

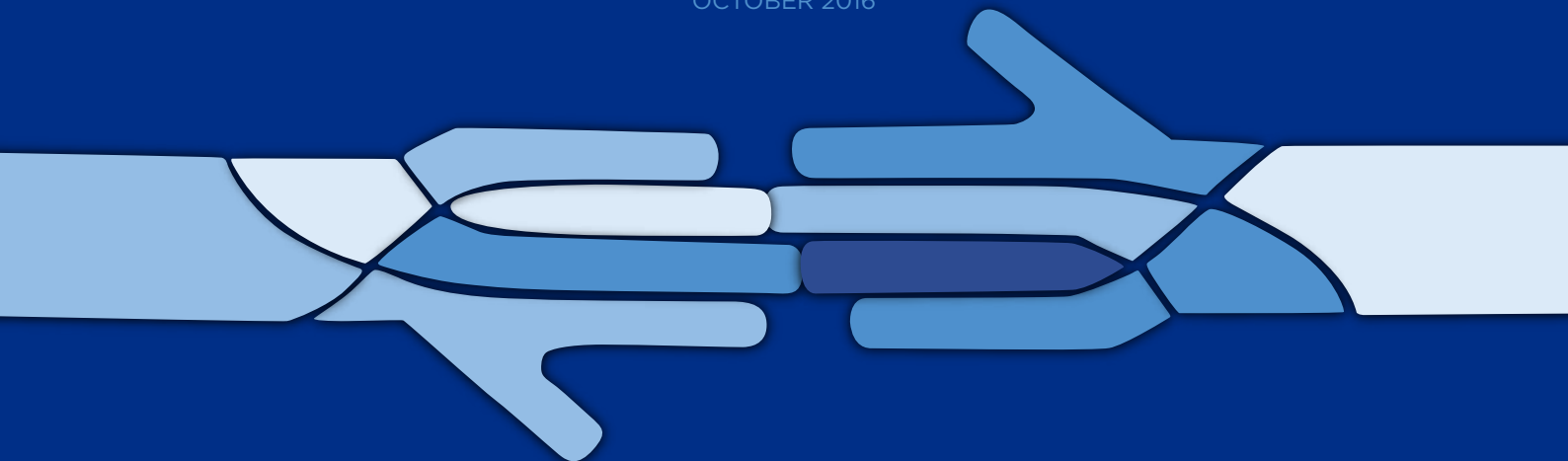
Nesta...

The Power of Peer Support

What we have learned
from the Centre for Social
Action Innovation Fund

Jullie Tran Graham
and Katy Rutherford

OCTOBER 2016



The Centre for Social Action Innovation Fund was a partnership between Nesta and the Cabinet Office. From April 2013 to March 2016, it supported 52 organisations to grow the reach and impact of innovations which mobilised people's time, energy and talents to help each other, working alongside public services.

Acknowledgements

This report was written by Nesta Health Lab's **Jullie Tran Graham** and **Katy Rutherford**. We would like to thank colleagues at Nesta for their additions and review - **Halima Khan, Vicki Sellick, Johanna Ejbye, Catherine Russell, Carrie Deacon**, and **Annie Finnis**. As well, thank you to **Alexandra Ankrah, Rob Pomfrett** and **David Knott** at the Cabinet Office for your review and helpful feedback.

We are indebted to the Centre for Social Action Innovation Fund's peer support cohort. Your work embodies the purpose of the Fund - people helping people - and we are grateful for your insights, quotes and stories.

As always, all errors and omissions remain our own.

We hope you find it useful.

About the Cabinet Office Centre for Social Action

Since 2013 the Cabinet Office has invested more than £36 million through the Centre for Social Action to identify and accelerate the development and spread of high impact social action initiatives that complement public services and improve social outcomes. By 2020 Cabinet Office will invest £15 million in a further phase of the Centre.

About Nesta

Nesta is an innovation charity with a mission to help people and organisations bring great ideas to life.

We are dedicated to supporting ideas that can help improve all our lives, with activities ranging from early-stage investment to in-depth research and practical programmes.

Nesta is a registered charity in England and Wales with company number 7706036 and charity number 1144091. Registered as a charity in Scotland number SCO42833. Registered office: 1 Plough Place, London, EC4A 1DE.

The Power of Peer Support

What we have learned
from the Centre for Social
Action Innovation Fund

Contents

1. Introduction	4
2. What is peer support and why is it important?	6
2.1 What is peer support?	6
2.2 Why is peer support important?	7
2.3 The evidence for peer support	8
3. Peer support in action - ten case studies and their evidence of impact	10
3.1 Meet the peer support portfolio	10
4. What are we learning about delivering peer support?	21
4.1 Engaging people in peer support	21
4.2 Recruiting, training and supporting peer support facilitators	23
4.3 Evidence, learning and improving	29
5. Where next for peer support?	31
5.1 How can peer support be mainstreamed?	31
5.2 Next steps	33
Endnotes	35

1. Introduction

With an estimated one in four people living with long-term conditions and/or one diagnosable mental health problem in any given year, small tweaks to the health system simply won't be enough. What we need is a fundamental rethink of the way we approach health and care services - putting people in the lead, making better use of community resources and building in co-production at every level.

That's why we think peer support is so important, because it enables people to share their experiences and support each other as equals and in ways that build resilience and address what matters most to people in their everyday lives.

'Peer support in health and care encompasses a range of approaches through which people with similar long-term conditions or experiences support each other in order to better understand the condition and aid recovery or self management'.¹

Peer support has the potential to increase people's confidence, mood and wellbeing - and ultimately health - while improving care, delivering better outcomes and reducing costs to the NHS. For those in a caring role, peer support also has the potential to provide the emotional and practical support that is often needed to prevent carer breakdown. Peer support involves people drawing on shared personal experience or characteristics to help one another, often in a way that is mutually beneficial. There is also new research² that shows that peer support is an effective mechanism to improve the outcomes of 'hardly reached' groups - which includes, for example, those with low income or education, ethnic minorities, and those troubled by psychosocial distress. It is also important to note that there is existing research³ on inclusion, equality and other practical considerations for engaging 'hardly reached' communities, which is valuable to consider.

Nesta's work on peer support

Peer support has been a core element of Nesta's work in health for a number of years. We believe that we need to move towards a genuinely people-powered health system - a system where we equip people with the confidence, knowledge and skills to manage their own health conditions on a day-to-day basis, and connect people to one another in social networks that support positive behaviour change.

In our **People Powered Health programme**, which ran from 2011-2013, we worked with six sites to test how co-production (that is, designing and delivering services with people, rather than 'for' or 'to' them) could be applied at scale to support people to live better lives with long-term conditions. We concluded that there was a need for a fundamental shift in the way that we think about the health and care system so that it focuses on people's strengths and assets, treats people as equal partners in their care, and avoids dependency by empowering individuals, communities and families to do more for themselves. We also argued for further development of 'more than medicine' approaches, such as peer support, to complement clinical care. Our **Business Case for People Powered Health** found that adopting a People Powered Health approach for people with long-term conditions offered the potential to save the NHS at least £4.4 billion a year, as well as delivering better outcomes for people.



In 2013 we launched the **Centre for Social Action Innovation Fund**, a partnership with the Cabinet Office, to develop this agenda further. In particular, the Fund aimed to grow social action initiatives which mobilise people's time, energy and talents to help others, alongside public services. Over the last three years, we have invested £14 million in over 50 innovations across a number of key themes including ageing and long-term conditions, as well as programmes to support impactful volunteering in public services including **Helping in Hospitals** and **Cities of Service**.

A central element of the Fund's work has been to test how People Powered Health approaches, including peer support, can be scaled and spread to benefit many more people. We supported ten organisations to scale peer support and these organisations mobilised over 10,000 volunteers to support over 14,000 people in different peer support models including one-to-one peer support, group peer support and digital approaches.

In this paper, we reflect on why peer support has a crucial role to play in the future of People Powered Health, before sharing practical insights from our Centre for Social Action Innovation Fund peer support cohort. We also consider what the future might hold for those working in this field. We hope that this will be of benefit to those delivering or commissioning peer support, and those considering doing so.

Figure 1: The organisations backed by the Centre who are delivering peer support



2. What is peer support and why is it important?

2.1 What is peer support?

Social support and the role of individuals, families and communities are fundamental in managing wellbeing. Therefore, “peer support is built upon a fundamental and powerful dimension of human behaviour.”⁴

Peer support involves people drawing on lived experience or shared characteristics to provide knowledge, experience, emotional assistance, practical help, and social interaction to help each other. It is different from other types of support (e.g. health coaching, support from an informal carer) because the source of support is a similar person with relevant experience. Peer support is one way that individuals, families and communities can manage their own health and wellbeing.

“It helps being with other people who have been through similar experience. It’s helped me a lot, speech-wise and communicating.”

Stroke survivor who attends peer support groups (Stroke Association)

“Time to Talk (telephone peer support group) gave me the opportunity to understand sight loss and realise that there were people like you there to help me and I wasn’t alone. It was absolutely brilliant for me because I’d had no contact whatsoever with anyone who had sight loss. The other people understand you because they have sight loss too.”

