NHS Greater Glasgow and Clyde Mental Health Peer Support Worker Test of Change Evaluation

May 2022

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About Matter of Focus

Matter of Focus is a mission-led company and certified B Corp based in Edinburgh.

We work with organisations, projects and programmes to explore, map, analyse and assess the outcomes that matter to them, the people and populations they care about, and their funders. We provide tools and techniques to bring together evidence, data and evaluation to ensure that projects and programmes can meet their outcomes, are successful and adaptable, and can demonstrate that success to funders, service-users and other stakeholders.

We have created an innovative and easy to use software tool, OutNav, that enables public service organisations and funders to make effective use of their data and information to learn, improve and tell the story about the difference they make.

Matter of Focus is led by Dr Ailsa Cook and Dr Sarah Morton. Ailsa and Sarah are internationally renowned thinkers, both well known for their ability to develop practical tools backed by robust evidence-based approaches, with extensive experience of delivering solutions for public service organisations.

Acknowledgement

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Background

About This Work

The Greater Glasgow and Clyde (GG&C) Mental Health Strategy Recovery work stream is committed to improve outcomes for people who use recovery and Mental Health Services. To embed peer support within recovery and mental health services, GG&C Mental Health Strategy Recovery work stream developed the Mental Health Peer Support Workers as a Test of Change in March 2020.

The project is led by a Mental Health Recovery Operational Manager who was appointed in November 2020. Eleven Peer Support Workers with lived experience of mental health difficulties have been employed as part of this project across six Community Mental Health teams in GG&C. Eight were employed in March 2020, including one Peer Support Worker offering support to mental health service users who are deaf across. An additional three Peer Workers were employed in Summer 2021.

In 2021, GG&C Peer Support commissioned Matter of Focus to act as evaluation partners for the programme and this report has been developed by Matter of Focus. As such it provides an independent assessment of progress against an outcome map which was collaboratively developed at the start of the evaluation. This detailed evaluation, which draws on a broad range of pre-existing and newly collected data, was completed over a six-month period, starting in October 2021 and was led by Dr Simon Bradstreet and Adeola Akisanya-Ali.

In this report we use the terms Peer Support Workers and Peer Workers interchangeably. We also use the term service user to refer to people who received support from Peer Support Workers in the test of change. We recognise that service user is to some extent a contested term in mental health, but it felt appropriate to provide clarity in this context.

Direct quotes from services users are *italicised* and indented. Other quotes from Peer Workers and from detailed interview notes are indented but not *italicised*.

Aims And Objectives

The aim of the overall Test of Change was to improve the recovery journey, demonstrate reduced number of patient admissions and demonstrate the reduced length of stays in hospital.

The aims of this evaluation were:

1. To show the contextual challenges and opportunities for a Peer Support Service.
2. To develop a shared understanding of the Peer Support Worker Model, it's distinct contribution to outcomes and what needs to happen to support Peer Support Workers.

3. To share learning and support the development of a workplan for the GG&C Peer Support project team.
4. To contribute to the development of a new model of service provision that will support the delivery of NHS GG&C five-year Mental Health Strategy.

Context For Delivery

Peer Support Workers are people who bring their own lived experience of mental health problems and other life challenges, who are trained and employed to work in a formalised role in support of others. Peer Workers are willing and able to share their personal experiences on an equal level that supports, empowers and brings hope to the people with whom they partner. Core components of the role include: (1) Developing mutually empowering relationships; (2) Sharing personal experiences in a way that inspires hope; and (3) Offering hope and support as an equal [2]. Peer Support is rooted in holistic practice and adopts a non-clinical approach, emphasising mutual support and self-help, which is widely recognised as playing an important part in recovery. It is an approach which is strongly values-based and highly relational and demand for increased access to peer support has been consistently high amongst people in receipt of mental health services.

In mental health services there are various approaches to making peer support more widely available. For example, some may be based in in-patient settings, supporting people on leaving hospital, while others may be based in community settings. Similarly different models of employment exist with some employed by statutory services while others may be employed by voluntary organisations.

Quantitative evidence for effectiveness suggests peer interventions are no less effective than non-peer delivered equivalents [3,4]. UK based evidence for effectiveness has been mixed. One trial suggested that a peer intervention at discharge from hospital reduced readmissions [5] while a second large trial found no effect [6]. There is, however, a rich body of body of qualitative research on experiences of peer support and on creating the conditions for the successful implementation of roles. Additionally, a recent evaluation of a similar Peer Support Working test of change programme in East Renfrewshire Health and Social Care Partnership demonstrated significant benefits for people in receipt of the service and a successful programme of implementation [7].

Whilst the original model for this Peer Support test of change in NHS Greater Glasgow and Clyde was to work closely with people in inpatient services, there has been significant disruption to originally anticipated working patterns due to the COVID-19 pandemic. It was originally planned that Peer Workers would play a more active role in supporting people on discharge from psychiatric hospital but as a result of restrictions their role has become more focused on supporting people in community settings and in providing support remotely.

References

[1] Gordon, J. and Bradstreet, S. (2015) 'So if we like the idea of peer workers, why aren't we seeing more?', World Journal of Psychiatry, 5(2), pp. 160–166. doi: 10.5498/wjp.v5.i2.160.

[2] Scottish Recovery Network (2012). Experts by Experience: Values Framework for Peer Working. Glasgow: Scottish Recovery Network

[3] Pitt, V. et al. (2013) 'Consumer-providers of care for adult clients of statutory mental health services', Cochrane Database of Systematic Reviews, (3). doi: 10.1002/14651858.CD004807.pub2.

[4] Lloyd-Evans, B. et al. (2014) 'A systematic review and meta-analysis of randomised controlled trials of peer support for people with severe mental illness', BMC Psychiatry, 14(1), pp. 1–12. doi: 10.1186/1471-244X-14-39.

[5] Johnson, S. et al. (2018) 'Peer-supported self-management for people discharged from a mental health crisis team: a randomised controlled trial', The Lancet, 392(10145), pp. 409–418. doi: 10.1016/S0140-6736(18)31470-3.

[6] Gillard, S. et al. (2022) 'Peer support for discharge from inpatient mental health care versus care as usual in England (ENRICH): a parallel, two-group, individually randomised controlled trial', The Lancet Psychiatry, 9(2), pp. 125–136. doi: 10.1016/s2215-0366(21)00398-9.

[7] Bradstreet, S. and Cook, A. (2021) Evaluation of the Peer Support Test of Change. Edinburgh. Available at: https://www.matter-of-focus.com/evaluation-of-the-peer-support-test-of-change-east-renfrewshire-health-and-social-care-partnership/

Methodological Approach

This evaluation was led by Matter of Focus and was carried out in collaboration with representatives of NHS Greater Glasgow and Clyde over six months. The key activities and timeline are summarised in Figure 1. Matter of Focus use a theory-based approach to outcome monitoring and evaluation, learning and improvement that builds on contribution analysis. In using the approach, we went through a logical and structured process of:

- Developing a theory of change for the Test of Change project, informed by an understanding of the context in which it operates.
- Collaboratively agreeing an outcome map to describe how activities contribute to outcomes, and what needs to be in place to make this happen.
- Identifying clear change mechanisms by which the project works, shown in the two pathways.
- Developing a plan to gather data to understand whether or not the Test of Change is making the progress towards outcomes we hope.

- Systematically reviewing this data against each of the stepping stones for each pathway in the outcome map.
- Summarising key findings against each of the stepping stone headings to evidence contribution of the Peer Support Test of Change to intended outcomes.

To develop the outcome map and pathways we completed a context analysis workshop conducted in late October 2021 with stakeholders and Peer Support Workers from the Test of Change. This workshop explored the context for delivering the Peer Support Service and the impact of Covid-19 pandemic on developments, this helped capture some risks and assumptions for the wider evaluation. We then ran a second workshop with the same group to explore what success looks like in Peer Working and finally an outcome mapping workshop to explore and describe the change mechanisms that contribute to outcomes. This was followed by focused work with a smaller stakeholder group, made up of key informants from the Test of Change to (a) understand available data, feedback and evidence, and (b) develop and review a data improvement plan for the pathways. Through this process we identified a variety of routinely collected data which we were able to make reference to. This included information about Peer Worker activities and interventions, referral numbers and appointments, caseload reports from the EMIS system, as well as information about Peer Worker training and CPD.
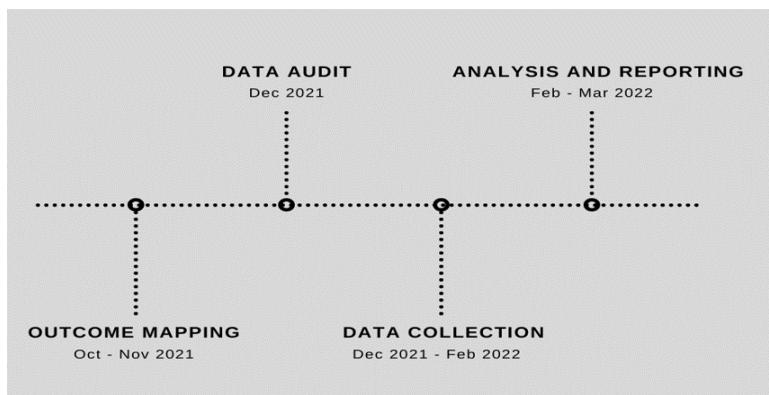
Figure 1: Evaluation timeline

Additional data gathered for this evaluation included the following.

- Two interviews with key informants in the Test of Change, to develop an understanding of the steps taken to create the conditions for the delivery of the service.
- Interviews with seven people who had used the Peer Service. Interviews were completed by the Mental Health Network (Greater Glasgow and Clyde) who have a pre-existing arrangement to complete service user consultation on behalf of the Health Board.

- Twelve Reflective Impact Logs completed by Peer Workers. These were designed to collect data from the Peer Worker's perspective on the experiences and progress made by people they had worked with.
- A survey designed to explore the experiences of Peer Workers in their role, which was completed by seven Peer Workers.
- A survey for wider staff members in the Community Mental Health Teams in which Peer Workers were based, to help us understand staff views of the approach and their approach to making referrals. This was completed by ten members of staff.

