Evaluation of the Peer Support for Mental Health and Wellbeing Pilots

Research Brief

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Research brief

Launched in early 2018, the overall aim of the **Peer Support for Mental Health and Wellbeing** pilots was to test how schools, colleges, and Children and Young People's Community Organisations (CYPCOs) might set up and deliver peer support to improve children and young people's mental health and wellbeing.

In October 2017, Ecorys (UK) was commissioned by the Department for Education (DfE) to undertake a process evaluation of the pilot programme. The evaluation was carried out between October 2017 and July 2019, involving a mixed methods research design.

Overview of the pilot programme

The Department for Education (DfE) appointed a delivery partner[1] to oversee the recruitment, management and delivery of evidence-informed training and guidance to 100 pilot organisations across England – a mix of primary and secondary schools, colleges, and CYPCOs. Their programme was based on five core principles:

1. work where young people are at; be creative in how you engage young people;
2. involve the right people; think carefully about mentor and mentee recruitment;
3. focus on relationships; build trust to create space for change;
4. encourage young people's ownership; collaborate, co-design, and co-produce
5. be safe and boundaried; ensure mentors are adequately trained and supervised

Each pilot organisation assigned a lead staff member, who attended one of a series of training workshops in early 2018 to develop a programme tailored to their individual setting. The pilot organisations were then responsible for recruiting and training their peer mentors, and recruiting and matching their mentees. Delivery took place over two waves: a first wave in April – August 2018, and a second wave September 2018 – March 2019.

The delivery partner also developed and published a set of supporting training materials, and organised Community of Practice events for pilot organisations to share their experiences from the programme. These took place in November and December 2018.

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[1] A consortium led by the Anna Freud National Centre for Children and Families (AFNCCF).

Research findings

The main findings from the evaluation are summarised below. A detailed account of the evaluation is provided in the accompanying Research Report.

Demand for peer support in schools, colleges and CYPCOs

The evaluation found a considerable demand for peer support among participating schools, colleges and CYPCOs. It was clear that the programme gave pilot organisations the confidence to test and experiment, drawing upon an evidence-informed framework and guidance developed by the delivery partner, and supported with DfE funding.

Most settings found that interest from young people in peer mentor roles was relatively high. At primary stage, being a peer supporter often appealed more to children's intrinsic motivations and interest in helping others, whereas at secondary stage young people often needed encouragement to participate by staff, peers, or parents and carers. They described weighing-up personal development benefits with the time commitments.

Recruitment, training and matching peer mentors and mentees

Pilot organisations generally described taking active steps to **raise awareness of the programme with staff, young people and parents and carers**, using multiple channels to ensure that the pilot benefited from a broad base of support. This included:

a) themed assemblies to give an overview of the pilot, led by staff or students
b) posters, school newsletter articles, social media and website publicity
c) staff briefings and email communication, managed by the pilot lead
d) letters to young people, parents and carers, followed-up with telephone contact and meetings with parents of young people who were selected as mentors; and,
e) awareness-raising at parents evenings

Working groups of young people and / or staff were commonly used as a means of engaging a wider section of the school community in the pilot from the outset, while pilot leads also stressed the importance of engaging with Senior Leadership Teams (SLTs). Typically, the programme became established within a given setting where a tipping point of awareness was reached. This usually happened where young people with positive experiences of peer support acted as advocates and spread the news, and / or where there was a critical mass of awareness of the programme among staff. An initial development phase was often needed in larger settings in particular. However, some pilot organisations opted to limit the scale of activities until the model was fully tested.

The wider school or organisational climate also had a bearing on levels of take-up, and some pilot organisations reported that stigma had affected how likely young people were to participate. Some organisations used the pilot as a vehicle to challenge negative

attitudes towards mental health as part of a 'whole school' approach, while recognising that peer support was just one tool in the toolbox alongside other anti stigma work.

Pilot organisations differed in their approaches to **identify and recruit mentors and mentees**, but some common principles were apparent across the programme:

- Mentors were often selected via an open application, followed by an interview to test motivations, maturity, and expectations. While attendance, behaviour and academic attainment were common criteria, some pilots recruited mentors with experience of family or friendship difficulties, or those from a disadvantaged background, This helped to ensure diversity, and engaged young people who stood to benefit the most.