Person with sight loss who attends Time to Talk (RNIB)

Peer support can take many forms, such as informal telephone calls, group get-togethers, or online forums. Peers for Progress, an organisation that promotes peer support around the world, has identified four main functions of peer support, with room to adapt and flex according to the local context. The four main functions are (adapted slightly from the original framework):⁵

- i. **Providing practical support** (e.g. assistance in daily living, essentials of what carers need to know when they’re looking after someone);
- ii. **Providing social and emotional support** (e.g., to encourage positive behaviours, to ensure that people living with a condition(s) or caring do not feel alone);
- iii. **Ensuring linkages to clinical care and community resources;** and
- iv. **Providing ongoing support.**



We also know that effective peer support is:⁶

- i. **Co-produced** between people who share a similar condition (and are treated as equals) and driven by what participants want and need,
- ii. **An asset-based approach** – recognising people’s resources and potential,
- iii. **Led by those who have experience of living** with the condition, not by professionals, and,
- iv. Targeted towards **better health, wellbeing and improved outcomes**.

2.2 Why is peer support important?

Peer support is a simple yet powerful social approach to better health and wellbeing. We know that human beings are more effective and happier when:

They can **talk** to someone about personal matters – **without judgement** and in a **confidential** way.

“Normally if you are with a group of people and you find that you have got to cough and you can’t stop coughing, you feel that people are looking at you as though you’ve got something really horrible that they are likely to catch.”

Person living with a lung condition attending an integrated Breathe Easy Group (British Lung Foundation)

Someone **understands** their personal goals and aims.

“With my future, she always encourages me and tells me to keep going. Sometimes I think I am thinking “too big” but she tells me I am on the right path.”

Young person living with HIV speaking about her peer mentor (Body & Soul)

Someone **can help them** when they **need help**.

“It’s good to know that there is someone there at the end of the day – I’ve had someone ring me to make sure I was alright in the early days when I needed extra support. It’s good to know that the support [from a peer mentor or professional] is there – you have that extra safety net if you need it....someone that you know as well, someone that you have worked with before.”

Person recovering from alcohol addiction speaking about his digital support (d2 Digital)

There’s someone they can **rely on in the long term**.⁷

“I think the thing about the help that you get [through statutory support] is there seems to be a two-year maximum time period, certainly from the health professionals, and at the end of that you’re out.”

Stroke survivor who attends peer support groups given the lack of long-term support from statutory services (Stroke Association)



Peer support is also a two-way street. The reciprocity of peer support is a key benefit. The act of helping someone else as a way of paying back for help previously received, or just simply sharing the experience gained can be a deeply rewarding and therapeutic experience in its own right.

“I have learnt a lot about myself through other people’s experiences. I have learnt that my experiences, whether big or small, can have an impact on other people’s lives, which is empowering.”

Young peer volunteer (Body & Soul)

2.3. The evidence for peer support

Health and wellbeing benefits

In a **literature review** that we published last year with National Voices, which analysed over 1,000 research studies on peer support, it was found that peer support can help people feel more knowledgeable, confident and happy, and less isolated and alone. These findings align with a recent review of the literature from the **Realising the Value** programme, which found that peer support leads to **significant improvements for people** with long-term physical and mental health conditions across a range of health and wellbeing outcomes⁸ including:

1. Individuals’ knowledge, skills and confidence to manage their health and care.
2. Physical functioning and ability to self-care.
3. Quality of life.
4. Social functioning and perceived support.

Peer support is a growing field of research with positive impact established in several different health conditions.⁹⁻¹⁹ In mental health specifically, peer support was a key recommendation in the Five Year Forward View for Mental Health with evidence that peer support is highly valued, especially by young people and British Black, Asian, and minority ethnic (BAME) adults.²⁰ This demonstrates the growing and increasingly convincing body of evidence from research and practice.

Economic benefits

There is also an emerging evidence-base supporting the economic case for peer support. We know that some evidence exists demonstrating the cost-savings from peer support initiatives aimed at people with long-term conditions and mental health conditions. For instance, a project in Nottingham which employed eight peer support workers who supported 247 inpatient and community clients in mental health services, contributed to a 14 per cent reduction in inpatient stays among the people they supported, saving around £260,000.²¹



We also know that there is an emerging evidence base indicating that peer support in a variety of areas of healthcare and prevention is cost-effective.^{22, 23} For example, authors Gillespie et al., (2013) concluded that a 12-week programme of group-based peer support for people living with Type 2 diabetes in Ireland led to a trend towards improvements in clinical outcomes and reductions in societal and healthcare costs, compared with usual care alone. The results suggest that the peer support programme was more cost-effective, with probability values of higher than 80 per cent across a range of potential cost-effectiveness threshold values.²⁴

Peer support has great potential to boost care that is centred around an individual's wants and needs and driven by potential and assets rather than deficits. Our collective goal now is to address evidence gaps including developing a more granular understanding of what works, for whom, under what circumstances and make it mainstream so that many more people can experience the benefits described above.



Stroke Association's peer support group



My Support Brokers' peer brokers



UK Active's peer support group



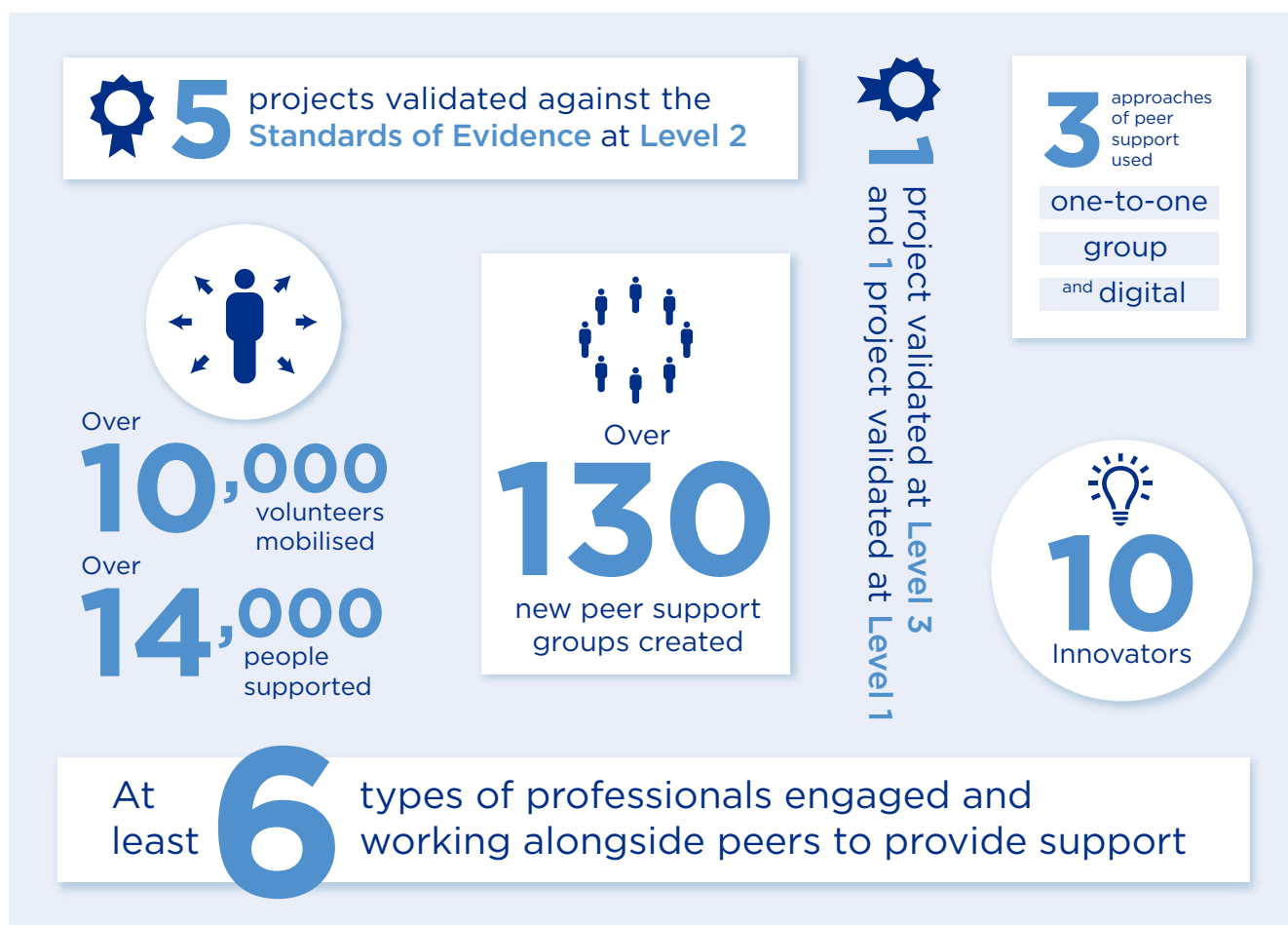
3. Peer support in action - ten case studies and their evidence of impact

3.1 Meet the peer support portfolio

Through the Centre for Social Action Innovation Fund, ten great peer support innovations worked to grow and spread their activities to many more people across England. The focus was on moving peer support from pockets of good practice to being delivered at scale and in more impactful ways.

We also had a strong focus on understanding impact to build on the existing evidence base for peer support, and the ten case studies below therefore emphasise the evidence of impact gathered to date.

Figure 2: The peer support innovators in numbers



CASE STUDY



Body & Soul's 'Beyond Boundaries'

Who they are: Body & Soul is a charity supporting children, teenagers, adults and families living with and closely affected by HIV. They run five age-appropriate weekly support services through one-to-one, family, small group, and larger group interventions.

What it is: Beyond Boundaries provides a targeted blend of peer and professional support for young people living with HIV. This is done through remote technologies, which eliminates the geographical and logistical barriers people face when engaging in specialist services. Beyond Boundaries targets young people living with HIV aged 13-30 who either self-refer or are referred by a professional.

