Growing peer support in Scotland

Community roundtable summary report

May 2025

“It’s time to stop asking peers to come in and share stories and then leave, we should be writing the strategies”

Habitus Collective

Scottish Recovery Network

the future is peer

Foreword

Scotland's development of peer support has been slower compared to other countries, with progress often limited and fragmented. While the value of peer support is increasingly recognised, it has yet to be fully embraced or integrated at scale, and **the opportunity for meaningful growth remains largely untapped**.

This report aims to help change that. The findings are intended **to guide policy, practice, resourcing, and priority setting** by offering clear, practical actions to support the growth of peer support across Scotland. By setting out shared priorities and next steps, this report provides a foundation for coordinated efforts across sectors to ensure peer support becomes a sustainable, valued, and integral part of Scotland's mental health system.

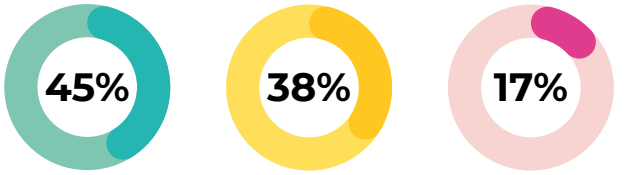
What

In early 2025, three roundtables were held to engage stakeholders from across Scotland in a discussion about the future of peer support in mental health.

The roundtables took place in person in Glasgow and Perth, with one further session hosted online. Participants were directly invited, 92 people registered for the event, with a total of 77 attendees participating (84%), including individuals from third sector organisations, public sector bodies such as Health and Social Care Partnerships (HSCPs), the NHS, Scottish Government, and people with lived experience of mental health challenges, and those working in peer/lived experience roles.

The events were designed to facilitate a future-focused conversation on the role of peer support in mental health services. The discussions aimed to identify a collective vision, priorities, and actionable steps that can support the growth and integration of peer support across Scotland. The sessions encouraged collaboration, with participants reflecting on how to better recognise and value peer workers' contributions and exploring opportunities for enhancing the peer support workforce.

Who attended:



Objective and key questions

The discussions aimed to achieve several key objectives in uncovering the future of peer support in Scotland; creating a vision, uncovering solutions and practical next steps that could be taken.

1 Vision setting

Specifically, the questions asked at the roundtables sought to define the **vision and priorities for peer support**, focusing on how to improve support, recognition, and integration of peer support roles across systems. The questions also aimed to identify and draw out the **collaborations, partnerships, and networks** required for embedding peer support successfully, while also exploring the **strategic alignment** needed to support its growth.

2 Solution finding

In terms of **solutioning**, the goal was to identify clear pathways for expanding peer support, identifying the **necessary tools, resources, and support** that peer workers need to thrive, and addressing the **leadership and policy solutions** that could simplify its integration into mental health services and broader initiatives.

3 Practical next steps

Finally, participants worked on identifying the practical next steps that the Scottish Government and Public Sector should take to scale peer support and what vision and priorities peer support could address, especially in responding to the growing demand for mental health support.

Note: In this report, we use the term 'peer worker' to highlight the value of this workforce, both paid and unpaid, and as an inclusive term that refers to all individuals in peer or lived experience roles, across all levels.

Interactive and engaging session format

The roundtables were designed to be highly interactive and engaging. Participants were first divided into groups based on sector and experience, allowing for tailored, focused discussions. This was followed by a roundtable, where participants had the opportunity to delve deeper into specific questions in a focused way.

