Evaluation of the Peer Support Test of Change

East Renfrewshire Health and Social Care Partnership

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Matter of Focus

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EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

Matter of Focus
Evidence. Action. Change.

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.

Acknowledgements

We would like to acknowledge the East Renfrewshire Health and Social Care Partnership for commissioning this evaluation, in particular the consistent and enthusiastic support of Tracy Butler and Cindy Wallis. We would also like to thank Penumbra for their commitment to, and support for, the completion of this evaluation, most notably Natalya Fineron and Lucy Macpherson. Finally, we would like to acknowledge the support of past and present members of the wider Matter of Focus team who have contributed to this project.

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BACKGROUND

About this work

East Renfrewshire Health and Social Care Partnership (HSCP) is committed to embedding peer support for recovery within statutory services - for individuals with harmful alcohol and / or drug use, and individuals with mental health issues. The HSCP wishes to achieve positive outcomes for people in recovery by exploring the extent and potential for people with lived experience to work alongside people in recovery and those with clinical experience.

In addictions services considerable work has been done to develop a recovery-oriented pathway to improve outcomes. Embedding peer support will play a significant and important part in enhancing and complementing this pathway. As part of NHS Greater Glasgow & Clyde's Five-Year Mental Health Strategy, peer support is viewed as a key building block for improving outcomes and East Renfrewshire is now in a position to embed this into their local services.

East Renfrewshire HSCP is keen to develop a model of peer support across its mental health and addictions services that works both for people who could benefit and for teams delivering services locally, including third sector partners, RAMH and RCA Trust. The HSCP has commissioned Penumbra to develop and deliver the Peer Support Service in East Renfrewshire. This will be the first service in East Renfrewshire operating jointly across alcohol and drugs and mental health, recognising that peer support for recovery has the potential to be effective in both settings.

Aims and objectives

In February 2020, East Renfrewshire HSCP commissioned Matter of Focus to conduct an evaluation of the Peer Support Service programme. This pilot was set up with the central aim of testing the programme with people already engaged with the Adult Community Mental Health and Addictions Services to understand the potential impact of this approach to improve or maintain outcomes.

Given the complexity of the pilot and the context in which the work is being undertaken, it was agreed that contribution analysis[1] would be used for the evaluation. This theory-based approach to evaluation involves two main stages. The first stage involves working collaboratively with key stakeholders to map the ways in which the pilot contributes to the intended outcomes and the ways in which this is supported or hindered by a wide range of contextual factors. In the second stage, the logic is then tested in the evaluation through various forms of data collection with participants and other stakeholders.

[1] Bradstreet, S. (2006) 'Harnessing the "Lived Experience": Formalising Peer Support Approaches to Promote Recovery', *Mental Health Review Journal*, 11(2), pp. 33–37. doi: 10.1108/13619322200600019.

Aims:

1. To support the collaborative development of the Peer Support Service in East Renfrewshire
2. To review the background literature to strengthen the rationale for the Peer Support Service
3. To provide contextual analysis of any barriers and enablers for a Peer Support Service
4. To design and deliver an evaluation which would show the emerging impacts of the Peer Support Service, for individuals and for the wider service environment
5. To support the embedding of outcome-based reporting through OutNav in Penumbra and the East Renfrewshire HSCP
6. To share learning and support ongoing development of the Peer Support Service

Context for delivery

What can we learn from the evidence base on peer support working?

A recovery-oriented practice is one that is holistic and assumes the position that an individual's recovery is a journey or process rather than a clinical outcome. It supports improving quality of life rather than necessarily achieving an end of symptoms. Employing people with lived experiences of recovery to work as peer support workers in support of other people in receipt of services has long been recognised as being a preferred means of realising recovery principles.[2]

Peer support works alongside other kinds of services, supports and people's own self-management practices: "whereby their expertise, garnered through their lived experience, is given enhanced recognition and self-management is encouraged".[3] Peer support can be part of a range of recovery-oriented supports to "provide a multi-faceted support at all points; before, during, after and, where appropriate, instead of formal treatment and care services."[4] As such, peer workers have been described as occupying a liminal space, somewhere between formal services and the people who use them.[5]

[2] Bradstreet, S. (2006) 'Harnessing the "Lived Experience": Formalising Peer Support Approaches to Promote Recovery', *Mental Health Review Journal*, 11(2), pp. 33–37. doi: 10.1108/13619322200600019.
[3] 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.
[4] Rome, A. (2019) Independent Review of the Glasgow Recovery Communities. Available at: https://www.glasgow.gov.uk/CHttpHandler.ashx?id=46671&p=0.
[5] Gillard, S. (2019) 'Peer support in mental health services: where is the research taking us, and do we want to go there?', *Journal of Mental Health*, 28(4), pp. 341–344. doi: 10.1080/09638237.2019.1608935.

Important to peer support working is adherence to an agreed values base. One widely cited set of values[6] suggests peer support working should be characterised by:

- relationships based on shared lived experience
- reciprocity and mutuality
- validating experiential knowledge
- leadership, choice and control
- discovering strengths and making connections.

However, maintaining the peer-led ethos can be a challenge in some contexts, particularly if the value base or organisational culture is more professionalised, standardised, and clinically oriented.[7] Role clarity,[8] good quality training and sensitive supervision[9] have also been shown to be important considerations in supporting and satisfying effective peer working.

While systematic reviews to date suggest limited evidence for the effectiveness of peer approaches in improving clinical outcomes,[10] [11] it is noteworthy that reviews of broader peer-support literature suggest improved outcomes linked to recovery domains as well as treatment engagement and stigma reduction.[12] [13] [14] Additionally, the largest clinical trial in the UK to date showed peer supported self-management to be effective in reducing psychiatric hospital readmissions.[15]

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[6] Gillard, S. et al. (2017) 'Describing a principles-based approach to developing and evaluating peer worker roles as peer support moves into mainstream mental health services', *Mental Health and Social Inclusion*, 21(3), pp. 133–143. doi: 10.1108/MHSI-03-2017-0016.
[7] Gillard, S. et al. (2017) 'Describing a principles-based approach to developing and evaluating peer worker roles as peer support moves into mainstream mental health services', Mental Health and Social Inclusion, 21(3), pp. 133–143. doi: 10.1108/MHSI-03-2017-0016.
[8] Mancini, M. A. (2018) 'An Exploration of Factors that Effect the Implementation of Peer Support Services in Community Mental Health Settings', *Community Mental Health Journal*, 54(2), pp. 127–137. doi: 10.1007/s10597-017-0145-4.
[9] Simpson, A. et al. (2014) 'Evaluating the selection, training, and support of peer support workers in the United Kingdom ', *Journal of psychosocial nursing and mental health services*, 52(1). Doi: 10.3928/02793695-20131126-03.
[10] 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.
[11] 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.
[12] King, A. J. and Simmons, M. B. (2018) 'A Systematic Review of the Attributes and Outcomes of Peer Work and Guidelines for Reporting Studies of Peer Interventions', *Psychiatric services* (Washington, D.C.), 69(9), pp. 961–977. doi: 10.1176/appi.ps.201700564.
[13] Mahlke, C. I. et al. (2017) 'Effectiveness of one-to-one peer support for patients with severe mental illness – a randomised controlled trial', *European Psychiatry*, 42, pp. 103–110. doi: 10.1016/j.eurpsy.2016.12.007.
[14] Repper, J. and Carter, T. (2011) 'A review of the literature on peer support in mental health services', *Journal of Mental Health*, 20(4), pp. 392–411. doi: 10.3109/09638237.2011.583947.
[15] 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.

The East Renfrewshire Peer Service team

The East Renfrewshire Peer Service, operated by Penumbra, is delivered by a recovery team that includes an area manager, a support manager, and two whole time equivalent peer workers who work with mental health and addiction teams. An area manager is responsible for ensuring that the service adheres to Health and Social Care Standards, complies with the terms of the contract and to all relevant regulation and legislation. The support manager is the main liaison for service delivery, attending planning meetings, and ensuring that the service meets the needs of wider teams in the HSCP. The manager will support the Recovery Team to retain an ethos and approach that is values-based and recovery focused.

Approach to service delivery

Penumbra peer support workers provide one to one support that is focused on enabling people to work towards personal outcomes, often using their own lived experiences, demonstrating that recovery is possible. While there were initially some face-to-face contacts, phone calls are now the primary mode of contact due to Covid-19 restrictions.

Support can be practical, emotional, and or social and focuses on those areas that it is agreed will make the most difference. Conversations are structured using the GROW model, that is, Goal, Reality, Options, and Way Forward. This is described as focusing on enabling people to live full lives, and achieve their goals through developing skills, confidence and opportunities that promote recovery and inclusion.

All of Penumbra's support staff use the Individual Recovery Outcomes Counter (I.ROC), which is an outcome measurement tool developed and validated by the organisation. I.ROC consists of three indicators for each of the four areas of HOPE (Home, Opportunity, People, Empowerment), that form the basis of Penumbra's model of wellbeing.

