift the power hierarchy with NHS settings, as well as introducing different approaches to working such as co-production and employing experts by lived experience.

Peer support workers enrich services through providing other dimensions of support (e.g. emotional support) which is empathetic and authentic. It was reported that some NHS staff/clinicians may lack these necessary qualities, skills, and time, to meet these other support needs.

PSW's also had accessed to multiple opportunities for support, including two types of supervision and supporting resources. Integrating peer support has also led to greater networking across sectors and additional pathways, particularly within NHS services.

Key highlights:

Findings also highlighted benefits of co-production across all regions within WY&H. Co-production lead to more direct engagement with their service users, and in some cases, lead to further in service volunteering and employment opportunities for the service users. Within integrated contexts, peer support providing a new service and referral pathway was more prominent within the NHS peer support workforce.

> **"We get to work with a lot of students...so we're using them to shape the service. They talked about their own personal experiences, what they would want...we didn't have that, steering by students".**

> **"They might use the group for six months...move on to full time work, or our volunteers and that's what we want. We want to be able to support people for as long as they need".**

> **"How far I've come from being a client to now being a Peer Support Coordinator...I've seen...clients with no self-confidence...to them becoming volunteers,...then into full time work".**

Challenges of the peer support workforce in integrated contexts

Institutional challenges

Our literature review revealed institutional challenges such as resistance, and peer support workers being undermined and dismissed particularly where the hosting institution is not well versed in PS values and cultures. Similar to national findings, institutional challenges were frequently evident across WY&H. Challenges included: 1) a lack of understanding of peer support, 2) negative attitudes, and 3) balancing different approaches to working.

> **"Articulating what my role actually is...for them to understand it and how I'm not just sharing personal information for the sake of it and that there's...a rationale,...an assessment on whether this is appropriate...and in what circumstances".**

> "They have a way of working...it's very "I'm this level and you're that level. I don't see the value in what you have to say and what you have to bring"...Within the NHS they use bands, so bands 3, 4, 5, 6 and upwards and so I think they hold a lot of stock in those".

> "It's working within the constraints of [NHS service] it's not the way I would work...it's kind of keeping that side happy whilst sticking to your values of peer support".

Three types of institutional challenges were identified at a local level in our interview data. Firstly, there was a lack of understanding of peer support. PSW's reported having to repeatedly having to explain what peer support is, and why they share their lived experience.

Secondly, the peer support workforce experienced negative and dismissive attitudes towards peer support, and in some services, staff refusing to engage with their service or refer service users.

PSW's also recalled stigma towards their lived experience of mental health, and the 'tokenistic' promotion of peer support.

The final institutional challenge involved balancing the different approaches to working. PSW's expressed trying to maintain peer support values when working in NHS settings, and being required to also work within NHS boundaries, guidelines, red tape and the 'medical' model instead of the social model adapted by peer support.

Regional highlights:

The above institutional challenges were evident within NHS settings and NHS/third sector partnerships across the majority of regions in WY&H.

Capacity was a key challenge within Kirklees and the Harrogate District, with services being in high demand, having to utilise waiting lists, and feeling unable to meet a range of wider support needs.

This scoping project would like to suggest some recommendations for the future of peer support in integrated contexts across west Yorkshire and Harrogate. Due to the diversity of settings/ models/ and cross sector nature of integrated working, these recommendations will be offered as 'areas for consideration' with some suggested actions. We understand that the implementation of action(s) will vary across different contexts.

Recommendations

Acknowledging tensions

"[Peer Support] is purposefully non-clinical, as a lot of people find clinical settings to be daunting and some qualified mental health care professionals can be almost robotic".

"Even if you want to get involved with NHS peer support stuff, [I've advised them] not to get involved yet, because I don't think it is geared up to protect people yet. I get the feeling that they could still damage a lot of people at the moment".

This scoping project has identified tension around peer support being integrated into NHS contexts. This project recommends that the statutory sector acknowledges and engages with these tensions and debates. The positionality and responsibility around providing peer support and employing peer support staff requires careful consideration.

Suggested Actions:

- Engage in the debates surrounding the issue of PS being moved to statutory contexts.
- Learn about the history of the peer support movement - its activist origins.
- Engage in research/learning around the social model of disability and its intersection with mental health.
- Seek out voices and experiences from lived experience experts and be guided by these stories.
- Consider the complex power dynamics implications of peer support within statutory contexts and mitigate this through thoughtful practice.
- Statutory services to be careful not to reduce or dehumanise peer support.

Shifting dominant culture

"I think some people get it and I think some people are so engrained in a way which the NHS systems work that they don't get it and they probably never will".

"I have to sit in meetings with psychiatrists and doctors...and I think that possibly without even meaning it can be quite dismissive, if you know, if you don't have a professional title".

"Becoming equally valued to other people and forms of expertise".

This scoping project has found a clear need to unpick engrained hierarchical cultures within larger institutions like the NHS and recommends work around

developing a higher level of respect for lived experience expertise in clinical contexts.

Suggested Actions:

- Continued commitment to embedding social model practices in clinical settings.
- Create networking events to bring together people of different professional/lived experiences.
- Creating secure processes to enable staff to challenge hierarchical attitudes safely.
- Attention to communication channels/systems to ensure more 'bottom-up' voice and influence.
- More visibility and connection with senior level staff/board members.
- Acknowledging that culture shift takes time but not letting this stop the process.
- Attention to power dynamics in organisation/department and how this influences practice, culture, and relationships.

Organisational and strategic buy-in

"Our [third sector organisation] manager is absolutely fantastic, and we meet fairly regularly. She is a real sort of advocate for us".

"There are staff members who do get peer support and that have offered additional support".

"The NHS...it is a mixed bag...my line manager at the hospital was very involved in my appointee... she helped to write the job description, she was on my interview panel and she massively champions what we do in peer support,...there is one...nurse...who has never referred anyone to our project and I don't think they'll ever will".

This scoping project recommends the need for peer support to have allies at high level within larger statutory institutions like the NHS. Interview data indicates that peer support often has one or two strong allies within clinical teams who advocate for them at a high level. This project would like to emphasise that this should not be down to any individual's generosity or circumstances to promote value of PS. Instead, this should be built into dedicated job role(s).

Suggested Actions:

- High level staff to promote peer support within strategic planning agenda.
- High level staff to promote peer support to service/departmental management to create buy in.

- Financial commitment to peer support through dedicated peer support lead in integrated settings (someone's paid role/responsibility to promote PS).
- Peer support on as standing agenda item for team meetings across services, and to raise profile of roles and impact.

Planning ahead for PS workforce

"One of the biggest things I would say to any organisation wanting to start peer support is to prepare well and to kind of think it out because it is unfortunate that it didn't feel like our organisation has done that at all".

This scoping project identifies a need to plan carefully when peer support roles are being created and integrated into statutory contexts. This project recommends that peer support roles are implemented thoughtfully with the nuances of the role being given careful consideration.

Suggested Actions:

- Clarity from the outset about the nature of the role (if it is more fixed or if there is room for growth and development in response to need).
- Recognising the emotional toll of PS - build self-care & reflective practice into PS roles.
- Ensuring adequate support for PSW's – regular training, supervision, & guidance.
- Ensuring non-peer staff understand the boundaries of the peer support roles so they are not asked to do 'dogs-body' work.
- Setting up professional contacts for PSW within NHS environments so they are linked into appropriate people.
- Funding roles for enough time to allow for relationships and trust to develop and project to 'get off the ground'.

Improving understanding

"How can you know what value we are adding to you team when you don't even know what we do?".

This scoping project has highlighted the need for improved understanding of peer support among non-peer support professionals. Interview data consistently suggests that peer support workers have to repeatedly explain and justify their responsibilities and role boundaries to other staff.

Suggested Actions:

- Cross sector engagement events for clinical staff to learn more about peer support values & its principles.
- Relevant NHS staff to have an induction to 3rd sector service in partnership projects.
- Invest in development of non-peer staff through providing increased training opportunities around peer support and co-production.
- Make attendance at these training/ learning events mandatory.
- Give bigger platform to PSW's to share their story and expertise so they do not have to repeatedly engage in 1:1 explanation.
- Create opportunities for cross-departmental/cross-project sharing of peer support success stories.

Protecting peer support values and principles

"Figuring out a way to be adaptable (...) but maintaining that core value of...peer support".

"Maintaining the integrity of the role is a clear challenge".

Suggested Actions:

- Researching and understanding the grassroots origins of peer support.
- Engaging with peer support community expertise.
- Embodying the values through sharing knowledge & experiences with other organisations.
- Participate in enriching the peer support community through sharing learning & expertise.
- Embed reflection at all levels of peer support provision.
- Crafting processes where staff can raise concerns if dominate cultures or conflicts compromise their peer support practice.
- Take lead from partnership organisation's peer support expertise and model.