- Mentees tended to be nominated by staff, who put forward young people with confidence, friendship or low-level behavioural issues. Self-referrals were often also encouraged, e.g. via drop-ins or a "worry box", and most pilots combined methods. Whole year or whole school publicity was often needed, to generate take-up.

The **matching criteria** for mentors and mentees evolved during the programme, but shared interests, age and gender were commonly used. Mentors were usually older than mentees by at least year, to provide maturity and experience, while schools avoided year groups with heavy academic commitments such as Y6 and Y11. Matching was often perceived to be most successful when led by young people and combined with informal group activities to build rapport. Matches brokered by staff could also be effective, however, where shared experiences were identified. A number of pilots also involved Year 7 or Year 8 students supporting Y6s from feeder primaries transitioning to KS3.

Models of delivery and their characteristics

The pilot models were diverse in their scale and scope. They ranged from group sessions delivered to whole classes or year groups, to drop-ins, and ongoing one-to-ones. Overall, the evaluation found that the models were defined as much by their ethos as by their structure. This centred on whether peer support was run by staff as an intervention *for* young people, or whether it was run and delivered *by* young people on their terms:

- At one end of the spectrum, peer mentors were trained to support their peers with specific difficulties (e.g. anxiety, or self-harm recovery).
- At the other end, pilots created secure spaces for young people to meet and interact open-endedly, with one-to-one matches taking place over a period of time.

It was not uncommon for pilots to launch with one set of expectations about what peer support was about and who it was for, only to see this emphasis shift as young people took ownership. The diagram below illustrates how these dimensions were combined.

Figure 1: Dimensions of peer support for mental health and wellbeing
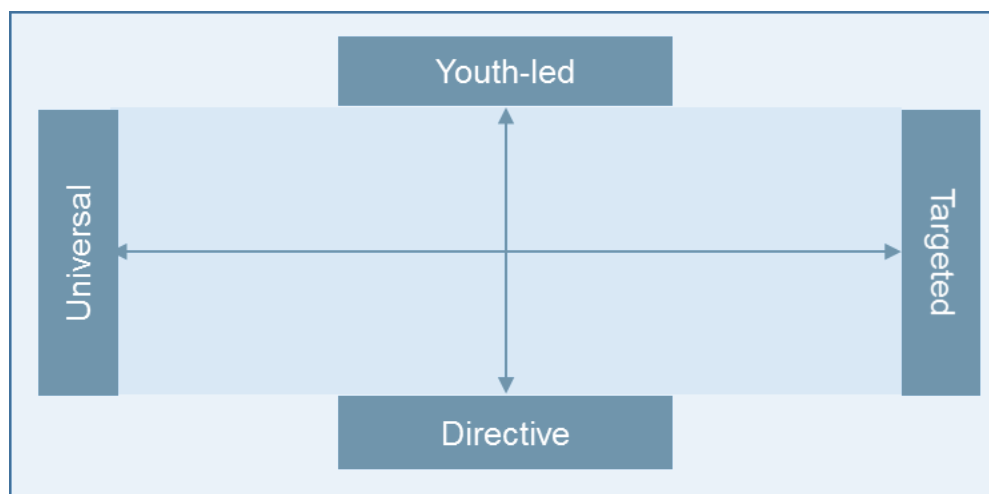
Overall, pilot organisations and young people widely endorsed the five **core principles** underpinning the programme. Models that were youth-led had significant advantages in being tailored to young people's needs and capturing their interests and attention, while safety and confidentiality were central to the programme and had a direct bearing on young people's willingness to participate. However, pilot organisations differed in whether their aim was to provide 'mental health support'. While some aimed to equip young people to support to their peers with mild to moderate mental health issues, other pilots operated more much in the 'wellbeing' space – strengthening peer support networks.