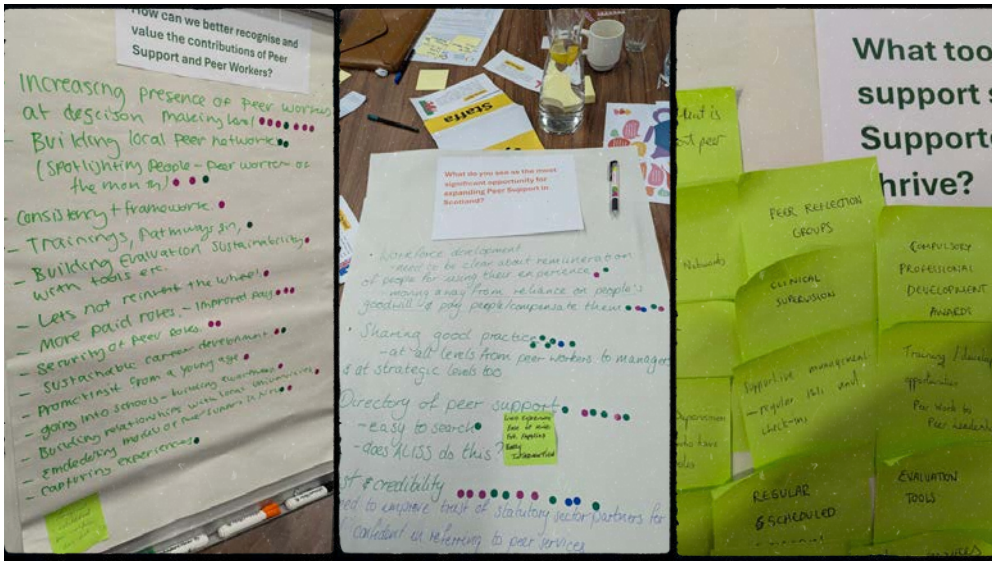
After the roundtable discussions, attendees took part in a **gallery walk**, where they could see the ideas and insights shared by others, add comments, and vote on the most compelling concepts. This collaborative activity enabled participants to see a broader range of perspectives and contribute their own thoughts.

Next, the group engaged in a '**solution sprint**', where the focus shifted to generating practical, actionable solutions for expanding peer support. This part of the session encouraged participants to brainstorm and develop strategies that could be implemented in both the short and long term.

To wrap up the session, a 'getting practical' activity was held where participants answered and dot-voted on two key questions:

- How can peer support help address the growing demand for mental health support?
- What role does / should the Government and Public Sector have in scaling peer support programmes?

This approach ensured that the discussion was not only strategic but also focused on generating clear, actionable steps that could be taken to help expand and improve peer support in Scotland.



Key themes and insights

1 Vision for the future of peer support in Scotland

The future of peer support in Scotland is rooted in the creation of a **community-led, non-medicalised mental health system**, one that shifts the centre of gravity away from clinical hierarchies and towards relational, human approaches to support and recovery. Participants described peer support not as an optional extra, but as a foundational element of a mentally healthier Scotland, a core part of how people understand, access, and receive support in everyday life.

They imagined a system built on compassion, connection, and collective knowledge, where **support is not something "done to" people, but something grown with them** and where mental health services can start from a place of empathy, trust, and shared experience, instead of risk assessments or clinical thresholds. There was a strong emphasis on **moving away from models that pathologise distress**, and towards investing in models that build hope, relational safety and shared understanding.

> **Peer support should be something you find before crisis, not after it.**
>
> **We've been doing this in our communities for years it's time the system caught up.**

Participants discussed the growing recognition that peer support can play a vital early intervention role, particularly by supporting individuals while they are on long waiting lists for clinical services. Rather than leaving people in limbo, peer support offers relational, human contact and hope, bridging the gap between need and access.

As one participant asked, "Can peer support perform in the waiting list system to offer support whilst people wait for health sector appointments?"

> **Peer support can help support the growing demand for mental health support as it's available NOW, no waiting lists and with people who REALLY understand.**

Participants were clear that significant changes in how peer support is seen and implemented into systems requires people to think differently and make a real paradigm shift. The presence of lived experience within Scotland's mental health infrastructure was described as significantly behind other countries like England, Australia, Ireland and New Zealand. There was a strong call to move beyond tokenistic gestures or add-ons, and instead embed peer support as a central, transformative component of Scotland's mental health system.