I.ROC is used by peer workers to help guide and inform work with peers and, through reviews, as a measure of progress and areas for action. Depending on individual goals and outcomes, people may be signposted to other agencies such as literacy support, welfare/citizens' rights, employment or educational support, volunteering opportunities, as well as other community resources to foster a culture of inclusivity and hope for the future.

Peer workers may also deliver group support in the form of time-limited wellbeing workshops, known as POWWOWs. These focus on particular areas of recovery and wellbeing e.g., Wellness Recovery Action Planning (WRAP), Living Life to the Full, building confidence, coping with addictions, community connecting, managing emotions, managing money and Ready Steady Work.

Peer workers have regular support and supervision to ensure the service is recovery focused and retains the principles of peer working. In addition to supporting people individually and collectively with recovery planning, time is taken to support peer workers' own recovery and wellbeing. Regular team meetings and an extensive training program delivered by Penumbra's Learning and Development Team and the Scottish Recovery Network ensure ongoing reflective practice and continuous learning.

Methodological Approach

The work shown in this report has been carried out using the Matter of Focus approach. The Matter of Focus approach is a theory-based approach to outcome monitoring and evaluation, learning, and improvement that builds on contribution analysis.[16] In using the approach, we have gone through the following logical and structured process:

- Developing a theory of change for the project informed by an understanding of the context in which it operates.
- Agreeing an outcome map that shows how we think activities contribute to outcomes, and what needs to be in place to make this happen.
- Identifying clear change mechanisms by which the programme works; these are shown in pathways.
- Developing a plan to gather data to understand progress towards intended outcomes. This includes integrating existing and routine data and information, as well as capturing new data specifically for this purpose.
- 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 stones to tell the contribution story.
- Phone interviews with a number of stakeholders, which were conducted in February and March 2020 to (a) develop an understanding of existing services offered by the HSCP, (b) determine what stakeholders understood about peer support work and (c) how the programme might interact with wider existing services.
- A scoping literature review to understand the key concepts, definitions and theoretical underpinnings of what peer support is and how a peer support service may operate.
- A context analysis workshop conducted in June 2020 with members of the HSCP, Penumbra and other stakeholders. This workshop explored the context for delivering the new service and also impact of the Covid-19 pandemic on pre-existing HSCP services.
- Phone interviews with people who have accessed mental health services and support in East Renfrewshire to develop an understanding of (a) what peer support could offer in addition to these services and (b) what would help or hinder people in accessing a Peer Support Service.
- Outcome mapping workshops with staff from the HSCP and Penumbra including recovery workers with lived experience and other stakeholders, to determine the

[16] Mayne, J. (2008) 'Contribution analysis: an approach to exploring cause and effect', *Institutional Learning and Change Brief*, pp. 1–4. Available at: https://www.betterevaluation.org/en/resources/guides/contribution_analysis/ilac_brief

outcomes for the Peer Support Service as well as the activities needed to achieve those outcomes.

- Two data audit workshops to understand the data, feedback and evidence needed to understand the difference that the service made to people.
- Four interviews with people accessing the Peer Support Service.
- 18 reflective impact logs by peer workers reflecting on individuals accessing the service.
- Two focus groups with practitioners referring into the Peer Support Service.
- Collective analysis sessions with East Renfrewshire HSCP and Penumbra staff.

Following the presentation of an interim report to the Integration Joint Board (IJB) of the HSCP in March 2021 it was agreed to undertake a further review of progress and to update or supplement data for final reporting. Additional data and information reviewed at that stage included:

- Updated data from the I.ROC outcome system, including follow-up I.ROC data for a number of service recipients which allowed for the analysis of outcomes agreed at the start of service use.
- Feedback from one group-based recovery and wellbeing session (POWWOW).
- Further feedback from the HSCP, gathered via an interview with a planner in the HSCP and limited wider staff feedback. The interview included a focus on the rationale for the extension and expansion of the service, which happened following the delivery of the interim evaluation report.
- Updated information on service usage, the characteristics of service recipients and referral sources.
- Case note review for eight people who had used the service. Both peer workers completed four reviews using an agreed data extraction tool. Peer workers were also asked to identify the use of tools and resources recommended during contacts with people using the service.

The analysis for this final report is based on data gathered in both stages of the evaluation. This final report therefore represents a synthesis of all of the methods and sources of data described above.

OUR RISKS AND ASSUMPTIONS

Risks

- There is an over reliance upon champions for referrals.
- Tools and resources that were designed for face to face working are harder to use because of Covid-19 restrictions.
- People being referred, or those making referrals, don't know what peer support is or what it can offer
- The Covid-19 pandemic exacerbates problems and health issues for people accessing support increasing complexity.
- Supporting people over the phone (due to Covid-19 restrictions) does not meet people's needs.
- Communication between the HSCP and Penumbra does not meet information needs of one or both parties.

Assumptions

- Peer workers are supported by Penumbra and the HSCP.
- People with lived experience will be involved in decision making around their own care and support.
- Peer support models meaningful relationships and supports people to work on strengthening and expanding their own relationships.
- People get the right support at the right time in their recovery journey.
- Important and necessary perspectives are included in the development of peer support service.
- East Renfrewshire is recovery focused and working to reduce stigma around mental health and harmful alcohol and or drug use.
- When ready, the HSCP and service support people to plan a positive exit from formal supports.
- People are open to recovery, which is understood as the realisation of a meaningful life in the presence or absence of symptoms.
- People who can benefit from peer support get access to the service.

Pathway progress

What we do

Identify people who could benefit from peer support and refer them to the service
Progress: Great
Confidence: High

Have conversations with people about what matters to them, their needs, strengths and how peer support can help
Progress: Great
Confidence: High

Support people individually and with group work
Progress: Some
Confidence: High

Collaborative service design with relevant stakeholders
Progress: Great
Confidence: High

Who with

Individuals requiring peer support
Progress: Great
Confidence: Some

Partners and HSCP staff
Progress: Great
Confidence: High

Peer workers
Progress: Great
Confidence: High

How they feel

Supported, trusting and willing to engage
Progress: Great
Confidence: High

What they learn and gain

People using the service know what matters to them and how peer support can help
Progress: Great
Confidence: High

Increased confidence and self-belief
Progress: Great
Confidence: Some

The HSCP gains greater understanding of peer support and how it complements other services
Progress: Great
Confidence: Some

What they do differently

Use tools and knowledge gained to support goals
Progress: Great
Confidence: High

The HSCP embeds peer support as part of formal services
Progress: Some
Confidence: Some

What difference does this make?

People move forward in their recovery and their quality of life is improved
Progress: Some
Confidence: Some

Peer support brings an additional and complementary support for individuals
Progress: Great
Confidence: High

DEVELOPING AND PILOTING A PEER SUPPORT MODEL

Detailed findings

What we do

Highlights

- In a six-month period, the peer workers delivered 196 appointments to 25 people. The average number of appointments was 12, showing that once engaged, people tended to sustain their engagement.
- The decision to work with Penumbra, as experts in supporting recovery and peer-based approaches, helped build trust in the project and equipped and supported the peer workers.
- We saw evidence of strong relationship between people in receipt of the service and peer workers. Relationships were often built upon lighter touch and informal conversations, which set the conditions for a high degree of trust and mutuality which in turn supported change. This relational practice emerged as a 'golden thread' across our analysis, helping to explain why this way of working was experienced so positively by those using the service.
- Collaboration in service design and the network of service champions were important features of this work.

Identify people who could benefit from peer support and refer them to the service

Progress: **Great**

Confidence in Evidence: **High**

The first referral to the Peer Support Service was made in September 2020. The service was considered at full capacity with 25 individuals accessing support by December 2020. As of February 24th, 2021, there were six people on the waiting list. At the end of June 2021, 28 people were being supported by the service, ten people were on the waiting list and four had exited the service. Figure 1 below demonstrates the flow of people into and out of the service at two time points.