Embedding flexibility and openness

"You absolutely need to work in partnership but sometimes that partnership can delay what you are wanting to do I guess, practically".

"In the charity world we have the flexibility...the dynamic within the hospitals is...very bounded and regulated...it is about finding the balance of the two worlds".

"I think there are ideas around, should people with lived experience be working with vulnerable people. Are they strong enough?".

This scoping project has identified a need for greater flexibility and openness within statutory services to allow peer support to flourish. Interview data highlights that peer support workers/projects face barriers to development due to complicated bureaucracy and rigid approaches to working, hindering the implementation of peer support values.

There is a need for flexibility within larger institutions to allow peer support workforce to retain peer support values and principles.

Suggested Actions:

- Reviewing "red-tape" and bureaucratic barriers so peer support work/workforce can be responsive to emerging needs.
- Open to the idea that peer support can be 'crafted' organically in action and that role expectations may need to shift in practice.
- Expect the role to shift and change over time in line with needs of service users.
- Appropriate flex and relaxation of guidelines and boundaries for peer support service to enable vales of peer support to be practiced and maintained.
- Encourage peer support workers to practice openness by sharing lived experience.
- NHS open to PS workers sharing lived experience – essential to role.

Paying attention to inclusion and accessibility

"If you start a new peer support group, in any organisation...community, it's probably going to be a slow burner...you've got to be very patient with numbers...especially if...service users have not engaged properly before".

This scoping activity has highlighted a need for greater attention to accessibility and inclusive practice. Interview data highlighted instances of tokenistic involvement of service users and peer support workers within statutory contexts.

Suggested Actions:

- Create frequent opportunities for real co-production.
- seek advice and guidance from third sector organisations.
- Strive to hire a diverse PS workforce that represents & caters for multiple peer identities.
- Planning realistically to allow time for PS work/workforce to build relationships and establish trust with service users.
- Consider fluctuating health and access needs and offer longer term or more casual interventions.

Measuring experiential outcomes

"We don't do tick boxes...and the fact that it's very hard to actually be able to calculate what we do. I can give examples of different things, but it's difficult to quantify it".

This scoping exercise has highlighted a need for the development of more nuanced measurement tools rather than attempting to measure peer support in quantitative terms. Interview data indicated that the value of peer support is evident in experiential terms and that effort should be made to capture this value appropriately.

Suggested Actions:

- Developing new ways of measuring and valuing PS impact.
- Draw from qualitative and creative methodologies.
- Engaging in research and innovation in alternative ways of knowing.
- Invest in research in developing appropriate and generous measurement tools that are aligned with PS values and ways of knowing.
- Co-production around measuring outcomes - in a way that Service users want to engage with.
- Evaluation tools that are social model aligned – away from medicalised model approach.

Celebrating peer support work/workforce

- **"The positivity of where it works well is just amazing. The staff and the patients who are utilising peer support, the praise for them is massive so I think there is a lot more we can do to celebrate that actually".**
- **"Getting equal pay for equal roles".**
- **"Feeling tokenistic involvement that services users have that is quite challenging".**

This scoping project has identified a need to celebrate the contribution that peer support makes in integrated contexts. Across the interviews there was a key message that peer support staff do not feel as valued in statutory organisations.

Suggested Actions:

- Celebrating in ways/formats that are meaningful to PS and reflect the values of PS.
- Avoid tokenistic promotion of PS activity.
- Create real life, online platforms and channels for peer support workers/projects to share success stories.
- Hold celebration events regularly.

- Make room for real stories from service users about the impact of peer support.
- Regular evaluation with service users' input.
- Create clear pathways for service users to become volunteers to demonstrate individual success stories.

Appendix

Literature Review

Peer Support – The National Picture

Introduction

This literature review aims to provide a 'big picture' overview of Peer Support as both a concept and a practice. The purpose of the review is to 'hone into the detail' and sharpen our definitions when it comes to understanding the characteristics of peer support. Here, at the outset of this process, we acknowledge that we must avoid bringing our preconceptions about the subject matter to the table (as this is the fodder of the upcoming review) and we accept that we should let the data guide us.

However, we do not need to rely on data to recognise that peer support is a fundamental and prevalent part of human life. "Peer support is the thing we have been doing for centuries. Just being there for someone. In the moment" (Lancaster 2019). Before it was conceptualised as a 'practice' or a 'profession', peer support existed, emerging from humankind's natural and enduring desire to connect with, and care for one another. Throughout history, throughout the world, in every possible corner of human life and human experience, peer support blossoms, rooted in our instinct to share our experiences and support each other in times of need.

Positions

It is in this spirit, that I am moved to share something of myself and my own experience at the start of this review. In this context, it is apt to carve out a moment for self-reflection and to consider how my experiences have brought me to this particular moment of inquiry. It is my hope, that this transparency and openness works to both honour the foundational values of peer support as well as providing a useful contextual understanding of my own subjectivity in this research process.

In this moment, I occupy the role position of "Peer Researcher". In this role, I am both a "peer" (in the sense that I am a user of mental health services), as well as a "peer" to the wider peer support workforce (having worked in peer support in different capacities over the past 3 years). However, I am also a "researcher", studying a PhD and employed on this project in a research capacity.

Where "peer support" operates in the complex and often messy reality of everyday life, "research" typically operates from objective and distanced perspective. Therefore, it is necessary to acknowledge the tension that exist between the respective subjectivity and objectivity of these two roles and to anticipate that these tensions may affect this literature review in different ways.

A key challenge of this duality will be navigating the inevitable wrestling match between 'lived experience expertise' and 'academic expertise' in this document.

A literature review of this type would typically adopt an objective approach, as in academia, maintaining critical distance is prioritised as the most authentic route to knowledge production. However, in peer support, authentic knowledge emerges from the beating heart of subjective experience and 'truth' is found deep in the gritty realities of daily life. As such, peer support fundamentally rejects hierarchies of knowledge that value the expertise of professionals over the expertise of lived experience.

It will be difficult to balance these conflicting approaches in this document. However, occupying this dual role, is of benefit in this research, as I am less likely to favour one 'way of knowing' over the other (Heron and Reason 1996). My 'experiential knowledge' can sit alongside 'propositional knowledge' (Heron and Reason 1996) and be equally valued.

Context of the project

- This literature review is being undertaken as part of a broader project aiming to scope the peer support activity across West Yorkshire and Harrogate (WY&H)
- The project is operating the context of the West Yorkshire and Harrogate Integrated Care System (WY&H ICS). In an ICS the NHS, the local authority and the third sector work together to provide more joined up care for local communities.
- This project is interested in the peer support activity that is offered by statutory services (NHS/Local Authority/Gov funded)
- This project is aware that most of the expertise around peer support lies in the third sector and in grass roots communities, so this review will primarily draw from the available literature from these fields.
- The project is being undertaken by Leeds Mind – a mental health charity with a proven track record of peer support development and delivery, and an interest in local peer support provision across WY&H.

Aims of the literature review

The overarching aim of this literature review is to generate a national picture of peer support provision.

A primary aim of this literature review is to support the broader WY&H scoping project with conceptual questions relating to the nature of peer support itself. The review aims support the project to define who is and who isn't a peer, what constitutes peer support, what values and principle underpin the practice.

A secondary aim of this review is to learn more about national approaches to peer support practice with a focus on the peer support workforce including the roles, responsibilities and experiences of the peer support workers in different contexts, including the barriers and challenges and opportunities and successes they face.

This review also has an additional interest in the debates surrounding the professionalisation of peer support and potential barriers and/or opportunities for integrating peer support into statutory mental health contexts.

Approach

Framing

This literature review can be thought of as an act of peer support in action. It is an opportunity to reach out and connect with other projects and practices, an opportunity to generate dialogue between this project and others. This literature review is a methodology that can facilitate a cycle of reciprocity and exchange. It is an act of listening, reflecting, and learning. It affords us a way of offering something back out in return.

Although being undertaken by Leeds Mind (an organisation with an established peer support service), this review aims to be mindful that alternative peer support models exist. Throughout, this review will endeavour to welcome, remain open to, and be receptive of, alternative ideas and experiences of peer support and to embrace them without judgment.

This review will serve the local WY&H scoping project by expanding the project horizons and enabling it to develop in response to the national picture of peer support.

Defining "literature"

Due to the expansive and amorphous quality of peer support, the first question to answer when shaping this literature review was defining 'what counts' as suitable literature in the context of this report.

From the outset, it was necessary to adopt a flexible approach to sourcing literature to ensure any opportunities for learning were not excluded. Peer support is a field that champions expertise derived from the lived experience of 'being there' and 'doing it'. Therefore, engaging with literature solely produced by detached academic experts would undermine the values of the field this review is seeking to contribute to. As such, this review took an inclusive approach to literature searching to ensure that different perspectives and types

of expertise were equally considered and that value judgments were not unfairly placed in one type of literature over another.

