



Department
for Education

Evaluation of the Peer Support for Mental Health and Wellbeing Pilots

Research report

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Glossary

| Acronym | Meaning |
|---------|------------------------------------------------------|
| AFNCCF | Anna Freud National Centre for Children and Families |
| CAMHS | Child and Adolescent Mental Health Services |
| CCG | Clinical Commissioning Group |
| CYP | children and young people's |
| CYPCO | Children and Young People's Community Organisation |
| CYPMH | Children and Young People's Mental Health |
| CYPMHS | Children and Young People's Mental Health Services |
| DfE | Department for Education |
| EBD | emotional and behavioural difficulties |
| EEF | Education Endowment Foundation |
| EOI | Expressions of Interest |
| FE | further education |
| FTE | full-time equivalent |
| GP | general practitioner |
| MHST | Mental Health Support Teams |
| NHS | National Health Service |
| PSHE | personal, social, and health education |
| PSS | Perceived Stress Scale |
| PMHW | primary mental health worker |
| SEAL | Social and Emotional Aspects of Learning |
| SEN | special educational needs |
| SENCO | special educational needs co-ordinator |
| SWEMWBS | Short Warwick-Edinburgh Mental Well-being Scale |
| TaMHS | Targeted Mental Health in Schools |
| VCS | voluntary and community sector |
| VCSO | voluntary and community sector organisation |

Throughout this report, we use the phrase 'peer support' as an umbrella term to encompass an array of interventions and approaches that may be offered across different settings. These might include peer tutoring, peer coaching, peer listening, peer mentoring, peer mediation, peer counselling, befriending and buddying.

The term 'pilot lead' is used to mean the individual who oversaw the pilot within each school, college or CYPCO. This usually involved attending the training hosted by the delivery partner, and setting up and overseeing the pilot in their organisation.

1.0 Introduction

This report presents the summative findings from the independent evaluation of the Peer Support for Mental Health and Wellbeing Pilots. The work was carried out by Ecorys (UK) between October 2017 and July 2019 on behalf of the Department for Education (DfE), and involved a mixed methods research design. This chapter first provides an overview of the pilot programme, and the underpinning policy and research context. It then explains the aims and research methods deployed for the evaluation, and sets out the data caveats and limitations framing the analysis within the report.

Aims and objectives of the pilot programme

The DfE launched the Peer Support for Mental Health and Wellbeing Pilots in early 2018. Building on a phase of evidence-gathering by the DfE, the overall aim of the programme was to understand how schools, colleges and Children and Young People's Community Organisations (CYPCOs) can set up and deliver peer support in their setting to improve children and young people's mental health and wellbeing.

The DfE wanted participating organisations to deliver models of their own design, tailored to individual needs and circumstances, whilst following eight elements highlighted as important within a separately commissioned literature review¹. These included:

- a) a selection process for mentors
- b) training for mentors
- c) adult supervision of the service
- d) Senior Leadership Team (SLT) engagement
- e) whole school promotion of the service
- f) monitoring and evaluation of service
- g) programme sustainability; and
- h) clear signposting and pathways to further specialist support where necessary

The DfE appointed the Anna Freud National Centre for Children and Families (AFNCCF) as their delivery partner to oversee the programme, following a competitive tendering process. This role included the recruitment, management and delivery of training and support to up to 100 schools and colleges, and up to 10 CYPCOs across England, and the development of evidence-informed resources.

¹ Coleman, N., Sykes, W., and Groom, C. (2016) *Peer support and children and young people's mental health: Research review*. London: Department for Education.

In total, 100 pilot organisations were selected from six areas, who were invited to submit expressions of interest: East Sussex, Ipswich, Derby, Oldham, West Midlands and Bradford. In line with DfE policy at the time, the regions were selected from Opportunity Areas, which are part of the Government's national plan for raising social mobility through education². There were two separate selection periods, an initial selection of 89 schools and colleges from across England, followed by a selection of 11 additional organisations from the West Midlands (9 CYCPOs and 2 further schools).

Each organisation assigned a member of staff to lead on the project, who attended a train session organised by the delivery partner their locality in early 2018. Here, they received evidence-informed training and resources to help them to develop a peer mentoring programme tailored to their individual setting. These training events included testimonies by young people with experience of mental health difficulties.

The training and resources were based on 5 core principles, which were identified by the delivery partner, based on the best available evidence (primarily existing work by Dr. Nick Barnes and Dr. Simon Munk). They are:

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 with young people; and
5. Be safe and boundaried; ensure mentors are adequately trained and supervised.

The pilot organisations were then responsible for recruiting and training their peer mentors, recruiting and matching their mentees, and providing evidence for the evaluation. The subsequent delivery of peer support took place in two waves:

- a) a first wave in April – August 2018, and
- b) a second wave September 2018 – March 2019.

The delivery partner also developed and published a set of supporting training materials for pilot organisations, which were made available online. They also organised a series of Community of Practice sessions for pilot organisations to share their experiences from the programme. These took place in November and December 2018.

² Further information on Opportunity Areas is available online, at: <https://www.gov.uk/government/publications/social-mobility-and-opportunity-areas> [viewed: 18th November 2019]

Background context for the study

The peer support pilots build on considerable momentum for investing in children and young people's mental health and wellbeing at a policy level, and it is important to set out the background context against which the programme was implemented.

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 health³. The report underlined the importance of promoting resilience, prevention and early intervention, with an emphasis on bringing together all key stakeholders including not just clinical health services, but also schools, Voluntary and Community Sector (VCS) organisations, parents and children and young people. It explicitly called for further work to evaluate peer support schemes, in partnership with "*education and third sector partners*"⁴.

These issues were echoed in the recommendations that were subsequently made by the Youth Select Committee. Their 2015 report concluded not only that all young people should leave school equipped with the tools and knowledge to understand and effectively manage their own mental wellbeing, but also that they should understand how to offer support to friends and family members and to signpost effectively⁵.

The 2017 Green Paper: "*Transforming children and young people's mental health*" proposed a further range of policy measures⁶. These included the new Mental Health Support Teams (MHSTs), linking schools and colleges with specialist NHS provision at a local level; designated leads for mental health in schools and colleges, and trials for a four-week waiting time for specialist NHS Children and Young People's Mental Health Services (CYPMHS). In total, 25 trailblazer areas commenced delivery in January 2019, and are live at the time of writing.

³ Department of Health (2015). *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*. London: NHS England.

⁴ Ibid. (2016), p.44

⁵ British Youth Council (2015) *Youth Select Committee 2015: Children and Young People's Mental Health*. Available online: <https://www.parliament.uk/documents/youth-select-committee/Youth-Select-Committee-Report-2015.pdf> [viewed: 23rd October 2019]

⁶ HSC and DfE. (2017). *Transforming children and young people's mental health provision: a green paper*: Department of Health and Social Care and Department for Education.

Understanding social and emotional wellbeing

In contrast to children and young people's clinical mental health, where empirical studies are well established, their mental wellbeing is a more contested area of practice.

Commissioned by Public Health England and compiled by the Evidence Based Practice Unit (EBPU), the 2015 toolkit for measuring and monitoring children and young people's mental wellbeing provides a working definition. Notably, this avoids a medicalised view of the term and stresses the importance of social and contextual factors⁷:

“Mental wellbeing is not simply the absence of mental illness, but a broad indicator of social, emotional and physical wellness... [it concerns] children and young people's happiness, life satisfaction, and positive functioning”

(Public Health England, 2015, p6)

Schools and colleges have long been recognised as forming part of children and young people's “*support system*”. Learning environments present both risk and protective factors with an impact on mental wellbeing, alongside individual, familial and community influences⁸. Schools reinforce children and young people's mental wellbeing by nurturing academic resilience, developing social and life skills, and offering welfare and health services when these are needed. The supporting role for school and colleges in strengthening children and young people's mental wellbeing is reflected in the inclusion of Personal Development, Behaviour and Welfare as a key judgement area within the Ofsted school inspection framework. Furthermore, it is reflected in written guidance for school staff on mental health and behaviour in schools⁹, and on counselling in schools¹⁰.

Research suggests that whole school and systemic approaches towards promoting healthy mental wellbeing are generally more effective and impactful than stand-alone interventions. However, previous interventions such as Social and Emotional Aspects of Learning (SEAL) and Targeted Mental Health in Schools (TaMHS) show that there is still much to be learned about the effectiveness of specific individual models of support¹¹.

⁷ EBPU (2015) *Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges*. London: Public Health England

⁸ Ibid. (EBPU, 2015, p.4)

⁹ Department for Education (2015) *Mental health and behaviour in schools*.

¹⁰ Department for Education (2015) *Counselling in schools: A blueprint for the future*

¹¹ Humphrey, N., Lendrum, A., and Wigelsworth, M. (2010) *Social and emotional aspects of learning (SEAL) programme in secondary schools: national evaluation*. Available online: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181718/DFE-RR049.pdf [viewed: 23rd October 2019]

Understanding peer support

Peer support is a widely used term, which covers a wide range of potential activities including peer mentoring, and peer counselling. It is better established in the field of health and social care, and particularly for adult services. For example, Nesta's review of over 1000 studies offers a simple definition of: *"people sharing knowledge, experience or practical help with each other"*, and goes on to map types of intervention against types of outcomes in greater depth, under the main categories of face-to-face peer-led groups; one-to-one support offered face-to-face or by telephone, and online platforms¹².

In the context of working with children and young people, Street and Herts offer a definition as follows:

"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, p.5¹³)

The benefits of peer support between children and young people are well documented within the literature, where the traditional focus has often been on academic support within educational settings. In the UK, a major research study on social mobility found that peer tutoring was a teaching strategy associated with schools that were more successful at raising the attainment of disadvantaged pupils¹⁴. The method is endorsed in the Education Endowment Foundation (EEF) Teaching and Learning Toolkit¹⁵.

The evidence base is somewhat more limited regarding peer support for children and young people's mental health and wellbeing. A recent literature review conducted by researchers from University College London (UCL) provides one of the main reference points¹⁶. Drawing on four academic databases, the review aimed to identify the characteristics of successful mentoring programs that aim to support positive wellbeing in

¹² Nesta and National Voices (2013) *Peer Support: what is it and does it work?* [online]. Available at: https://www.nationalvoices.org.uk/sites/default/files/public/publications/peer_support_-_what_is_it_and_does_it_work.pdf [23rd October 2019]

¹³ Street, C. and Herts, B. (2005) *Putting Participation Into Practice*. London: Young Minds.

¹⁴ Macleod, S., et. al. (2015) *Supporting the attainment of disadvantaged pupils: articulating success and good practice*. London: Department for Education.

¹⁵ Available online: <https://educationendowmentfoundation.org.uk/resources/teaching-learning-toolkit/peer-tutoring/>

¹⁶ Podmore, B., Fonagy, P., and Munk, S. (2018) *Characterizing Mentoring Programs for Promoting Children and Young People's Wellbeing*. Available at: <https://www.annafreud.org/media/6019/characterising-mentoring-programmes.pdf> [viewed: 23rd October 2019]

children and young people and to prevent emotional and behavioural difficulties. The authors concluded from the best available evidence that effective mentoring programmes share five common characteristics. These are defined in the review as follows:

- a) recruiting mentees with intermediate levels of difficulties;
- b) providing ongoing training and support to mentors;
- c) matching mentors and mentees on personality styles;
- d) fostering an effective mentor–mentee relationship; and
- e) routine outcome monitoring to ensure continual evaluation.

A separate longitudinal study of 1,800 students aged 11-14 years carried out in America examined the influence of a range of factors on students' mental wellbeing and concluded that supportive peer relationships were the strongest protective factor in the last year of primary school. The same protective properties were found when the students were followed-up in the second year of secondary school, alongside feeling safe at school, and feeling connected to school¹⁷.

The policy response

Published in March 2015, the 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, with an emphasis on bringing together all key stakeholders including schools, VCS, parents and children and young people, and not only clinical health services. Survey research conducted by *YoungMinds* with 1,100 children and young people for the Taskforce review found high levels of interest in meeting others with similar life experiences, including direct experience of accessing clinical and non-clinical services¹⁸. These findings were also reflected in the recommendations from the 2015 Youth Select Committee report¹⁹.

It was against this backdrop that, in December 2015, the DfE established a steering group with a remit to examine ways in which access to high quality peer support might be improved for children and young people. Their work was supported by a call for evidence, consisting of thematic workshops, Twitter polls and literature review. Collectively, these

¹⁷ Lester, L and Cross, D. The Relationship Between School Climate and Mental and Emotional Wellbeing Over the Transition from Primary to Secondary School. *Psychology of Well-Being* (2015) 5 (1):9

¹⁸ YoungMinds (2014) *Report on Children, Young People and Family Engagement. For the Children and Young People's Mental Health and Wellbeing Taskforce.*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413411/Young_Minds.pdf [Viewed: 23rd October 2019]

¹⁹ British Youth Council (2015) Youth Select Committee 2015: Children and Young People's Mental Health. Available online: <https://www.parliament.uk/documents/youth-select-committee/Youth-Select-Committee-Report-2015.pdf> [viewed: 20th November 2019]

activities showed a consensus that peer support should be more widely available. Half (50%) of the 1,800 respondents said that they would consider being a peer mentor or counsellor if the opportunity was made available to them²⁰.

Despite these responses, however, the Department’s call for evidence found that the term mapped only loosely onto a range of overlapping tools and approaches. These included peer tutoring, peer coaching, peer listening, peer mentoring, peer mediation, peer counselling, befriending and buddying interventions, which were deployed to address a wide range of issues, including relationships, transitions and bullying²¹. The review also found a lack of standardisation in the approaches adopted for monitoring and evaluation of individual peer mentoring schemes. Comparatively few studies were able to show robust data for participant outcomes using validated measures, although there was a wealth of examples of self-reported evidence relating to improved happiness and wellbeing for beneficiaries of peer support, along with benefits for peer mentors, relating to their personal and social development, self-confidence and life skills.

Overview of the evaluation

The overall aim of the evaluation was to understand how schools can set up and deliver peer support to support children and young people’s mental health and wellbeing in order to produce a range of replicable models for different contexts. The evaluation also aimed to gather evidence to help other schools and children and youth organisations to design and further develop their peer support for mental health and wellbeing offer.

The research was designed to address a number of research questions, which are summarised in the following table.

Table 1.1: Evaluation research questions (summarised)

| Theme | Research questions |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Models | <ul style="list-style-type: none"> a) What range of models are used and how do these link to organisations’ aims and objectives? b) Do models vary by phase/type of institution or for youth organisations? |
| Implementation | <ul style="list-style-type: none"> a) How was peer support set up and implemented, and who were involved (staff/pupils) b) What are barriers and facilitators to delivery? c) What lessons can be learned from the pilot d) What plans for sustainability have organisations put in place? |

²⁰ Department for Education (2017) *Peer support and children’s and young people’s mental health: Analysis of call for evidence activities*.

²¹ Ibid. (Coleman et. al., 2016)

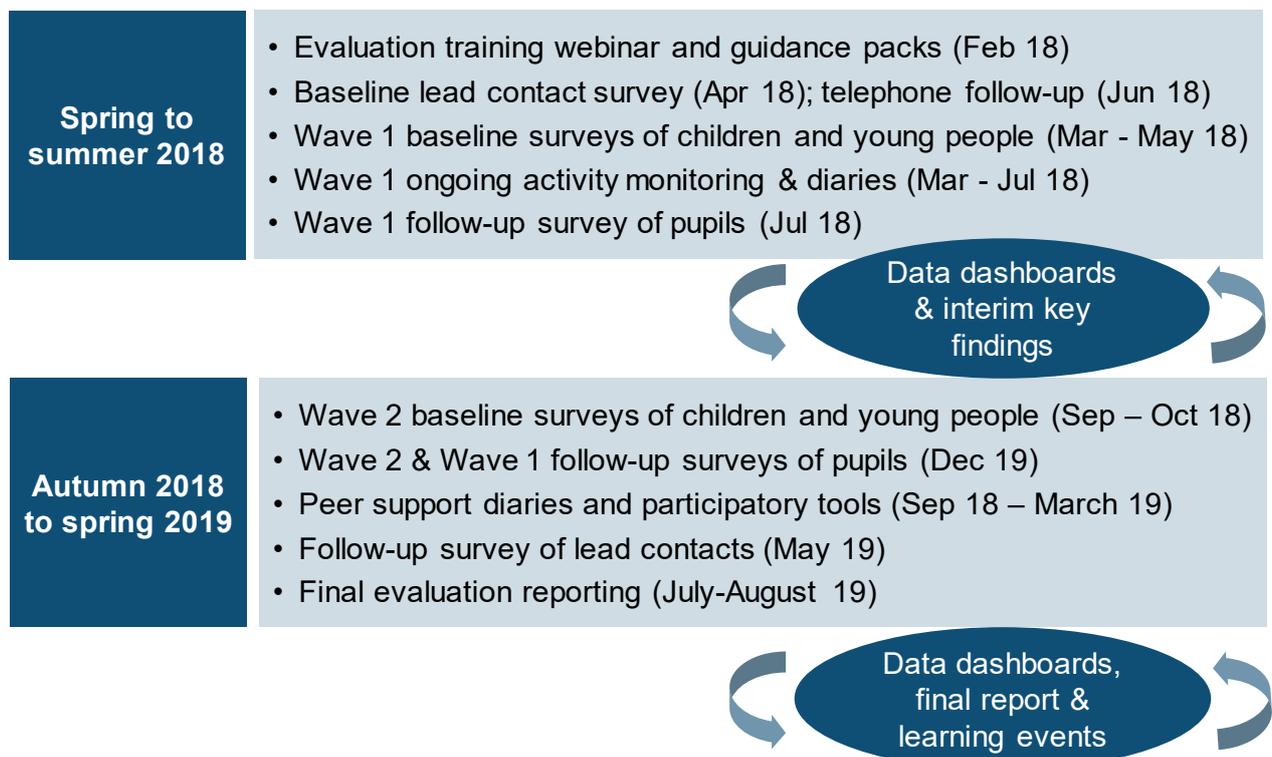
| Theme | Research questions |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefits and outcomes | a) How was the peer support pilot experienced by children and young people and staff? b) What perceived impact is reported by peer support participants (staff, supporters and recipients of support) c) What were the outcomes for children and young people's wellbeing? d) What were the perceived wider benefits to the school/organisation or wider school/organisation population? |

Methodology

A mixed methods approach was used for the evaluation, 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 data collection and analysis. Ecorys developed an evaluation toolkit for organisations to use, which was rolled-out with supporting guidance and a training webinar. Each pilot organisation was able to access a secure online evaluation workspace, where they could view aggregated survey results at the baseline and follow-up stage for each wave of delivery ('data dashboards').

The diagram below shows how the data collection was phased around the two waves of pilot delivery, allowing for interim analysis and feedback to inform the second wave.

Figure 1.1: Evaluation work programme – phasing of tasks (summary)



The individual elements are explained further below:

Survey of organisation pilot leads – a short mainly quantitative survey of around 8-10 minutes, conducted online and open to all organisations.

Baseline (April 2018) Issued: (n=94), Completed: (n=73)

Follow-up (May 2019) Issued: (n=94), Completed: (n=32)

The baseline survey questionnaire comprised of mainly multi-code questions relating to the following: emotional wellbeing and mental health provision provided within the pilot organisation; aims and objectives for the pilot; views on the training and support provided by the delivery partner; recruitment and training of peer supporters; planned arrangements for delivering peer support, and organisational and respondent characteristics. The first survey point was timed to follow the trainer-training workshops, while recall was high. The exercise was repeated in May 2019, with a combination of repeated questions to identify adjustments to recruitment or delivery models, and additional questions to explore outcomes, challenges and successes.

Follow-up qualitative telephone interviews with pilot leads – a set of semi-structured qualitative telephone interviews with a sample of pilot leads.

Single point (June 2018) Completed: n=35

By organisation type: Primary (n=19), Secondary (n=13), Colleges n=(3)

The telephone interviews aimed to provide insights to early delivery, building on the descriptive baseline survey data. A sampling framework was devised, to ensure a mix of pilot organisation types – primary, secondary / college, and CYPSCO, while taking into account geography, size of organisation, and prior experience of mental health and wellbeing provision (using the baseline survey data). A sample of 35 organisations was selected on this basis, with those organisations opting-out replaced like-with-like as far as possible. The interviews were conducted by telephone, lasting between 45 minutes and 1 hour. The topics included: organisational and respondent background, aspirations, early views on the development of the model, take up of peer support (enabling / inhibiting factors), challenges and how addressed, views on the training, and longer-term plans.

Case study visits with a purposive sample of pilot organisations – visits to a sample of pilots, to conduct qualitative interviews and to collate pilot materials and data.

Rolling (Sept 2018 – May 2019) Completed: n=15 pilot organisations

By organisation type: Primary (n=6), Secondary / college (n=7), CYPSCO (n=2)

By resp. type: Staff (n=34), Mentors (n=78), Mentees (n=45) Parents & carers (n=12)

The case studies aimed to provide a more detailed understanding of the challenges and lessons learned from setting-up and delivering peer support, and the outcomes achieved for young people, staff, and at an organisational level. A total of 15 organisations were selected, to achieve a mix according to type of organisation and local area characteristics, and to reflect the range of models of peer support from the survey. Further details on the qualitative sample can be found in Annex One.

The case studies were conducted on a rolling basis between autumn 2018, and spring 2019, guided by information provided by pilot organisations on their stage of implementation. CYPCOs started later, and were typically visited in autumn 2019. Each case study involved a site visit lasting 1-1.5 days, plus telephone interviews where needed. The visits included a mix of individual and small group discussions with the pilot lead, other staff from the organisation involved in planning or delivery, senior managers, young people (both peer mentors and mentees) and their parents or carers. The interviews were carried out using semi-structured topic guides, tailored to each respondent type.

Participatory research tools for children and young people – a pictorial or diary format (11+ and under 11 versions), to write or draw about experiences of peer support. *Completed: Primary (n=22), Secondary (n=12), CYPCO (n=5)*

Their purpose was to maximise the opportunities for young people to provide feedback in a variety of ways, beyond the case study visits and surveys. The 11+ version took the form of a more structured diary, whereas the under 11 version was more open ended, including spaces for children to write or draw under “what do you do [at peer support]”, ‘how does it help you?’, ‘how do you feel?’, and ‘what would you change?’ The research tools were made available to pilot organisations in paper hard copy distributed at the case study visits, and online as printable PDF files on their evaluation workspace.