The **different types of settings** had relative strengths and limitations. In CYPCOs, the ability to work with a small population of young people was often conducive to letting young people taking the lead, although privacy could be a challenge. Primary schools were often better placed to engage parents and carers in the pilots, and to involve them beyond the provision of written information. A number of the pilots were developed specifically to support Year 6 to Year 7 transition. At secondary stage, the larger setting gave a different dynamic, with organisations more likely to include an element of group work. This may reflect the challenges of delivering one-to-one support at scale.

Despite the differences, the evaluation highlighted a number of **enablers for peer support**, which were common to organisations across the programme:

  a) Having a dedicated (physical) space for peer support
  b) Head teacher and senior leadership team buy-in
  c) A supportive wider professional network
  d) Empowering young people to lead and manage the local programme
  e) Setting and managing clear expectations for the peer mentor role
  f) Acknowledging and rewarding the time contributed by mentors
  g) Engaging mentees through discussion, debate and interaction
  h) Ensuring that the activities are flexible and match young people's interests

Specific programme elements and their effectiveness

Prior to the programme, the **safeguarding aspects of peer support** were one of the main areas of apprehension among pilot organisations. Overall, the piloting offered considerable reassurance in this respect. The training and framework were underpinned by a 'safety first' principle, and safeguarding responsibilities were impressed upon participants. Young people who were interviewed showed a good level of awareness of these responsibilities; staff reported few safeguarding incidents during the pilots, and young people were said to have acted quickly and appropriately where issues arose. This was the case at both primary and secondary stage, although it should be noted that the situation is not known for pilot organisations who did not participate in the evaluation.

Nonetheless, it is clear that **supervision** is a fundamental aspect of any peer support programme and requires careful consideration. It is telling that, while almost all pilot organisations planned to offer supervision to peer mentors, many struggled to do so in practice, while a few reported that they had not set a formal supervisory framework in place. The reasons given varied from a perception that formal supervision was not necessary, to challenges with staffing capacity. There was evidence that some young people wanted, and would have benefited from, additional supervision. Peer mentors at secondary stage in particular were mindful of the impact on their wellbeing from dealing with the issues that they encountered. Additional oversight would likely have provided a better means of ensuring that young people were not taking on too much responsibility.

Beyond supervision, the pilot programme offered food for thought regarding the **training and development** offered to peer mentors. While pilot organisations usually adapted the materials developed by the delivery contractor, there was much variation in the level and type of training provided. Some peer mentors considered in hindsight that role-play and practical exercises would have been useful to prepare them for the scenarios they encountered, along with strategies for engaging with younger age groups.

The evaluation also underlined the more specific requirements for training, supervision, and delivery within **targeted settings** including special schools and with young people with SEND, and where peer support was developed with much younger children (e.g. Years 1 and 2). Here, perhaps unsurprisingly, the materials developed by the delivery partner were more limited in the extent to which they could be implemented without heavy adaptation. This would suggest that, in seeking to offer all possibilities within all types of settings, the programme was somewhat ambitious. More time and resource is likely to be needed to develop tailored programmes for these contexts.

Young people's experiences of peer support

Young people highlighted a number of common **priorities for the delivery of peer support**. These included the significance attached to confidentiality and privacy in peer

support settings; the importance of having shared interests and experiences, and the challenges of managing the age gap – particularly from the perspective of mentors engaging with younger mentees, and needing appropriate strategies to do so.

The interviews also underlined the value attached to the mentor "just being there", and being approachable when they were needed - whether this was to discuss a specific problem, or just to chat. Informal checking-in with mentees around lunchtimes and break times was therefore a common feature of peer support. Mentees felt the programme was particularly helpful in terms of providing positive reinforcement to their abilities and self-worth; help or advice with specific family or friendship difficulties, and feeling able to speak openly to the mentor without being judged or patronised.

When asked about their suggestions for improving the programme, mentors and mentees agreed on the priority to create more frequent opportunities for peer support, and longer sessions. Beyond this, the under 11s placed a greater emphasis on having more privacy / calm / not being interrupted, while the over 11s highlighted the impact of peer support on their wellbeing, and the need to feel supported in their role.