To meet the primary aims of the literature review (understanding peer support in conceptual terms) it was appropriate to gather literature from some traditional academic sources where theoretical and conceptual approaches are more commonplace. Similarly, we anticipated that academic sources might also include previous literature reviews on the subject or related subject areas which we could use to identify seminal works/authors in the field.

To meet the secondary aims of the literature review (understanding peer support workforce) it was necessary to access 'grey literature' which is varied literature sources that emerge from the field of practice itself. This included reviewing literature in the form of service plans, service reports, project plans and project evaluations. It was pertinent to select grey literature from a range of sources inclusive of the third sector, statutory sector, community groups and partnership projects to get a full range of information relating to peer support delivery.

Finally, the research also needed to access experiential knowledge from the peer support workforce, so a broader approach to defining literature sources was adopted and as literature that captures lived experience perspectives on the issues discussed has been included. This involved seeking out literature co-authored by self-defined survivor users/service users of mental health services and peer support workers.

Search operators

To source relevant literature, we used a broad range of search techniques. In the first instance we used academic library databases which gave use access to peer reviewed academic journals, articles and systematic reviews. Our search terms included: "peer support", "peer support work", "peer support workers", "mental health peer support" to generate relevant articles.

Grey literature was accessed through desk-based research and using common search engines including google and google scholar as well as utilising various open access resources online. Similarly a 'call out' to existing professional networks (such as the Mind Open Hub) was made and relevant professional databases (such as the Peer Support Hub) were searched.

To access experiential literature, social media platforms were used including Twitter and Facebook as well as blog postings on service-user led websites sites.

Inclusion/exclusion criteria

The literature that was generated was manually filtered to meet the following inclusion/exclusion criteria:

Inclusion Criteria	Exclusion Criteria
Defines itself as peer support related – term peer support in title	Does not define its content as peer support related
Published between 2010-2020	Published pre 2010
Mental health focus	Focus is on peer support for non-mental health conditions
UK specific	Non-UK specific

Analysis

A systematic approach was taken to organise the data for the purposes of this review. A literature matrix was created to define the component issues that would form the bulk of the review. To avoid any preconceptions of peer support shaping the review at the outset, the literature matrix was compiled adopting a responsive and emergent approach. The matrix was generated 'in process' where themes were added in real time as the literature was read.

The literature matrix captured emerging trends and supported with grouping and organising the data thematically. In total there were 12 columns, one for each emerging theme or discussion Cells were left blank if the literature did not mention the subject matter. The full matrix is included in the appendix of the report.

Limitations

Due to funding resources allocated for the project, we were not able to use any data analysis software, therefore the literature data was organised and reviewed manually.

Due to workforce capacity, the literature review was undertaken by one team member only. Therefore, because of time restrictions and limited human resources, the scale and scope of this review is somewhat limited and should be read as an overview rather than a detailed close review.

There is a vast amount of peer support practice that takes place in community life, where the support is organic, informal and often spontaneous ("Naturally occurring peer support takes place in the community on a daily basis" (Gillard

2018: 341)) Therefore, this more 'authentic' peer support will always remain undocumented and cannot be accessed for the purposes of this review

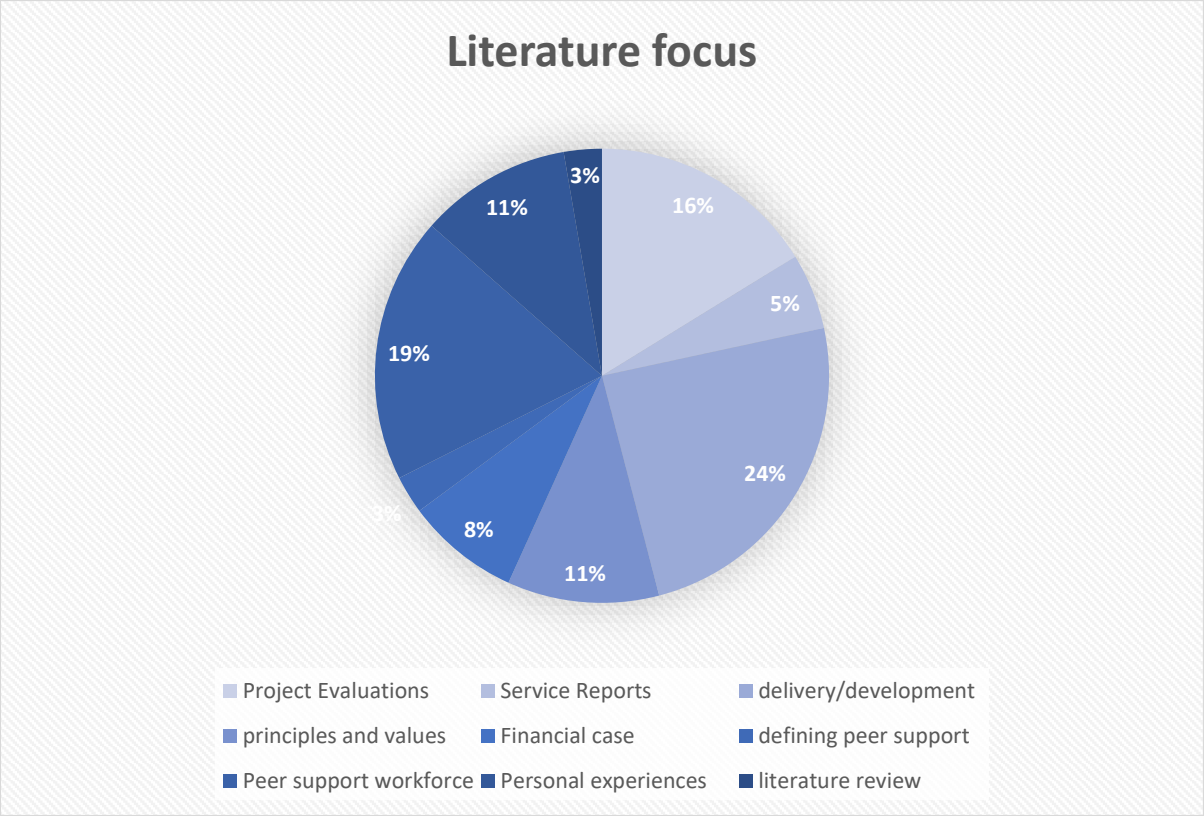
Findings

The findings of the literature review will be organised by the key trends and themes that emerged from the literature matrix:

1. Sources

In total, 39 sources were analysed to create this literature review. Of these 39, 22 were from academic sources, 13 were 'grey literature' from the field, and 4 were experiential literature written from the perspective of "peers" themselves.

We collected summaries and abstracts of the literature where possible to help delineate the focus, scope and scale of each piece. Of the 39 pieces of literature the focus was split as below:



2. Defining "Peer"?

Who is, and who is not a “peer” is a central concern in the context of peer support theory and practice. As is common in the field, there is a lack of standardisation and a hesitancy to fix definitions too rigidly. The literature indicates that “peer” is understood in a broad and diffuse term as there are “culturally grounded understandings of mental health and different interpretations of ‘who is a peer’. (Mind 2017: 9). As such, the term is deployed in various ways in different contexts.

Although definitions of “Peer” vary across different service models, settings and cultural contexts, the literature has identified 6 areas of consideration that can support with defining “peers” in the context of this project.

These Are: 1) shared experience

2) membership of a certain group

3) shared ideas or values

4)quality of connectedness

5) intersectionality

6) power

These considerations are explained below:

Shared / lived experience

Across the literature there was broad agreement that the central tenet of “peer” identity was a “similar” (Graham and Rutherford 2016: 5) or “shared experience” (Mind 2013: 2016: 2018).

In the context of this research the shared experience was broadly split into two categories. The first being a shared “lived experience of mental health difficulties” (Billsborough et al 2017). The second being a “shared experience of disadvantage and distress” which may, in turn, contribute to the onset of mental health difficulties of some kind. (Gillard 2019: 2).

- “Similar life experience as they move through difficult situations” (Repper and Carter 2010 in Faulkner and Kalathil 2012: 19)
- “In a mental health context, peer support refers to a situation where people with experience of mental health problems are offering each other support based on their lived experience" (Mind 2013: 6).
- "Peer support often springs from lived experience that through another prism might be regarded as tragic or at least unfortunate. The way that challenging, often life -changing events are harnessed for good quality peer support gives the practice much of its depth and, perhaps, its mystique" (Inclusion Barnet 2018: 3)

Interestingly, the literature indicated people with shared experience were considered to be peers regardless of how openly they shared their

experiences with others. This suggests that people's sense of peer identity is often internally defined rather than externally validated.