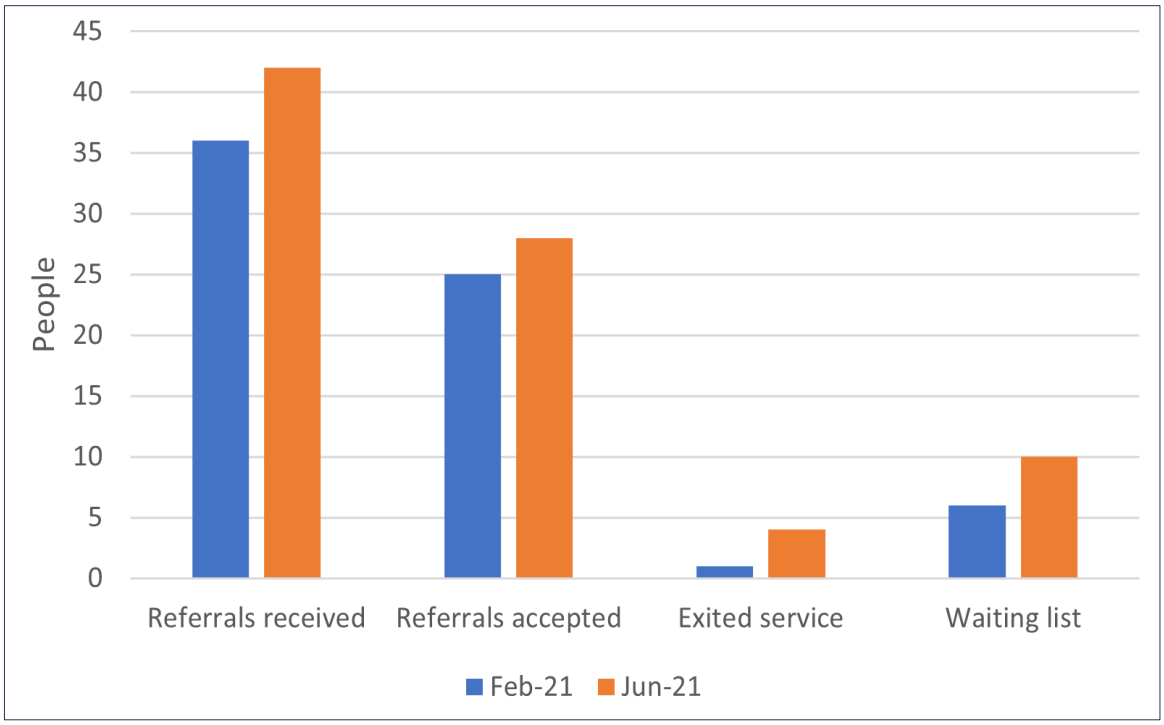

Figure 1 Flow of people into and out of the service

While the service has been at full capacity since December 2020, it has worked to keep the time between initial referral and contact with the peer worker as low as possible. The average time between referral and access to the service in February 2021 was 27 days but as demand has increased this has risen to an average of 40 days in June 2021.

Have conversations with people about what matters to them, their needs, strengths and how peer support can help

Progress: **Great**

Confidence in Evidence: **High**

Penumbra is one of Scotland's largest mental health charities and has significant experience of delivering peer work in locality-based recovery teams across Scotland. The organisation developed the first peer worker service in Scotland and brings a strong understanding of recovery, robust evidence-based recovery tools to measure outcomes and an inclusive approach where peer workers and individuals who use services influence the development of services. We saw evidence that peer workers work with people to:

- create a peer relationship built on mutual respect and empowerment
- provide support, a safe space, motivation, and structure for people

- promote recovery and strengths-based approach
- use tools such as I.ROC and the HOPE toolkit to help people to evaluate their lives and create positive changes for themselves.

At the centre of the Peer Support Service is a recovery-orientated practice that is holistic and assumes that an individual's recovery is a process rather than a clinical outcome. This is underpinned by the HOPE model developed by Penumbra. Figure 2 shows the four domains of the HOPE model and the respective I.ROC indicators which are discussed with people entering the service and then reviewed at a later date. The use of these and other well developed and tested recovery tools provides a good degree of confidence that people in receipt of the service are able to take part in meaningful conversations about their needs, wellbeing, and recovery.

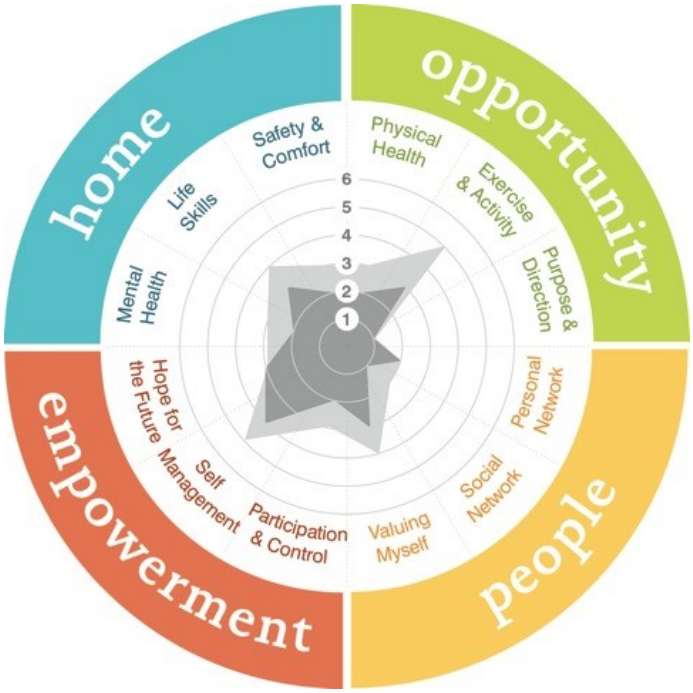

Figure 2 The Penumbra HOPE model with associated I.ROC indicators shown in the centre

"Peer support is a chance to just have a chat. We have shared podcasts/hobbies/tv show recommendations with each other" Reflective Impact Log 14

"Someone to have conversations about 'light' topics as this is something the client does not have" Reflective Impact Log 3

Support people individually and with group work

Progress: **Great**

Confidence in Evidence: **High**

We explored data in relation to engagement with the service to review progress against this stepping stone. We found that the majority of people accessing the service had been consistent in their engagement, having regular phone calls with the peer workers. From evidence we reviewed, call lengths varied from as little as five minutes to an hour and a half. Frequency of calls varied from twice a week, to weekly, to every ten days or two weeks; it was most common to have weekly calls. Less frequent contact was due to people having busier lives or the need to balance with other supports in their lives. Higher frequency (e.g., twice a week) was unusual, and based on agreement with wider care and support teams. Four people have exited from the service: one because they felt they had achieved their goals; one person had moved out of the area and two people no longer wished to receive support from the service.

Between launching in September 2020 and the interim reporting period of February 2021, peer workers had delivered 196 appointments to 25 people. When considering the entire report period (up to June 2021), appointment data was only available for one of the peer workers. The following is therefore only representative of the activity of one member of the team. This showed that they had 185 appointments attended with 25 people. This means an average of 12 appointments per person for that peer worker. 61 appointments were not kept for that peer worker (25%). This rate of non-attendance may be explained in part as a result of the switch to phone-based support for Covid-19 reasons.

A few people have found it challenging to have regular engagement. However, barriers for engagement seemed less to do with the service, and more to do with personal reasons such as feeling unable to answer the phone or having caring responsibilities.

All in all, based on the evidence we reviewed about the complex and challenging lives of the majority of people using this service, we believe these engagement figures provide good evidence of the acceptability of the individual peer support offered.

> For most people the phone calls and remote way of meeting is affecting them as they want to be getting out and about." Peer Worker 2

The Covid-19 pandemic has also negatively affected plans to deliver regular group-based sessions in the form of POWWOWs. At the time of reporting just one group session, on the importance of sleep, had been delivered and from feedback reviewed this had been very well received by participants, despite some initial reticence about the group format. In the words of one participant: "I attended the POWWOW group on Zoom. I hope there are further things like that. I was anxious beforehand, but it was a positive experience, and I became less anxious quickly." There was also evidence that peers had shared experiences in the group and benefited as a result. Given the interest in further groups and wider evidence for the benefits of peer-group interventions, for example with Wellness Recovery Action Planning (WRAP) groups,[17] further work to extend group delivery is rightfully under consideration at the time of reporting.

Collaborative service design with relevant stakeholders

Progress: **Great**

Confidence in Evidence: **High**

East Renfrewshire HSCP has taken a collaborative approach to the design of the Peer Support Service, working closely with commissioned partner Penumbra, practitioners within the HSCP who might refer into the service, and other providers of mental health services and supports: RAMH and RCA Trust. Much of this process was facilitated by Matter of Focus, the evaluation partner for this work.

This collaboration has taken three forms:

- Interviews with stakeholders to understand the service landscape and aspirations for a peer support service
- Workshops to define a theory of change for the Peer Support Service
- Service champions who have raised awareness about the service and been a key point of contact as the service developed and was evaluated.

Initial research was conducted by Matter of Focus with stakeholders in February and March 2020 as the service was being set up to determine (a) what stakeholders understood about peer support and (b) how the programme might interact with existing services.

Stakeholders were invited to attend a series of workshops to collaboratively define the theory of change for the Peer Support Service, outlining together what the service could offer, how it

[17] Cook, J. A. et al. (2012) 'Results of a randomized controlled trial of mental illness self-management using Wellness Recovery Action Planning', *Schizophrenia bulletin*, 38(4), pp. 881–891. doi: 10.1093/schbul/sbr012.

would work, who would be engaged and the outcomes that were expected for people accessing support as well as the wider service landscape in East Renfrewshire. The workshops included:

- A context analysis workshop conducted in June 2020 with members of the HSCP, Penumbra and other stakeholders for the Peer Support Service. This workshop explored the unique impact of the Covid-19 pandemic on the context in which the pre-existing services of the HSCP had been affected.
- Three workshops with staff from the HSCP, Penumbra and other stakeholders to determine the outcomes for the Peer Support Service as well as the activities that are needed to achieve those outcomes. These workshops defined the steps needed to make progress towards these outcomes, the challenges, and enablers for a successful service, as well as the evidence needed for the evaluation.