The survey also provided an opportunity to explore the **views of non-participants**. Among those young people who chose not to participate, around half gave a perceived lack of need for support as the main reason, although one quarter of young people said they did not take part because peer support was not offered to them. This would seem to indicate a certain degree of latent demand. The survey results also show that stigma is likely to have been a contributory factor in deciding not to take part for some young people. This was more apparent at primary than secondary stage, with approaching one in five of the under 11s saying that they were worried what others might think.

Outcomes from the pilots

The evaluation found a mixed picture regarding outcomes. On the one hand, young people's self-reports in case study work and responses to survey questions were overwhelmingly positive regarding the personal and social benefits of taking part in the programme. Mentors frequently reported having acquired or improved their communication, leadership, and empathy skills, and many valued having been trusted with responsibility. Mentees often reported they felt happier, better supported, and better able to deal with the issues that had led them to seek support.

On the other hand, however, these self-reported outcomes had not translated into changes on the validated scales examining social and emotional wellbeing and resilience across the cohort of children and young people eligible for participation. Statistically significant changes in levels of wellbeing before and after the peer support programme were not detected for any of the validated scales, with the exception of the Community Connection sub-scale of the Student Resilience Survey (SRS) and then only for primary

age students. Here, there was a positive change measured over a single wave (+3-4 months) and at whole school / cohort level, which was sustained over two waves (+8-9 months).

The analysis was repeated for participant and non-participant sub-groups, to test for any differences in outcomes according to whether young people took part in the programme directly (as mentors or mentees), or whether they were within the eligible cohort but did not go on to become a mentor / mentee. No statistically significant differences between participants and non-participants were found for any scale or sub-scale.

A number of factors would seem to have contributed to the observed difference between the findings from the case studies and survey questions and findings on the validated scales:

Research design factors

- A total base size of around 196 matched pairs across all respondent types should have been enough to detect even small changes to young people's wellbeing pre- and post delivery of the programme, using psychometrically validated measures. However, this figure relies on measuring average effects at an overall programme level, without accounting for the variability of models adopted. The evaluation lacked the statistical power to measure smaller effects that may have accrued for specific sub-groups, or according to type(s) of peer support. The evaluation was not set up to measure the impact against a matched control group.

Pilot implementation factors

- The structure and phasing of the programme is also likely to have played a part in explaining why statistically significant outcomes were not found when using validated measures. The pilot organisations often took time to raise awareness and to generate referrals to a point where their programme was in flow. They also commonly refined their approach based on early piloting, or phased the rollout with group-based support providing a platform for subsequent matching.

- Furthermore, some organisations treated each wave of the programme as a mini-pilot in its own right, refreshing their intake of mentors and mentees in the autumn term. This resulted in quite short bursts of delivery in some instances. Indeed, when asked about their suggestions for improvement, the most common response among mentees was more contact time and more frequent sessions, over a longer period.

This combination of circumstances meant that the pilots may not have had long enough to embed, and relatively little contact time had played out between mentor and mentees in some settings at the stage when outcomes measurement took place. Further testing of peer support models may be beneficial, therefore, not only to understand more about

how peer relationships evolve over time, but also to test whether sustained delivery is associated with stronger outcomes.

Sustainability of the models

The vast majority of pilot organisations were planning to continue with peer support beyond the programme. They often intended to make relatively small-scale adaptations to the model that they had piloted, although some intended to take a fresh approach. The perceived enabling factors for longer-term sustainability related to Senior Leadership Team / managerial support; staff availability, time and quality; sufficient demand, and being able to demonstrate outcomes.

Recommendations

Based on the evidence from the evaluation, it is possible to make a number of recommendations for policy and practice development:

- **Recommendation 1: To draw on the combined findings from the evaluation and programme delivery, to provide schools, colleges and CYPCOs with tailored materials to support them in setting-up and running peer support.**

- **Recommendation 2: To adapt the evaluation tools and templates into a stand-alone toolkit for self-evaluation, empowering schools, colleges and CYPCOs, to review and benchmark their practice, and to measure outcomes.**

- **Recommendation 3: To provide additional guidance to schools, colleges and CYPCOs relating to supervision of peer support, defining and providing examples of best practice, while taking into account capacity considerations.**

- **Recommendation 4: To review the training and guidance provided to peer mentors, and to consider how this can be developed into a set of resources for young people. This might be achieved using a co-design approach, by recruiting and working with a group of young people who have experience of delivering peer support from the pilot programme.**

- **Recommendation 5: To further assess the requirements for delivering peer support in settings with young people who have additional needs (e.g. SEND, challenging behaviour), and with younger children, and to update the training resources accordingly so that these are fully fit for purpose.**

- **Recommendation 6: To undertake light touch follow-up at an interval of 12-18 months with schools that have opted to continue with peer support within their**

settings, to understand how or whether the original models were adapted and to assess ongoing sustainability without funding being in place.

