

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

Summary Report
April 2024



About this summary report

The Greater Glasgow and Clyde (GG&C) Mental Health Strategy Recovery Work Stream implemented a program to embed Peer Support Working within mental health services in 2020. Eleven Peer Support Workers were employed to provide support to people using services in six Community Mental Health Teams.

An independent evaluation of the program was conducted by Matter of Focus, a mission-led company and certified B Corp.¹ This summary report from that evaluation was developed by Principal Evaluation Consultant, Dr Simon Bradstreet, who led the evaluation.

About Peer Support Working

Peer Support Workers are people with personal experience of mental health issues who are trained to provide support to others. They build relationships, share their experiences to inspire hope, and offer support as equals. Peer support is a non-clinical approach that is valued by many and can be delivered in various settings by employed or volunteer workers. Research on the effectiveness of peer support is limited in part due to the methodological challenges associated with evidencing the impact of relational approaches. Research that has been carried out shows it can reduce hospital readmission and the most promising evidence relates to recovery-linked outcomes.

What we did

The evaluation took place over six months between October 2021 and March 2022. Its aims 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, its distinct contribution to outcomes and what needs to happen to support Peer Support Workers.
3. To share learning and support the progression of the GG&C Peer Support approach.
4. To contribute to the development of a new model of provision that will support the delivery of NHS GG&C five-year Mental Health Strategy.

Initially we ran a series of workshops with project planners and Peer Support Workers to explore the context for the work and to agree an outcome map that shows how change was expected to happen through the programme. This outcome map, which could also be characterised as a theory of change, formed the framework for our evaluation. It included two constituent change pathways:

1. How peer support contributes to improving outcomes for people.
2. The conditions for peer support working in teams.

We completed an audit of available and required data to evaluate the outcome map and pathways. Service information reviewed included information about Peer Worker activities and interventions, referral numbers and appointments, caseload reports, as well as information about Peer Worker training and CPD. Additional primary data collection for the evaluation is described in Table 1.

¹ Access the full evaluation report here: <https://www.matter-of-focus.com/wp-content/uploads/2024/05/NHS-Glasgow-Peer-Support-Report-Final.pdf>

| What we did | Who with | Purpose | Number |
|-------------------------------|---|---|--------|
| Interviews | Service users | To examine how Peer Support contributed to improving outcomes | 7 |
| | Key informants | To explore steps taken to create the conditions for the delivery of the service | 2 |
| Reflective Impact Logs | Peer Support Workers | To explore practice examples and reflections on progress and challenges | 12 |
| Survey | Peer Support Workers | Explore the experiences of Peer Workers in their role | 7 |
| | Wider Community Mental Health Teams staff | Build understanding of staff views and approach to making referrals | 10 |

Table 1. Primary data collected and analysed for the evaluation

How peer support contributed to improving outcomes for people

This feels different – they *get it*

Service users described their relationships with Peer Support Workers as *feeling* different. They commented on the informality and sense of equality in interactions with Peer Workers.



I know she's a peer group worker but it's also having like a friend and she just makes me feel really comfortable"

It was revealing that one person spoke about how refreshing it was to not have to do their hair for an appointment with the Peer Worker because there would be no perceived judgement.

Peer Workers were described as *getting it* because of the overtly shared lived experience.



She's been a massive, massive help. It's so good to have somebody, especially somebody who's been through the trauma, who... who understands, who talks to me in a way that's not like 'do this, do this, do this.'"

Peer relationships provided the foundation for exploration

Importantly, we saw evidence that people were able to build on strong initial connections with Peer Workers to explore new possibilities in their own lives: *"It just makes me realize that I can do what I'm aiming to do because at least I look at her and I see like, yeah, you can do it."*

Despite the restrictions of COVID 19, Peer Workers helped people become more engaged in their communities, contributing to reduced isolation. Whether it be getting out more, joining a gym or going to college, people connected these new activities to their interactions with Peer Workers who were characterised as being alongside them. Peer Workers were able to build trusting relationships that helped people explore opportunity in a way that *felt* different.

We also saw evidence that people were able to build confidence and a sense of value through connecting with the service.