The analysis for this report is inclusive of all data methods and sources described above.

The evaluation was overseen by a Steering Group made up of representatives from NHS Greater Glasgow and Clyde, Mental Health Network (Greater Glasgow and Clyde) and Matter of Focus.

This report has been produced in OutNav. OutNav is a software system developed by Matter of Focus that supports organisations to take a collaborative and outcome focused approach to evaluation planning, implementation analysis and reporting.

Our outcome map

What we do/ activities	Who with/ stakeholders	How they feel	What they learn and gain	What they do differently as a result	What difference does this make?
Peer support interventions	Service users	PSWs are confident in the role, its purpose and practices	PSWs gain skills and knowledge for recovery-focused peer practice	Investment in peer support working	Clearly defined PSW role and practices
Provide recovery tools & approaches	Peer Support Workers		Service users gain belief in and increased understanding of recovery journey	Wider teams provide appropriate referrals to peer support	
Resources and capacity for setup identified	Peer support supervisors		Wider understanding of the PSW role and what it offers	PSWs bring new skills and practices to the team	Service users move forward in their recovery
Share and validate lived experience and reframe recovery		PSWs feel supported and valued	PSWs gain increased skills for future employment		
Recruitment and induction of PSWs into teams	Strategic planners & decision makers (NHSGG&C)		Service users build confidence and sense of value	Service users move towards opportunities, try things and gain voice	
PSW Training and CPD	Inpatient services		Service users feel trust, connection and belonging with the peer community	Service users become more engaged in their community and supports and gain choice	Service users have reduced dependency with services
Raise awareness of the PSW role in teams	Training partners	Curiosity - "this feels different"	Service users gain a sense of purpose and future focus	Service users proactively manage mental health	
			Service users gain coping and self-management skills		

Our pathways

How peer support contributes to improving outcomes for people

The conditions for peer support working in teams

Our risks and assumptions

RISKS

⚠️ Peer Workers can be seen as too vulnerable to safely share their lived experience with peers

⚠️ Unrealistic expectations of Peer Workers impact

⚠️ Limited awareness that spaces and places in the workplace may be triggering for some Peer Workers

⚠️ Limited community interventions for peers reduces the likelihood of long-term recovery

⚠️ A poor chain of communication between referrers and PSWs can lead to a lack of inclusive processes when working (e.g., in MDT meetings)

⚠️ Referrers do not believe in the usefulness of the model, and Peer Worker views are not always considered when sharing best practice

⚠️ Virtual support working can limit the usefulness of peer support, for example, by changing the dynamic to more of a counselling session

⚠️ COVID-19 affects engagement from service users who struggle to engage with the digital process

ASSUMPTIONS

⚠️ The CMHT model is a good place for Peer Workers to be effective

⚠️ There is enough time and resources for PSWs to build connections and demonstrate recovery with peers

⚠️ Peers using the service understand and value the model and are open to the idea of support

⚠️ The Peer Worker role is clear and consistent in practice

How peer support contributes to improving outcomes for people - pathway progress

	Great Progress	Some Progress	No Progress
High Confidence			
Some Confidence			
Low Confidence			

What we do/activities

Provide recovery tools & approaches

Progress: Great
Confidence: High

Share and validate lived experience and reframe recovery

Progress: Great
Confidence: High

Who with/stakeholders

Service users

Progress: Great
Confidence: High

Peer Support Workers

Progress: Great
Confidence: High

How they feel

Curiosity – "this feels different"

Progress: Great
Confidence: Some

What they learn and gain

Service users gain belief in and increased understanding of recovery journey

Progress: Great
Confidence: Some

Service users build confidence and sense of value

Progress: Great
Confidence: Some

Service users feel trust, connection and belonging with the peer community

Progress: Great
Confidence: Some

Service users gain a sense of purpose and future focus

Progress: Great
Confidence: Some

Service users gain coping and self-management skills

Progress: Great
Confidence: Some

What they do differently as a result

Service users move towards opportunities, try things and gain voice

Progress: Great
Confidence: Some

Service users become more engaged in their community and supports and gain choice

Progress: Great
Confidence: Some

Service users proactively manage mental health

Progress: Great
Confidence: Some

What difference does this make?

Service users move forward in their recovery

Progress: Great
Confidence: Some

Service users have reduced dependency with services

Progress: Some
Confidence: Some

How peer support contributes to improving outcomes for people - summary findings

What we do/activities

Key messages
- Peer Workers offered a wide range of support to a growing number of people, with relatively good levels of engagament.
- They adopted a broad range of interventions and there is good evidence that their practice is highly intentional, person-led and recovery-focused.

Peer Support Workers share their lived experience of mental health recovery to support service users in their own recovery journey. Preferred contact for peer interventions is face to face. Where this is not possible due to restrictions or service user choice, contacts have been a blend of telephone, face to face and Attend Anywhere (video call). Peer Support is provided mainly one to one with plans for group work, depending on Covid restrictions. One CMHT successfully ran a digital Wellbeing Book group during the pandemic.

When identifying those who may benefit from peer support, the extent to which service users are able to engage in meaningful therapeutic relationship in self managing their mental health is considered. It is recommended the referrer/keyworker introduce the Peer Worker to the patient for first appointment, where possible, and a Peer Worker 'Instruction Record' is completed once a plan is agreed between the service user, Peer Support Worker and keyworker.

There is no specific time frame for peer interventions. Caseloads and plans are discussed in supervision to ensure the role of the Peer Worker is supporting the service user's recovery journey and input remains a focused peer intervention, promoting discharge where appropriate. Peer Workers may have continued involvement at all stages of the patient pathway, including admission or discharge from in-patient services. Peer Workers use the CHIME principles [1] to underpin their recovery-focused practices (Figure 1).
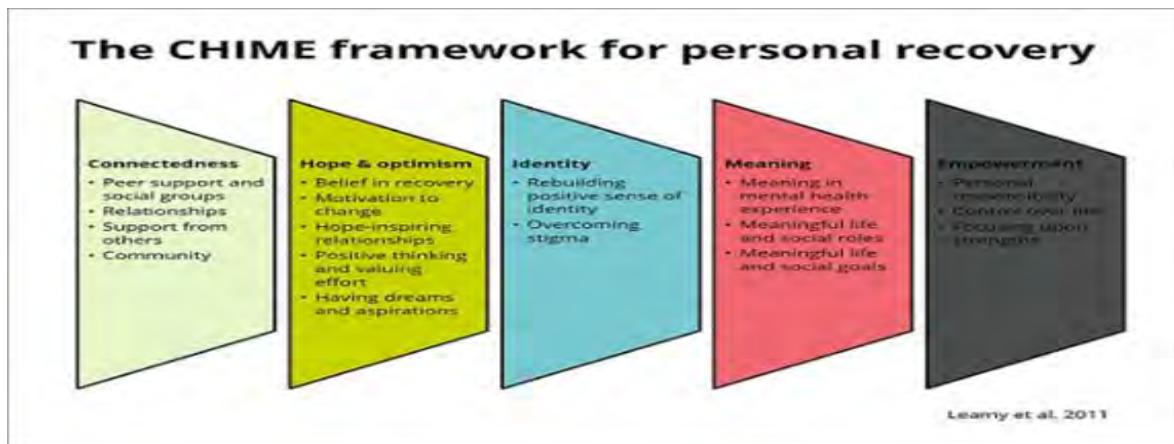
Figure 1: CHIME Conceptual Framework for Personal Recovery

Between April 2021 and March 2022 114 people have accessed the service. However, during this period the number of practicing Peer Workers varied due to different start dates, shielding and some long-term leave. To provide an overall snapshot of the activity of Peer Workers, we assessed data on one month of service activity in detail, January to February 2022. During this period, when the service was established, of the 17 referrals allocated to the service, 16 were accepted and one rejected. The total caseload of service users across all Peer Workers at the end of this time period was 93, with numbers split relatively evenly across participating CMHTs. Caseloads by Peer Worker varied from a maximum of 21 to a minimum of three at that time. 18 people (19%) had used the service for more than a year, with the largest proportion having used the service for between three and six months (Figure 2).
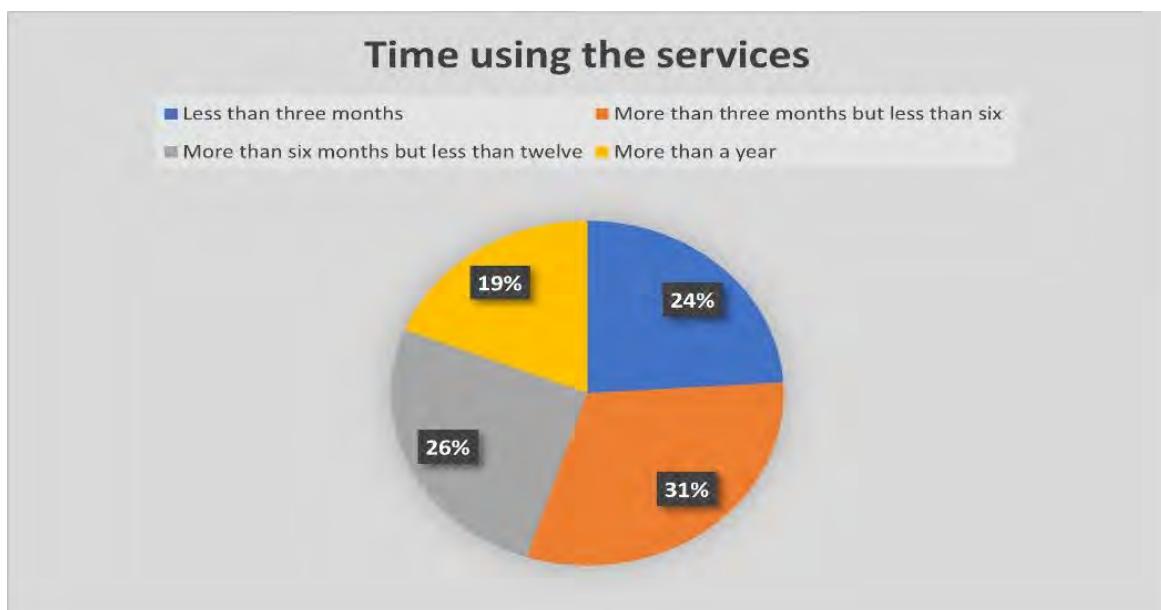

Figure 2: Length of time in the service

Further examination of this one-month activity snapshot shows that three people were discharged from the service in that time period and that 168 (60%) of service user appointments made with eight of the eleven Peer Workers working at that time were kept. The remainder were not attended without notice (15%) or cancelled by the service user (9%) or by the service (9%). In the same period there were 253 total appointments with 68 service users, making an average of 3.7 appointment per service user. However, there was again considerable variation between Peer Workers, both in the number of appointments (max = 59, min = 6) and in the number of service users on caseload (max = 22, min = 3) for that time period. Contact numbers may have been affected by long term absence of two Peer Workers.

