Side by Side

Early research findings
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Summary

Peer support is understood in many different ways because it is created and owned by the people who take part. At its core, peer support is about the relationships that people build as they share their own experiences to help and support each other. Peer support can develop in any setting, as a structured activity, or far more informally.

A lot of people with mental health difficulties take part in peer support in their own communities – rather than in formal mental health settings. However, this type of peer support is not well funded or well understood. Mind has worked alongside 48 groups and partner organisations to try and address this challenge.

This report sets out the early findings from the large research project evaluating the Side by Side programme, which was led by Mind. It provides information about the impact of community-based peer support for mental health. It also suggests ways to improve this kind of support in the future. More detailed findings will follow (see the 'Next steps' section for more information).

What was the Side by Side programme?

The Side by Side programme – funded by the Big Lottery – took place between February 2015 and January 2017. It aimed to improve the lives of people experiencing mental health difficulties across England by increasing the availability of community-based peer support. The programme also tried to understand how to improve the quality of peer support delivered in the community.

The programme was run by Mind in partnership with 48 groups and partner organisations in nine areas across England: Blackpool, Blackburn, and Darwen; Coventry and Rugby; Kensington and Chelsea; Leeds; Middlesbrough and Stockton-on-Tees; Northamptonshire; Plymouth; Southampton and New Forest; and Suffolk. Together, we raised awareness of peer support with 73,926 people, provided online peer support to 17,936 people, and facilitated face-to-face peer support with 3,255 people.

What did the research involve?

Mind commissioned researchers from St George's, University of London (SGUL) and the McPin Foundation to explore the values underpinning community-based peer support for mental health. These researchers also looked at what impact peer support has on the people who give and receive it. The London School of Economics worked with them to investigate the economic impacts of peer support. The SGUL/McPin researchers adopted a 'co-production' research approach. Team members drew on their own experiences of mental health difficulties and peer support – alongside their research expertise – to shape and guide the evaluation approach.

The researchers interviewed almost 100 people involved with the Side by Side programme and collected questionnaires from over 700 people. About one in three people who took part in the research were from Black and Minority Ethnic (BaME) communities.

What makes peer support unique?

The research identified six core values that were found across all three peer support settings – online, groups, and one-to-one. The values do not work on their own; they are interconnected and build on one another. Together, they represent what makes peer support different from other forms of support.

The first three core values – 'Experience in common', 'Safety', and 'Choice and control' – form a foundation on which the final three values – 'Two-way interactions', 'Human connection', and 'Freedom to be oneself' – rest. It is important that peers feel they are with other people who have similar experiences, feel safe to express themselves, and have choice and control over whether/when/how they express themselves. Without this, they are unlikely to engage in two-way interactions and develop meaningful connections with other peers. Without the five other values being in place, it is unlikely that peers will feel like they can freely be themselves in peer support.

Although these common values are shared across all peer support, the research also found that peer support could be shaped a lot by local conditions. People involved in organising peer support made a number of practical decisions about how peer support could work to best suit the needs of a particular group of people. Five broad categories of decisions shaped what a peer support project looked like:

- Level of facilitation
- Types of leadership
- Focus of peer support 'sessions' (for example, social, educational, or activities)
- Types of membership
- Organisational support

The way that people and groups chose to organise peer support using these different categories had a big impact on how peer support worked on the ground. This meant that making different choices on a number of these categories resulted in a range of projects that looked quite different from each other and that were carefully tailored to local needs.

What is the impact of Side by Side?

The research found that as people engaged with more peer support, their wellbeing, hope for the future, connections to others, and self-efficacy (feeling like they can make positive changes to their own situation) improved. This varied for different peer support settings (group, one-to-one, and online). However, the research suggested that most change was achieved when there was active giving and sharing of peer support in a two-way interaction, especially in groups.

There were also differences in outcome for different groups of people, especially people from different BaME communities. These findings are being analysed in more detail to fully understand what they mean.

Having choice about the kind of peer support to access appears to be very important. The evaluation suggests that people try out different approaches to peer support in order to find out which approach works best for them. The research found that people reduced the amount of peer support they accessed over time but the impact was maintained.

These findings provide evidence for commissioners that people continue to live well in the community (maintaining good outcomes) whilst accessing less peer support over time. Importantly, there was no evidence that the more peer support that was offered, the more peer support people 'used'. This is unlike the usual pattern observed with many conventional mental health services.

The economic analysis also found that people taking part in the Side by Side evaluation used fewer health services while they were involved with peer support. They also depended less on friends and family members to care for them. However, it is not certain whether this is caused by the programme or a combination of other factors.

What were the practical challenges of delivering the programme?

The Side by Side programme exceeded many of its targets and local projects engaged more people than planned. Many projects have managed to keep going after the funding ended. However, the research found that there were some practical challenges in delivering a programme that is as large and complex as Side by Side. In particular, it was hard to set up a range of new peer support choices within a short period of time.

Some clear recommendations emerged from the evaluation that any organisation – large or small – could put into action to improve the sustainability of organised community-based peer support. These include: peer leadership; creating positive, safe, trusting spaces for peer support; an active sense of learning both among those people already giving and receiving peer support, but also in understanding how the full diversity of cultures and communities needs to evolve peer support locally; and, changing and adapting ways of working.

The research found that getting money to organise peer support was a challenge –

particularly at a time of intense pressure on budgets. People who could provide funding (i.e. commissioners who were already engaged with peer support) were interviewed. They said that peer support could become a part of a wider package of support in an area – with different organisations joining together to provide a range of support options, including peer support. This might help to reduce costs and provide a smoother experience for people trying to access support.

What happens next?

This report presents the early findings from the Side by Side evaluation. However, there is a lot more information to analyse. During the rest of 2017, the evaluation partners will be producing more detailed reports to explain what they found. Practical guidance will also be written to share the lessons learnt from the Side by Side programme with people involved in peer support across the country.

A short summary for participants is also published alongside this report.

Introduction

Peer support is created and owned by the people who are actually engaged in supporting each other. At its core, peer support is about the relationships that people build as they share their own experiences to help and support each other. Peer support can develop in any setting, as a structured activity or far more informally, making it difficult to define and evaluate.

Peer support is not unique to mental health but there is a long history of people with experience of mental health difficulties offering each other support based on their common experiences. This means that there are many different ways to provide peer support and varied definitions are used. This report builds on existing research to explore the common values that underpin the diversity of approaches.

In the world of mental health research in general – and peer support in particular – language can carry specific meanings about people's identities (for example, socially, culturally, and politically) and how these relate to mental health services and to wider society. For different people and at different times, labels such as 'patient', 'peer', 'survivor', or 'service user' can be either a useful or an unhelpful simplification of their identity. The evaluation team have tried to be mindful of this whilst undertaking the research. This complex issue was carefully considered in writing up the findings, and the team have tried to choose language thoughtfully, while at the same time recognising that the language that is used may not be how everybody would choose to express themselves.
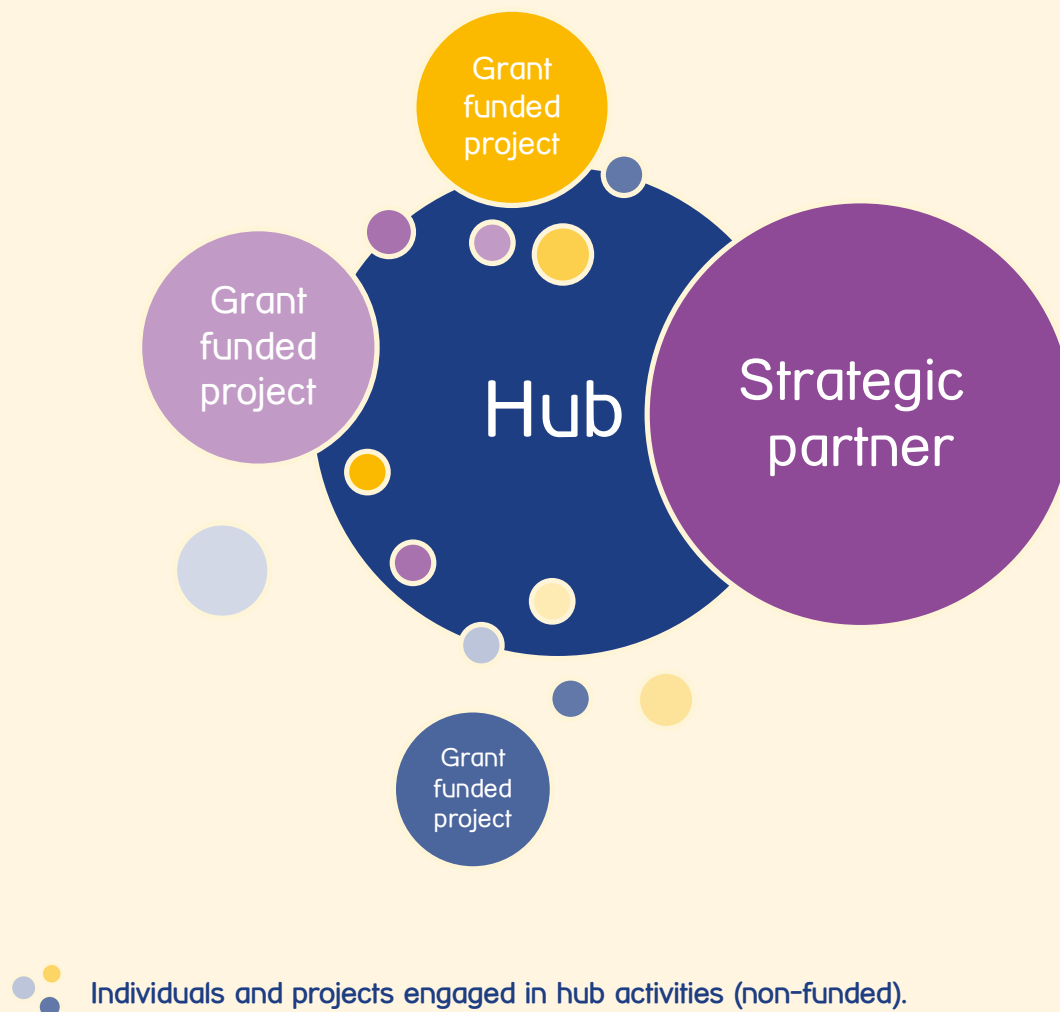
What was the Side by Side programme?