The screenshots on the following pages give a flavour of the online workshops and the collaborative ethos adopted. For example, different coloured sticky notes reflect the different perspectives of stakeholders. Feedback from participants in these workshops highlighted that stakeholders' felt positively about peer support and valued having an evaluation process run alongside the development of the service.

Figure 3 Early iteration of the current outcome map - developed collaboratively during one of the three virtual outcome mapping sessions.

An important consideration when developing a theory of change for a service is the voice of lived experience and the aspirations of people who might access this kind of support. Five phone interviews with people who have accessed mental health services and support in East Renfrewshire were conducted in August 2020. These interviews aimed to (a) understand what peer support can offer in addition to other services and (b) what would help or hinder people in accessing a peer support service.

Following on from these workshops, stakeholders from the HSCP, RCA Trust and RAMH were invited to act as 'champions' for the service within their teams and organisations. The champion model is another important aspect of the collaborative approach to service development. The value of these champions is particularly clear to one manager in the HSCP, who noted: "It's been so lucky that we have had the champions we have had to show the benefits of peer support" (Manager 1). The value of the champion role was echoed by champions themselves who observed: "There's a lot more chat and conversations about it and it seems like more people are considering it. People bring it up at meetings as potential option for certain individuals" (Practitioner 3).

Who with

Highlights

- The Peer Support Service was delivered by two peer workers with experience of mental health issues and recovery; their role has been pivotal to design, delivery and evaluation of the service.
- People are typically referred to the service because of isolation, mental ill-health, anxiety, depression and low mood.
- The service has received referrals from a range of sources such as Adult Mental Health Teams (including psychiatrists), Community Addictions Teams and voluntary sector partners.

Individuals requiring peer support

Progress: **Great**

Confidence in Evidence: **Some**

An analysis of the referral information shows a set of common issues that people might address through peer support. Social isolation is the leading issue that referrers felt peer support could help address. Mental ill health and anxiety, depression and low mood were also amongst the top issues that referrers have identified for people needing support. Beyond these three issues, referral information showed that priority issues for people also included: additional support for the recovery journey, rebuilding confidence and support with past trauma, recent difficult experience or challenging relationships. Three referrals highlighted that people had benefitted from peer support in the past, which is a promising indication of its value.

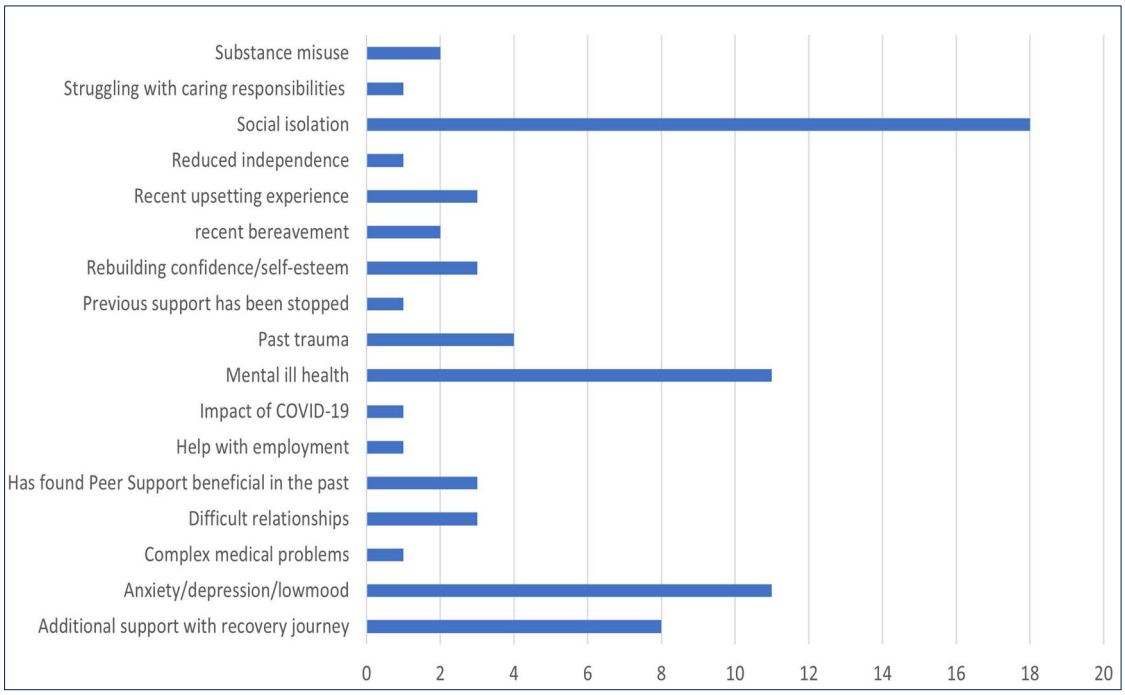

Figure 5 Number of times a particular need was mentioned across 25 referrals

The I.ROC tool is used at the beginning of a person's engagement with Penumbra and again at key points in the recovery journey (Figure 6). A score of 1 expresses a feeling of low progress and a score of 6 a high level of progress. Baseline information from initial I.ROC assessments shows that people self-identified the following areas as having the four lowest scores (meaning that people are needing support with these areas): social networks (1.4), hope for the future (2.22), valuing myself (2.11) and mental health (2.36). These self-identified issues fit with the referral information which also identified the need to address social isolation and help with rebuilding confidence.

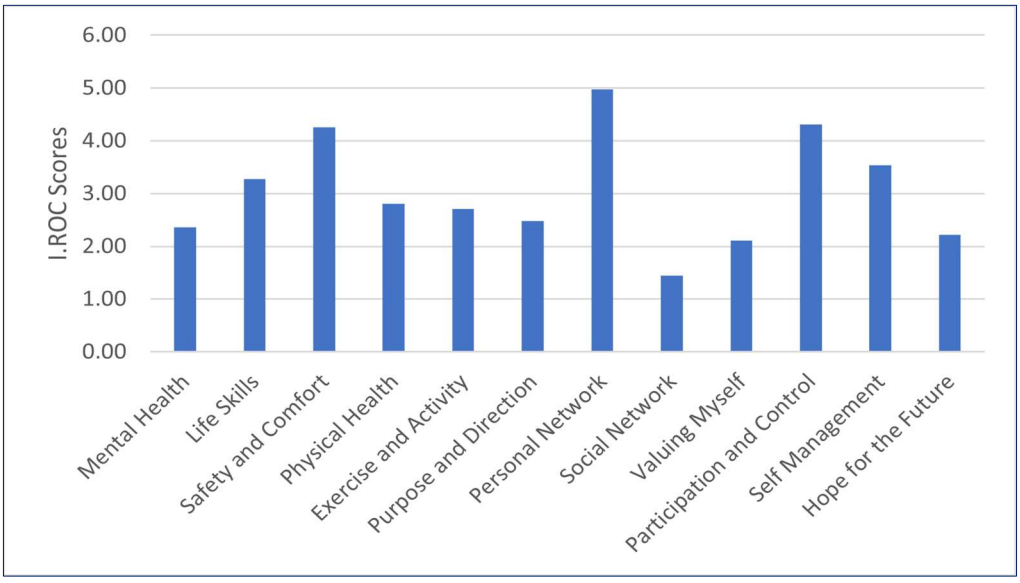

Figure 6 I.ROC scores at point of service access

Follow-up I.ROC assessments were available for a subset of people who have used the service and are reported elsewhere in this report.

Demographic data for people using the service suggests a strong bias towards female service users (83%). We do not have sufficient data to make any kind of judgement as to why this is the case, but it is notable, not least because of the relatively even gender split in wider adult services. Additional work may be required to better understand male needs in relation to the service and how they might best be addressed.

Partners and HSCP staff

Progress: **Great**

Confidence in Evidence: **High**

There has been very positive engagement with the Peer Support Service by both partners and HSCP staff, not least evidenced by the breadth of referrals to the service. Referrals have been received from HSCP Adult Mental Health Teams (67%), Community Addictions Teams (14%) as well as from voluntary sector partners RCA Trust (2%) and RAMH (17%). Of the referrals from the Adult Mental Health Team, it is notable that 16 (57%) were made by psychiatrists, with one psychiatrist responsible for 13 of them. This compares, for example, to just over a quarter of referrals having been made by community psychiatric nurses.