This shift, participants stressed, will only be possible with **peer leadership at every level of the system** with defined responsibilities, decision-making power and accountabilities. Peer support was described not just as a service, but as a **strategic lever for system change**, requiring a redistribution of power and the formal recognition and legitimisation of lived experience as leadership.

> **We need peer workers in leadership roles, not just entry-level posts.**
>
> **It's time to stop asking peers to come in and share stories and then leave, we should be writing the strategies.**
>
> **Embed us in the structure, not just the story.**

The vision is for a **recognised, resourced, and respected peer leadership pathway** that supports sustainable career progression, seats at decision-making tables, and influence over service design, commissioning, policy and reform. Participants highlighted specific roles within Health and Social Care Partnerships (HSCPs), Integrated Joint Boards IJBs, national working groups and Scottish Government teams. Participants emphasised the importance of peers **leading within systems, not just adjacent to them**.

> **Lived experience should shape service design, funding decisions, reviews of practice…all of it. We bring different questions, and that's the point.**

This leadership must be backed by infrastructure and intention. That includes:

- **Investing in peer leadership training and development**, not just frontline delivery roles.

This would mean creating leadership programmes that support peers to move into strategic roles, covering areas like co-production, governance, policymaking, and supervision. As one participant put it, "If we want transformation, we need to fund and follow the people who've lived through the system and survived it."

- Creating **clear roles and titles for peer leaders in the NHS and Public Sector** with real and specific responsibility and accountability.

This would mean job descriptions with parity to clinical leadership roles (e.g., Band 6 and above), representation on senior management teams, and direct input into service-level strategy.

- Centring **peer leadership** (not consultation) **in commissioning, governance and reform**.

This would mean peers being involved from the outset: co-designing how resources are allocated, what outcomes are measured, and how success is defined. **"We don't just want our voices heard, we want decision-making power."** Participants called for power to be redistributed across the system including who decides where money goes. They stressed the importance of including peer leaders on funding panels, especially through structures like TSIs, to ensure peer support is resourced in ways that align with its core values.

- Recognising the **emotional labour and complexity** of leadership from lived experience roles and supporting it accordingly.

This would include access to supervision, practice training, reflective practice spaces, coaching, and protected time for recovery and wellbeing.

Participants warned that without lived experience leadership embedded at every level, Scotland risks repeating old cycles: designing top-down services that do not reflect people's real lives or needs. True peer leadership means **co-owning** design, delivery, and governance – not being consulted after strategic or resourcing decisions have already been made.

The call was clear: invest in peer leadership as a structural necessity, not a soft skill. This would mean allocating budget lines, creating senior roles, and building leadership pathways in the same way we do for other recognised disciplines. **Peer leadership is not a "nice to have" it is a critical lever for building a system rooted in inclusivity, connection, prevention, hope and human rights.**

The work will not be transformational without it. Peer support should be formalised and integrated as a core component of Scotland's mental health system, a mainstream approach embedded within both statutory and community-based care systems.

Participants also called for a renewed focus on community-based peer support, recognising that these networks already exist, often informally, but are under-resourced, overlooked, or poorly connected to the wider system. Investing in this approach would mean:

- **Providing resourcing and infrastructure for grassroots peer support groups**, enabling them to offer consistent, accessible spaces for support without being forced into competitive or short-term funding cycles.
- **Creating peer support roles in non-clinical settings** such as schools, youth services, libraries, and community hubs, broadening the reach of support and embedding it in everyday environments where people already go for help or connection.
- **Ensuring accessible entry points into peer work**, by designing training and recruitment routes that do not require formal qualifications or professional experience. This would open opportunities to those with lived experience who may otherwise be excluded.

> **Peer support doesn't need to look clinical to be powerful.**
>
> **It's about creating mentally healthy communities, not just mental health services.**

There was also a strong call for flexibility in how peer support is delivered, funded, and evaluated. Participants spoke about the importance of allowing local adaptation so that support could respond to the specific cultural, emotional, and social contexts of a community, rather than being confined to rigid service structures or clinical targets. To realise this vision, participants urged action on:

- **Building national frameworks that recognise and protect community-led models**, while resisting the urge to over-professionalise or medicalise peer support.