The Side by Side programme – funded by the Big Lottery – aimed to improve the lives of people experiencing mental health difficulties across England by increasing the availability of peer support. The research was designed to learn how to improve the quality of peer support delivered in the community.

Between February 2015 and January 2017, partners in the programme raised awareness of peer support with 73,926 people, provided online peer support to 17,936 people, and face-to-face peer support with 3,255 people.

The Side by Side programme took place in nine areas across England: Blackpool, Blackburn, and Darwen; Coventry and Rugby; Kensington and Chelsea; Leeds; Middlesbrough and Stockton-on-Tees; Northamptonshire; Plymouth; Southampton and New Forest; and Suffolk.

In each of the areas, a peer support 'hub' was established. Hubs were set up to help build peer support capacity amongst local community, the voluntary sector, and peer-led organisations. Hubs were based in local Minds and provided advice, networking, and infrastructure support to new and existing peer support projects in the area.

Figure 1: Structure of projects in each Side by Side area

Grant funded project

Grant funded project

Hub

Strategic partner

Grant funded project

Individuals and projects engaged in hub activities (non-funded).

As well as the hubs, a 'strategic partner' was funded in each area to develop and deliver a large new peer support project locally. Three of the nine strategic partner projects were also run by local Minds (local Minds acted as both strategic partner projects and hubs in those areas), three by Depression Alliance, and three by Bipolar UK.

37 grants were also awarded to smaller peer support projects that were delivered by a wide range of grassroots organisations. There were between one and nine grants awarded in each area through a competitive grants process. The final component of the Side by Side programme involved expanding and promoting Mind's existing online peer support community, Elefriends.

A key feature of the programme was that both strategic partner and grant-funded projects were free to develop their own approach to peer support. Peer support could take place in different ways – including group settings, one-to-one, online, or involve a combination of approaches. Applications for grant funded projects were particularly welcomed from projects supporting Black and Minority Ethnic (BaME) communities and peer support in rural areas.

How was the programme developed?

The design of the Side by Side programme was based on Mind's previous peer support experience at national and local levels. It also built on the expertise of the peer support community and published evidence base from previous research.

In 2013, Mind published a report called *Mental health peer support in England: piecing together the jigsaw*[1] (Faulkner et al., 2013). This was a key step for Mind in developing awareness of the value and importance of peer support within statutory mental health services and the voluntary sector. The report recommendations included the need for Mind and partner organisations to:

- Continue to gather information about peer support groups and projects (exploring areas in greater depth to gain a more complete picture of the peer support available across BaME and other marginalised communities);

- Promote a range of peer support delivery approaches;

- Seek to identify the features of 'good practice' in peer support, and establish an agreed set of principles underpinning peer support against which groups and projects can compare themselves;

- Continue to promote peer support designed and delivered by people with experience of mental health difficulties (peer-led peer support);

- Provide peer support groups and organisations with the tools and support to measure and communicate the outcomes of peer support, and to collate this information at a national level.

Drawing on the key findings and recommendations of this report, the Side by Side programme therefore aimed to:

- Increase the availability of community-based peer support across England;

- Build the capacity and sustainability of peer support by increasing skills and funding in this area;

- Build an evidence base for the effectiveness of different approaches to peer support; and

- Promote the value of peer support to people with experience of mental health difficulties, service providers, and commissioners.

What does the existing evidence tell us?

The research partners conducted an overview of the current literature on community based peer support in mental health to inform the development of this evaluation and help consider findings in a wider context. It was based on an extensive review of one-to-one peer support that St George's, University of London had recently undertaken, a number of other published reviews of peer support, and a considerable amount of 'grey literature' (reports and commentaries about all sorts of peer support) that the team had compiled.

> Peer support is a diverse set of activities that take place in a wide variety of settings.

There are a variety of approaches to peer support. The most common distinctions are between group, one-to-one, and online peer support. Peer support can also take place outside, alongside, or as part of formal mental health services. Although it is possible to identify these broad themes in peer support approaches, it is important to note that these categories are not mutually exclusive because peer support can be provided in a range of complex ways. The evaluation team have been mindful of the subtleties in this variation while at the same time attempting to draw broad conclusions about both the effectiveness of peer support and the way in which peer support works outside of clinical settings.

Much of the published empirical research (research where data is systematically collected and analysed) reflects on the experience of peer support delivered in clinical settings.

In contrast, the Side by Side programme specifically focuses on peer support within non-clinical, community settings.

> Peer support can be understood and interpreted in a number of different ways.

People identify with each other in different and multiple ways, not just in terms of their experiences of mental health difficulties. There are culturally grounded understandings of mental health, and different interpretations around 'who is a peer'. This strongly suggests that assumptions about peer support that might make sense in the context of formal mental health services do not necessarily apply across other community contexts.

The wide variety of approaches and differences in the understanding and interpretation of peer support means that existing evidence must be read carefully, especially with regard to translating evidence of effectiveness from one context to another.

> Peer support is and should be principled and underpinned by a core set of values.

While different definitions are used, there is broad consensus in the current literature that peer support should be underpinned by a core set of values around shared identity, safety and trust, reciprocity and mutuality, empowerment, and agency. The core values that are reported as common across peer support approaches in published literature are explored in more detail in the evaluation of Side by Side.

[1] Faulkner, A., Sadd, J., Hughes, A., Thompson, S., Nettle, M., Wallcraft, J., Collar, J., de la Haye, S., & McKinley, S. (2013). *Mental health peer support in England: piecing together the jigsaw.* Mind.

Evaluation approach and questions

Building a robust evidence base for peer support was one of the core objectives of the Side by Side programme. Mind worked with a Research Advisory Group (RAG) – including researchers with lived experience of mental health difficulties and specialist knowledge of peer support – to specify the research questions that needed to be answered.

Working with the RAG, Mind appointed St George's, University of London (SGUL), the McPin Foundation, and the London School of Economics and Political Science (LSE) as evaluation partners. The partners worked with a range of collaborators and researchers who drew upon their research skills, lived experience of mental health difficulties, and of giving and receiving peer support to undertake a detailed evaluation.

The Side by Side Research Consortium is made up of the two evaluation teams – the SGUL/McPin evaluation team and the LSE team – and those who had advisory input into the evaluation through Mind (the RAG) and Peer Expertise in Education and Research (PEER) group at SGUL.

Co-production approach

SGUL and McPin took a co-production approach to this research. This means that the team collectively made decisions and actively reflected on how they all – whatever their background – produced new insights about mental health peer support. The original methodology was co-produced alongside consultants who have been heavily involved in the peer movement and the PEER group at SGUL.

This approach gave the SGUL/McPin research team the opportunity to draw upon the expertise of a range of people – including team members' lived experience of mental health difficulties and giving/receiving peer support – as well as academic disciplines such as social anthropology, statistics, health services research, psychology, political science, geography, and economics.

Key characteristics of this co-production approach

- Important research decision-making is spread across the team.

- Different interpretations of data are understood in terms of 'who we are'.

- Consideration is given to who is involved in which parts of the process and how that impacts on the research (the 'evenness' of co-production).

- There is flexibility in the way the team approaches the research where scientific conventions constrain the input of team members.

- There is critical reflection on how the team did the research and why.

- Outputs of the research explicitly report on how the knowledge was produced.

Gillard, S., Simons, L., Turner, K., Lucock, M. & Edwards, C. (2012) Patient and Public Involvement in the Coproduction of Knowledge: Reflection on the Analysis of Qualitative Data in a Mental Health Study. *Qualitative Health Research,* 22(8), pp. 1126–1137.

Early in the process, the evaluation team engaged with people coordinating and accessing peer support as part of the Side by Side programme. This helped to ensure that the evaluation was as accessible as possible and reflected their priorities.

The co-production approach also involved the practical ways that members of the team were supported. Examples include creating opportunities for dialogue, hearing/supporting each other to be heard, discussion, debriefing, and honest, open communication. These were key to how well co-production worked. Reflection, genuine relationships, and flexibility in the research methodology were important enablers to dynamic co-production.

This co-production approach enabled the team to critique and empower the way they worked, with experiential knowledge at the heart of shaping and undertaking the evaluation. In turn, it is hoped that this approach ensures that the findings reflect the experiences and priorities of people directly involved in peer support, and that the recommendations can contribute meaningfully to making effective peer support as widely accessible as possible.

In the 'Afterword' at the end of this report, the researchers who explicitly used their lived experience reflect on the findings from the Side by Side programme.

Research questions

The Side by Side research focused on five key areas.

The impact of peer support

- To what extent does the programme change the amount of peer support people access?
- How is change in the overall amount of peer support people access related to change in a range of individual outcomes?
- How does change in outcomes relate to the amount of peer support people are specifically giving or receiving?
- How is change in giving and receiving different approaches to peer support – group, one-to-one and online – related to change in outcomes?
- How is changing access to peer support by different groups of people – for example, people from different BaME communities, or in rural or urban communities – related to change in outcomes?

The process of delivering the Side by Side programme

- What kinds of support, resource and capacity are required to deliver different models of peer support effectively, in line with peer support principles and values?

Economic impact of peer support

- What is the impact of giving and receiving peer support on a range of economic outcomes – including use of health and social care services, employment, caring relationships, volunteering, and quality of life?

The core values of effective peer support

- What do people involved in peer support identify as its core characteristics?
- What do people giving and receiving peer support within the Side by Side programme identify as peer support's core features?
- How does peer support as delivered in the Side by Side programme vary by setting or population group?

The views of local commissioners

- What are commissioners' attitudes towards peer support and how can it meet their local requirements?
- How can commissioners be supported and encouraged to commission different types of peer support?

The research methods used are discussed in more detail alongside the summary findings in the sections that follow.

Analysis of the data is ongoing and as such, this report only addresses some of these questions. Further detailed reports will be produced by the evaluation partners over the coming months. These are outlined in the 'Next steps' section at the end of this report.

Core values and key decisions

Previous research has found that peer support is often based around a strong set of values. Mind asked the SGUL/McPin evaluation team to try and identify the common values that underpin community-based peer support for mental health, regardless of the different settings and approaches.