Feedback from the Peer Support Service suggests that a central enabler has been the leadership and 'championing' by senior members of staff in wider teams who have supported the development of the service, raised awareness about the service offer and worked to identify and refer individuals who would benefit into the Peer Support Service. Several staff from the HSCP's Community Addictions Service, Adult Mental Health Teams, RCA Trust and RAMH acted as service 'champions' for the Peer Support Service. These champions shared information about the service, attended workshops to support its design and development and were on hand to answer questions from their teams about peer support. They also participated in focus groups and interviews as part of this evaluation.

Feedback from people making referrals has suggested that it was easy to identify people that they felt would most benefit from the Peer Support Service. For example, one practitioner said that she has recommend it for "people with a limited support network so could benefit most" (Practitioner 2). Conversely one practitioner suggested that while isolation was a reason to refer people, social anxiety could prevent people from engaging with the service: "I offered it to a lady recently and she turned it down as she has very severe social phobia, so the idea of meeting with a stranger, even someone who has had similar problems, was too much."

The main challenge for identifying and referring people seems to be the limitations to social contact due to the Covid-19 pandemic. Some practitioners voiced concerns about the use of the phone as a primary mode of contact: "the phone stuff can be very off-putting for people ... it's

difficult to make connections over the phone. For example, [the peer worker] met a client a few times in person and this has really helped building a relationship" (Practitioner 2).

Wider staff have been very positive about the referral process, both in terms of the ease of referral as well as the uptake. Interviews and focus groups with staff members suggest that staff feel very comfortable with the referral process: "It was fairly easy to do this – directed where to send referrals and no issues" (Practitioner 1). Similar comments were made by other practitioners: "The process was quite simple - just had to fill in form and then send over email. The guidance notes have made the process quite easy and that overall, they found whole process was very straightforward and easy" (Practitioner 3).

Peer workers

Progress: **Great**

Confidence in Evidence: **High**

The first peer worker started taking referrals in September 2020 and the second in December 2020. In the intervening period, additional capacity was offered by Penumbra from other parts of its Scottish service to meet demand in East Renfrewshire. By December 2020 (three months into the service being active), there were two full-time peer workers. The second peer worker started taking referrals within a few weeks of coming into post.

Both peer workers have lived experience of mental health issues and recovery, which they bring to their professional role as peers supporting others in the recovery journey. As the following quotes highlight, both existing workers see these experiences as critical to their role.

> Mental health has been an area I've been passionate about for the entirety of my adult life. As such, when me and some friends noticed a gap in support at our university, we co-founded a mental health society to raise awareness amongst our peers and to signpost people to resources. Nothing has been as helpful to me as being in a room full of people who understand what having mental health issues is like." Peer Worker 1

> Recovery happened for me over a long number of years and my anxiety and depression is still something I have to work on but today I am a peer support worker who has managed to take the most negative experiences I have gone through and turn their outcomes into skills and knowledge which I can use to support others. Something about using my 'worst' qualities to have a successful career is completely cathartic to me- the perception of how I see my mental health has been turned on its head." Peer Worker 2

The extension of the service means an additional peer worker has been recruited. This brings with it the opportunity to assess whether the fit of people using the service with peer workers is a good one and whether there is a need to recruit based on specific characteristics or experiences. For example, there could be an argument for employing a male worker to allow for the targeting of men, given the potential bias towards female service users.

The peer workers have played a vital role in developing, delivering and evaluating the service to date. They have also undertaken extensive wider activities to raise awareness of their roles and the service and have acted as champions for the importance of lived experience in service design, delivery, and evaluation.

How they feel

Highlights

- People using the service valued the nature of the relationship and the holistic approach taken.
- People valued working with someone with lived experience because it helped them develop a sense of clarity and reflection on their own experiences. In this way of working connections can extend beyond the experience of mental ill-health or substance use to other experiences or passions.

Supported, trusting and willing to engage

Progress: **Great**

Confidence in Evidence: **High**

There is strong evidence that the Peer Support Service has been well-received by people accessing support. There is consistent evidence that people accessing support value the nature of the relationship and the open approach to conversation which can focus on a range of topics - not just mental health or harmful alcohol and/or drug-use issues.

One of most significant reflections from people accessing the service is the level of support they feel. For example, from six service user feedback surveys the support provided was rated as ten (out of a possible ten) by all but one respondent, who rated their support at eight out of ten. Additionally, all respondents scored four out of a possible four on the extent to which they had been treated with dignity and respect.

People value working with someone with lived experience because it helps them develop a sense of clarity and reflection on their own experiences. As the quotes below suggest, there is a strong sense of validation in the peer relationship which creates opportunities for change.

> Even sharing the most negative thing with her, after I've spoken about that, I don't feel as bad. I don't feel like I'm only one that feels like that. It's a bit of a realisation that I should be on this world, I'm meant to be here and it's okay. I've got things that I want to deal with rather than putting them under the carpet". **Voice of person supported by the service: Interviewee 2**

> It's been absolutely excellent. She's tried to guide me through, it's definitely working. She has shared her own experiences with me. Everything is so much better now, so much clearer. It's been invaluable to me." **Voice of person supported by the service: Interviewee 4**

The importance of trust is also noted by peer workers in their professional role. As one peer worker notes, trust takes time and in this case is built on shared experiences: "Laying a positive foundation with people and really getting to know them has been crucial in gaining trust and sharing stories from my own life means that we have a shared understanding and bond of trust" (Reflective Impact Log - Peer Worker 2). There is good evidence that this time has been taken and that feelings of trust and support are high.

On leaving the service one person commented that they felt that talking to their peer worker felt like talking to a "neutral person" and that they felt more comfortable talking with a peer worker than a family member. Others commented on the contrast with conversations they had with other service providers, a heightened degree of trust and feeling listened to in a way which was non-judgmental: "Good to have a person who listened as opposed to reacted."

> "XX engaged fully with the service and trusts and respects me a great deal. They have told me this on many occasions. They are really glad to have me to talk to as someone outside of their family of a similar age, who has had similar experiences and feelings. XX feels heard and supported and says so themself." **Excerpt from Peer Worker case note reviews**

> "YY trusts me to confide in because I never take what she says and pass it on. They always tell me they prefer to speak to me out of everyone they work with because it is like speaking to a supportive friend. They have said that they would rather talk to me than anyone else when they feel compulsive or anxious because they can trust me to be supportive and non-judgemental." **Excerpt from Peer Worker case note reviews**

There were examples from the case note review of people seeming to benefit from what were characterised as being different types of conversation. This was founded both on shared lived experiences but also on the basis that the peer worker was able to occupy what Gillard has described as a liminal space, somewhere between formal services and the people who use them.[18] Such spaces, which are nurtured through mutuality and empathy, create a sense of trust and support between peers. It is, however, important to note that mutuality was built in a variety of ways and that shared lived experiences included things like a shared love of the outdoors or cats. In some instances, these different types of conversation seemed to encourage remarkable shifts in perspective. For example, one case note review described someone as recognising prior adverse childhood experiences as abuse for the first time in their life, as a result of the trusting peer relationship and shared experiences. This had opened the door for them to consider alternative positive means of managing their emotions and wellbeing.

What they learn and gain

Highlights

- There has been significant learning from this peer support test of change for the people using the service, the peer workers and the HSCP.
- A common thread across the experiences of those using the service was that it supported greater self-awareness and knowledge, and therefore aided their own personal goals. In this evaluation we heard powerful testimonies of people using the service, sitting alongside more modest gains in quantitative indicators.

People using the service know what matters to them and how peer support can help

Progress: **Great**

Confidence in Evidence: **High**

Goal identification and review is widely recognised as being a key element of behavioural health and social care and peers may be especially well suited to this role.[19] In keeping with that, a key objective for the Peer Support Service is that through working with a peer, people gain a better understanding of where they could benefit from more support. As has been described

[18] Gillard, S. (2019) 'Peer support in mental health services: where is the research taking us, and do we want to go there?', *Journal of Mental Health*, 28(4), pp. 341–344. doi: 10.1080/09638237.2019.1608935.

[19] Bellamy, C., Schmutte, T. and Davidson, L. (2017) 'An update on the growing evidence base for peer support', *Mental Health and Social Inclusion*, 21(3), pp. 161–167. doi: 10.1108/MHSI-03-2017-0014.

elsewhere, a standard element within all of Penumbra's support planning is the use of the I.ROC outcome tool. Everyone who has used the service has completed at least one I.ROC to help them discuss and identify goals in a range of life domains, so the exploration of goals and support needs is ingrained into the ethos of the service. Some people using the service have now also been through a review process which has helped to explore progress towards goals and to re-examine hopes and aspirations.

We saw evidence that working with someone with lived experience was an enabler for people's ability to self-identify needs and goals. The idea of peer workers 'modelling' recovery is to some extent controversial. Critics suggest it could diminish the mutuality in the peer relationship and put unreasonable pressure on peer workers to maintain their recovery. However, we saw clear examples where people at very least took inspiration for making changes in their lives from working with a peer, as described in the quote below.