Pre and post quantitative surveys of children and young people

The survey research with children and young people was based on a pre / post design, to measure changes to social emotional wellbeing and resilience; behavioural adjustment and engagement in school life; personal development outcomes, and the use of support or services to help with their thoughts, feelings or behaviours. Two versions of the online self-completion survey were developed: one for young people aged 11 years or older and one for under 11 year olds. Age appropriate validated measures were selected for each survey (see Chapter 5 for details). As CYPCOs sometimes included both age groups, staff were assigned the correct version to consenting young people.

Survey implementation

The surveys were made available to pilot organisations via their online workspace, with unique identifiers to enable matching at the follow-up stage. Staff provided any necessary support required for completion. The survey was administered in two waves, mirroring the structure of the pilot programme, with a wave one baseline at the start of the summer term (April 2018), and a follow-up with young people who responded at the end of the school term (July 2018). This exercise was repeated for wave two (baseline in Sept 2018, and follow-up in Dec 2018). Organisations were encouraged to carry out a second follow-up in Dec 2018 for the children and young people who responded at the first wave and were still participating at wave two.

As it was not always known in advance which young people would go on to participate in the programme, pilot organisations were asked to administer the baseline with young people from the eligible cohort. For example, where the pilot programme was offered to a particular year group, schools were asked to survey the whole year group, or to randomly select classes to take part. CYPCOs with smaller numbers of young people in a youth setting offered the baseline survey to all young people within the setting.

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 neither²². The subsequent questions explored young people’s satisfaction with, and experiences of either providing or receiving peer support. Those young people who indicated that they had neither given nor received peer support were asked about their views towards the programme and how it was perceived by other young people within the setting.

The following tables summarise the final achieved survey sample, across both waves.

Table 1.2: Total Responses (Wave 1)

| Wave | Primary | Secondary |
|-----------------------|---------|-----------|
| Baseline (April 2018) | n=862 | n=1362 |
| Follow-up (July 2018) | n=324 | n=366 |

Table 1.3: Total Responses (Wave 2)

| Wave | Primary | Secondary |
|----------------------|---------|-----------|
| Baseline (Sept 2018) | n=142 | n=140 |
| Follow-up (Dec 2018) | n=270 | n=134 |

Table 1.4: Matched pairs

| Short-term | Medium-term |
|-----------------------------------------------------------------------------|-----------------------------------------------------------|
| Wave 1 (matched baseline to follow-up) or Wave 2 (baseline to follow-up) | Wave 1 baseline to Wave 1 baseline to Wave 2 follow-up |
| Primary (n=393) Secondary (n=371) | Primary only (n=106) |

Analysis of evaluation data

Quantitative data cleaning and analysis involved a number of stages. First, the quantitative survey data was extracted and cleaned, before creating matched pairs of

²² As the number of peer mentors was anticipated to be lower than the number of mentees, if they selected ‘both peer mentor and mentee’, young people were automatically routed via the ‘peer mentor’ version of the survey. The rationale was to maximise the sample size in the completed survey.

baseline and follow-up responses. Next, data tables were produced to allow detailed analysis where base size permitted, primarily:

- Baseline (wave one or wave two) to follow-up (wave one or wave two) for both primary age and secondary or older age respondents
- Medium-term data for primary age respondents (wave one baseline to wave one follow-up to wave two follow-up)

Paired t-tests were used to test for statistical significance and to establish the confidence levels in the results.

Additional economic analysis was also undertaken at this stage to provide a comparison of pre and post costs based on frequency of contact with school and medical staff.

Qualitative data management started with the development of a framework of themes and codes, mapped to the key research questions for the evaluation. This framework informed the design of the data collection tools, including the topic guides used for the telephone interviews and the case study research, and a set of Excel worksheets to capture notes and verbatim quotes. The thematic analysis entailed a comparison of the views and experiences held by different respondents (pilot organisation staff, children and young people, parents and carers), searching for similarities, differences and any other patterns occurring in the interview data. The analysis was grounded in the source data, linking back to the original transcripts to check for factual accuracy and context.

Synthesis across the qualitative and quantitative data was completed, to draw conclusions on the effectiveness, outcomes and sustainability of the pilot programme.

Interpreting the results

The qualitative strand of the evaluation was based on interviews with key stakeholders from 15 pilot organisations, including staff, mentors, mentees and parents and carers ($n = 169$ individual respondents). The case-studies were selected purposively to include a mix of settings and models, and as such this represents a substantial and robust qualitative data-set. As with all case-study research, the findings are not exhaustive, and it was not possible to cover all types of models within a finite number of visits.

The surveys were administered by pilot organisations with support from the evaluators. This resulted in some lack of control over how and when the data was collected. However, the evaluators provided full guidance via a webinar, written materials, and ongoing email and telephone support. The online mode of data collection helped to ensure that data was recorded consistently, and the use of unique identifiers allowed for the matching of responses at pre and post stage.

In total, over half (56%) of all pilot organisations took part in the survey of children and young people, providing a good level of coverage of the organisations within the programme. In total, matched pairs were generated for 393 young people at primary (under 11s) and 371 at secondary (11+) for the short-term outcomes - comparing baseline to follow-up for participants in either wave one or wave two. This provided sufficient power to detect a small effect size in young people's wellbeing at an overall programme level, where these outcomes occurred. In addition, 106 respondents were matched at a primary level for the medium-term outcomes - those taking part in wave one baseline, wave one follow-up and wave two follow-up, although this sample size does not allow for small changes in effect size to be identified.

The data collection approach that was taken means that data reflects the views of young people who both agreed to take part in the evaluation and were selected at initial stage by staff as being from an eligible cohort. In addition, participating schools and organisations were not selected randomly. This is likely to introduce bias into the sample, either in the form of non-response or voluntary response bias, and means that results are therefore specific to our particular sample and not generalisable to the wider population.

Structure of the report

The remainder of this report is structured as follows:

- **Chapter 2** provides an overview of how the pilot organisations were selected; their aims and aspirations for the programme, and their prior experience of delivering activities to support young people's mental health and wellbeing. It also examines early pilot development, covering the trainer training provided by the delivery partner, and the subsequent actions taken to tailor the materials to the needs of each setting.
- **Chapter 3** considers the lessons learned from setting up and delivering peer support within the programme. It looks at how pilot organisations went about recruiting and matching young people as peer mentors and mentees, how the peer support was structured and managed, and the staffing and safeguarding arrangements. It also draws-out the main barriers and enablers reported by the pilot organisations. Finally it considers the steps taken by pilots to sustain or adapt their models of peer support.
- **Chapter 4** explores young people's experiences of peer support. It starts by considering young people's motivations for becoming peer mentors or mentees, and how they first came to be involved. It also examines the factors that deterred non-participants, and what might encourage them to take up peer support in the future. The chapter goes on to examine the different stages of being a peer mentor or mentee, and to consider young people's views on what makes for effective support.

- **Chapter 5** reviews the evidence for pilot outcomes. It starts by considering the extent to which the key intended outcome measures for children and young people were achieved. It then goes on to consider the evidence for organisational level outcomes, and the factors moderating these outcomes.
- **Chapter 6** draws together the findings from the evaluation and concludes against the research aims and objectives. It also offers a set of recommendations for schools, colleges and CYPCOs seeking to deliver peer support, and for further research.

2.0 Design and set-up of the programme

Summary

Pilot organisations, their aims and characteristics

- In total, 100 organisations successfully applied to the programme, with an even split between primary and secondary (41). The remainder comprised of CYPCOs (9), special schools (5) and colleges (4).
- A third of organisations had prior experience of delivering peer-based programmes of some kind and sought to build on this experience. Those who had not, generally cited logistical reasons as opposed to lack of perceived relevance or efficacy.
- Most pilot organisations had a wide range of other emotional wellbeing and mental health support in place and were advocates for this area of work. However, most saw peer support as adding something new or different. There was often a dual focus on improving young people's wellbeing, and organisational capacity building.
- The main aims for involvement were to equip staff and young people with the skills and confidence to deliver efficacious peer support, and to meet unmet need. Some organisations also saw potential benefits with regard to tackling stigma, and easing pressure on pastoral staff in responding to moderate difficulties.

Early pilot development

- Organisations were generally satisfied with the support from the delivery partner. The written materials were rated highly by most pilot organisations, although just over one third felt that follow-up support for implementation was needed.
- Key to the success of workshops was the ability to interact and learn from other schools, the knowledge of trainers, and the framework. Some felt the training could have been more directive, and that it could have been condensed into one day.
- The primary and secondary schools were mostly happy with the quality of resources provided, often finding that these could be used directly, although it was not uncommon for schools to supplement them with other PSHE materials or to integrate specific information about their safeguarding procedures.
- Colleges, special schools and mainstream schools with higher proportions of young people with SEN or behavioural issues felt that the resources were not delivery-ready and they would benefit from tailored materials focused on their needs.

- Early pilot development was often directly informed by the training, resources and support. Pilot organisations commonly reported having adjusted their approach to align with the core principles, including with regard to recruitment, matching, and boosting children and young people’s participation in designing the activities.

This chapter provides an overview of how the pilot organisations were selected, and their capacity and prior experience when they joined the programme and early pilot set up and delivery. We start by drawing upon the Expressions of Interest (EOIs), telephone interviews with pilot leads, and surveys, to provide a descriptive overview of the participating organisations and to set their aims in context. We then go on to consider the lessons learned from the trainer-training provided by the delivery partner, and how this informed the local models.

Pilot organisations, their aims and characteristics

In total, 124 schools or colleges from six invited areas submitted an EOI to be part of the Peer Support Pilots programme. A scoring system was implemented to help finalise the list of selected participants, which included:

- prior experience of delivering peer support;
- prior experience of emotional wellbeing and mental health support;
- whether they referenced a school development plan; and,
- whether they were located in an Opportunity Area (OA).

In addition, a spread of organisations was required across areas to ensure that local networking could be encouraged with successful applications sought across primaries, secondaries and colleges.

In total, 89 of the 124 primary, secondary, colleges and special schools who applied were selected to take part in the programme, applying these criteria.

As there was a limited initial response to the call for Children and Young People’s Community Organisations (CYPCOs), a decision was made to adopt a regional approach to cluster this activity. Applications from CYPCOs were sought from the West Midlands, given the relatively large area, and the possibility of accessing a variety of different organisations. In total, nine CYPCOs applied and were successful, along with two further schools, bringing the total number of organisations selected to participate to 100.

The final selection of organisations is summarised in Table 2.1. It should be noted that there was some attrition during the programme, and not all organisations remained involved for the duration of the pilot.

Table 2.1: Successful applicants by type of organisation and area

| Area | Primary | Secondary | Special | College | CYPCO | TOTAL |
|--------------------|-----------|-----------|----------|----------|----------|------------|
| Derbyshire | 8 | 7 | 2 | 1 | 0 | 18 |
| Greater Manchester | 10 | 15 | 1 | 0 | 0 | 26 |
| Suffolk | 10 | 14 | 1 | 1 | 0 | 26 |
| West Yorkshire | 12 | 4 | 1 | 2 | 0 | 19 |
| West Midlands | 1 | 1 | 0 | 0 | 9 | 11 |
| TOTAL | 41 | 41 | 5 | 4 | 9 | 100 |

Existing mental health and wellbeing support within pilot organisations

All 73 organisations who responded to the lead survey were asked to outline the different types of emotional wellbeing and mental health provision that they currently had in place in their setting. This provides an indication of the level of prior capacity and infrastructure for the pilots. The results are summarised in Table 2.2.

Table 2.2: Current emotional wellbeing and mental health provision in place (%)

| Type of provision | Total Sample | Primary | Secondary or Other |
|-------------------------------------------------------|--------------|-------------|--------------------|
| Staff Training | 77% | 71% | 82% |
| Learning in the Curriculum | 68% | 71% | 67% |
| Educational Psychological Support | 67% | 74% | 62% |
| Whole School Strategies | 66% | 65% | 67% |
| Nurture Groups | 64% | 74% | 56% |
| Counselling | 58% | 41%* | 72%* |
| Therapeutic Support/Interventions | 51% | 44% | 56% |
| Mindfulness | 47% | 56% | 38% |
| External Agency 1:1 (e.g. Drug Service) | 47% | 26% | 64% |
| Family Intervention | 42% | 50% | 36% |
| Parenting Programmes | 32% | 38% | 26% |
| Peer Support | 32% | 24% | 32% |
| Anger Management Group | 29% | 32% | 26% |
| Themed Support Group (e.g. Eating Disorders, Anxiety) | 21% | 24% | 18% |
| Clinical Psychological Support | 15% | 6% | 23% |
| Other | 10% | 12% | 8% |
| <i>Base (total sample)</i> | <i>(73)</i> | <i>(34)</i> | <i>(39)</i> |

QA1 (Pilot Leads; Baseline): Which of the following types of mental health/emotional wellbeing support are currently provided or commissioned at your school, college or youth group?

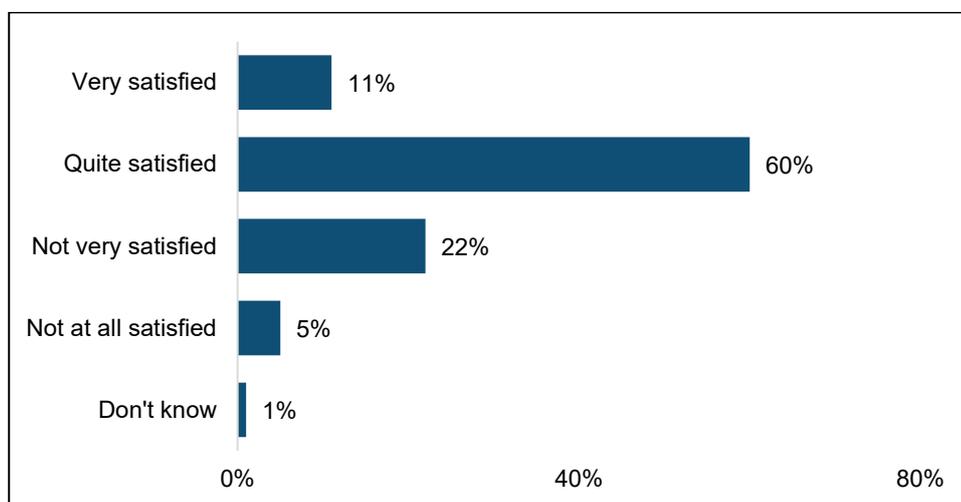
*=significant at the 95% confidence level

Pilot leads reported a **wide range of different types of mental health and wellbeing provision in place**, prior to the programme. This shows a relatively high level of provision already in place in general across organisations (a mean of around seven different types of provision). The most common were non-specific provision, either staff training (77%) or learning in the curriculum (68%). Among specific interventions, those adopted most frequently were educational psychological support (67%), whole school strategies (66%) and nurture groups (64%). Other interventions implemented by around half of schools included counselling (58%), therapeutic support/interventions (51%), mindfulness (47%), and using external agencies for one-to-one support (also 47%). Around a third of pilot leads (32%) reported that their school currently had a peer support approach in place.

There were no differences across type of school, with the exception of counselling being in place among 41% of primary schools compared to 72% of non-primaries.

Almost all (92%) of leads said that the support provided was delivered by school staff, with around half (52%) using NHS Children and Young People’s Mental Health Services (CYPMHS) and a similar proportion using other NHS or local authority staff. Around a third (30%) used an independent or private contractor and slightly fewer used either voluntary sector organisations or children and young people. There were no significant differences in delivery reported between primary and non-primary leads.

Figure 2.1: Satisfaction with mental health and wellbeing support at organisation



QA3 (Pilot Leads; Baseline): How satisfied are you with the mental health/emotional wellbeing support currently provided or commissioned at your school, college or youth group?
 Base (total sample): 73

In total, a notable majority (71%) of pilot leads were quite or very satisfied with the mental health or emotional wellbeing support available at their school, college or youth group. There was no statistically significant difference between primary and non-primary respondents (see Figure 2.1).

Prior experience of delivering peer support

Just under one third of pilot organisations had some experience of offering peer support. This provision ranged from mentoring aimed at Year 7 transitions; “buddy” schemes; peer support for academic work, or focused on behavioural issues. Feedback from the pilot leads surveys and interviews suggests that where peer support was in place, it was largely welcomed and seen to work well by staff, with these broadly positive experiences having encouraged participation in this pilot programme.

Where schools had not run peer support before this was generally due to logistical requirements as opposed to concerns around the efficacy or relevance of the approach. Pilot leads reported their schools having other mental health priorities; lack of staff capacity; the inability to research and implement interventions; funding; finding time in the school schedule, competing for time with other things; and the supervision requirements.

Aims and aspirations for the local pilots

All pilot leads were asked to state their main reasons for being involved in the pilot from a prompted list.

Table 2.3: Reasons for involvement in the pilot

| Reasons | Total Sample |
|------------------------------------------------------------------------------|--------------|
| To increase confidence among young people in providing peer support | 82% |
| To meet levels of unmet need among young people | 77% |
| To provide or test new/different models of peer support within organisations | 58% |
| To increase capacity to provide peer support | 53% |
| To increase confidence among staff in developing/implementing peer support | 51% |
| To increase sustainability of peer support within organisations | 33% |
| To enhance/expand existing models of peer support within organisations | 30% |
| Other | 7% |
| Don't know | 1% |
| <i>Base (total sample)</i> | <i>(73)</i> |

QB1 (Pilot Leads; Baseline): What are the main reasons your school, college or youth group chose to take part in the Peer Support Pilot programme?

The most common main reasons were those relating directly to young people, with a high proportion wanting to take part to increase confidence among those providing peer support (82%). Around three-quarters (77%) did so to meet unmet need. Other key factors included testing different models, and increasing capacity, or to boost staff skills and confidence. Around one third wanted to take part mainly to increase sustainability or enhance existing models, the latter reflecting the almost identical proportion that already had a peer support approach in place.

A number of other factors were noted in the qualitative interviews as being important at an **organisational level**, including:

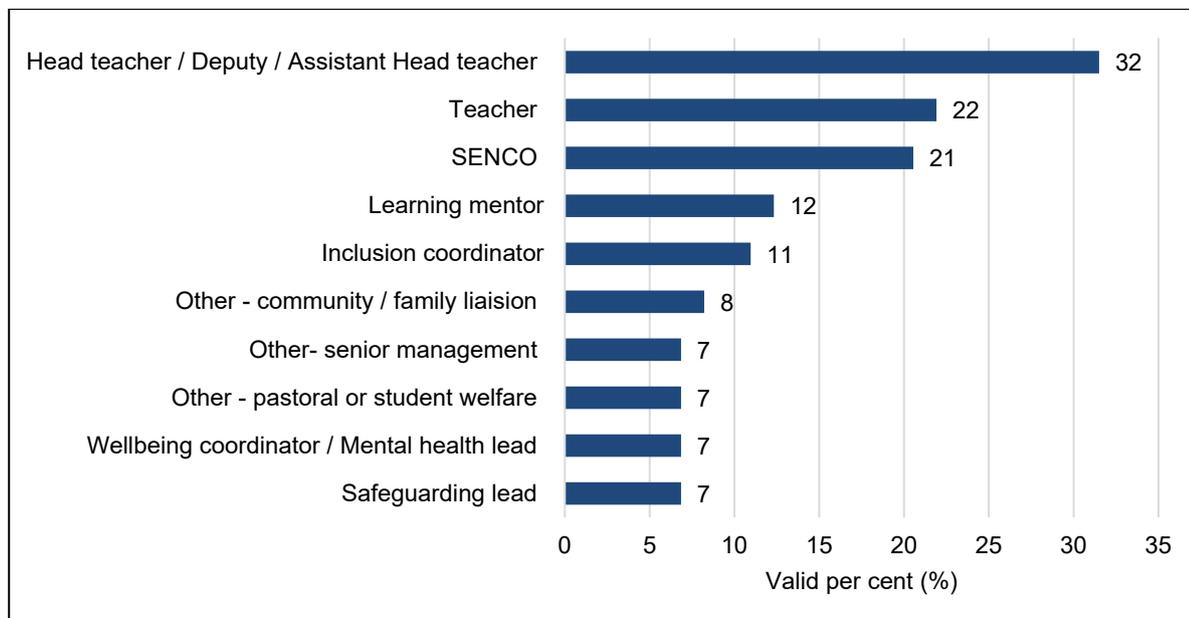
- raising the profile of mental health;
- fitting with the school ethos or approach;
- helping schools identify young people with particular issues;
- the importance of DfE and/or AFNCCF in adding credibility to the work; and,
- the supportive approach taken by senior staff and/or SLT.

A key theme in qualitative feedback from pilot leads, as may have been expected given the level of quantitative endorsement seen earlier, was getting involved due to the wish to **enhance young people’s wellbeing and personal development**. Sometimes this related to specific mental health or wellbeing outcomes that pilot leads saw as particularly important, for example increasing self-esteem or self-regulation, improving friendships or helping support transitions. Others spoke of the value of providing leadership opportunities, and the advantage of interventions being led by young people. Finally, the flexibility of the peer support approach was important, with some welcoming the fact that they could choose whether to target the support to a greater or lesser extent depending on their overall aims for the programme.

Staffing arrangements for the pilots

As Figure 2.2 illustrates, the lead contacts had a range of different roles.

Figure 2.2: Other roles held within the organisation – pilot leads



Q.F1 (Pilot Leads: Baseline): In addition to being a lead contact for the mental health pilot, what other role(s) do you have within your school, college or youth group? (Please tick all that apply)

Base: 73 pilot organisations (multiple responses allowed)

Approaching one-third (32%) of pilot leads were a Head Teacher, Deputy or Assistant Head teacher, while one in five being a Teacher (22%) or a SENCO (21%). Most of the other leads held one of a number of other pastoral or welfare roles. This included staff with a job title that featured 'wellbeing' or 'mental health'. There was no indication that mental health leads were routinely overseeing the pilots within the participating organisations. There were no differences in delivery reported between primary and non-primary leads.

The data should also be viewed in the context of how respondents understood the term 'lead'. The case study research would suggest that, while senior managers may have assumed overall responsibility for the pilot in their organisation, the operational lead was more routinely (but not always) performed by a member of teaching or welfare staff.