The evaluation partners undertook extensive research to create a framework of common values and key decisions that shape peer support, based on the experiences of the Side by Side programme.

The framework and other findings are summarised below. Mind and SGUL/McPin Foundation will also be publishing a practical toolkit to help people implement these values in their own projects later in 2017.

Developing the values framework

Early in the development of the Side by Side research, the evaluation team wanted to understand what people involved in the wider peer support community would identify as common values. This initial consultation included an online survey (completed by 163 people), consultation events in Leeds and London (26 people), and group interviews with people working in the hubs and strategic partners (38 people). These findings were used to develop a draft values framework.

69 interviews were then conducted with peers in the Side by Side programme to test this draft framework. Following a number of collaborative analysis days, a thematic analysis was produced. This helped to refine the framework and identify the core values that are common across the diverse ways in which peer support was being created as part of the programme.

The interviews highlighted that peer support can be highly responsive to the context in which it occurs. People involved in organising peer support make a number of practical decisions about how a project should work to best suit the needs of a particular group of people. The evaluation team has identified a series of key decisions that shape the form of peer support in practice.

SGUL/McPin carried out a more focused piece of qualitative analysis with people involved in Side by Side from BaME communities. This included three focus groups and data gathered from the main principles and values data set (totalling 22 focus group participants and 18 interviews).

Findings suggested that the absence of core values will raise questions about whether the activities of a particular project can be considered peer support. However, key decisions are choices without 'right' or 'wrong' answers. What is 'best' will vary depending on context and objectives of the peer support in question.

Core values

Experience in common

Peers have experiences in common. In a mental health context, these are common experiences of social and emotional distress. This can form the basis of their connection to each other, regardless of the extent to which this experience is openly discussed. Peers can share experiences of broadly defined social and emotional distress or experiences linked more narrowly to a particular mental health diagnosis. In some peer support, specific additional aspects of personal experience or identity shaped by gender, ethnicity, age, sexuality, disability, and migration are critical to people recognising each other as peers.

Safety

The process of creating peer support involves developing structures to provide physically and emotionally safe spaces. Safety building is essential and can include creating guidelines or 'ground rules' to address confidentiality and how peers can behave respectfully towards each other. It also includes reviewing meeting locations for privacy and accessibility, role modelling the way peers can share (or not share), and clarity over how peers may discuss particular topics (for example, the level of detail peers give about self-harm may be limited). The knowledge that 'what is shared in peer support, remains in peer support' helps to create trust that allows peers to be able to express themselves without fear of judgement. In some forms of peer support, the responsibility for creating safety in peer support may rest with online moderators, group facilitators, or supervisors. In other forms of peer support, peers collectively take responsibility for creating safety.

Choice and control

It is up to the individual peer to decide how they will participate in the peer support environment. This includes control over when they attend or take part in peer support, what they choose to share, what support they want to try, what role they take in a group or interaction, and how long they access peer support. Peers can withdraw from peer support for a period of time and return to it later on without being penalised.

Two-way interactions

The interactions between peers are two-way, and involve both giving and receiving support. This type of two-way interaction may be called 'reciprocity' or 'mutual support'. At different points in time, peers may give more or receive more or less support depending on their circumstances. What is given and received may vary, but there is always the potential in peer relationships to both give and receive support.

Human connection

Peers actively acknowledge that they have a connection with each other based on having experiences in common. These common experiences provide a basis on which peers feel they may have a better understanding of one another than other people in their lives. Previous negative experiences can be put to a positive use through this connection. Peers work together to create a warm, friendly, welcoming environment for all peers, and act with intentional kindness towards each other online or face-to-face. Peers understand, emotionally support, and care for each other. This generates a culture of companionship and belonging. Through the connection with each other, peers may come to feel less isolated and feel that they are part of a supportive community.
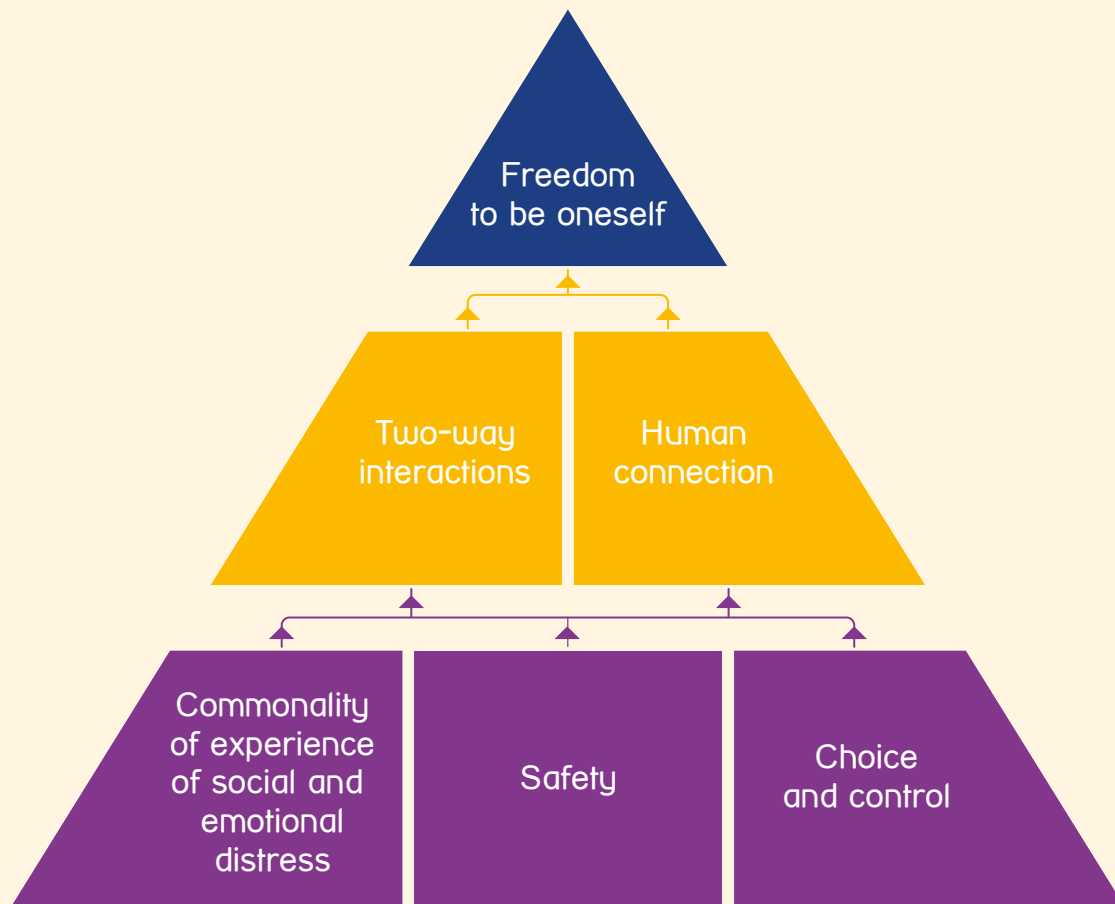
Freedom to be oneself

The ability to express themselves freely – without fear of judgement – is necessary for peers to be able to share difficult issues, not all directly about social and emotional distress, and to feel comfortable in doing so. The experience of feeling heard and understood in peer support is powerful. For this to happen, peers need a space in which they can be vulnerable and talk about difficult experiences. Structures need to be in place to create this safe space, which means having ground rules to address the way peers behave towards each other. For many peers, peer support allows them to feel like they are normal, and are just like any other person in their peer support. This is in contrast to having felt different, stigmatised, or excluded in other aspects of life.

How do these values interact?

On the basis of the research findings, the evaluation team believe that all six of these values must be present and endorsed within a peer support setting – whether that is created online, in a group, or one-to-one. However, it is also important to recognise that none of these values work in isolation and all are interconnected.

Figure 2: Values pyramid

The first three core values on the list ('Experience in common', 'Safety', and 'Choice and control') form a foundation on which the final three values ('Two-way interactions', 'Human connection', and 'Freedom to be oneself') rest. If peers do not feel they are with other people who have similar experiences, are safe to express themselves, and have choice and control over whether/when/ how they express themselves, they are unlikely to engage in two-way interactions and develop human connections with other peers. Without the five preceding core values being in place, it is unlikely that peers will come to feel like they can freely be themselves in peer support.

This interaction can be seen in the 'values pyramid' above.

Key decisions

The research has also identified five key decisions that were made by those involved in organising peer support as part of the Side by Side programme. How people chose to organise peer support through these different decisions shaped how peer support worked and was experienced on the ground. This meant that making different choices resulted in a range of projects that looked quite different from each other and were responsive to the local needs. These differences do not have a direct impact on whether the core values are present or not.

Facilitation

In most Side by Side projects, facilitation was an identified role and it was allocated to a named individual (or individuals if the responsibilities were shared). However, there were some projects that chose not to allocate a facilitator role. Instead, the tasks involved in organising peer support were divided amongst different peers to ensure that there was a collective responsibility for sustaining activities.

Peers involved in Side by Side had different opinions on the importance and role of facilitation. These ranged from those that felt facilitation goes against the ethos of peer support as a space where equals come together, to those who felt having a facilitator was essential in making peer support feel safe. The decision regarding the need for a facilitator partly depended on the type of peer support being delivered. More structured forms of peer support – such as mentoring schemes or projects that included educational courses – had a larger need for a facilitator to maintain that structure. In projects that did use facilitation, the facilitator role consisted of some or all of the following aspects:

- Practical running of the project
- Facilitating activities and discussions
- Safeguarding and resolving disagreements
- Information sharing and signposting

Type of leadership

Projects within Side by Side relied on different types of leadership. Defining a leadership type involved making three decisions:

- Peer leadership or non-peer leadership?
- Leadership training or not?
- Paid or voluntary leadership positions?

These three decisions intersected in a variety of ways. For example, whether a project was peer-led or not did not determine whether the person in a leadership position had been trained or was receiving payment. There were peer-led projects in Side by Side that had informal systems of leadership and facilitation, where the majority of activities were performed on a collective basis by people who have not been trained specifically for that role. There were other peer-led projects that were highly structured and peers facilitating them received specific training to carry out their role. We found volunteers as well as paid members of staff among peers taking on leadership roles and responsibility within Side by Side.