> Seeing other people's lives and where they've made changes in their lives, I can look back at my own life and see where I can make changes."
> Voice of person supported by the service: Interviewee 4

For others accessing the service, the process of talking through and sense-making with someone else was also an enabler for understanding how support could help. As one interviewee put it: "I'm on my own – I won't reach out, but I'll pick up. It's only when you start talking to people that you realise how down you are. I think a lot of my emotional problems are when I don't talk to people – they just build up and build up. It's great to have someone call you, to check in with me" (Interviewee 1).

Peer workers have identified areas where people accessing support have been able to get clear about their needs for support. The following are examples from the Reflective Impact Logs that peer workers created for each person accessing support.

> "Someone to talk about her personal life and self-medicating without judgement" Reflective Impact Log 5

> "Peer support allows client a space to focus on/talk about progress/goals" Reflective Impact Log 15

> "We've had limited communication, however she is able to recognise things she wants to work on (e.g. being able to set boundaries in relationships/putting herself first)" Reflective Impact Log 9

> "When TT first came to the service they wanted to have more contact with their daughter and start rebuilding their relationship after a period of difficulty accessing their daughter. They wanted to understand their anxiety more and talk to someone else who experienced it. They had a really hard time coming to terms with the fact that they have mental health problems and chronic anxiety." Excerpt from Peer Worker case note reviews

The excerpts above provide supporting evidence that people wanted to explore hopes, dreams, and goals with someone else in a relaxed and safe setting, and that shared lived experience helped in this. We also found evidence in case note reviews that some people were able to identify quite quickly what they wanted to achieve and peer support set a useful context for exploration. For TT (below) it was clearly important that they were able to contemplate this work with someone who 'had been there'.

Peer workers were able to reflect on some of the barriers they faced in supporting people in the best way possible, both in terms of restrictions to the service model due to Covid-19, the availability of wider supports and their own support needs. For example, one peer worker reflected that the following areas of their work need additional attention:

- Remote working limits the work you can do, there are lots of individuals who would benefit from having someone to accompany them on walks/help with tasks.
- Some people couldn't do remote so have to suspend support until we can meet in person.
- Lack of support in other areas, such as physical health, money issues etc., makes it harder for people to engage in the service.
- When people are inconsistent with their engagement it can be hard to find out what's going on (can't go and knock on their door if they don't show up!).
- Isolation due to working from home means that I have to work harder to ensure I'm looking after myself.

(Reflective Impact Log - Peer Worker 1)

Increased confidence and self-belief

Progress: **Great**

Confidence in Evidence: **Some**

One of the stated aims of the Peer Support Service is to support people to gain confidence, as a foundation for wider recovery. As one peer worker reflected, the service offers people "the space to just talk, and a space to build confidence and that it can act as a catalyst for change because it offers that outside influence to help people focus on things" (Workshop with peer workers).

The need to help people build confidence and increased self-belief is in keeping with data from I.ROCs completed at the start of service use, which showed that 'valuing oneself' was one of the areas which people rated lowest (2.1 on average out of a possible 6). Based on data derived from ten people who had completed a later I.ROC review there were some signs of improvement in this domain with the average score rising to 2.5. Aligned to confidence and self-belief is the concept of hope. Indeed, it is hard to build self-belief or confidence without having some degree of hope for the future. Here we saw a more marked improvement on average between initial and review scores, rising from an average of 2.2 to 3.1. Conversely, we observed a slight reduction in the 'participation and control' domain between first and second I.ROCs (from 4.6 to 3.7). While these comparisons are based on small numbers, and therefore need to be interpreted with caution, the finding on participation and control seems to be at odds with wider qualitative evidence so it will be important to continue to analyse trends in these and other domains as more I.ROCs are repeated.

Interviews with people using the service provided strong examples of how confidence and self-belief had built. In one instance this was encouraged through the informal style of interaction with their peer worker.

> When we do meet up it shows me I can do it – pushes me out of my comfort zone, it's also very informal, it's quite calm and relaxed, she never puts me on the spot and keeps the chat going. I kinda struggle with the chat. I gain crucial experience in a safe way." Voice of person supported by the service: Interviewee 3

Another interviewee identified the way that peer support had significantly increased their confidence and communication skills.

"It has helped me no end. It's been a new light in my life. I didn't have confidence. I had low self-esteem. I didn't have the confidence to speak to people. I can speak to people now, I can go into a shop and if I don't see something, if I can't find something, I can ask." Voice of person supported by the service: Interviewee 4

It is, however, important to have reasonable expectations of peer workers' ability to instil confidence and self-belief, given the complexity of many service users lives and the long-standing nature of the problems many people were experiencing. Recovery can be a long-term and challenging process with jumps forward or steps back. However, we saw examples where peer relationships had allowed people to reframe experiences and to build a sense of self-worth and agency.

Such instances were perhaps most noteworthy from case note reviews prepared at the later stage of this evaluation. Across the reviews there were strong themes of empowerment and increased self-belief. One review described how someone had been supported to channel their anger. Through the service they had not only accessed additional support to help them cope with the trauma, which was the source of their understandable anger, but they had also started to raise awareness in the community of safety and risk. As a result, they had also started to build their local social network.

"They are able to now channel their anger constructively, use their experience to raise awareness and this helps them feel more in control again." Excerpt from Peer Worker case note reviews

In another example someone was described as having come to the realisation through the peer relationship that the way they had been treated in another service was unacceptable and that rather than letting it fester they wanted to act on it. This was described as having increased both their confidence and their awareness of rights.

People referring into the service also noticed positive changes in confidence: "We've seen increases in people's confidence. This is feedback I have had: It's not like coming to other appointments ...It's important that it is a person that's been through similar experiences. This confidence and independence building is part of doing stuff out with the formality of the service" (Practitioner 2).

Finally, peer workers have made gains in their own confidence through their work in the service. One peer worker notes the learning they have gained about their own recovery: "An awareness

of how far I've come in my own recovery/self-actualisation that I'm in a position where I can do this work." Another entry described how the role had helped them: "become more confident as my relationships with people grow" and be more confident in, "the limits of my influence/responsibility (i.e. you can't help someone with everything)" (Reflective Impact Log - Peer Worker 1).

The HSCP gains greater understanding of peer support and how it complements other services

Progress: **Great**

Confidence in Evidence: **Some**

It is vital that wider services making referrals into the service have an understanding of its role, potential value, and complementarity. We saw evidence earlier that when referrals were made from various sources, there was a good match between the reasons people were referred to the service and the needs later identified during I.ROC reviews, suggesting a good understanding of what the service could offer.

Also important to the increased understanding of peer support and what it offers were:

- the collaborative approach to service development and evaluation
- service champions
- awareness sessions involving peer workers.

Collaborative approaches to service design, delivery, and evaluation (including HSCP partners such as RAMH and the RCA Trust) have helped ensure increased understanding of the service and its potential.

Service champions have acted as conduits for increased understanding of the service and peer worker role in services. As one manager commented: "We're lucky that we have had the champions we have had and to show the benefits" (Manager 1). Champions have also shared useful insights through the evaluation and provided the HSCP and Penumbra with important suggestions for improvement, for example, in relation to consistent communication back to referring practitioners. Champions for the service offered additional thoughts for raising awareness of peer support within the HSCP. "As a service champion, my role has been jogging people's memories and reminding people in meetings" (Practitioner 1). Another champion reflected that "the stories and experiences are powerful to tell to colleagues and clients" (Practitioner 2).

Awareness raising work that the peer worker team completed with wider teams were also very helpful in helping increase understanding of the service in wider teams, affording useful

opportunities for wider staff to ask questions. One referrer recounted: "When they came to the meeting, it was so appreciated. And our whole team came, and we could ask questions, how this would work and where this Penumbra name came from" (Practitioner 4).

Wider staff members need to see the value of the service and its unique contribution, and practitioners that were interviewed as part of this evaluation voiced a strong sense of support in the service and in the possibility of peer support. For example, a manager linked service uptake with staff being able to see what it had to offer (below).

One practitioner notes that both she and her team feel 'positively' about the service and its contribution, particularly in light of the increased isolation people were experiencing in the pandemic.

> I've been incredibly impressed in the uptake by workers... this is testament to staff seeing the benefits and the difference it can make."
> Manager 1

> It's viewed very positively by the team. I think that it's a fantastic support in East Renfrewshire. My colleagues have a similar kind of view. Especially at this time, during the pandemic when the people we support can't go out, can't go anywhere, can't meet anyone. They are speaking to someone who can help them open up. Both of my clients that I have referred have said that they would like to continue this support."
> Practitioner 4

One practitioner wanted more information on the training around risk management for peer workers, so that she could feel confident in the service's ability to manage the needs of particular clients: "I want to pay attention to the level of risk that someone has such as self harm, suicidal, how chaotic their life is. I wonder if peer workers have all been trained in risk. I'm uncertain how it is from their perspective, because it's hard to gauge where the risk levels are at for some people" (Practitioner 1). It will continue to be important to offer assurances to wider teams. Case note reviews suggested that peer workers are routinely working in complex, and at times risky situations, but are doing so in a way which is supported by Penumbra's management and is routinely in collaboration with staff in wider adult teams.