Peer Workers shared various recovery tools and approaches with service users. An assessment of feedback from service user interviews and Reflective Impact Logs suggested the following tools and approaches had been employed.

- Wellness Recovery Action Planning (WRAP).
- CHIME (conceptual framework for recovery).
- The Recovery STAR (tool for support and outcome measurement).
- Various strengths based and goal-oriented activities (e.g., identifying interest, hobbies, and passions and using goal setting).
- Support for self-management and coping (e.g., diary keeping, prompts for self-care and coping strategies).
- Support with employability and mental health.

We also saw references to the application of more traditionally therapeutic approaches including mindfulness-base activities and also graduated exposure-based approaches. In addition, we were able to assess routinely collected activity data for a two-month period towards the end of the evaluation (December 2021 - January 2022). Table 1 shows that the most common intervention type was work to improve structure and routine, followed by the identification of personal goals, which in combination made up half of the recorded activities for that period (there may be more than one intervention per contact). Engagement in meaningful recovery activities and self-management related activities made up just over a third of recorded activities.

Intervention	Dec-21	Jan-22	Total	%
Improving structure & routine	33	35	68	26
Identifying personal goals	28	28	56	22
Engagement in meaningful recovery activities	28	19	47	18
Self-management of mental/wellness recovery action planning	15	14	29	11
Social prescribing for mental health	13	12	25	10
Self-management of physical health	7	10	17	7
Employability support	6	6	12	5
Preparation for discharge (in-patients or CMHT)	1	2	3	1
Support and advice given to carer	0	1	1	0
Total	**131**	**127**	**258**	

Table 1: Routinely collected data on interventions for a two-month period

Sharing and validating lived experience and reframing recovery appeared to be central to peer support delivery, six out of 12 Reflective Impact Log highlighted sharing lived experience as a core activity used in their caseloads. Regardless of the frequency with which Peer Workers share lived experience perhaps it is clear from service user interview feedback that simply having the knowledge that a Peer Worker had a lived experience of mental health problems and recovery was fundamental to their benefitting from the service. This will be explored in more detail in the following sections of this report.

In sum, from the variety of data sources we have reviewed about the activities of Peer Workers, it is clear that they offer a wide range of support to a growing number of people, with relatively good levels of engagement with the service. Peer Workers have been able to engage in an encouragingly broad range of interventions and there is good evidence that their practice is highly intentional, person led and recovery oriented.

[1] Leamy, M. et al. (2011) 'Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis.', The British Journal of Psychiatry, 199(6), pp. 445–52. doi: 10.1192/bjp.bp.110.083733.

Who with/stakeholders

Key messages

- Eleven Peer Workers were placed in six Teams.
- A total of 114 people were seen by the service.
- People from minority ethnic backgrounds may be under-represented in the service user group.
- Service users and had a broad range of issues of concern and a variety psychiatric diagnoses.

The Peer Support service has been delivered by eleven Peer Support Workers with lived experience of mental health issues and recovery, working across six Community Mental Health Teams/Health and Social Care Partnership areas in NHS Greater Glasgow and Clyde. The background to their recruitment, development and placement is described in the first pathway.

Contacts with people using the service are described in the previous summary analysis. In total 114 people used the service between April 2021 and March 2022. Here we describe some of their characteristics. From the evidence available, the vast majority of referrals to the service were for people whose ethnicity was described as white Scottish (79 people, 85%). There was a low representation of people from minority ethnic communities (11 people, 12%). However, in the absence of data about the ethnicity of the wider CMHT

service user population it is not possible to say whether or not this is representative. Further investigation is warranted to ensure as many people as possible are able to benefit from the service. More women (54, 59%) than men (37, 41%) were referred to the service but in the absence of comparative data for the wide CMHT population it is not possible to speculate on how representative this is.

In relation to the issues people were experiencing when they started using the service a review of the Reflective Impact Logs completed by Peer Workers suggests a variety of life challenges. These included:

- Anxiety and depression
- Isolation and loneliness
- The effects of trauma
- Low mood and hopelessness
- Physical health issues
- Psychosis experiences
- Suicidal ideation
- Self-harm
- Substance misuse
- Bereavement

We also explored data which described the formal diagnoses of people who were referred to the service (Figure 2). The largest diagnostic grouping was Depressive Disorder (24 people, 28%), followed by Personality Disorder (15 people, 17%). In combination 15 people (17%) are noted as experiencing a psychosis of some form (Schizophrenia, Schizo-affective Disorder and Psychosis) and 11 people were diagnosed with Bipolar Disorder (12%). All in this suggests the Peer Workers have been supporting people with a variety of psychiatric diagnoses.
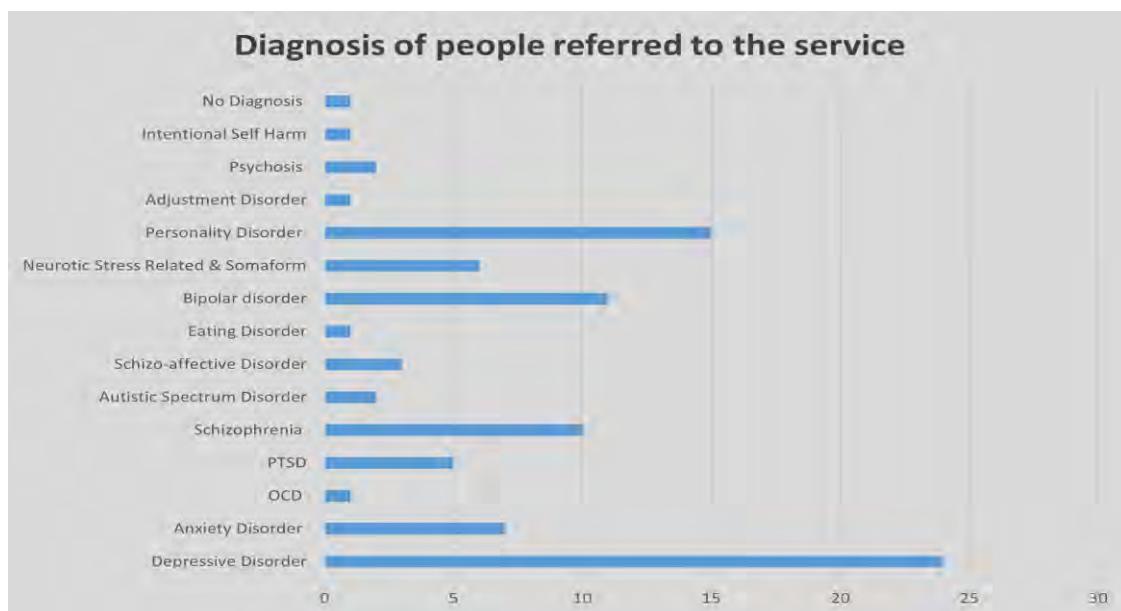

Figure 2: Diagnosis of people referred to the service

How they feel

Key messages

- Peer support relies upon creating a space for service users to build meaningful connections.
- The connection is built is centred around a shared understanding of lived experience.
- A certain level readiness may be required by service users before they can wholeheartedly receive support.

The analysis of progress against the stepping stones outlines what people using the service felt as they were introduced to the Peer Support Service and worker, this was based on service user interviews conducted by the Mental Health Network.

The evidence suggests that the majority of service users felt positive about the prospect of peer support, despite not everyone having prior knowledge of what the support would entail, there was significant curiosity and interest in receiving support by a professional who possessed lived experience.

I had never heard about peer support or peer support workers once it was explained to me I thought it was a good idea. (Service user A)

It's good that I can talk to my CPN however my PSW knows how I feel. (Service user B)

Feel comfortable with my PSW – we have similar stories – we have clicked. (Service user B)

However, there were some people who were initially concerned or wary about building a new relationship with another professional, for example, one service user was reported to be anxious throughout their support and ended this soon after it began. Nonetheless, many were able to move on from this initial view and connect with their Peer Support Worker, shifts in thinking were noted to be due to the following reasons:

- Peer Support Workers creating a comfortable environment
- Feeling not judged and understood
- Peer Support Workers showing empathy
- Peer Support Workers spoke from similar experiences and not from manual or text book.

> It's the advice that she gives me. And she also says that how she struggles as well and I find it strange because I'm like, *oh, a professional* can't feel like that. A professional must be the same, like keep it all together like all the time and then to see her and to see that she's a professional and she still has her bad days and she still struggles some days to get out of bed and things like that.
>
> Service user E

All in, we have seen evidence that successful peer support delivery relies upon creating a space for service users to build meaningful connections with Peer Support Workers. Whilst this type of relationship takes time, it is not something that can be easily replicated by non-peer support workers; the connection that is built is centered around a shared understanding of lived experience and recovery. For this to be successful, a certain level readiness is required by service users before they can wholeheartedly receive the support and build a connection.

What they learn and gain

Key messages

- Peer Workers used a variety of techniques and approaches to help people gain new understandings and perspectives.
- Shared lived experiences and the intentional use of recovery techniques were central to this.
- Peer Workers created an environment of trust, encouraging service users to be more open to trying different approaches.
- People using the service described this as fundamentally different to what they had experienced before.