- "In a mental health context, peers share common experiences of social and emotional of social and emotional distress. This shared experience can help people to connect with each other, regardless of how openly they share their experiences" (Mind 2017 toolkit)

Membership of a particular group

The literature shows "peer connections can be found on a number of levels" and that when defining "peer" we need to anticipate and accommodate "differences in definitions based on diversity/diagnosis/experience" (Faulkner and Kalathil 2012:5). Peer identity may be found through a diverse range of experiences which include but are not limited to: "similar health condition, similar leisure interests, professional backgrounds, religious beliefs, social values, or age" (MHF 2012: 7). As such, "peer" identity can be partly defined as being a member of a particular group.

In the literature we reviewed these groups included:

- "Type of mental health issues" (Mind 2017: 18)
- "Stage of recovery" (Mind 2017:18)
- "Direct experience of inpatient care" (Simpson et al 2014: 4)
- "Identity Characteristics" (Mind 2017: 18)
- In other projects people were considered "peers" if they "want support with their mental health" (Mind 2014) but didn't necessarily have a diagnosed mental health difficulty.

Intersectional experiences

The literature review also indicated that peer identity is not limited to just one type of shared experience/belonging to just one group. The literature suggests that it is necessary to consider intersectional experiences when defining who is and who is not a "peer" and when planning peer support activities. Factors including age, gender, race, religion, sexuality, disability (among others) may impact a peer relationship in several ways. The literature indicates that some experiences may be weighted differently in different contexts and reveals that having just one shared experience may not be enough for people to feel like they are truly with a peer.

- "It may not be enough to share a background of mental distress if you are different in significant ways that mean you cannot feel as if you are experiencing a peer, equal relationship" (Faulkner 2019).
- "For some people, a shared identity or background in another context can be more important than a shared experience of mental distress" (Faulkner 2019).

- "Shared ethnic and cultural background would be important in a peer" (Faulkner and Kalathil 2012: 20).

Quality of connection

The literature reveals that there is a certain "mystique" (Inclusion Barnet 2018: 3) attached to the peer identity. Peer's lived experience brings an added value to the peer support relationship as by sharing their experiences of recovery they are able to offer something unique and inimitable. The fact that they have "they have found their way out of the hole that you find yourself in" (Repper and Carter, 2010) is something truly authentic and this real-world empathy cannot be replicated by non-peer professionals (Christie 2016: 4).

- "To understand the value of a peer, the quality of peer relationships need to be taken in to account" (MHF 2012: 7)
- "[Peer identity] mobilises the insights and empathy of people who share similar problems or experiences to support others" (Nesta 2013: 8).
- Peer identity is helpful in "enabling empathy" (Mind 2016: 12).
- "When exploring why the group was effective, the recurring theme was the empathic understanding within an all peer group, being able to speak freely about their experiences, knowing they were not going to be judged" (McDonald 2014: 2).

Power

The literature indicated that "to be a peer you need to be aware of inherent power dynamics" (Lancaster 2019) and it also indicates that "peers" should operate from a position of "shared or equal footing" (Mind 2013). In a professional peer support relationship, peers may have additional responsibilities (admin, safeguarding etc.) however, equality of status must be maintained. Attention to hierarchy within the relational dynamic - whether this be real or perceived – is of paramount importance.

- "It is important to remember the meaning of the word 'peer' that is a person of equal standing" (Faulkner 2019: 1).
- "Provide "support as an equal" (Scottish recovery network in Revolving Doors Agency 2019: 5) meaning that peers operate in non-directive ways" (Mind 2016: 4).
- "Everyone's experiences are treated as equally important, so you might find this gives you a different experience to more traditional support options" (Mind 2016: 4)
- Peers are able to "provide mutually supportive relationships" (Trachtenberg et al, 2013: 2).

3. Defining "Peer support"?

A key message from the literature was that peer support “cannot and should not be defined in one single sentence or approach” (Inclusion Barnet 2018: 6). This seems to be due to “many different ways in which peer support can be offered, experienced and discovered” (Mind 2013: 9) and the sheer variety of ‘scope, aims and delivery [styles]’ offered (Coleman et al., 2017 in Mindkit, 2018: 5). However, the literature indicated that the one bridging factor which was peer support’s comfort with ambiguity the lack of a "universally accepted definition” (Repper and Carter 2020: 4).

As a generalisation, the core elements of peer support seem to revolve around “mutual support provided by people with similar life experience es as they move through difficult situations" (Repper and Carter 2020: 4). This literature review has identified 5 characterises which can help to further define peer support which are: 1) Relationships 2) Conscious support 3) mutual and reciprocal 4) Recovery focussed – hope 5) Understanding. These are evidenced in more depth below.

Relationships

At its core, peer support is about relationships. It is about being genuinely interested in developing a supportive relationship with another person and being open to sharing your own experiences and learning from theirs. Whether these relationships last for the duration of an afternoon workshop or a more long-term relationship that is developed over months and years, it is these genuine interactions that set peer support apart from other forms of support.

- "The relationship between the peer support worker and the person receiving support is central to the role. It is based on people learning together in a relationship that is mutual, trusting, safe, non-judgemental and respectful, grounded in the sharing of experiences based on acceptance and empathy" (UCL 2020: 5)
- "Empathy and respect Understanding another’s experience from their perspective and being genuinely interested in them as a person. Being non-judgemental, and not making assumptions about or pathologizing the person’s experiences or beliefs" (UCL 2015: 6).

Conscious support

The literature indicates that a defining feature of organised peer support is that the relationship is built around offering support in a conscious and intentional way. People meet with the purpose of giving and receiving support, actively participating the two-way interaction with an end goal of an improved sense of wellbeing and strengthened coping mechanisms. In this sense, peer support can be conceptualised as a ‘relationship with a purpose’.

- "Peer support is created and owned by the people who are actually engaged in supporting each other” (Mind 2017a: 6)

- Peer support provides both “practical support and emotional support to help each other and move forwards” (Repper 2013: 4)
- It can involve “people sharing knowledge, experience or practical help with each other" (Nesta 2015: 1)
- “Drawing on shared personal experience to provide knowledge, social interaction, emotional assistance or practical help to each other, often in a way that is mutually beneficial" (Nesta 2015: 3)
- “It may be social, emotional or practical support (or all of these) but importantly this support is mutually offered and reciprocal, allowing peers to benefit from the support whether they are giving or receiving it" (MHF 2012: 2)
- “It occurs when people share common concerns and draw on their own experiences to offer emotional and practical support to help each other move forwards" (Repper et al, 2013: 4).

Mutual and reciprocal

The literature indicated that a defining feature of peer support is its’ relational and reciprocal nature where at least two people are involved in the interaction and support is offered and received by everyone. Even in paid peer support. the peer support workers should be open to receiving support and engaging in reflective practice to move forward in their own recovery journey.

- "Peer Support is offering and receiving of help, based on shared understanding, respect and mutual empowerment between people in similar situations" (Mead et al 2001)
- “importantly this support is mutually offered and reciprocal, allowing peers to benefit from the support whether they are giving or receiving it"(MHF 2012: 2)
- "In its most natural form, peer support is simply support exchanged between people who share something in common: they are entering into something on a more or less shared, or equal, basis” (Mind 2013: 6)
- “Usually, the support that is exchanged between people might go in either direction or in different directions at different times, depending on their needs: there is no pre-determined ‘giver’ or ‘receiver’ of support" (Mind 2013: 6)
- Peer support stand apart from other forms of support as it’s reciprocity “build[s] up a mutual and synergistic understanding that benefits both parties” (Mead, Hilton, & Curtis, 2001)

Recovery focussed – offers hope

The literature indicated that peer support for mental health is often “recovery focussed” and strives to engender a sense of hope and possibility in the peer support relationship. A key feature of peer support is its focus on personal

strengths, rather than deficit. This is why peer support is distinctive from medicalised approached to support and thus peer support can be understood as operating under the social model perspective on disability and thus offers empowerment and hope to service users who may feel disenfranchised by the medical approaches.

- "The term 'peer support' has been adopted by people taking a recovery approach to mental health to describe the engagement of people with lived experience in helping others to progress in their recovery journey" (Mind 2013: 6)
- "Peer support is generally described as promoting a wellness model that focuses on strengths and recovery: the positive aspects of people and their ability to function effectively and supportively, rather than an illness model, which places more emphasis on symptoms and problems of individuals (Carter, 2000).
- "occurs when people share common concerns and draw on their own experiences to offer emotional and practical support to help each other move forwards"(3)
- "Peers embody personal inspiration and hope, and they can share practical strategies and coping mechanisms" (Repper and Carter 2010: 2)

Understanding

The literate suggests peer support can be defined as an activity that helps facilitate a sense of understanding between the people involved. By encouraging sharing around lived experiences, peer support offers a unique space where people can empathise and connect with one another in ways they may not be able to in other contexts. Similarly, a key feature of peer support is its ability to support people to reach new levels of self-understanding and self-compassion through learning from others and engaging in self-reflection as a result.