From a strategic perspective, evidence of an understanding of peer support and its' fit within the wider service offering of the HSCP can be derived from a paper submitted to the HSCP's Integrated Joint Board, in March 2021. It clearly cites the importance and place of peer support, backed by relevant local and national strategy and evidence, whilst also recognising the progress made in developing the East Renfrewshire service in the challenging context of the Covid-19 pandemic. The fit of the service was clearly described as complementary to wider teams and services (see below).

> It is important that peer support is not seen as an “add-on” to services, but that peer support is part of the offer to individuals at any stage in their treatment and support." Excerpt from paper to the East Renfrewshire IJB

While these are very positive signs of increased understanding of the role and service it will be important to maintain efforts to raise awareness and increase understanding. The sharing of lived experiences as part of a formal service offering is a relatively new concept, and for some people, remains controversial and challenging.[20] It would be helpful to better understand the extent to which wider staff are reluctant to refer or if there are questions about the approach and service that have, yet, not been answered. Raising awareness and encouraging buy-in are likely to remain important, not least because of traditionally high levels of staff turnover in referring teams.

What they do differently

Highlights

- There was evidence from our review of case notes that people who engaged with the service used the space for open dialogue to understand what was important to them and to take positive steps forward.
- Awareness of peer support appeared to be growing in the area, with more practitioners becoming aware of the benefits and considering referrals.

Use tools and knowledge gained to support goals

Progress: **Great**

Confidence in Evidence: **High**

We saw significant evidence that people accessing support have been engaging in active learning and reflection through the service. We saw examples of where the relationship, and the relatively informal approach to conversations, had led to significant realisations for people. This is well articulated in the quote below from an interview with someone using the service, where the very act of speaking things had been a gateway to the reframing of challenges. Elsewhere, such realisations were described as an "eye opener. [The peer worker] helps me break it down, my thoughts, my feelings, my emotions. Rather than keeping these deep, it's about speaking

[20] Mancini, M. A. (2018) ‘An Exploration of Factors that Effect the Implementation of Peer Support Services in Community Mental Health Settings’, *Community Mental Health Journal*, 54(2), pp. 127–137. doi: 10.1007/s10597-017-0145-4.

about them. It's a much better, much healthier way" (Interview 2) People using the service also commented on how the use of I.ROC had helped them to reflect on their lives, strengths and areas for action.

> We did a questionnaire before Christmas – in my head, I've known for a long time, but actually speaking it out loud – it made me realise things, and in some senses it made me upset, But all in all I've actually grown from it – you know for yourself, but then to hear yourself and explain to someone else, seeing it from someone else's point of view – but hearing myself, it made me understand myself at a different level and process it differently" Voice of person supported by the service: Interviewee 1

The case note review which took place later in the evaluation provided compelling evidence of how people had been able to take experiences, learning and reflections from peer support and to apply that in their recovery. For example, we read examples of people being supported to stay sober, join a gym for the first time, feel safe in their own garden, better understand diagnoses, rebuild close family relationships, travel alone, reframe previous negative experiences, and seek therapy for the first time. We also saw encouraging examples where people had felt able to assert and enact their rights through the service including accessing benefits and pursuing remediation from wider services. People were encouraged and supported to access a broad range of wider services including Rape Crisis and sexual health services, Citizens Advice and advocacy services. We saw clear evidence from case note reviews that accessing these wider supports and services had led to significant gains for people using the service. For example:

- "This makes PS feel listened to and taken seriously and like someone understands the complex feelings of trauma she is experiencing"
- "...has never applied for PIP until this year with my encouragement she has been able to receive payment and use this money to have a better life and more freedom"
- "...this resource allowed... peace of mind about her sexual health and learn a lot more about safe sex"
- "The advocacy support... gives her peace of mind and someone to talk to after meetings who can break things down with her if she feels any decisions are questionable"
- "Supported [person] to join a gym, arranged an induction with someone who could show [them] how all the equipment works ... benefitted by getting up early, sleeping better, eating well and eating more, feeling like he has a purpose and a focus, all round this boosts his mood."

Active learning also occurred for peer workers as well, who reflected on the value of the peer relationship for shared learning: "It models a positive, healthy relationship with good boundaries, helps both myself and the supported person take that into our other relationships. And sharing

different ideas/ways of thinking allowing both parties to see things from a new perspective" (Reflective Impact Log: Peer Worker 1). The mutuality of the Peer Support Service means that peer workers themselves have also been able to learn from their experiences, set goals and develop peer practices. For example, one peer worker noted they gained an "awareness of my strengths and also areas I need to work on" - for example "how to navigate boundaries in a formal peer relationship" and "how to look after myself whilst also supporting others" (Reflective Impact Log - Peer Worker 1).

The HSCP embeds peer support as part of formal services

Progress: **Some**

Confidence in Evidence: **Some**

Between the interim and final report of this evaluation and following the delivery of a paper to the Integrated Joint Board (IJB), a decision was reached to extend the service by a further three years and to increase its capacity. Moving beyond the initial test of change approach this effectively embeds the service and formalises peer working and lived experience as part of local adult services. Based on information provided in an interview with a planner in the HSCP, this decision was informed by a number of elements, including:

- The reception of wider teams and practitioners to the service and the willingness to refer appropriately to the service
- The level of engagement of people who had been referred with the service
- The agreement that the service was providing something additional and complementary to the current adult service offering in the area
- Data and evidence generated through the evaluation process and a general assurance provided through ongoing evaluation
- The services fit within the long-term strategy of the HSCP.

As described earlier a number of additional elements helped increase understanding of the service and approach and likely contributed towards strategic commitment and the service being extended beyond the initial test of change period. These included the champions programme, awareness raising from Penumbra workers in teams and the collaborative approach to service development and evaluation. There is evidence that champions have kept peer support on the agenda in the teams in which they are based (as described in the quote below) and there is also evidence that champions are personally responsible for a high number of referrals to the service.

> There is much more discussion in meetings about peer support and people are coming to me to ask if this service is appropriate for their clients. So there is a lot more chat and conversations about it and it seems like more people are considering it and now people are bringing it up at meetings as a potential option for certain individuals." Practitioner 2

While this level of engagement in the service sets an excellent starting point it will be important to continue to move beyond the champions approach to assess the extent to which referrals are being made evenly across teams, disciplines and practitioner types. It is possible that an over reliance on champions is a risk to the sustainability of the service. However, the more the service is able to evidence its unique role and impact the more champions will emerge.

Feedback suggested that there is a desire to further embed peer-based approaches in the HSCP. The learning from this evaluation could usefully inform those efforts as could learning from wider peer-based initiatives internationally. The extent to which this outcome is achieved will be contingent upon the work of many people across the HSCP, but the experience from this test of change project helps local planners and advocates of peer approaches to make the case for broadening the approach more effectively.

What difference does this make?

Highlights

- The Peer Support Service has provided a complementary service to people using mainstream addictions and mental health services, providing opportunities for informal conversation and connections of different kinds.
- There is evidence in this evaluation that people using the service have maintained or moved forward in their recovery, being mindful that recovery can be a long process for many people and one subject to many influences.

People move forward in their recovery and their quality of life is improved

Progress: **Some**

Confidence in Evidence: **Some**

Recovery has been widely defined as a process with ups and downs which can take place over an extended period. It is often characterised as being realised in small steps and it is agreed that progression is not always smooth. This means that it places a high expectation upon one small

and relatively limited service to be able to evidence recovery impact over a relatively short period of time.

However, we saw many examples of where people could realistically be described as having moved forward in their recovery, as a result of their interactions with peer supporters. These have been described throughout this report and have included people becoming more financially independent, building and rebuilding social networks, becoming sober, taking up exercise and addressing long-standing and deeply complex challenges for the first time in their lives. We have also seen that it is possible to link many of these shifts in wellbeing and quality of life to the peer relationships, characterised by informality, trust and shared learning.

This was for many people a new and important type of relationship and speaks to the power of harnessing lived experience in the support of others. The importance of hope and trust should not be downplayed in these interactions. Similarly, we saw how the validation of lived experiences from a peer could precipitate quite profound reflections and realisations for both service users and peer workers. This opportunity for shared learning and progression is indeed the hallmark of mutuality which is widely described in the literature as being foundational to peer support.

The strongest evidence for recovery and wellbeing was garnered from qualitative feedback from peer workers and people using the service. Less clear was the review of quantitative I.ROC data from the ten people who had undertaken an I.ROC review which facilitated a 'before and after' comparison against its wellbeing indicators.