Quite often, it was a highly motivated individual who picked up the initial brief and argued the case for delivering peer support within the school, irrespective of their level of seniority. Examples included individual staff members with previous personal experiences of mentoring or counselling, or who were passionate about tackling stigma in relation to mental health. One class teacher had worked with the SENCO to research their pilot, to compile information about mentoring programmes and to find out about what other schools were doing and used this as a basis for developing their model.

The baseline survey also explored whether the pilot leads intended to involve other staff in the planning, coordination, and / or delivery of the peer support pilot. The responses ranged from 0 to 9 other roles within the school, from a prompted list, with an average (median) of 3. These figures correspond with the other *types* of staff that pilot leads anticipated having some level of involvement in the pilots, rather than the total *number* of staff from the organisation. Nonetheless, they illustrate that the pilots were rarely delivered as a stand-alone. Only two of the pilot leads identified that they intended to take sole responsibility for planning, coordination, and / or delivery²³.

The qualitative research showed that pilot leads often drew on wider staff for a variety of reasons, including:

- to share the workload and to resolve the challenges that were presented by running peer support within busy timetables;
- to ensure that the pilot benefited from the safeguarding expertise of specialist colleagues, and to tap into clinical advice and support where this was available (e.g. by consulting with the school counsellor in developing the pilot); and,

²³ One of these was a sixth form college, where the pilot lead was a Student Counsellor, and the other was a secondary school, where the PSHE coordinator held the lead role.

- to build a support network around the pilot, and to ensure that colleagues were aware of the peer support and could signpost or encourage young people to step forward as mentors or mentees.

It was not uncommon for pilot leads to run a breakfast or lunchtime briefing session(s) for colleagues up front, or to form a steering group enabling other staff members to input on an ongoing basis – often linked to other wellbeing or pastoral activities within the school timetable.

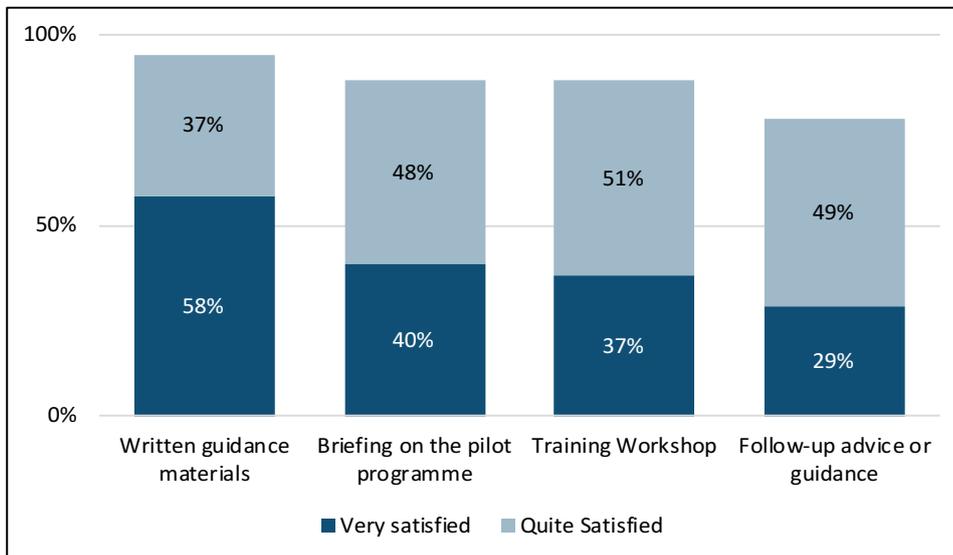
Early pilot development

The following section examines the early stages in the development of the local pilots. This included the delivery of a trainer-training workshop by the national delivery partner; the provision of written guidance materials, web-based information and follow-up support.

Support from the delivery partner

At the initial stage, pilot leads were asked to state using a four-point scale (with an option for “don’t know”) how satisfied they were with certain elements of support provided by the deliver partner consortium. The following figure shows the proportion stating they were either very or quite satisfied.

Figure 2.3: Satisfaction with elements of delivery partner support



QB1 (Pilot Leads; Baseline): How satisfied are you with the following elements of the support provided by the delivery partner (the Anna Freud National Centre for Children and Families consortium)?

Base (total sample): 73

High levels of satisfaction were seen across all elements of support provided, with the written guidance materials (95% very or quite satisfied), with high proportions also satisfied with the briefing on the pilot programme and the training workshop, and the follow-up advice and guidance. Those who did not state they were satisfied with the

follow-up advice were evenly split between those who were not satisfied (at around one in ten respondents) and those who did not know (again, at around one in ten).

The leads survey was repeated towards the end of the programme, following delivery of peer support and after the ongoing support was provided by the delivery partner. The results were similar at this later stage in the programme, with large proportions of respondents being very or quite satisfied (91% with written materials, 88% with training provided). In addition, at this later stage there was widespread satisfaction with the communities of practice that were set up, and the financial support available. Moreover, almost two thirds of leads (64%) were satisfied with the overall support or training that was in place via the delivery partner, with around a third (36%) suggesting additional training or support from the delivery partner could have been useful. The suggestions of what this might entail are included where relevant in the following section.

Trainer training workshops

Pilot leads were generally positive about the workshops and felt they were beneficial, with a number of key factors creating a positive impression. A number of leads felt the workshop gave them practical ideas for how the model could be transferred to their setting, as well as providing clear guiding principles.

“It was easy to see how we could formulate it to make it work for our school”

(Pilot lead, Secondary)

“The training provided [was good], because now we know what to do with our peer mentors. And the resources were really good”

(Pilot lead, Secondary)

This was often facilitated by **interaction with other schools**, sharing ideas, providing reassurance, and developing a practice-based understanding of strengths and weaknesses of mental health and wellbeing provision within different settings. This was particularly valuable as schools often reflected that they attended the workshops without a clear view on how they would develop peer support in their organisation.

“There was lots of interaction – it was a good two days. We got good ideas and learnt about methods of good practice and how to implement the Peer Support Programme”.

(Pilot lead, Primary)

One of the main suggestions for further support was a request for further opportunities to link up with similar organisations in the programme, to allow them to network and learn about what they were delivering:

“[Would like] communications for schools, to interact and share ideas after the training”

(Pilot lead, Primary)

“[Would like] another meeting to see how people are getting on”

(Pilot lead, Primary)

Having **skilled, knowledgeable trainers** was important for many pilot organisations. The “*open-mindedness*” of trainers was noted by some, with this being particularly important given the variety of different organisations attending. A minority of respondents felt that the trainers were poorly prepared, however, and that the delivery could be strengthened.

The **participation of young people with lived experience** of mental health issues in the training was widely considered to have been effective. This helped to ground the core principles of the programme, and served as a reminder of what it was aiming to achieve. The result for many of those attending was that they left the workshops feeling inspired and positive about the programme, with increased clarity as to how they could implement the programme and confidence that it could be a success in their setting.

Those attending did raise a number of queries around the training sessions, with these often reflecting the difficulty of developing sessions to fit with a diverse range of different organisations. The main question from a number of schools was around whether the training could have been condensed into a single day given the various demands upon staff time, potentially by condensing some of the tasks rather than removing any particular elements. In contrast, some of the CYPCO organisations (where the training was held in one day) felt there was insufficient time to cover everything, that there was too much information in the afternoon and attention began to slip as a result.

While most organisations were very positive around the **content of the workshops**, there were some suggestions of possible changes. Some felt that it would have benefitted from a more directive approach to embedding the five core principles and, without this, it was slightly daunting to feel that they were being expected to develop their own approach. A few respondents felt that there was too much talking to slides and not enough active involvement, with one school suggesting that the role-play approach could have been improved by having trainers model examples of best practice.

A small number felt that the evaluation requirements were covered too quickly and that trainers did not necessarily have sufficient knowledge of this area. While attendees valued the opportunity to speak to different schools, one felt that the opportunity was less valuable because all of the other schools in the group were from a different geographical area. This meant that there was more limited value in networking and developing contacts.

Written guidance and materials

Overall, those who attended the training session were very positive around the written guidance and materials that were provided. The majority of leads reported finding them very useful and they appreciated that they could often be directly used in their settings, with minimal adaptation required. Leads felt they were “ready to use” and that “a lot of background research” had been done in putting them together.

“We had to adapt them slightly, but they were good... you weren’t starting from scratch”

(Pilot lead, Secondary)

“I think the lesson plans were really, really good. I liked the activities and the girls [mentors] responded well to them”

(Pilot lead, CYPCO)

When materials were adapted for use, this generally took the form of either relatively minor amendments being made to suit the particular context of the organisation; or combining them with similar information from other sources, such as the Healthy Schools Peer Mentoring training package.

While most mainstream schools were happy with the materials provided, other types of organisations occasionally felt that the materials, guidance and examples were not always suitable for their particular contexts. This tended to be the case for some colleges, CYPCOs and special schools, the latter requiring consideration of children generally being grouped by stage rather than age. Here, leads generally suggested that more differentiation could be made to include relevant material for older children and for children with special needs. As a result, while the materials provided a solid basis, they sometimes required significant updating:

“It was a starting point, but needed heavy adaptation for children with learning difficulties... picture exchange symbols, activities and games”

(Pilot lead, CYPCO)

“[Would like] more adaptable materials to utilise with students with SEN... to support the schools with diverse pupil profiles who[se] mental health needs are significantly more likely to need intervention – but there appears to be no clear evidence base”

(Pilot lead, Primary)

Some organisations did feel the resources were useful but that they would have benefited more from having these explained and talked through in the workshop to avoid feeling “bombarded” by the amount of material.

Results of workshop and written guidance

Organisations were positive about the impact of the workshops and written guidance. A number reflected on how it had helped generally shape their overall approach to provision, ensuring that they had a focus to their work, clarifying that the programme had a preventative approach, and providing more general background and information.

Others reflected on more specific changes that they made to their pilot model directly as a result of the programme. These changes included the following:

- adjusting the age range of those involved (e.g. focusing on key transition periods; ensuring a wider age gap between mentors and mentees);
- amending the approach to training;
- involving children more in decision-making;
- moving from concentrating on the most vulnerable, to those “*who go under the radar*”; or
- amending their original approach to student recruitment.

In the small number of cases where organisations were less positive about the workshops this impacted on the perceived quality of their eventual delivery plans. This was primarily the case where organisations felt the workshops were not sufficiently directive.

The written guidance and, in particular, teaching materials tended to be widely adopted and used in peer support training, particularly among primary and secondary schools where it was felt the material was directly relevant and required minimal adaption. In general, organisations did not need to adapt protocols and guidance policies as relevant issues were already covered in their standard documentation.

Co-production with young people

Feedback from a number of organisations suggested that young people were involved in the design and set-up of programmes and that this was welcomed by both staff and young people. Organisations tended to set the basic parameters of the programme based on information from the workshops (including ideas from other settings) and internal discussions, with co-production with young people tending to focus on specific issues relating to how the programme could be operationalised.

Young people therefore tended to be involved in decisions around the marketing of the programme (e.g. the design of any programme uniforms, programme name/identity, and badges/logos), with this providing an overall ownership for those involved as well as a sense that they had meaningfully contributed to the proposed offering. Where new facilities were being developed, e.g. specific rooms for the programme to take place, young people were often involved in helping design and decorate these spaces. In a

number of organisations young people also had a key role in setting up the days and times of the programme. There were indications that co-production was particularly well developed in CYPSCO settings, potentially due to the perceived greater focus and prior experience in enabling children and young people input into programme design, and potentially also due in part to working with older age groups in some settings.

3.0 Lessons learned from implementation

Summary

Recruitment and matching of young people

- Pilot organisations used multiple channels to raise awareness internally, and to ensure a broad base of support from staff, parents and carers, and students. Publicity was often aided by mentors championing the programme with their peers.
- Mentors were often selected via an open application, followed by an interview to test motivations, maturity, and expectations. Some pilot organisations restricted the recruitment for the first wave, to manage risk with an untested model.
- 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 a diverse group, and provided opportunities for young people who stood to benefit the most.
- Mentees were typically 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”. Most pilots combined methods, while whole year or whole school publicity was often needed to generate take-up.
- The matching criteria evolved during the programme, but shared interests (52%), age (27%) and gender (27%) were most commonly used. Mentors were usually older than mentees by at least one year, to provide maturity and experience, while avoiding heavy academic commitments such in Year 6 and Year 11.
- 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 focussed on Key Stage 2 to 3 transitions.

Delivering peer support

- The planned use of one-to-one support was fairly consistent between primary and secondary stages, although secondaries were more likely to offer group support. This may reflect the challenges of delivering one-to-one support in secondary schools and colleges, with greater numbers of students on roll.
- A sustained one-to-one format was perceived by some pilot organisations to be more demanding of peer mentors’ skills and resilience than using group work

alone. A group-based format was common among pilot organisations aiming to deliver peer support at scale. Some organisations offered both.

- Some schools provided supplementary themed activities as part of the PSHE time across the target year group, which included conversations on wellbeing and friendships within a group setting. Mentor and mentee matching then ensued, where young people identified a need for more sustained one-to-one support.
- Pilot organisations often tested and modified their approach during the programme, reflecting that peer support was new to them. For some, this involved an initial phase of awareness raising and informal group-based activities in the summer term, followed by matching and one-to-one delivery in the autumn.
- Although pilot organisations were not required to undertake formal monitoring, the survey of young people helps to quantify the peer support activities:
 - mentors supported a greater number of young people on average at secondary stage than at primary. This reflects a greater propensity towards group-based support, and larger class sizes at secondary stage.
 - weekly contact was the most widespread. The proportion of young people reporting more than weekly contact was higher at primary stage (20%) than secondary (12%).
 - most peer support took place during the school day. According to young people, some peer support was also delivered before or after school.

Training and supervision of peer mentors

- Mentor training and supervision was managed by individual pilot organisations and followed their internal procedures. The follow-up survey showed that the vast majority of pilots included initial training, with most but not all offering ongoing supervision. Around one third provided written materials.
- Ongoing supervision arrangements took a variety of forms. Much of this variation derived from different interpretations of the following:
 - what 'supervision' was taken to mean in the context of the pilots;
 - divisions of responsibility between adult professionals;
 - judgements regarding acceptable levels of risk;
 - remedial vs. developmental purpose of supervision; and,
 - capacity and logistical considerations.
- The supervisory arrangements were largely considered to have been fit for purpose by pilot staff, although it proved challenging committing to regular formal

arrangements in some schools. Only a handful of safeguarding issues were reported, which were said to have been handled safely and appropriately.

Parental engagement in the pilots

- The opportunities for parental engagement were mixed, with some pilot organisations building on established forums to engage with parents, and others limiting contact to information-giving and consent-seeking. One fifth of surveyed organisations reported not having involved parents and carers in the pilot at all.
- It was often primaries that initiated more ambitious involvement for parents, using regular opportunities around pick-ups and drop-off. CYPCOs sometimes reported limited involvement due to running exclusively in youth settings.
- Many of the schools found that parents and carers were extremely supportive of the pilot, welcoming the idea that their young person would have access to additional support from their peers that could not be provided by a professional.
- Where parents had concerns, these often related to the prospect of their child talking about family and home life, and perceiving this as being unwelcome and intrusive. The 'mental health' theme also deterred some parents and carers.

Barriers and enablers for implementation

- Capacity and resourcing issues were the most commonly reported barriers. Over one third of pilot leads reported challenges relating to a lack of staff time, timetabling and space issues, and difficulties arising from resource constraints.
- As peer support was a relatively new concept in many organisations, a natural period of embedding was necessary so that young people understood and trusted the format. This was quite often achieved through word of mouth, following positive experiences shared among peers.
- A lack of interest from young people was reported by a minority of pilot organisations, while a lack of available peer mentors was least common. These figures reinforce the qualitative evidence, which suggests that that demand was relatively high across the programme overall.
- Some organisations had success in boosting uptake by combining special assemblies, awareness-raising by staff, and ice-breaker activities to create a climate in which young people felt comfortable participating.
- The evaluation highlighted a number of enablers for peer support, which were common to organisations. These include the following:

- 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; and
- h) Ensuring that the activities are flexible and match young people's interests.

Sustainability of the pilot models

- Virtually all pilot organisations planned 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.
- Where pilot organisations had opted not provide peer support beyond the programme, this was mainly due to capacity and resource constraints, e.g. pertaining to funding, staffing capacity, and support mechanisms. However, a few pilot organisations had strongly negative views following the pilot programme.
- The enabling factors for longer-term sustainability related to managerial support and staffing issues. They included staff availability, time and quality, as well as being able to generate sufficient demand, and evidencing outcomes.

This chapter examines the lessons learned from setting up and delivering peer support in participating organisations. It starts by considering how organisations went about raising awareness, and how peer mentors and mentees were recruited and matched. It then goes on to examine the ways in which peer support was structured, including the mix of group or individual support, and the staffing, training and safeguarding arrangements. It draws out key messages for other pilot organisations seeking to set-up and run a peer support programme. It concludes by reflecting on the measures taken by pilot organisations to ensure the sustainability of peer support beyond the programme.

Recruitment and matching of young people

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:

- themed assemblies to give an overview of the pilot, led by staff or students;
- posters, school newsletter articles, social media and website publicity;
- staff briefings and email communication, managed by the pilot lead;

- 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,
- awareness-raising at parents evenings.

The pilot was sometimes introduced in the context of pre-timetabled activities. For example, one college used the opportunity provided by Mental Health Day to raise awareness of peer support, alongside other activities with a focus on tackling stigma. In another example, the pilot lead for the pilot delivered a lesson to Year 7 students in PSHE time, as a springboard for the programme.

Where young people were actively involved in pilot development, they also typically played an active role in awareness-raising. One primary school set-up a working group of Year 6 students to develop and promote the programme, with involvement in planning and publicity from the outset. Other pilot organisations had their mentors feed back to their peers after they had completed the training, or visited classes in the year group(s) from which the peer mentees were to be identified, including secondary school mentors visiting primary schools in preparation for delivery as part of the following school year.

In a smaller number of cases, the pilot leads described having restricted the publicity during the pilot phase. The rationale was to avoid generating more prospective mentors or mentees than it was possible to work with and therefore having to turn young people away. There were also perceived risks around delivering an untested model, which led some pilot organisations to pilot the model first on a small scale, before making it more widely available. However, some reassurance was taken from having a clear underpinning practice framework, provided by the Delivery Partner, and from the fact that the programme was evaluation-led and supported by evidence.

One of the most widely reported approaches for **recruiting peer mentors** was a written application of some kind, followed by a discussion or interview with staff overseeing the pilot. Young people were commonly asked to explain why they wished to be considered, and what qualities they would bring to the role. This extended to requiring a letter of endorsement from a parent, friend or teacher in one instance. The subsequent interview was used to test motivations, maturity, and expectations.

Some pilot organisations opted to restrict the recruitment for the first wave of the programme, and relied on nominations by youth workers, pastoral managers or other staff. The rationale was to pilot with young people who were a known entity, thereby managing levels of risk, and, in some cases, to avoid potential over-recruitment during the first wave of the programme.

Pilot organisations differed in their criteria for peer mentors, but generally described looking for signs that the young person was reliable and understood the time commitments that would be needed, as well as demonstrating empathy skills. While some organisations looked at attendance, behaviour and academic attainment as key

indicators, others consciously aimed to involve young people who were not the 'usual suspects' and who may stand to benefit the most as well as potentially providing a different perspective on the support they provided. One school with an academic mentoring scheme purposively sought to offer the programme to a wider cohort of young people, while the pilot lead from another school described how staff had encouraged participation by young people with relevant life experiences, including those who had experienced friendship difficulties, or who came from a disadvantaged background:

"The learners who have actual experience are not necessarily the 'model' [students]... but this is their field of expertise. Problems at home that stop them performing at school, having melt-downs, not communicating when they were younger, trust issues"

(Pilot lead, Secondary School)

Several of the FE colleges reported a particular challenge in selecting peer mentors, due to the relative lack of knowledge about the young people within any new intake, compared with schools who were able to draw on the views of teachers and pastoral staff who often knew the young people in the cohort from previous year groups.

Pilot organisations also differed in their aspirations for ongoing support and development of their peer mentors. While some aimed to continue with the same cohort for the duration of the programme, others placed a greater emphasis on offering the experience to all of those who might benefit. One pilot lead described how the school planned to rotate the mentors (and mentees) on a termly basis, hence developing their pilot as a short PSHE initiative, open to a wide range of young people across the selected year groups.

Several organisations described having over-recruited at the initial stages of the programme, which resulted in more peer mentors than were needed during the pilot. In one case, the solution was to create other roles, whereby young people who did not make the shortlist were enlisted as 'spotters' to help promote the programme with their peers in the year group and to support with organising the weekly activities. In another example, pilot staff gave feedback to young people who were unsuccessful, to make it clear what they needed to work on to become a mentor. This included one young person who was supported to manage their behaviour, before joining at wave two.

Mentee recruitment

The **recruitment of mentees** was often achieved through an initial process of staff nominations. Teachers, youth workers or pastoral teams were asked to identify any young people who were having issues with confidence, friendships or behaviour, or who were unhappy at school. The young person was then usually approached informally, to raise awareness of the peer support, and to suggest that it might be something they

would like to try. Where this was the case, staff then contacted the parents of the young person to obtain consent for their child's participation.