Focus of peer support sessions

There are many different decisions that affect the focus of peer support projects and the practical content of specific peer support sessions. Within the Side by Side programme, there were projects that focused explicitly on peers discussing their mental health. However, they represented a minority of projects. A large number of projects were based around an activity such as gardening or cooking, or informal socialising. Some projects had an emphasis on information sharing, often in the form of workshops or training. We also found examples of peer support where several of these foci were found within the same project. This variety can be summarised as follows:

- Focus on sharing experiences of social and emotional distress
- Social focus
- Activity focus
- Educational focus

Membership type

Side by Side projects differed in how broadly or narrowly they defined boundaries around who could join their activities. Some projects were open to people from a wide range of backgrounds experiencing any type of social or emotional distress. Others had specific criteria regarding who was able to join. Decisions on how to define membership of a peer support project were closely linked to who was considered a peer within the context of a particular project. Membership decisions tended to be made based on the following criteria:

- Type of mental health issues – open to anyone experiencing social and emotional distress or dedicated to specific diagnoses.
- Inclusion of carers – some projects also accepted carers as project members.
- Identity characteristics – some projects defined their membership based on identity characteristics such as gender, ethnicity, sexuality, and disability.
- Stage of recovery – some projects were explicit about only being able to accept members that had reached a certain stage of recovery, particularly if they felt this was needed to ensure the safety of peers or due to the nature of the particular project.
- Training – some projects required peers to undergo training prior to joining peer support.

Organisational support

Some peer support projects in Side by Side were independent or 'stand alone'. However, many received different levels of support from other affiliated organisations. Some projects worked under the name of an umbrella organisation to which they were only loosely linked. Others were fully incorporated into an organisation and formed part of its 'service delivery'. Support that Side by Side projects received from affiliated organisations included the following:

- Infrastructural support – this included practical support that helped establish peer support and encouraged it to thrive in practice.

- Safety structures – being part of a wider organisational structure provided peer support projects with clear lines of accountability and procedures when peer leaders or other peers had concerns regarding safety or wanted to signpost someone to additional support.

- Training and supervision for peer leaders – an important part of organisational support was providing training to peers who were taking on leadership roles.

Values and core decisions in the context of BaME-specific projects

There were a number of grant-funded projects within Side by Side that worked specifically with people from Black and Minority Ethnic (BaME) backgrounds. This included projects open to anyone identifying as having a BaME background, projects aimed at particular ethnic communities, and projects working with people who had first-hand experience of migration and its impact on social and emotional distress.

The evaluation team found that the core values underpinning peer support were shared between BaME and other projects in Side by Side. However, the experience of social and emotional distress of peers in BaME-specific projects was so significantly shaped by other aspects of their lives that they needed to be addressed in an identity-specific peer context.

When you've got racism as the base of your issue, you are more than likely going to find solutions that are race-specific or that have got a racial dimension; so that's how we end up being of a particular racial group because the roots of our problem, we believe that it's racialisation.

[FG1, group]

The team found that the reasons why peers engaged with BaME-specific rather than other peer support were related to which aspects of experience they felt they needed to share in common with other peers. In addition to experience of social and emotional distress, which was relevant across all Side by Side projects, the following aspects of common experience were identified as important in establishing peer relationships in BaME-specific peer support:

- Shared cultural background
- Experience of migration
- Racism and discrimination
- Intersectional experiences (minorities within minority communities, for example, people with LGBTQ+ identities)

While the core values underpinning peer support seemed to apply broadly, the reasons why people chose to access peer support can be different, especially where there are complex intersections of identity (for example, ethnicity and sexuality). Participants' sources of shared identity were not necessarily grounded in mental health, but could be focused on other experiences and adversity that people shared in common.

In addition, people in many of the projects did not explicitly use the language of peer support that the research team chose to use, instead they referred to the activity or community around which their peer support was based (for example, cooking, gardening). This was also true in some non-BaME-specific groups.

Impact of peer support

One of the main objectives of the evaluation was to understand what impact peer support has on people's wellbeing, sense of hope for the future, social connections and self-efficacy (feeling able to make positive changes to your situation). Importantly, the evaluation team wanted to see how these changed over time.

Evaluation approach

The approach taken to evaluate the impact of the Side by Side programme was designed to explore the relationship between outcomes and changing access to peer support over time. The team wanted to know how people's individual choices to engage in more or less peer support were associated with change in outcomes (this is called an 'internally-controlled' study design). This approach also allowed us to consider the impact of peer support on different communities (especially BaME communities), participants accessing peer support in different ways (for example, online, group, face-to-face), and in different settings (including rural settings). This methodology was selected over more standard study designs, such as a randomised control trial, as the team felt it would be neither practical nor ethical to 'control' the amount of open-access peer support people engaged with.

Participants were asked to complete a 'peer support log' at repeated time points across a 6–12 month period. The log collected data about participants' background (for example, age, gender, ethnicity), the ways in which they accessed peer support, and changes in their outcomes. Extensive planning and consultation was required to ensure that the log was accessible and not too burdensome. A balance was required between collecting data about the large number of relevant outcomes and ease of completion. The PEER group at SGUL were heavily involved in helping the team make decisions about which standardised measures to use. The researchers also had to create a short version because some participants found the full log too difficult to complete. Participants could choose to complete the logs online or in hard copy; 50% were completed online.

The log collected data on:

- Giving and receiving peer support
- Wellbeing (Warwick Edinburgh Mental Wellbeing Scale)
- Quality of life (EQ-5D-3L)
- Connectedness (Lubben Social Network Scale)
- Self-efficacy (Mental Health Self-Efficacy Scale)
- Hope (Herth Hope Index)

The outcomes evaluation covered all nine areas of the Side by Side programme but additional resources were focused in four areas: Blackpool, Blackburn, and Darwen; Kensington and Chelsea; Leeds; and Suffolk. These were selected to ensure a good representation of ethnicities, rural areas, and different delivery partners. The evaluation team had a researcher coordinating the outcomes evaluation and four regional researchers offering support. This support involved attending projects regularly to promote the peer support log and answer questions, supporting participants to complete the logs, encouraging peer support facilitators to promote the evaluation to peers, and continually problem-solving when challenges were encountered.
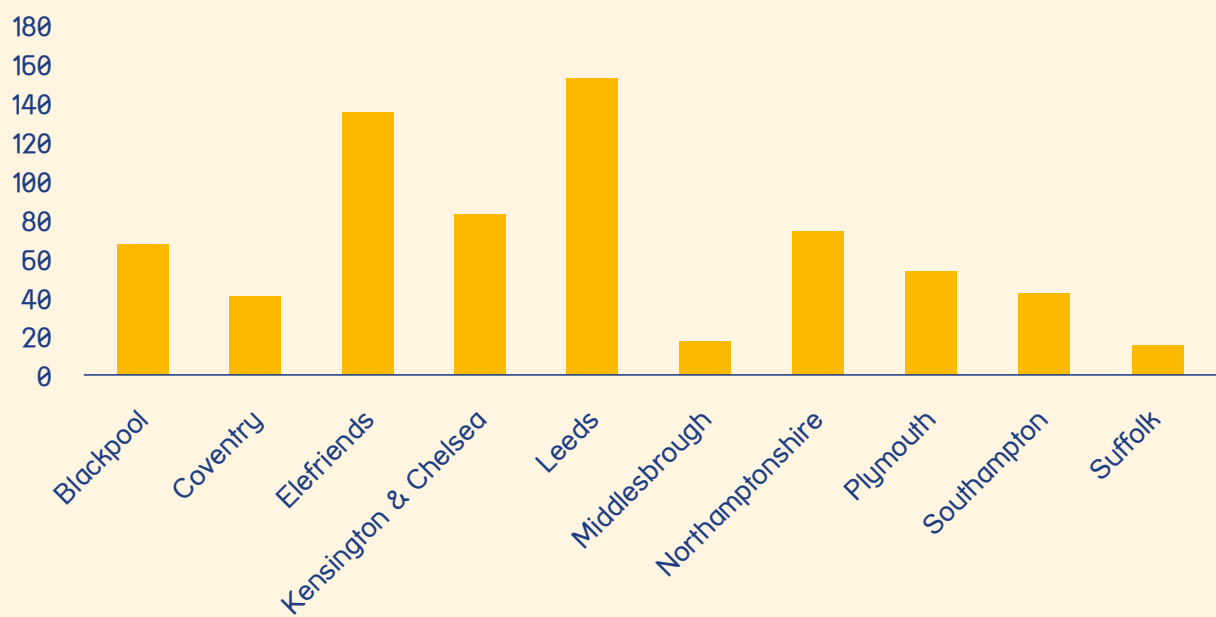
The evaluation heavily relied on local Side by Side projects engaging with the evaluation team and promoting the log to people participating in their projects. It was a time intensive process, and we thank everyone who helped us.