Type of peer support: Peer support was offered to people on a one-to-one basis by 'peer coaches' (volunteers) through phone, text, WhatsApp or Skype. All peer coaches were either living with or directly affected by HIV. Peer coaches were offered training beforehand and mentoring sessions after the Beyond Boundaries peer support sessions to deal with issues arising. In total, over 3,700 peer support calls were delivered. The topics most often discussed included productivity (e.g., setting goals for school), practical support, and psychosocial wellbeing.

Results: Using a grant of £83,388 from the Centre for Social Action Innovation Fund, Beyond Boundaries reached 435 young people across 74 local health authorities by mobilising 25 peer coaches, who were screened and trained. An evaluation by OPM showed that the digital peer support service had a number of positive impacts on the young people who used the service including:

- Increased feelings of wellbeing and thinking about the future; people felt more positive and ambitious about their future and less restricted by their HIV status.
- Less loneliness and isolation.

- Increased confidence in their knowledge of HIV.
- Increased ability to communicate openly with health professionals, friends and romantic partners, e.g. people felt more confident (10 per cent increase) speaking to health professionals about their HIV and their health after receiving peer support.

What next: Body & Soul have received additional funding to continue their Beyond Boundaries service for young people and have plans to expand the service to older people living with HIV.

"It's helped me when I am stressed and when they call they make things less stressed. There are some things you can't even speak to your family or friends about. Sometimes I want to not pick up calls from friends or family, but when I see the call from the peer mentor it makes me smile. I'm really happy about that – they make me feel like someone's looking out for me."

Beyond Boundaries member



CASE STUDY

British Lung Foundation's 'Integrated Breathe Easy'

Who they are: British Lung Foundation is the UK's only charity specifically focused on lung health. They carry out research, campaign to raise awareness of lung disease, and provide practical help to people affected by lung conditions.

What it is: British Lung Foundation's Breathe Easy network of self-help groups provide support and information for people living with a lung condition, and those who look after them. Integrated Breathe Easy (IBE) groups have a high level of integration with local health services and commissioners, linking participants to clinical services such as pulmonary rehabilitation, and have formal arrangements for healthcare professionals, such as respiratory nurses, to attend their sessions. These groups can transform the quality of life of participants, improving their health outcomes and wellbeing.

Type of peer support: People (unpaid peers) affected by lung conditions organise and lead groups, supported by a central project team and healthcare professionals, who attend groups to provide advice and referrals to relevant services, such as pulmonary rehabilitation. Groups vary in size from around ten to 60 attendees. Meetings are held in community settings, such as village halls, usually once a month.

Results: Using a grant of £396,688 from the Centre for Social Action Innovation Fund, Integrated Breathe Easy supported over 3,000 people affected by lung conditions in England. Their evaluation by University of Kent used a control group to compare outcomes for people that didn't attend a Breathe Easy group, standard Breathe Easy groups (which were not integrated with local care pathways), and integrated Breathe Easy groups (the new model scaled through the Fund). It found:

- For each pound invested in the integrated groups there is a return of a minimum £3.43 and a maximum of £9.36, i.e. £2.43 to £8.36 in net gain through better health outcomes of participants.

- People living with a lung condition in integrated groups felt more confident managing their lung condition and felt more in control of their lung condition compared to standard groups.
- There was a 42 per cent reduction in unplanned GP visits and a 57 per cent reduction in unplanned hospital admissions in the integrated groups compared to the standard groups.

What next: British Lung Foundation will continue to scale their model of peer support across the UK over the next five years, through further funding from the Big Lottery Fund and Nesta. They are planning to set up 60 integrated groups to support 9,500 older people affected by lung conditions.

"My group has been a life-line for me. It has enabled me to go out in public with more confidence and has empowered me to live my life to the full."

Breathe Easy member

"Helping one person might not change the world, but could change the world for that person."

Breathe Easy volunteer



CASE STUDY



Carers UK's National Volunteering Programme

Who they are: Carers UK is a national membership charity for carers. They provide expert advice, information and support to carers and connect them through peer support, campaign to raise awareness of issues affecting carers, and develop tools and products to help people better manage care.

What it is: The National Volunteering Programme mobilises people with caring experience to use their time, skills and networks to reach, connect and support older carers and those caring for older people. Volunteers receive consistent training and support and have access to a digital hub which creates communities and streamlines reporting. They are supported to ensure they have a thorough understanding of local provision and how to access it. They draw on their own experience of caring to provide emotional and practical support to other carers, helping them to access services and reducing the likelihood of carer breakdown.

Type of peer support: Peer support is provided in a number of different ways, including over the telephone (through the advice line, listening support and caring callers services), online (through a carers' forum community, social media and the Carers UK website), and face-to-face (through talks and events run by volunteers).

Results: Using a grant of £391,580 from the Centre for Social Action Innovation Fund, Carers UK recruited over 500 volunteers to support other carers to better manage their caring role. A recent survey found:

- 89 per cent of respondents said online forum volunteers signposted carers to support, information and advice provided by Carers UK.
- Over two-thirds of Carers UK members recruited by volunteers said that the volunteer helped them to realise that there is support available for carers.
- 90 per cent of respondents said volunteering with Carers UK has helped them; for example by learning new skills,

increasing their confidence, and giving them perspective on their own caring roles.

Their programme evaluation is due to be published in late 2016 and will:

- Evidence volunteering activity across Carers UK.
- Understand the views and experiences of volunteers.
- Quantify impact in improving awareness of support services for carers, and improving access to these services.

What next: Carers UK will continue to expand the National Volunteering Programme across the UK over the next five years through further funding from the Big Lottery Fund and Nesta. They will recruit 3,000 volunteers to connect with up to 300,000 carers through online, local, telephone and workplace touch points, with a particular focus on reaching new carers and increasing self-identification.

"I volunteer because I want to help those carers who may not know that others are facing the same issues in their day-to-day lives. I want to help signpost carers to the support they can receive, just like the volunteer that helped me did."

Carers UK volunteer



CASE STUDY



Diabetes UK's 'Type 2 Together'

Who they are: As the leading organisation representing people with diabetes in the UK, Diabetes UK provides a range of campaigns, information resources and services for those living with the condition as well as their families, carers and colleagues. This includes a network of over 240 local groups across the UK.

What it is: Type 2 Together builds on a successful randomised control trial at Addenbrooke's Hospital of a peer support model for Type 2 diabetes (the 'RAPSID - Randomised Controlled Trial in Type 2 Diabetes' trial). It combines peer group sessions with input from specialist nurses and trained volunteers, and informal education, to enable diabetes patients to manage their condition more effectively.

Type of peer support: Support was provided in small groups, held once a month in community settings. Groups were led by volunteer peer support facilitators (PSFs), who were recruited through a number of means, including Diabetes UK mailings to existing contacts, GP practices, and local press articles. They received one to two days of training from Diabetes UK to carry out this role. They were supported by specialist diabetes nurses who attended some meetings when there was a discussion topic that the group wanted professional input on, or if the PSF wanted some moral support. However, the focus was on learning from each other, rather than a healthcare professional.

Results: Using a grant of £449,952 from the Centre for Social Action Innovation Fund, Type 2 Together recruited 88 volunteer PSFs who supported nearly 900 people through 52 groups. The programme evaluation will be published later in 2016 and will provide evidence of impact on quality of life and patient activation measures.

Although the Type 2 Together evaluation will not include clinical data, it is worth

noting that RAPSID had nearly 1,300 participants and was one of the largest RCTs ever conducted in this area. Its data showed significant improvements in patients' blood pressure, a key determinant of stroke and heart attacks, which is likely to lead to 2-4 per cent reductions in mortality.

What next: Diabetes UK plan to roll out the Type 2 Together peer support product as a training and support package to their existing network of 243 local groups. In the next five years they aim to have half of their local groups providing peer support in their local areas.

"If you have diabetes you might see a health professional for only four hours over the course of year but you are having to deal with that condition day in, day out. For people to have somewhere to go where they can meet others who are in a similar situation and get support is incredibly empowering - it helps them take back control of their lives."

Local GP



CASE STUDY

d2 Digital's 'Evie'

Who they are: d2 Digital is a digital production company specialising in developing online behaviour change solutions. The team works with commissioners, providers and individuals to deliver behaviour change techniques and monitor individuals remotely.

What it is: Following an effective pilot of an alcohol relapse prevention programme in Bolton, which used mobile phone technology to maintain communication between professionals and alcohol dependency clients, d2 Digital adapted the technology to test a peer-mentoring element. This included adding new functionality which would allow trained peer mentors (unpaid) to access the platform and support alcohol dependent clients when it was most needed. The technology incorporates a daily 'mood monitoring' text with three answer options - '1' (green), '2' (amber), or '3' (red) - and follow up from a peer mentor or professional/caseworker depending on the response given.

Type of peer support: The model of peer support that emerged was one where a peer took responsibility of the entire recovery process including creating mind maps (a tool for recovery), developing the personalised and motivational text responses, monitoring text responses and contacting beneficiaries following a red response. The peer received one-day training on the technology and mentoring from senior caseworkers on client support. The peer support was offered on a one-to-one basis through phone or text.