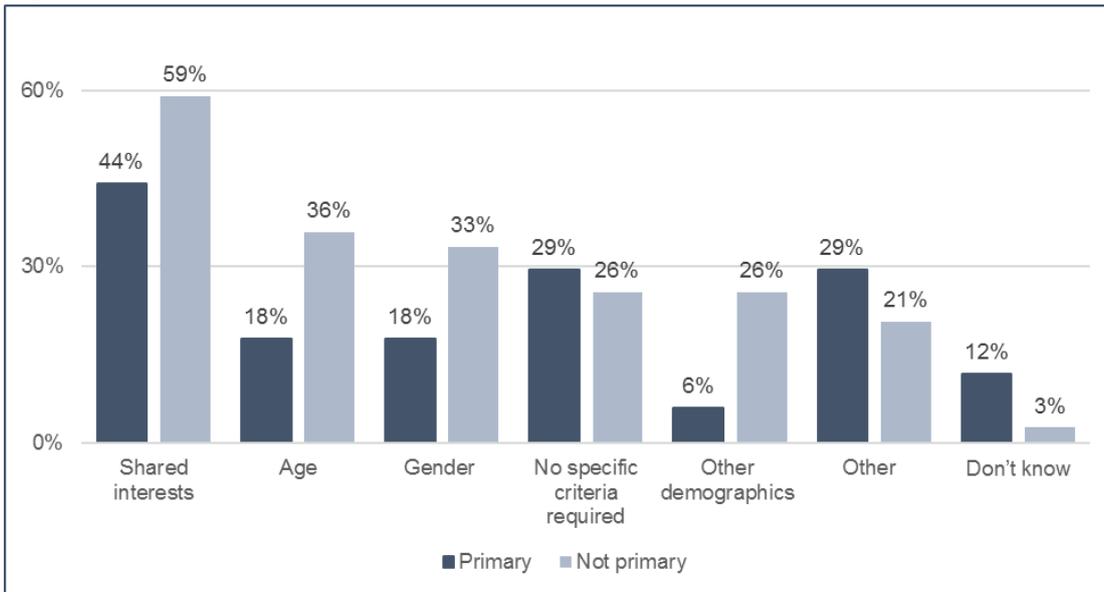
Other organisations encouraged young people to self-refer, by approaching the staff or mentors directly, or by using a confidential "worry box", while others still used the peer mentors to recruit their mentees. A few pilot organisations described using a questionnaire to identify young people who may be in need of support. For example, one school surveyed their Pupil Premium students and subsequently targeted any of the students who reported having friendship or confidence issues. This approach allowed for a certain degree of targeting based on student characteristics.

In a less common example, one secondary school extended their pilot to include mentees with more challenging issues. The pilot was led by school staff with a clinical background, building on a strong offer of mental health and wellbeing support for students including a counselling service and close links with NHS CYPMHS. The peer support was offered to young people who fell below the threshold for professional support, but who would benefit from having something else in place. The cohort of mentees included one young person who had previously received counselling because she was self-harming, and the mentor was supported by staff to engage with the young person during a period of recovery.

The matching process

The process of **matching** mentors to mentees was generally evolved as the pilots were rolled out. The initial pilot lead survey (**Figure 3.1**) showed that most pilot organisations intended to take multiple criteria into account, with over half prioritising 'shared interests' between young people (52%), and around one quarter also taking into account the young people's ages (27%) or gender (26%). In contrast, one quarter of pilot organisations did not intend to adopt any fixed criteria at this stage in the programme (27%). Secondary schools, colleges and CYPCOs were more likely to intend to use a range of different matching criteria, with over half matching by shared interests (59%) and around a third matching in terms of age (36%) and gender (18%).

Figure 3.1: Criteria used to match mentors and mentees



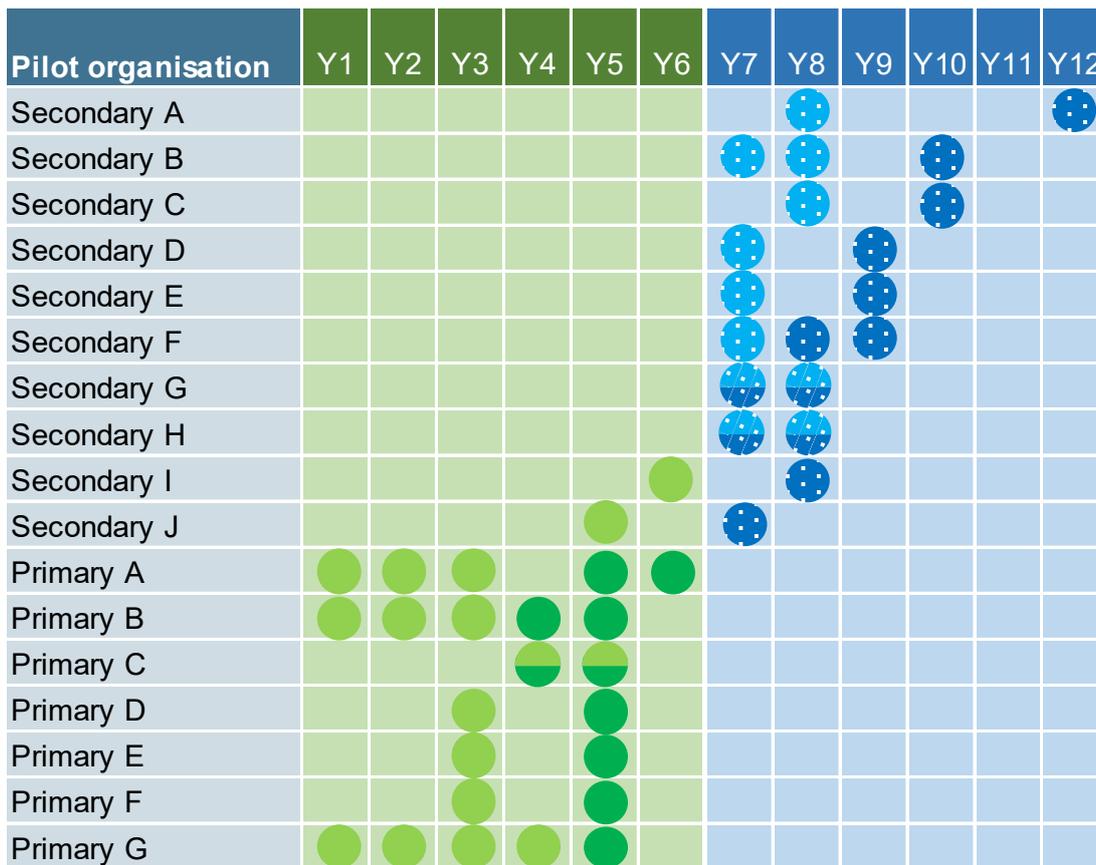
QE4 (Pilot Leads: Baseline) Which of the following criteria, if any, will be used to allocate peer mentors to peer mentees?

Base (total sample): 73 (All), 34 (Primary), 39 (Not primary)

In practice, most organisations operated a model whereby mentors were older than mentees by at least one year, as illustrated in **Figure 3.2**. However, this varied considerably with some much larger age gaps (up to four years), and some pilots drawing peer mentors and mentees from the same or overlapping age groups. This compares with a typical age gap of two years for mentoring programmes documented in the literature²⁴.

²⁴ Ibid. (Podmore, et. al, 2018)

Figure 3.2: Ages of peer mentors and mentees



| Key | | | |
|-----|-------------------|---|------------------|
| ● | Secondary, Mentor | ● | Primary, Mentor |
| ● | Secondary, Mentee | ● | Primary, Menetee |

Source: Pilot Leads: Telephone follow-up interviews

As the Figure shows, the specific age gap varied from pilot to pilot, in line with peer leads views on the optimal ages of participants. Overall, the pilots in primary schools focussed on Key Stage 2 (School Years 3 to 6 - between 8 and 11 years old), while secondary schools targeted Key Stage 3 (School Years 7 to 9 - between 12 and 14 years old). Mentor recruitment at primary stage favoured Year 5, due to Year 6 students having heavier commitments around SATs, and with the reduced scope for sustained involvement due to leaving at the end of the academic year. At secondary stage, pilot organisations often avoided Year 11 to avoid heavier commitments around GCSEs.

The closeness in age between mentors and mentees was flagged as a risk by one college pilot lead. Having less of an age gap meant that there was more overlap between peer networks within the group than staff would have considered ideal – especially so with the pilot having launched fairly late in the academic year, after friendship groups had already formed. This situation required staff to reinforce key messages around confidentiality, and the differences between a friend and a ‘professional friend’. There

had not been any specific incidents arising, so this was thought to have been successfully contained.

Beyond the age criterion, the evidence suggests a mixed picture regarding how matching criteria and processes were implemented. One of the most apparent differences was between staff describing a process of assignment *on behalf of* mentors and mentees, and scenarios where the matching process was *led* by young people and observed by staff. For some primary schools in particular, staff described the matching process in a more paternalistic way, based on professional decision-making:

“Look at each child individually and how they might support each other... understand the needs of the mentee, and either pair like for like or opposites.”

(Pilot lead, Primary School)

“You need to fully understand the children and their skill set before assigning them. The mentors were better to be older than the mentees”

(Pilot lead, Primary School)

In contrast to this, other pilot organisations described a mentee-led format. This was more conducive to pilots involving elements of open-ended group work, whereby young people got to know each other in a play-based or non-formal setting. This was often assisted by ensuring that the mentors were visible to their peers, whether through distinctive clothing such as hoodies with printed insignia, high-vis jackets, lanyards, or badges. Here, the matching process was described as having been largely driven by the young people themselves:

“It was better to allow natural matches to develop, so I put mentor/mentees in a relaxed environment and watched alliances grow”

(Pilot lead, CYPCO)

It was not uncommon for schools to describe having switched from one approach to another, based on young people’s feedback and observation during the first wave:

“We started in the first pilot matching mentor to mentee and found it felt forced and could be difficult to get a relationship going. In the second pilot we used a more informal approach where the mentees could approach the mentors and seek the support they required.”

(Pilot lead, Secondary School)

In one secondary school, the Year 8 mentors attended the lunch club for Year 7 students on a regular basis during the summer term, to build rapport and to develop “ground rules” for the programme. One-to-one pairings were then introduced in the autumn term. This

was considered to have worked well because the mentors were by then a known quantity, and staff supervising the pilot had a better view of the personalities of young people within the group. A similar phased approach was taken by schools focussing on transition, as described in the case study below.

Case study: Peer support for Year 6 to 7 transition

The pilot organisation (an urban secondary school) had identified rising numbers of young people in the Year 7 intake with anxiety in recent years. This had resulted in unnecessary disruption during the first term, with learning time being lost. The school identified an opportunity to use the pilot to intervene earlier in Year 6 to support transitions, with a particular focus on resilience and emotional wellbeing.

Overview of the model

The school aimed to provide mentor training to Year 7 students, who would return to their previous primary school as mentors for Year 6 students. There were three stages:

- The mentors undertook a visit in the summer term, to talk about how they felt about secondary school, what the transition had been like, their aspirations, and to answer questions. This was followed by a 'Transition Day' for the Year 6 students to undertake orientation, during which they spent time with the mentors.
- The school ran a summer school programme during the first week of the holidays, which was attended by the peer mentors and involved arts, craft and sports to help further build relationships prior to the start of the academic year.
- Finally, the one-to-one mentoring went ahead in the autumn. The matching process was undertaken with the aim of supporting the 15-20 students who stood to benefit the most from peer support.

Lessons learned

Overall, the model was felt to have met expectations. The staff and mentors agreed that they had a better idea of the support needs of young people in the new intake, having engaged with them pre-transition and taken time to build rapport. The summer school activities had worked particularly well - partly because they were activity-based and broke the ice, but also because they allowed the young people to meet on neutral territory and helped to address a lack of suitable meeting space within the schools.

The pilot also highlighted some key practical considerations. It was found that visit dates that work best for the primary school may not align with the timetable for the mentors in secondary, so the schools agreed to plan earlier for the following year.

More unusually, one pilot organisation had developed what might be described as a ‘triage’ process for matching young people. Staff and mentors used the regular supervision classes to review the information submitted via the self-referral box. The group would then meet to discuss how they would handle the scenario presented by the young person, and to agree who was best placed to mentor or support on that particular issue out of the group. The pilot staff placed an emphasis on increasing parity of decision-making responsibilities with the adults, creating a shared sense of ownership across all stakeholders and helping ensure that mentors were able to discuss issues in advance, thereby embedding group input and support as required.

Delivery of peer support

Organisations were not required by DfE to formally monitor or report on the numbers of sessions delivered or their frequency. A range of useful descriptive statistics is available from the follow-up surveys with young people, however, which included:

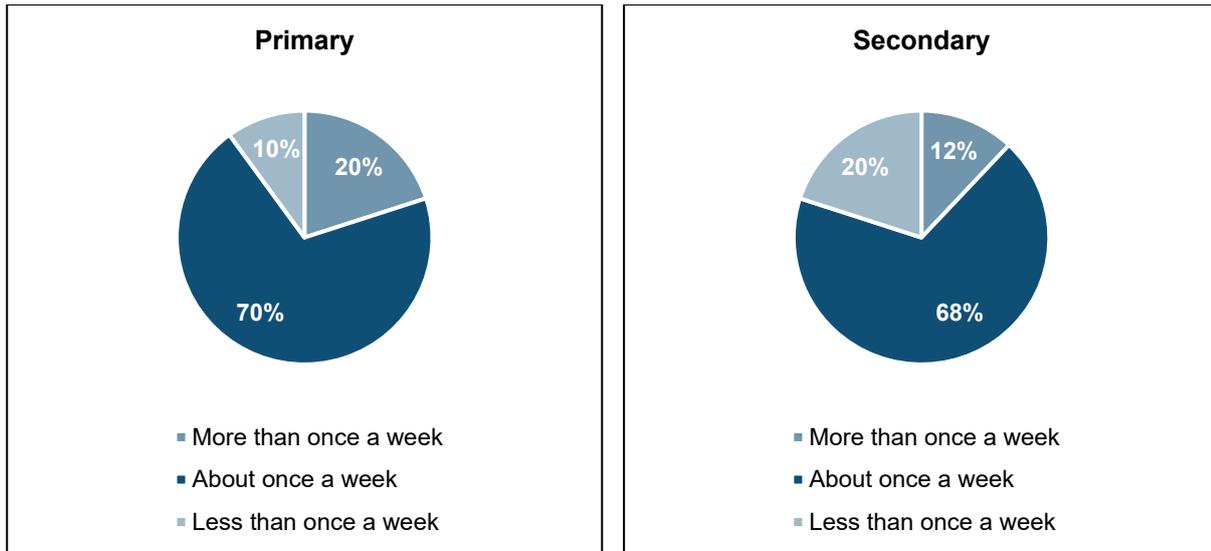
- number of young people supported
- frequency of contact with the peer supporter; and,
- timing of peer support around the school / college day

The overall picture that emerged was one of most sessions taking place weekly during school hours, but with some primaries delivering before and after school provision. More specifically, the following overall trends among the surveyed pilot organisations:

- **peer mentors supported a greater number of young people on average at secondary stage** (Median: 3, Mean: 8) than at primary stage (Median: 2, Mean: 5), excluding outliers. This is broadly consistent with the higher prevalence of group-based support, and larger class / group sizes at secondary stage.
- **over two thirds of young people reported weekly contact with their mentor or mentee.** The proportions were very similar between primary stage (70%) and secondary stage (68%). However, the proportions of young people reporting more than weekly contact was higher at primary stage (20%) than secondary (12%).
- **over three quarters of peer support sessions in secondary schools took place during the school day**, falling to seven in ten of primary sessions. While before or after school sessions were rare among the secondary respondents (5%), approaching one in seven (15%) of primary sessions took place at this time. A similar proportion of young people reported that the timing varied from week to week.

These breakdowns are shown at Figure 3.3 and Figure 3.4.

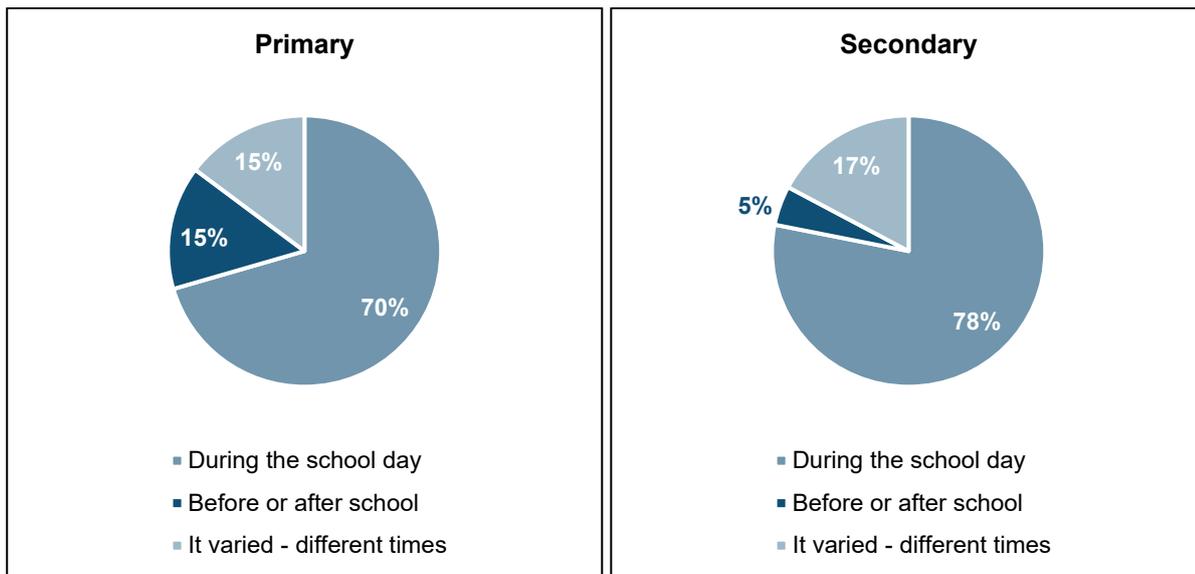
Figure 3.3: Frequency of contact with peer supporter, by age category



Q9a (Primary: Follow-up) How often did you see your peer supporter? Q14A (Secondary: Follow-up) How often did you see your peer supporter?

Base (Peer Mentee): 69 (Primary), 65 (Secondary)

Figure 3.4: Timing of peer support, by age category



Q9b (Primary: Follow-up) When did you usually see your peer supporter? Q14A (Secondary: Follow-up) When did you usually see your peer supporter?

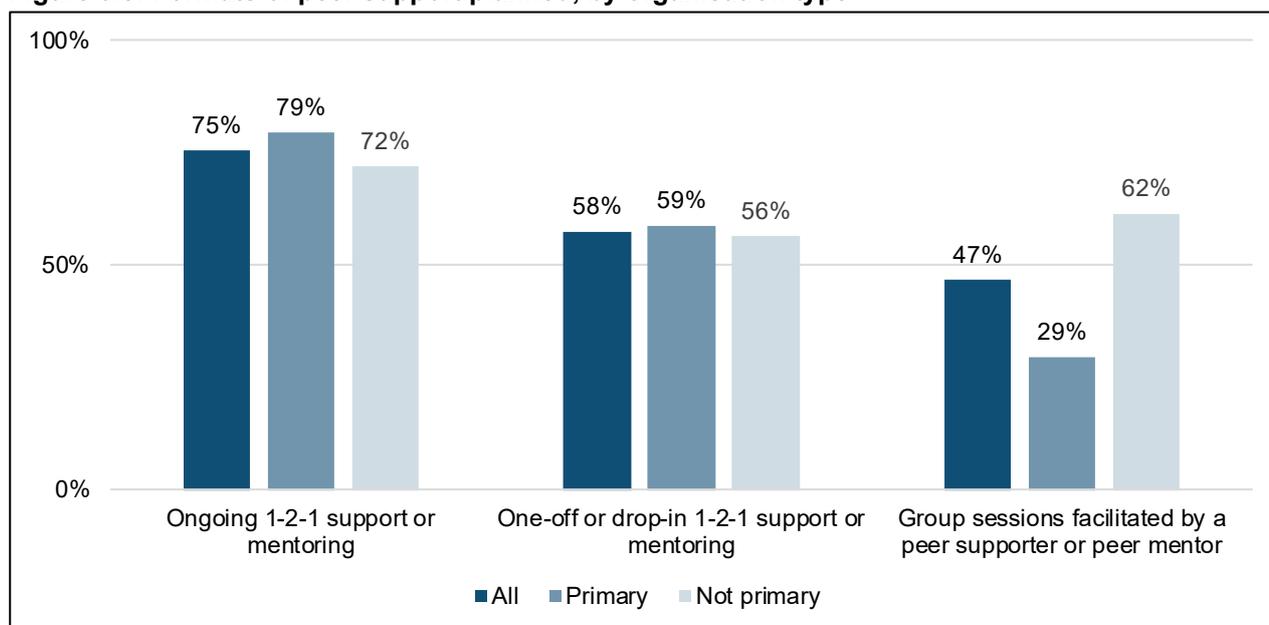
Base (total sample): 61 (Primary), 64 (Secondary)

The initial survey of pilot leads provided an opportunity to explore the format that was planned for delivering peer support. As **Figure 3.5** illustrates, ongoing one-to-one support was the most widely planned format, followed by drop-in one-to-one sessions. Just under half of pilot organisations planned to offer group sessions facilitated by peer supporters. These figures indicate a range of types of models planned across the pilots.

The planned use of one-to-one approaches was consistent between primary schools and the combined non-primary category, although primaries were less likely to offer group support sessions (29% compared with 62%). This may reflect the challenges of delivering one-to-one support in secondary schools and colleges, with greater numbers of students on roll – an issue that was raised in the qualitative interviews in some schools at least.

It should also be noted that these categories are not mutually exclusive, however, and nearly half of pilot organisations combined one-to-one support with group-based delivery (42%). A multi-modal approach often helped pilot organisations to achieve a balance of depth and scope of coverage of the programme, as we discuss below.

Figure 3.5: Formats of peer support planned, by organisation type



QA7 (Pilot Leads: Baseline) Which of the following formats are you intending to use for the peer support sessions?

Base (total sample): 73 (All), 34 (Primary), 39 (Not Primary)

The qualitative research indicates that the choice of model was influenced by a range of factors, including:

- organisational aims for the programme;
- types of support for mental health and wellbeing already in place within the organisation;
- staffing capacity and physical space to set-up and oversee the activities;

- the perceived effectiveness of group vs individual formats;
- the perceived readiness of young people to deliver peer support; and,
- the role of young people in designing and selecting the activities.

Pilot organisations commonly adopted a test-and-learn approach, which meant that the format was adapted and modified over the course of the programme. Pilot leads described a need to allow an initial embedding period while young people became comfortable with the idea of peer support, and while prospective supporters were trained and developed. This sometimes entailed a staggered approach, with an initial phase of awareness raising and informal group-based activities in the summer term, followed by the matching of mentors and mentees for one-to-one delivery in the autumn.

A sustained **one-to-one format** was often selected because it was perceived to offer a more “intensive” model than was possible from group work alone, by allowing young people to open up about their feelings with a trusted individual over a period of time. This approach was typically, although not always, chosen where the pilot organisation held specific views about who the peer support was for, and how it should be targeted. A number of the pilot organisations were already offering adult-led support groups prior to the programme, and valued the opportunity to build on this by developing a one-to-one format led by young people and delivered as a new intervention.

Case study: One to one peer support in a primary school setting

The pilot organisation (a primary school) took part to address a gap in their existing offer to pupils. Although the school already provided a counselling service, there was not anything in place for pupils with lower level difficulties, such as friendship issues.

