

# Evaluation of Peer Working in Fife Health and Social Care Partnership Community Mental Health Teams

Evidence scoping review

Developed by Dr Simon Bradstreet on behalf of Habitus Collective UK



## Introduction

The purpose of this scoping review is to explore what is already known about the successful development and implementation of Peer Support Worker posts in community-based services. The findings of are intended to inform the development of Peer Working in Fife Health and Social Care Partnership Community Mental Health Teams and its evaluation. The findings of this review will be used in combination with dedicated local (Fife Peer Support Network, 2022) and associated national guidelines and values frameworks (Scottish Recovery Network, 2012) for the development of Peer Support Worker roles.

While this is not an exhaustive literature review it has been designed to be of greatest value to this project and its evaluation by reviewing peer reviewed and grey literature:

- About developing peer roles in community mental health settings.
- Including findings from previous evaluations of peer support working in community settings in Scotland.
- Paying attention to collaborative/partnership approaches to introducing Peer Support Worker posts, similar to that being adopted in Fife.

The review is therefore structured to respond to three main questions:

1. What do we know about the successful implementation of Peer Support Worker posts generally?
2. What do we know about the development of Peer Support Worker posts in community mental health settings in Scotland?
3. What do we know about partnership approaches to developing Peer Support Worker posts?

The review will be structured around these questions, closing on implications for this project and its evaluation.

## What do we know about the implementation of Peer Support Worker posts generally?

A 2024 systematic umbrella review (Cooper et al., 2024) summarised evidence on the effectiveness, implementation, and experiences of paid peer support approaches for mental health. An umbrella review is a review of previously published systematic reviews and as such they encompass a broad range of research findings and settings.

The umbrella review was based on the findings of 35 previous systematic reviews which themselves were based on 426 primary studies involving 40,927 research participants, giving some sense of the ever-increasing focus on peer support in academic research.

A conclusion of the review was that Peer Support Workers were more likely to support people to achieve certain outcomes. There is strongest evidence for less clinical outcomes including recovery and self-efficacy. Multiple studies have shown that it is important to have realistic expectations of the outcomes that will be achieved when introducing limited numbers of peer workers into clinical settings. It would be unwise to expect peer workers to significantly impact traditional clinical outcomes like reduced hospital admissions and evidence also suggest that it is unreasonable to expect the introduction of peer workers to a team to transform existing cultures, which is not to say that they cannot *contribute towards* culture change.

The umbrella review also addressed the implementation of Peer Support Worker positions. It concludes that successful implementation requires factors such as adequate training, a supportive and recovery-oriented workplace, and clear job descriptions, while barriers include insufficient funding and negative attitudes from non-peer staff. The review concludes that attitudes about peer support held by non-peer staff may significantly support or impede the implementation and experience of Peer Support Workers and suggests non-peer staff may require training about the roles and working collaboratively with PSWs. Finally, the review explores experiences of Peer Support Workers and the people they work with, highlighting mutual benefits of the role. It also describes challenges around role ambiguity and organisational support.

A lack of clarity on the role, purpose and anticipated outcomes from introducing Peer Support Workers has been consistently identified as a challenge in peer support literature. The very things that make peer support *work*, and that are at its core, including sharing of lived experiences and occupying, what Watson (2017) described as a 'liminal space' between services and service users, are also the things which make Peer Support Workers vulnerable if they are not well supported in teams. It is widely argued that co-productive approaches to peer service implementation and research as well as values based-training, peer-led supervision and opportunities for Peer Support Worker progression are appropriate responses.

Recently empirical evidence emerged supporting this assertion finding that the way peer working research sites were developed significantly impacted the outcomes achieved by Peer Workers in those sites (Gillard et al., 2024). In sum, the way peer worker posts are introduced, clarity on their role and purpose and their support and supervision matter greatly.

## What do we know about the development of Peer Support Worker posts in Community Mental Health Teams in Scotland?

There have been a small number of evaluations of Peer Support projects in Scottish Community Mental Health Team (CMHT) settings. Of most relevance to this review are two evaluations undertaken by Matter of Focus. Both evaluated the introduction of Peer

Support Workers within Scottish Health and Social Care Partnerships (HSCP) and provide an overwhelmingly positive assessment of those programmes.

NHS Greater Glasgow and Clyde's Mental Health Strategy Recovery Work Stream implemented a programme to embed Peer Support Working within community mental health services in 2020. This led to the employment of 11 Peer Support Worker by the Board to provide support to people receiving services in six community mental health teams across six HSCPs.