> **We need to create frameworks that support not standardise what's already happening in communities.**
>
> **Let's not over-professionalise it. There's value in the informal, in people just showing up for each other.**
>
> **It's the human connection that matters, don't lose that in paperwork.**

- **Supporting hybrid models**, where peer support can sit across statutory and community settings, but remain grounded in values of mutuality and empowerment.

> **We need both. NHS and community groups working together, not in silos.**
>
> **There's a risk we water it down when we try to fit it into services. But we can design it with people, not around them.**
>
> **Peer support should bridge clinical and community, not be swallowed by either.**

- **Celebrating and spotlighting examples of peer support in action**, showing what it looks like when it is working well: in workplaces, parent networks, recovery cafés, or youth groups.

There's amazing stuff already happening, people just don't know about it.

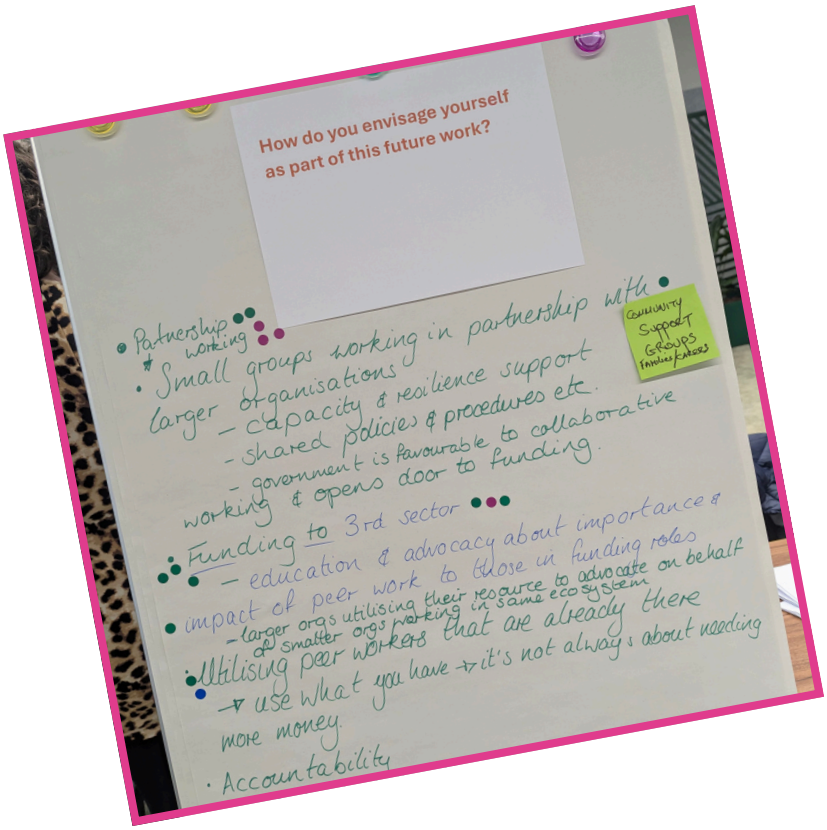
We need to show what good looks like. It's out there, we just need to bring it into the light.

Share the stories. Let people see the power of peer support in real life, not just in reports.

Tell people what it feels like, not just how it works.

This future is not just about changing what services deliver, it is about transforming how society understands and responds to emotional distress. Peer support was consistently described as a **driver of cultural change**, helping to normalise mental health conversations, challenge stigma, and connect people who would otherwise remain isolated.

In short, participants envisioned a Scotland where peer support helps communities take care of each other and where systems are designed to support that, not to override or ignore it.