The pilot was led by a Year 1 class teacher, who volunteered after having related the programme to her own experience of being a mentor at school. The lead was supported by the SENCO to plan the pilot and training, although they felt sufficiently confident to lead the sessions for the second term and the SENCO stepped back.

Overview of the model

The model involved weekly sessions of 15-30 minutes, organised as pairings between mentors and mentees, within a group setting. Mentors (Year 5) were approached and encouraged to take part, based on the personal qualities they would bring and where staff felt that they stood to benefit from the extra responsibility and confidence boost. Mentees (Year 3) were identified by teachers, and put forward to take part.

Initial awareness-raising was taken with staff and children across the school, to brand the scheme as ‘Wellbeing Wednesdays’, with a clear message that this was about confidence, friendship, feelings, and being happy to come to school. To make the sessions less daunting, mentors collected mentees from their class and dropped them

back again afterwards. The sessions were overseen by the pilot lead, but in a light touch way - providing encouragement, and equipping the pupils with resources such as art materials and Lego, to break the ice and help conversations start.

Lessons learned

Staff and participating pupils were positive about the pilot. The lead contact reflected how the scheme had benefited mentors just as much as mentees. The lead contact also commented on how some initial reticence among school staff about having a weekly mental health session had been quickly turned around, with staff getting behind the Wellbeing Wednesdays and being pro-active in spotting potential mentees.

The scale of the weekly drop-ins (6 mentors with 6 mentees) was thought to be about right to enable a group based format with individual pairings within this. Children had felt able to speak with the lead contact afterwards if anything troubled them, and indeed one safeguarding issue involving a parent was picked-up this way.

The mentors reported having felt “excited”, “happy” and “overwhelmed” to have been chosen to take part, and welcomed the chance to show what they could do. The lanyards that were given to the mentors were particularly popular and make them feel that they were being taken seriously. The main area for improvement was to have a greater choice of activities and longer sessions / to spend more time with mentees.

A **lighter touch one-to-one format** was offered by pilot organisations aiming to provide support whenever issues arose within the setting. Examples included organising regular drop-in sessions; in-reach to established groups (e.g. youth groups, after school clubs, or holiday clubs, or during PSHE time), or open access during break time or lunchtime. The latter was popular with primary schools, as an extension of ‘playground friends’ or buddies. For example, one primary school trained pairs of young people to run a kiosk during playtime, whereby one of the peer mentors was always available for a one-to-one conversation, and the other would mingle to raise awareness and to spot young people who appeared to be unhappy or disengaged from their peers.

A **group-based format** was common among pilot organisations aiming to deliver peer support available at scale, as part of a ‘whole school’ approach towards mental health and wellbeing. Group-based approaches varied considerably in their formality, with some being primarily activity, arts or leisure-based, while others were based on guided discussion. A number of schools saw a role for the programme in helping to tackle stigma around mental health issues, and the group format was conducive to discussing these topics openly. For example, one single-sex school aimed to use group peer support as a vehicle to normalise conversations about feelings and friendships among teenage boys.

A group format had the further benefit of offering a flatter structure for the recruitment of mentors and mentees. While most pilot organisations had recruited mentors from older age groups this was not exclusively the case and some of the local pilots included mentors and mentees of the same age, creating the opportunity of young people participating as both mentors and mentees during the course of the pilot. This was the case in several of the youth organisations, but also in some of the primaries. For example, one primary used a weekly ‘gathering’ of young people from Years 5 and 6 in the playground as a platform for identifying and assigning mentors and mentees.

Case study: Group-based peer support within a community setting

The pilot organisation is a voluntary youth club, which is attended by around 20 girls and 30/40 boys aged 11-18 years in an inner city area with a large South Asian community. The pilot lead described how the centre aims to support young people’s personal development and wellbeing, as well as providing access to arts and cultural activities. The decision was taken to run the pilot with the girls in the first instance, as there had been some tensions within the group, and peer support was seen as an opportunity to bring the girls together as well as strengthening their support system.

Setting-up peer support

The youth workers wanted young people to lead the sessions. They had initially envisaged mentor / mentee pairings, and had allocated two rooms on the premises for the meetings. Having held an initial planning session, however, the girls opted for drop-in sessions with a more informal feel, along with more spontaneous conversations outside of scheduled drop-ins. Staff running the session described feeling able to take a step back, confident that the key messages around safeguarding and confidentiality had been taken on board, and to let the young people run the pilot.

Development of the model

Over the course of the programme, staff, parents and young people commented on the improvements to the cohesion and relationships among girls within the group. The young people identified how they felt like there was an understanding that anyone within the group could look to each other for advice, and to discuss issues about relationships which they would not feel comfortable discussing with adults.

It was reported that the peer support gave the girls an outlet to have conversations about mental health – a topic carrying stigma within the local community.

“One thing that you will find with mental health, a lot of people will be in denial in our culture. They won’t believe it still... The new generation coming up is more open to things. So I think [peer support] is a really good way of doing it.”

(Parent)

Group work was also selected where peer mentors expressed reservations about the one-to-one scenario being too challenging for them, or where staff had decided that one-to-ones were inappropriate for the young people who had been recruited. This typically related to concerns about peer mentors of taking “too much responsibility” for issues raised by the mentees, and the potential impact this might have on their wellbeing. One school intended to deliver one-to one peer support, but found that most mentors who came forward were boys and most mentees were girls. A group format was considered preferable, to avoid this stark gender division between mentors and mentees.

In practice, most group-based peer support was organised by the adults overseeing the programme rather than by young people. The exceptions included where the pilot organisation had established a steering group of young people to oversee all stages from designing the recruitment process, to deciding how the matching would take place, and managing the weekly activities.

As the programme got underway, pilot organisations often developed a model **combining elements of individual support and group work**. This approach was used in a variety of scenarios, which included the following:

- For some organisations, a combined approach evolved out of experimentation. Schools often found that it was difficult to know in advance which young people might benefit the most from peer support, and what criteria to use for matching. Group activities were used as a means to pilot the recruitment and matching process for the one-to-ones, and it was quickly found that a group format allowed young people to pair-off more naturally, at a stage when they were comfortable to do so.
- A number of organisations used a phased recruitment process, culminating in the one-to-one matching. For example, one school ran a whole school assembly featuring presentations by the peer mentors. This was followed by informal “coffee shop style drop-ins”, which young people attended more informally, and the one-to-ones followed after rapport had been built, at the request of participants. One youth group combined weekly drop-in sessions with group activities where the peer mentors and mentees came together to take part in activities such as running an exhibition stall, problem-solving, or games. This was thought to work well, to maintain interaction between the paired young people and the wider group; to keep a ‘fun’ element to maintain young people’s interests, and to facilitate ongoing observation by the adult staff supervising the programme.
- Other schools delivered themed activities as part of the PSHE time across the target year group, which included lighter touch one-to-one conversations on wellbeing and friendships. Again, the opportunity was presented for peer mentor and mentee pairings to form, where young people identified a need for more sustained one-to-one support.

This model also allowed for potential scalability, as highlighted in the following example.

Case study: Working with whole year groups

The pilot organisation is a secondary school in an urban area, with a ten form intake. The school was already running a Year 7 transition project, to prepare incoming students for secondary school life, and to reduce levels of fear and anxiety. One of the themes identified was that students wanted to see: “*a friendly face, first thing in the morning*” at the start of the school day. The peer support programme was a good fit.

Overview of the model

The school trained 10 sixth formers as peer mentors, one of whom was attached to each of the Year 7 form groups. The peer mentor attended for 20 minutes per day, as part of a wellbeing session. A semi-informal approach was adopted, with the peer mentor chatting with students and allowing them to talk about their feelings. This included some targeted work to engage with students with known emotional difficulties.

The form teacher was also present. The model was possible because of the daily time allocated to PSHE, as part of tutor time.

Based on observations and reporting through supervision, staff running the pilot indicated that students had become increasingly willing to “open up” during their contact time about any fears or concerns they had. There were also a number of referrals made to the pastoral team for light touch ‘interventions’, following mentor-mentee discussions, including enrolments on a befriending programme.

Future plans

The school aimed to continue the model as a rolling programme, so that the mentors follow the students through from Year 7 to Year 8, at which point other wellbeing support is available at Key Stage 4. If this proves successful, each intake will see a new cohort of peer mentees, and a new cohort of peer mentors will be identified and trained in Year 11, who will follow their assigned mentees over two years before the cycle starts again. The model would ensure that all Year 7 and Year 8 pupils have access to peer mentoring.

The evaluation underlined the more specific requirements for delivering peer support within targeted settings, including special schools and with young people with SEND, and within settings where peer support was developed with much younger children (e.g. Years 1 and 2). Here, perhaps unsurprisingly, the format and supporting materials was shown to require further adaptation. The following provides an example from one special school.

Case study: Playground buddies – using non-verbal communication to facilitate peer mentoring within a special school setting

The pilot organisation (a primary special school) aimed to develop a structured model for peer support, building on more spontaneous befriending and support between children in the playground. The PSHE coordinator took the lead, supported by lunchtime organisers and Teaching Assistants, with oversight by the head teacher.

Overview of the model

The model developed by the school was based on a buddying system, with mentors nominated by class teachers and made available to their peers during break time and lunchtime periods, following initial training about what makes for a good 'buddy'.

A buddy bench was installed in the playground, along with communication boards ('buddy boards'). These enabled the children to use pictures or symbols to show how they were feeling, and to indicate whether they would like help from a mentor. Staff overseeing the pilot felt that the boards had "...*given the children a voice... a way to express themselves when they're outside*". Mentees were also nominated by teachers using classroom observation. Staff overseeing the pilot subsequently discussed and agreed upon a suitable match, which was usually based on shared interests.

At the time when the case study visit took place, the school was also planning to run Friday afternoon activities for mentors and mentees, to build on the more informal playground contact with arts and crafts, sports and other child-nominated activities.

Lessons learned

The training materials designed for mainstream settings required quite significant adaptation to meet the needs of children with learning difficulties. A 'talk' based model was replaced by one based more around non-verbal communication, which staff considered to have been necessary within their setting. The early signs were positive: staff commented on children communicating more effectively with support from the communication boards, and gaining in independence. These interactions had also helped staff to observe and understand the dynamic between children in the setting.

Looking to the medium-term, staff aimed to instil a buddying ethos among the wider peer group, by modelling positive peer interactions. The lead contact commented that:

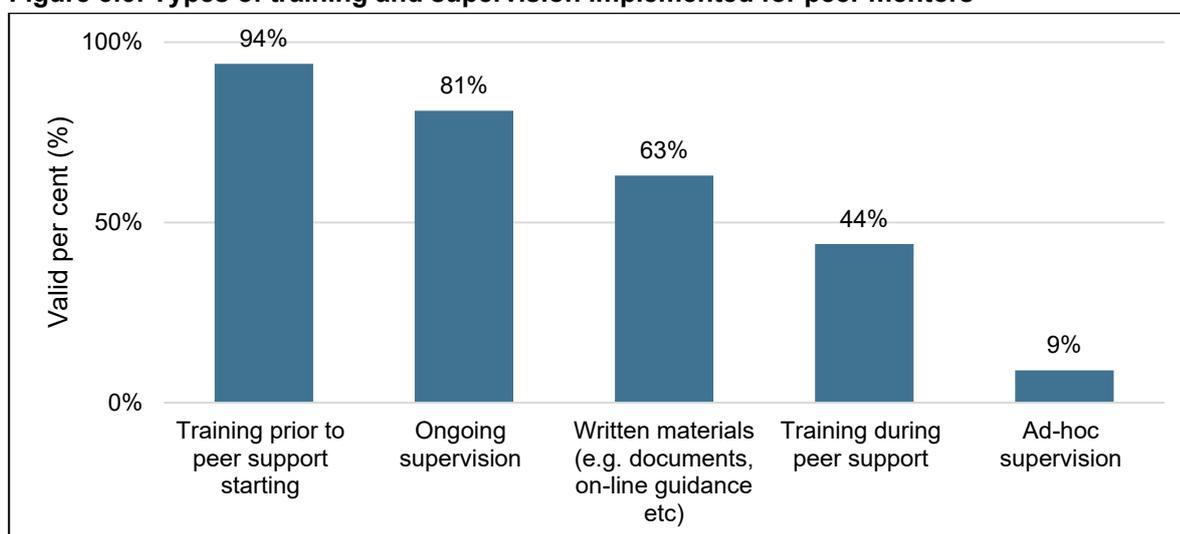
"We want to move away from the mind-set that adults are always the go-to, and adults are always going to make it right... [the children are] making more proactive choices to join-in with activities, without going to an adult first".

Training and supervision of peer mentors

The **training and supervision arrangements** for the programme were managed by individual pilot organisations and followed their internal procedures. The vast majority of pilot leads taking part in the initial pilot lead survey said they were planning to deliver training to their peer mentors prior to commencing the support, with similar proportions intending to offer ongoing supervision. Just over half of pilot organisations (52%) also offered to provide training to peer mentors during the peer support, while just under half (48%) intended to provide written materials.

Data from the follow-up pilot lead survey suggests that the original aspirations for support and supervision at the start of the programme may not have been fully realised. As **Figure 3.6** illustrates, there were some gaps in pilot organisations providing initial training and ongoing supervision, even though the proportions remain high (at 94% and 81% respectively).

Figure 3.6: Types of training and supervision implemented for peer mentors



QA8 (Pilot Leads: Follow-Up) Which of the following types of support and supervision did you implement for peer mentors?

Base (total sample): 32

The qualitative data provides further context to these results. With regard to **initial training** for peer mentors, most pilot organisations described having used the lesson plans and guidance provided by the Delivery Partner as the basis for the mentor training. The content was delivered either as a set of three sessions lasting one hour, typically during lunch periods, or as a complete day off-timetable.

Many of the pilot leads described having adapted or supplemented the Delivery Partner materials, to include more tailored information about safeguarding policies and procedures within the school or college, and / or to incorporate additional PSHE materials. They sometimes called on colleagues to support with delivery, including where

the school Welfare Officer delivered a segment on handling disclosures, or they involved external speakers in some capacity.

The training content as described by interviewees mapped closely to the materials and guidance provided by the Delivery Partner. This included:

- managing emotions;
- building relationships;
- role-play, supported by staff (e.g. modelling the use of open questions, active listening, supportive body language, therapeutic story telling);
- mental health awareness;
- safeguarding awareness and reporting; and,
- leadership and team working.

A few pilot organisations opted for a more extended format in terms of time and content. They included one secondary school that delivered a two-day programme, involving Healthy Schools, and two organisations that delivered the training off-site with involvement from an external provider. This reflected the school's aspiration to raise the profile of the mentoring role, and to reinforce to young people that their development was being taken seriously.

A number of primary schools highlighted that the training materials supplied by the Delivery Partner required some adaptation to younger age groups. It was felt that the language and some of the scenarios (such as anticipating what kinds of issues mentees might find difficult to discuss) were too challenging. This was echoed by the special schools, who also identified a need to develop more bespoke content to use with young people in their settings:

“We used the materials that were given in training. We made our own activities as well, because some of the materials were not age appropriate and the children had difficulty understanding them”.

(Pilot lead, Primary School)

“The training needed to be aimed at a lower age – it wasn't well suited. We had to explain it to the children a bit more.”

(Pilot lead, Primary School)

The **ongoing supervision** arrangements for the pilots took a variety of forms. Much of this variation derived from different interpretations of the following:

- what 'supervision' was taken to mean in the context of the pilots
- divisions of responsibility between adult professionals, and the expertise required
- judgements regarding acceptable levels of risk

- the extent to which supervisory practice was viewed as having a mainly remedial vs. developmental purpose for young people; and,
- capacity and logistical considerations.

The primary schools commonly adopted a model of adult-led group supervision, with sessions being held on a regular basis to match the frequency of the peer support sessions. Supervision was usually held either immediately following the peer support, or within the same week. It served a purpose of allowing young people to reflect on issues raised while they were still fresh; to monitor potential safeguarding issues; and to enable staff to assess participants' wellbeing on an ongoing basis. It also allowed assessment of potential practical adjustments to the planning and delivery of the pilots, as well as providing a mechanism for identifying further training needs among the mentors:

“As part of the mentor’s personal development, it is very important to critically reflect during supervision on the issues that the mentors have covered and explore how the issues were resolved and if there were any other possible resolutions.”

(Pilot lead, Primary School)

In primaries, group supervision was routinely led by the pilot lead. However, the lead sometimes doubled-up with other pastoral or safeguarding staff, while in one school the pilot lead reported directly to the Head teacher after each session.

The role of one-to-one supervision was more varied in primary schools. This ranged from schools where individual mentors kept a progress diary, which was reviewed with staff at regular intervals to validate the young person's development, to pilots in which one-to-ones were optional. The latter was characteristic of pilots adopting a more informal group-based model of peer support, where 'supervision' was sometimes taken to mean that an adult was *supervising* the group in the playground and was available if needed. One primary school had opted not to run more formal supervisory sessions. Instead, spot checks were carried out by the Behaviour Support Lead at the lunchtime drop-ins.

Case study: Supervision and support – primary stage

One primary school adopted a wraparound model of supervision, which was used to plan, review and continuously improve delivery:

- adult supervision was carried out systematically at the weekly sessions, with the pilot lead available to support the mentors and to provide advice and assistance where necessary.
- before each session began, the mentors and lead would meet to discuss the issues that might have arisen and how they could help.
- the lead was available during the session, and chaired a circle time debrief immediately afterwards.
- the mentors were also given time after each session to talk to raise any concerns or worries that had arisen, one-to-one.

At secondary stage, the peer support arrangements typically included weekly group supervision combined with one-to-ones where challenging issues had arisen. Again, the format varied from organisation to organisation, with some schools offering less frequent arrangements in the form of fortnightly drop-in sessions for peer mentors with the School Counsellor to assess their wellbeing, and others making an adult supervisor available throughout the day when peer support sessions were taking place. The sessions always included mentors, but in some instances pilot organisations also reported offering separate sessions for mentees. One school held a half termly de-brief for all participants, which brought together mentors and mentees to reflect on lessons learned.

The CYPCOs had also generally opted for a more informal debrief-style approach towards supervision. Several of the pilots organised a group supervisory meeting following the peer support, with one-to-one supervision available at the instigation of young people or staff if concerns arose. One pilot had combined this with periodic one-to-ones held by the Senior Youth Worker to provide an extra layer of quality assurance.

The supervisory arrangements were largely considered to have been fit for purpose by staff who were interviewed, although a number of challenges arose during the pilots.

- The first of these related to **staffing capacity for supervision and support** – a number of schools had committed to frequent group supervision sessions overseen by the pilot lead and the Safeguarding Officer. Other commitments meant that the doubling-up was infeasible, resulting in a number of postponed or cancelled sessions. The solution was to attach an adult Learning Mentor to the programme to ease the pressure on the Safeguarding Team. Capacity was also a challenge for one of the CYPCO pilots providing in-reach to local schools. Once the pilot was underway

it was found that CYPSCO staff had limited ability to support mentors and mentees outside of the context of the weekly drop-in sessions, and it fell to the school to pick up the supervisory role.

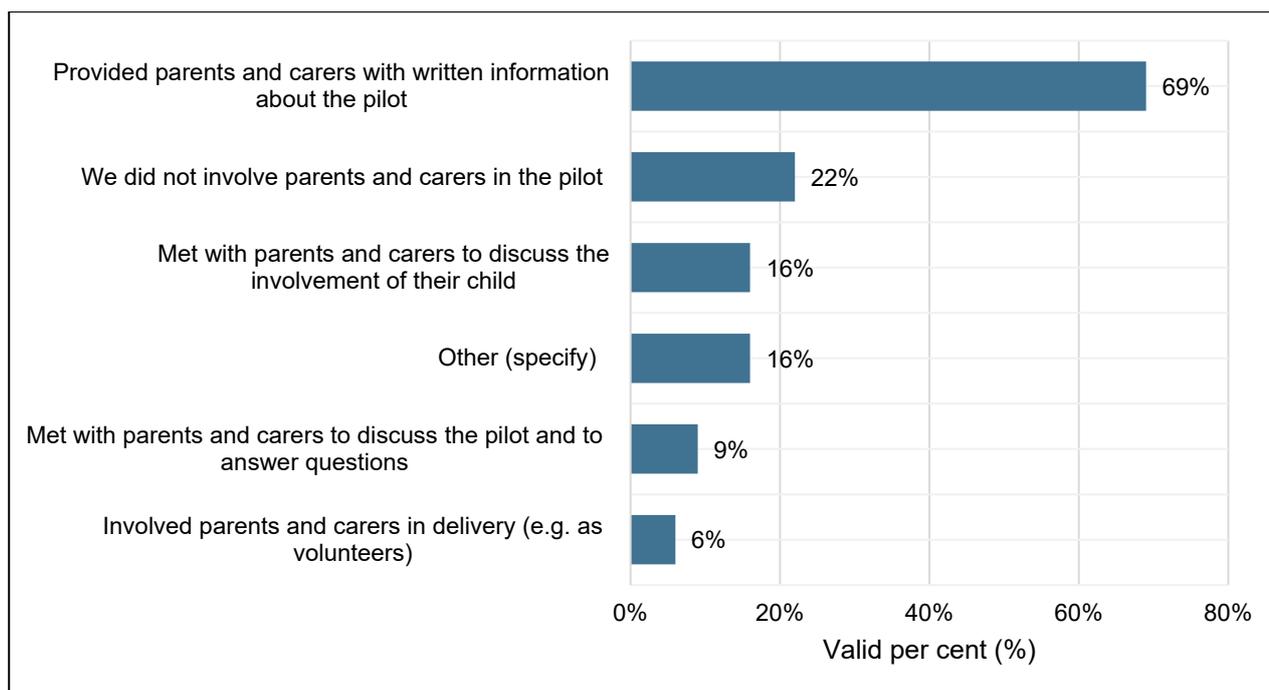
- A further issue related to **oversight of peer mentoring interactions**. Some pilot organisations reported that mentor / mentee pairs were meeting outside of scheduled peer support time, or that young people had missed supervision sessions. This constituted something of a blind spot for the pilot organisations, although in most instances the risks associated with such contact were not considered to be high because the supervisory arrangements provided a regular opportunity to check-in with the young people and to identify if anything was awry.