The evaluation (Bradstreet & Akisanya-Ali, 2022) was based on the testing of two collaboratively developed outcome maps (or theories of change):

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

Concluding that Peer Support Workers brought additional skills and practices to the team with shared lived experiences central, the evaluation found good evidence for the continuation of the service after its pilot period. In relation to how Peer Support Working contributed to improved outcomes for people being supported in CMHTs the evaluation found:

- People working with a Peer Support Worker described it as feeling different and reported that Peer Workers 'got it.'
- These relationships provided the basis for people to explore opportunities and to build their confidence and self-belief.
- Peer Support Workers assisted with goal setting and self-management.
- There many have been a de-stigmatising effect for people in receipt of Peer Support.

In relation to creating the conditions for implementation the evaluation found:

- The pilot had been carefully planned and developed with clear lead responsibility contributing to this.
- Peer Support Workers felt well prepared for their new role and most felt included and supported within their teams.
- Systems to triage the people most likely to benefit from peer support had been important.

A previous evaluation of Peer Support Working in East Renfrewshire HSCP applied the same theory of change-based method to assessing outcomes (Bradstreet & Cook, 2021). The project differed from the later Glasgow CMHT pilot in that the Peer Support Workers were employed by a third sector organisation, Penumbra, and were not based within a CMHT.

As with the wider Glasgow evaluation there was evidence that the service had been carefully developed and was distinctive from, and complementary to, wider services in the Partnership. It was again clear just how much the peer approach was experienced as different by people in receipt of it. There were strong examples of how the sharing of lived experience helped build trusting relationships and how this, in time, had given people the confidence to make new choices and to embrace opportunities. In some instances, people were able to make seemingly remarkable strides in their recovery during their time in the service.

Evidence reviewed suggested that Peer Support Workers were able and confident in their work and that Penumbra provided a supportive infrastructure for development. The evaluation found that wider services had enthusiastically embraced this new service, and it was concluded that this was achieved in large part through a careful and collaborative approach to service design in the HSCP. In particular, 'service champions' played an important part in establishing the credibility and wider awareness of the service within teams, leading to the service quickly reaching full capacity.

Despite their positive evaluations neither of these programmes have been retained. However, the reasons for this decision are unclear.

## What do we know about successful partnership approaches to developing Peer Support Worker posts?

Three English organisations, the Association of Mental Health Providers, NSUN, and Mind, were commissioned by Health Education England to develop a thought-piece outlining how voluntary, community and social enterprise sector (VCSE) organisations could meaningfully contribute to the provision of peer support in mental health (Faulkner, 2020).

Based on case studies and contributor experiences, NHS bodies and VCSE organisations working in partnership to develop and deliver peer support is described as having several benefits. These include VCSE organisations being well placed to sustain the principles and ethos of peer support through training and supervision, which is described as particularly important in the early stages of project development.

The report recommends NHS partners should recognise the value of lived experience and the knowledge that VCSE organisations bring to the table. They should not be viewed as a cheaper option but commissioned based on proven knowledge, expertise and skills in delivering peer support. Additionally, NHS commissioners and providers should communicate and promote the role and value of Peer Support practice within their workforce in order to ensure that everyone is prepared for the introduction of Peer Workers.

The report welcomes models where VCSE organisation employ Peer Support Workers in a partnership arrangement, stating that organisation can provide support to Peer Workers and help maintain the values and principles of peer practice. Partners can work jointly to support the development of a distinctive body of peer practice. It recommends both partners ensure pathways into community support are clearly defined and accessible. Finally, statutory partners should be aware of challenges such as professionals not accepting the value of peer support, confusing terminology, and concerns about risk.

Drawing on a case study, a briefing paper by Imroc (Repper et al., 2021) describes a range of potential advantages and disadvantages to partnership delivery models. Advantages include building on pre-existing peer experience within VCSE partner organisations to develop and innovate and modelling a partnership of lived experience and professional expertise. Where roles are not fully integrated into statutory services one risk is that peer and lived experience roles may be seen as specialist and therefore not a core aspect of service delivery.

Also based on experience in England a 2023 internal evaluation report by Rethink (Moran, 2023) echoed wider evidence in demonstrating the value and unique contributions of Peer Support Workers. Again, highlighting the importance of appropriate support and training, the report also references the need for role clarity. It recommends careful consideration of the purpose and goals from involving Peer Support Workers in any new development.

Looking more broadly, the Canadian Mental Health Association (2023) undertook a thorough community-based research project to assess the readiness of British Columbia's mental health and substance use sector for equitable partnerships between peer and non-peer colleagues in the design, delivery and evaluation of programmes and systems. Finding that social inequity, exploitation, stigma, and discrimination were significant barriers, the report made recommendations both to enhance Peer Work and empower peers at a system level. These included removing barriers to employment for peers and that statutory bodies and partners recognise Peer Support Workers roles within human resource policies and strategies.