Key themes and insights

2 Solutions and key areas of focus for peer support development

A policy-driven approach is needed to grow peer support in Scotland. While peer support already exists across communities and organisations, growth has been fragmented and under-resourced. Participants called for a clear and **long-term national strategy**, backed by milestones and infrastructure, to expand peer support in a sustainable, values-based way. They suggested that the Scottish Government should develop a **10-year peer support blueprint**, co-produced with lived experience leaders, that sets out strategic priorities, workforce targets, and investment commitments to embed peer support in health and social care systems.

2.1 Policy and governance: role design, pay and responsibility

A recurring theme across the roundtables was the need for policy that clearly recognises **peer support as a profession**, not just a "nice to have" supplement to clinical care. Participants rejected the idea that peer support should be offered in entry-level, unpaid, or volunteer-only roles.

> **Stop expecting lived experience to come for free, it's expertise like any other.**
>
> **We're not sidekicks. We need real roles, with real responsibilities.**

They called for the **design of formal, paid roles** with clearly defined remits, parity in decision-making, and alignment with equivalent posts in the NHS and social care workforce. This includes **creating more senior roles** (e.g., posts beyond Band 3 in the NHS or service manager / team leader roles), ensuring opportunities to lead services, supervise peers, and influence organisational culture.

> **There should be a peer support lead in every HSCP, like we have for nursing or social work.**
>
> **Where's the workforce planning for us?**

Policy should acknowledge the **power imbalances** currently embedded in the system, where statutory services hold the budget and status, while peer roles are often ad hoc, precarious and externally funded.

Participants highlighted two key issues: in the NHS, many peer roles are created through short-term "tests of change" or pilot funding, which means they lack the permanence afforded to other roles. Meanwhile, the majority of peer support roles are located in third sector organisations reliant on time-limited grants or commissioned services, leaving them vulnerable to funding cuts, fundraising pressures, and the instability of public sector procurement cycles.

To address these inequalities, participants urged government to set out a comprehensive **workforce development policy**. This should include specific targets for peer worker recruitment, resourcing and infrastructure guarantees, and clear routes for peer leadership to be embedded throughout the mental health system.

> **A mental health workforce plan with targets to employ peer workers (e.g. 500 by 2030).**

Participants highlighted that funding processes often reinforce existing power imbalances. For peer support to grow with integrity, decision-making about funding must involve those with lived experience. TSIs, as local infrastructure bodies, have a critical role to play here ensuring that funding priorities are co-designed and that peer leaders are included on decision-making panels.

> **Funding processes must reflect peer support values, not just fund them. That means building mechanisms for lived experience input at all stages of funding cycles, including assessment, monitoring, and evaluation.**
>
> **If we're not in the room where money is being allocated, we're not really being taken seriously.**

Participants raised concerns that existing impact and performance measures often don't reflect the values and goals of peer practice. There was a clear call for **genuine co-design of impact and performance measurement frameworks**, ensuring that what gets measured aligns with what matters to those delivering and receiving peer support. As one person noted, **"The power is in what's determined as the KPI. Does it fit with peer practice?"**

To ensure meaningful evaluation, participants stressed that key indicators and outcomes must be co-created with peer leaders, rather than imposed by clinical or funder-driven systems. Without this, the risk is peer support being judged by the wrong metrics or distorted to fit institutional targets.

2.2 Training and development: clarity, access, and respecting existing leadership

While there was strong support for more accessible peer learning and development, participants emphasised the importance of investing in peer-designed, peer-delivered training developed and led by those with lived experience, coordinated across the sector, and recognised at a national level.

> **We already have people ready to lead it's not about reinventing training, it's about backing what works.**
>
> **Make it accessible, flexible, co-designed and don't medicalise it.**

There is a desire for better access to practice-based development, such as reflective supervision, peer management training, and progression into leadership or policy work. Training pathways should be **values-based and practical**, allowing people with lived experience to step into peer roles without formal academic qualifications.

At the same time, the report highlights that there are many peer leaders are ready to lead. What is needed is support for their continued growth, networking, and recognition, not a "training-from-scratch" model that overlooks or sidelines existing expertise. Alongside this, there is a need to develop a clear pipeline for emerging peer leaders, creating accessible pathways from frontline roles into leadership, policy, and system change work.