- "At the core of peer support is the need to feel truly understood, to find that you are not alone with you experience of distress or madness" (Together for mental wellbeing 2010: 6)
- "Peer support encompasses a personal understanding of the frustrations experienced with the mental health system and serves to help someone recover through making sense of what has happened and moving on, rather than identifying and eradicating symptoms and dysfunction" (Trachtenberg 2013: 3)
- "Giving people the space to talk, and share their feelings and stories, can help them build an understanding that makes sense to them in the context of their life and experiences" (UCL 2020: 9)

4. Values and principles of peer support

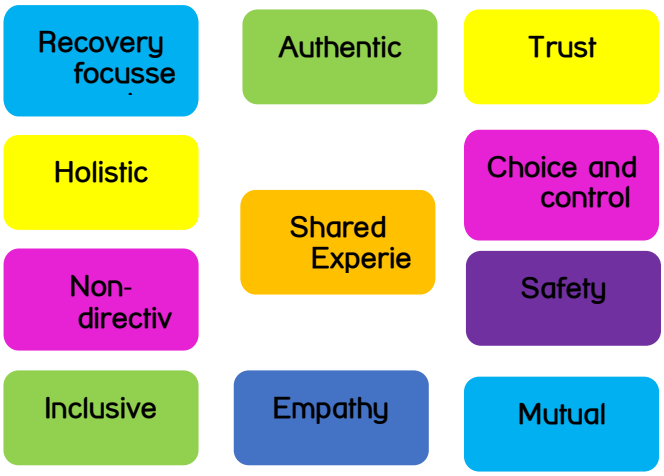
Values were considered of paramount importance to peer support across most of the literature that was reviewed. Interestingly, values and principles seemed to be key mode of describing and defining peer support across contexts. Peer support is revealed to be a value driven practice. The literature reveals a consistent desire for all peer support to be underpinned by a values framework.

- "We often found that when respondents were asked to directly describe peer support, they chose a range of descriptors which focused around the values of peer support and what they hoped it might achieve" (Inclusion Barnet 2018: 5)
- "Ockwell (2012) argues that "the need is not for a consistent model but more for 'a consistent set of values which should include hope, friendliness, equality, mutuality, independence and must be defined primarily by peers (both supporting and supported) themselves'(p 99)" (Mind 2013: 9)

Interestingly in the context of peer support, values often overlap and are repeated across contexts with only slight variation and diversity. However, there was a strong message in the literature that peer support values do not operate in isolation, but that they intersect and interconnect and are weighted differently in different contexts.

- "The values do not work on their own; they are interconnected and build on one another. (Mind 2017: 4)

The most prominent values that came out of the literature were:



- "For peer support to exist and flourish, it must contain at its root (…) solidarity" (Basset et al 2010: 14)

- "Peer workers described an approach which sought to understand and know the whole person, rather than reducing them to a single experience, situation or label" (Inclusion Barnet 2018: 12)
- a 'non-directive' approach, (Repper 2013: 8)
- “When exploring why the group was effective, the recurring theme was the empathic understanding within an all peer group, being able to speak freely about their experiences, knowing they were not going to be judged” (McDonald 2014: 2)
- "Empathy, trust, mutuality and reciprocity, equality, a non-judgmental attitude" (Faulkner and Kalathil 2012: 5)
- "Experience in common • Safety • Choice and control • Two way interactions • Human connection • Freedom to be oneself" (Billsborough et al 2017: 5)
- "Mutuality, reciprocity, a 'non-directive' approach, (Repper 2013: 8) being recovery focussed, strengths-based, inclusive, progressive and safe" (Repper 2013: 8)
- “O’Hagan, McKee, and Priest (2009) identify three primary values: equal power relationships, reciprocal roles of helping and learning and a ‘whole of life’ rather than illness-focused approach” (Gillard 2019: 342)

5. Challenges and barriers

The literature review identified 8 types of challenges or barriers relating to peer support practice and delivery. These challenges have been categorised as 1) the way peer support is valued 2) boundaries 3) being triggered 4) institutional challenges 5) sickness/burnout 6) sustainability 7) training/support 8) power. These challenges are evidence separately below.

The way peer support is "valued"

The literature review identified some challenges with regards to how peer support was valued. A tension was revealed between the commissioning need to measure the monetary value and cost-effectiveness of peer support, versus the desire from the peer support community to have peer support valued in a more subjective and experiential way.

- "Peer support requires organisation and may have costs. Little research has explored the cost-effectiveness and this gap needs to be filled to help make good decisions about commissioning and sustaining peer support" (Nesta 2015: 2)
- The value of peer support may be measured in non-financial ways. "peer support is subjective, nuanced and context-specific" (Inclusion Barnet 2018: 4)

Additional challenges were identified around preconceptions/misconceptions of the value-add of peer support from the perspective of other professionals. There was a particular concern that the true value of peer support may be lost, or

that peer support workers may be undermined and exploited, if Peer Support is integrated into large institutions with a more clinical or impersonal approach.

- "Concerns were raised about the tendency to view peer workers as 'cheap labour'; that the role might be at risk of becoming diluted or lost within a statutory setting facing cuts and staff redundancies" (Faulkner and Kalathil 2012: 32)
- “Can peer staff accept support offered to them by the people they serve? If not, then does this not move them closer to behaving and functioning in the traditional clinically driven manner - which would therefore negate the uniqueness of the peer support relationship?” (Repper and Carter 2011: 13-14)
- "Peer support is not a substitute for good professional support. It complements the professional with the personal but it can’t or shouldn’t not be expected to bridge gaps in professional care and support" (Faulkner and Kalathil 2012: 32)

Boundaries

The issue of boundaries was revealed to be the biggest challenge identified through the literature review process. The main boundary issue raised in the literature was the “role ambiguity” with peer support being broadly conceptualised as existing some somewhere between a friendship and a professional relationship. This seems to be a prevalent challenge in many peer support contexts and a further need for “clear roles and job descriptions” has been identified. (Together for mental wellbeing 2010: 17)

- Peer Support can “challenge some of the assumptions made about the nature of the relationship between practitioner and person using the service.” (Christie 2016: 11)
- “Understanding the boundaries between friend and worker” (Repper and Carter 2010)
- "The challenges of boundaries and role clarity tend to arise in relation to more formal approaches to peer support, while informal approaches seem to prefer peer support to develop organically with little formal boundary setting" (Faulkner and Kalathil 2012: 6)
- "Peer support workers may be viewed more like friends than non-peer case managers or clinical staff, especially since peer support workers are not only allowed but are in fact expected to disclose personal information and to share intimate stories from their own lives. (Repper and Carter 2011: 13-14)

The boundary issue was revealed to be problematic other non-peer professionals who were unsure how to relate to the peer support workers particularly if the peer workers were struggling with their own support needs.

- “A lack of understanding of the role of peer support workers (by others and by PSWs themselves)” (Repper and Carter 2010: 12)
- "Two issues that the literature identifies as problematic for peer support: a lack of clarity in peer role expectations and a need for peers to be better integrated into workplace teams" (Jacobson 2012: 2)
- “Role confusion (among peers and existing staff), lack of confidentiality about peers’ history, insufficient job structure and inadequate social support" (Repper and Carter 2010: 11-12)
- "Dixon et al also found that the vagueness of the peer role meant that staff members sometimes were not clear of how they should relate to the peer" (Jacobson 2012: 2)

Boundaries were also thought to be an issue around disclosure, particularly in group work settings where the blurring between professional and personal may cause uncertainty which could lead to inappropriate interactions. Similarly, the literature reveals that emotional boundaries may be challenged by peer support activity as such it is necessary for the peer support workforce to undertake specific work maintaining their emotional resilience.

- “Difficulties can arise when clear boundaries are not set. Potentially, this could lead to some group members feeling unsafe and insecure "(Health watch Bucks and Mind Buckinghamshire 2017: 15)
- “Questions arose about how close a PSW should get to the peers with whom they worked; socializing might involve drinking, dancing, going home together – and then it could be difficult to resume a more therapeutic relationship within a work context” (Repper and Carter 2011: 13-14)
- "PSWs spoke of thinking about their peer a lot at evenings and weekends and often felt a great responsibility for them. The emotional attachment even after such a short period was strong. This was amplified when there was a long gap over the Christmas period or when contact was broken" (Simpson et al 2014: 14)

Being triggered

The literature indicated that peer support is emotionally demanding work and that being emotionally triggered was a prevalent challenge for the peer support workforce. Peer support workers are encouraged to share their own experiences in a safe way, however the people they are providing support to may share in ways that are unsafe or may disclose trauma/triggering content at unexpected times. The peer support worker must then navigate their own emotional responses while also striving to support the other person.

