



Department
for Education

Peer support and children and young people's mental health

Research review

March 2017

Nick Coleman, Wendy Sykes and Carola
Groom, Independent Social Research
(ISR)



Social Science in Government

Contents

Summary	4
Context	4
Features of peer support models	4
School-based one-to-one support	4
School-based group support	5
Training-based projects	5
On-line projects	5
Community-based projects	6
Evidence of overall effectiveness	6
Effectiveness of peer support models	6
Who benefits most	7
Reasons for success and lessons learned	7
Risks and reasons for lack of success	8
Introduction	9
Background	9
Aims	9
Approach used in reviewing evidence	10
Report structure	10
Context	12
What is mental health?	12
Young people and mental health	12
School-based activities focusing on mental health	14
Peer support – what is it and how widely is it used	15
Features of peer support models	17
School-based projects	17
One-to-one support	17
Group-based support	20
Training-based projects	21
On-line projects	22

Community-based projects	23
Overview of available evidence and quality	25
Effectiveness of peer support programmes	27
Overall effectiveness	27
Effectiveness of different peer support models	29
In-school programmes: one-to-one support	29
Group-based peer support in schools	31
On-line programmes	32
Community-based programmes	33
Reasons for success	34
Programme management	34
Formalised schemes	35
The role of peer supporters	36
Specific benefits of on-line programmes	37
Reasons for lack of success	38
Who benefits most?	39
Key lessons learned	41
Leadership, design and organisation	41
Supervision and support	42
Skills and training	42
Quality assurance	43
Project longevity	43
Confidentiality	44
Risks and how to address them	45
Annex A: Search strategy	46
Bibliography	48

Summary

This report presents the findings from a literature review of available models of peer support that support and improve children and young people's mental health, their key features and evidence of their effectiveness. The review covers peer support interventions for young people (of school age) from the past 10 years. Evidence from the UK is considered alongside international evidence.

The review was commissioned by the Department for Education (DfE) in January 2016 and was conducted between January and May 2016. The aim of the review was to provide an objective assessment of the available literature to inform future work around peer support for mental health and wellbeing. It aims to provide evidence on the practical implementation of existing peer support programmes and how this relates to their effectiveness. The review aimed primarily to identify interventions with a focus on mental health. However, the review also included peer support for related topics such as bullying, transitions, wider wellbeing and friendship.

Information about the approach to searching the literature can be found in the Introduction to the main body of the report and in Annex A.

Context

There is great diversity in the various peer support schemes that have been identified by the review. Schemes differ in terms of their source of delivery, approach or activities and their aims. The range of terms used for school based peer interventions illustrates this diversity (e.g. including peer support, peer mentoring, befriending and buddying). Because the nature of individual schemes differs so widely, it can be hard to compare and synthesise findings neatly. In addition, evidence for effectiveness is limited and is often based on weak evaluation.

Features of peer support models

Peer support projects can be grouped according to the setting and model of delivery. This summary describes the main models of peer support and more specific examples are described in the main body of the report.

School-based one-to-one support

Peer support projects are often based on one-to-one delivery, either with peer supporters 'matched' with or assigned to particular targeted individuals, or involving ad hoc support on a drop-in system. A number of programmes have focused on bullying (although these

tend to have also included outcomes related to mental well-being), while others have had more of a direct focus on mental health or wellbeing.

One-to-one school projects tend to be 'universal' (i.e. targeted at the wider school population rather than those with particular needs or conditions), and address issues such as self-esteem, confidence, emotional health and well-being, often in a 'within school' context.

The examples of one-to-one peer support programmes identified by the review all involve structured training for supporters, and often for school co-ordinators. This training may be delivered by external providers.

School-based group support

Peer support delivered in school in a group setting usually involves one of two approaches: a) sessions or 'lessons' given to a group of pupils by older pupils; or b) sessions among a 'peer group' led by trained (usually professional) moderators. Where pupils are involved in leading group sessions, they are typically older than the pupils being supported (e.g. year 7 pupils supported by those in years 10-12).

Training-based projects

A number of recent projects emphasise the training of peer supporters. In this model, young people are selected to receive formal training on mental health and wellbeing, and then act as 'champions', disseminating health messages and information to others in the school and more widely. The developmental and educational benefits to peer supporters themselves are a main focus of such projects, as well as the benefits to those reached by the messages and information.

Important features of these training-based projects are the flexibility to tailor training to different schools, and the link to follow-up peer support activities in schools.

On-line projects

Peer support schemes can be moderated on-line (using the internet or email), and there are examples of schemes set up and run by schools as well as by external organisations.

A key feature of on-line support schemes is that they offer a degree of anonymity to participants. On-line projects usually involve monitoring or moderating by teachers or professionals, either to deal with referrals, ensure anonymity is maintained, or deal with more serious cases.

Community-based projects

The review identified a small number of examples of community-based projects run by voluntary organisations. These were varied, but included group or activity-based projects in particular areas and/or aimed at young people with specific needs. The review did not identify community schemes based on one-to-one support, although this may be because the review only covered three community-based projects.

Evidence of overall effectiveness

In general, the evidence can be divided between:

- a small number of studies which have included robust evaluations to measure the impact of programmes on participants;
- a larger number of studies based on feedback from participants and self-reported outcomes. This evidence is less robust, but provides more of an insight into the potential benefits of different models such as increased happiness and wellbeing, improved self-esteem, confidence and emotional resilience, improved social skills and relationships and positive impact on the school environment.

Previous reviews have found **mixed evidence of success** for peer support schemes, with some studies identifying positive outcomes but others finding no evidence of significant differences resulting from participation. Overall, the evidence indicates that different schemes have had varied levels of success, but that peer support programmes can potentially result in a range of positive outcomes for young people. Findings from this review confirm the wide diversity of programmes, in terms of their aims and methods, and the outcomes they assess.

Effectiveness of peer support models

According to the small number of robust impact assessments that have been conducted there is limited clear and robust evidence of effectiveness of one-to-one school based projects. However, several studies indicate positive self-reported outcomes for supported young people, in relation to increased happiness or wellbeing, improved self-esteem and confidence, and improved social skills or school behaviour. Many studies also note the positive effect of participation for peer supporters, including (self-reported) improvements in skills, self-confidence and relationships. Studies also report that projects can produce wider 'whole school' benefits, bringing positive benefits to the school environment.

There is little evidence available on **group-based projects in schools**, and the available evidence indicates a mixed or inconclusive impact.

A review of **on-line projects** found evidence of improved outcomes for two out of six schemes for young people aged 12-25, with the other four showing no change. In studies based on self-reported benefits of on-line projects, there were positive benefits of more open discussion of problems or reduction in stigma, with on-line delivery helping to lower sensitivity around the issues.

There is limited evidence on **community-based programmes**. Only a small number of these programmes were identified in the review, and evidence was restricted to self-reported benefits and/or anecdotal evidence.

Who benefits most

There is limited evidence on which groups of young people benefit more or less from peer support programmes. However, there is a clear pattern in several studies, in which programmes are more popular among girls than boys. This can create problems in encouraging boys to use the services offered. However, two studies suggest that on-line projects in particular may be suitable for boys.

In relation to the age of participants, one evaluation showed slightly more positive ratings about peer support from primary than secondary school pupils. However, another study suggests that not all types of peer support are suitable for younger children (9 or below).

There is mixed evidence in relation to young people with greater levels of need or risk. Some studies have found these participants responding less positively to the support than other young people. However, other studies suggest that on-line projects in particular may be able to reach more vulnerable young people or to “equalise the playing field.”

Reasons for success and lessons learned

Several studies note the importance of the programme being well run, with a clear focus, strong leadership by a co-ordinator and support throughout the school, including from senior school management. A number of studies stress the value of co-production of schemes by the children or young people themselves.

Some studies suggest that more formalised projects tend to be more successful. Specific elements of formalised projects include: a structured process of monitoring and evaluation; having a dedicated space for peer support, with dedicated time slots; and formal training of peer supporters and co-ordinators.

There is a consensus that the success of projects depends on the quality of the peer supporters; specifically trained supporters who are enthusiastic, committed and reliable, and who have strong communication and interpersonal skills. At the same time, the

supervision and support provided to peer supporters is described as a key feature of successful schemes.

Risks and reasons for lack of success

The review highlighted a number of risks associated with peer support projects.

- Project failing/not being sustained: reasons include conflicting priorities in the school, lack of time, or an over-reliance on a single co-ordinator. These issues can be addressed by setting up the scheme with a clear and realistic plan of timing and resources; taking a flexible approach, enabling the scheme to develop and change over time as necessary; and thinking ahead in the selection of peer supporters (e.g. using age groups who can contribute over a longer period of time).
- Low take-up of the scheme by pupils. This can be caused by a lack of trust in peer supporters among the pupil population, and low take-up can also lead to peer supporters becoming disengaged. To address this, it is important to have a clear and robust process for selecting peer supporters, and a sound mechanism for support and supervision. Prominent marketing and publicity in school can also help to encourage take-up.
- Negative impacts on participants: the review has highlighted that some programmes may have a negative impact on young people (e.g. bullying projects where exposure to others with experience of bullying may re-inforce their attitudes and behaviours). There are also risks of exposing children to unsettling or overwhelming information about mental illness, particularly in programmes that address more serious mental health issues. This can best be addressed by ensuring sufficient support to peer supporters.

Introduction

This report presents the findings from a literature review of available models of peer support that support and improve children and young people's mental health, their key features and evidence of their effectiveness.

Background

Research from the 2015 Future in Mind report (Department of Health, 2015) showed that, when young people are experiencing difficulties or concerns, there are a variety of routes they can take in order to get support and the first choice is often to discuss issues with their friends and peers. For this to be a successful support route, they need to be able to get help, advice and support from knowledgeable peers without fear of stigma or judgement.

Many schools already provide peer support schemes on a wide range of topics including friendships, transition and bullying. Some already run peer support programmes for mental health. Community and voluntary organisations are also developing and running schemes to develop peer support for young people's mental health.

The DfE established a Steering Group and a wider Advisory Group comprised of a range of stakeholders with the aim of identifying ways to increase and improve the quality of peer support for mental health made available to children and young people by schools. In order to inform these groups, DfE commissioned this literature review in January 2016 to provide information on the value and effectiveness of peer support in improving mental health outcomes. The aim of this review was to add an objective assessment of the evidence to the groups' conclusions, which is being used to shape work in this area. It was completed between January and May 2016. This information has been supplemented by stakeholder engagement and consultation.