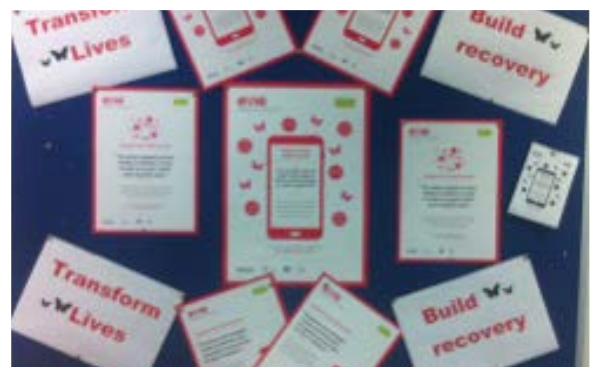
Results: Using a grant of £132,248 from the Centre for Social Action Innovation Fund, a total of 241 people registered onto Evie. The qualitative data captured through a series of focus groups throughout the project suggests that when the technology was used at its full potential, it was valuable and effective as a motivational tool. People felt that being engaged with the Evie system

(and thus, having a connection with a peer mentor or professional) gave them more support once discharged from structured treatment, providing reassurances they were being supported, especially at the potential point of lapse/relapse.

What next: The d2 Digital team will be collating their latest evaluation findings with the findings from their original pilot in Bolton and testing opportunities to scale their offer to other local areas.

"It feels quite good. I think it's sometimes because somebody is out there ...they have been through it and they understand."

Evie user



CASE STUDY

My Support Broker

Who they are: My Support Broker is a social business, working nationally and bringing together people locally who have expertise, insight and knowledge of support and care for people with complex care needs.

What it is: My Support Broker has a pool of peer brokers who are self-employed to bring their personal 'lived' experience and expertise to the support of others. The team also train volunteers (again, people with lived experience but perhaps not yet ready to move into the paid work of a peer broker) to provide informal, practical and emotional support beyond the peer broker paid-for hours. This additional level of volunteer support ensures that the activities that feature in a care plan become a reality. My Support Broker has been commissioned by CCGs and local authorities to deliver their model of care and support to local communities. Commissioners are engaging with My Support Broker to provide a new way of delivering personalised care and support e.g., through deploying direct payments and personal health budgets.

Type of peer support: My Support Broker's peer broker model is a one-to-one peer support offer. Peer brokers are trained through My Support Broker's own college. My Support Broker also provides training to volunteers in the local community who provide peer support in both a group setting or one-to-one basis. These volunteers are given information and knowledge to help them provide practical and emotional support beyond the support offered by peer brokers.

Results: Using a grant of £498,000 from the Centre for Social Action Innovation Fund, the project activated 1,320 volunteers and reached 1,298 people. My Support Broker has commissioned The McPin Foundation to evaluate the programme and to document

understanding of the principles and values at the heart of peer support. The evaluation has been carried out over an 18-month period and McPin are due to report in autumn 2016.

What next: The team continue to be successfully commissioned by CCGs and local authorities around the UK. They are also actively evolving and developing their model of peer support to meet the needs and demands of their users.

"I think because of all the things that I have experienced personally, it tends to make me a little bit more aware and gives me a perhaps a sense of empathy towards people [...] that I'm seeing. I'm inclined to sit and listen to what they have to say rather than force issues upon them."

Peer



CASE STUDY

Parents 1st

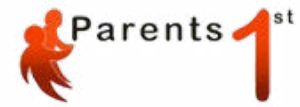
Who they are: Parents 1st is a social enterprise dedicated to building successful Community Parent volunteer peer support initiatives in less advantaged communities. As well as directly delivering evidence-based Community Parent Programmes in Essex, its national work involves supporting other organisations to implement and deliver the initiative, adapting it to suit each local context.

What it is: Parents 1st and their affiliate partners deliver an asset based peer support initiative focused on early prevention during the key life transition of pregnancy, birth and post-birth. Peer supporters enable parents to explore, reflect on and achieve self-selected goals.

Type of peer support: Parents 1st recruit and train volunteer parents and grandparents to partner one-to-one with expectant and new parents from less advantaged communities. They 'walk the journey' with parents through pregnancy, birth and the early months of parenthood offering a continuum of intensive but informal one-to-one peer support in the parents' own homes and in hospital.

Results: Using a grant of £395,000 from the Centre for Social Action Innovation Fund, Parents 1st trained 370 Community Parents who supported an equal number of local people. As part of their evaluation, Parents 1st did a retrospective analysis of their data to understand the impact of the work, which indicated that:

- A large majority of expectant mothers who received the peer support experienced statistically significant improvements in self-identified issues such as personal health, confidence in looking after their baby, or secure housing during both the antenatal and postnatal periods.
- Over half (59 per cent) of ante-natal parents showed a statistically significant improvement in their wellbeing score.



- Breastfeeding rates were higher among Parents 1st participants than the average across the local area and England as a whole.

What next: Parents 1st and their three affiliates will continue to deliver their Community Parents programmes over the coming years with a strong emphasis on systematic evidence creation. Parents 1st will also continue looking for new affiliate areas.

“Effective peer support has a unique contribution to make. It is still an untapped resource that needs to be recognised, mobilised and valued. We need to address early prevention and the 1,001 Critical Days. We want to work with visionary commissioners to design new programmes that are embedded alongside maternity, Healthy Child Programme and Children’s Services.”

Parents 1st CEO



CASE STUDY

RNIB's 'Time to Talk'

Who they are: RNIB is a UK charity and membership body of and for blind people and those with sight problems. They provide support services offering emotional support to help people come to terms with sight loss as well as practical advice such as how to stay in work and use technology to help with everyday tasks.

The intervention: Time to Talk is a series of telephone group sessions for older people living with sight loss. The aim is to provide older people who are affected by sight loss with a safe space and opportunity to discuss their situation with others through a semi-structured, facilitated peer support group. The groups comprised four telephone information and discussion sessions lasting one hour on average, with room for flexibility.

Type of peer support: The peer support provided by Time to Talk was delivered on a group basis over the telephone. Participants were recruited to the service through RNIB's membership scheme. The groups were facilitated by a trained volunteer. Volunteers were both those with sight loss and those without.

Results: Using a grant of £190,571 from the Centre for Social Action Innovation Fund, over 1,000 older people with sight loss took part in Time to Talk telephone groups and received over 4,100 hours of peer support contact. Time to Talk was evaluated by RNIB's internal team with support from the University of York. The evaluation showed the following positive benefits after using the peer support service:

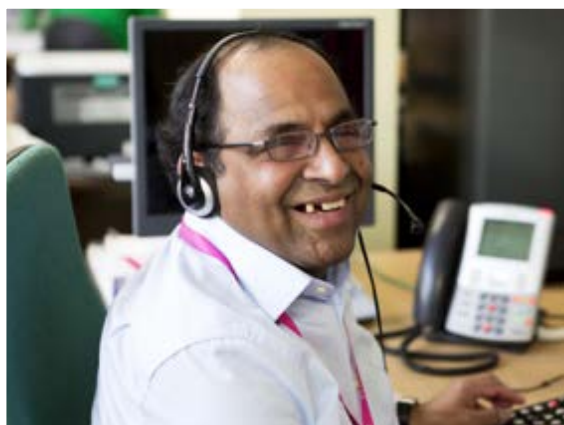
- Increase in knowledge of services. e.g., people felt more knowledgeable about organisations, technology and equipment (77 per cent).
- Increase in the take-up of those services. e.g., 46 per cent of participants reported that they had made use of the services mentioned in peer support sessions.

- Increase in wellbeing measures including confidence, positivity and feelings of self-worth; e.g., 72 per cent reported feeling more positive about the future.
- Reduction in isolation; e.g., 84 per cent of participants felt that it was helpful to discuss their sight loss with their peers.

What next: The team has successfully secured core funding to continue providing the peer support service for the next year. They have extended their recruitment channels and the service is now available across all frontline teams at RNIB/Action for Blind people as well as through external contacts. They are also developing Time to Talk sessions for people in their 50s/60s.

"When it first happened to me [Age related Macular Degeneration AMD diagnosis] I had a husband, I had a social life, then he died...I wanted tips out of the project, to learn how other people cope...This project came at the right time for me."

Time to Talk member



CASE STUDY

Stroke Association's Voluntary Groups model



Who they are: The Stroke Association is the leading charity in the UK changing the world for people affected by stroke. Their services aim to help stroke survivors and their families meet others, regain confidence, and provide support.

The intervention: The Stroke Association's Voluntary Groups are volunteer-led community groups that meet regularly to provide ongoing accessible, safe and relevant social and peer support. The groups enable stroke survivors and carers to connect with others in their local community with shared experiences and access knowledge and information to understand how to manage their condition.

Type of peer support: The person affected by stroke is central to the establishment and sustainability of the peer support groups. Groups are run by volunteers, 72 per cent of whom are stroke survivors. These volunteers are provided with training both face-to-face and online. The training is comprehensive and includes 17 different modules such as Client Assists and Supporting People with Aphasia. The face-to-face training alone covers over eight days of content. Groups can vary in size, some being very small and focusing on specific activities and others quite large, with get-togethers of over 30 or 40 members, carers and volunteers. Many peer support groups invite speakers such as hospital consultants, nurses, speech therapists and nutritionists to come and talk to them at meetings.

Results: Using a grant of £236,065 from the Centre for Social Action Innovation Fund, the Stroke Association created nearly 40 new groups, supporting more than 900 stroke survivors and their carers and mobilising approximately 300 volunteers. The project also involved the creation of resources and training required to help over 80 existing groups across England provide quality peer support and be more sustainable. The project was evaluated by the Nuffield Trust. Some of the findings about the impact of the voluntary groups included:

- Group members overwhelmingly felt it to be an essential part of their life after stroke and a source of ongoing support. For example stroke survivors reported that joining a group had had a positive impact on their social isolation.
- Stroke survivors felt that their confidence was improved through participation in the groups.
- Finally, carers felt positively about the groups, and were clear about the benefits the group had for themselves and those they cared for. Carers described improvements in mental wellbeing as one of their main reasons for accessing the group.