Our analysis of progress against the stepping stones describes what people using the service have learned and gained, this was based on interviews with people who had used the service and Reflective Impact Logs about work with service users, which were completed by Peer Support Workers.

Firstly, we saw encouraging evidence that as a result of the Test of Change, service users have been able to gain a **belief in and increased understanding of the recovery journey**. People described the support offered as especially meaningful because it was provided by people who have "been there and done that." This gave inspiration and encouragement for their own hopes and goals in recovery.

I think it's amazing [peer support workers having their own lived experience]. I'm at college and it's actually inspired me to do something like that. It's helped me a lot. If you had met me before the peer group worker, I wouldn't be the same person. She's been a massive, massive help. It's so good to have somebody, especially somebody who's been through the trauma, who's who understands, who talks to me in a way that's not like 'do this, do this, do this. (Service user E)

Interestingly two people described being inspired to consider becoming a Peer Worker themselves.

I could maybe be a PSW in the future, use my own life experiences to help people with their mental health! (Service user B)

Given me hope that I could maybe do a similar job in the future. (Service user H)

In order to gain a belief in and understanding of recovery through peer support it is a pre-requisite to be open to the model in the first place. We noted a lack of engagement from service users as a risk when developing the outcome map and we did read about one person who had requested to speak with "a professional," rather than a Peer Worker (Reflective Impact Log 11). We can't draw any firm conclusions on how widespread similar attitudes might be, but it would be wrong to assume that everyone would be open to the peer approach.

Being with a Peer Worker and recognising that "they can still have your good and your bad days" (Service user E), while still being a mental health professional, had allowed people using the service to reconsider their own recovery and their future possibilities.

We also saw evidence that people were able to **build confidence and a sense of value** through connecting with the service: "My confidence has increased having a Peer Support Worker." (Service user A). Examples included gaining an increased ability to manage their mental health, to leave their house, feel less stigma, more self-acceptance and to gain the confidence to open up at appointments with other support providers. In some instances, service users gained confidence even where the interaction with the service was relatively brief. One service user described the confidence they gained as follows:

I just feel my confidence has changed. It's changed massively, I still have my days. I still have my moments obviously, but she's gave me tools in place. And, uh, that's not all the time I follow them, but I'll follow them as much as I can and it's massively helped me. (Service user E)

Importantly, this person directly ascribed this renewed confidence to having a Peer Worker: "to see her and to see that she's a professional and she still has her bad days, and she still struggles some days to get out of bed and things like that. It just makes me realize that I can do what I'm aiming to do because at least I look at her and I I see like, yeah, you can do it."

As service users continued to build their confidence, they began to feel **trust, connection and belonging with the peer community**. For service user F this trust, and sense of connection was initially encouraged through recognising that Peer Workers had a shared lived experience.

I was feeling more kind of hopeful and optimistic. I'd say because you know, I'm telling me that the peer support worker is someone that has also been through mental health struggles and or still going through them... It kinda gave me, in a sense, comfort in a way because you know... this person you know has been coping with similar things and could really understand. (Service user G)

This connection helped people feel less isolated in their recovery journey: "having a PSW took away a lot of my feelings of loneliness" (service user H). They trusted the relationship they built and viewed it as less formal than what they experienced with other professionals. This in turn seemed to encourage people to open up to new opportunities.

They have admitted to me that they trust me now because I have been through a similar experience, connection. (Reflective Impact Log 6)

> She was quite open about her diagnosis and stuff like that to me when we first met but really it did give me, you know, just felt more relaxed... when I first got any help from the mental health team... I really struggle with it 'cause I feel as if they are very formal... [with the Peer Worker] know I could just talk about it without having to worry about what the right words are.
>
> Service user F

This sense of informality was commented upon widely. In this evaluation, and in previous work we have undertaken [1], Peer Workers were often viewed by service users as occupying a different space, which might crudely be described as somewhere between a professional and a friend: "I know she's a peer group worker but it's also having like a friend and she just makes me feel really comfortable" (service user E). This brought significant benefits for many in that it can created a strong and trusting foundation upon which to build recovery and self-reflection. However, our earlier example of a Peer Worker not being viewed as a "real professional" suggests that in some cases Peer Workers are viewed as neither a professional nor friend.

There was also evidence that service users were able to gain a sense of **purpose and future focus**, many Peer Workers demonstrated positive examples of service users feeling less stigmatised, more hopeful, and finding more meaning and enjoyment in life. Peer Workers also supported service users to learn new techniques and set goals for the future. The following examples were generated by Peer Workers in Reflective Impact Logs:

- Peer C is less chaotic, less angry and speaks about their life in the past but increasingly more about the present and how things are affecting them now and being able to be more optimistic.
- Peer L is looking at getting involved in further education...Good trust has been built. Their understanding that engagement in practical activities is necessary to aid their mental health.
- Usually by the end of a peer support Peer D seems a bit happier and more positive about things.. Working with the peer worker can challenge lack of hope and optimistic thoughts and feelings.

Techniques utilising goal setting, many of which are described earlier, was a consistent thread in this evaluation. This seems to support peer relationships to be intentionally future oriented and helped service users feel less *stuck*. For example, one service user described the benefits of using an affirmation notebook provided by their Peer Worker.

This made me set goals – do some shadow work – understood that I had positive things going on and not all things were negative. (Service user H).

Many of the techniques employed by Peer Workers have helped service users **gain coping and self-management skills**. These include supporting self-care techniques, identifying and managing mental health needs, improving routine generally and helping people engage in creative activities such as craft, mindfulness and meditation.

I discussed mental health management. That he would need to be proactive in balancing his mental health. What to do when your mental health dips. Finding the activity which helps them avoid crisis. I used my own experience of coming off my medication, that is exposed me to more extremes and I had to find a way to manage that. (Reflective Impact Log 1)

Peer worker shared their story of recovery and peer worker and Peer D spoke about many different things that relate to better mental health, including the Wellness Toolbox. (Reflective Impact Log 4)

In a further reflective impact log, a Peer Worker reflected that someone they were working with had become better able to "manage life stressors and talk more openly about mental health." They also reflected that they had learned that sometimes to make this type of progress took time and required them to "listen rather than advise" (Reflective Impact Log 8).

In sum, Peer Workers were able to use a variety of techniques and approaches in their work to support service users gain new understanding and to contribute to their recovery. Shared lived experiences and the intentional use of recovery techniques were central to this. Peer Workers seemed to foster an environment of trust, encouraging service users to be more open to trying different approaches. People using the service described this as fundamentally different to what they had experienced before.

[1] Bradstreet, S. and Cook, A. (2021) Evaluation of the Peer Support Test of Change. Edinburgh. Available at: https://www.matter-of-focus.com/evaluation-of-the-peer-support-test-of-change-east-renfrewshire-health-and-social-care-partnership/

What they do differently as a result

Key messages
- We saw evidence of how people had been able to put what they had learned through peer support into practice in their lives and to do things differently.
- This included taking up new opportunities, becoming more engaged in community activities and adopting new approaches to supporting mental health and wellbeing.
- We noted that Peer Workers adopted a gently encouraging approach to helping people try new and different things.

The analysis of progress against the stepping stones outlines what people using the service have done differently as a result of activities delivered by Peer Workers. Similarly to the previous section, this was based on Reflective Impact Logs completed by Peer Workers and service user interviews.

We read of many examples where service users have **moved towards opportunities, tried things and gained voice**. In terms of taking up new opportunities, we read earlier of how Peer Workers had been able to provide encouragement and support for people to give things ago whether it was joining a gym, taking up art classes, going out to cafes and shops, stopping smoking, volunteering or just getting outside. Some of the steps service users made were small but very significant.

Been out for walks with peer support worker- would never have done that without them. (Service users B)

While others had been encouraged and supported towards more fundamental life changes and opportunities.

Off my own back I have registered for a college course. (From detailed notes of service user interviews)

Additionally, some described feeling more able to discuss mental health with family and friends as a result of time spent with Peer Workers, in other words there is some evidence to show the availability of peer support had helped them normalise and destigmatise mental health experiences and also to gain voice. It is clear that moving forward can happen with the direct support and encouragement of Peer Support Workers. A supportive and encouraging role was described by one service user as "holding my hand" (Service user F).

My peer support worker supported me to attend tai chi classes, they came along with me for my first class giving me support. I would never have gone if they hadn't have come with me.

Service user C

But yesterday I actually bit the bullet and I went and joined the local Slimming World and I would never have been able to do that either on my own. So I do credit at XX with getting me [there].

Service user F

During outcome mapping it was agreed that a risk to the theory change described in the outcome map was that the pandemic would limit the opportunity for community-based interventions as a result of social restrictions. Despite this challenge we saw evidence that Peer Workers were able to support people to become **more engaged in their community and, as a result gain new choices**. Sometimes this involved small but significant steps in the right direction.

"[person] explained that their anxiety level was very high and that they felt socially isolated not going out. However, PSW helped them to make the decision to go out for a walk with them... "I feel as though I have achieved something when I go out for my walk" (From detailed notes of interview with Service user B)

Peer Workers seem to have helped people increase their community connection and to benefit from the opportunities many take for granted, whether that be going to a café or using public transport.

I feel part of my community, I am doing more things, have joined a drama group-which I was referred to. (Service user A)

From Reflective Impact Logs we read of Peer Workers carefully thinking about how to increase inclusion by meeting people in safe community settings and building out from there.

- struggled with isolation and anxiety and getting out into the community, but through peer support they did meet face-to-face, commuting via taxi, something they would not normally do. (Reflective Impact Log 5)
- went to the post office on their own, and the local supermarket supported by PSW, and felt elated after doing this. (Reflective Impact Log 6)

Support for community inclusion is at the heart of many models of peer-based provision and it is reasonable to assume that it will only be enhanced and built upon as COVID-19 restrictions continue to be reduced.

We saw evidence which suggested that service users have been able to use skills and techniques acquired through their interaction with Peer Workers to support coping and to **proactively manage their mental health**. A contributor to this may have been the relatively "non-clinical" and gentle approach adopted by Peer Workers helping service users feeling at ease, and thus more receptive to tools and approaches in practice.