Aims

The aim of this rapid review is to provide evidence on the practical implementation of existing peer support programmes and how this relates to their effectiveness. Research questions relate to descriptions of existing models and consideration of the effectiveness of peer support approaches:

1. What models of peer support are currently available, including group support models and those that support specific conditions (e.g. eating disorders)? How do/could they relate to supporting children and young people's mental health?

2. What are the key features of delivery of these models, how are they organised, administered and quality assured. Are there key differences in between those in school and run outside of school?
3. Is peer support, including that provided on-line, via mobile apps or in a group setting, effective in improving children and young people's mental health and related outcomes e.g. bullying, wellbeing, and educational outcomes.
4. How does effectiveness vary for different models of delivery? Are there common key features of effective models or features associated with ineffective models
5. What, if any, are the risks of providing support through peer support approaches, either through face-to-face or on-line support? How could they be avoided?

Approach used in reviewing evidence

This literature review covers peer support interventions for young people of school age (aged 4-18). It focuses predominantly on interventions and studies from the past 10 years (2006-2016), although older studies are referenced where the findings are particularly relevant. Evidence from the UK is considered alongside international evidence (where published in English).

The process for identifying evidence was as follows:

- Search for relevant interventions using a range of methods: journal and evidence databases; known/recommended documents; internet search on key terms; organisation websites/other website searches; and search of bibliographies.
- Sift titles and abstracts which are to be read and analysed;
- Summarise each title using an analysis template; this describes the key features of the intervention and (where available) evidence of effectiveness.
- Provide an assessment of quality and robustness of any evidence.

The review aimed primarily to identify interventions with a focus on mental health. However, the review also included peer support for related topics such as bullying, transitions, wider wellbeing and friendship.

Report structure

Following this introduction, the report includes:

- The context for the review, covering the background to young people and mental health, an overview of school-based activities focusing on mental health, and background to peer support interventions.

- Features of peer support projects, setting out the distinctive aspects of different models of peer support for young people.
- Evidence of effectiveness: an overview of the available evidence on peer support programmes, as well as more detailed assessment of the effectiveness of different models, strengths and weaknesses.
- Key lessons learned from the evidence, including aspects of leadership, design and organisation; support and supervision; skills and training; programme longevity; issues of confidentiality; and risks.

Context

This chapter brings together some contextual and background information drawn from the literature covered in this research; setting the scene for the reporting of findings.

What is mental health?

A report published by the Office for National Statistics in 2015 on *Insights into Children's Mental Health and Well-being* (ONS, 2015) outlines key concepts and background statistics relevant to this project.

Two aspects of mental health are generally recognised: mental illness or ill-health, and mental or psychological well-being:

Mental ill-health concerns clinically diagnosable illness¹, and covers conditions that affect mood, thinking or behaviour. Examples include depression, anxiety disorders, bipolar disorder, eating disorders and addictive behaviours. Mental ill-health may manifest differently in children than in adults, resulting for example in behavioural and conduct problems such as Attention Deficit Hyperactivity Disorder (ADHD) or Oppositional Defiant Disorder (ODD) as well as emotional problems. Environmental problems or difficulties (for example parental conflict) as well as developmental problems (for example Autistic Spectrum Disorder) may also give rise to these symptoms.

Mental well-being is concerned with how people feel about their lives and whether their lives are worthwhile; it is not just the absence of mental health problems. It has been described as a “dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community” (from Foresight report cited in ONS, 2015).

Young people and mental health

There is widespread concern about the mental and emotional health of children and young people in the UK. A report commissioned by Tower Hamlets Clinical Commissioning Group (Tower Hamlets CCG, 2013) cites the Royal College of Paediatrics and Child Health, that ‘mental disorders in children and young people are increasing and represent a hidden epidemic’.

¹ For example as defined by the International Classification of Disease (ICD10) or the Diagnostic and Statistical Manual of Mental Disorders (DSM-V).

Poor mental health among young people is linked to poor outcomes in terms of education, personal relationships and involvement in crime and anti-social behaviour that impact not only on the individual but also their families and the wider communities of which they are a part. Moreover, the Tower Hamlets report (Tower Hamlets CCG, 2013) cites evidence from Australia and New Zealand that a high percentage of mental health disorders (more than half) appear during childhood and early adolescence; 50 percent before the age of 14 and 75 percent before the age of 25 (Birleson and Vance, 2008). So tackling mental health problems in children (and building up positive mental states) is likely to lay the foundation for better adult mental health.

The most robust national data on the mental health of young people is ten years old and comes from the National Survey among Children and Young People in Britain published in 2004 by the Office for National Statistics (Green et al., 2004). According to the survey, one in ten children and young people aged between five and 16 years old at the time had a diagnosable mental health disorder; six per cent had a conduct or behavioural disorder. Boys were more likely than girls to have a problem and prevalence increased with age. Girls were more likely to have emotional problems, whereas boys were more likely to have conduct or hyperactivity problems.

The 2004 ONS survey measured children's mental health using the extensively validated Strengths and Difficulties Questionnaire (SDQ) which is administered to the child, a parent and a teacher. It is a behavioural measure that covers strengths and difficulties in a number of key areas – emotional, conduct, hyperactivity or inattention, peer relationships and pro-social activity. A total 'difficulties score' can be calculated based on the first four of these areas, which can then be used as a predictor of mental ill-health (for more on this see ONS, 2015).

A study comparing results from two national cross sectional surveys in England (one conducted in 2009 and one in 2014) found no difference between the cohorts in terms of the prevalence of total mental health problems, but total difficulties in boys decreased across the 5 years and girls had significantly greater emotional problems in 2014 than in 2009. (Fink et al., 2015, cited in ONS, 2015).

The Understanding Society Youth module includes the self-completion part of the SDQ in every other wave of fieldwork². Data from this survey in 2011-12 showed that 12 per cent of children aged 10 to 15 reported high or very high difficulties scores, with no differences

² Information is not collected from either a parent or a teacher, so the resulting scores are less sensitive than those produced by the full SDQ, nonetheless this gives regular and reliable headline measure of children's mental ill health.

between boys and girls, and there were no significant changes in these results from the previous wave of the survey to include the SDQ (2009-10) (ONS, 2015).

The evidence review conducted by Tower Hamlets highlights predictive factors for psychiatric disorder in children, including severe marital discord, low socioeconomic status, overcrowding or family size, paternal criminality, maternal psychiatric disorder, and mood or anxiety disorders in parents. Some important correlates of negative mental health in children and young people reported by ONS (2015) include bullying, parental relationships – especially quarrelling with mothers, poor body image, unhappiness with school and spending time on a social website.

Protective factors include coping – or the ability to regulate emotions and behaviour in the face of stress. Research has shown that improved coping control acts as a buffer against uncontrollable stresses (Raviv and Wadsworth, 2010 cited in Tower Hamlets CCG, 2013). Coping skills that are amenable to intervention include problem solving and emotional regulation, cognitive restructuring and positive thinking.

Social support systems (including friends, family, school and environment) can also be protective factors and for this reason there is a case for looking at how best to build them up to optimise the support they can provide.

School-based activities focusing on mental health

Young people spend much of their time in school, in a stable, structured environment geared towards learning, and for this reason alone school settings offer obvious opportunities to support the mental health of children and young people and address problems. It is also recognised that school environments can cause or exacerbate problems of mental health or emotional wellbeing; school-based interventions are therefore sometimes seen to offer a chance for young people to learn how to handle and respond *in situ* to stresses, such as those accompanying school life, that cannot always be controlled.

Activities with a specific mental health focus that are delivered in schools range from whole school interventions to interventions targeted at particular groups in the school (for example year 7s) or particular individuals at most risk. They include initiatives designed to tackle mental ill-health, and initiatives designed to promote and foster positive mental health and emotional well-being, including resilience against known risk factors such as school transitions and bullying. Many initiatives span these categories. Some engage more widely with other schools, with parents and families and/or with other agencies.

A systematic review of reviews by Weare and Nind (2011), covering mental health promotion and problem prevention in schools between 1990 and 2010, noted:

“There are literally thousands of school mental health interventions in operation across the world... These go under many names: mental health, ‘social and emotional learning’, ‘emotional literacy’, ‘emotional intelligence’, ‘resilience’, ‘life skills’ and ‘character education’.”

Countries particularly noted for their work in this area include the US and Australia, both of which have invested in rigorous evaluations providing a basis for decision making about what works and is cost effective.

In the UK, a wide range of approaches, interventions, programmes, materials and guidance have been tried and sometimes evaluated (Weare, 2015). Large-scale interventions have included Healthy/Health Promoting Schools, the Primary and Secondary Social and Emotional Aspects of Learning (SEAL) programmes and the Targeted Mental Health in Schools (TaMHS) programme in England.

Peer support – what is it and how widely is it used

Some mental health interventions targeted at children and young people in schools involve young people themselves (peers) in the design and/or delivery of the intervention. This may be to benefit the whole school environment, specific groups of students and/or those acting as peer supporters; or indeed all of these – see for example the Royal Society for Public Health’s Youth Health Champions Programme (RSPH, n.d.).

Authors tend to acknowledge that there is no agreed definition of peer support and that it covers a range of activities, designed and implemented in different ways to achieve a variety of aims and objectives. The range of terms used for school based peer interventions illustrates and underlines the diversity of this field. They include, for example: peer tutoring, peer coaching, peer listening, peer mentoring, peer mediation, peer counselling, befriending and buddying.

For this reason, attempts to define peer support tend to default to fairly high level generalisations picking up on the main common elements of schemes and programmes, for example:

“Using the knowledge, skills and experience of children and young people in a planned and structured way to understand, support, inform and help develop the skills, understanding, confidence and self-awareness of other children and young people with whom they have something in common”. (Street and Herts, 2005)

Peer support can therefore be described as involving:

- Children and young people helping each other;
- In a planned and structured way;

- With training to enable them to fulfil their role(s).

In a study comparing the use and impact of peer support schemes in the UK and Japan and South Korea, James (2011) notes that from its start in the US in the 1970s, and Canada and Australia since the 1980s, peer support is now used widely in many additional countries across the world including the UK, Italy, Spain, Finland, Japan, New Zealand, Saudi Arabia, Norway, the Netherlands and South Africa. One reason for this growth in international popularity is the use of peer support systems in anti-bullying initiatives, in line with the UN Convention on the Rights of the Child.

School-based peer support provision in the UK has gained in popularity especially over recent years. In 2010, MBF estimated that “over a third of all schools in England have some form of peer mentoring/peer support provision”, while James (2011) references Houlston and Smith (2009) who estimate that the figure is over half of schools.

Features of peer support models

This section provides an overview of the range of different types of peer support models that have been used recently. It is not intended to provide an exhaustive coverage of different projects; rather, the intention is to highlight some of the most relevant and useful examples.