What next: The Stroke Association will continue to scale their model of peer support through further funding from the Big Lottery Fund and Nesta. Over the next five years, the team will nearly double their network of peer support groups and address regional variations across the UK.

“Coming to the group, I’m more outgoing. I don’t feel as embarrassed as I did when I was in the wheelchair. Coming to this group, I’m up and down to the shops now. And before, I never did that. I was just sitting in the home and waited till someone else went down the shops. But now I’ve got the confidence.”

Peer support group member



CASE STUDY

ukactive's 'Let's Get Moving'

Who they are: ukactive is a non-profit membership organisation that is committed to getting more people more active, more often. A key focus of their work is delivering active lifestyle programmes on the ground.

The intervention: Let's Get Moving is a 12-week peer support programme to help inactive people to adopt more active lifestyles and improve their health.

Type of peer support: Referrals were made via GP practices. Support was provided in small groups led by a Community Exercise Professional (CEP), who were paid members of staff who had a background in supporting others to get more active. Peer groups were held weekly in community settings and allowed people participating in Let's Get Moving to voluntarily join and support each other. An online support group was also set up to complement the group sessions. In addition, volunteer Community Champions were recruited to support people after the 12-week programme.

Results: Using a grant of £99,801 from the Centre for Social Action Innovation Fund, over 1,000 people attended initial one-to-one appointments with a CEP for Let's Get Moving, with many going on to participate in the later group sessions and follow-up appointments with the CEP.

ukactive's evaluation of Let's Get Moving looked at outcomes for participants in their Let's Get Moving/social action programme. Results showed significant increases in physical activity levels at 12 weeks and six months. Furthermore, the addition of social action within the standard Let's Get Moving programme (with no social action) highlighted a significant increase in vigorous

intensity physical activity, total physical activity and sport. However, it is worth noting that due to the small sample size a conclusion cannot be drawn as to the overall effectiveness of this intervention.

What next: ukactive is continuing to expand the Let's Get Moving programme in partnership with a range of corporates and voluntary sector organisations, such as the National Childbirth Trust (NCT).

"Let's Get Moving has made me feel so much better. I'm in a mindset now in which I can tell myself I am capable of doing something, and doing more – a new belief in myself which is invaluable."

Let's Get Moving member



More people
More active
More often

4. What are we learning about delivering peer support?

The work of the ten peer support innovations has drawn out valuable learning about the practical realities of delivering peer support across a range of conditions and with very different groups of people. These insights are not conclusive but we hope that they will be useful to people involved in every stage of peer support delivery.

The lessons fall into three main categories:

- 4.1 Engaging people in peer support
- 4.2 Recruiting, training and supporting peer facilitators
- 4.3 Evidence, learning and improving

4.1 Engaging people in peer support

Across the Centre for Social Action Innovation Fund, we have seen real variance in how easy it has been to recruit and retain peer support members. Some, like British Lung Foundation, have generated significant interest by trialling new approaches to engagement, such as Respiratory Information Events in locations where Chronic Obstructive Pulmonary Disease (COPD) is particularly prevalent, while others have had to work hard to achieve even small numbers of regular members at group sessions.

Key learning points are:

- ✓ **Make it as easy as possible for people to take part.** A consistent finding across behavioural research is that reducing even apparently small barriers to accessing a service can increase take-up.²⁵

People are much more likely to engage when:

- The sign-up process is quick and simple.
- The location of the group is easily accessible (for example, on a bus route).
- They feel confident about entering the room for the first time.

For example, the Stroke Association recognised that attending the very first peer support group session was a barrier for many people. They intend to test different solutions to this through their involvement in the Accelerating Ideas programme (see Section 5 for further information on Accelerating Ideas); for example, using one-to-one befriending as a gateway to making it easier for people to attend peer support groups.

Meanwhile, healthcare professionals are much more likely to signpost and refer potential beneficiaries to a peer support programme when the process is simple and fits with their existing workload. For example, ukactive put in place an information governance policy,



agreed with GP surgeries, which enables them to access patient records and proactively contact people who might benefit from the service. Reaching agreement with GPs was not always straightforward and required permissions and safeguards to be put in place, but ukactive developed engagement tools to support this, such as videos, set-up guides, and positive testimonials from surgeries that are already participating.

- ✓ **People's motivations for attending a peer support group are hugely important.** In particular, intrinsic factors (such as personal beliefs or interest in participating in a fun or social activity) can play a big role in motivating people to participate in peer support. For example, in a recent survey Carers UK found that there was a strong appetite from their members to use their experience to support other carers and to receive the benefit of others' experience. Sixty-six per cent of members surveyed said that they wished to receive support from a peer, while 67 per cent were willing to share their experiences to support others.

Meanwhile, recent research by the Nuffield Trust on the Stroke Association's peer support model found that peer support groups gave stroke survivors *"an opportunity to spend time with others and offered a route back to having a social life"*. Similarly, British Lung Foundation found that participants value the social side to Integrated Breathe Easy groups. They have started to explore opportunities for people to participate in fun, interactive activities designed to benefit their lung health, including exercise classes, singing choirs and Tai Chi classes. Participants benefit from activity groups on a no-cost basis for an initial trial period and then are supported by the British Lung Foundation to generate their own funds and/or make a nominal contribution towards the costs.



Art Cafe Stroke Association Group



British Lung Foundation Exercise Classes

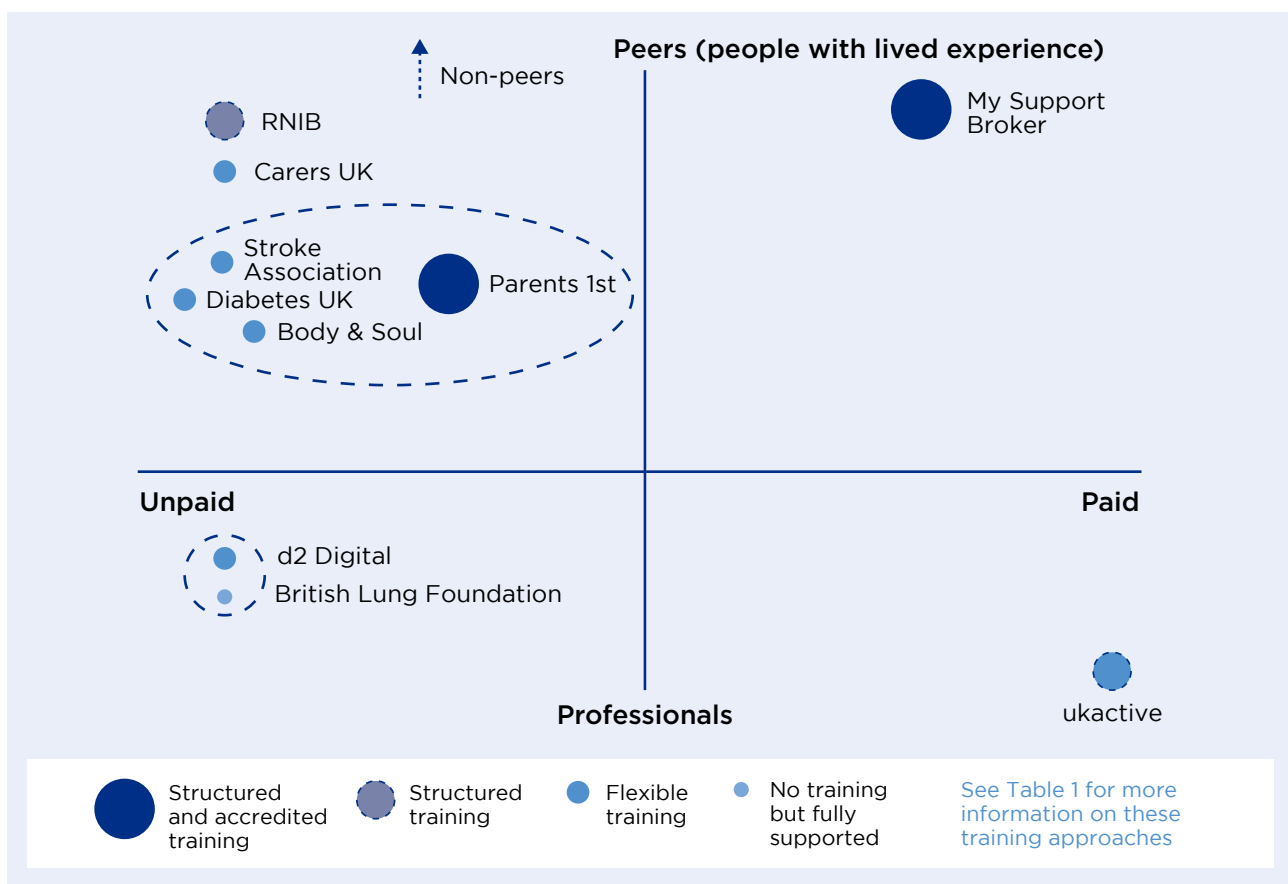
4.2 Recruiting, training and supporting peer support facilitators

Who provides support is a key question in the design of peer support services. This includes defining:²⁶

- Who **facilitates** the groups (e.g., peers alone, peers working with professionals, professionals alone, lay people but not necessarily 'peers').
- Whether or not peers are **trained and paid**.

Across the peer support innovations supported through the Centre for Social Action Innovation Fund, there were a variety of different approaches (see Figure 3).