Profile of participants

In total 786 people took part in the log, with 703 participants also completing registration and providing demographic data for most variables. The analysis needed pairs of logs in order to measure change over time. 403 participants completed at least one pair of logs (1,414 in total). We have full demographic information on 93% of these 403 participants.
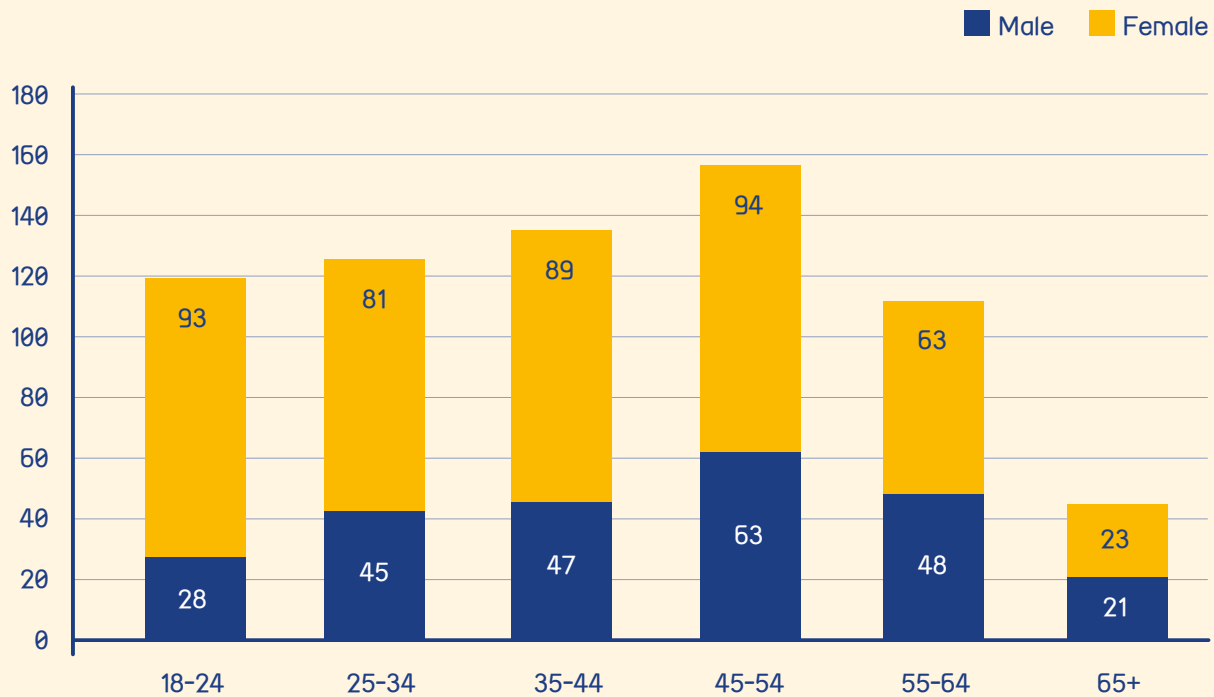
Figure 3: Evaluation participants by area

36% of participants were male, 63% female, 2 people preferred not to say, and 2 specified 'other'. 6 participants had identified as transgender, 4 were not sure, and 15 preferred not to say. 80% of the sample were heterosexual, 6% were lesbian/gay, 6% were bisexual, 5% preferred not to say, and 2% specified 'other'.

As Figure 4 shows, participants were recruited from the whole age distribution. Most participants lived in cities/large town (55%) with the rest in small to medium sized towns (35%) and rural/village areas (9%).
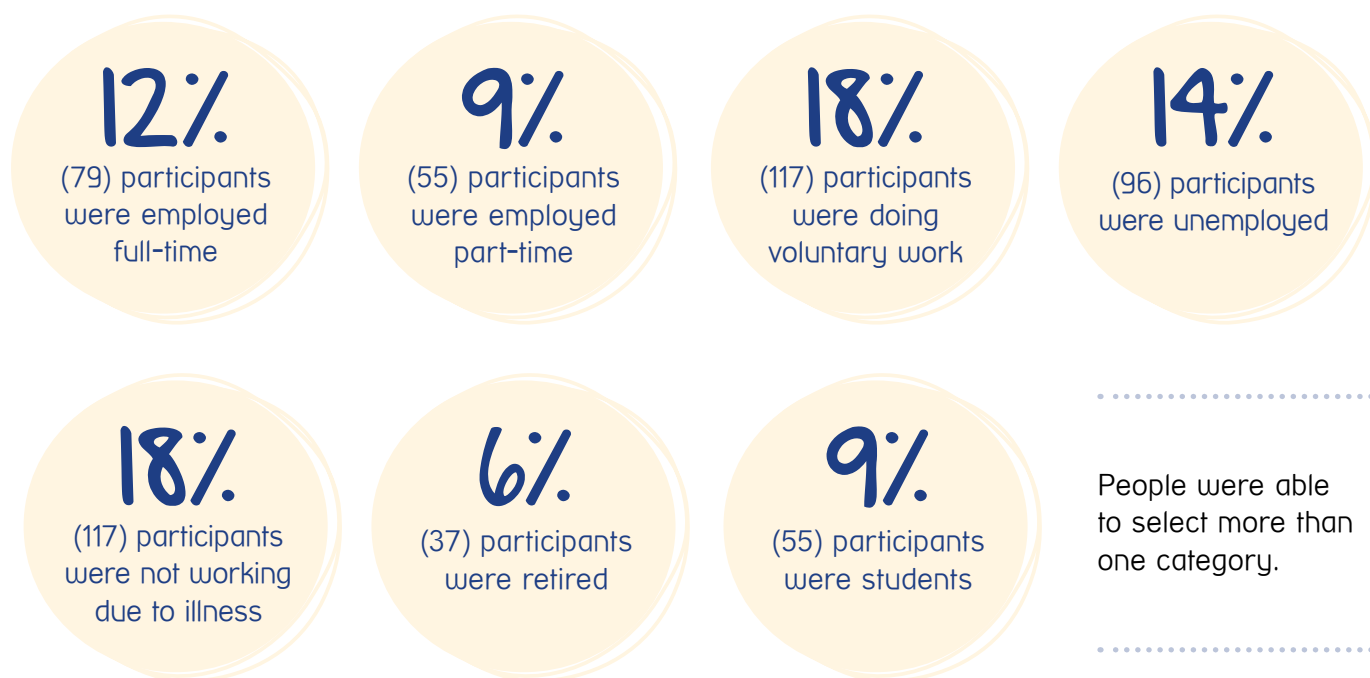
Figure 4: Ages of participants

Legend: ■ Male ■ Female

Age group	Male	Female
18–24	28	93
25–34	45	81
35–44	47	89
45–54	63	94
55–64	48	63
65+	21	23

456 participants (65%) were White British, 9 people were White Eastern European, 18 were White other, 8 were White Irish, 13 were Asian/ Asian British Indian, 39 were Asian/Asian British Pakistani, 7 were Asian/Asian British other, 5 were Mixed White and Asian, 11 were Mixed White and Black Caribbean, 3 were Mixed other Mixed background, 23 were Black/Black British African, 23 were Black/Black British Caribbean, 10 were Black/Black British other Black background, 20 identified as Somalian, and 5 were Arab. 53 people described their ethnicity in a different way to the standard categories.

40% of participants were using formal community mental health services, 34% had a long-term physical illness or disability, and 15% of participants considered themselves to have a learning disability. 2% had been admitted to hospital in the previous three months for reasons related to their mental health and 38% had taken medication for mental health reasons in the previous three months.

Using the first log completed by each participant (n=649), we gained more information about people's backgrounds. When joining the research:

12%
(79) participants were employed full-time

9%
(55) participants were employed part-time

18%
(117) participants were doing voluntary work

14%
(96) participants were unemployed

18%
(117) participants were not working due to illness

6%
(37) participants were retired

9%
(55) participants were students

People were able to select more than one category.

Peer support and outcomes

Analysis of peer support log data indicated that change in engagement with peer support was associated with change in outcomes in lots of different ways and for different groups of people. The evaluation team used the qualitative interview data described above to help make sense of what these findings mean. It is this combined analysis that is presented below.

The team found that people chose to engage with different approaches to peer support for different reasons and at different times. In other words, engaging with peer support was purposeful, in response to a range of needs and aspirations including: a desire for meaningful activity; a need for social contact; sometimes referred by mental health services but sometimes to address a gap in services; as a space to share experiences of mental health difficulties and strategies for coping; and sometimes in response to crisis.

As participants' wellbeing and general health improved, and as they experienced more supportive contact with friends and family, they chose to access less peer support. On average, participants were giving and receiving peer support in 2.5 different forms at Month 1. This dropped to 2 forms by Month 5 and continued dropping to 1.5 different forms by Month 11.

However, people did not seem to stop accessing peer support altogether but rather maintained a 'core' level of support. Maintaining the same amount of group peer support received was associated with a reduction in contact with friends, reflecting qualitative data that suggest that people maintain a certain amount of peer support as a source of social contact.

Well, yeah, I've got very isolated so some social contact was, kind of, that was one thing I thought that I might get.

[PV24, group]

Mutual sharing or 'doing peer support'

In the log, people were asked about how much peer support they were involved in giving and receiving over the previous month – covering a number of different approaches (one-to-one, group, online). This data made it possible to explore the two-way relationship of peer support.

People who increased the overall number of types of peer support they were giving reported increases in their levels of wellbeing and hope for the future. People who increased the amount of group-based peer support they gave reported improvements in wellbeing, hope, self-efficacy, and increased contact with friends. People who increased the amount of one-to-one peer support they gave reported improvements in wellbeing and hope.

The team explored the qualitative interview data to try and make sense of what 'giving' peer support meant in this way. People described an active, mutual giving or sharing of peer support – 'doing peer support' – as a two-way interaction that gave them a sense of agency in the peer support process. It is this mutual sharing and doing peer support together that seems to be associated most widely with change in participants' outcomes, especially in the context of group peer support but also in one-to-one peer support. This was described as distinct from the way in which people might more passively make use of other mental health services.

... this is what sets peer support apart from any other kind of mental health service I've experienced. It's what makes it different from group therapy. It's what makes it different from counselling or speaking to your doctor or speaking to a parent or a partner maybe, I don't know, in that it is mutual and everyone there is giving and receiving and sharing experiences ...
[PV23, group]

These benefits were experienced by people giving more peer support in group, one-to-one, and online environments. However, the way in which peer support was described varied for different peer support approaches. It is possible that 'giving' and 'receiving' roles are more clearly demarcated in some (but not all) one-to-one and online peer support, with some people acknowledging they did more of one than another:

I like the fact that we're all, kind of, helping each other ... I think if you're signing up to do peer support, I think you do need to recognise that it is giving, and receiving, support.
[PV15, group]

When I will see the results of my help I will be excited ... I will be more proud. That is for me a good thing for me to feel well.
[PV39, one-to-one]

... there are some people that will be on Elefriends that will never post and will never like something .... but they are there and they obviously take, there is a reason why they are on it ...
[PV44, Elefriends]

Choice and control

While people engaged with slightly more of some kinds of peer support when they first accessed the Side by Side programme, over time people accessed less peer support overall. At the same time, outcomes as a whole were maintained over the course of the evaluation with some (especially self-efficacy, see Figure 5) improving.

These findings provide evidence for commissioners that people access less peer support over time while continuing to live well in the community (maintaining good outcomes). Importantly, there was no evidence that the more peer support that was offered, the more peer support people 'used'. This is unlike the usual pattern observed with many conventional mental health services.