I.ROC indicators are rated on a scale of one to six with a higher score being more positive. From Figure 7 (page 37) it is possible to see that the overall trend against recovery indicators is positive, in other words the blue line (time point one) tends to be below the orange line (time point two). It is important to reiterate that these comparisons are based on small numbers of repeated I.ROCs, and differences, therefore, need to be interpreted with caution. For example, the reduction in people's sense of participation and control over time was markedly affected by one person's scoring (going from a six at referral to a two at follow up). As more people use the service and repeat I.ROCs it will be possible to have more confidence in what the data is saying, which will help the service refine and adapt approaches based on data. Encouragingly, given its centrality to recovery-based approaches, there is a marked increase in the hope for the future domain (albeit subject to the same caveats on data). This was illustrated nicely by one service user in the early stages of the service: "It has given me more and better reasons to look ahead and see that I'm moving forward, rather than been stuck in that horrible moment, which is still there, but dealing with the everyday and putting on a better mindset and pushing myself" (Interviewee 2).

Overall though, the message from the limited number of repeated I.ROCs is one of modest progress. This contrasts with, but to some extent balances, the overwhelmingly positive qualitative feedback.

Figure 7 Variation in I.ROC scores

Peer support brings an additional and complementary support for individuals

Progress: **Some**

Confidence in Evidence: **High**

Throughout this evaluation we have heard evidence from practitioners, service users and peer workers that the new service offers something which is both complementary to wider services but also unique. There is a sense that it can and is filling a gap in the HSCP's service offering. As we saw earlier in this report, people using the service described how it allowed for different types of relationship which were less problem-focused and more founded on trust than those they typically experienced in wider services.

People accessing the service seem to value it as a place "to have conversations about 'light' topics as this is something the client does not have" (Reflective Impact Log 3). The service also offers "a space in which to vent and chat" or "someone to talk to about one's personal life and self-medicating without judgement" (Reflective Impact Log 5).

The non-judgmental nature of the service and the importance of having someone with lived experience to speak to was seen as a valuable addition to other forms of support. For example, one person who is currently accessing the service described the importance of 'not' talking about their harmful alcohol and/or drug issues: "I'm a wee bit up and down with [some of my other supports] because they involve talking about addiction all the time – this brings it into my head. But [the peer worker] has calmed me down a lot, she doesn't even mention the word. It's all about my life... I'm hugely appreciative. She has done wonders for me". (Interviewee 4)

Talking about 'light' things and about shared interests was seen as different, and important, for everyone who was interviewed for this evaluation, as described in the quote below. This informality does not equate to triviality or a lack of focus. From what we have seen it seems to be the foundation upon which trust and mutuality are built, and from this come other outcomes.

> I can talk to her just like a friend. There have been times when I've very been down, and [she] has been my lifeline. She's been good at keeping me distracted. We have similar interests. It's not straight down the line about mental health or addiction. We can talk about the news, the world."
> Voice of person supported by the service: Interviewee 1

The complementary nature of the service was echoed by peer workers, who can see the additional value they bring people. As one peer worker reflected, "[the client] likes the fact that with me she can talk more about what causes the substance misuse issue on a personal level, and she talks to me about her family and partner confidentially" (Reflective Impact Log 8). This sense of a different approach to support was also echoed by another referrer into the service where they described the approach as providing "another avenue".

> It's about giving people another avenue – less formal support than from a worker – this is feedback I have had. It's not like coming to appointments and info recorded. It's helping advocate for people, help them go to appointments, someone they can call and ask for advice and it's important that it is a person that's been through similar experiences. It's about confidence and Independence building – doing stuff out with the formality of the service" Practitioner 2

Peer workers understand the way different services and supports helped them in their own recovery journey and noticed the importance of 'just talking to other people who feel the same': Personally, through every avenue I turned with endeavour to recover, the most fruitful part of the whole experience was just talking to other people who feel the same as me and made me feel 'normal'" (Reflective Impact Log - Peer Worker 2).

CONCLUSIONS

The Peer Support Service in East Renfrewshire was conceived of as a 'test of change', which would run for 12 months in order to:

1. Develop a peer support service that works locally and embed a peer support service within the formal service landscape of the HSCP.
2. Deliver a recovery-oriented service which emphasises the value of lived experience for helping others to progress towards their own recovery goals and personal outcomes.

From the evidence we have reviewed we conclude that these objectives have been well met. We also conclude the following.

1. There is clear evidence that the service has been carefully developed with good involvement from wider stakeholders.
2. We saw evidence that the service was complementary to wider services in the area and that people referring to the service were satisfied by the experience and relatively well informed about what it had to offer.
3. The service was experienced as different by people using it. There was clear evidence that the peer approach and the sharing of lived experience encouraged different types of conversation and that these could be a gateway to improved wellbeing.
4. The service has engaged peer workers who are confident in the delivery of the service, learning and adapting as they go. Additionally, in contracting Penumbra to run the service the HSCP benefited from their experience in, and infrastructure for, the delivery of peer-based and recovery-focused services.
5. The service champion role played an important part in establishing the credibility and wider awareness of the service.
6. Problems with communication were rightly identified as a risk in the outcome mapping process. Early issues, such as feedback to key workers on the progress of referrals they had made, were promptly rectified as a result of well-developed and trusting partnership working. Work will be required to maintain this positive start.

Strengths of this test of change project include how quickly it reached capacity and to the way in which people using the service chose to sustain their engagement. We also saw high engagement of partners in the collaborative development of the service and in ensuring productive and wide-ranging referral routes.

A number of 'golden threads' run though our analysis and help to explain the progress that this test of change project made. One relates to the qualities in the relationships and communication between peer workers and people using the service, including the informal or everyday conversations which took place and the particular personal skills and qualities that the peer

workers brought to their role. This reaches out to the point raised in our initial literature scan; that peer support sits in a liminal space between formal support and people using the service, and to the value of connection and mutuality. We saw powerful testimonies of people using the service showing the personal impacts of those open conversations with peer support workers and how they led to greater self-knowledge and an openness to exploring new opportunities and approaches.

The decision to contract an external organisation with expertise in providing the infrastructure for supporting peer-based services was shown to be important to providing informed support for the peer workers, and also to the trust shown in the service by wider stakeholders including clinical staff. Again, this mirrors points in the evidence base related to the importance of role clarity, training and supervision. This trust, alongside the role of service champion and the collaborative approach taken in developing the service, helps to explain why the service was able to reach capacity in such a short period of time. The particular skills and attributes of the peer workers have also been critical as well as their expansive role, and their effect can be felt across the pathway. Together these elements suggest points of good practice that may inform efforts to develop effective peer support in other settings.

RECOMMENDATIONS

1. A large proportion of referrals to date have come from the peer support service champions in each team as well as some key senior clinicians (e.g., a consultant psychiatrist in Adult Mental Health Team) and continuing efforts to raise awareness of the service more widely should encourage more referrals from other practitioners and support longer term sustainability. Efforts should also continue to ensure that all referring services consider peer support so that as many people as possible can benefit. This includes the need to increase referrals from the Community Addictions Team and third sector partners in the HSCP.
2. The success and wider acceptance of the service has meant it was at full capacity quickly and has remained so. It will be important to carefully manage demand and to ideally ensure additional peer worker capacity. The service should also consider whether service demand could be managed in other ways. These could include increased group working. Given the risk of increasing waiting times thought may need to be given to time limiting the service, albeit this is a complex issue for a service founded on relationships.
3. Covid-19 has had a profound effect on the development and delivery of the service. As restrictions are reduced there will be new opportunities to alter practices to better support service user needs and preferences, including opportunities to support community integration and inclusion. Reduced restrictions could also have an impact on service capacity and planning. For example, shifting to face to face meetings may reduce the number of people that it is possible to see in a day, when compared with phone support. Such considerations should be factored into service planning.
4. Work should be undertaken to better understand the gender imbalance in people using the service. This could allow for improved targeting of potential male services users increasing access to the service.
5. There is much to learn from this evaluation both for the HSCP but also for the wider movement of people with a role in developing recovery-focused and peer-involved services. We encourage the dissemination of these findings both locally to raise awareness but also more widely to the community of people seeking to develop peer-based approaches.
6. We encourage the continued culture of evidence and evaluation in the service and recommend that the service continues to use the well-developed evaluation framework which now exists to facilitate the process. However, high quality monitoring and evaluation takes time, and this must be recognised and factored into the time of the peer workers.

This evaluation offers a good news story for East Renfrewshire HSCP, its partners and most importantly for the people who could potentially benefit from this new approach. Developing any new service is hard. Developing new services which integrate and value lived experience in delivery adds complexity. That such obvious progress has been made in a relatively short space

of time is all the more remarkable given it also happened during a global pandemic with all the additional problems this has brought.

The HSCP, Penumbra and partners are therefore to be congratulated for their efforts and commitment. It is also important to recognise the dedication and hard work of the two peer workers who have enthusiastically and intelligently contributed to this evaluation despite the pressure of operating the service at full capacity.