- **Recommendation 7:** **To set-up a trial or quasi-experiment, to test the potential outcomes that are achievable from sustained one-to-one peer mentoring in a smaller pilot, with controlled conditions, and over a longer period.**

Background context to the study

Published in March 2015, the landmark report from the Children and Young People's Mental Health and Wellbeing Taskforce, *Future in Mind*, set out an agenda for reform, with the ambition of creating parity between physical and mental health. The report underlined the importance of promoting resilience, prevention and early intervention[2]. Moreover, it specifically called for further work to develop and test peer support schemes, delivered in partnership with "*education and third sector partners[3]*".

It was against this backdrop that the DfE established a steering group in December 2015 to examine ways in which access to peer support might be improved for children and young people. Their work was supported by a call for evidence, and a literature review[4]. The review found considerable demand for per support, but a lack of evidence for the effectiveness of different models. The pilot programme was funded to help address this gap, building upon the eight core elements of peer support identified from the review[5].

Evaluation methodology

The overall aim of the evaluation was to understand how schools, colleges and CYPCOs as part of the pilot develop and deliver peer support to support children and young people's mental health and wellbeing, and the effectiveness and outcomes of the models developed for the pilot programme.

A mixed methods approach was deployed, incorporating quantitative and qualitative data collection and analysis, and a final synthesis of the evidence. The design incorporated a capacity-building element, with the aim of supporting pilot organisations to undertake self-evaluation, and to engage young people in the evaluation. Each pilot organisation had access to a secure online workspace, where they could view aggregated survey results at the baseline and follow-up stage for each wave of delivery ('data dashboards').

The data collection was phased around the two waves of programme delivery, to generate interim results and feedback to inform ongoing development (Figure 2).
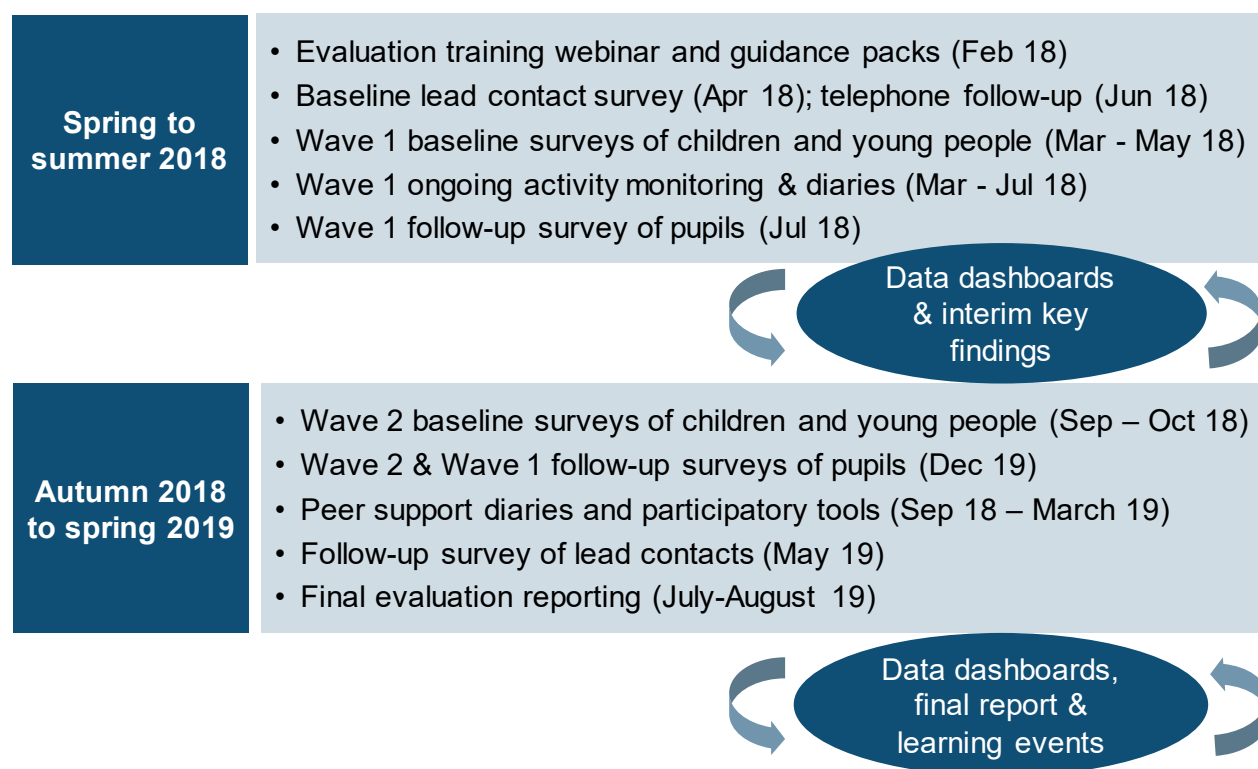
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[2] Department of Health (2015). *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*. London: NHS England.