“

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.”

Some people described being surprised that Peer Working existed at all and took inspiration from this. Recognising that *“they can still have your good and your bad days”*, while still being a mental health worker, had allowed people using the service to reconsider their own recovery and their future possibilities: *Given me hope that I could maybe do a similar job in the future.*

Peer Workers helped with goal setting and self-management

Many of the techniques employed by Peer Workers helped people develop coping and self-management skills. These included supporting self-care techniques, identifying and managing mental health needs, improving routine and helping people engage in activities such as crafting, mindfulness and meditation. There was evidence that some service users were able to gain a sense of purpose and future focus through these techniques.

We saw many examples of the use of goal setting, the structured use of wellness planning and of Peer Workers sharing coping and self-management techniques. All in, these provided a sense of intentionality and purpose to peer interactions.

“

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

There may have been a de-stigmatising effect

Some people felt more able to discuss mental health with their family and friends as a result of time spent with Peer Workers. There was some evidence to suggest that the availability of peer support had helped them normalise and destigmatise mental health experiences and gain voice. Within this Peer Workers assumed a supportive and encouraging role, was described by one service user as *“holding my hand.”*

“

My PSW never pressed me she always guided or encouraged me...”

Peer Support is not a panacea

Some people spoke so passionately about their experience of having a Peer Support Worker that they planned to make a formal complaint if it were to be withdrawn. For many it was too early in their experience to assess its impact but we also we heard from one person whose preference was to speak with a “real professional.”

While this and other evaluations suggest that peer support has a unique and important role to play within mental health service provision, particularly in relation to recovery outcomes, it is not a panacea. Identifying who is likely to be open to, and to benefit from, peer approaches is an important consideration.

How well were the conditions for peer support working developed

This pilot was carefully planned and supported

From evidence we reviewed it was clear that NHS Greater Glasgow and Clyde had invested considerable time and money to create the conditions for successful Peer Working in this Test of Change. This included employing an Operational Manager, with experience of peer role development, to coordinate the pilot and taking time to arise awareness in participating teams.

Peer Support Workers gained new skills and knowledge

We found reasonable evidence to suggest that Peer Workers were confident in their role, it's purpose and practices. Peer Workers were well trained with access to a variety of peer and recovery-oriented training and a Peer Learning Network. The diverse organisations involved in delivering training and in supporting the project more widely was also testament to a commitment to partnership working.

Most Peer Support Workers generally felt included and supported

From survey responses, most Peer Support Workers felt reasonably supported and valued in their role. Common supportive factors included team colleagues valuing the role positive working relationships amongst Peer Workers across teams, Peer Support Supervisors and the Test of Change Coordinator.

Some reported not feeling welcomed by some colleagues who they perceived as being more resistant to change.

Wider staff survey responses suggested a good understanding of the Peer Support Worker role but the limited sample would suggest caution in the interpretation of this data. We were also unable to comment on whether attitudes changed within teams as a result of the pilot.

Efforts to direct people to the service helped

A process was developed to triage referrals to the Peer Support Workers. This helped ensure that those most likely to benefit from the approach were identified and carefully matched with Peer Workers.

When staff were asked about the benefits of referrals to Peer Support, common responses included; positive joint working, service users feeling understood, opportunity to build rapport, service users' confidence, reduce anxiety and goal setting. And, as one respondent simply put it: *“Patients really benefit from feeling that there is someone who can relate to them.”* The very presence of Peer Workers in the team was also described as being motivating for people receiving services.

What we conclude

Our analysis of available evidence suggested that this Test of Change was a success. In complementing existing teams, Peer Support was experienced as new and different by people receiving services. We saw evidence that having a Peer Worker helped people to feel a sense of trust and from that build towards and explore new recovery opportunities.

We found good evidence that Peer Support Working usefully supplemented existing provision with unique skills and practices with shared lived experiences central. This suggests there are grounds for its inclusion within multi-disciplinary community teams. This is in line with known demand for peer approaches, policy direction and the developing evidence for its unique contribution to recovery outcomes.

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 would need to continue in future developments.

Acknowledgements

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