2.3 Job security and career pathways: challenging inequality in the system

Participants spoke frankly about the **inequality in how peer roles are funded, valued, and secured**. Most peer roles currently sit in the third sector, often tied to short-term or project-based grants or in time-limited commissioned services, with little long-term certainty or parity with NHS posts.

> **Other roles in health and social care have structure, pay, stability. Why not us?**
>
> **We're doing the work, but we're not treated like we belong.**

This lack of security limits peer support's growth and undermines its sustainability. In contrast, NHS clinical roles benefit from permanent funding, protected salary scales, and national terms and conditions. Participants pointed out that this imbalance is not accidental, it reflects **systemic choices** about what kinds of support are resourced and legitimised.

To build a viable peer workforce, the public sector must create equal footing for non-clinical roles, especially those grounded in lived experience. This means designing **career progression frameworks** for peer workers, offering **permanent contracts** in statutory services, and building in **leadership ladders** that allow people to advance without having to leave their peer identity behind.

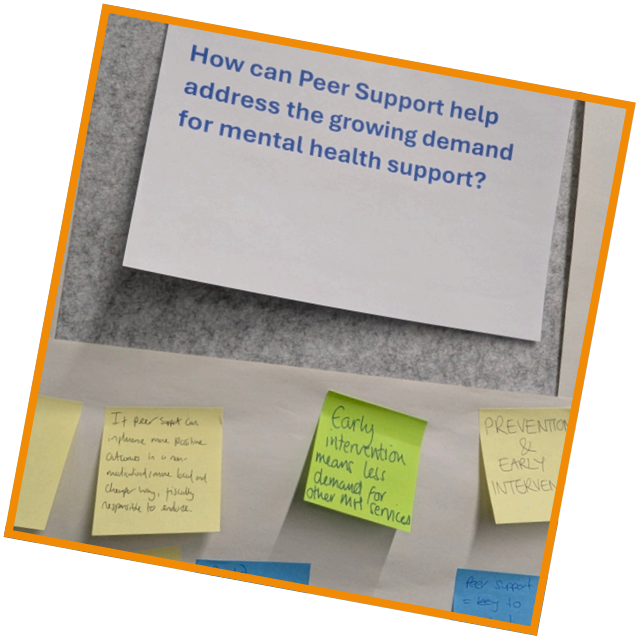
2.4 Embedding equality across systems: not just collaboration, but shared power

Many participants were sceptical about the use of the word "collaboration" without long-term commitment or structural change. They emphasised that peer support will not thrive unless statutory and clinical services treat it as an equal partner, not a secondary service or short-term project.

> **Collaboration without equity just reinforces the same power imbalance.**
>
> **Don't invite us to the table if you're not ready to share the table.**

Instead of short-lived partnerships, what is needed is **joint governance, shared investment, and peer-led input at all levels of service planning**. People asked for clear expectations on statutory services to integrate peer support into their strategies, job planning, and commissioning models.

> **If peer support is part of the system, then the system has to change too.**
>
> **We need systems that value lived experience from the ground up not just on a working group.**



Key themes and insights

3 Policy actions and practical next steps

For practical action, participants highlighted the need for greater collaboration between third sector organisations, the NHS, and Scottish Government to co-create solutions. Targeted campaigns to raise awareness of why peer support were also recommended. Additionally, the creation of regional peer support hubs and alongside a scaled national support networks was seen as a key step in ensuring access and support for both Supporters and those receiving peer support.

The next section of this report sets out specific roles, actions, and practical next steps that can support the development and sustainability of peer support across Scotland. These actions are organised by key stakeholders:

1. The Scottish Government,
2. NHS and Public Sector organisations,
3. Third Sector organisations (including Third Sector Interfaces), and
4. Scottish Recovery Network

Each group has a distinct but complementary role to play in ensuring that peer support becomes a fully integrated, recognised, and valued part of Scotland's mental health landscape.