It is worth noting that the examples are limited to those where detailed information about the project is publicly available. As a result, it is possible that the examples identified are not entirely representative of all current and recent projects. For example, smaller, more informal projects may be less likely to be documented in the public domain. The examples we have identified therefore may be larger or more formalised than other projects.

In general, there is great diversity in the various schemes that have been identified. Schemes differ in terms of: their source of delivery (intra-school initiative, local authority or government, or external agency); their approach/activities (prescribed programme over a set period, regular or ad hoc individual support, discussions, 'fun' activities); and their aims (educational, broad mental well-being, or helping to overcome specific issues).

Previous studies have attempted to construct a typology of peer support projects (e.g. Nesta and National Voices, 2013). In this section, we have divided projects according to their overall delivery mode (e.g. one-to-one support in schools), and then described the main features of projects in each model.

School-based projects

One-to-one support

Many school-based peer support projects are based on one-to-one delivery, for example with peer supporters 'matched' with or assigned to particular targeted individuals, or offering ad hoc support on a drop-in or appointment basis to anyone in need. The matched approach often draws on characteristics of peer mentoring programmes identified by Pringle et al. in 1993, such as the matching of mentors and mentees based on interpersonal bonds, and recruiting and training 'at-risk' pupils to become mentors, thereby helping to reduce stigma associated with receiving help.

Our review covers projects undertaken in the last ten years or so. Some of the earlier examples were set up to address bullying in schools, including:

- The **National Peer Mentoring Anti-Bullying Pilot** (2008-2010), co-ordinated by the Mentoring and Befriending Foundation (MBF), covering 150 primary, secondary and special schools in England. The evaluation examined how peer mentoring had

been embedded in schools and how it was delivered. The pilot identified a range of peer support activities used by schools, the most popular being (formalised) one-to-one support, but including other approaches, for example drop-in sessions and buddy/playground activities (MBF, 2011a).

- An **anti-bullying peer support programme** set up in a North London girls' secondary school in 2009 which used a 'near-peer' approach (pupils in year 10 providing support to those in years 7 and 8), delivered on an appointment basis according to need. Sessions were delivered by peer supporters working in pairs and generally lasted around 20 minutes, with the option of a repeat appointment if requested (Houlston and Smith, 2009).
- The **Formalised Peer Mentoring Pilot project** (2006-07), another national programme managed by MBF on behalf of the DfES (as was), which covered 180 secondary schools. Under this scheme, bullying was just one of four aspects of pupil life and experience addressed; the others were attainment, behaviour and transition. The pilot was based on one-to-one peer mentoring, with formal weekly sessions lasting up to 30 minutes (Parsons et al., 2008).

The projects above have a specific focus on bullying rather than on mental health or well-being more generally. However, their inclusion in the report is important because much of the learning about the delivery of peer support projects derives from such programmes; and because bullying has presumed effects on mental well-being (and itself may be a manifestation of unhappiness or low self-esteem). Some of these projects also examine a range of other outcomes relating more generally to well-being and self-esteem.

Programmes with a more direct, albeit general focus on mental health or well-being, include:

- The **West Sussex Schools Peer Support programme**, also managed by the MBF, a two-year training and support package implemented in academic years 2012/13 and 2013/14. It was offered to primary and secondary schools across West Sussex to enable them to set up and run either a buddying or peer mentoring project in their school. Activities included needs-based matched one-to-one support, but also more informal playground support, using a drop-in approach (e.g. through a 'friendship hut'). Supporters were either the same age or slightly older than those they helped, for example, Key Stage 2 pupils supporting those at Key Stage 1 (Slater-Simmons, 2014).
- **Mayflower High School**, a secondary school in Essex, has an on-going project involving one-to-one support for identified pupils, either by appointment or drop-in. The scheme aims to address emotional well-being, covering issues such as relationships, confidence and self-esteem, problems with teachers, work, illness in the family, sleep problems, aggressive behaviour and coping with older children. Supporters are year 10 pupils, who are selected through an application and

interview process, to ensure they have the right qualities and required commitment (Mayflower High School, n.d.).

- **NSPCC peer support** schemes, run and evaluated in 2004, with NSPCC advisers working closely with 7 primary and 7 secondary schools to select and train a group of pupils that could then offer mainly one-to-one peer support using basic counselling skills (Baginsky, 2004).
- **Hitchin High School** set up a peer support scheme for students in 2014. A distinctive feature of this scheme is its use of a post-box for worries, which is placed in the school's reception area; students can post a note in the post-box if they are having a problem, or if they are concerned about a friend. The aim is for peer supporters to help those students who have posted worries. This scheme also includes an information area in the school, which has links to external support agencies and email addresses (Children and Young People's Mental Health Coalition, n.d.).
- International examples include **Big Brothers Big Sisters**, a US mentoring program conducted in 2004-5 (evaluation published in 2009). Mentees were school students (aged 9-16) who were referred by their schools. Mentors included adults (one third) but also high school and university/college students (two thirds). High school mentors were typically at least two grades higher than mentees, and not necessarily from the same school. Sessions took the form of a weekly hour long meeting on school grounds, either during or after school (Herrera et al., 2008).

Evaluation outcomes addressed in the schemes described above include self-esteem, confidence, emotional health and well-being, often in a 'within school' context; for example the Formalised Peer Mentoring Pilot project examined behaviour and well-being in terms of pupils' ability to cope with school life.

All the projects target the **wider school population**, rather than those with specific needs or conditions, the aim being to help improve pupil well-being across the school, with a focus on prevention and awareness-building.

These examples of one-to-one peer support programmes all involve **structured training** for supporters, and often for school co-ordinators. The MBF projects included detailed external training and support, provided by MBF or regional support agencies, as well as support materials and information (e.g. a dedicated website). The NSPCC schools worked closely with NSPCC Education Advisers who helped with selection and training of the young people and school staff. The project run by Mayflower School did not use an external training provider, but included structured, internal training organised and overseen by a co-ordinator within the school.

Examples of training include the following:

- In the West Sussex Schools Peer Support programme (Slater-Simmons, 2014), project co-ordinators received external training provided by MBF. Peer mentor/buddy training was carried out in-school by MBF (2-3 hour training).
- In Mayflower High School (Mayflower High School, n.d.), the training to supporters is delivered by the scheme co-ordinator and covers team building, self-awareness, communication, helping, knowing limits and when to refer, roles and responsibilities, confidentiality and ethical issues, child protection issues. Materials are approved by NSPCC and child protection specialists and are age appropriate. Additional resources to support learning are obtained through the NSPCC website.
- In Hitchin High School (Children and Young People’s Mental Health Coalition, n.d.), supporters received training from Relate, a counselling organisation, covering how to become peer listeners, safeguarding and guidance about how to deal with difficult situations.
- Training for supporters described in the NSPCC evaluation (Baginsky, 2004) includes: team building; input on establishing helping relationships; listening skills; blocks to listening; exploration of values bases and acceptance of others; awareness of personal attitudes; awareness and understanding of the limits of peer support; confidentiality; recording; and support/supervision.

As already noted, it is possible that the examples we have identified tend towards the larger, more formalised models which are likely to include structured training; other smaller school projects may include less formal training. However, as shown later in the report, training is often seen as a key factor in successful programmes. The section on Skills and Training later in the report also examines the importance of training for school co-ordinators.

Group-based support

Peer support delivered in school in a group setting usually involves one of two approaches: a) sessions or ‘lessons’ given to a group of pupils by older pupils; b) sessions among a ‘peer group’ led by trained (usually professional) moderators.

A current example of the first category is **Teenage Mental Health: Peer Support in Schools**. This pilot scheme involves group sessions about mental health given by pairs of trained supporters in year 12 to classes of year 7 students. The programme aims to encourage pupils to seek early intervention to avoid mental health problems, as well as learning about good mental health and how to maintain it. Session materials are co-produced with the year 12 peer supporters (Mental Health Foundation, n.d.).

Also in the first category is the **Peer Support Program** in Australia developed by Peer Support Australia (PSA). This programme trains pupils in year 10/11 (15 to 17 year olds) to work regularly in pairs as ‘leaders’ with a small group of year 7s (12 to 13 year olds). It

consists of 12 weekly sessions of 45 minutes. Training is cascaded from outside professionals, to teacher facilitators, to selected older pupil leaders. The focus of the programme is on school competence, school citizenship, self worth and self efficacy (Ellis et al., 2009).

The second category involves moderators working with peer groups; **two examples from Canada** are summarised below:

- A school-based peer support scheme (2003) aimed at the prevention of eating disorders, building mental resilience, and easing adolescent transitions in school. Peer groups of young people aged 12 to 14 were led in discussion by trained public health nurse facilitators (McVey et al., 2003).
- A school-based project (2012), in which academic researchers led peer group discussions of 13-14 year olds girls (around 20 pupils per group). The project focused on reducing negative body esteem and disordered eating attitudes and behaviours in grade eight girls. The groups were available to all pupils in the year group (Thompson et al., 2012).

The concept of the group session was taken a step further by the 'Let's Erase the Stigma Educational Foundation' (LETS), which hosted a **youth summit** in 2011 where Los Angeles County school and transition-age youth could talk openly about mental illness and stigma (Projects Lets, n.d.).

Training-based projects

A number of recent projects emphasise the training of peer supporters, to disseminate health messages and information to others in the school and more widely. The developmental and educational benefits to peer supporters themselves are a main focus of such projects, as well as the benefits to those reached by the messages and information. Examples include:

- **'Youth Health Champions'** - a level two course awarded by the Royal Society for Public Health (RSPH), and taught over 38 hours, typically in two hour blocks. Issues relating to emotional wellbeing and mental health are woven throughout the programme, which also now includes an entire optional module on emotional well-being. The course is delivered by experienced tutors with an enhanced background in a range of health issues. Students must be aged 13 and above to take part. Hertfordshire County Council's Youth Connexions is currently preparing to run the course, including the new optional unit on emotional well-being, in six Hertfordshire schools (RSPH, n.d.).
- **Schools in Northamptonshire** took part in a training programme (2011-2014) enabling schools to take a systematic approach to promoting mental health in a

very broad sense. Training was delivered first to school staff by an MBF representative. Pupil supporters were trained in turn by their teachers (or in some cases by an outside agency, Service Six). Each school was able to adapt the programme to meet specific needs identified by staff and pupils (Simons and Lockyer, 2011).

Important features of these training-based projects are the flexibility to tailor training to different schools, and the link to follow-up peer support activities in schools.

On-line projects

Peer support schemes include some on-line (internet or email) approaches, either set up and run by schools or by external organisations.