It's just as important that [participants] choose not to attend a group, as it is to attend a group ... I mean, if people don't want to turn up, they don't have to turn up. Yes, I've had people who have turned up, in the past, and halfway through a meeting, have decided to leave, the reason being because, actually, they have got what they wanted from the meeting.

[PV52, group]

The research findings suggest that people try out different approaches to peer support in response to a range of needs and aspirations. When offered a range of different types of peer support, over time peopl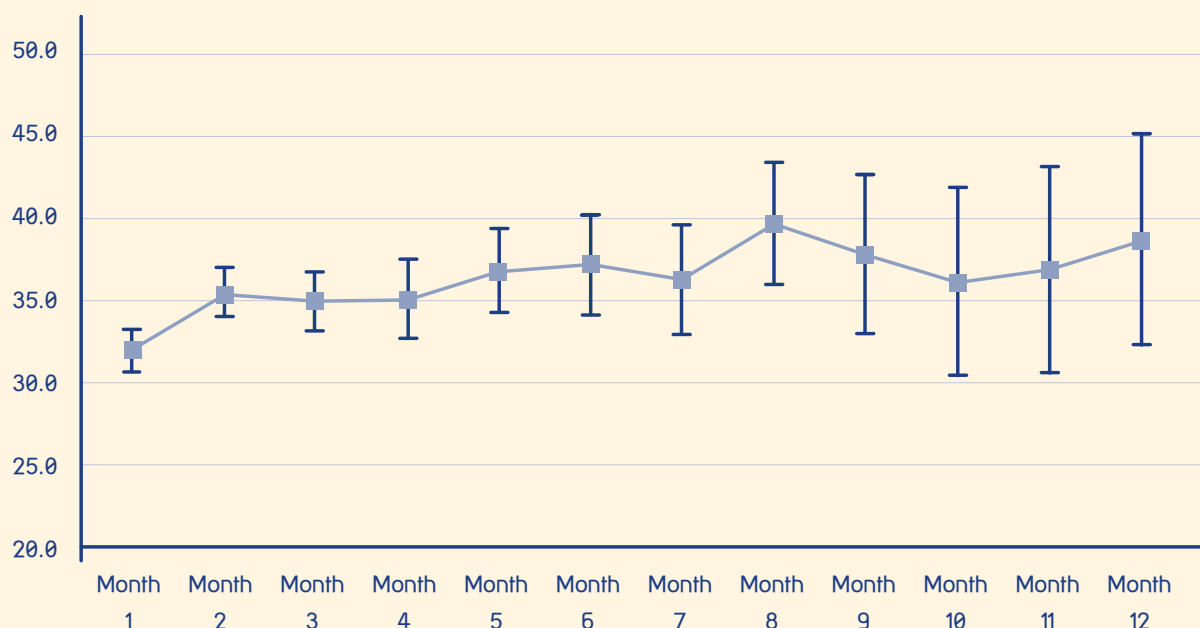e identified the approaches that worked well for them, making increasingly efficient and effective use of peer support as a result. The results appear to suggest that, when people are offered a range of locally developed approaches to peer support, it is the sense of agency – choice and control – in deciding what peer support to access, when and why, that is associated with positive outcomes.

I just kept it as a trial and error kind of thing, so I tried it and if I didn't like it then I wouldn't continue with it, but I do like it, so I carried on with it.

[PV21, group]

This highlights the importance of supporting the diversity of peer support on offer so that people can make meaningful choices about the approaches that work best for them.

Figure 5: Mean level of self-efficacy – MHSES

Impact on different communities

The research explored whether the impact of peer support was the same for all communities. The large amount of data collected from a diverse set of participants allowed the team to look a wide range of characteristics – including age, gender, sexuality, ethnicity, disability, and rural areas. A range of significant associations between access to peer support and outcomes were identified at group level and more work needs to be done with this data. Early findings are reported below.

People from all ages experienced an increase in wellbeing when they gave more peer support, with older people benefitting most. However, younger people (under 35) also felt less well as they gave less peer support, and attended fewer peer support projects as they had more contact from friends. This suggests that peer support might play an important protective role for younger people when they are more isolated but more analysis of the interview data with younger participants is needed to understand this more fully.

People in rural areas accessed more peer support when their general health was lower. It might be that peer support was easier to access than other health services that might be more geographically dispersed. Through the economic research, the LSE team also found that living in a small or medium sized town was associated with significantly higher health and social care costs, relative to living in large cities.

As men became involved in giving more peer support their general health status improved (although it stayed the same for women), suggesting that men might engage in peer support for broader health related reasons.

There were also differences in the analysis of ethnicity. In order to have sufficient sample sizes for the analysis, ethnicity categories were combined into broad Black, Asian, White, and Other groups. However, we understand that these are not homogenous groups of people and that more detailed analyses need to be undertaken. A complex set of findings suggest that Black people in the evaluation turned to family and became more actively involved in giving peer support at times when they felt less hopeful about the future. However, when they had increased contact with friends and felt more hopeful, they accessed less peer support generally.

In contrast, people from Asian communities reported giving more peer support as they felt more hopeful about the future but their sense of wellbeing decreased as they received less peer support from others. Cultural values associated with giving and receiving support within Asian communities might help explain these findings, but further detailed work with both the qualitative and quantitative data is needed to understand this in more detail.

Economic impact

Data on the economic impacts of Side by Side were collected in more detailed quarterly peer support logs. These were completed upon registration and then at three-month intervals.

Quarterly logs (including the economic data) were completed by 593 people – 532 (76%) of the 703 registered participants and 61 (73%) of the 83 unregistered participants completed at least one quarterly log. However, only 297 people completed any two or more quarterly logs. This participation rate continued to decline each quarter. 240 people completed the peer log for quarter 1, with 228, 216 and 123 people completing quarter logs 2, 3 or 4 respectively. Only 44 people completed the peer log for quarter 5.

The economic analysis looked at the use of health and social care services by Side by Side participants. It included the use of inpatient and other hospital services; contacts with specialist community mental health services; and the use of general community health and social services (such as contacts with GPs).
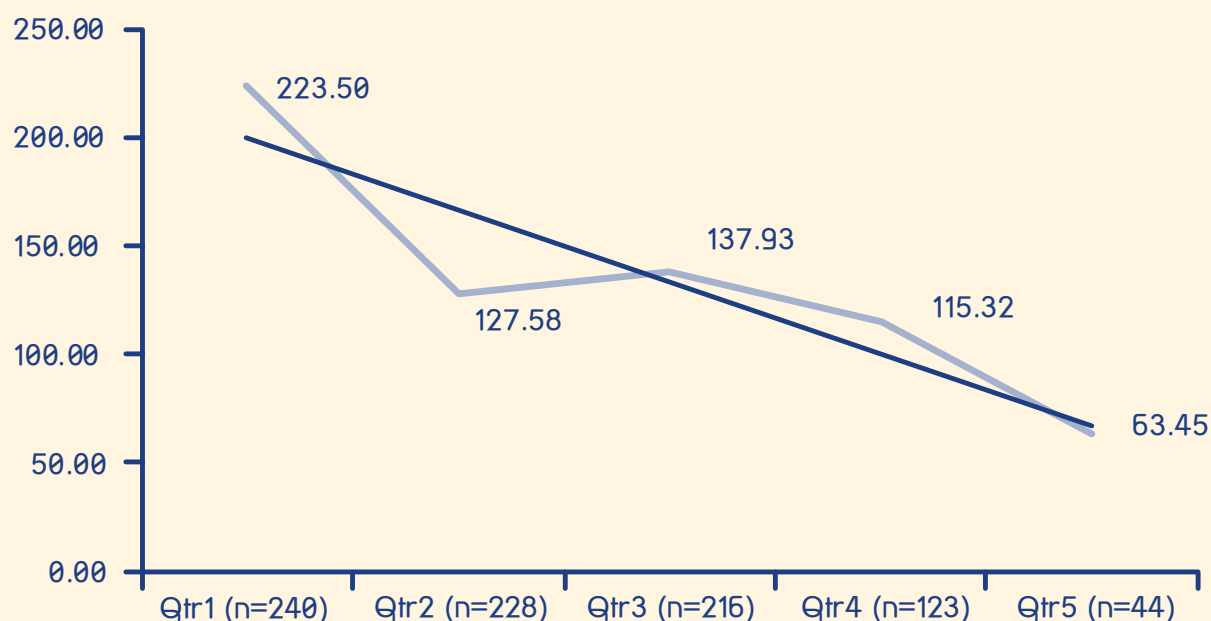
Another important outcome for the economic evaluation was changes in the way that people spent their time – whether this was in paid employment, voluntary activities, and/or education. The research also looked at changes in the time commitments of family and friends because they also provided support.

Finally, the economic analysis looked at changes in self-reported quality of life. The cost per level of improvement in quality of life is a key criteria used when policymakers in the health system in England make decisions about which services to fund. A standard and widely used measure of quality of life (EQ-5D-3L) was used.