- "Peer workers (…) found it hard to encounter people in severe distress, as this could trigger memories of their own feelings and experiences. (Faulkner and Kalathil 2012: 33)
- "Several people pointed to the psychological or emotional challenges of providing peer support, particularly if feeling vulnerable yourself. Peer

support can be a mentally challenging job" (Faulkner and Kalathil 2012: 32-33)
- “Certain things will come up and catch you unawares no matter how well prepared [you are].” (Simpson et al 2014: 13)
- Peer Support workers “did not feel they had been adequately prepared for the depth of emotions they would experience generally, and particularly in relation to the ending of the peer support relationship" (Simpson et al 2014: 13)

Institutional challenges

Challenges were identified or anticipated with regards to peer support operating within larger institutions. Particularly where the hosting institution is not well versed in peer support cultures and ways of working. Challenges in these contexts include resistance from colleagues, lack of power or agency, lack of appropriate support, and the peer support role being undermined or dismissed as lacking expertise. Further, the shift towards peer support becoming standardised is an area of growing concern for many peer support practitioners. The worry is that peer support will be subsumed by large systems and forced to adopt more rigid, institutional ways of working which may clash with the original values of the practice.

- "Institutional challenges were predominantly those associated with working as a peer worker within a statutory setting. People described professional resistance and a lack of power, a lack of value or recognition for peer workers and a struggle to find appropriate management support and supervision" (Faulkner and Kalathil 2012: 32)
- "Barriers to peer support reported by participants in this summit included: incomplete acceptance of the role and value of peer support workers by commissioners and managers” (Repper and Carter 2010: 12)
- "The corridors of power were just impenetrable (Faulkner and Kalathil 2012: 32)
- "Barriers to peer support reported by participants in this summit included: incomplete acceptance of the role and value of peer support workers by commissioners and managers” (Repper and Carter 2010: 12)
- "A competence framework could be seen as professionalising the role, imposing a standardised model of peer support, subsuming it into NHS services and shaping it in ways that current peer support workers may not recognise" (UCL 2020: 2)

Sickness / burnout

A key challenge identified by the literature was the possibility of sickness and/or burnout affecting the peer support workforce. In a mental health context, peer support workers have their own lived experience of mental health difficulties – these may be historical but are more likely to be current and ongoing. This,

combined with the emotionally demanding nature of the role, and the requirement to share difficult experiences, creates the possibility of triggering illness/relapse. The expectation that this work can be done on a daily basis opens up the potential for emotional burnout.

- “Stress for peer support workers created through their dual role as ‘patient’ and worker” (Repper and Carter 2010: 12);
- "PSWs might be exposed to stress that could result in a reoccurrence of symptoms that may result in rehospitalisation. This would be detrimental to the PSW and the people with whom the PSW was working – due to the effect it may have on the sense of hope instilled by the perceived recovery of the PSW. (Repper and Carter 2011: 399)
- “The biggest weakness of the non-consumer teams was the lack of workforce stability due to relapse" (Repper and Carter 2011: 399)
- "Burnout and stress were commonplace and the need for organised support and supervision of these employees became paramount" (Together for mental wellbeing 2010: 7)

Sustainability:

The literature reveals that there are challenges around the long-term sustainability of peer support groups, these challenges relate to access to funding at both the higher level of commissioning for statutory and third sector organisations but also on the ground in front-line delivery of community groups.

- "All commissioners spoke about the difficulty in commissioning new or ‘innovative’ services against a landscape of cuts and financial austerity." (Billsborough et al 2017: 333)
- “Two groups spoke of how the short-term nature of funding they were given by the statutory sector for pilot schemes didn’t enable the time necessary for groups to get beyond just ‘getting to know each other” (Billsborough et al 2017: 328)
- “As evidenced elsewhere in the report, peer support is takes time to develop, especially in marginalised communities, which means a longer length of time is needed to build trust and openness between peers" (Billsborough et al 2017: 328)
- "Another identified the process of applying for funding as a barrier where it was confusing and cumbersome. This can lead smaller organisations to lose confidence and feel disillusioned, becoming less likely to seek support in the future" (Billsborough et al 2017: 328)
- "Funding was critical barrier, exasperated by short time frames for projects. This echoes the earlier sections, where time was evidenced as a vital enabler for building networks and relationships." (Billsborogh et al 2017: 328)

Training and support

The literature pointed to a “a clear need for strong and relevant support, supervision and training” (Together for mental wellbeing 2010: 17). The key training needs that were identified were gaining an experiential understanding of peer support role, appropriate level of safety and safeguarding awareness, and professional/personal boundary setting. There was also a clear message in the literature that peer support workers need to be supported by robust supervision structures in order to sustain their person wellbeing and increase their professional development.

- “Several of the projects mentioned the challenges of providing adequate support and training for peer workers in the context of talking about the mental and emotional challenges of the work and its potential to trigger personal issues" (Faullkner and Kalathil 2012: 33)
- "One potential pit-fall of non-trained peer support is the danger of a dependency relationship” (MHF 2013: 6)
- "Most PSWs would have welcomed more ‘hands-on’ training whilst undertaking the role, which would have provided opportunities to address learning needs that were emerging through undertaking their role" (Simpson et al 2014: 15)
- “Specific experience and training in mental health may be necessary" (MHF 2013: 5)

Power

Power was revealed to be a key challenge for peer support across the literature reviewed. This related to the power differentials of paid peer support vs voluntarily offered peer support. This also included reference to power dynamics within professional teams and also shifting power differentials when peer support is provided in the statutory vs community context.

- "Mead et al. (2001) pointed out that formalising peer support by offering payment, training and titles will inevitably lead to power differences – even if these are minimised. Furthermore, if these power differences go unrecognised or are not worked through then it could lead to peers being less than honest and saying or not saying things through fear of retribution” (Repper and Carter 2011: 398)
- “PSWs may have to work with professionals who have treated them in the past (Fisk, Rowe, Brooks, & Gildersleeve, 2000). This could challenge the possibility of respectful equal relationship within the team as staff may fail to treat them as professional equals (Mowbray et al., 1998) or continue to view them as ‘patients’ (Davidson et al., 1999)" (Repper and Carter 2011: 398)

- "PSWs experienced feelings on the one hand part on the team, however, “always of lower status than the other professionals” (Mowbray et al 1998 in Repper and Carter 2011: 399)
- Peer Support Workers have a “relatively powerless position within mental health services” (Together for mental wellbeing 2010: 17)
- "the power and status given to peer support delivered by mainstream services, is such that it might be attracting funding away from community based peer support within service user groups and voluntary sector organisations ... mental health services have the power to provide peer support without reference to, or acknowledgement of, what has been and is going on in their local communities. (Faulkner 2019: part 2)

6. Benefits and successes

A number of benefits of peer support were identified in the literature we reviewed. These benefits can be grouped into three camps as "peer support can have multiple benefits, not only for the recipient and the giver of support, but also for organisations and systems within which the peer support is delivered” (MHF 2013: 3).

Benefits to person receiving support

Numerous benefits to the person receiving peer support were identified. These included accessing a judgment free space, experiencing human connection, gaining an increased sense of hope, developing self-confidence, gaining both physical and mental benefit, improved self-efficacy, increased resilience and feeling more positive about the future

- "what is at the core of peer support is the space that enables us to share our experiences, tell our stories, with the expectation of being believed and heard and without fear of judgement or pathologisation. (Faulkner 2019: part 1)
- “However, work by Repper and Carter (2011) and Faulkner and Kalathil (2012) indicates that peer support is felt to offer more person-to-person care, instil hope, improve self-confidence and promote self-belief” (Paramenter, Fieldhouse and Deering 2015: 3)
- “Individual benefits may include improved physical and mental health, increased life expectancy, improved knowledge about one’s condition and better self-management skills” (MHF 2013: 2)
- “As people engaged with more peer support, their wellbeing, hope for the future, connections to others, and self-efficacy (feeling like they can make positive changes to their own situation) improved" (Mind 2017: 4)
- "The mutuality and reciprocity that occurs through peer support, builds social capital, which in turn is associated with well-being and resilience (McKenzie, 2006). If we have opportunities to support each other; we are building our capacity as a community. Social capital can be

characterised as the skills, networks and resources that support individuals to be connected to their communities"(Mind 2013: 6)
    - "Participants reported improved feelings of hope, and feeling more confident about their strengths and skills. This enabled them to make positive plans for the future" (McDonald 2014: 3)

Benefits to person providing support

Several benefits were identified for the peer support worker providing support to others. These included an increased sense of empowerment, improved self-confidence, decreased self-stigma, increased professional and interpersonal skills, earning money, accessing work experience, increased self-esteem, higher self-confidence, improved wellbeing and an improved recovery journey.