Figure 3: The Centre's variations of who facilitates peer support



Peer support services that worked closely with professionals (i.e., British Lung Foundation, d2 Digital) were very tightly integrated into the service delivery model.

For instance,

- British Lung Foundation works closely with clinical commissioning groups and has a respiratory nurse participate in group sessions every few weeks.
- d2 Digital's model of peer support worked well in some cases because they leveraged existing peer mentors who were already working alongside professional case workers in the delivery of alcohol recovery services.

ukactive's peer support model differed slightly. The organisation situated qualified Community Exercise Professionals (CEPs) (paid fitness professionals trained in motivational interviewing; not necessarily peers) directly within GP surgeries, which means that they are tightly integrated into the health system. The social action pathway included peer-group sessions, which were held weekly in community settings as well as an online support group. In addition, Community Champions were also recruited on a voluntary basis to support people after the 12-week programme.

Overall, for those operating directly or closely with professionals, there has been a strong consensus across the projects, that working with professionals provides additional clinical input that is highly valued by peers and facilitators.

BOX 1

Not 'professionalising' peer support

There are some opinions that peer support shouldn't include professionals so as to avoid 'professionalising' peer support and hindering open communication.

"Speaking to professionals, there is a barrier [for people] to communicate. Speaking to someone who a person can relate to, makes them feel more comfortable to express themselves."

Body & Soul peer coach

In Body & Soul's case, the team removed this potential issue but still worked closely with professionals by providing specific training to peer mentors to ensure that they were capable and confident in onward referrals to professionals.

Diabetes UK and the Stroke Association have a strong focus on peer-to-peer learning and interaction but there's also flexibility in engaging professionals when there's a need. Peer facilitators are provided with information and support on how to engage healthcare professionals.

Given the Centre's focus on social action, we have learned a lot about recruiting, training and supporting volunteers with lived experience (unpaid peers) in the role of peer support facilitators.

Key learning points:

- ✓ **Engage those using your peer support service to become facilitators and develop a clear recruitment strategy.** A common concern with many of the innovations was having enough volunteers to facilitate the peer support. One practical solution that emerged was to encourage existing members to evolve into facilitators. This is particularly the case when there's appetite from members to develop new skills or who want to return to work. In many cases, it was easy to recruit peer support facilitators in this way as people were motivated by helping others as they have been helped by a peer supporter in the past.

"I volunteer so that I can impact and help someone's life for the better as people/mentors have done for me."

Body & Soul peer coach


It is also possible to design a 'member to volunteer/facilitator' pathway into your peer support service. For instance, ukactive designed a social action pathway for Let's Get Moving participants, which enabled them to progress from initial appointment and motivational interview through to group sessions and becoming a volunteer 'Community Champion'. Community Champions develop and lead meetings, and signpost other participants to local physical activities at the end of the structured peer support.

However, not all members/participants will be ready to become peer support facilitators. For instance, the RNIB found that, as a result of the complex nature/skill set of the facilitator role, it had been difficult to recruit people to the role. As such, it was key for them - and for others who found facilitator recruitment challenging - to have a strong recruitment strategy in place to engage those with lived experience to volunteer.

BOX 2

Five top tips on recruitment from the peer support innovators

1. Use volunteer fairs, where you can attract people interested in volunteering.
2. Target free publications which advertise for volunteers; don't forget social media.
3. Tap into volunteer centres and links with organisations that work to place volunteers (e.g., Rotary International in Great Britain and Ireland, which links up volunteers with community projects; REACH volunteering, which links skilled professionals to volunteering opportunities; University of the Third Age, which provides opportunities for retired and semi-retired people; and the Organisation for Retired Civil Servants).
4. Use universities to recruit students; particularly those with an interest in health and social care, or psychology.
5. Give talks at companies or organisations that have part time workers to build relationships.

 **Invest in a training approach that will empower peer support facilitators.** In the Nesta/ National Voices' literature review on peer support,²⁷ we found that face-to-face peer support delivered by **trained** peers was one of the most useful approaches for improving emotional and physical wellbeing. The evidence that emerged from the Centre for Social Action Innovation Fund's peer support project has supported this finding.

All innovations recognised that training facilitators was an important feature in delivering successful peer support. Training is:

- **Helpful** in providing volunteer facilitators with more knowledge about the organisation itself (e.g., training often included an induction). This can help facilitators represent the brand and ethos of the organisation more effectively.
- **Critical** in providing training on key safeguarding policies and procedures required to ensure the protection of facilitators, volunteers and beneficiaries. In addition to the initial safeguarding training (and conducting necessary DBS checks), most of the organisations have also implemented ongoing processes or specific roles to manage safeguarding. For instance, Parents 1st has a Programme Coordinator responsible for carrying out the pivotal role of managing safeguarding issues. At RNIB, any safeguarding risks are escalated to the Senior Manager. If the Senior Manager cannot resolve the risk, the issue is then escalated to RNIB's Safeguarding Lead Officer.



- **Integral** to helping facilitators feel confident about supporting their peers. This includes providing information on referrals and signposting to manage scenarios where facilitators 'get stuck' with information or advice.
- **Critical** in supporting peer facilitators move into paid employment, if that was a motivation for the volunteer.
- A **helpful** platform for peer supporters to support each other, which creates a virtuous cycle of peer support.

To be effective, it was found that training must be accessible to the target audience. For instance, for the Stroke Association, this meant providing training content that would be accessible to people with aphasia.

There were different ways training was delivered across the innovations and we have grouped the approaches in Table 1. Regardless of the approach, the critical lesson is to engage your facilitators and peer support participants regularly to understand the effectiveness of the training and adapt if need be. This ensures that training is suitable and that organisations get feedback on any issues quickly.

Table 1: Different training approaches and pros and cons

Approach	Description	Example	Pros	Cons
Flexible training	Training is available but facilitators are able to choose the topics that they feel are relevant to them.	Stroke Association - all volunteers can sign-up to training modules that they feel are necessary to their local circumstance. The training is delivered face-to-face but a few modules are also available online such as Stroke Overview and How to run a Voluntary Group. In the Stroke Association's final evaluation, it was found that enabling volunteers to meaningfully access and use the training was key to the successful future of the groups.	<ul style="list-style-type: none"> • Flexibility; customisable to individual needs. • Not seen as a 'burden' to volunteer facilitators. 	<ul style="list-style-type: none"> • Difficult to assess if facilitators have the knowledge they need. • Inherent need to ensure that training opportunities are readily available and that there is awareness of training content. • It can be expensive to produce and provide training without the assurance that it will be 'consumed'.
Structured training	Training is available and is mandatory for facilitators	RNIB's structured training covers a number of topics including: <ul style="list-style-type: none"> • How to acknowledge and manage difficult contributions with the group. • How to deliver the information in an effective way. • How to keep the group on topic and on track/time. • How to ensure all participants have an equal opportunity to contribute within the group. 	<ul style="list-style-type: none"> • Structured; allows facilitators to be clear on what they need to understand. • Assurance that 'mandatory' content is being delivered; can help with quality 	<ul style="list-style-type: none"> • Resource heavy in terms of developing training content and scheduling; training material should also be reviewed often to ensure its relevance. • Some facilitators may feel that they don't need all the training (this needs to be managed individually).

				<ul style="list-style-type: none"> Depending on how much training there is, it can take a long time before trainees become active volunteers. This may impact delivery of peer support services.
Structured and accredited training	Training leads to accreditation or certification.	<p>Parents 1st provides specifically designed vocational training to all volunteers (or 'Community Parents') in tailored packages to suit a variety of roles. Volunteers are offered the opportunity to gain the City and Guilds Level 3 Award in Work with Parents (meeting National Occupational Standards) through learning derived from the natural volunteer setting.</p> <p>MySupportBroker has its own registered College regulated by the Department for Education. Support brokers go through a process of training and accreditation before becoming qualified to practice. The College also runs a Continuing Professional Development programme which maintains all brokers' proficiency to practice.</p>	<ul style="list-style-type: none"> Comprehensive; recognised as quality content because of regulations. Provides a clear route back to work for volunteers (if applicable). Provides a unique opportunity to franchise/ license the education component to other peer support providers. 	<ul style="list-style-type: none"> Resource intensive to set up and continue regulation process. Resource intensive to deliver such comprehensive training.

BOX 3

Barriers and challenges of training volunteers

Stroke Association's peer support model presented four main barriers to people attending training including:

- Travel limitations (particularly in rural locations),
- The time commitment of training alongside other volunteer responsibilities,
- Some volunteers did not feel the training was relevant to them, and;
- Some volunteers were not aware of the training.

These are not unusual. When designing your training, it is important to keep in mind these barriers and others that may be specific to your local situation. Design features in the training to minimise barriers (e.g., conduct some training over the phone or online if travel is a barrier).