My PSW never pressed me she always guided or encouraged me... Good thing it has never felt clinical at our meetings. PSW really easy going and it was good speaking to someone who has walked in my shoes. (From detailed notes of service user interviews)

Some of the ways people described being able to manage their mental health as a result of having access to the service included:

- Challenging negative and self-critical thoughts
- Engaging in therapeutic activities such as meditation
- Developing better routines to support mental health and medication
- Various forms of informal self-care and generally reflecting on techniques learned from Peer Workers to manage emotions

In sum, we saw good evidence of how people who had been supported by Peer Workers were able to put what they had learned into practice in their lives and to do things differently. This included taking up new opportunities and becoming more engaged in

community activities and also adopting new approaches to supporting mental health and wellbeing. It is notable that Peer Workers adopted a gently encouraging approach to helping people try new and different things.

What difference does this make?

Key messages
- Some people felt passionately about peer support and its contribution to their recovery.
- For others it was harder to unpick what was helping or it was too early in the experience to comment.
- There was some evidence of reduced service dependency and of a new *type* of relationship with services.

For some people we heard from who had used the service, there was no question that they felt it had helped them **move forward in their recovery**: "I think it plays a vital part in people's recovery" (service user C). One person was reported as feeling so strongly about the impact on their recovery that they would make a complaint if it were to be withdrawn (Reflective Impact Log 7) and others suggested it should be more widely available to support recovery.

Great support helped me get/feel better. Has made a positive difference how I am feeling and what I can do now!... I feel other people would benefit from PSW's – would be good for others to have this service. (Service user A)

For others it was either too early in their engagement with service to make a judgement on its impact (service user B) or they found it hard to disentangle what was helping their recovery overall.

...it's hard to say. As I say, 'cause it's still quite early days. You know whether a lot of it was down to that or you know, but I think it has definitely gave me a push in the right direction for, you know, just you know, in terms of getting me out and the isolation and stuff like that. (Service user G)

Service user G did still recognise the potential contribution of the service to their recovery but their comment highlights the complexity of recovery and the risk in attributing progress to any particular circumstance or intervention. It's well documented that recovery is a unique and individual experience. However, throughout this report we have identified instances where peer relationships had helped create the conditions which may be conducive to people moving forward, whether that be through feeling a reduced sense of isolation and loneliness, sharing and helping people adopt new coping techniques or supporting people to gain a sense of purpose and hope for the future. Sometimes this was less about seismic shifts and more about small, but significant, steps.

It is also important to acknowledge that a certain level of readiness is required for people to move forward in their recovery. Peer Worker may offer a new and different approach, founded on lived experience, which resonates strongly with some but it would be wrong to assume it is for everyone or that all service users in a CMHT would be open to it.

An area of interest for this Test of Change was the extent to which it might alter people's relationship with wider services. Through the mapping process it was agreed that we specifically explored the extent to which it might lead to a **reduced dependency with services**.

As we have seen, there was support from service users for Peer Working to become a part of routine adult provision: "I feel the NHS would drop the ball if they did not continue this service" (service user H). One person felt the service had helped them avoid hospital admission (service user A) and others reported spending less time with other professionals (service user c) or having a different type of engagement with them. For one person their Peer Support Worker had become their "go to person" and they saw other professionals less frequently, which was also highlighted in two Reflective Impact Logs (3 and 8).

If anything I go straight to my peer group worker, I actually go for the peer group worker more than I do those services. (Service user E)

In addition, when wider staff members were asked if they had seen a reduced dependency on wider services as a result of the peer service three people said they had, two said they had not and three said they had some of the time.

For service user G it was less a question of dependency and more about tailoring your needs and activities to different types of professional. They received intensive therapeutic support from a psychologist but peer support provided a separate but necessary outlet for day to day concerns and activities. Others reported having limited contact with wider professionals in the CMHT or being what they perceived to be discharged from the care of other professionals to a Peer Worker.

In sum, there is some evidence that people have changed relationships with services as a result of Peer Workers being available to them. In some cases this may be as a result of Peer Working but in others may be more driven by service needs and decisions. One person felt the service had helped them avoid admission to psychiatric hospital.

The conditions for peer support working in teams - pathway progress

Legend:

	Great Progress	Some Progress	No Progress
High Confidence	■ (dark green)	■ (orange)	■ (dark red)
Some Confidence	■ (green)	■ (yellow)	■ (red)
Low Confidence	■ (light green)	■ (light yellow)	■ (light red)

What we do/activities

Resources and capacity for setup identified
Progress: Great
Confidence: Some

Recruitment and induction of PSWs into teams
Progress: Great
Confidence: High

PSW Training and CPD
Progress: Great
Confidence: High

Raise awareness of the PSW role in teams
Progress: Great
Confidence: High

Who with/stakeholders

Peer Support Workers
Progress: Some
Confidence: Some

Peer support supervisors
Progress: Some
Confidence: High

Strategic planners & decision makers (NHSGG&C)
Progress: Great
Confidence: High

Inpatient services
Progress: Some
Confidence: Some

Training partners
Progress: Great
Confidence: Some

How they feel

PSWs are confident in the role, its purpose and practices.
Progress: Great
Confidence: Some

PSWs feel supported and valued
Progress: Some
Confidence: Some

What they learn and gain

PSWs gain skills and knowledge for recovery-focused peer practice
Progress: Great
Confidence: Some

Wider understanding of the PSW role and what it offers
Progress: Some
Confidence: High

PSWs gain increased skills for future employment
Progress: Some
Confidence: Some

What they do differently as a result

Investment in peer support working
Progress: Some
Confidence: High

Wider teams provide appropriate referrals to peer support
Progress: Some
Confidence: Some

PSWs bring new skills and practices to the team
Progress: Great
Confidence: High

What difference does this make?

Clearly defined PSW role and practices
Progress: Some
Confidence: High

The conditions for peer support working in teams - summary findings

What we do/activities

Key messages

- Test of Change had strategic support with resource identified.
- Peer Workers were drawn from large pools of applicants.
- A broad range of tailored training was made available in addition to standard induction to teams.
- A Peer Support Learning Network was developed to support continuous professional development.

In 2018-2019 The Mental Health Recovery workstream identified the need to develop a Peer Support model and **resources and capacity for setup were identified.** This was part of a strategic drive develop community services locally and in line with the Mental Health Strategy for Scotland 2017-2027. The Test of Change was financed via Action 15 money from the Scottish Government, which is focused on increasing and diversifying the workforce to ensure dedicated access to mental health practices.

In 2019-2020 there was significant local enthusiasm from Community Mental Health Teams (CMHTs) who saw value in the Test of Change and wanted to be involved. Some CMHTs contributed additional finance which led to an increase in the size of the Test of Change. Additional resource was also identified to include a deaf Peer Support Worker later in the process and, in November 2020, to create a specific role to coordinate the Test of Change across the CMHTs, the Mental Health Recovery Operational Manager. The Test of Change was also extensively informed by prior experience of Peer Working in the Health Board, most notably that undertaken in the East Dunbartonshire CMHT since 2010, from where the Operational Manager was recruited.

Following a series of information sessions the initial **recruitment** attracted over 200 applicants and attracted a diverse range of people with varied skills and backgrounds. Following shortlisting and interviews, eight of eleven Peer Worker posts were filled. The remaining three posts were filled locally by CMHT-based recruitment, attracting over 100 applicants. Efforts were made to ensure the recruitment was inclusive and supportive, despite the high number of applicants. For example, applicants were offered feedback and employability advice if they were unsuccessful in the recruitment.

From March to August 2020 Peer Workers were allocated to CMHTs and started **induction** and training for the role, this included elements of mandatory Health Board induction and training. At this time Peer Workers were also allocated a Supervisor from within CMHT staff. The induction process took longer than anticipated as COVID

restrictions limited staff capacity across teams. The pandemic also necessitated that Peer Workers were initially required to adopt a more generic role which while challenging for the new workers did allow them to become known within teams and to offer added capacity at a time of crisis.

Following induction a broad range of training was made available to Peer Workers.

- Wellness Recovery Action Planning (WRAP) is a mental health wellness tool focused on teaching prevention and recovery in periods mental ill health, the training is facilitated by a Mental Health Network member of staff and volunteer. WRAP training was delivered over five sessions online to 14 people.
- Peer2Peer is a course focused on building connections and peer relationships, it takes an experiential learning approach to training delivery. The training was delivered online over eight weeks with nine people.
- Recovery STAR is a nationally recognised training for mental health. The training covers ten outcome areas and a five step journey of change model and included Peer Workers and wider staff. The tool was to be adopted in the test of change as an outcome measurement tool.
- The Professional Development Award (PDA) in Mental Health Peer Support is an accredited award designed to facilitate candidates in the role of peer support worker. Training was delivered by Kelvin College to eleven Peer Workers.

A Peer Support Learning Network was developed to support **continuous professional development**. The Peer Support Learning Network, which includes Peer Workers from out with the Test of Change, was convened by the Operational Manager and is facilitated by an experienced Occupational Therapist to support shared learning and connection between the Peer Workers in a safe and supportive space. Launching in January 2021 there have been twelve Network meetings on a four to six weekly basis with regular contributions from invited guests.

To contribute to the development of the model in CMHTs, it was felt important to raise awareness of the PSW role in teams. These took place in some but not all participating CMHTs and were found to be helpful in role implementation where they did take place.