- "they feel empowered in their own recovery journey (Salzer and Shear, 2002)"
- "they have greater self-confidence and self-esteem" (Ratzlaff et al 2006)
- "a more positive sense of identity, they feel less self-stigmatisation, have more skills, more money and feel more valued" (Bracke et al 2008)
- "positive and safe way to re-enter the job market and thus resume a key social role" (Mowbray et al 1998) (10)
- Providers of peer support may experience less depression, heightened self-esteem and self-efficacy, and improved quality of life. (MHF 2013: 2)
- "Boost their self-esteem and confidence; generate feelings of pride; help develop new skills and overcome challenges. The quality of relationships with their service user peers varied but most experienced productive, rewarding peer support interactions. The PSWs themselves described an increased understanding of their own recovery processes and positive impacts on their wellbeing" (Simpson et al 2014: 12)
- Peer workers tend to realise specific improvements in feelings of empowerment, self-esteem and confidence in people (Davidson and colleagues, 2012).
- "peer workers identified benefits including employment, a greater understanding of their own situation, an opportunity to challenge barriers and stigma/discrimination and increased self-esteem and confidence" (Faulkner and Kalathil 2012: 31)

Benefits to organisations providing support

Numerous benefits were identified on an organisational level. These included reduced hospital admissions, improved cost effectiveness, greater service diversity, greater inclusion and diversity stats, improved stigma reduction and better overall health outcomes

- Organisations and systems may benefit from reduced health care use, increased uptake by hard to reach groups, greater service choice and improved cost-effectiveness" (MHF 2013: 2)
- "peer support may also encourage people to take more care of their health which, in the longer term, could lead to better health outcomes" (Nesta 2015: 2)
- “The presence of peer support workers could decrease inpatient bed use by reducing admissions or by shortening the stay in hospital” (Christie 2016)
- "Repper and Carter (2010) identifies that employing peer support workers can result in many benefits including a reduction in admission rates and increased community tenure, (Mindkit 2018: 10)
- These included the development of alternatives to mental health statutory services, increased knowledge of Recovery and new ways of achieving inclusion, working in partnerships, and improved clinical practice through input to policy and practice development" (Faulkner and Kalathil 2012: 31)
- "Individuals have also reported that through peer-led work they were able to change attitudes towards mental health and break down the stigma associated with it by building hope in the peers they were supporting (Mowbray, Moxley & Collins, 1998) (Mindkit 2018: 10)
- The Clinical Team Lead at the Valley Centre suggested peer support could be a preventative measure, before individuals are referred into the AMHT. This would ease the pressure on frontline staff and clinicians so they could deal with more complex-needs patients" (Healthwatch Bucks and Mind Buckinghamshire 2017: 10)

Discussion

This literature review explored a broad range of literature relating to peer support delivery in the UK. The literature review aimed to learn more about the big picture of peer support and has endeavoured to answer 5 key questions relating to peer support in this document. These questions have been 1) what defines “peer” 2) what defines “peer support” 3) what values and principles underpin peer support 4) what challenges are involved in peer support? 5) what benefits does peer support bring?

The wider literature review (see literature matrix) explored alternative issues such as 1) the peer support worker’s role 2) models of delivery and 3) professionalisation of the practice. Although these themes were not summarised in this document they will also be used to influence and enrich the local scoping of peer support across West Yorkshire and Harrogate.

This literature review has been very useful in giving an overview of the National landscape of peer support and the current themes and trends emerging in the field. This national picture will support the planning and development of the wider West Yorkshire and Harrogate peer support scoping project in different ways. Primarily, this national picture will act as a baseline for our upcoming local study as we will be able to draw on these findings for contrast and comparison purposes. Undertaking this process will enable us to get a clearer understanding about how peer support in West Yorkshire and Harrogate offers any similarities or divergence from the national picture or if it has any specificities relating to its specific context (geography, rurality, history, demographics) that are worth noting. The literature review will be the bedrock of our local scoping project and will allow us to progress in the following ways:

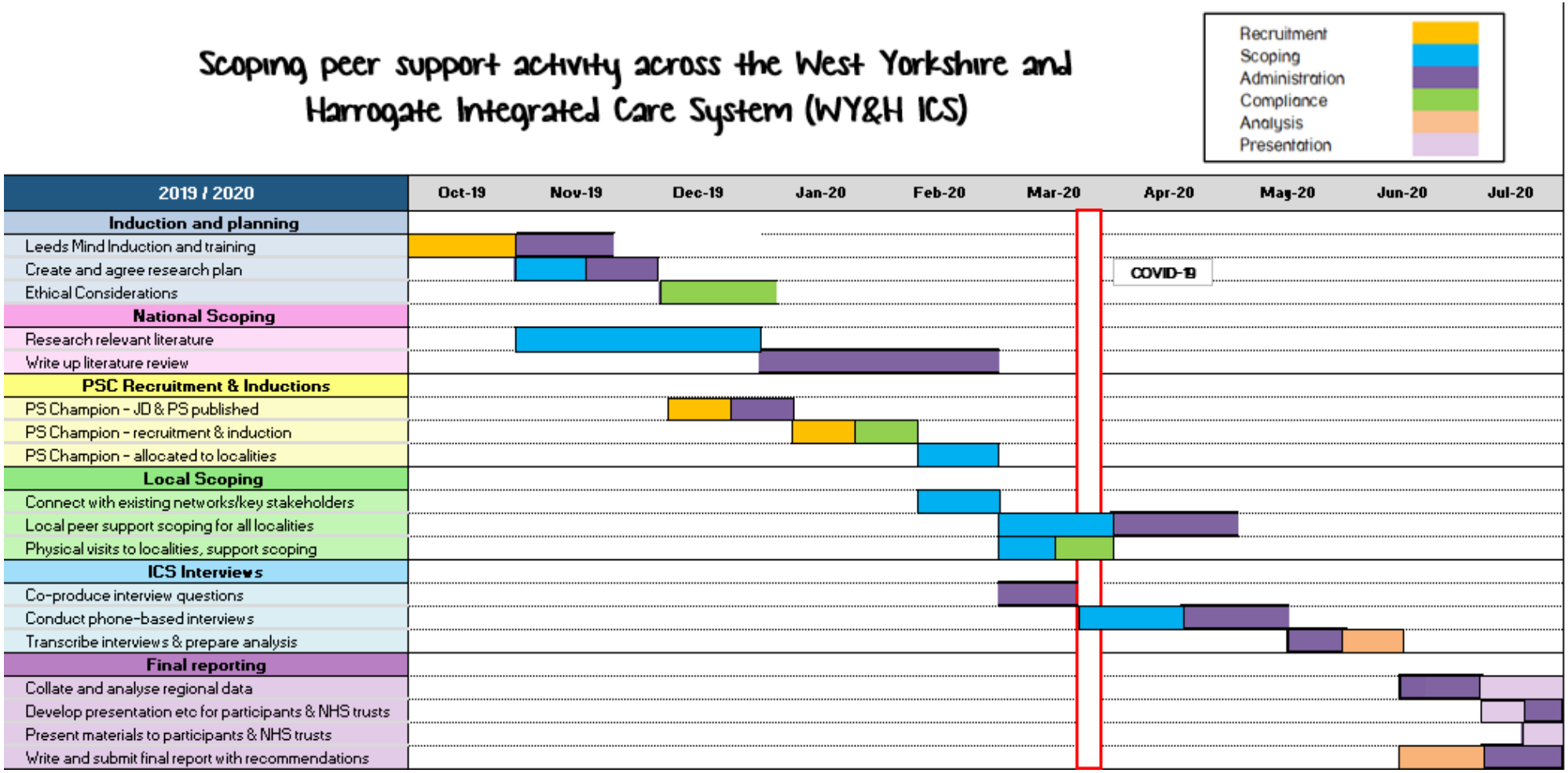
Next steps

- Shadowing – the wider literature review included research into peer support workers daily role and models of delivery. This information can be used to create shadowing itineraries for the local scoping project where the scoping team will be tasked with getting an inside view of the peer support workforce's daily experience.
- Interviewing – the literature review has provided a wide range of information about the different models, principles and values of peer support as well as providing information about the role expectations of the peer support workforce. This information will be used to anticipate some of the challenges/barriers/delivery models/values that may be in practice across WY&H and use this knowledge to form the basis of our interview questions

Reporting: Reviewing the available literature on peer support can feed into the WY&H project in terms of reporting. The variety of reporting formats and styles has provided food for thought about how to best represent the findings from our local study to illustrate our key messages.

Full bibliography and literature analysis matrix available on request

Scoping peer support activity across the West Yorkshire and Harrogate Integrated Care System (WY&H ICS)



Appendix 3.

Guidelines for the interviews

The following is a list of guidelines to support everyone to have a positive interview experience. Feel free to agree additional guidelines if necessary, to suit your personal preferences and to meet any additional access needs.