Examples of **on-line peer support** included in the review are described below:

- Ali et al (2013) examined six on-line peer-to-peer support projects for young people with mental health problems. The included studies were from England, Ireland, Australia and the US. Conditions targeted in the studies were depression and anxiety, general psychological problems, eating disorders and substance use/abuse. The projects used various specific methods: mainly internet support groups, bulletin boards or forums; also virtual reality chat combined with text.
- A group of European organisations examined the role of on-line peer support for young people who self-harm. This collated evidence from Denmark, Italy, Slovenia and the UK, to consider how internet-based services, and specifically on-line peer support, can meet the need for advice and support for young people who self harm (Cyberhus et al., 2012).
- An email support group was set up in an all-boys school in the UK in response to an incident of bullying (Hutson and Cowie, 2007). Peer supporters were from different age groups and worked a rota with four peers of different ages 'on duty' at a time.
- Cybermentors was one element of Beatbullying, a peer support programme set up in 2002. Students, usually recruited in schools, were trained by Beatbullying staff in two-day training workshops based in schools or in workshops organised by local authorities. Support was provided on-line in and out of school, by peers who had received a two-day training (Thompson et al., 2011).
- An on-line peer support programme, aimed at university students experiencing depressive symptoms, described by Horgan et al (2013). Peer support was delivered through a specially designed website to 18-24 year old students in a university in Ireland. It also provided information on depression and links to other support.

The strengths of an on-line approach that are put forward include that it offers a degree of anonymity and that young people may feel more comfortable discussing their experiences on-line. In addition, young people are seen to be competent and confident users of the internet generally and there is some evidence that young people with mental health issues are more likely to turn to the internet for support than to professionals (Horgan et al, 2013).

Key features of on-line models are:

- **Monitoring and moderating** by staff or professionals. In the Cybermentors scheme, mentors were supported by a referral team of senior mentors and counsellors (Thompson et al., 2011). In the school email scheme (Hutson and Cowie, 2007), four teachers acted as mediators who ensured anonymity was maintained and who dealt with more serious cases. In the study reported by Horgan et al. (2013) among university students, the research team safeguarded the site and 'ensured ground rules were maintained'. In some of the examples referenced by Ali et al. (2013), projects were moderated by health professionals.
- Approaches to **responding to enquiries**. As the volumes of enquiries could not be controlled, and enquiries could be made at any time, projects needed a system for ensuring a timely response. The in-school study reported by Hutson and Cowie (2007) sets out the details of how this was achieved: email queries were sent to a generic email address by pupils using their school email account; queries were initially moderated by teachers who anonymised them before forwarding to the peer support team; peer supporters worked a rota, with four peers of different ages 'on duty' at a time; peer supporters answered queries three times a week and aimed to provide responses within 48 hours of receiving a query.

Community-based projects

Examples of community-based projects are as follows:

- **'The Project'** is a service hosted by East Devon Volunteer Support Agency (EDVSA), an independent registered charity. It is a free service open to young people and their parents and carers from across East Devon, South Somerset and West Dorset. The core activities are fortnightly group meetings which last for 2 hours. The groups are facilitated by a Senior Youth Worker, and a qualified Mental Health Worker, assisted by a team of volunteers. It covers two age groups: 12-16 and 16-24. This is a service for young people who are experiencing emotional and mental health issues, with young people referred onto the Project (EDVSA, 2014).
- The **Girl Guides** have a Peer Education Programme, including a number of individual projects, such as 'Free Being Me' – developed with the World

Association of Girl Guides and Girl Scouts (WAGGGS), and the Dove Self-Esteem Project to grow girls' body confidence and self-esteem. A key component of the Peer Education Programme is the development of 'peer educators'. Peer educators are from the Senior Section of the Girl Guides, aged 14-26. They are trained to help Brownies, Guides and others in the Senior Section to think and talk about issues that are important to them (Girlguiding, n.d.).

- **ON FIRE** is a peer support program, set up in 2014 by the Schizophrenia Fellowship of NSW (Australia). It is provided for children aged 8-17 in families affected by mental illness. Core activities are fun days – day long, often around physical and outdoor activities, to promote co-operation and build confidence; and camps, with similar fun/leisure activities combined with group work focused on developing peer support, 'mental health literacy' and life skills (Foster et al., 2014).

Overview of available evidence and quality

Theoretical justifications for the involvement of peers in school-based interventions targeting mental health are plentiful and many studies and reports offer essentially positive accounts of what schemes have achieved, or could potentially achieve with the right arrangements and resources; although it is likely that failed experiments and interventions are less likely to be reported.

The concept of peer support mental health interventions has been operationalised in a variety of ways, directed at different outcomes and aimed at different targets - for example particular individuals, groups within schools, whole schools and communities.

This raises significant difficulties for synthesising evidence about peer support in schools in order to answer generalised questions about effectiveness. To do so involves piecing together carefully weighed shards of evidence from disparate sources, using considerable amounts of judgement. As noted by Ansell and Insley (2013), “the circumstances of individual schemes differ widely, making it hard to compare and to synthesise findings”. The same theme is picked up by James (2011): “the combination of the variety of methods of peer support and the many reasons it may be used, means that there is no single way of measuring the effectiveness of peer support”.

A further complicating factor is the relatively limited amount and quality of evaluation evidence that is available from schemes, interventions and programmes that have been tried and tested. Although some careful evaluations have been carried out, especially in the US and Australia, these are outnumbered in the literature by schemes that have not been evaluated, where the evaluation is weak or where there is no clear reporting of evaluation. As an indication of this, a number of evidence reviews covered in this report identified only small numbers of studies, screened from thousands, that met basic inclusion criteria in regard to evaluation evidence.

Some weaknesses in the evaluation evidence and the reporting of schemes that are apparent from this review include:

- Lack of clarity or consensus about different forms of peer support and the terminology used to talk about them;
- Proprietary interest in reporting of some schemes;
- Limited information provided about important details necessary to establishing what was implemented, what impacts were expected and how they were measured or assessed;
- Lack of formal evaluation – informal anecdotal evidence only;

- Formal evaluation design and/or execution weak or flawed – whether qualitative or quantitative – for example no ‘pre-post’ information, low response rates;
- Limited amounts of quantitative evidence overall in the literature;
- Evidence gaps, for example, in relation to: cost and resource implications, comparisons with alternative types of scheme or methods of implementation or delivery, long term impacts.

In addition, DfE (2011, referencing Groark and McCall, 2008) point out that detecting the impact of interventions in a short period of time can be difficult because programmes can take a long time to implement and bed down. Consequently, it can take several years from the beginning of a large scale intervention for effects to be observed in child outcomes. Furthermore, it is difficult and expensive to conduct long term studies of this kind (Ansell and Insley, 2013).

Effectiveness of peer support programmes

This chapter examines the evidence for success of different peer support programmes targeting the mental health of young people. It starts by assessing the evidence for the overall effectiveness of peer support, before looking at evidence for different models. The chapter then looks at reasons for success and lack of success, as well as findings that indicate which young people benefit most from peer support interventions.

The findings in this chapter are based on a range of different studies which provide evidence on the effectiveness of peer support programmes. These studies can be divided into two broad categories according to the type of evidence they provide:

- Some studies use robust evaluation methods to indicate the impact of programmes in relation to particular outcomes. ‘Robust’ evaluations are classified as those which are based on randomised trials or other experimental designs that compare participants with a control group in order to assess impact. These studies (often from the US) provide a reliable assessment of the success of programmes, although they generally provide little or no details on how or why programmes have (or have not) been successful. These studies provide the bulk of the evidence in the first section on ‘overall effectiveness’ as well as a small amount of evidence in relation to different models of support.
- Other studies are based on self-reported outcomes or subjective feedback from participants, sometimes in the form of anecdotal evidence. This evidence is less reliable in determining whether a programme has been successful, but can provide useful learning on factors that are perceived as influencing successful delivery.

Overall effectiveness

This section summarises the findings from robust evaluations that measure the impact of programmes on participants. This includes the findings from previous literature reviews that have attempted to collate the evidence from different studies. In general, these studies provide ‘hard’ evidence of success, but do not necessarily explain why or how programmes were successful (we turn to these issues in the next section).

Overall, reviews have found **mixed evidence of success** for peer support schemes, with some studies identifying positive outcomes but others finding no evidence of significant differences resulting from participation. In their review of mental health schemes in schools (mostly from the US), Weare and Nind (2011) conclude that, in relation to interventions which involved peer work, “the evidence on its effectiveness was mixed”.

Where robust impact assessments have been carried out, there has been some evidence of success, for example in programmes addressing conflict resolution and conduct disorder/anger management (Weare and Nind, 2011). In relation to bullying projects, James (2011) notes that “studies using both pre- and post- measures and controlled comparisons have found mixed evidence on the impact of peer support on bullying”.

There is also a body of evidence on projects for children whose siblings or parents have mental health problems. A recent review by Tower Hamlets CCG summarised seven programmes from Australia and the US, and found positive impacts on self-esteem and depressive and emotional symptoms, along with other outcomes (Tower Hamlets CCG, 2013).

Weare and Nind (2011) identify programmes which have had positive mental health outcomes (although the specific outcomes are not specified). The report states that there is evidence that “peer norming (putting children with problems with those without) has at least short-term modest impacts on the mental health of children with problems”.

However, the recent Nesta review indicates that results are more varied. Focusing on the studies with a particular focus on children and mental health, this review found positive outcomes in relation to ‘experience and emotions’ in four studies, but that two studies showed no significant impact in this area. In relation to ‘behaviour and health outcomes’, two studies show positive benefits, while two show no significant impact (Nesta and National Voices, 2013).

The Nesta report summarises findings according to **specific conditions**. This shows that:

- two schemes for eating disorders indicated no significant impact (these were both group-based projects, which are discussed further below);
- one scheme on suicide prevention, where there were positive impacts on ‘experience and emotions’.
- one scheme focusing on interactive behaviour, where there was no significant impact on ‘experience and emotions’.
- two schemes on alcohol, drugs or tobacco: one had a positive impact on behaviour and health outcomes; the other had no impact on behaviour and health outcomes, or on experiences and emotions.

Overall, the evidence in this section indicates that different schemes have had varied levels of success, but that peer support programmes can potentially result in a range of positive outcomes for young people. However, these findings confirm the wide diversity of programmes, in terms of their aims and methods, and the outcomes they assess.

Effectiveness of different peer support models

This section looks at the evidence for success of different types of peer support model: school-based projects (one-to-one or group based), on-line programmes and community models.