Only a handful of safeguarding incidents were reported, according to evaluation feedback by the pilot organisations. In each case, staff were satisfied that these incidents had been handled appropriately. There were numerous examples where young people had expressed concerns about the wellbeing of the mentee, often due to issues outside of school (e.g. relating to family conflict or bereavement). Here, the supervising adult was able to provide reassurances that the situation was known to staff and did not constitute a safeguarding issue. Beyond safeguarding, some pilot organisations also reported low-level disruptive behaviour pertaining to specific individual circumstances where a mentee had acted inappropriately or become aggressive. These incidents were dealt with according to the behaviour management procedures of the pilot organisation.

Parental engagement in the pilots

The surveys and the qualitative research were used to explore the involvement of parents and carers in the programme. Most organisations (78%) had involved parents to some extent in the pilots, using a variety of different approaches. Some pilot organisations built on established forums to engage with parents, where for others contact was limited to information-giving and consent-seeking. This picture is borne out by the follow-up survey of pilot leads (**Figure 3.7**).

Figure 3.7: Parental involvement in the pilots – leads self-report



QA10 (Pilot Leads: Follow-up) How, if at all, did you involve parents and carers in the peer support pilot in your school / college / youth group? Base (total sample): 32

While around two thirds (69%) of pilot organisations reported having provided written information about the pilot, fewer than one in ten (9%, or 3 out of 32) had met with parents collectively to discuss the pilot and to guide its development. Other involvement included instances of parental contact where concerns were raised, and / or where further reassurances were sought about the pilots prior to giving consent, as well as parents taking part in the evaluation case study research.

It was often (although not always) primary schools that initiated more ambitious involvement for parents. This is perhaps unsurprising, given the more direct access to parents and carers at primary stage. Two of the primaries responding to the survey reported having involved parents and carers in delivery, and the qualitative research highlighted examples including awareness-raising at parental information days, a Dad's Evening, and the screening of a short film on resilience for parents and carers.

In contrast, several of the CYPCOs reported more limited involvement of parents due to running exclusively in youth settings, while a number of the secondary schools and colleges had experienced limited success with offering information days. The level of contact was not entirely linked to the type of organisation, however, and some of the primaries also reported not having worked with parents to a significant extent as part of the programme.

The response from parents and carers to their child's participation was also mixed. Many of the schools found that parents and carers were extremely supportive of the pilot, and welcomed the idea that their child or young person would have access to additional

support from their peers. Schools and colleges frequently described parents as having been “supportive”, “proud” and “enthusiastic”. This was also reflected within the interviews carried out for the case study research. Parents and carers commonly described taking reassurance from the fact that their child had an outlet for talking about issues that might be troubling them.

“I think it’s good... in a way it’s opening up to someone...if they kept it closed in then that’s even worse. Because it’s just builds it up inside. At least they are talking to someone.”

(Parent, CYPCO pilot)

In particular, it was recognised that the peer to peer format gave young people an avenue for support that could not be provided by a family member or professional:

“There’s stuff that you wouldn’t be able to talk to your father or mother about but you would open up to your friends. Yeah, I think it’s a really good way forward.”

(Parent, CYPCO pilot)

“Sometimes as parents you find it hard to talk to children as well. To find their kind of language.”

(Parent, Secondary)

The enthusiasm and enjoyment of their child was a clear indicator that the sessions were going well, and that there was no cause for concern regarding the impact on their child:

“I wasn’t expecting my daughter to come so eagerly after school and...then talk about it afterwards. She was a very ‘staying in her bedroom’ kind of girl”

(Parent, Secondary)

Alongside the considerable support from parents and carers, however, it was not uncommon for some parents to refuse to consent for their child to take part in the programme. This sometimes reflected concerns among parents about the prospect of their child talking about family and home life, and perceiving this as being unwelcome and intrusive. The mental health theme had also put some parents and carers on guard, and views were expressed that this was inappropriate for their child, particularly those of primary school age. Schools were often aware of the challenges of tackling stigma and raising awareness of the benefits of the programme, and were already taking steps to tackle this beyond the programme.

Barriers and enablers for delivering peer support

The pilot lead follow-up survey provided an opportunity to explore the barriers to delivering peer support, at a stage when the programme was drawing to a close. As **Figure 3.8** illustrates, **capacity and resourcing issues** were the most commonly reported barriers. Over one third of pilot leads reported challenges relating to a lack of staff time, timetabling and space issues, and difficulties arising from resource constraints. The latter issue related specifically to the late payment of the grant funding, which had caused unforeseen difficulties for some pilot organisations who had counted on purchasing materials for the activities and were unable to access alternative funds.

A **lack of interest from young people** was reported to be a barrier for around one in six pilot organisations, while a lack of available peer mentors was less common at around one in fifteen. These figures would seem to indicate that demand for peer support was relatively high among young people across the programme overall. This is supported by the qualitative evidence, which shows that a lack of take-up from mentees tended to be an issue where the pilot had suffered from limited publicity and awareness among staff, or where there was a reliance on self-referrals from prospective mentees. Several pilot organisations had adjusted their approach when drop-in sessions were poorly attended, switching to a combination of assemblies, encouragement by teachers and pastoral staff, and ice-breaker activities, to create a climate within which peer support was appealing and young people felt comfortable to participate.

Case study: Young people taking ownership of the pilot

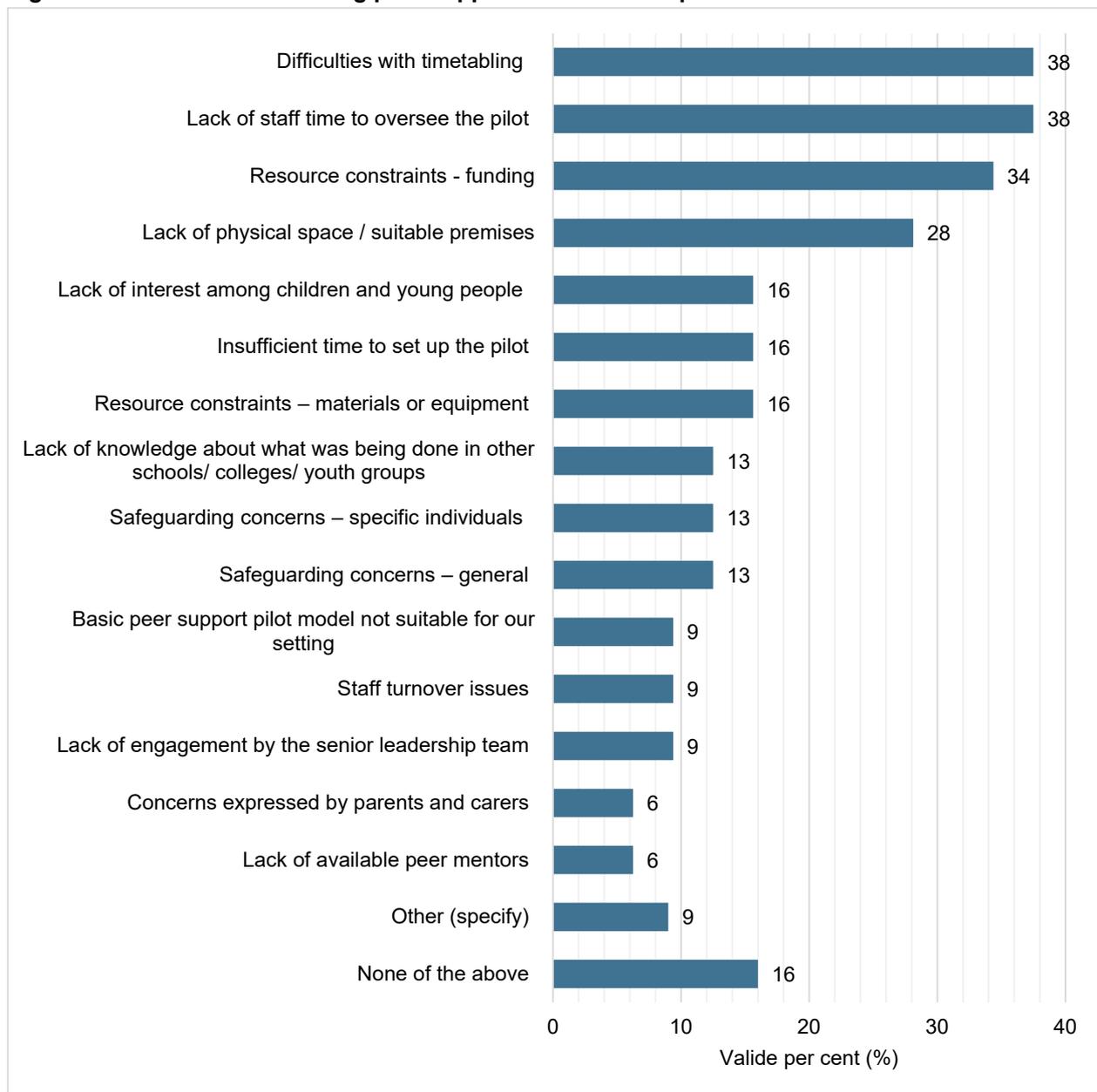
One primary school had experienced a disappointing initial take-up for the peer mentoring, after first raising awareness through assemblies and setting in place a feelings box for children to register their interest in speaking with a mentor.

Staff convened the group of Year 6 mentors and held a brainstorming session to agree what could be done. The mentors pooled their ideas, and came up with a plan to re-brand the pilot as the “Talk it Out Team”. They chose to use some of the pilot funding to design a set of roller banners to display around the school, and to design sweatshirts for the mentors to wear. They also helped to convert a small storage / copy room into a peer mentoring room, selecting the furniture and repainting the room.

This activity attracted attention from other children within the school, and much improved the visibility of the mentoring. The pilot lead reflected that it was the children’s ideas, energy and enthusiasm that really got the pilot off the ground.

With peer support being relatively new to many organisations, a natural period of embedding was necessary so that young people understood and trusted the format. This was quite often achieved through word of mouth, following positive experiences shared among peers. In one CYPSCO setting, the pilot lead described how mentees were slow to come forward until a watershed moment when two girls who had fallen out used the peer support as an opportunity to talk things through with the help of a peer mentor. From this point onwards the level of engagement really took off. Similarly, in another pilot, it took some weeks for young people in the year group to understand that the drop-in sessions were for anyone and that it was acceptable to attend for an informal chat with the mentors.

Figure 3.8: Barriers to delivering peer support – leads self-report



QB3 (Pilot Leads: Follow-up) What – if anything - were the main challenges or barriers to setting-up and running peer support in your school / college / youth group?

Base (total sample): 32

The evaluation data also points towards a number of **enablers for peer support**, which were common to organisations within the programme. These emerged from the surveys, case studies, and telephone interviews with pilot leads, and include the following:

- **A dedicated space for peer support** – while peer support was playground-based in some primaries, most pilot organisations had secured regular access to a confidential space such as a classroom, common room, or youth centre premises (for CYPCOs). This was considered important to provide a ‘home’ for the peer support, and to allow privacy for the participants. Finite availability of a suitable space within busy timetables put a limit on the scale of the local programme in some instances, although a few pilot organisations also delivered activities off site.
- **Head teacher and senior leadership team buy-in** – engagement of senior managers made a real difference to the pace and scale at which the local pilots were rolled out. In the best examples, peer support was implemented as part of a ‘whole organisation’ approach to strengthening young people’s emotional wellbeing, and benefited from a wider infrastructure. Where senior managers held reservations, it was sometimes necessary to sell the potential benefits of the programme, and to provide additional reassurances about the measures that were in place to manage the ‘risk’ associated with peers discussing mental health issues. Having the Delivery Partner framework and evidence-led approach was helpful in this respect, as it provided a degree of external validation for the pilots.
- **A supportive wider professional network** – the local pilots varied in the extent to which the pilot lead was able to draw upon support from colleagues. In schools, the pilot lead typically liaised with heads from the participating year groups, as well as drawing on pastoral teams to identify and recruit participants. Having this wider network meant that there were regular opportunities to raise awareness of the programme with teaching staff or youth workers, students, parents and carers. It also meant that pilot leads benefited from colleagues’ professional expertise regarding mental health, SEN, and behavioural support, and could seek their advice during the pilot where issues arose. Conversely, local pilots tended to stall where they were not sufficiently embedded, and where staff were not acting as advocates.
- **Empowering young people to lead and manage the local programme** – the pilots invariably benefited from the participation of young people in their design and delivery. This helped at all stages, where participation was structured and meaningful – from challenging preconceptions of what the mentor / mentee roles should look like, to devising suitable training materials, to raising awareness and putting mentees at ease, and listening to young people’s feedback and making adjustments where activities were missing the mark. As one pilot lead summed-up:

“When starting out the programme within the school we had a clear idea of what we wanted it to look like. However, this idea is now not the programme we run within the school. The programme has evolved on its own through the lead of the children that have been taking part and their needs. Make the programme fully child-centred by letting them lead the way.”

(Pilot lead, Primary School)

- **Setting and managing clear expectations for the peer mentor role** – pilots found that mentor recruitment and retention was assisted by setting realistic expectations from the outset about the responsibilities that come with the role, and the requirement for mentors to miss lunchtimes or lessons to attend. This was often reinforced by an application and light touch ‘interview’ process of some kind. In turn, the opportunity to take extra responsibility, to gain and share experiences and to receive training and support offered suitable incentives to participate.
- **Acknowledging and rewarding the time contributed by mentors** – pilot organisations commonly took the opportunity to raise the profile of their mentors, to give a real sense that this was a valued role within the school, college or youth group. This was achieved by issuing badges or insignia, through presentations and assemblies, and sometimes through awards and certificates. This visible celebration of the role was an important way to encourage other young people to step forward, as well as providing one of a number of ways to tackle the stigma surrounding the pilot and to normalise conversations about wellbeing and mental health.
- **Engaging mentees through discussion, debate and interaction** – while some organisations experienced success with using a more formal matching process, it was apparent that matches were often best achieved by providing opportunities for mentors and mentees to interact in a non-hierarchical way in informal group settings. This environment facilitated more spontaneous matches, based on shared interests and personality traits, with oversight by staff supervising the pilot. Activities often worked well where there was no fixed expectation of matching as an outcome, and where the group activity had value in its own right in supporting peer relationships.
- **Ensuring that the activities are flexible and match young people’s interests** – feedback from pilots indicated that young people were more engaged where they had the opportunity to decide what activities would be undertaken in group mentoring sessions, and to allow flexibility to vary the format to keep it engaging. This regularly included the use of creative arts and sporting activities. While some pilots adopted a more structured approach to the sessions based on learning objectives, or with the aim of discussing particular topics relating to mental health or wellbeing, ultimately it proved important to allow space for more open-ended relationship building as well:

“We tried to plan what we were going to talk about, what books to work from, as a starting point... but they [young people] were easily distracted, and went off on tangents”

(Pilot lead, Secondary School)

“Mindfulness, colouring sheets, board games, craft activities... make it [mentor and mentee discussions] feel less like an interview”

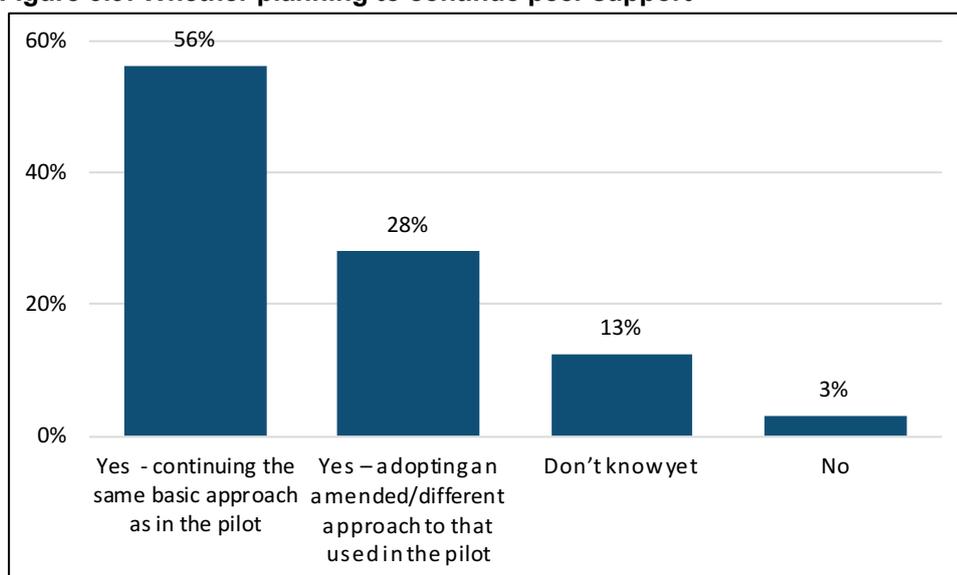
(Pilot lead, CYPCO)

Sustainability of the pilot models

Short-term plans for peer support

All pilot leads were asked at follow-up stage if they were planning to continue running peer support once the pilot programme finished.

Figure 3.9: Whether planning to continue peer support



QB1 (Pilot Leads; Follow-Up): Are you planning to continue running peer support, after the pilot has completed?
Base (total sample): 32

The majority of those asked were planning to continue delivering peer support, with over half (56%) planning to continue with the same approach as used in the pilot and just over one quarter planned to continue with an amended approach (28%). Just one school said that they were not planning to continue, and this seemed to be due to an unusually negative experience of the pilot programme, including dissatisfaction with the funding delays.

Those that were amending their approach were often making relatively **small-scale adaptations**, with few organisations planning large changes and significant scale-up. Where there was more notable scale-up this was across a range of settings, including:

- A school that was moving away from formal mentoring, towards a buddying system
- A college that was scaling-up across additional curriculum areas; and,
- A CYPCO that was going to add provision for boys to their current programme targeted at girls (also necessitating potential changes in approach/material as a result) and another CYPCO hoping to deliver in-reach to additional schools.

Smaller-scale changes included developing training (including to embed the values of the school), amending activities and embedding more detailed reporting to monitor activities and perceived impact. This range of possible approaches illustrates how the inherent flexibility of the programme allowed organisations to develop their approach in a way that they felt most suitable at any time given their needs and the nature of their programme.

Case Study: Developing a sustainable peer support offer

Staff within one of the pilot organisations (secondary, academy) were very positive about the outcomes that they felt their programme had delivered both for young people and for the organisation as a whole, relieving workload pressures from teachers.

Due to their positive experience, the school already had plans to build upon the programme in the upcoming year in order to provide an updated and refined offer. This included work to embed the programme as an integral, day-to-day part of the school by ensuring that peer mentors could attend open days for Year 6 children to promote the programme from the outset, before new pupils even join. They also plan to expand peer support to the sixth form so that Year 11 pupils can access support.

Having a bank of high quality and ‘proven’ resources developed during the pilot was fundamental to this development and potential scale-up. The school was confident that they had developed a template that was future-proofed and was not only reliant on the knowledge held by the pilot lead from the pilot stage.

In total, around one in ten organisations said they were not yet sure if they would continue or not. A number of different factors were likely to influence the decision of the small number who had not made a firm decision. These related primarily to the availability of funding; staff capacity to train mentors, and the availability of more general support in school. One or two schools were waiting to do more detailed evaluation on the strengths and weaknesses of their model before developing a more detailed plan.

Longer-term sustainability

Most organisations were generally positive around the theoretical potential for longer-scale sustainability of their peer support programme, with this often reflecting the flexibility of the approach to meet the needs of organisations at different times.

Key to the perceived sustainability was that plans to continue running the programme involved elements that often did not depend upon further **funding**, thereby helping embed the programme longer-term. These included using current peer mentors to train potential future mentors in key skills and developing support approaches (e.g. using library facilities as a “quiet place” for mentees who did not want to talk) that were not funding intensive. Some organisations were planning fundraising for aspects of their programme, including for mentor training and work incorporating parents into the programme, with this largely seen as potentially achievable given the scale required.

A number of critical success factors relating to sustainability were suggested by staff and participants. Particularly key were issues relating directly to **staffing availability**, often linked directly to the numerous demands upon **staff time** and the danger that peer support could be squeezed out, although it was possible that actions potentially being taken as a result of governmental focus on mental health mitigated against this risk.

Other mitigating actions were reducing the time required from staff; ensuring that dedicated staff members were available; and involving multiple staff members to avoid the risk that any programme would be negatively affected by a single staff member leaving. As noted by one staff member: “*one person can't do it by themselves*”, with other schools also feeling that they need to move towards a model of wider support being in place, with less reliance on the pilot lead to keep activities running.

Ensuring **staff quality** was less of a concern in terms of sustainability, although one organisation did note the importance of ensuring that staff recruited had the “passion and commitment” required. Many organisations felt that the **quality of resources** in place during the pilot facilitated sustainability as there was unlikely to be a need to develop substantial new resources going forwards. This was generally the case with existing resources provided as part of workshops, sometimes developed and updating with supplementary material.

Whole school buy-in was a key sustainability factor noted by some organisations, with two key aspects being noted. Firstly, as with ensuring initial success of the pilot (see Chapter 3) there was a need to ensure SMT buy-in, to ensure that the programme had senior support and, in particular, that finance was in place. Secondly, other schools noted the importance of ensuring pupils maintained buy-in was established on an on-going basis, both among existing pupils (e.g. ongoing presence in assemblies to share information and get mentors and mentees to talk about their experiences) and in

developing wider, sustainable links and outreach specifically relating to peer support across linked primary and secondary schools.

As noted previously (see Chapter 2), around a third of pilot leads reported that their schools had a peer support programme in place previously, suggesting that these had either not been successfully sustained at all or to the level felt necessary. The reasons provided largely backed up those seen earlier, with staff turnover and availability being important, with one school also noting that the change to being an academy had led to their peer support programme stopping.

4.0 Young people's experiences of peer support

Summary

Previous experiences of giving and seeking support

- The majority of young people within the cohort were new to peer mentoring, despite some having held positions of responsibility within youth or sports clubs.
- Prior to the programme, young people reported usually turning to family members or friends to talk about the issues that worried them, although this depended on what they wanted to discuss. Young people were mindful that discussing relationship problems within friendship groups could result in a breach of trust.
- Pastoral staff such as a personal tutor or coach, learning mentor or school nurse were cited as adult professionals in whom young people confided, while some talked about safe spaces within their school or youth centre. A few had been in receipt of counselling, or had been supported by a social worker or NHS CYPMHS.

