2. Peer support

The below is a brief overview of the area of peer support and some of the key conclusions from the existing evidence. If you have comments on this brief or additional evidence to reference please get in touch with us on info@realisingthevalue.org.uk.

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

For Realising the Value, we are particularly interested in working with a local partner site which has experience of implementing peer support in a mental health context as the evidence is particularly strong in this area.

What do we define as peer support?

‘Peer support’ is defined as ‘support from a person who has experiential knowledge of a specific behaviour or stressor and similar characteristics as the target population’.

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

Peer support is largely provided on a voluntary basis, although in some instances people are paid for their peer support role. Peer support can be offered across a wide range of conditions, including diabetes and coronary heart disease, but the largest body of research relates to peer support for people with mental health conditions.

Peer support can be delivered on a one-to-one basis, which may be in person or through telephone support, or through a peer support group. One-to-one support approaches include: peer listening, to enable someone to talk through current concerns offering support and encouragement; also peer mentoring, where the mentor is a positive role model, actively helping the mentee to progress along a self-management or recovery path.

Groups have traditionally been in the format regular face-to-face meetings, although there are now also growing numbers of group-based online forums.

Whether one-to-one or in a group the essential components of peer support include:

● co-production of support between people who share a similar condition.
● support provided by those who have experience of living with the condition, not by health professionals.
● the content of peer support sessions being determined by the participants.
● being asset based – recognising people’s resources and potential.
● the sharing of experience and reciprocity between people as equals.
● working towards wellbeing and recovery.

Peer support may be a component within other forms of self-management support. For example, it may have an educational component to be delivered alongside more general peer support, or, within a health coaching frame, it may focus on helping people to identify what they want to achieve and to reach goals through manageable steps.

**Some examples of potential benefits**

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 can be a deeply rewarding and therapeutic experience in its own right. Equally, receiving care and treatment from someone who is on their own journey of recovery is comforting.  

A key benefit for people receiving peer support is the greater perceived empathy and respect gained through support from a peer. It can help people feel more knowledgeable, confident and happy, and less isolated and alone.

Peer supporters report benefits for themselves of increased self-esteem, confidence and positive feelings that they are doing good to others. As a result, peer support workers in mental health often experience an increased ability to cope with their own mental health issues. Studies of peer support in diabetes have found that the volunteer supporters are less likely to experience depression, have heightened self-esteem and self-efficacy and improved quality of life, even after adjusting for baseline health status and socio-economic status. As in mental health, by providing support to others, peer supporters with diabetes seem to have improved health behaviours themselves.

Peer support has the potential to improve experience, psycho-social outcomes, behaviour, health outcomes and service use among people with long term physical and mental health conditions. Additionally, associated improvements have been reported on numerous issues that can impact on the lives of people with mental health problems. However, the evidence base is still developing and there is, for example, little research that adequately assesses cost effectiveness or that would help commissioners build business cases.

**Making it work**

From a recent evidence review we know that peer support is likely to be:

- most effective for improving health outcomes when delivered one to one or in groups of more than 10 people;
- most effective for improving health outcomes when it is based around specific activities (such as exercise or choirs) and focuses on education, social support and physical support.

There are many practical challenges that need to be considered when developing a peer support service, for example:

- Careful training, supervision and management of all involved are required, with sufficient organisational support for the programme – peer support is not ‘free’.

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5 Heisler M, 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, March 2009
6 National Voices and Nesta 2015: Peer Support: What it is and does it work? Can be found [here](#)
8 For the full review see: National Voices and Nesta 2015: Peer Support: What it is and does it work? Can be found [here](#)
• Discussion with peer supporters on the amount of time they are able to commit, their own interests, and feasible numbers of patients they are able to provide support for.
• Regular opportunities for peer supporters to share experiences, solve problems, provide mutual support and receive additional training as well as on-going and visible recognition for their efforts.
• Due to the nature of having a long term condition, peer group members may have difficulties attending regular face-to-face meetings, therefore groups work well when they are not time-limited or tied to the delivery of particular training content but can offer a mechanism for responsive, sustained support.
• Peer support groups with a self-management training component need to consider how to deliver content not in a prescribed manner and order but flexibly, as issues arise for people in the group, so they apply newly acquired knowledge to their own lifestyles and exchange information and experiences, enabling participants to learn from each other.
• The employment of peer support workers in mental health services is a recent development. This needs careful handling when there are paid and volunteer peer supporters, so that volunteers do not feel ‘hard done by’.