The economic data suggests that participation in peer support is related to reduced use and cost of health and social care services (for example, hospital visits, community mental health teams, and GPs). However, it is important to interpret these findings with caution because of the smaller number of participants who provided economic data at multiple time points. These participants were similar in gender, ethnicity and physical and learning disability status to the overall group of participants, although only 32% were in touch with formal mental health services compared with 40% in the overall group of participants. Slightly more people (58%) lived in cities/large towns than in the overall group (55%).
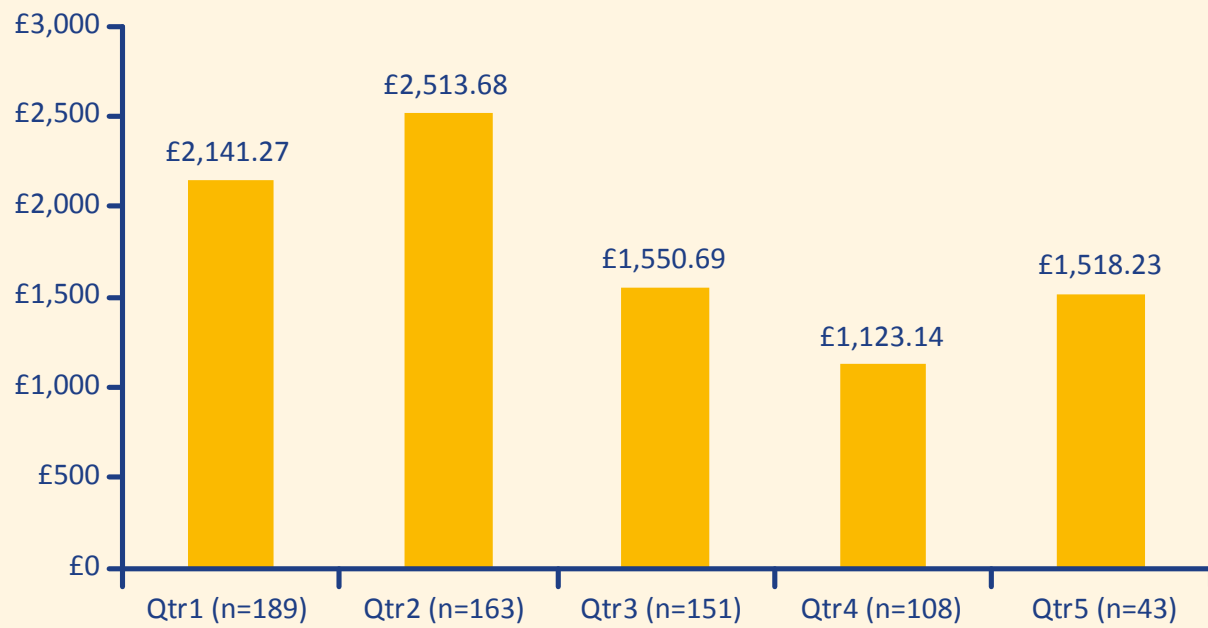
Figure 6: Mean total hospital costs per quarter

Average health and social care costs for individuals accessing peer support significantly reduced over time. Reductions in total hospital costs (including mental and non-mental health related service use) are presented above in Figure 6. There is a similar pattern in changing use of GPs and other community health services (significantly reducing from an average cost of £85.97 in quarter 1 to £21.74 in quarter 5). There was also a reported decrease in the support and care received from friends and family members.

This leads to significant productivity savings. Figure 7 shows average total costs over the five quarters; costs in quarters 3 and 4 were significantly lower than those for quarter 1. However, it is not possible to conclude whether these reductions in costs were the result of Side by Side or a mix of factors. The quality of life data also showed improvements over time but none of these were statistically significant.

Figure 7: Total mean costs per quarter

Figure 7: Total mean costs per quarter

£2,141.27	£2,513.68	£1,550.69	£1,123.14	£1,518.23
Qtr1 (n=189)	Qtr2 (n=163)	Qtr3 (n=151)	Qtr4 (n=108)	Qtr5 (n=43)

Capacity building and peer support

Side by Side was a very large and complex programme, with multiple partners and objectives. In order to generate learning for the future, the research partners investigated how Side by Side attempted to build local peer support capacity. The evaluation team decided to adopt a theory of change approach. This involved collecting data to understand how the capacity building programme was structured and the contribution of four elements of Side by Side: Mind; the local hubs; the strategic partners; and local peer support projects.

Interviews were conducted with leads of the various organisations involved in the programme – including the central Mind team, hub leads, strategic partners, Elefriends staff, and local peer support groups (21 people in total). Researchers also attended and observed local capacity building events.

Time pressures

The Side by Side programme received funding for two years of activities and the short timetable was frequently identified as a challenge – particularly when aiming to achieve ambitious programme targets. It takes time to build trust and openness between peers and this can be a particular issue in peer support within marginalised communities because of past experiences of institutional discrimination. Therefore, some projects found it difficult to recruit new participants and establish successful group dynamics within the time frame. Some participants reported that the time pressures also impacted on the overall goal of project sustainability. Once groups were established, there was not a long time to secure future funding before the Side by Side programme ended.

Leadership

Leadership at a local and national level was important for developing partnerships and a collective approach to project sustainability. The researchers observed some tensions within the role of the central Mind team. On one hand they had to closely project manage and ensure compliance with funding requirements, and on the other they worked to nurture, empower, and encourage the peer support community involved in the programme. This was particularly challenging within tight time frames. Mind tried to adopt a collaborative approach nationally but this was sometimes perceived differently by local partners. For example, initiatives to encourage the different areas to share learning and good practice were viewed by some as an attempt to introduce competition.

However, as the programme continued to develop, strong relationships with Mind nationally were reported. One interviewee highlighted that capacity building is often seen as a 'top-down' activity, but that in this programme a reciprocal relationship was developed and the large national organisation benefitted from the process alongside local partners.

Local collaboration and networking

Side by Side was a national programme and it included areas with different peer support histories. For example, some areas had long-standing relationships with commissioners and other community groups in their area, whilst others did not. This had an impact on the capacity building work because areas needed different types of support to develop.

The capacity building activities facilitated by the hubs were also a new way of working for some partners. This required collaborating with other voluntary organisations who had previously been seen as competitors or who worked in a different way. This often required a cultural shift, careful relationship building and dedicated time and resources to build trusting relationships.

Rural challenges

Hubs and strategic partners in rural communities often found it difficult to engage potential participants and other voluntary organisations. This was largely due to issues of distance and transport costs. Side by Side resources enabled these organisations to extend their reach and collaborations but there were concerns about how sustainable this was after the programme funding ended.

Sharing knowledge and experiences in setting up peer support

Initiatives to share knowledge and resources were welcomed but they had to be framed carefully because 'expertise' was often a contested concept. One of the programme's capacity building activities was originally called 'experts on call'. The idea was to connect peers with 'experts' who could help with the sustainability of their project. This included advice and mentoring on topics such as governance, fundraising, or volunteer management. However, the idea of providing 'external expert consultation' was not well received by some organisations who thought it was not compatible with a core characteristic of peer support – equality amongst peers.

Sustainability

A key aim of Side by Side was to develop, strengthen, and grow peer support in the nine regions beyond the life of the programme. A few challenges were identified:

- Engaging commissioners to seek funding and explain the value of peer support locally.

- Smaller organisations obtaining funding, having capacity to write bids.

- Building networks – with organisations who used to be competitors sharing resources and working together. Takes time to build trust between organisations.

- The risk of professionalising peer support, losing core values in the process, in order to impress commissioners.

- Providing diverse peer support options locally so that people have a choice over what form of peer support to access – particularly online, one-to-one or group forms.

'Active ingredients' in successful capacity building

The design of capacity building activities in the Side by Side programme was heavily influenced by previous research. For example, the 'Piecing together the jigsaw' report (Faulkner et al., 2013) recommended that the following would be useful to building and strengthening the peer support community:

- Creating opportunities to network

- Access to mentoring

- Access to information around good practice, governance and evaluation

The Side by Side research builds on these previous insights and provides clear recommendations for how to effectively build capacity at scale. The active ingredients for peer support capacity building appear to be:

- **Peer leadership:** Even if activities are not exclusively peer-led, there does need to be a substantial amount of peer leadership.

- **Sharing knowledge:** Exchanging skills, knowledge, and experience is essential to nurture diverse approaches to co-creating peer support locally. This includes sharing resources in the community (such as venues and links to other organisations or stakeholders) as well as joining together to supervise volunteer facilitators or planning promotional activities.

- **Active learning:** An active sense of learning both among those people already giving and receiving peer support, but also in understanding how the full diversity of cultures and communities needs to evolve in peer support locally.

- **Creating safety:** Creating positive, safe, trusting spaces for peer support – good experiences of peer support foster capacity building – within and across communities and cultures.

- **Changing ways of working:** Being prepared to think differently about how peer support is provided, challenging and adapting ways of working that can be constrained by conventional thinking about services, models and care giver/user roles.

- **Time:** Capacity building will require sustained efforts over a long period to build a credible reputation. Time is also required for communities, organisations and individual peers to share and learn from each other.

- **Strategic factors:** Some will help, others will hinder. Being aware of strategic changes, influencing local and national agendas, and working alongside others in the health and social care space will be important. This requires a mutual sharing of local knowledge and national policy expertise.

Views of local commissioners

Engaged and informed commissioners are essential for the sustainability of peer support locally. To understand the funder perspective, the evaluation team had planned to survey commissioners in the nine Side by Side areas prior to the programme starting and near completion. However, it was a challenge to engage commissioners with the evaluation and the original survey only received 19 responses. The team therefore changed their approach and carried out 11 in-depth interviews with commissioners (NHS and local authority) in different Side by Side areas.

The commissioners who participated in the research were often already engaged with or actively funding peer support in their area. Almost half of the commissioners interviewed were from one area. This, and the small sample size, means that the findings should be interpreted with care.

Engaging with commissioners

Hubs in the nine Side by Side areas were responsible for building relationships with local commissioners and engaging them in local networking activities. Whilst some hubs had well-established relationships with their local commissioners, many areas found this task particularly difficult. This challenge was also experienced by the evaluation team.

The task was made more difficult by a number of significant changes to the commissioning landscape during the course of the Side by Side programme (particularly affecting CCGs and public health commissioners in local authorities). This meant that there were frequent changes in staff and many hubs found their contacts were soon out of date. High workloads associated with the changes also meant that commissioners had little time to engage.

Austerity

All commissioners spoke about the difficulty in commissioning new or 'innovative' approaches against a landscape of cuts and financial austerity. Many commissioners felt that cuts to existing services would be necessary to provide more funding for peer support. Some asked for evidence that peer support may lead to tangible savings elsewhere in their funding portfolio (for example, reduced hospital admissions, lower prescription rates).

The research has also highlighted concerns from people delivering Side by Side projects that peer support may lose its integrity and value if it is presented as a 'low cost' option.

Evidence

All commissioners spoke about needing to see evidence that peer support was effective. They suggested a combination of routine monitoring data that would describe what a project does and for how many people, and more sophisticated outcome measures that may be specific to mental health. Some commissioners said that it would be persuasive to highlight how peer support helps them meet existing national guidelines (for example, Five Year Forward View includes reference to peer support).

Whilst the commissioners interviewed would welcome new national evidence, they also indicated that the experiences of people using a particular project would be important in their commissioning decisions. They indicated that case studies and speaking with people who used peer support in their area would be helpful.

Even within the small sample, there were different opinions on which groups of people were viewed as most appropriate for peer support – including children, and communities experiencing multiple disadvantage. This provides scope for peer support projects to position themselves to respond to local needs.