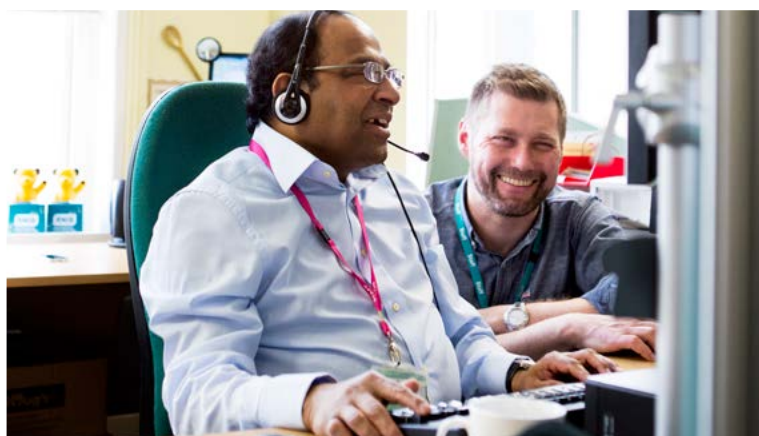
- ✓ **Dedicate time and resources to provide ongoing supervision.** Supervision is especially important if peer support is delivered on a one-to-one basis, or if there is potentially a risk of burnout. For instance:

 - **Supervision to help facilitators develop skills and knowledge.** With Parents 1st's model, those who are recruited as volunteers progress onto an ongoing training and supervision process in tandem with their volunteering experience. This allows supervisors to understand specific training requirements as well as to **reaffirm and develop** effective, strengths-based support given to parents. There is also a Duty of Care to manage safeguarding issues.
 - **Supervision to help protect facilitators.** In the case of the Stroke Association's model of peer support where there are volunteer structures (e.g., head, chair, treasurer), the organisation provides ongoing supervision and support for lead facilitators to ensure that they don't burn out and that there's an **overseeing function to minimise the burden** placed on specific peer supporters.
 - **Supervision to help with the escalation of issues.** Body & Soul's model of peer support has a different mode of supervision. Here it is less a case of a formal supervisor role and more, a network of support (e.g., therapists and caseworkers) that is available if any **specialist knowledge** is needed during the peer mentoring sessions. During the period of the grant, this type of supervision was well utilised with nearly 340 hours of therapy and 275 hours of casework delivered during the peer support sessions. Diabetes UK and the Stroke Association also have a version of this mode of supervision where facilitators can seek out professional support if there's a need from the peer support group.
- ✓ **Design mechanisms that build resilience of peer support facilitators.** It was not unusual for facilitators to have feelings of their own experiences of dealing with their health come up as they provided support. This can lead to feeling exposed. Body & Soul's evaluation presented such a case:

“One peer coach faced challenges in situations where the mentee's experience ‘hit too close to home’.....she was quoted to say: “The only challenge I faced was when I was advising teens and young adults about problems that I knew I needed to deal with myself.”

Body & Soul staff

RNIB has recognised that emotional resilience is a key success factor to their peer support groups. They have implemented tools/mechanisms such as feedback forms, breaks between sessions, regular meetings, etc. to help build the resilience of their facilitators.



Regular supervision for RNIB's volunteers

- ✓ **Communicate the impact that peer support facilitators are making.** Carers UK's interim report found that a key motivation for why their volunteers participate was to 'give back' and 'make a difference'. Leverage this and ensure that this motivation stays strong by communicating the impact of volunteering on an ongoing basis. Use the evidence presented here as a starting point.

It is important to keep in mind that some people volunteer as a way to get back into the workforce so there may be a natural reduction in the number of facilitators. This is a great outcome of peer support as it contributes to wider social benefits. When this happened to the innovators during the period of the Fund, some used exit interviews as a way to gather specific feedback in order to continuously improve recruitment, training and support processes.



Carers UK volunteer

4.3 Evidence, learning and improving

Through the work of our peer support innovations, we have added to the evidence base on peer support (see the 'Results' in our case studies for a summary of the overall impact trends).

Through the peer support innovations, we have also learned a lot about the evaluation and evidence journeys of the organisations.

Key learning points are:

- ✓ **Think through and refer to your Theory of Change.** Peer support can have lots of different benefits and impacts. It's important to keep track of your peer support service by regularly assessing whether you're having the impact you thought you would by referring back to your Theory of Change. It also provides you with the opportunity to explore unintended impacts. This was the case with d2 Digital when it was discovered that the lead volunteer at one of their pilot sites felt that they had a dramatic increase in confidence, skills and ability to work with beneficiaries because of their role in the project.

"The project and my role as a volunteer has been a positive experience for me. It's given me loads; managing people, managing my time, seeing a result. It's been great and I've loved it. I've learned loads. It's been great for me as a person and my role as a volunteer."

CGL (formerly, CRI) volunteer for Evie



CGL volunteer

✓ **Explore exactly which elements have the greatest impact.** You can learn about these aspects through process evaluations, which are key to knowing where to put your energy and refining features based on what's working. Body & Soul used this to great effect when they discovered that the phone was the primary method for delivering support, while video calls (Skype) were used less frequently. In their original Theory of Change, the team initially believed that their digital peer support offer, which includes telephone, text and WhatsApp peer support as well as Skype peer mentoring would be used in equal measure. When the programme monitoring data showed that text, WhatsApp and Skype weren't used as frequently as originally thought (for various reasons, which are explored in their final evaluation), they refined their volunteer training plan and growth strategy accordingly.



Body & Soul peer supporters

✓ **Realise that Randomised Control Trials (RCTs) may not be the most appropriate method for measuring peer support interventions.** At Nesta, we support evidence-based policy making, which means the Centre for Social Action Innovation Fund had a strong focus on improving standards of evidence. All innovations were given funding to carry out in-depth evaluations of their work to build the case for social action innovations. Many talk of RCTs as a gold standard of evaluation, but it's clear it would be difficult to undertake an RCT of a community-based peer support intervention where: a) services evolve in partnership with beneficiaries, b) volunteers are often the ones collecting data, c) the holistic model does not create single outcome areas which can be simply measured, and d) multidimensional interventions such as peer support are highly contingent on their contexts.

That's not to say that it's impossible. Studies such as RAPSID (Randomised Controlled Trial of Peers Support in Type 2 Diabetes) show that it is possible to conduct RCTs of peer support services. However, to do so requires significant time and resources and as Dr. Fisher, Global Director for Peers for Progress, suggests *"a more effective strategy may be for us to study the complex arrays of elements (which alter the likelihood of healthy or unhealthy behaviours) in their complexity, instead of trying to isolate them by randomisation"*.

There is much still to learn about peer support and at Nesta, we will continue to explore ways to fill some of the evidence gaps through the Accelerating Ideas programme (see Section 5 for more detail). More broadly, we think that there's a place and a need for a more joined-up evaluation framework on peer support - one that would help us answer some of the outstanding questions about peer support including its cost-effectiveness.

5. Where next for peer support?

5.1 How can peer support be mainstreamed?

Delivering peer support well is only part of the picture. Further work is needed at multiple levels within the health and care system to move peer support into the mainstream, so that it becomes a key approach for people living with long-term conditions or those who would benefit from support to maintain and improve their health and wellbeing. In particular, we recommend:

- **Developing relationships with public service professionals**, so that they understand the value of the work. For example, Body & Soul delivered clinical partner ‘roadshows’ across England and presented at conferences that were attended by professionals. This enabled them to build relationships and trust with healthcare professionals as well as market and promote peer support directly to those who would be referring users to the service. This effort had a positive impact on the net number of referrals to the service as well as direct conversion of commissioner contract wins.
- **Aligning peer support approaches with national and local priorities**: For example, My Support Broker has been able to clearly articulate how its model aligns with the national and local focus on personalisation and personalised healthcare and has subsequently been commissioned by local authorities and CCGs. Support brokers are trained and deployed to work directly with people (with any physical and mental health condition who need support and care) to ensure that they are living a life not dictated by their condition - on their own terms.
- **Embedding peer support alongside existing services**: Most progress was made with commissioners when innovations could demonstrate how peer support was part of a continuum of approaches to addressing a particular issue or condition. For example, the Parents 1st model was seen as particularly valuable by social workers, who recognised that volunteers had more time to talk, listen and spend time assisting the parent with practical issues that were beyond the available resource of social services. As their recent evaluation states:

“The whole premise of the approach is that there is something unique provided by the peer support, but that it is not in isolation from the wider, professionally-led service. The two, together, create the outcomes for the families, and that in collaboration these outcomes are greater than they would have been with only the single service. This leads to a sense of mutuality.”

Parents 1st public sector partner

Meanwhile, British Lung Foundation was able to make the case to commissioners that Integrated Breathe Easy groups effectively dovetailed with existing services for people with chronic lung conditions, such as pulmonary rehabilitation. They have also built an evidence base to show how Integrated Breathe Easy can contribute to wider health outcomes, such as better self-management, unplanned GP visits and unplanned hospital admissions. This has put them in a strong position to negotiate close links with CCGs and a significant level of involvement from healthcare professionals in group meetings.

- **Seeing this as a long-term process, not a ‘quick win’:** It takes effort and time to develop a service that can be commissioned and to develop successful commissioner relationships. For example, Body & Soul found that having data on the project, such as demographic information, utilisation statistics and impact case studies helped their conversations with funders and commissioners. In some cases, commissioners wanted to see several months of data (six to 12 months) before commissioning the service.
- **Making the case for the value of services that harness the energy of people and communities:** One of the strengths of peer support approaches is that they can potentially reduce the call on statutory services, as participants build their confidence in self-management, improve their adherence to medication, and increase their feelings of wellbeing. This closely aligns with the national policy direction on prevention and empowering patients, as outlined in the NHS Five Year Forward View:

“We will do more to support people to manage their own health – staying healthy, making informed choices of treatment, managing conditions and avoiding complications. With the help of voluntary sector partners, we will invest significantly in evidence-based approaches such as group-based education for people with specific conditions and self-management educational courses, as well as encouraging independent peer-to-peer communities to emerge.”