In-school programmes: one-to-one support

This section examines evidence of success for individual programmes conducted in schools which include one-to-one support. Much of the evidence is based on self-reported outcomes, or participants' attitudes towards taking part in the schemes. The limited robust evidence on impact is summarised below:

- Evaluations of two individual projects found no evidence of success in relation to self-esteem and well-being but some positive impact on academic performance. In their evaluation of the Formalised Peer Mentoring Pilot project, Parsons et al. (2008) found no clear evidence of impact (e.g. on attendance, attainment, self-esteem) on mentees or mentors. In the evaluation of Big Brothers Big Sisters (Herrera et al, 2008), mentored students showed improvements in academic performance measures 9 months after baseline, when compared with a control group. However, there were no differences for any other measures (relating to social and personal and wellbeing and problem behaviours). 15 months after baseline – when most of the mentoring had stopped - there were no differences between control and treatment groups in any of the measures.
- In relation to bullying projects, James (2011) notes that “in terms of pre and post measures of bullying levels, studies in the UK indicate that peer support does not reduce bullying”. However, some bullying projects have achieved other, broader, outcomes. In the National Peer Mentoring Anti-Bullying Pilot (2008-10), managed by MBF, the results indicated positive outcomes for at risk mentored students: increases in general life satisfaction, self-esteem and ‘relatedness’ (MBF, 2011a).
- However, Weare and Nind (2011) identify examples where peer support schemes on bullying can have negative outcomes; for example studies showing apparent increases in bullying after interventions, which largely appeared to be connected with the use of peer groups for children who bullied. This and other studies conclude that peer work which is only carried out with children who bully increased their subsequent bullying and victimisation of other children, with bullying children reinforcing one another's attitudes and behaviours.

In addition to the evidence on impact and outcomes outlined above, many studies include feedback from participants and self-reported outcomes. This evidence is less robust, but provides more of an insight into the potential benefits of different models.

Evidence on **self-reported outcomes** for **supported young people** is as follows:

- Increased happiness or wellbeing (e.g. the schools programme in West Sussex);
- Improved self-esteem, confidence and emotional resilience (e.g. West Sussex, as reported by school co-ordinators; Formalised Peer Mentoring Pilot project);
- Improved relationships/reduction in friendship problems (e.g. Mayflower High School);
- Improved social skills or school behaviour (e.g. Formalised Peer Mentoring Pilot project);
- Positive effect on school environment (e.g. Mayflower High School).

In the evaluation of the Formalised Peer Mentoring Pilot project, Parsons et al. (2008) found that, while individual projects sometimes fell short in meeting their stated objectives, a range of additional 'wider' benefits were reported. For example, raising confidence and self-esteem was often reported as an outcome even where this was not a targeted outcome. This suggests that peer support can have wide-ranging benefits beyond their primary aims.

However, in the 2014 overall evaluation of Northamptonshire TaMHS, staff in 3 schools gave ratings for the value of different interventions. Ratings for peer support/mentoring were lower than for other types of school interventions, in relation to children who are vulnerable to experiencing difficulties with mental health. This suggests a perception among staff that peer support schemes may be less effective than other types of school-based intervention (Simons and Lockyer, 2011).

Many studies note the positive effect of participation in peer support schemes for **peer supporters**. However, this appears to be based mainly on self-reported outcomes and perceptions of schemes. In two studies that aimed to measure impact for peer supporters:

- Parsons et al. (2008) on the Formalised Peer Mentoring Pilot found no significant change for 'general self-worth'. Data from the impact audit indicated that attainment improved on average, attendance got worse and behaviour and 'other' outcomes were unchanged.
- In a study in an English all-girls secondary school, the results were mixed. A pre and post test with 14 peer supporters and 14 matched controls found a significant increase in social self-esteem (Houlston and Smith, 2009). However no differences were found in shame acknowledgement and displacement, or in general social skills.

Despite limited evidence of impact, many studies indicate benefits as reported by peer supporters and staff. Several studies report positive feedback from peer supporters. In

Parsons et al. (2008), peer supporters in the study were overwhelmingly pleased they had participated, with the majority giving the reason of being glad to help others.

Peer supporters also report that they have benefitted from taking part, in various ways:

- increased self-confidence: in the West Sussex programme, confidence levels as reported by peer supporters appeared to have increased significantly after participation. In the project at Mayflower High School, peer supporters selected because of their own low self-esteem/behavioural problems benefited in particular. Increased self-confidence is also reported in the National Peer Mentoring Anti-Bullying Pilot (2008-10), Barnardo's/Scottish schools and the NMN Peer Mentoring Pilot Programme (2004).
- improved skills: in an Australian study, peer supporters said they had developed skills in communication, anger management and conflict resolution (McWilliam, 2010); in Mayflower High School, peer supporters felt they had gained 'transferable skills'.
- improved relationships with other children: cited in the studies on Mayflower High School and the West Sussex programme.

Feedback on school-based schemes also suggests that peer support can have '**whole school**' benefits, that potentially bring "a form of lived morality and encompasses a range of activities and systems within which people's potential to be helpful to one another can be fostered through appropriate training" (Cowie and Smith, 2010). James (2011) also concludes that "on the whole teachers and pupils report that peer support has a positive impact on school life".

This is expanded on in an earlier report by Cowie (Cowie and Hutson, 2005), which describes ways in which a bullying project can benefit the whole school environment: peers detect bullying sooner than adults would or could; students are more likely to confide in contemporaries than adults; victims have someone to turn to; supporters gain valuable skills and self-confidence; over time schools are seen as caring communities; and the school reputation is enhanced.

Group-based peer support in schools

A number of group-based projects in schools have had robust impact evaluations, as follows:

- In the Australian designed Peer Support Program (PSP), there was 'clear support for the capacity of the Peer Support Program to enhance specific aspects of students' psychological well-being and adjustment to the high school context',

some significant immediate impact, largely retained over the following 3 months, and some significant increases in various outcome measures between the end of the program and follow-up (Ellis et al., 2009).

- However, two projects from Canada on eating disorders found no significant impact. In the study by McVey et al. (2003), although an earlier running of the scheme indicated some positive outcomes, there were no significant effects on outcome measures including global self-esteem, body esteem or dieting. Despite the lack of an intervention effect, the participants still provided positive feedback in their evaluations of the group experience. In the study by Thompson et al. (2012), there was no significant difference in outcomes for body satisfaction, social confidence, pressure to conform, attitudes to appearance, eating attitudes.

On-line programmes

A review of on-line projects looked at six studies (screened from over 3000 from the initial search results) that evaluated the effectiveness of peer-to-peer interaction either as a standalone intervention or as a component in an intervention, for young people aged 12-25. The included studies were from England, Ireland, Australia and the US. Only two RCTs found statistically significant improvements in the intervention groups. One targeted depressive symptoms with an on-line moderated support forum, and one targeted tobacco use with a virtual work chat room. None of the other four studies found any statistically significant change (Cyberhus et al., 2012).

The report by Horgan et al. (2013) looks at older age groups. Focusing on college students, Shaw and Gant (2002) examined the effect of chat room discussions among 46 psychology students on depression, loneliness, self-esteem and social support. Findings revealed that the use of the chat room significantly reduced depressive symptoms and loneliness and increased self-esteem and social support. Similarly, Morgan and Cotton (2003) examined the relationship between internet activities and depressive symptoms in 287 first year university students and found that the use of chat rooms was associated with reduced depressive symptoms. These studies highlight the potential benefits of interacting with peers on the internet and how informal support via chat rooms can reduce depressive symptoms; however they offer little information on peer support processes.

Less robust, self-reported benefits of on-line projects are as follows:

- Positive feedback of the experience: in the Cybermentors (Thompson et al, 2011) project, mentees mostly found it easy to contact and talk to a Cybermentor, finding the advice helpful or very helpful and would use the scheme again and would also recommend a friend to do so. In the school-based email project studied by Hutson and Cowie (2007), the scheme was well liked by pupils and widely used.

- More open discussion of problems or reduction in stigma: In the school-based email project (Hutson and Cowie, 2007), the report noted an increased openness about problems, it was felt that the use of email technology helped to lower sensitivity around the issues.

The Cybermentors study also reported benefits for mentors. They thought their training prepared them well; that they felt very safe on the website and well supported by Beatbullying staff (Thompson et al, 2011).

Community-based programmes

There is limited evidence on community-based programmes, and findings are based on self-report benefits and/or anecdotal evidence:

- In the report on The Project (EDVSA, 2014), participants said that their confidence had increased and/or that they had developed socially. Anecdotally, parent and referrers' feedback was positive.
- The ON FIRE project is a peer support program offered by the Schizophrenia Fellowship of NSW (Australia), for children 8-17 years in families affected by mental illness. Participants reported benefits such as forming bonds/reduced isolation; developing self confidence and strategies; and self esteem from helping others (Foster et al., 2014).

Reasons for success

In this section, we examine the reasons that have been put forward for the success of projects. It is important to note that all of this evidence is based on self-reported success, i.e. it is based on participants' views on whether the project was successful and what reasons they had for these views. As a result, this does not constitute robust evidence for success, but does help to show the types of issues that are considered important when implementing a programme.

The reasons for success (and lack of success, covered in the next section) cut across different types of model. Therefore the issues are presented for all types of programmes, except where specified.

Programme management

Several studies note the importance of the programme being **well run**. The evaluation of the National Peer Mentoring Anti-Bullying Pilot (2008-10) noted that more successful projects had a clear purpose, specifically with clarity about the objective of the scheme and what the school expects to see as benefits; making sure the focus of the project is clear and the project's aims are achievable and beneficial (MBF, 2011a).

Several studies stress the importance of having **support from senior management** in the school. For example, Houlston and Smith (2009), reporting on a peer support scheme in a London secondary school, note that senior management took an active role in supporting it. In the project run at Mayflower School, it was reported that there was 'buy in' from all levels; for example heads of year and prefects who identify vulnerable students and may refer them to peer supporters (Mayflower High School, n.d.). The report by Public Health England and Children and Young People's Mental Health Coalition (2015) also emphasises that "support from the senior leadership team is essential to ensure that efforts to promote emotional health and wellbeing are accepted and embedded".

Another element that is stressed in various studies is the **role of the school co-ordinator**, who needs to be committed, trained and able to take a strong lead (MBF, 2011b). In the review of evidence by James (2011), the role of the scheme co-ordinator(s) was described as crucial; "not only must they manage the system, they must support the peer supporters". In the programme at Mayflower High School, the key qualities for the school coordinator included "the ability to work with pupils, persuade and influence other staff, initiative and commitment", as well as being given "a clear brief, time and adequate remuneration". Further details on co-ordinator training are given in the section below on 'Skills and training'.