Recruitment and induction	Supportive recruitment process Standard training and induction	Peer and recovery training	WRAP PDA Peer2Peer Recovery Star

Ongoing support	Peer supervisors assigned Team awareness sessions Peer Learning Network
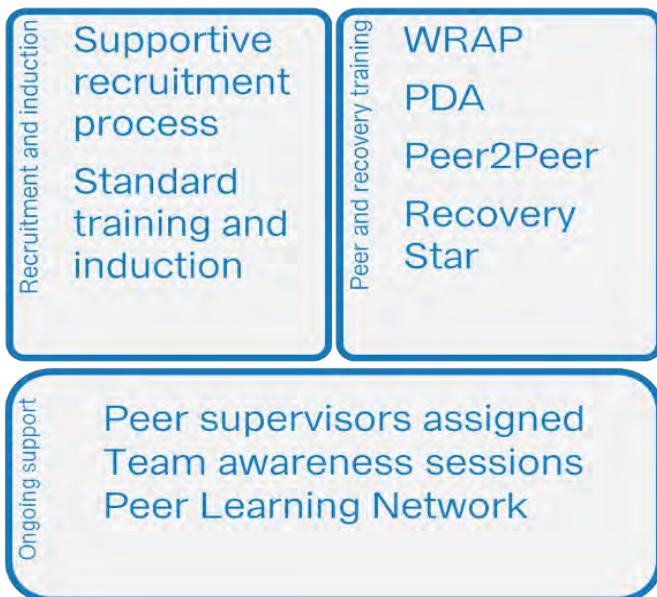
Peer Workers had a variety of mechanisms for support

Who with/stakeholders

Key messages

- The Test of Change was strongly linked to local and national strategies and decision makers.
- The intention to work in inpatient settings was hampered by the pandemic.
- A broad range of training providers suggests the project was underpinned by strong partnership working and a genuine investment in Peer Worker skills development.

There are 11 **Peer Support Workers** placed within five Health and Social Care Partnership areas in NHS Greater Glasgow and Clyde (Table 2). There are two Peer Workers in each CMHT with the exception of Riverside (North West HSCP), where there are three. This was as a result of extending the Test of Change to include an additional Peer Worker targeted at the deaf community who can receive referral from any of the six participating Test of Change CMHTs. Having more than one Peer Worker in each team allows for a degree of mutual support for these workers within teams and reduces the risk of them becoming isolated.

HSCP Area	Peer Workers
Glasgow North East	2
Glasgow North West	3
Glasgow South	2
Inverclyde	2
Renfrewshire	2
Total	**11**

Table 2: Peer Workers by HSCP area

Each Peer Worker was assigned a **Peer Support Supervisor**. Supervisors tend to be Psychiatric Nurses or Occupational Therapists add and were required to be band 6 grade staff who were open to lived experience roles in services. A bespoke supervision approach was adopted for the Test of Change and agreed with Supervisors and Team Leaders. Additional support and supervision was provided by the Mental Health Recovery Operational Manager across all teams. This involved meeting with all Peer Workers every two months to review progress and the fidelity of the models' implementation and peer practices.

The Test of Change is overseen by the Mental Health Recovery Workstream, It benefited from being aligned with a number of **strategic** initiatives nationally and locally including the Mental Health Strategy for Scotland 2017-2027, NHS Greater Glasgow and Clyde's Health Strategy Programme Board, directing the delivery of the Strategy and also Greater Glasgow and Clyde Effective and Efficient CMHT Workstream, It is anticipated that the Test of Change will contribute to the development of future models of service provision.

In early planning stages it was anticipated that Peer Workers would have an 'in-reach' role in supporting people in **inpatient services**. However, as a result of the pandemic, there was an agreement to shift the focus to be strongly community based. Despite this, some Peer Workers have been introduced to the ward environment and completed a ward induction. While referrals can be made from inpatient services, the numbers have been low, and this aspect of the service may be further developed once pandemic restrictions ease.

A further important group of stakeholders were the **training partners**. These are briefly described in the previous 'What we do' section and included the Mental Health Network, Triangle Consulting, the Restart Project, Glasgow Kelvin College and the Scottish Recovery Network. This range of training providers suggest both that there was strong partnership in support of the project and also a commitment to providing a diversity of learning and experiences for this new workforce.

How they feel

Key messages

- Varied training and development opportunities have been crucial to Peer Workers understanding and confidence.
- They have additionally built a sense of community and support between the dispersed workers.
- Generally Peer Workers feel valued but there are indications that support for their role is variable in teams.

We found reasonable evidence to suggest that **Peer Workers are confident in their role**, it's purpose and practices. Provision of the Peer Learning Network and tailored supervision have exposed Peer Workers to various themes and topics of relevance to their role. Examples of topics discussed at the Learning Network include:

- Sharing knowledge/approaches and experience (e.g. successes, techniques and advice)
- Case studies discussions
- Boundaries, service user needs, worries, concerns and coping with stigma in the role
- Training needs/development (including CHIME, WRAP)
- Service development and processes
- Personal wellbeing
- Support/Peer Supervision needs
- Psycho education/learning opportunities
- Exploration of feelings & attitudes in the role (e.g. empowerment, identity, hope).

Exploration of such topics and themes have allowed Peer Workers to gain a good understanding of the role purpose and practices in a supportive environment. Further training offered in the role (described earlier) has generally enhanced confidence for most Peer Workers, it has helped increased knowledge of what peer support is and provided useful tools in their support delivery.

Our Peer Worker Survey aimed to gain an understanding about their experiences in the role and the support they have received. When participants were asked if they felt they understood the Peer Support Worker role purpose and its practices, all eight responses reflected that they did. However, a number of responses indicated that Peer Workers had initially been frustrated at being unable to put their new skills into practice, as a result of having to adopt non-peer roles early in the pandemic. Peer Workers highlighted the Learning Network, guidance from supervisors, WRAP, Peer2Peer and the PDA course as having been important to their understanding of the role.

> [Peer2Peer training] ...has given me more confidence to work with others also made me more aware of what peer support is therefore gives me more confidence in my role.
>
> PSW survey participant 1

> The course has given me more confidence in my role as a peer support worker and in my abilities (participant 2).
>
> PSW survey participant 2

From the evidence available for review, Peer Workers generally felt **supported and valued.** The overall model of support and development seem to align well with peer values, emphasising both co-production and lived experienced. Importantly Peer Workers have also been able to connect socially and developed friendships through their development opportunities, helping to contribute to a strong team ethos.

[Peer2Peer training] ..has brought me closer to the other peer support workers (participant 1).

All eight respondents Peer Support Worker Survey reported feeling generally supported and valued in their role. Common supportive factors included wider teams valuing Peer Support, positive working relationships amongst Peer Workers, Peer Support Supervisors, team managers and the Test of Change Coordinator. Peer Workers also felt valued as a result of colleagues making new referrals and seeing the value in the service.

> I feel very supported and included in the team I work in and know they value the role of peer support and my lived experience. The other peer support workers have also been a great support in our unique position. As has [the Test of Change Coordinator] who has championed us all.
>
> PSW survey participant 7

However, some responses from the Peer Worker survey indicated Peer Workers perceived mixed feelings about peer support amongst wider team colleagues. It was reported by Peer Workers that not all staff could see the benefits of the approach and some colleagues were generally resistant to change. However, many Peer Workers felt this was combatted by overall support from others in the team. A lack of support for the approach was recorded as a risk to the theory of change during the outcome mapping process and based on Peer Worker reports, there may be merit in further investigating staff attitudes as a potential block to referrals being made. Importantly, uncertainty over any extension of contracts in the Test of Change has contributed to some Peer Worker

anxieties. One Peer Worker stated they are very unhappy about this and the effect it has had on their mood and anxiety.

In sum, varied training and development opportunities have been crucial to Peer Workers understanding of, and confidence in, their role. It has additionally provided a sense of community and mutual support between peers which is important give their dispersed nature. Overall, Peer Workers feel valued in their role providing many examples of how that was achieved. However, there were some indications that wider support for the role is not universal which may influence team colleagues willingness to make referrals.

What they learn and gain

Key messages

- Peer Workers have gained a range of skills and knowledge in their role and had opportunities to develop new learning.
- From relatively limited evidence there appears to be good understanding of the role but it would be helpful to test this more thoroughly.
- Peer Workers gain employability skills but may be limited by a lack of role progression.

Earlier we described a thorough approach to training and CPD for Peer Workers which has supported them to gain skills and knowledge for recovery focused peer practice. Courses such as WRAP, Peer2Peer and the PDA have been directly relevant to supporting recovery focused peer practice. The courses have covered a broad range of learning outcomes, enabling Peer Workers to transfer this knowledge into their caseloads and support delivery. Our Peer Worker survey demonstrated that the majority of Peer Workers felt they have gained enhanced knowledge and skills. Examples included learning about Peer Support practices and processes, gaining improved listening skills, deeper understanding of mental health issues and holistic recovery approaches. The Peer Learning Network has provided a mechanism to support Peer Workers to review and refresh existing knowledge and also to gain new knowledge. Peer Workers have adopted responsibility to source guest speakers to cover various topics of relevance to the role, with input from the Mental Welfare Commission, Complementary and Psychological therapists, academia and recovery training providers.

During outcome mapping it was agreed that an assumption which underpinned our theory of change was that the Peer Worker role was clear and consistent in practice. An associated risk was that referrers did not believe in the usefulness of the model. However, we saw evidence that there is a wider understanding of the Peer Support role and what it offers. From our staff survey, all ten respondents from CMHTs reported a good understanding of the role and what it offers but it would be helpful to test this assumption with a more representative group of staff.

> Our peer support worker supports clients who feel "stuck" in their recovery and offers recovery focused support while drawing on their own experiences
>
> Staff survey participant 1

When staff were asked about the benefits of referrals, common responses included; positive joint working, service users feeling understood, opportunity to build rapport, service users' confidence, reduce anxiety and set realistic goals.

Patients really benefit from feeling that there is someone who can relate to them. (Staff survey participant 2)

An agreed outcome of the knowledge and tools that Peer Workers acquire in their role is that **they gain increased skills for future employment.** As well as trainings delivered, Peer Workers have been shown opportunities for higher band jobs, upskilled in education via courses and encouraged to document their training in CVs for future employment. Not surprisingly, some Peer Workers do hope to use their skills to gain further opportunities.