An example is d2 Digital’s peer support solution. During the period of the fund, d2 Digital worked with CRI (now renamed CGL) to implement a technology to help service users be alcohol-free or have controlled alcohol use and therefore, prevent re-presentations and re-referrals back to structured service. The results from their evaluation showed that of all the service users who registered on the system only 1 per cent re-presented to structured treatment. This shows promise in cost savings when compared to the estimates that six out of every ten individuals with alcohol dependence will relapse in the first six months following structured treatment.²⁸

- **Putting in place a clear and robust business case and scaling plan for peer support innovations:** This should cover:
 - **Strategy and vision** – an articulation of the medium-term vision and objectives for the work, including an up to date Theory of Change.
 - **Business model and costs** – stating how each innovation is delivered, or will be delivered in the future, including capabilities required (governance and management capabilities as well as delivery capabilities), the approach to sustaining quality through growth, and the financial implications of different growth scenarios.
 - **Demand and opportunity** – building an understanding of users and customers, their key features and the potential demand for the innovation. This might include market analysis to understand potential competitors and the wider landscape across the UK, the key drivers and inhibitors of growth, and development of a pipeline of new locations/partnership opportunities.
 - **Evaluation and evidence** – building the evidence projects have gathered to date on their impact, to plan how they will approach evidence as they grow and improve their ability to demonstrate their effectiveness.
 - **Communications and marketing** – developing effective strategies to communicate and market their work to users, volunteers and wider stakeholders. This should also include communicating and sharing information on the evidence for peer support.



5.2 Next steps

Alongside the practical tips for innovators that we have outlined in this paper, wider work is needed in the field to mainstream peer support. This includes:

- **Further practical testing** of peer support approaches to build the evidence base for them and understand the potential for cost savings.
- **Developing a wider understanding** of what it takes to embed peer support in local communities.
- **Communicating this evidence base** and the tools needed to successfully embed peer support - such as behaviour change and engagement techniques - to a wider audience, with a particular focus on commissioners and policymakers.

At Nesta Health Lab, we've learned a great deal about peer support through our work with the ten innovations we supported through the Centre for Social Action Innovation Fund and are encouraged by how much evidenced good practice is underway that can deliver real results for people, communities and the health and care system. And we are not stopping there; we are committed to continuing our practical work with peer support (see Box 4). There's clearly much more work to be done to mainstream these approaches but we've been encouraged by the growing interest at national level, with health as a social movement gaining traction as a strategic policy priority.

This is an exciting time for those involved in delivering or commissioning peer support innovations or those thinking about doing so, and we are interested in hearing from others working in this field. If you are involved in peer support initiatives, please feel free to contact us at health@nesta.org.uk. It is only by working together that we can realise all the benefits of peer support as a key part of the future of health and social care.

BOX 4

Where next for peer support at Nesta?

Nesta's Health Lab continues to work towards a People Powered Health system which is 'for people, by people and with people'. This includes a focus on research and practical work in 'social health' - putting people at the centre of health decision-making and creating behaviours and social contexts that improve health and reduce demand on services, including better self-management and peer support networks.

As part of this we have three live programmes which are testing how these approaches can be further scaled and spread - Accelerating Ideas, Realising the Value and NHS England's Integrated Personal Commissioning (IPC) Model.

A. Accelerating Ideas

We are supporting some of the Centre for Social Action Innovation Fund's most promising initiatives, including peer support projects led by British Lung Foundation, Carers UK and Stroke Association, to reach and benefit many more people across the UK through a new partnership between Nesta and Big Lottery Fund called **Accelerating Ideas**. Accelerating Ideas aims to support projects that help people to age well, be actively engaged, and connected to strong local networks and neighbourhoods.



B. Realising the Value

The **Realising the Value** programme, which is funded by NHS England and led by Nesta and the Health Foundation, working in partnership with Voluntary Voices (made up of National Voices, Regional Voices, NAVCA and Volunteering Matters), the Behavioural Insights Team, PPL and the Institute of Health and Society at Newcastle University, complements this work by supporting the development of person- and community-centred approaches for health and wellbeing across five themes, including peer support.

Working with local partner sites, we hope to deepen our understanding of what it takes to implement person and community-centred approaches and develop practical tools to support scale and spread. We will also make recommendations to policymakers and others about what is needed to support change on the ground and create the conditions for these approaches to flourish. Realising the Value completes its work over the next few months and insights from the programme will be published in autumn 2016.

C. NHS England's Integrated Personal Commissioning Model

We have also recently started work with NHS England's IPC programme, which is a new approach to joining up health, social care and other services at the level of the individual. It enables people, carers and families to blend and control the resources available to them across the system in order to 'commission' their own care through personalised care planning and personal budgets. IPC also supports people to develop their knowledge, skills and confidence to self-manage through partnerships with the voluntary and community sector (VCSE), community capacity building and peer support. We will be working with NHS England to understand how rapid cycles of innovation can help embed peer support - and other person and community-centred approaches - into local communities.

We will continue to deliver these programmes and to look for further opportunities to support the scaling of effective peer support.



Endnotes

1. Realising the Value (2016) 'At the heart of health - Realising the value of people and communities.' London: Nesta and The Health Foundation.
2. Sokol, R. and Fisher, E. (2016) Peer Support for the Hardly Reached: A Systematic Review. 'American Journal of Public Health.' 106(7).
3. See: <http://www.raceequalityfoundation.org.uk/better-health> (Accessed 20.09.2016.)
4. Dr Edwin Fisher's 2016 presentation, Peers for Progress.
5. Boothroyd, R. and Fisher, E.B. (2010) 'Peers for progress: promoting peer support for health around the world.' Oxford: Oxford University Press.
6. Realising the Value (2016) 'At the heart of health - Realising the value of people and communities.' London: Nesta and The Health Foundation.
7. Adapted from Dr Edwin Fisher's 2016 presentation 'Peers For Progress.'
8. Realising the Value (2016) 'At the heart of health - Realising the value of people and communities.' London: Nesta and The Health Foundation.
9. Brownson, C.A. and Heisler, M. (2009) The Role of Peer Support in Diabetes Care and Self-Management. 'The Patient: Patient-Centred Outcomes Research.' Vol.1, Issue 1.
10. Cherrington, A., Ayala, G.X. et al., (2008) Implementing the community health worker model within diabetes management: challenges and lessons learned from programs across the United States. 'The Diabetes Educator.' Vol. 34, Issue 5.
11. Colella, T. and King, K. (2004) Peer support. An under-recognized resource in cardiac recovery. 'European Journal of Cardiovascular Nursing.' Vol.3, No.3.
12. Dunn, J., Steginga, S. et al., (2003) A Review of Peer Support in the Context of Cancer. 'Journal of Psychosocial Oncology.' Published online 17 October 2008.
13. Fisher, E.B., Brownson, C.A. et al., (2005) Ecologic approaches to self-management: The case of diabetes. 'American Journal of Public Health.' 95(9).
14. Fisher, E.B., Strunk, R.C. et al., (2009) A randomized controlled evaluation of the effect of community health workers on hospitalization for asthma: the asthma coach. 'Archives of Pediatric and Adolescent Medicine.' 163(3).
15. Heisler, M. (2010) Different models to mobilize peer support to improve diabetes self-management and clinical outcomes: evidence, logistics, evaluation considerations and needs for future research. 'Family Practice.' 27, Suppl.1.
16. Parry, M. and Watt-Watson, J. (2010) Peer support intervention trials for individuals with heart disease: a systematic review. 'European Journal of Cardiovascular Nursing.' 9(1).
17. Rosenthal, E.L., Brownstein, J.N. et al., (2010) Community health workers: part of the solution. 'Health Affairs.' 29(7).
18. Solomon, P. (2004) Peer support/peer provided services: Underlying processes, benefits, and critical ingredients. 'Psychiatric Rehabilitation Journal.' 27(4).
19. Whitley, E.M., Everhart, R.M. and Wright, R.A. (2006) Measuring return on investment of outreach by community health workers. 'Journal of Health Care for the Poor and Underserved.' Vol.17, No.1.
20. NHS England (2016) 'The Five Year Forward View for Mental Health.'
21. See: www.health.org.uk/programmes/closing-gap-through-changing-relationships/projects/transforming-culture-mental-health (Accessed 20.09.2016.)
22. Realising the Value (2016) 'At the heart of health - Realising the value of people and communities.' London: Nesta and The Health Foundation.
23. Peers for Progress (2015) 'Economic analysis in peer support: Breadth of approaches and implications for peer support programs.'
24. Gillespie, P., O'Shea, E., Paul, G., O'Dowd, T. and Smith, S.M. (2012) Cost effectiveness of peer support for type 2 diabetes. 'International Journal of Technology Assessment in Health Care.' 28(1).
25. Realising the Value (2016) 'Making the Change - Behavioural factors in person- and community- centred approaches for health and wellbeing.' London: Nesta and The Health Foundation.
26. Nesta and National Voices (2015) 'Peer support - What is it and does it work?' London: Nesta and National Voices.
27. Ibid.
28. Aguiar, P., Neto, D. et al., (2012) Prognostic Factors During Outpatient Treatment for Alcohol Dependence: Cohort Study With 6 Months of Treatment Follow-up. 'Alcohol and Alcoholism.' 47(6).

Nesta...

1 Plough Place
London EC4A 1DE

information@nesta.org.uk

 [@nesta_uk](https://twitter.com/nesta_uk)

 www.facebook.com/nesta.uk

www.nesta.org.uk

OCTOBER 2016

Nesta is a registered charity in England and Wales with company number 7706036 and charity number 1144091. Registered as a charity in Scotland number SCO42833. Registered office: 1 Plough Place, London, EC4A 1DE.