[3] Ibid. (2016), p.44

[4] Department for Education (2017) *Peer support and children's and young people's mental health: Analysis of call for evidence activities.*

[5] These included: 1) a selection process for mentors; 2) training for mentors; 3) adult supervision of the service; 4) Senior Leadership Team (SLT) engagement; 5) whole school promotion of the service; 6) monitoring and evaluation of service; 7) programme sustainability; and 8) clear signposting and pathways to further specialist support.

Figure 2: Evaluation work programme

Spring to summer 2018	• Evaluation training webinar and guidance packs (Feb 18) • Baseline lead contact survey (Apr 18); telephone follow-up (Jun 18) • Wave 1 baseline surveys of children and young people (Mar - May 18) • Wave 1 ongoing activity monitoring & diaries (Mar - Jul 18) • Wave 1 follow-up survey of pupils (Jul 18)

Data dashboards & interim key findings

Autumn 2018 to spring 2019	• Wave 2 baseline surveys of children and young people (Sep – Oct 18) • Wave 2 & Wave 1 follow-up surveys of pupils (Dec 19) • Peer support diaries and participatory tools (Sep 18 – March 19) • Follow-up survey of lead contacts (May 19) • Final evaluation reporting (July-August 19)

Data dashboards, final report & learning events

The specific research methods used for the evaluation included:

a) Surveys of pilot organisation leads at two time points – following the initial training, and nearing the end of the programme.

b) Semi structured qualitative telephone interviews with a purposive sample of 35 pilot leads, carried out during early implementation.

c) Case study visits with a sample of 15 pilots, to ensure a mix of organisational types, criteria (universal or targeted), and delivery models (group, 1-2-1, or both).

d) Participatory research tools for children and young people – a pictorial or diary format (11+ and under 11s), to write or draw about experiences of peer support.

e) Pre and post quantitative online questionnaires of children and young people including validated measures of social emotional wellbeing and resilience [6]. Two versions were developed – one for under 11s and one for 11+ year olds[7].

A full method statement is available within the main Research Report.

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[6] As participants were not always known in advance, pilot organisations were asked to administer the baseline with the eligible population. At follow-up stage, the questionnaire was routed according to whether young people indicated that they had gone on to become a peer mentor, had received peer support, both, or neither. The subsequent questions explored young people's satisfaction with, and experiences of either providing or receiving peer support.

[7] Wave 1: Baseline (April 2018), Primary (n=862), Secondary (n=1362); Follow-up 1 (July 2018), Primary (n=324) Secondary (n=336). Wave 2: Baseline (Sept 2018), Primary (n=142), Secondary (n=140); Follow-up (Dec 2018), Primary (n=270), Secondary (n=134).

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