The recommendations are framed around three core types of action: **what each entity needs to deliver, facilitate, and endorse**. This approach recognises that no single sector or organisation can achieve this vision in isolation.

A **multi-pronged, collaborative strategy** is essential, where responsibilities are shared, and efforts are aligned. The "deliver, facilitate, endorse" framework is designed to provide practical, actionable guidance while encouraging cross-sector leadership and support. By working together through these focused and coordinated efforts, stakeholders can drive forward a sustainable future for peer support that is inclusive, community-driven, and impactful.

Scottish Government

DELIVER:

- **A 10-year national strategy for peer support**, co-designed with lived experience leaders.
- Develop a clear mental health workforce plan with **targets to employ peer workers** (e.g., 500 by 2030)
- **Permanent / Long-term funding** streams for peer support, and peer-led initiatives incorporating it as a key component of the national mental health strategy, creating stable funding streams for peer support in both community-based organisations and statutory services.
- **Lived experience leadership positions** within government and public sector, ensuring meaningful leadership roles and representation in decision-making structures with responsibility and accountabilities.
- **Formalised structures for engaging people with lived experience**, ensuring sustained participation in shaping policies and leading change.
- **Peer Support Working Group** to co-develop policy with lived experience leaders.
- **Targets for Health Boards** to have peer support services available to patients and communities. (e.g., 75% of HSCBs have specific peer support services offered by 2028)
- Scotland's mental health strategy, with **peer support formalised as a core pillar**, ensuring it is fully integrated into service delivery.
- **Legislation or declarations that recognise peer support** as a core component of mental health care across Scotland.

FACILITATE:

- **Support policy integration** by embedding peer support in the NHS and other public services, ensuring it is fully recognised as part of Scotland's mental health infrastructure.
- **Cross-sector collaboration** through backing a formalised national peer support network, linking third sector organisations, NHS, and local authorities.

Scottish Government

ENDORSE:

- **National** standards for the training, peer support service accreditation, and peer support practice, ensuring consistency and quality across the country.
- **A national training and advocacy programme** that raising awareness of the value and purpose of peer support, integrating it into mental health education and professional training.
- **A mandate for NHS Peer Supporter roles** with proper pay, training, progression and integration into teams.
- **Peer-led frameworks** for supervision, training, and workforce development.

NHS and Public Sector organisations

DELIVER:

- **Integration of peer support roles** into NHS teams, GP clinics, and crisis pathways and into all levels of mental health service delivery, ensuring people have access to peer support from the outset.
- **Fair pay, progression routes, and parity** of esteem for peer workers within clinical teams.
- Dedicated **peer support leads** within every HSCP
- **Clear career pathways** for peer workers, offering career progression and opportunities for development [such as Head of Lived Experience or Peer Support Lead] within the NHS, and HSCPs.
- **Peer support services** that are co-designed and delivered by peer support leaders within mental health services. Ensure they are central, rather than supplementary, to essential care.
- **Integrate peer support roles into early access points**, including waiting list systems and pre-assessment care, ensuring people receive timely, person-centred support before clinical interventions begin.

FACILITATE:

- **Organisational training and workplace readiness for NHS staff** in partnership with peer support leaders to enhance understanding and ensure that peer workers are treated as equal partners who jointly deliver mental health services alongside clinical teams.
- **Non-clinical entry points and leadership ladders** for peer workers within public services.
- Safe, supported working environments for peer teams including **supervision, career development, and reflective practice.**

ENDORSE:

- **Lived experience leaders in decision-making bodies** at national and local levels, particularly within Health and Social Care Partnerships.
- Peer support as a distinct profession with **equal value to clinical roles.**
- Community-rooted and **hybrid models of peer support delivery.**

Third Sector Organisations

(including Third Sector Interfaces)

DELIVER:

- **Innovation and research** projects for peer support in mental health by using the freedom of the third sector to quickly set up and/or scale test and learn sites and pilot projects in different diverse community settings across Scotland.
- **Clear career pathways** for peer workers, offering opportunities for progression and leadership in service management, design and policy.
- **Peer support capacity building** working with other organisations to ensure the tools, funding and expertise needed to grow and expand peer support services is available to a wide range of organisations.
- **Actively involve peer leaders and people with lived experience in local service design and funding decision making.** This could include recruiting peer panel members, co-designing funding criteria with peer support values and building capacity for peer involvement in governance processes.