I hope to further my career in peer support and to become established in the Community Mental Health Team. (Peer2Peer evaluation respondent)

In sum, Peer Workers have gained a range of skills and knowledge in their role. They have built on their lived experience of mental health recovery through access to appropriate recovery focused training and expertise. There have also been important opportunities to maintain and develop new learning through the Peer Learning Network. and collaborative learning through Mental Health Network meetings. From evidence we had available wider staff also appear to hold a good understanding of the Peer Worker role and belief in the usefulness of Peer Support, although we do not know if staff's understanding or views of Peer Workers has improved throughout the duration of the test of change. Whilst training and network meetings may motivate Peer Workers to develop their skills for future employment, there is no direct route to role progression in the current Test of Change and a clearer pathway may support a more sustainable and skilled workforce moving forwards.

What they do differently as a result

Key messages
- There was agreement Peer Workers bring a distinct set of skills and practices to teams.
- Careful triaging improved the appropriateness of referrals.
- There has been good investment in this Test of Change and we see a strong case for further investment.

As mentioned previously, this Test of change benefited from good levels of **investment** which helped create the conditions for effective Peer Working. There has been a gradual but considered approach to recruitment, specialised training for development and partnership working within staff teams. Whilst contracts were initially due to end March 2022, they were extended a further 6 months with the development of the service beyond that currently unclear. This has created uncertainty among the Peer Workers and risks staff continuity.

The Test of Change Coordinator and Supervisors are involved in supporting referrals process and advising on practice. This triaged process has helped, to a large extent, ensure that **wider teams provide appropriate referrals** and that service users are more likely to benefit from the approach.

The staff survey suggested that respondents generally felt referrals were appropriate. This was described as being aided by service users and Peer Workers having shared experiences and Peer Workers having an open, supportive and understanding approach. Peer Working was also described in one response as complementing psychological treatment. For one respondent the very presence of Peer Workers in the team could be motivating for service users.

> Whenever I discuss potential referral patients always seem excited to be linked in with them. Patients have reported to me that even knowing the role exists helps them see a productive outcome for them
>
> Staff survey participant 7

A minority highlighted that in earlier stages of the Test of Change some referrals were felt to be inappropriate, for example, where referrals were described as being made because all other options had been exhausted. Encouragingly some respondents described being more involved in assessing the appropriateness of referrals with key workers.

Responses to both the staff and Peer Worker surveys suggested there was good agreement that Peer Workers **bring new skills and practices to the team**. When asked to what extent do you agree that Peer Support Workers have brought new skills and practices to the team, 60% responded very much, 20% much, 10%neutral, 10% not much at all. Examples of this provided by staff included sharing new perspectives and tools for recovery focused support, open discussions about personal experience, giving hope and setting goals to build positive changes. Additionally, Peer Workers highlighted the destigmatising effect of being open about mental health experiences within the team. They also cited being able to challenge and advocate on behalf of service users from a recovery perspective in team discussions.

What difference does this make?
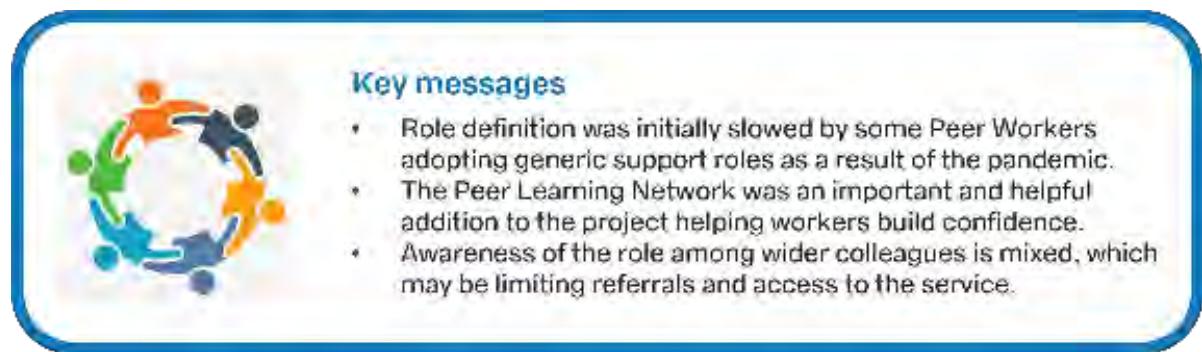
Key messages

- Role definition was initially slowed by some Peer Workers adopting generic support roles as a result of the pandemic.
- The Peer Learning Network was an important and helpful addition to the project helping workers build confidence.
- Awareness of the role among wider colleagues is mixed, which may be limiting referrals and access to the service.

As described earlier in the report, at the start of the Test of Change the Peer Worker role was not fully defined for all teams. Some stepped in to fulfil a generic support role at a time of great service pressure as a result of the pandemic. We heard how this had helped establish Peer Workers with colleagues, but it also slowed progress in defining their specific role and approach both for Peer Workers and colleagues.

The establishment of the Peer Learning Network in 2021 helped clarify and explore the role in a safe and collaborative setting. It provided a very useful reminder of core principles, providing a facilitative space for Peer Workers to share successes and challenges.

As time passed the role became more clearly incorporated within teams, however some team members did not fully understand the distinct contribution of Peer Workers when compared with the more generic support worker role. This led to some inappropriate referrals being made. This uncertainty was to some extent reflected in our wider staff survey where 20% responded neutrally when asked about the extent to which they agreed the role was clearly defined. In one team Peer Workers were not co-located with wider colleagues which may have contributed to a disconnect. In response they ran awareness sessions with wider colleagues which helped to raise awareness and were located within the team when Covid restrictions allowed.

Peer Worker survey responses suggested that while wider team awareness and understanding of the role had improved there was still some way to go. It was highlighted that a lack of team awareness may prevent colleagues from making referrals and in doing deny service users the opportunity to benefit from the approach. Some felt the onus was with Peer Workers to raise teams understanding and acceptance, but others suggested the need for mandatory training in teams about the role.

Conclusions and Recommendations

Introduction

This was a thorough evaluation conducted over six months, with the involvement of multiple stakeholders and the collection and analysis of a diverse set of data. A notable strength of this process was the collaborative development of an outcome map and its constituent pathways. These represent a theory of change for Peer Support Working in this Test of Change and provided an evidence-based framework for this, and any future, evaluation of the service.

From our analysis of available evidence, several overriding themes emerge, which we initially summarise, before outlining some limitations and finally making recommendations based on our findings.

Key Themes

A core element of the pathway which described the contribution of Peer Workers to improved outcomes for service users was the anticipated role of peer relationships in opening up new possibilities for people in receipt of the service. The importance of what were perceived to be non-clinical and informal interactions between peers and service users was certainly a recurring theme. Service users commented on how different these relationships felt and how this had allowed them to engage with mental health professionals in a new and seemingly refreshing way. For some it was enlightening that mental health professionals could be managing their own recovery on a day-by-day basis. This seemed to provide a sense of equality and mutuality from which different types of conversation emerged. It was revealing that one person using the service spoke about how refreshing it was to not have to do their hair for an appointment because they perceived there was no judgement with their Peer Worker. This degree of informality and sense of equality was consistently ascribed to their being a shared lived experience and a comfort in the knowledge the Peer Worker 'got it'.

We also saw how people were able to build on this strong initial connection to explore possibilities in their own lives. We heard of people being gently and skillfully encouraged to explore new opportunities and to challenge themselves. Some of the steps people made in peer support were small but highly significant like getting out more or going for walks while we also heard of people joining the gym and going to college. People usually ascribed the progress they made to the facilitative approach of the Peer Workers who were experienced as walking alongside them rather than telling them what do. During outcome mapping we identified a number of risks from the pandemic to the theory of change. Indeed, Peer Workers did initially have to assume non-peer roles to support people during the lockdown crisis period. However, despite the pandemic and its social restrictions Peer Workers do appear to have been highly effective at helping people to

become more engaged in their communities and to reduce isolation. We were struck by a comment from a key informant that Peer Workers were highly attuned to the effects of the pandemic on people with long-term mental health problems through their own experience and therefore additionally emphasised the importance of social connection it in their work. It is reasonable to assume that as social restrictions continue to ease the opportunities for Peer Workers to support people to reduce social isolation will only increase.

A further key theme which emerges from the data in relation to supporting recovery is the intentionality of the practices of the Peer Workers and their willingness to apply recovery-oriented tools. We saw many examples of applying goal setting, the structured use of wellness planning as well as the sharing of a wide variety of coping and self-management techniques. All in, these provided a sense of intentionality and purpose to peer interactions, further opening up opportunities for service users to explore opportunities and embrace challenges.

NHS Greater Glasgow and Clyde deserve congratulations for investing the time and money to create conducive conditions for Peer Workers in this Test of Change. There are many examples of how taking a thoughtful approach to implementation has paid dividends to date. These include the employment of a Mental Health Recovery Operational Manager to coordinate and oversee the project, who had considerable experience of developing successful peer services in the Health Board. The addition of a Peer Learning Network, facilitated by someone with experience of peer services, was an additional asset and support for Peer Workers, who could quite easily become isolated in their role. We were also struck by the important role played by Occupational Therapists in role development, a profession which is well aligned to recovery principles.

Extensive efforts were made to ensure Peer Workers were well trained with access to a variety of peer and recovery-oriented training. The variety of organisations involved in delivering training and in supporting the project more widely is also testament to a commitment to partnership working from those leading the Test of Change. It is also notable that, the service user led, Mental Health Network have been a key partner throughout this project and contributed extensively to this evaluation.

It was also clear that thought had been given to how to identify people who might benefit most from peer support and to best match them with Peer Workers. People will inevitably have different levels of engagement with any intervention, and we saw some indications that a minority were less than enthusiastic about the peer approach. For some people it may simply not be the right time or circumstances to benefit from peer support with its recovery-oriented conversations and interventions so a careful approach to reviewing referrals is sensible. Additionally, some Peer Workers commented upon a lack of support for their role amongst some colleagues, but this was felt to be balanced by more positive influences.

Limitations

It is important to note that the evidence we reviewed about people's experience of the service was provided by Peer Workers. This means that while we encouraged a diversity of opinion the views reported here are not necessarily representative of the entire group of people who have used the service. Additionally, we had a relatively small response to both Peer Worker and the wider staff surveys. This limited our ability to assess how well understood or welcomed the role was and how well supported Peer Workers felt in the role. Our assessment of service user recovery was limited to qualitative information and could have been strengthened were routinely collected outcome data available.