Motivations for taking part in the programme

- Young people in the primary age group were most likely to take part because they wanted to try something new; had an interest in others; and / or considered themselves a good listener. Some had been through adverse experiences such as bullying or family problems, and wanted to help others going through the same.
- Young people from the over 11s also rated an interest in others and being a good listener as main reasons for becoming a peer mentor. The older age group were more likely to report having been endorsed and / or encouraged by a teacher or youth worker. Skills and employability benefits were also appealing to some.
- 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 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 or were too embarrassed to ask.

- When asked what might incentivise participation, the under 11s most wanted additional information and greater privacy. Just under half of the over 11s and over a third of the under 11s said they would not consider peer support regardless of additional measures. A choice of mentor would help for some.

Experiences of recruitment and training

- The mentors generally described having been approached by staff on an informal basis. This was done with a greater or lesser degree of persuasion.
- Overall, young people were very cognisant about the reasons why they had been selected, and this framed their expectations of the role and the qualities that they would bring. This was sometimes reinforced by further encouragement from friends, family members, or from teachers or youth workers.
- Young people generally welcomed the opportunity to show that they could take responsibility, and described having been pleased and excited, but sometimes also apprehensive. Some were surprised at having been chosen over more extrovert or confident peers. There was a strong sense of wanting to do right by the mentees.
- When asked about what they would look for in a peer mentor, young people cited personal qualities such as being 'helpful', 'listening', 'kind', as well as the mentor's demeanour, such as having 'confidence', 'smiling' and being 'happy'.
- While there was considerable overlap, the over 11s placed a greater relative emphasis on listening skills and being non-judgemental, while trustworthiness and being sensible were emphasised by the younger children. Confidentiality was a common theme across all age groups.
- Mentees found out about the opportunity through a variety of channels, including having been told during tutor time, special assemblies, seeing posters around the school, or some combination of these. Initial reactions ranged from thinking that it was a good idea, and relating it to their own situation and feelings, to being unsure about whether it was for them.

Participating in peer support

- Almost all young people were satisfied with the initial training that was provided to peer mentors, although the level of recall on the training content varied.
- Ongoing supervision took a variety of formats. Young people generally described taking reassurance from the fact that the member of staff overseeing the pilot was available to them if they were ever needed, and that they were easy to contact.

- There was often a sense of camaraderie to the supervisory and planning sessions. Mentors commonly approached each other for advice, with some having made new friendships. Perhaps inevitably, however, there were also tensions reported between mentors relating to friendship groups, and where cliques had formed.
- Common themes on experience of participation included the significance attached to confidentiality and privacy in peer support settings; trust; 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.
- The interviews highlighted a need to balance a problem-solving approach with a willingness to let the mentee choose how much they wanted to share. Mentors were often tenacious in finding ways to “*get to the problem*”, but not all mentees were looking for direct advice, and some found this off-putting.
- Irrespective of the format of the sessions, mentors often said that one of the most rewarding things was to see the effect they were having on the mentee, where their situation had improved. This was taken as validation for the support they provided.

Strengths, barriers and areas for development

- The majority of both mentors and mentees felt that the five ‘core principles’ of peer support were adopted suitably in their setting. There was particularly strong endorsement of the core principles relating to safety and confidentiality, and with the idea that the pilot was ‘run by the children’.
- Fewer agreed that “peer support children is talked about positively by children within the school or youth group”, and especially so among mentees at secondary stage. This suggests that additional measures to raise awareness and to tackle stigma may be beneficial.
- The evidence shows that young people generally had a greater say over selecting activities than they did in determining how peer support was managed. However, some had been involved in decisions about how the budget was spent, while others reported having regular opportunities to debrief and provide feedback. Only a few pilots could be described as fully youth-led.

- 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.
- 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.

This chapter explores the experiences of young people who took part in the programme. Drawing upon the surveys of young people, the qualitative case study interviews and feedback via the participatory research tools, we first consider young people's previous experiences of giving and seeking support, and their motivations for joining the programme. We then go on to assess the factors affecting non-participation. Finally, we examine the different stages of being a peer mentor or mentee, and young people's recommendations for how peer support is planned and delivered in the future.

Previous experiences of giving and seeking support

Peer mentors were asked **whether they had ever performed a similar role previously** at school or in a youth or sports club²⁵. Just over one third of primary school children said that they had (38%), as did a similar proportion (41%) of young people at secondary stage. These results suggest that the majority of young people within the cohort were new to peer mentoring, despite some having experience of similar roles (e.g. positions of responsibility within youth or sports clubs).

A similar picture was found among young people who participated in the case studies. The sample included a mix of young people with no prior experience of peer support, and those who had held responsibilities within uniformed youth groups, volunteering, or sports leadership. Only a handful of young people had direct experience of peer mentoring, which they recalled from primary school. There was a very similar picture among the mentees.

In the absence of a peer supporter, young people usually reported turning to family members or friends to talk about the issues that worried them, although this depended on

²⁵ Q3d (Primary: Follow-Up) Had you ever done something a bit like this before (e.g. at school, or as part of a sports club)? Q6 (Secondary: Follow-Up) Had you ever done a similar type of role before, in the past (e.g. at school, or as part of a youth or sports club)?

what they wanted to discuss. Young people were generally mindful that discussing relationship problems within friendship groups could result in a breach of trust:

“I’m quite closed, so I’m careful who I tell”

(F, 15, Mentee)

“Things spread easily, so you’ve got to be careful about who you go to”.

(F, 16, Mentor)

Social media was another outlet, but was often said to be used “...to get away from [problems]” rather than for seeking advice, and could involve the same friendship groups.

Young people included pastoral staff such as a personal tutor or coach, learning mentor or school nurse as adult professionals in whom they could confide, while some talked about safe spaces within their school or youth centre they could visit. A few had been in receipt of counselling, or had been supported by a social worker or NHS CYPMHS. Teachers, including Heads of Year were also mentioned, but the main drawbacks included staff having a lack of time, and young people feeling that issues were too trivial to raise. Or, conversely, fearing that private issues might be escalated without their consent:

“I was always made to feel welcome, but I often got asked to come back later”

(M, 14, Mentor)

“When you speak to a teacher it’s very intimidating because you don’t whether they will tell the head teacher or somebody”.

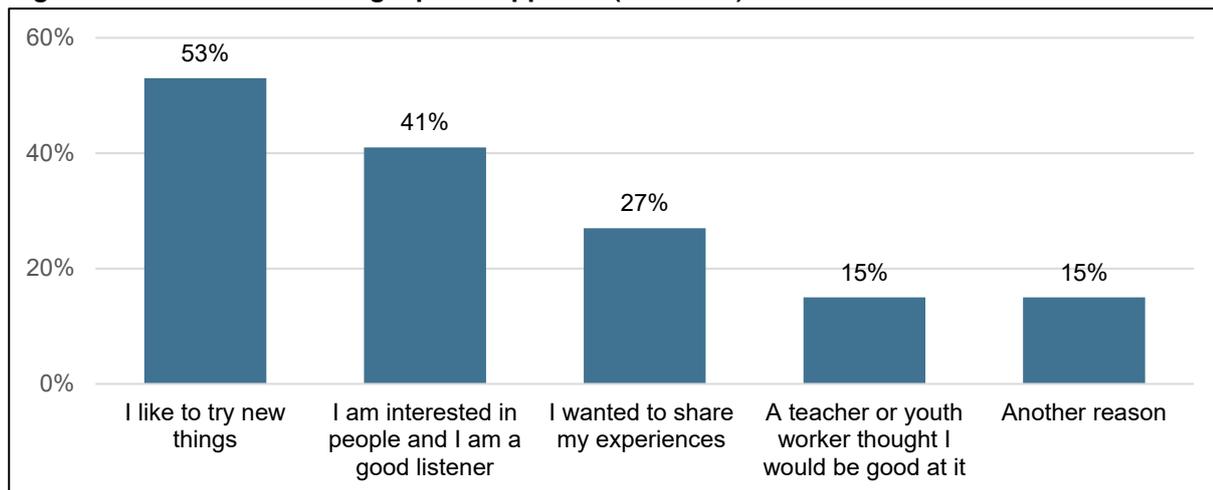
(F, 14, Mentor)

Motivations for taking part in the programme

The follow-up surveys explored young people’s **reasons for becoming a peer supporter**, for those who took part in the programme. This topic was explored through different prompted lists for both under 11s and over 11s. This allows for comparison between the age groups for certain items only.

As **Figure 4.1** shows, young people in the primary age group were most likely to cite wanting to try something new as a reason for taking part, alongside having an interest in others, and considering themselves to be a good listener. Additional reasons important for a minority (and noted as “another reason”) included: having been bullied and wanting to help others who were going through a similar situation, or being a young carer.

Figure 4.1: Reasons for being a peer supporter (Under 11)



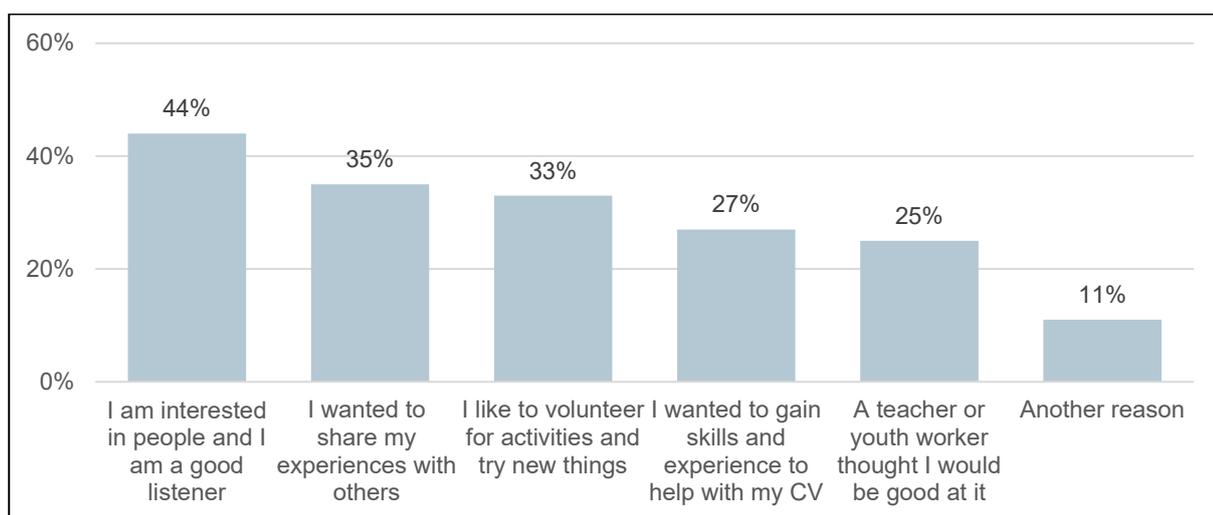
Q3b (Primary: Follow-up) What made you choose to be a peer supporter?

Peer supporters / Both

Base: 165

The main reason given by young people from the 11+ cohort for choosing to be a peer mentor were: having an interest in others, and being a good listener (44%) (**Figure 4.2**). The older age group were more likely to report having been endorsed by a teacher or youth worker who thought they would be good at the role (25% compared with 15% for <11s), and a slightly higher proportion wanted to share their experiences (35%, compared with 27% for <11s). Around a quarter of young people in the 11+ cohort also emphasised the personal development benefits from being a mentor, in gaining new skills and experience and improving their CV (27%).

Figure 4.2: Reasons for being a peer supporter (11+)



Q5 (Secondary: Follow-up) What made you choose to be a peer supporter?

Peer supporters / Both

Base: 107

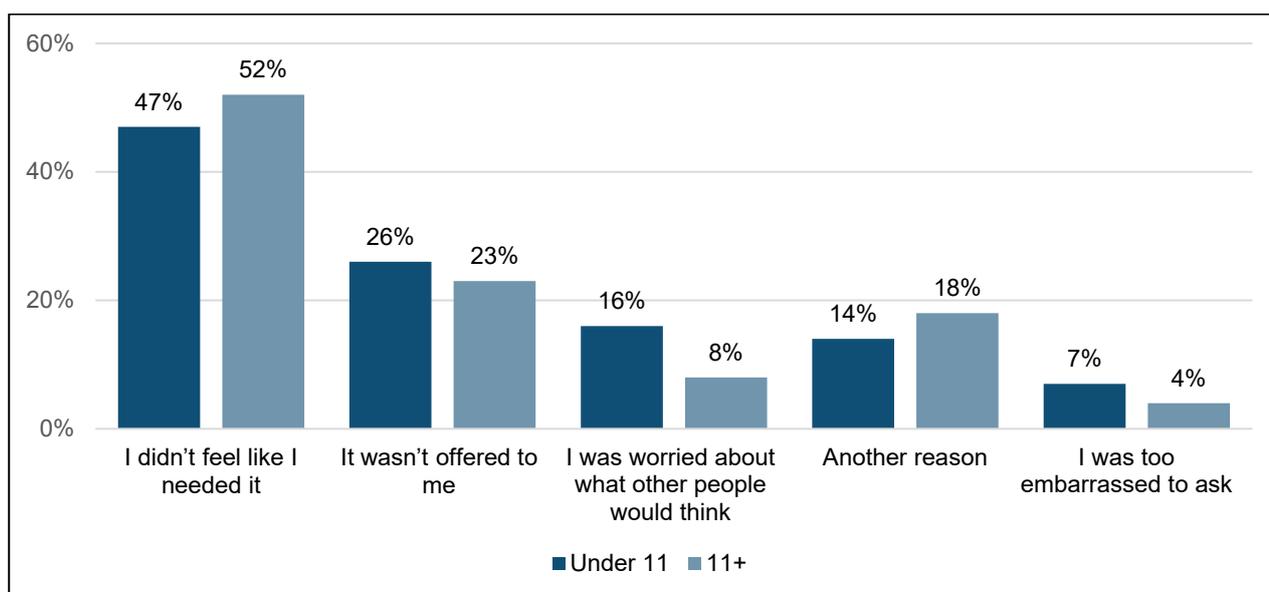
The qualitative interviews provide further insights to young people's motivations. Peer mentors were motivated by a sense of *empathy*, and an understanding that they might be

able to provide a perspective that professionals were unable to, because of having shared experiences. This was often combined with a sense of *curiosity* about learning how others were feeling and what their experiences had been like, and wanting to socialise, have fun, and meet new people.

Others emphasised the personal development aspect, arising from the opportunity to test themselves, learn new skills and to show staff what they were capable of doing. The responsibility invested in them by the school, college or CYPCO was also appealing to some. This was especially so where they had not been given similar opportunities in the past.

The follow-up surveys also provided an opportunity to examine the factors involved in **non-participation**, for young people who did not go on to become a peer mentor or mentee. Given that the survey was administered with eligible classes or year groups, this provides a reasonable indicator of views towards peer support among the eligible population for the programme.

Figure 4.3: Main reason for non-participation



Q13 (Primary Follow-up) What was the main reason that you decided not to have any peer support?

Q20: (Secondary: Follow-up) What was the main reason that you decided not to take-up the peer support?

Base: 163 / 105

As **Figure 4.3** illustrates, a perceived lack of need for support was by far the main reason identified by primary (47%) and secondary (52%) age students alike, at around half of the young people within the sample. In addition, around one quarter of young people reported that they did not take part because peer support was not offered to them. This was broadly consistent across the primary and secondary age groups, at 26% and 23% respectively, and would seem to indicate a certain degree of latent demand for support among participating schools, colleges and CYPCOs. This is consistent with some

organisations having limited the availability of peer support during the pilot phase, as noted in the previous chapter.

Stigma is likely to have been a contributory factor in deciding not to take part for some young people. This is more apparent at primary stage than secondary stage, with almost one in five (16%) of the under 11s giving a reason that they were worried what others would think compared with around one in ten (8%) for over 11s. Being 'too embarrassed' to ask about peer support was also a factor for a minority of respondents (7% under 11s and 4% over 11s). It is possible to infer from these results that take-up could be further improved through appropriate anti-stigma measures, and / or by providing easier ways for young people to discuss the option of peer mentoring in a way that addresses a heightened need for privacy.

Other responses illustrate the results above regarding a perceived lack of need for peer support ("*because I never have any worries*", and "*I don't have any problems*"), and alternative coping strategies ("*I prefer to deal with things on my own rather than talking about it*"). However, they also illustrate that in some cases the decision not to participate was due to misgivings about being able to relate to their peer group. The age of the prospective mentors was a particular sticking point for some young people:

"For me it's pointless, as people my age don't want to talk to older people"

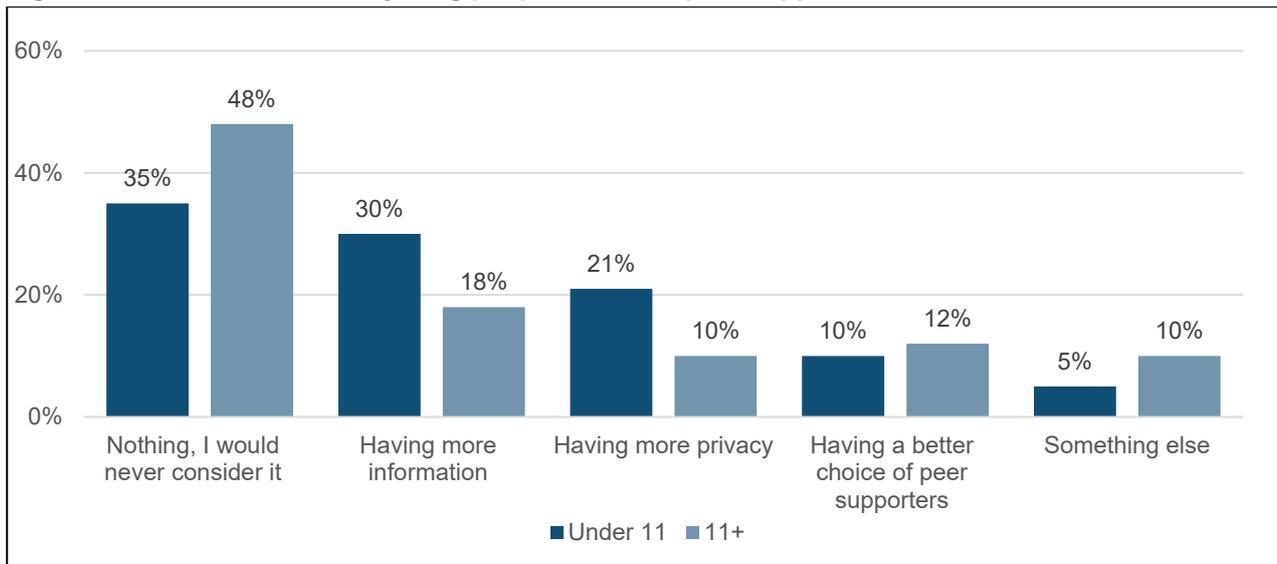
(Gender unknown, 11+)

"I didn't feel like immature students my age would understand what I am going through"

(Gender unknown, 11+)

Survey respondents were also asked to identify what would make them consider taking-up peer support if it was offered to them. **Figure 4.4** shows that just under half of the 11+ age group and just over a third of the under 11s would not consider peer support regardless of additional measures to encourage their participation. This would seem to suggest greater scope to boost participation at primary stage. The potential levers are implied in the other responses, with under 11s most likely to consider taking part in peer support if they were provided with additional information and / or ensured greater privacy. A greater role in selecting the peer mentor was appealing for one in ten non-participants.

Figure 4.4: What would make young people consider peer support

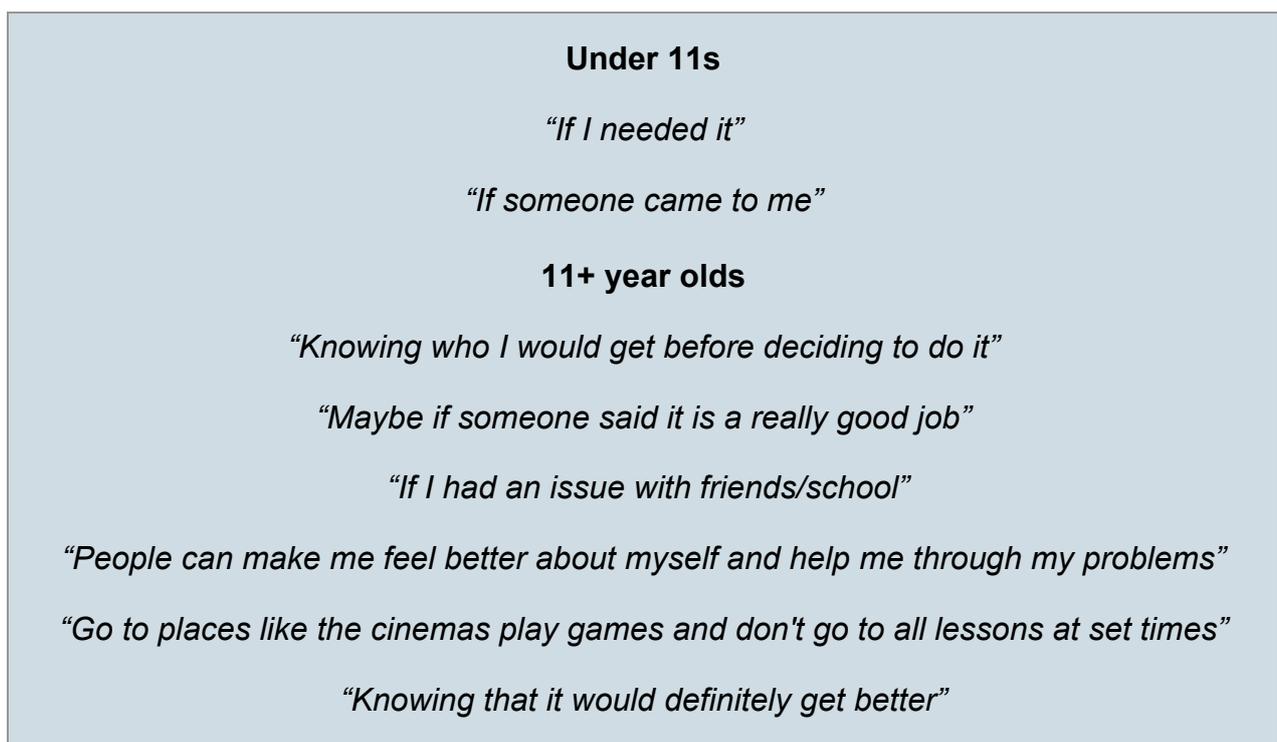


Q13_B (Primary: Follow-up) What would make you more likely to take-up peer support in the future, if you needed it? Q21 (Secondary: Follow-up) What would make you more likely to take-up peer support in the future, if you needed it?