FACILITATE:

- **Peer support networks and local Peer Support Hubs** that offer training, resources, connection to other peer workers, and professional development opportunities with specific focus on rural areas.
- **Connections to community of lived experience, peer workers and leaders** for mental health policy and service commissioning bodies to ensure quality insights are shared with the public sector and in national decision making.
- **Stories, research and examples of leading peer practice** from across Scotland to support those with a lower understanding of peer support to be aware of the value, quality and impact of peer work.
- Relationships with funders and commissioners to **support longer-term sustainability.**

Third Sector organisations

(including Third Sector Interfaces)

ENDORSE:

- The role of **lived experience leadership and peer support as essential components** of community mental health infrastructure.
- **Specific peer support leaders, programmes and organisations** that model quality practice and impact.
- **Shared principles, values, training standards and measurement frameworks** co-developed by peer organisations.
- Peer support as a **leadership pipeline**, not just a service function.
- **Champion the inclusion of lived experience in funding and commissioning processes**, advocating for peer involvement in how resources are allocated, evaluated, and governed.

Scottish Recovery Network

DELIVER:

- **A shared framework for peer support** developing a clear framework outlining core values, concepts, and practices of peer support. Create tools to uphold quality across settings and work with stakeholders to shift outdated narratives around risk and credibility.
- **Best practices by developing, curating and disseminating evidence-based models of peer support** in action, showcasing innovative approaches and successful examples across Scotland and beyond.
- A library of **evidence-based peer support models and case studies** from Scotland and internationally, showcasing what good looks like.
- **Training and capacity building** by sharing Peer2Peer training widely to help organisations deliver high-quality peer support. Offer guidance on embedding peer roles effectively, expand access to practice-based learning, and support training for NHS and third-sector staff.
- **Strengthen peer support networks** by facilitating stronger connections between peer leaders, peer-led groups, third-sector organisations, and public services to create a more cohesive and collaborative peer support movement.
- **Develop and nurture peer leadership** by providing learning and development and collaborative working opportunities.
- **Further research and innovation** by coordinating evaluation and learning around peer support models, influencing policy and funding decisions with lived experience insights and championing Peer Research practice.

FACILITATE:

- **Peer support awareness and advocacy** by facilitating national conversations that highlight the impact of peer support, ensuring lived experience remains central to Scotland's mental health transformation.

Scottish Recovery Network

FACILITATE CONTINUED:

- **The growth and representation of Peer Leadership whilst nurturing existing peer leaders**. Support and grow peer leadership by creating meaningful roles in policy and service development. Amplify peer voices in advocacy and decision-making, and provide ongoing mentorship and support tailored to their needs.
- **Connection to international examples** of peer support bringing global examples and partnerships into Scotland's peer support ecosystem.
- **Embed lived experience in funding decision-making structures**, ensuring peer leaders and people with lived experience have real influence in funding panels and advisory groups not just token consultation. This includes meaningful roles in mental health boards, innovation funds, and grant reviews.
- Co-create **national performance and impact frameworks** with peer leaders, ensuring that KPIs reflect the values and outcomes of peer practice, rather than solely clinical or economic goals.

ENDORSE:

- **Specific peer support leaders, programmes and organisations** that model quality practice and impact.
- **Stories, research and examples of leading peer practice** from across Scotland to support those with a lower understanding of peer support to identify quality and impact.

Get in touch

If you need this information in a different format, please get in touch.

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Habitus Collective

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