Some projects link their peer support project with **other school activities**, and where this happens it is seen as important. Weare (2015) states that “research over many decades has shown that multi-component approaches, provided they are coherent, are more effective in promoting social and emotional well-being than those which focus on only one or two parts of school life”.

The view is also expressed that it is important to **publicise** peer support projects across the school. According to MBF, peer support thrives on ‘good publicity’ and ensuring that all staff and pupils are fully aware of how the scheme works. “Presentations in assemblies, prominent information displays, newsletters, peer mentor badges are some of the ways to promote the programme” (MBF, 2011b). Effective marketing was also seen as a way of overcoming possible stigma attaching to use of a peer support scheme.

Formalised schemes

The MBF review of evidence (MBF, 2011b) states that “peer mentoring programmes that are **more formalised** and include training, support and management of the mentors are more beneficial in terms of impact”). Specific elements of formalised projects include:

- A structured process of monitoring and evaluation to assess the impact of the scheme and identify areas for attention and improvement (MBF, 2011b).
- Having a dedicated space for peer support. MBF (2011b) concluded that having a designated place was one of the characteristics of a successful programme, as it gave it a focus and provided a safe area for pupils to go). This also helped when scheduling peer support sessions, to ensure they took place at the agreed times. A separate study found that having dedicated time slots in the school day was an important success factor, as young people appreciated having a set time to see their peer supporter (Vincent et al., 2007).
- As noted earlier in the report, several in-school programmes include formal or external training, and this training is often seen as a key element of success. In the West Sussex programme, training was well received and was seen as improving peer supporters’ confidence. The value of good quality training was also stressed by MBF (2011b), both in preparing co-ordinators to run a programme and in equipping peer supporters for their roles. Training is discussed in more detail in the section on key lessons.

Linked to this, a review by Thompson et al. (2012) notes that, although some literature shows effects from short interventions, meta-analytic reviews have tended towards greater effects for **longer (or ‘multi-session’ programmes) programmes**.

The role of peer supporters

Several studies say the success of their project depends on the **quality of the peer supporters**. Specifically, studies refer to “trained pupils who have a high profile and command respect” (Mayflower School, n.d.), enthusiasm, commitment and reliability (as reported by school co-ordinators, MBF 2011b, “enthusiasm and their willingness to commit to the mentoring scheme” (Parsons et al, 2008), and “communication and interpersonal skills ... [including] active listening, but also need to be able to demonstrate a problem-solving stance (Cowie and Smith, 2010).

MBF (2011b) also discusses the importance of a robust process for **selecting mentors**. In the project evaluated by Houlston and Smith (2009), members of the school council were involved in selecting counsellors, while other programmes used detailed selection criteria, for example focusing on an assessment of interpersonal skills and approachability (Houlston and Smith, 2009).

Other studies refer to the profile of peer supporters. In the West Sussex programme, success of some of the projects is linked to the use of peer supporters who are **older than those they support**, with younger children for the most part appreciating the attention and support of an older child in the school. In a review of evidence, James (2011) notes that “for the common types of peer support older pupils usually support younger ones”, and references a case study of two schools conducted by Boulton (2005) which found that around half of pupils would prefer to see a peer counsellor who was older than them, while 10% would prefer one of the same age, 2% preferred a younger one and 35% did not mind.

MBF (2011b) discuss the importance of recruiting **male peer supporters**, given the tendency (in this and other studies) for the profile of peer supporters to be female-dominated (this is discussed further below in relation to who benefits most from peer support).

Some studies (particularly those examining ‘drop in’ systems of peer support) note that peer supporters were **clearly identifiable** (e.g. by wearing badges), and that this was viewed positively (Mayflower High School, n.d.). This builds on previous evidence, as reported by James (2011), that the identity of peer supporters can be shown by “markers like badges, differently coloured ties or hats” (e.g. Baginsky, 2004; Smith and Watson, 2004).

Finally in schemes where people are assigned to or matched with targeted individuals, the process of **matching** can be crucial. Parsons et al. (2008) found that “matching seemed to be most successful when students were matched according to similar interests/hobbies and /or similar personality characteristics. Matching of boy to girl (mentee-mentor) was deemed to be less successful by the mentees and/or mentors”.

Specific benefits of on-line programmes

Some success factors are specific to the type of model. A key benefit of **on-line programmes** is that they offer anonymity. This is reported by Hutson and Cowie (2007) in their evaluation of an email scheme in a school. In particular, an email helpdesk was seen as providing anonymity, so avoiding the fear of 'grassing'. It also provides an open space to meet without preconceptions, personalities or boundaries. This study suggests that on-line communication can be more suited to boys with emotional issues than face to face methods. The same point is made by Horgan et al. (2013) in relation to a web support scheme for university students. There were more male than female participants in this study, and the report suggests that this type of support is especially helpful to males who typically are less likely than females to seek professional help.

Reasons for lack of success

The studies included in the review provide more details on the reasons for success of programmes than on lack of success. However, some key points emerge from the various studies.

A common problem identified by school-based programmes are issues relating to **staff workloads or time constraints**. In the West Sussex programme, schools that experienced problems in running a project cited conflicting priorities in the school and lack of time (Slater-Simmons, 2014). In the evaluation of the Formalised Peer Mentoring Pilot project (Parsons et al., 2008), workload problems were most frequently cited as the main factor impacting upon the successful management of the peer mentoring project.

The West Sussex programme also notes the potential problem of **staff turnover**, given that a small number of staff members are often heavily involved in running projects.

Hutson and Cowie (2007) note that some peer support schemes fail because they are **under-utilised** within the school, causing the peer supporters to become disengaged. As noted in the previous section, effective publicity and marketing within the school can be important in encouraging take-up. It is also important for take-up that peer supporters are respected in the school (Baginsky, 2004).

Some of the problems encountered by programmes relate to specific models. In **group-based** programmes, there may be negative effects because of the composition of the group. In a Canadian project among girls with eating disorders, the evaluation report noted that “group activities among a peer group that already has a high level of dieting preoccupation might maintain rather than decrease their preoccupation” (McVey et al., 2003). A similar evaluation (Thompson et al., 2012) found that the group composition may have been too broad, i.e. group members need to have something clearly identifiable in common.

In **on-line** programmes, the project among university students experienced a high drop-out rate. This was linked to the lack of a moderator for the on-line forum and the fact that the forum was new. This study also noted a potential problem of slow response times to on-line postings; the same issue was reported by Hutson and Cowie (2007), who found that pupils in crisis would have to wait for a response. Hutson and Cowie also raise the issue of possible hoax enquiries in on-line programmes, which can be difficult and time-consuming to filter out.

Who benefits most?

The studies covered in this review generally give limited information on which young people benefit most (or least) from peer support programmes. This is partly linked to the design of many evaluations, which feature either small sample sizes (allowing for little if any analysis of sub-groups) or which are based on qualitative or anecdotal evidence. However, some studies do identify the young people that benefit more or less from projects.

As noted previously, some programmes have been found to be more popular among **girls than boys**. For example in the programme evaluated by Houlston et al (2009), secondary schools were more likely to report a greater number of girls than boys being peer supporters. As early as 1998, Sharp and Cowie cite research suggesting that boys are often discouraged from either joining or using peer-support schemes by hostile peer pressure and by the fact that few male teachers were usually involved; consequently girls “typically outnumbered boys at every stage from recruitment to implementation”. In one school, this was addressed by the co-ordinator emphasising the importance of both sexes being equally represented; this resulted in an equal number of applications from girls and boys.

Gender differences are also highlighted in on-line programmes. In the evaluation of the Cybermentors programme, the “vast majority” of respondents to the study were female (Thompson et al., 2011). The report notes that “this gender imbalance is evident in most peer support schemes”, and “could put boys off accessing the scheme”. However, a different message is reported by two other studies (Horgan et al., 2013 and Hutson and Cowie, 2007). As described above, these studies found a relatively high take up from male participants, and suggested that on-line projects may be particularly suitable for boys.

In relation to the **age of participants**, the evaluation of TaMHS found that primary school children showed slightly more positive ratings about peer support than secondary school pupils. However, Cowie and Wallace (2000) indicate that not all types of peer support are suitable for all ages of children, with mediation, peer tutoring and education, peer counselling and peer mentoring highlighted as unsuitable for primary school aged children (7-9 years).

The evaluation of TaMHS examined the findings for those at **high risk or with more serious mental health problems**, comparing those below and above the clinical cut-off for a) behavioural problems and b) emotional problems. In both cases, those with significant mental health problems rated the help provided by peer supporters less positively than those who did not have problems; this pattern applies to both primary and secondary school pupils (Department for Education, 2011). Participation rates in the Big

Brother Big Sister programme in the US found that drop-out rates were higher among 'needier' young people (Herrera, 2008).

By contrast, in their evaluation of an email peer support scheme in a school, Hutson and Cowie (2007) found that the project was effective at reaching the most vulnerable pupils. This confirms other studies which suggest that on-line projects can "equalise the playing field as socially marginalised groups are able to communicate, and find the social support on-line that is often lacking in their traditional relationships" (Ybarra and Mitchell, 2004).

Overall, the findings in this section confirm the importance of programmes having clarity in their focus and aims, including a clear understanding of the target audience and the extent to which the programme is able to address more specific or severe needs.

Key lessons learned

This chapter brings together pointers on good practice from the studies on peer support covered in this review. Many of these lessons cut across the different types of support model described, although some are specific to particular approaches. Although findings in this chapter are pooled from a range of sources, based on a variety of research methods, most draw on predominating qualitative evidence and anecdotal feedback.

Leadership, design and organisation

Leadership, design and organisation are critical factors in the success of school based peer support schemes, and important aspects of these are highlighted in a number of school-based studies.

Several studies note the importance of commitment from **senior school management** (see previous section), although it can be difficult to sustain. Few schools in the Formalised Peer Mentoring Pilot project (Parsons et al., 2008) reported close involvement of staff other than the scheme co-ordinator. The percentage of co-ordinators who said that other staff involvement “was adequate” decreased between the first and second waves of the survey, from 87 per cent to 59 per cent. Introducing the scheme as part of a coordinated approach to mental health and wellbeing may encourage ongoing support (e.g. Mayflower High School), or by having a “champion who will promote emotional health and wellbeing across the organisation” (Public Health England and Children and Young People’s Mental Health Coalition, 2015). This report suggests that within schools “a governor with knowledge and understanding of emotional health and wellbeing issues is highly desirable in championing organisation-wide practices”.

A number of studies comment on the importance of **funding**, for aspects such as peer training, publicity and other elements such as decoration and furnishings to make dedicated peer support areas in schools comfortable and friendly (see for example Cowie and Wallace (2000) cited in the evidence review by James (2011)). This review notes that funding is particularly important if an outside organisation is required to provide staff and pupil training, and support scheme development. Scheme evaluation is another important area that may require funding.