Both the interviewer and interviewee will follow these guidelines throughout the interview process.

- I agree to respect other people's differences, experiences and life choices

- I will try not to talk over the other person or interrupt them to
- I can ask questions or clarify things as and when I need
- I can ask for a break if I need one
- I can pass on any question without having to give a reason
- I can ask for help if I need it
- I will try to look after myself and my wellbeing during the interview

Interview questions for peer support workers/volunteers

Contextual questions

1. Can you give a brief summary of your organisation and your role within it?
2. We are scoping peer support across WY&H. Can you tell me about the area you work in? Is the peer support you provide specific to local need in any way?
3. How does your service fit in in the context of [place]? For example, are there other peer support providers locally? If so, how do you interact?

Questions relating to definitions and delivery models

4. What does peer support mean to you and your organisation? [prompt: who is a peer and how is support defined?]
5. Is your peer support work underpinned by any values or principles? If so, what are they? [may include things like mutuality, safety, respect, shared experience etc]
6. What are the main duties of your peer support role? [prompt: What does a typical day look like for you?]
7. [if not covered in previous answer] What delivery model does your peer support take? [Prompt: 1:1 support, facilitated groups, activity groups, support groups, guidelines, ground rules] Why do you work in this delivery model?

Questions relating to individual experience in peer support workforce

8. What sort of benefits have you experienced from your role as a peer support worker/volunteer? [Prompt: what do you enjoy most about your role?]
9. Have you encountered any challenges in your role as a peer support worker/volunteer? [Prompt: what difficulties do you encounter on a day to day basis?]
10. Do you have access to support in your role? [Prompt: How does your organisation support you? How do you support yourself?]
11. What is your perspective on paid peer support? [prompt: Do you think payment changes the quality of peer support in any way?]
12. Do you feel like peer support is understood and valued among your colleagues and your wider professional networks? [Prompt: have you encountered any positive or challenging attitudes?]
13. Is there anything else you would like to mention?

Interview questions for peer support managers/co-ordinators

Contextual questions

1. Can you give a brief summary of your organisation and your role within it?
2. How does peer support fit into the wider service you work offer? [Prompt: what does peer support bring to your organisation?]
3. We are scoping peer support across WY&H. Can you tell me about the area you work in? Is the peer support you provide specific to local need in any way?

4. How does your service fit in the context of [place]? For example, are there other peer support providers locally? If so, how do you interact?

Questions relating to definitions and delivery models

5. What does "peer support" mean to you/your organisation? [Prompt: who is a peer? how is support defined?]
6. Is the peer support work you oversee underpinned by any values or principles? [prompt: If so, what are they? If not, why not?]
7. What are the main duties of your role as a manager/coordinator of peer support activity? [Prompt: what does a typical day look like for you?]
8. What delivery model does your peer support take? [Prompt: 1:1, facilitated groups, activity groups, support groups, guidelines] Why do you work in this delivery model?

Questions relating to individual experience in peer support workforce

9. What sort of benefits have you encountered in your role as a peer support manager/coordinator? [Prompt: what do you enjoy most about your role?]
10. What sort of challenges have you encountered in your role as a peer support manager/coordinator? [Prompt: what things do you find challenging day to day?]
11. How are your peer support workers/volunteers supported? How are you supported? [Prompt: supervision/self-care)?
12. What is your perspective on paid peer support? [Prompt: do you think payment changes the quality of peer support in any way?]
13. Do you feel like peer support is understood and valued among your colleagues and your professional networks [Prompt: have you encountered any positive or challenging attitudes?]
14. Is there anything else you would like to mention?

Appendix 4.

Project Information Sheet

Project Title: Scoping peer support activity across the West Yorkshire and Harrogate Integrated Care System (WY&H ICS)

Project Duration: October 2019 - July 2020

Project Aims:

- To learn more about current peer support activity across the WY&H ICS
- To explore the experiences and expertise of the peer support workforce across the WY&H ICS
- To identify best practice for peer support across the WY&H ICS
- To identify barriers and challenges faced by the peer support workforce across the WY&H ICS
- To identify barriers and opportunities relating to integrating peer support into NHS settings

Project context:

- The project is funded by the West Yorkshire and Harrogate Workforce Local Workforce Action Board (LWAB)
- Find out more about the LWAB here: https://www.hee.nhs.uk/our-work/localworkforce-action-boards
- The project is being delivered by Leeds Mind. A mental health charity with a proven track record of developing and delivering peer support activity.
- Find out more about Leeds Mind here: https://www.leedsmind.org.uk/
- The project is located within the context of the WY&H ICS.
- Find out more about Integrated Care Systems here: https://www.england.nhs.uk/integratedcare/integrated-care-systems/
- The West Yorkshire and Harrogate geographic footprint includes Leeds, Bradford District and Craven, Kirklees, Calderdale, Wakefield, and Harrogate and Rural district
- The project will engage with the peer support workforce across Statutory services, third sector organisations, the local community, and partnership projects.

The project has 3 strands of activity

National Scoping

- The project will seek to research and review national examples of peer support practice in the form of a literature review
- This literature review will explore definitions of peer support, peer support models and principles, and the roles and responsibilities of the peer support workforce.

Local Scoping

- The project will seek to scope local peer support through desk-based research, telephone and email enquiries, accessing existing professional networks and by engaging with local community life.
- The project will create a detailed overview of local peer support activity by collating the findings of the scoping exercise into a centralised database
- The project aims to access an experiential understanding of the peer support workforce by shadowing and interviewing peer support workers across the region.
- The project aims to engage the peer support workforce in semi-structured interviews to learn more about their role, responsibilities and experiences

Writing up / reporting

- The project will produce a final report describing the existing peer support activity across the WY&H region.
- The report will include a literature review, local area data, insights into workforce experience, and will identify best practice as well as challenges in peer support delivery.
- The report will consider the potential barriers and opportunities for integrating peer support into NHS contexts.
- The report will develop recommendations for the future of peer support across the region.
- The report will develop recommendations for further scoping or research into peer support across the WY&H region.

How your organisation/project can get involved (+ anticipated time commitment)

There are 3 ways organisations/projects can participate in the scoping exercise:

1. Sharing basic details of your peer support activity (approx. 10 mins)
2. Participating in semi-structured interviews (approx. 30 – 1 hour)
3. Allowing the project team to shadow the peer support workforce in your organisation (approx. 1-5 days)

GDPR compliance

- Informed Consent will be collected from interview and shadowing participants
- Sensitive personal data will not be collected at any point
- Any information you share will be stored in compliance with the Data Protection Act 2018
- All interviews will be audio recorded, then uploaded immediately onto a password protected device. The original recording will be deleted.
- All contributions will be anonymised (although the names of participating organisations may remain)
- Any information shared will be used for the aims and purposes of this project only
- Participants can withdraw their participation and/or their data without having to give a reason until the reporting point (June 2020)
- Leeds Mind will store all contributions safely for six months beyond the end of the project (January 2021)

For more information please contact the project team leader:

Carley Stubbs - Team Leader

Clarence House, 11 Clarence Road, Horsforth, Leeds LS18 4LB
carley.stubbs@leedsmind.org.uk

If you have any concerns, complaints or compliments please contact

Jules Stimpson – Operations manager

Clarence House, 11 Clarence Road, Horsforth, Leeds LS18 4LB
jules.stimpson@leedsmind.org.uk

Appendix 5.

Participant Consent Form

Name: Date:

Organisation:

Please read the following statements and tick all that apply:

Statement	
I have read the project information sheet and understand the aims of the project	
I want to take part in the scoping project	

Please read the following statements relating to participation and tick all that apply:

Statement	
I am happy to participate in an interview about my role in peer support delivery	
I am happy to be shadowed in my role as a peer support worker / manager	

Please read the following statements relating to Data Protection and tick all that apply:

Statement	
I understand that data I share will only be used for the purposes of this project and will not be shared with third parties	
I understand that any data I share will be stored safely in accordance with the Leeds Mind Data protection policy which adheres to the data protection act 2018	
I understand that any personal details I share will be anonymised	
I understand that I can withdraw my participation and my data at any time until June 2020	
I understand that my contributions may be used as part of a final report that will be reviewed internally by Leeds Mind, the LWAB and other ICS professionals	
I understand any information I give will be stored by Leeds Mind for 6 months after the project ends (January 2021)	

Scoping the peer support activity across the WY&H ICS

Please read the following statements relating to the project management and tick all that apply:

Statement	
I understand that if I have any questions or queries, I can ask for clarification from carley.stubbs@leedsmind.org.uk	
I understand that if I have any concerns, complaints or compliments about the project, I can contact jules.stimpson@leedsmind.org.uk	

Signed

Participant.....

Person collecting consent.....

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