Highlighting the importance of relationship, trust, and shared accountability in establishing and sustaining meaningful partnerships between peer and non-peer colleagues, the report also acknowledges the importance of peer networks for skills sharing, mutual support, and collective advocacy to increase influence in their organisations and the wider sector.

## What does this mean for the project?

Despite the limited scope of this review, there are a number of consistent themes relevant to the development and implementation of Peer Support Workers posts. Not

surprisingly, many of these have made their way into role development guidelines at a local (Fife Peer Support Network, 2022) and national level (see, for example, Naughton et al., 2015; Repper et al., 2021), but are worthy of mention. They are also consistent with feedback from Peer Support Workers about what they need for successful integration (see, for example, Reeves et al., 2024).

### **Work to ensure clarity of Peer Support Worker roles and expectations**

Ensuring role clarity for Peer Support Workers is perhaps the most commonly occurring theme across implementation literature. It is important to collaboratively agree the role's focus, its purpose and anticipated outcomes from introducing Peer Support Workers. Evidence of where and how they are likely to be most impactful should be used to support this discussion. Additionally, partners should agree on how anticipated outcomes will be assessed and allow space for the discussion of expectations from the project and its workers.

### **Supporting Peer Support Workers**

Providing high quality preparation, support and supervision for Peer Support Workers, which is aligned with peer values is consistently highlighted as a driver for successful role development. Partners should work to ensure training, support and supervision for Peer Support Workers is available and that it be carefully aligned with peer values. Continuing to benefit from and contribute to local and national peer networks should support this.

### **Supporting organisational readiness and buy in**

Continue to build and develop a wider recovery-oriented culture in participating CMHTs and communicate and discuss the Peer Support Worker role in teams throughout the lifetime of the project.

Partners may wish to consider *champion* roles within CMHTs and also ensure the careful triage/referral of people to Peer Support Working. At the same time as the service develops, partners consider possible barriers to people becoming Peer Support Workers.

### **Continuing to build and extend the partnership**

There should continue to be close collaboration between the partners so that expectations are shared and consistent. Communication needs to be clear to anticipate and prevent problems arising and pathways for conflict resolution might be set up in advance.

Partners should continue to work together to build, record and share a body of distinctive peer practice that can inform the wider HSCP in its strategic development as well as the wider development of Peer Support Worker posts.

Partners continue to encourage and build co-productive approaches to peer service implementation and improvement that recognises and builds from lived and professional experience.

## What does this mean for the evaluation of this work?

The findings of this scoping review can be used to help guide and inform the evaluation framework for this project and to inform the questions it seeks to respond to. The following are therefore provided as tentative recommendations designed to prompt discussion. Recommendations are presented in bold followed by brief justification.

### **Anticipated outcomes for Peer Support Workers are agreed collaboratively with appropriate measures and methods developed.**

Agreeing realistic and achievable outcomes, informed by wider evidence, will support the equitable and informed assessment of the impact of Peer Support Workers in teams.

### **Exploring the support available to Peer Support Workers will be important.**

Support available to Peer Support Workers in preparation for, and during their appointment is an important determinant of outcomes.

### **Develop approaches to assess barriers to and facilitators of Peer Support within CMHTs.**

Exploring barriers and facilitators to peer support working in teams will help evaluators understand the context in which they work and its impact upon their contribution to outcomes. This could include exploring wider team acceptance and understanding of the role. To what extent are peer roles seen as specialist and add on and to what extent are they integrated or core to wider provision?

### **It will be important to explore role fit and clarity.**

Clarity of role for all parties is an important contributor to team integration and increased confidence of Peer Support Workers in their distinct contribution. This might also include assessing the extent to which pathways into support are clearly defined and accessible.

### **Understanding how planning processes are approached and decisions made should be considered.**

Evidence suggests that approaches to design and improvement of peer services which are collaborative, values-based and co-productive lead to better relationships and outcomes.

### **Develop mechanisms and methods to explore what is happening in Peer Support.**

Better understanding and then communicating peer support change processes and its impact will help build buy in to the role and contribute to peer practice learning and improvement.

**Learning derived from evaluation is fed back into programme development and disseminated to contribute to evidence informed role development.**

Benefits gained from ongoing evaluation and feedback processes were highlighted consistently in this review. Formative evaluation, as is being employed in the Fife project, allows for continual learning and improvement and for that learning to be factored into implementation iteratively.

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