A crucial role in school-based programmes is played by the **scheme co-ordinator**. Risks associated with over-reliance on a single co-ordinator are highlighted by some studies (e.g. Cowie and Wallace, 2000); for example if they have a lot of other commitments or leave the school (Smith and Watson, 2004). This underlines the importance of having a broader staff base. In the evaluation of the Formalised Peer Mentoring Pilot project, Parsons et al. (2008) note that “the most frequently cited factor for enabling scheme coordinators to overcome barriers, was that of bringing additional staff on board”.

A number of studies stress the value of **co-production** of schemes by children or young people in the school. For example, in the study by Houlston and Smith (2009), peer supporters themselves were given the opportunity to shape the development of the project. The report by Cyberhus et al. (2012), looking at on-line peer support for young people who self-harm, lists engaging young people in the development of any scheme as the first principle for on-line peer support. Recent work from the Mental Health Foundation involves peer production of materials used in support sessions, while peer messages that are core to the RSPH's Youth Health Champions programme are also peer produced.

Some studies mention the need to **monitor or evaluate** projects, schemes and programmes, although as already noted this aspect is often not well handled. Identifying whether a scheme has had an impact and understanding why (or why not) is key. Within schools it is necessary to the continuing improvement of a programme and its effective management (MBF 2011b, Parsons et al. 2008, Hynes 2006). Monitoring and evaluation is also seen as important in ensuring programme longevity (see below).

Supervision and support

Adult support and/or supervision of peer supporters is often seen as vital to school peer support programmes (e.g. Cowie and Hutson, 2005); for example to ensure that supporters are not left to operate alone beyond their limitations, such as dealing with highly sensitive issues. Peer supporters also need to know when to seek help and who to seek it from (James, 2011). "Central to the effectiveness of this work is the collaboration between young people and adults, and pupils need careful preparation and to be well taught and carefully mentored, not least to know their own limitations and when to seek help" (Weare, 2015).

Despite the importance of support and supervision, this aspect of a programme may not always be strong. In the evaluation of the National Peer Mentoring Anti-Bullying Pilot (2008-10), the main gaps in school programmes were support and supervision, as well as evaluation (MBF, 2011a).

Skills and training

Many school-based programmes involve structured training of peer supporters, and the importance of this is emphasised in a number of studies (e.g. Cowie and Hutson, 2005). The evaluation of Big Brothers Big Sisters in the US found that programmes which offered quality training to their mentors had more successful matches between mentor and mentee (Herrera et al., 2008).

Some studies (e.g. the programme in West Sussex, and the school studied by Houlston and Smith, 2009) specify the elements of mentor training that should be included, such as:

- Communication and active listening;
- Ensuring a non-judgmental attitude;
- Knowing limits of expertise and when to refer;
- Confidentiality and ethical issues;
- Child protection issues.

Studies also underline the importance of effective training for school co-ordinators, both in management and co-ordination skills (Parsons et al, 2008) as well as understanding issues relating to peer support.

The evaluation of the programme in West Sussex (Slater-Simmons, 2014) included a strong focus on the external training received by co-ordinators, and highlighted some of the areas that were well received, such as:

- Looking at example models of different types of peer support; case studies;
- Having the opportunity to discuss plans with other members of staff;
- Folder and paperwork so they could follow-up afterwards.

Early induction of peer supporters is recommended by some authors, to provide clarity for example about what to expect from the process and to discuss what they want to gain (e.g. Parsons et al., 2008).

Quality assurance

Reports and studies we examined as part of this research had little to say about formal or other systems of quality assurance in the delivery of peer support projects. It is not clear whether this reflects any lack of quality assurance or whether this was just not one of the topics covered by the publications.

Project longevity

Some projects (e.g. pilot schemes) are only intended to last for a limited time, but others can potentially continue indefinitely. Herrera et al. (2008) stress that programme longevity is of central importance to success, as key impacts on pupils will only be realised over the longer term. Programmes have had varying levels of success at continuing on a long-term basis. Some programmes have succeeded in continuing over several years (e.g. the programme at Mayflower High School, and the email support scheme studied by Hutson

and Cowie, 2007), or have provided a model that has successfully been adopted elsewhere (Peer Support Program in Australia, Ellis et al., 2009). In the West Sussex programme, some schools' projects had continued over time, whereas others had ended or in some cases had never properly got off the ground, usually because of constraints on time or resources. This study stresses that it can take time to identify peer supporters and get activities in place, and that this should not be under-estimated (Slater-Simmons, 2014).

Houlston et al. (2009) note that sustainability is often linked to a flexible approach: "potentially, enabling the service to grow, expand or change direction is important in ensuring its continuation". It has also been linked to careful selection of committed peer supporters. Smith and Watson (2004) suggest "making use of pupils who have been trained in peer support at primary school when they transition to secondary school, and making use of previous peer supporters to help train future pupil helpers" (Smith and Watson, 2004). The evaluation of schools in West Sussex suggested that, for primary schools, training peer supporters in year 5 is most suitable, as they can continue mentoring the following year, before moving to secondary school (Slater-Simmons, 2014).

Confidentiality

A number of programmes mention procedures in place for ensuring confidentiality. As part of the email project in a secondary school, confidentiality assurances were provided and anonymity guaranteed by mediating teachers (Hutson and Cowie, 2008). The community based programme 'The Project' obtained support and input from EDVSA, CAMHS and DYS to put in place appropriate policies, procedures and protocols around confidentiality, safeguarding and good practice, which have been reviewed regularly (EDVSA, 2014).

However, some programmes have reported issues with confidentiality. For example, the study by Houlston and Smith (2009) refers to a problem whereby other pupils were able to access and read some of the requests for counselling; this was addressed later in the year by starting an email system which was more secure.

Baginsky (2004) also notes that, despite receiving training, peer supporters can be unsettled by hearing confidential information, and this can result in unnecessary pressure on children. This again underlines the importance of effective support and supervision (as discussed above under 'Supervision and Support').

The review by James (2011) points out that communicating the issue of confidentiality can be difficult; while mentor training can cover the necessary issues, it can be difficult to communicate issues of confidentiality to the school as a whole.

Risks and how to address them

This chapter has identified a number of potential risks for peer support programmes. The most serious risks identified by the review are as follows:

- Project fails/ is not sustained, for example because of conflicting priorities in the school, lack of time, or an over-reliance on a single co-ordinator (who may leave the school or be unable to devote sufficient time to the project). These issues can be addressed by making sure there is support from senior management and other staff, and in setting up the scheme with a clear and realistic plan of timing and resources.
- Low take-up of the scheme by pupils. This can be caused by a lack of trust in peer supporters among the pupil population, leading to the programme being viewed negatively (Baginsky, 2004). Low take-up can also lead to peer supporters becoming disengaged (Hutson and Cowie, 2008). To address this, it is important to have a clear and robust process for selecting peer supporters, and a sound mechanism for support and supervision. Prominent marketing and publicity in school can also help to encourage take-up.
- Negative impacts on participants: the review has highlighted that some programmes may have a negative impact on young people (e.g. bullying projects where exposure to others with experience of bullying may re-inforce their attitudes and behaviours). There are also risks of exposing children to unsettling or overwhelming information about mental illness (Tower Hamlets CCG, 2013), particularly in programmes that address more serious mental health issues such as self-harm (Cyberhus et al., 2012). In some cases this may impact on the mental health of peer supporters or (in the case of group settings) other members of the group (e.g. as found in 'The Project'). This can best be addressed by ensuring staff provide support to mentors; e.g. in the Project, a high volume of volunteers was able to offer support to young people on a one-to-one basis when necessary (EDVSA, 2014).

Annex A: Search strategy

Overall aim

Identify available models of peer support that aim to support and improve children and young people's mental health.

Type of search

Proportionate, focused, intelligence led.

Search for

- Peer support initiatives for school-aged children (4 to 18)
 - Mental health
 - Related topics: bullying, transitions, wider well-being, friendship
- In schools (including special schools), but also in other settings (e.g. leisure groups such as guides and scouts, and online)
- English language publications only
- Include reports/publications based on individual programmes; also reviews, and reviews of reviews

Time period

- 2006 to 2016 inclusive (10 years)

Geography

- UK
- International (mental health only)

Type of document/publication

- Peer reviewed journal articles
- Publications in professional journals and newsletters
- Reports, papers published by organisations commissioning, delivering or evaluating initiatives
- Reports/projects published by young people, schools, leisure organisations (e.g. guides)
- Blogs and other online publications from participants, organisers, deliverers, funders, evaluators etc.

Methods for initial search stage

- Searching journal and evidence databases
- Recommended documents from DfE and others
- Internet/google search on key terms
- Organisation website/other website searches
- Search of bibliographies

Key words/terms for use in initial and expanded searches for titles

- School, Schools

- Peer support, Peer listening, Peer education, Peer tutoring, Peer mentoring, Peer mediation, befriending
- Programme, Initiative, Scheme
- Evaluation, Evaluated, Audit, Audited
- UK
- International
- Mental health, Mental ill health, Mental disorder, Mental issues,
- Depression, Anxiety, Phobia, Affective disorder, Obsessive Compulsive Disorder, Substance use disorder, Behavioural disorder, Emotional disorder
- Emotional well-being, Psychological well-being, Social and emotional wellbeing, Stress, Wellbeing, Happiness, Self-esteem, Self-confidence
- Other terms covering behaviour linked to mental health
 - ADHD, Speech/language disorders
 - Eating disorder, anorexia, bulimia
 - Self-harm, self-harming
 - Anger, Anger management
 - Bullying
 - Transitions
 - Drug abuse, Alcohol abuse
 - Conduct disorder
- Prevention, identification, diagnosis
- Other terms covering different settings for peer support schemes:
 - Guides, Scouts, Woodcraft Folk, After school clubs, University, Higher education, Youth work
 - Online forums, websites, blogs, Facebook groups, Twitter groups, Virtual, Telephone