Differences in language and perspective

Commissioners spoke about peer support in a different way to many of the other people interviewed from across the Side by Side programme. Commissioners spoke about funding 'services', and working with 'provider' organisations, and at times referred to peer support as an 'intervention'. They were also more likely to use terms like 'outcomes' and 'frameworks', assessing where peer support could fit within a commissioned healthcare pathway.

Many commissioners referred to the potential for integrating peer support within more traditional services (for example, peer workers in secondary mental health services). Even within the sample of 'engaged' commissioners, many did not distinguish between peer support in community and clinical settings. Few recognised the cultural differences between peer support and mainstream mental health support.

In contrast, people within Side by Side may refer to peer support 'groups' and the peer support 'community'. Safety structures are co-created by peers for a particular setting and are adapted over time. Choosing to not attend a session is viewed as equally important as attending. This is not the usual way of delivering formal mental health services. They also made statements about 'knowing' that peer support works or seeing people 'doing well'. This difference in perspective suggests that people who commission peer support and people who give and receive peer support may not always be conceptualising the offer in the same way.

Integrating peer support

In addition to evidence about reach and impact, commissioners also indicated that they would need to see evidence of good governance (for example, training, safeguarding, and supervision arrangements) and financial stability. One suggestion was that several voluntary organisations work together, or with clinical services, to produce joint projects that would better meet local needs at scale and provide some practical benefits (for example, sharing supervision arrangements).

It is important to consider how the changes to commissioning through Sustainability and Transformation Plans (STPs) and NHS vanguard areas – which aim to promote new models of integrated care – might provide an opportunity to encourage the commissioning of peer support.

Next steps

The Side by Side evaluation has collected a very large amount of data about community-based peer support. This report has set out the early research findings but there is still a lot of rich data to analyse, interpret, and explain.

This further analysis includes more economic modelling, detailed analysis of peer support use by different communities, and further synthesis of the qualitative and quantitative research findings. This will improve our understanding of how and why people engage with community-based peer support projects alongside informal peer support, and other forms of mental health support and services.

A short summary for participants is also published alongside this report. The table below sets out more detail about the forthcoming research publications.

Publication	Description	Timeline
Full evaluation report – SGUL/McPin	Detailed findings and technical analysis of impact of peer support, core values, process learning, and commissioner feedback.	June 2017
Full evaluation report – LSE	Detailed findings and technical analysis of economic impact of peer support – including quality of life impacts and decision modelling.	June 2017
Peer Support Toolkit	Practical guidance on implementing the core values and key decisions when creating peer support – including case studies.	September 2017
Academic journal articles	Multiple articles outlining research methodologies and key findings.	2017 and 2018

Afterword

By Billsborough, J., Currie, R., Gibson, S., Kotecha-Hazzard, R., and Mesaric, A.

For the last two years we have been working as researchers, drawing explicitly on our own lived experiences of mental health difficulties and peer support, as part of the research team's co-production of the Side by Side evaluation.

Between us we have been involved in designing, carrying out and writing up the evaluation, designing and adapting research tools, visiting peer support projects to collect data, and speaking with a wide variety of people involved in many different forms of peer support.

The report speaks to the diversity of the peer support made available through Side by Side and it highlights how important that diversity is. Individuals or groups co-create the peer support solutions that best work for them: people do not simply 'use' peer support, in helping each other they are peer support.

Peer support is valued by the people who create it – we believe that peer support 'works'. It's good for us because we – the people who create it – make it work both for ourselves and for each other. This is why peer support is not a 'one-size-fits-all' solution, but rather support that can be tailored closely to a particular group of people in a particular context. Although this approach may sound risky, as it places power in the hands of people who need peer support, it is not a free-for-all.

In Side by Side, great attention was paid to co-creating a safe environment for peer support. This speaks to our experiences as researchers with lived experience of mental health difficulties and of using peer support. Choosing how, when, with and to whom we offer and seek out peer support is an important part of how it's helpful to us.

Collectively we have engaged in multiple forms of peer support at different times and as individuals we can see the value of peer support in the impact we have experienced on our own lives. We have derived great benefit from peer support, but some of us have also experienced negative impacts of the difficulties that can occur in peer support that was not or did not feel 'safe'. We have drawn on these experiences, and have been aware of them and the impact they might have on the research, throughout this project.

The fact that people used less peer support over time made sense to us from our own experiences. In the core values we identified, freedom to be ourselves was identified as being the top of the values pyramid. At times when we feel we are 'doing well', peer support may enable us to feel more like our authentic selves again, and as this happens over time we may need it less, and so use it less. However many people still maintain a core level of peer support as a way of taking care of themselves and others, it is not an all-or-nothing situation.

People use peer support differently to traditional services because we are able to do so – peer support should not be confined to a set number of sessions over a set period of time as would be expected in some forms of clinical support. This finding is an example of how important choice and control is in the peer support community.

It is important that people are able to access many different forms of peer support, and that they can access it at different times, for different lengths of time, and in different ways. Some people value being part of a regular group at a regular time, while others will access snippets of peer support through an online platform in ten minute chunks that fit with their family, caring or work responsibilities.

Where people are able to try these different approaches, they will eventually settle on peer support that works well for them, and may need or seek out peer support less at times when they feel that their mental health is more manageable.

Our report highlights the importance of other aspects of identity, particularly within BaME communities, that are relevant to peer support. For many of the peers we spoke to, experiences of migration, racism and originating from cultures with different understandings of and approaches to mental health were more important in being able to identify with other people within a peer support project than shared experiences of social and emotional distress.

It is unlikely that having mental health difficulties alone would be enough to create the sense of solidarity we encountered within some of the peer support across Side by Side. We each need to have choices about how we define who is a peer to us. This cannot be imposed. We each know which parts of our identities and experiences are important for others to understand, so that peer support can work for us.

Another example of this was some of us experiencing first-hand the positive impact that having more than one facet of a relevant peer identity could have on building rapport during an interview; for example when interviewing someone of the same age, gender and ethnicity, as well as having lived experience of mental health difficulties in common.

Other members of our team observed that the specificity of a mental health diagnosis can be important. Not all mental health diagnoses are equally well understood, and misunderstanding and stigma can exist even within peer support. For some people, being with others who have your specific diagnosis or share a specific experience, rather than being within a more mixed mental health peer support group, can provide respite from those forms of misunderstanding.

The final set of core values, derived from many hours of work and discussion of the data, resonate with our own understandings of peer support, both as researchers working in Side by Side, and as people drawing on our own experiences of peer support.

The core values pyramid helps us show how interconnected the values of peer support are when put into practice. Like the relationships between peers themselves, no single 'value' works in isolation. Because peer support is made of the people that access it, it can enable people to feel they can express their true selves, while at the same time also being part of a larger, supportive community.

Once again, you do not just 'use' peer support as may happen in other traditional services, you also are part of the peer support through helping your fellow peers.

What has been particularly striking to us as researchers has been the different ways in which language has been used across the programme by the different people involved. Mind and commissioners may sometimes use different language to us as researchers, including using the terms 'project' and 'services' for peer support. This felt too close to the language of mainstream mental health services.

In turn, when working with the data, we as researchers used different terms to those involved in mental health activism. People newly accessing peer support through Side by Side spoke to us about their experiences using a different language again – that of the ordinary and the everyday, with concepts like 'power', 'empowerment' and 'democracy' absent from conversations.

As researchers who actively draw on our lived experience in our research work, this is where we were at an advantage over other members of the Side by Side evaluation team. While we are trained in research methods and familiar with research terminology, we are also able to view research materials from the perspective of our mental health and peer support experience, and identify how those materials may be confusing or incoherent in the everyday world of peer support.

This is why a co-production approach has been so important in this evaluation. When approaching the work to identify the core values of peer support, we were involved in all of the discussions about what should go into the interview schedules, we were involved in decisions to change them as the work progressed, and conducted the interviews and analysed the resulting data. This meant that we were able to draw on our personal experiences as a source of knowledge throughout the process, and produce work that better reflected the everyday experiences of peers in the Side by Side evaluation.

This ability to have 'a foot in both camps' is part of the added value of having researchers explicitly working from the perspective of our own experiences of mental health and peer support in the team.

In this work, we have been able to draw on multiple facets of our identities and use the insight those identities have given us as key moments in the project. This has been effective when working in the Side by Side evaluation team because our colleagues have been supportive of this approach and respectful of the experiential knowledge that we have brought to the project and topic.

This has not been the experience of some of our team in other environments. One of us had previously been involved in research where members of the research team found it difficult to recognise the strength of their research skills, and took an unnecessarily risk adverse approach when doing face-to-face interviews.

In contrast to this, the Side by Side evaluation team has provided an environment in which we have felt empowered to develop as researchers. We were equal partners in the research process, and our contributions to discussions and debates over research methodology were considered seriously and often led to changes or innovations in the research process.

One of us was able to overcome the barriers that come with a physical disability to do research through working with the Side by Side evaluation team. Another of us was able to learn to challenge their own, internal sense of stigma, and to learn to view their mental health experiences as an asset.

We believe that this process of co-production has led to a report in which ordinary people involved in peer support in Side by Side were better able to talk about their experiences in their own voice. We think that this is at least partly because we have used insights from our own lived experiences to build rapport with peers in Side by Side in a way that demonstrates empathy, trust and mutual respect. The participants in this study knew that we as researchers were working alongside them with some understanding of what it is to experience social and emotional distress and to care about developing and using peer support.

We very much value what the research participants shared with us and appreciate the time, effort and impact that sharing their experiences of peer support can now have on its future development.

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The McPin Foundation

The McPin Foundation is a specialist mental health research charity based in London but working across England. We exist to transform mental health research by placing lived experience at the heart of research activities and the research agenda.

020 7922 7877

contact@mcpin.org

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Mind

We won't give up until everyone experiencing a mental health problem gets both support and respect.

For more information on peer support, see: mind.org.uk/peersupportinfo

020 8519 2122

contact@mind.org.uk

mind.org.uk

St George's, University of London

More information about mental health research at St George's, University of London can been found at: sgul.ac.uk/research/population-health

For further information about our peer support research, please contact Steve Gillard at sgillard@sgul.ac.uk
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