As result of data limitations, we were not able to assess all of the risks and assumptions identified through the mapping process. For example, we had very limited information available for the review of risks posed to the project by the effects of COVID-19, including the risk of digital exclusion, as well as limited data on wider staff attitudes to Peer Working.

Recommendations

Based on our review of evidence we believe there is a good case for the continuation and development of this service. People we heard from were overwhelmingly positive about having a Peer Worker and the unique contribution they made to the wider CMHT offering. We were also able to test our agreed theory that peer relationships have the potential to support personal recovery through allowing people to be open to exploring new possibilities in their own lives. This may also suggest that the carefully triaged referral system worked well in matching people who were ready and open to the approach and should continue.

The initial intention to link closely with inpatient services was not possible as a result of the pandemic. While we cannot make any judgement on peer working in those settings, we saw good evidence that a community focus was helpful in supporting community integration. Any shift in emphasis towards inpatient services should be informed by wider evidence on the effectiveness of Peer Work interventions in inpatient settings. Additionally, based on the strength of evidence we have reviewed, we recommend consideration be given to Peer Workers assuming an enhanced role in relation to reducing isolation and 'social prescribing.'

We recommend that in any development of this service that the same level of support and infrastructure remain in place. Any new professional group requires a strong sense of identity and a clarity of purpose and practice. The extensive training and CPD opportunities made available helped with this and should be retained. Opportunities for Peer Worker progression, for example into Peer Supervisor roles, could also support Peer Worker retention and progression. Additionally, having a dedicated and experienced coordinator oversee the project was in our view a key ingredient of its success and should be retained.

We were limited in the extent to which we could draw conclusions on recovery outcomes. Supplementing ongoing evaluation with data from routinely collected quantitative data would help with this and we understand data from the Recovery Star tool may become available. We also recommend the service continue to apply some of the tools developed for this evaluation to capture service user, Peer Worker and wider staff feedback.

There is also potentially a need to better understand and explore staff attitudes towards Peer Working to ensure that referrals are made from across the team and all service users have the chance to benefit. We saw evidence that the understanding and acceptance of the role is variable and encourage continued work to raise awareness of the role in teams. Peer Workers are themselves powerful advocates of the role and this evaluation, and the examples of peer working within it, may offer a useful mechanism for this.

The outcome map and OutNav software also provide a ready-made framework for continued self-evaluation which should be exploited. Future research could also seek to gather views from a broader sample of actual and potential service users. This could build a better understand views and experiences of Peer Working, explore engagement and also examine whether the service is equally available and helpful to a diverse group of CMHT service users.

Final conclusion

Our analysis of available evidence suggests that this Test of Change has been a success, despite the challenging circumstances in which much of the work was carried out. That success has been founded on complementing a pre-existing workforce and service with Peer Workers who intentionally bring their lived experience into their work. This was experienced as new and different by service users and helped people to feel a sense of trust and from there build towards and explore new recovery opportunities. We believe there is good evidence that this usefully supplements the wider multi-disciplinary offering of CMHTs and should be made more widely available. However, it is also clear from wider evidence that it is hard to create the conditions for successful implementation of any new service. We saw good evidence that extensive efforts had been made to support the overall programme and that such resourcing, partnership working, and coordination should continue.

Appendix 1: How peer support contributes to improving outcomes for people - sources and success criteria

This table lists the sources of evidence and success criteria that we have referred to whilst developing the analysis presented in this report.

What we do/activities

Stepping Stone	Source
Provide recovery tools & approaches	📁 Peer support worker reflective survey
	📁 Peer Worker Tools Audit Report
	📁 Reflective impact logs (about service user)
	📁 Routine data on interventions used
	Success Criteria
	No Success Criteria
Share and validate lived experience and reframe recovery	📁 Routine data on activities
	📁 Routine data on interventions used
	Success Criteria
	No Success Criteria

Who with/stakeholders

Stepping Stone	Source

Service users	Reflective impact logs (about service user)
	Routine data on activities
	Success Criteria
	No Success Criteria
Peer Support Workers	Routine data on activities
	Success Criteria
	No Success Criteria

How they feel

Stepping Stone	Source
Curiosity - "this feels different"	Reflective impact logs (about service user)
	Service user interviews
	Social media
	Success Criteria
	No Success Criteria

What they learn and gain

Stepping Stone	Source
Service users gain belief in and increased understanding of recovery journey	Reflective impact logs (about service user)
	Service user interviews
	Success Criteria
	No Success Criteria

Service users build confidence and sense of value	📁 Reflective impact logs (about service user)
	📁 Service user interviews
	Success Criteria
	No Success Criteria
Service users feel trust, connection and belonging with the peer community	📁 Reflective impact logs (about service user)
	📁 Service user interviews
	Success Criteria
	No Success Criteria
Service users gain a sense of purpose and future focus	📁 Reflective impact logs (about service user)
	📁 Service user interviews
	Success Criteria
	No Success Criteria
Service users gain coping and self-management skills	📁 Reflective impact logs (about service user)
	📁 Service user interviews
	Success Criteria
	No Success Criteria

What they do differently as a result

Stepping Stone	Source
Service users move towards opportunities, try things and gain voice	📁 Reflective impact logs (about service user)

	📁 Service user interviews
	Success Criteria
	No Success Criteria
Service users become more engaged in their community and supports and gain choice	📁 Reflective impact logs (about service user)
	📁 Service user interviews
	Success Criteria
	No Success Criteria
Service users proactively manage mental health	📁 Reflective impact logs (about service user)
	📁 Routine data on activities
	📁 Service user interviews
	Success Criteria
	No Success Criteria

What difference does this make?

Stepping Stone	Source
Service users move forward in their recovery	📁 Reflective impact logs (about service user)
	📁 Service user interviews
	📁 Staff survey
	Success Criteria
	No Success Criteria

Service users have reduced dependency with services	📁 Reflective impact logs (about service user)
	📁 Service user interviews
	📁 Staff survey
	Success Criteria
	No Success Criteria

Appendix 2: The conditions for peer support working in teams - sources and success criteria

This table lists the sources of evidence and success criteria that we have referred to whilst developing the analysis presented in this report.

What we do/activities

Stepping Stone	Source
Resources and capacity for setup identified	📁 Interview with key informants
	Success Criteria
	No Success Criteria
Recruitment and induction of PSWs into teams	📁 Interview with key informants
	Success Criteria
	No Success Criteria
PSW Training and CPD	📁 Interview with key informants
	📁 Training evaluations
	Success Criteria
	No Success Criteria
Raise awareness of the PSW role in teams	📁 Interview with key informants
	Success Criteria
	No Success Criteria

Who with/stakeholders

Stepping Stone	Source
Peer Support Workers	📁 Retention statistics

	Success Criteria
	No Success Criteria
Peer support supervisors	📁 Interview with key informants
	Success Criteria
	No Success Criteria
Strategic planners & decision makers (NHSGG&C)	No source
	Success Criteria
	No Success Criteria
Inpatient services	📁 Interview with key informants
	Success Criteria
	No Success Criteria
Training partners	📁 Interview with key informants
	Success Criteria
	No Success Criteria

How they feel

Stepping Stone	Source
PSWs are confident in the role, its purpose and practices	📁 Interview with key informants 📁 Training evaluations
	Success Criteria

	No Success Criteria
PSWs feel supported and valued	📁 Interview with key informants
	📁 Peer support worker reflective survey
	Success Criteria
	No Success Criteria

What they learn and gain

Stepping Stone	Source
PSWs gain skills and knowledge for recovery-focused peer practice	📁 Interview with key informants
	📁 Peer support worker reflective survey
	📁 Peer Worker Tools Audit Report
	📁 Training evaluations
	Success Criteria
	No Success Criteria
Wider understanding of the PSW role and what it offers	📁 GG&C workshop evaluation data
	📁 Interview with key informants
	📁 Staff survey
	Success Criteria
	No Success Criteria
PSWs gain increased skills for future employment	📁 Interview with key informants
	📁 Training evaluations

	Success Criteria
	No Success Criteria

What they do differently as a result

Stepping Stone	Source
Investment in peer support working	📁 Interview with key informants
	Success Criteria
	No Success Criteria
Wider teams provide appropriate referrals to peer support	📁 Interview with key informants 📁 Peer support worker reflective survey 📁 Referral statistics 📁 Staff survey
	Success Criteria
	No Success Criteria
PSWs bring new skills and practices to the team	📁 GG&C workshop evaluation data 📁 Staff survey
	Success Criteria
	No Success Criteria

What difference does this make?

Stepping Stone	Source
Clearly defined PSW role and practices	📁 Interview with key informants

📁 Peer support worker
reflective survey

📁 Staff survey

Success Criteria

No Success Criteria

Appendix 3: Our evidence standards

PROGRESS STATEMENT	CRITERIA
Great progress	• Enough people and groups experience this in the timescale you have defined • Risks have been mitigated and assumptions achieved
Some progress	• Some people and groups experience this in the timescale you have defined • Some risks have been mitigated and some assumptions achieved
No progress	• Not enough people and groups experience this in the timescale you have defined • Risks have not been mitigated and assumptions found to be unrealistic

CONFIDENCE ASSESSMENT	CRITERIA
High confidence	Most of these criteria apply • more than one source of evidence with appropriate balance of types • evidence collected purposefully and for this purpose • reasonable number of responses • no disagreement between evidence sources • backed up by other research • analysis is clear and purposeful (someone else could replicate and get broadly the same results)
Some confidence	Some of these criteria apply • more than one source of evidence with appropriate balance of types of evidence • evidence is collected purposefully and for this purpose

	• reasonable number of responses • no disagreement between evidence sources • backed up by other research • analysis is clear and purposeful (someone else could replicate and get broadly the same results) And / or • there is some disagreement or lack of clarity of the findings • the data is mostly gathered opportunistically
Low confidence	Few of the above criteria apply AND / OR • there is disagreement within the data • assessments are based solely on an individual's perspectives