Bibliography

- Ali, K., Farrer, L., Gulliver, A. and Griffiths, K. (2013) *Online Peer-to-Peer Support for Young People with Mental Health Problems: A Systematic Review*, JMIR Mental Health 2015; 2(2):e19)
- Ansell, D. and Insley, S. (2013) *Youth Peer-to-Peer Support: A review of the literature*, Youth Move National, funded by US Department of Health and Human Services, Center for Mental Health Services
- Baginsky, M. (2004) *Peer Support: Expectations and Realities*, Pastoral Care, March 2004 pp3-9
- Birleson, P. and Vance, A. (2008) *Developing the 'youth model' in mental health services*, Australas Psychiatry. 2008 Feb;16(1):22-6.
- Boulton, M. J. (2005). *School peer counselling for bullying services as a source of social support: a study with secondary school pupils*. British Journal of Guidance & Counselling, 33 (4), 485-494.
- Children and Young People's Mental Health Coalition (n.d.): *Hitchin Girls School* [online]. Available at: http://www.cypmhc.org.uk/resources/hitchin_girls_school/ [Accessed 27 Apr. 2015].
- Cowie, H. and Hutson, N. (2005) *Peer support: a strategy to help bystanders challenge school bullying*. Pastoral Care in Education, 23, 40-44.
- Cowie, H. and Smith, P. (2010) *Peer support as a means of improving school safety and reducing bullying and violence*. In B. Doll, W. Pfohl, & J. Yoon (Eds.), *Handbook of Youth Prevention Science* (pp 177-193). New York: Routledge.
- Cowie, H. and Wallace, P. (2000) *Peer Support in Action*. London: Sage.
- Cyberhus, Associazione Photofficine Onlus, Institutem for Research and Development "Utrip", YouthNet, 42nd Street and Depaul UK (2012) *The role of online and online peer support for young people who self-harm*, [online]. Available at http://cdn.basw.co.uk/upload/basw_43359-3.pdf [Accessed 27 Apr. 2015].
- Department for Educaiton (2011) *Me and My School: Findings from the National Evaluation of Targeted Mental Health in Schools 2008-2011*, DfE Research Report RR177
- Department of Health (2015) *Future in mind*, Department of Health

EDVSA (2014) *The Project: Evaluation Report, September – December 2013* [online]. Available at: <http://theprojectyp.org.uk/wp-content/uploads/2014/02/Evaluation-Report-Jan14-FINAL.pdf> [Accessed 27 Apr. 2015].

Ellis, L., Marsh, H. and Craven, R. (2009) *Addressing the challenges faced by early adolescents: a mixed method evaluation of the benefits of peer support*. *Am J Community Psychol* 2009;44(1-2):54-75.

Fink, E., Patalay, P. and Sharp, H. (2015) *Mental health difficulties in early adolescence: A comparison of two cross-sectional studies in England from 2009 to 2014*. *Journal of Adolescent Health*, 56, 502-507

Foster, K., Lewis, P. and McCloughen, A. (2014) *Experiences of peer support for children and adolescents whose parents and siblings have mental illness*. *J Child Adolesc Psychiatr Nurs* 2014;27(2):61-67

Girlguiding (n.d.) *What is peer education?* [online]. Available at: <http://new.girlguiding.org.uk/making-guiding-happen/planning-your-programme/peer-education> [Accessed 27 Apr. 2015].

Green, H., McGinnity, A., Meltzer, H., Ford, T. and Goodman, R. (2004) *Mental health of children and young people in Great Britain*, National Statistics

Groark, C. and McCall, R. (2008) *Community-based interventions and services*. *Rutters Child and Adolescent Psychiatry*, 5th Edition (pp. 971-988). London, UK: Blackwell.

Herrera, C., Kauh, T., Cooney, M., Baldwin Grossman, J. and McMaken, J. (2008) *High School Students as Mentors Findings from the big brothers big sisters school-based mentoring impact study*, Public/Private Ventures USA

Horgan, A., McCarthy, C. and Sweeney, J. (2013) *An evaluation of an online peer support forum for university students with depressive symptoms*, *Archives of Psychiatric Nursing* 27 (2013) 84-89

Houlston, C. and Smith, P. (2009) *The impact of a peer counselling scheme in an all girl secondary school*. *British Journal of Educational Psychology*, 79, 69-86.

Hutson, N. and Cowie, H. (2007) *Setting up an email peer support scheme*, *Pastoral Care*, December 2007, 12-16

Hynes, K. (2006). *20 Years on... Evaluation of the Peer Support Programme in New Zealand Schools*. [online]. Available at: <http://www.peersupport.org.nz/ABOUT+US/History+of+Peer+Support.html> [Accessed 27 Apr. 2015].

James, A. (2011) *The use and impact of peer support schemes in schools in the UK, and a comparison with use in Japan and South Korea*, Goldsmiths, University of London

McVey, G., Lieberman, M., Voorberg, N., Wardrope, D. and Blackmore, E. (2003) *School-based peer support groups: a new approach to the prevention of disordered eating*. *Eat Disord* 2003;11(3):169-185.

McWilliam, N. (2010). *A school peer mediation program as a context for exploring therapeutic jurisprudence (TJ): can a peer mediation program inform the law?* *International Journal of Law and Psychiatry*, 33, 293-305.

Mayflower High School (n.d.) *Peer Support Programme* [online]. Available at: <http://www.mayflowerhigh.essex.sch.uk/page/?pid=708> [Accessed 27 Apr. 2015].

MBF (2011a) *National Peer Mentoring Anti-Bullying Pilot 2008-10: a report setting out the main findings from the national peer mentoring anti-bullying pilot 2008-10*. Mentoring and Befriending Foundation, Manchester

MBF (2011b) *Peer Mentoring in Schools: A review of the evidence base of the benefits of peer mentoring in schools including findings from the MBF Outcomes Measurement Programme, 2010*, Mentoring and Befriending Foundation, Manchester

Mental Health Foundation (n.d.) *Teenage Mental Health: Peer Support in Schools* [online]. Available at: <https://www.mentalhealth.org.uk/projects/teenage-mental-health-peer-support-schools> [Accessed 27 Apr. 2015].

Morgan, C. and Cotton, S. (2003). *The Relationship between Internet Activities and Depressive Symptoms in a Sample of College Freshmen*. *Cyber Psychology & Behaviour*.16 (1): 13-29.

Nesta and National Voices (2013) *Peer Support: what is it and does it work?* [online]. Available at: https://www.nesta.org.uk/sites/default/files/peer_support_-_what_is_it_and_does_it_work.pdf [Accessed 27 Apr. 2015].

NMN (2004) *Peer Mentoring Pilot Programme 2001-4 Evaluation Report March 2004* [online]. Available at: <http://scottishmentoringnetwork.co.uk/downloads/resources/NMNpeermentoringEvalReportMarch2004.pdf> [Accessed 27 Apr. 2015].

ONS (2015) *Insights into children's mental health and well-being* [online]. Available at: http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766_420239.pdf [Accessed 27 Apr. 2015].

Parsons, C., Maras, P., Knowles, C., Bradshaw, V., Hollingworth, K. and Monteiro, H. (2008) *Formalised Peer Mentoring Pilot Evaluation*, DCSF Research Report No DCSF-RR033

Pringle, B., Anderson, L., Rubenstein, M. and Russo, A. (1993) *Peer Tutoring and Mentoring Services for Disadvantaged Secondary School Students: An Evaluation of the Secondary Schools Basic Skills Demonstration Assistance Program*.

Project Lets (n.d.) *Let's erase the stigma* [online]. Available at: <http://www.letserasethestigma.com/> [Accessed 27 Apr. 2015].

Public Health England and Children and Young People's Mental Health Coalition (2015) *Promoting children and young people's emotional health and wellbeing: A whole school and college approach*, Public Health England

Raviv, T. and Wadsworth, M. (2010), *The efficacy of a pilot prevention programme for children and caregivers coping with economic strain*, in *Cognitive Therapy and Research*, Vol 34, 3

RSPH (n.d.) *Youth Health Champions* [online]. Available at: <https://www.rsph.org.uk/en/resources/videos/youth-health-champions.cfm> [Accessed 27 Apr. 2015].

Sharp, S. and Cowie, H. (1998) *Counselling and Supporting Children In Distress*. London: Sage

Shaw, L. and Gant, L. (2002) *In defense of the Internet: The relationship between internet communication and depression, loneliness, self-esteem and perceived social support*. *CyberPsychology & Behavior*, 5, 157-171.

Simons, M. and Lockyer, C. (2011) *Peer Support and Peer Mentoring* [online]. Available at: <http://www.northamptonshire.gov.uk/en/councilservices/EducationandLearning/EP/shoeb ox/Documents/PDF%20Documents/Peer%20Support%20and%20Peer%20Mentoring.pdf> [Accessed 27 Apr. 2015].

Slater-Simmons, E. (2014) *West Sussex Schools Peer Support programme: Peer Support in primary and secondary schools in West Sussex*, [online]. Available at http://www.mandbf.org/wp-content/uploads/2014/07/West-Sussex-Peer-Support-programme_Annual-Report-2013-14.pdf [Accessed 27 Apr. 2015].

Smith, P. and Watson, D. (2004). *Evaluation of the CHIPS (ChildLine in Partnership with Schools) programme*. DfES Research report RR570.

Street, C. and Herts, B. (2005) *Putting Participation Into Practice*, Young Minds, [online]. Available at Youngminds.org.uk/assets/0000/1315/PPP_Participation.pdf [Accessed 27 Apr. 2015].

Thompson, F., Robinson, S. and Smith, P. (2011) *Cyberbullying in the UK: an evaluation of some intervention procedures*

Thompson, C., Russell-Mayhew, S. and Saraceni, R. (2012) *Evaluating the effects of a peer-support model: reducing negative body esteem and disordered eating attitudes and behaviours in grade eight girls*. *Eat Disord* 2012;20(2):113-126.

Tower Hamlets CCG (2013) *Tower Hamlets Mental health Strategy Supporting Document – Evidence reviews, August 2013*, Tower Hamlets Health and Wellbeing Board [online]. Available at http://www.towerhamletsccg.nhs.uk/Get_Involved/Evidence%20Reviews%20to%20support%20Tower%20Hamlets%20Mental%20Health%20Strategy.pdf [Accessed 27 Apr. 2015].

Vincent, S., Warden, S. and Duffy, M. (2007) *Raising Awareness and Promoting Positive Mental Health and Well-being Among Young People: The Role of Peer Support*, Barnardo's

Weare, K. (2015) *What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document*. London: National Children's Bureau.

Weare, K. and Nind, M. (2011) *Mental health promotion and problem prevention in schools: what does the evidence say?* *Health Promotion International* 26 (1): pp29–69

Ybarra, M. and Mitchell, K. (2004) *Youth engaging in online harassment: Associations with caregiver–child relationships, Internet use, and personal characteristics*, *Journal of adolescence* 27 (3), 319-336



Department
for Education

© Independent Social Research

Reference: DFE-RR671

ISBN: 978-1-78105-735-3

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

Any enquiries regarding this publication should be sent to us at:

Catherine.newsome@education.gsi.gov.uk or www.education.gov.uk/contactus

This document is available for download at www.gov.uk/government/publications