Base: 153 / 104

Figure 4.5 illustrates the other specific suggestions for how schools, colleges and youth groups might boost participation in peer support. This shows that improvements to the accessibility and timing of the sessions would make a difference for some young people, while for others it was more a question of having sufficient confidence in peer support and / or the peer supporter making a difference.

Figure 4.5: Factors that might encourage take-up of peer support



“If I was really, really, really finding some stuff hard”

“If it was a different day” / “On a different day”

“It wasn’t at free time”

“If the peer supporters have been through a mentally unhealthy patch. Like a person who couldn’t get out of bed in the mornings because of a minor depressive stage. Or a person who struggled to eat because they had a bad body image. I’d talk to them if they could actually tell me their experiences too”

Experiences of recruitment and training

The qualitative case studies allow for a consideration of the steps involved in becoming a peer mentor or mentee, from young people’s perspectives. We now go on to examine the experience of the process of recruitment, training and supervision in further detail.

Becoming a peer mentor

The mentors generally described having been approached by staff, who had encouraged them to consider the role. This was done with a greater or lesser degree of persuasion, ranging from having been given a leaflet to take away, to young people reflecting that *“I was chosen”*, or *“I didn’t really have a choice”*.

Overall, the young people were very cognisant of why they had been selected, and this framed their expectations of the role. In some cases, the perceived reason for being asked was a more practical one: *“it was because they needed boys”*, or *“it was because I am on the [student] panel”*. More often, however, young people reflected that they had been told they would make a good peer supporter. This was sometimes reinforced by further encouragement from friends, family members, or from teachers or youth workers:

“She said... ‘we’ve chosen you because we think you’ll be strong enough to do it and you’re always smiling and making people happy’. ‘You’re the perfect people to do it.’”

(F, 16, Mentor)

“We were seen as their go-to people”.

(F, 15, Mentor)

The initial reaction to having been approached was generally positive. Young people welcomed the opportunity to show that they could take responsibility, and described having been pleased and excited, while sometimes also feeling apprehensive. Several of the young people were initially anxious about whether they were suitable for the role, and

were concerned about letting down their peers or staff who had advocated on their behalf. A few expressed surprise at having been chosen, because they thought they would have been considered too shy or *“not someone who people would notice”*. Reassurance from staff and friends was important, to get past these initial reservations.

Becoming a peer mentee

Mentees found out about the opportunity through a variety of channels, including having been told during tutor time, special assemblies, seeing posters around the school, or some combination of these things. Initial reactions ranged from being unsure about whether it was for them, to thinking that it was a good idea, and relating it to their own situation and feelings. Comments included that:

“I liked it because of problems in my family... it might help”

(F, 11, Mentee)

“I wanted to get problems out of my head, be happier”

(M, 11, Mentee)

“It was gonna be private, and it wouldn’t be shared with anyone else. So you could just express your feelings”

(F, 11, Mentee)

Some young people had negative experiences of previous activities organised on their behalf by their school or organisation, and thought that it would *“probably be boring”*. However, in a few instances having friends who had attended group sessions and reported back positively was enough to peak young people’s curiosity. Indeed, some had attended the mentoring sessions in pairs with a friend accompanying them for support.

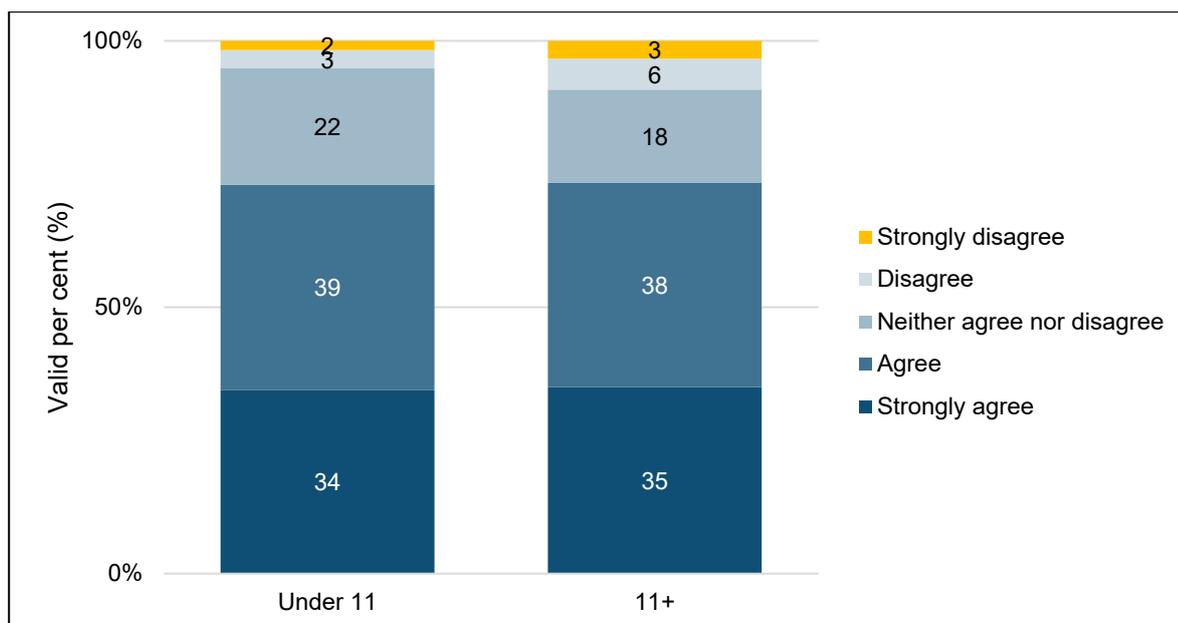
Matching, qualities of the peer mentors

The qualitative interviewees included both mentees who had selected their mentor, and those for whom a match was identified on their behalf. The latter included one girl who had been shown a photograph of the selected mentor and told about why they had been matched in advance. In this instance, the mentee in question had been receiving counselling for self-harming and the mentor allocation was handled with a high level of involvement from adult professionals. The mentor described how they had replaced a previous young person, who had found the issues relating to self-harming too upsetting, and who had asked to be withdrawn. Although the freedom to select a mentor was usually valued highly, some potential drawbacks were reported. One young person described how the only male within their group of mentors had not yet been selected by

Supervision and training arrangements

The evidence showed that most young people felt they received all the training and guidance required to be peer mentors. Just under three quarters of young people responding to the survey either agreed or strongly agreed that the training they had received was sufficient, while around one in five were more ambivalent (**Figure 4.7**). A small minority of respondents strongly disagreed that they received all the training required, at 2% and 3% for the primary and secondary surveys respectively.

Figure 4.7: Whether received all training required to be a peer supporter



Q4g (Primary: Follow-up) I received all the training and guidance that I needed to be a peer supporter
 Q8g (Secondary: Follow-up) I received all the training and guidance that I needed to be a peer supporter
 Base: 174 / 120

In the interviews, young people often recalled specific topics that were covered such as active listening, giving feedback, and how to recognise and respond to different types of emotions. The emphasis on confidentiality also came across very strongly, and some young people specifically mentioned reading and signing contracts or codes of conduct. The prospect of applying these skills gave rise to both excitement and apprehension, although young people commonly said that they had “*felt ready*” to begin the programme.

A few of the young people reflected on potential gaps or areas for improvement in the training they had received. Some felt, in hindsight, it would have been beneficial to get a better sense of the types of scenarios they would be likely to encounter, and suggested role play as a good way to deliver this. Others thought that more practical hints and tips would have been useful, such as what to do “*if someone breaks down*” during the sessions, or if they were “*really closed off*”. These were scenarios that they had gone on to encounter during the programme.

Ongoing supervision took a variety of formats. Young people generally described taking reassurance from the fact that the member of staff overseeing the pilot was available to them if they were ever needed, and that they were easy to contact. Young people from one pilot described how the supervisory support was provided by an external member of staff from a youth organisation, who visited twice weekly to check in on them. Contact in-between was managed through a WhatsApp group, which meant that young people could communicate both between themselves and with staff on an ongoing basis.

Another young person recounted a safeguarding issue that had arisen during a one-to-one session. She had reported this to staff, and was happy with the outcome:

“She said her parents were fighting and her mum was too scared to go out... they had called the police. I felt a bit uncomfortable, because I know that’s not right... I talked to [pilot lead] and it got sorted out. I know if there’s any other problem I can talk to her”.

(F, 14, Mentee)

Others were less satisfied with the supervision, and would rather have met on a more regular basis. One young person reflected on how they had only met formally with their supervisor three or four times during the course of the pilot. They considered that these meetings were too quick, and would have preferred more structure to talk through what was happening with the individual mentees they were supporting.

Supervisory sessions also had the advantage of allowing peer mentors to come together to plan and deliver support. There was often a sense of camaraderie, with mentors approaching each other for advice, and with some having made friendships with young people who they might not otherwise have associated with. Perhaps inevitably, however, there were also a few problems with conflict between mentors. This included one school where an issue had arisen among wider friendship groups that spilled-over into the mentor group. The pilot lead had intervened to address the situation. There were also instances where mentees felt intimidated by the bond between the mentors. One described the group of students who were running a weekly session as “very closed”, noting that they seemed to know each other well and had formed something of a clique.

Delivering peer support

The interviews identified a number of themes regarding young people's experiences of participation in peer support. These themes were developed inductively from the analysis, and are explained and illustrated below.

“Confidentiality, confidentiality, confidentiality...”

A need for privacy was a key consideration for seeking out peer support among mentees. While this was common to both group and individual support, a one-to-one format was sometimes found to be more conducive to “*opening up*” if there was a specific issue mentors were uncomfortable raising in front of their wider peer group. The opportunity to speak with another young person in a private space compared favourably with young people's experiences of approaching teachers to raise a concern during the school day, when their privacy was not assured to the same extent.

“With teachers, I wouldn't really have such a deep conversation ... because sometimes [the teacher] would speak to me in class and people can hear who's talking and people are walking by in the corridor and everything... But when I'm with the peer mentor, I'd have a proper conversation about what's going on”.

(F, Mentee, Year 6)

“We meet at break time in the mentoring room. It's good while everyone is outside”

(M, Year 6, Mentee)

The need for confidentiality was also apparent at secondary age. Young people often wanted to discuss issues that they were not comfortable broaching with family or professionals and where confidentiality was vital. These included relationships, sexuality, and exam pressures. Older participants were particularly conscious of the need to be selective about who they shared information with, compared with younger participants.

“If people have problems, they don't want others to hear them, so it's good not to have people around”

(M, 11, Mentor)

Some young people found group sessions off-putting in the first instance, and especially drop-ins, because this involved approaching a mentor publicly. However, others preferred a group format because this took some of the pressure off the mentor / mentee pairings by locating them within a more relaxed environment alongside other participants.

Pilot organisations usually placed a strong emphasis on codes of conduct and the need to respect mentee confidentiality, with young people often intuitively recognising that this was important. At primary stage, the confidentiality ‘mantra’ came through in young people’s explanations of what was involved with peer support:

“Even if your friend begs and begs you, telling would make the situation worse, because you don’t know if your friend would tell someone else”.

(F, Mentee, Year 5)

“Building trust”

Alongside having a private space, trust between mentor and mentee was seen as particularly important. Young people generally felt more confident to talk after trust was established and they felt more confident to share issues that were causing them concern. This was the case in group settings as well as one-to-ones. One mentor reflected on their experiences of peer support delivered in a youth setting they were attending, noting that the conversations taking place during the pilot had brought the group closer together:

“We’ve got a really good bond...before we never used to speak to each other get on...it made us realise that we are all similar and we can get on.”

(Young Person, F, 16)

Another young person with past experience of mentoring at their primary school felt that the quality of the engagement was much better in their current programme, which was mainly due to having a more trusting relationship:

“I had a mentor and then had mentee [when at primary school]... but I feel like they didn’t have the big level of trust. Over time they would take me out for 10 minutes and talk me. Not going to lie, I enjoy it more here because the bond is so positive”

(F, 15, Mentor, CYPCO)

There was a general view among pilot participants that trust could take a while to build, and that regular conversations were needed to reach a point where both mentor and mentee felt comfortable. Again, the willingness for the mentor to share their personal experiences was felt to be important, to avoid the sense that this was a one-way relationship. Young people sometimes expressed frustration that they were restricted to short bursts of 15-30 minutes at the scheduled peer support sessions and thought that they could have developed a good relationship faster with more regular and / or longer periods of contact. Young people reflected that the bonding process depended on individual pairings, however, and some had clicked straightaway while other pairs had built a relationship more gradually over the course of a school term.

“Mind the (age) gap”

The age difference between mentors and mentees was discussed at the case study visits, and explored through the participatory tools. Although young people recognised that having shared interests could be more important than age, there was a common view that mentors should be older to provide the maturity and experience needed to offer advice. One mentee in Year 7 had paired with a mentor in Year 8, and was satisfied with the one year age gap: *“it helps that they are a little bit older, but not much older, like a teacher”*.

Peer mentors sometimes expressed frustration where mentees were younger and struggled to open up, or where they did not take the mentoring seriously. Comments included that: *“young kids don’t understand so much”*, and *“[mentee] was very immature... I couldn’t tell whether he was being serious”*. This was rarely about age alone, as most mentors found that they bonded with prospective mentees to a varying extent. However, it did serve to illustrate the drawbacks of having bigger age gaps.

“Things in common”

Young people often looked for common ground when they first met with their mentor / mentee, and having shared interests or experiences helped with this. Enjoying the same games, sports or music was a starting point: *“we like similar things ... she’s polite, she’s creative, and I like art”*. Small common likes were often a quick win, to help break the ice and to calm the nerves of mentor and mentee alike.

Having shared life experiences also helped in some instances, as mentees often felt that it was important for the mentor to give something away about themselves as well as sharing their story. This could sometimes be challenging, if it related to family issues or events. For example, one mentor was matched with a mentee whose father had just left them. The mentor had been through the same and could relate to the situation, but their views were very different. They were able to talk through this from their different perspectives and work together positively.

“Getting to the problem”

Mentors often approached the peer support keen to find out what issues the young people were facing, so that they could help. This was often based on an implicit assumption that the young person had an underlying ‘problem’ they wanted to talk about (*“they need to be comfortable before telling you what happened”*) – an expectation that seemed to come partly from how mentors’ expectations were managed at the outset.

The mentors described using their tenacity to explore the ways in which they might be able to help their mentee. This included reports of mentors using the library or the internet to search for topics that had come up during peer support that they were unsure

about, and asking parents or other mentors for advice. Mentors often used creative methods to encourage their mentees to open up, such as games, arts or crafts.

While some young people had indeed attended with a particular problem issue in mind, this was not always the case. From a mentee's perspective, it could be more difficult to build a relationship if the mentor was trying too hard to problem-solve:

"It was a bit hard to get to know her [Mentor], because sometimes they might think you need lots of help, and you don't always feel like telling them"

(M, Mentee, Year 6)

The mentor supporting the young person with a history of self-harm described a more structured approach, coached by adult professionals. This was unlike the other descriptions of peer support among young people, and included "... a mix of play and talk.... but sometimes the more serious sessions were just talk". When prompted, the young person gave the example of the topics covered during these more serious conversations, which included: "...why they get angry, and how they can distract themselves from negative thoughts by doing positive things".

Irrespective of the format of the sessions, mentors often said that one of the most rewarding things was to see the effect they were having on the mentee, where their situation had improved. This was taken as validation for the support they provided:

"After you've done one session you want to see how they're getting on and it's nice to see that with my mentee, before she didn't have that much confidence but after she's done this she's got a lot more confidence."

(F, Mentor, 12)

"I feel that after I've talked to them their problems have been solved a little bit, so they're a bit more confident in doing things like playing or talking with others or doing things differently."

(F, Mentor, Year 6)

"Vocalising"

A common theme was the need to put negative thoughts or feelings into words, and to 'talk out' issues that might have been concerning young people but that had gone unspoken. One young person explained that "[peer support] is like having a diary, but in a human form, and it can help". Another young person had attended an initial group session where mental health issues were openly discussed. She had found this upsetting, as she was struggling to deal with a family member's mental health issues at

the time. However, the session made her realise that having a mentor could provide a way to open up:

“I wanted to talk through it properly because I didn't really want to keep it hidden, but I was struggling to get most of my words out before and it was really hard for me to talk to other people that I didn't know”

(F, 15, Mentee, CYPCO)

“Just being there”

Mentees quite often took reassurance from knowing that their mentor was available if they needed them. This sense of the mentor “being there” seemed beneficial, even where actual contact was ad hoc. Young people commonly made a positive association between having someone there for them, and their emotional wellbeing. For example, comments include that: *“I liked that there was someone there to talk to when you are feeling lonely”, and “It made me feel more positive to know I had someone to talk to”.*

The mentors had often picked up on this too. One young person described how a mentee had only attended two or three sessions, but seemed happy that this was enough - they now knew where to find them if an issue ever arose. The mentor thought that being older and not from the mentees' immediate friendship group helped in this respect.

Young people also frequently enjoyed the social aspect of group sessions, and *“hearing everyone's point of view”*, and the opportunity to join in with games and activities. Moreover, there was some evidence that the groups provided a mechanism for reaching-out to young people who may not feel ready for mentoring. Mentors from one of the drop-in sessions recalled how some young people had turned up regularly during lunchtimes to sit at the fringes of the group and to talk informally. They thought these young people seemed lonely and enjoyed having someone they could talk to.

“Out of hours”

Young people often wanted to have conversations as and when they needed them, and not only during scheduled peer support time. Some degree of contact outside of sessions was widely reported by young people, ranging from one-to-ones, to mentors looking out for mentees at lunchtimes or break-times, and incidental contact around the school or college (*“always smiles and says hello in the corridor”, and “I always stop them and ask how they are”*). In some cases, the formal mentoring provided a springboard for other conversations taking place outside of this format:

“Honestly, I think its nice giving them the time to come and talk to me. But I would think that I need to be available at their hours... because it shows we actually care for them... We didn’t want it to be like we’re only caring because we have a specific responsibility.”

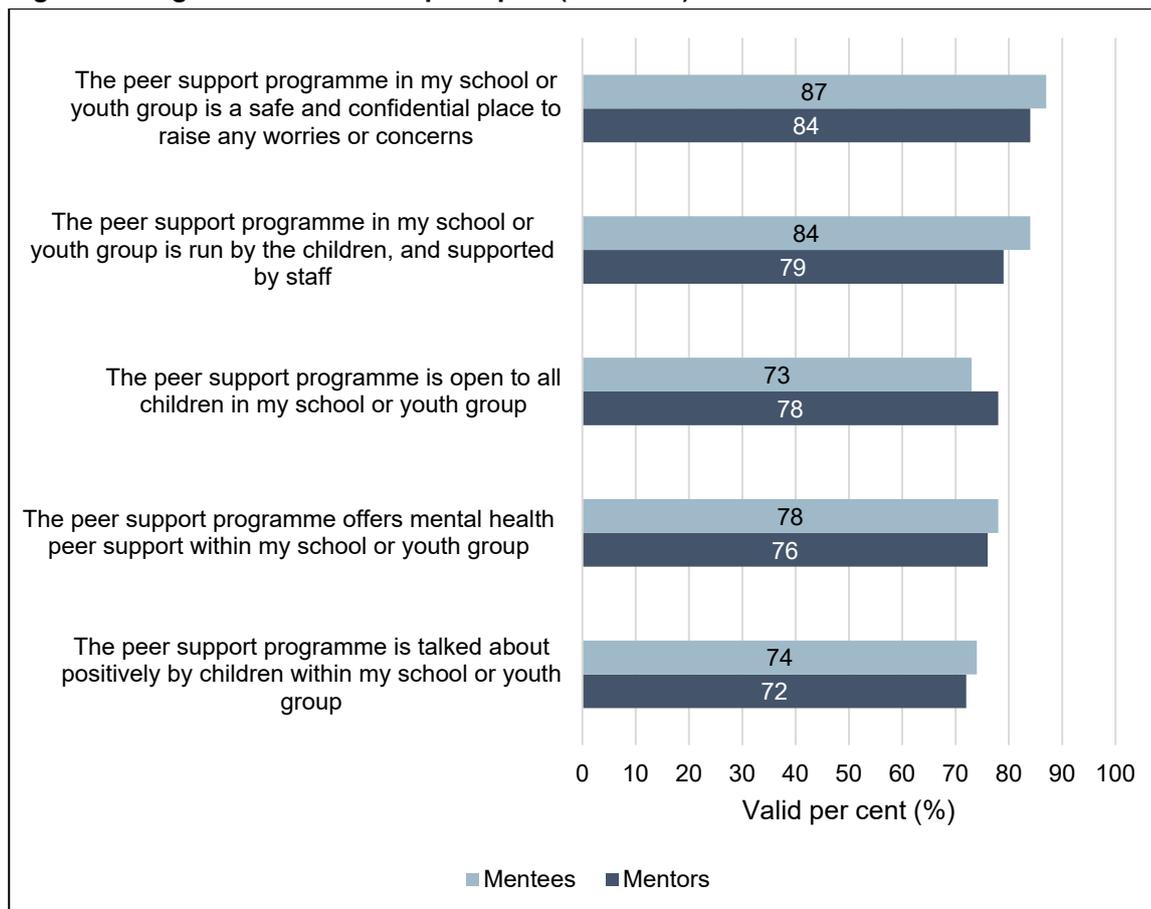
(F, Mentor, 17)

It was not uncommon for mentors and mentees to follow each other on social media, and to exchange telephone numbers, although the latter was usually to make it easier to arrange when and where sessions would take place. This out-of-hours contact was easier within some of the youth club settings, mentors and mentees would often see each other on a regular basis within the setting.

Strengths, barriers and areas for improvement

In addition to a more open-ended exploration of peer support activity via the qualitative research, the surveys provided an opportunity to test the **five ‘core principles’** of peer support directly. As **Figure 4.8** illustrates, mentees at primary stage gave a marginally stronger endorsement than mentors, with the exception of the statement that peer support was ‘open to all’. Agreement with all of the statements was high across mentors and mentees, however, with particularly strong endorsement of the core principles relating to safety and confidentiality, and with the idea that the pilot was run by the children.

Figure 4.8: Agreement with core principles (Under 11)

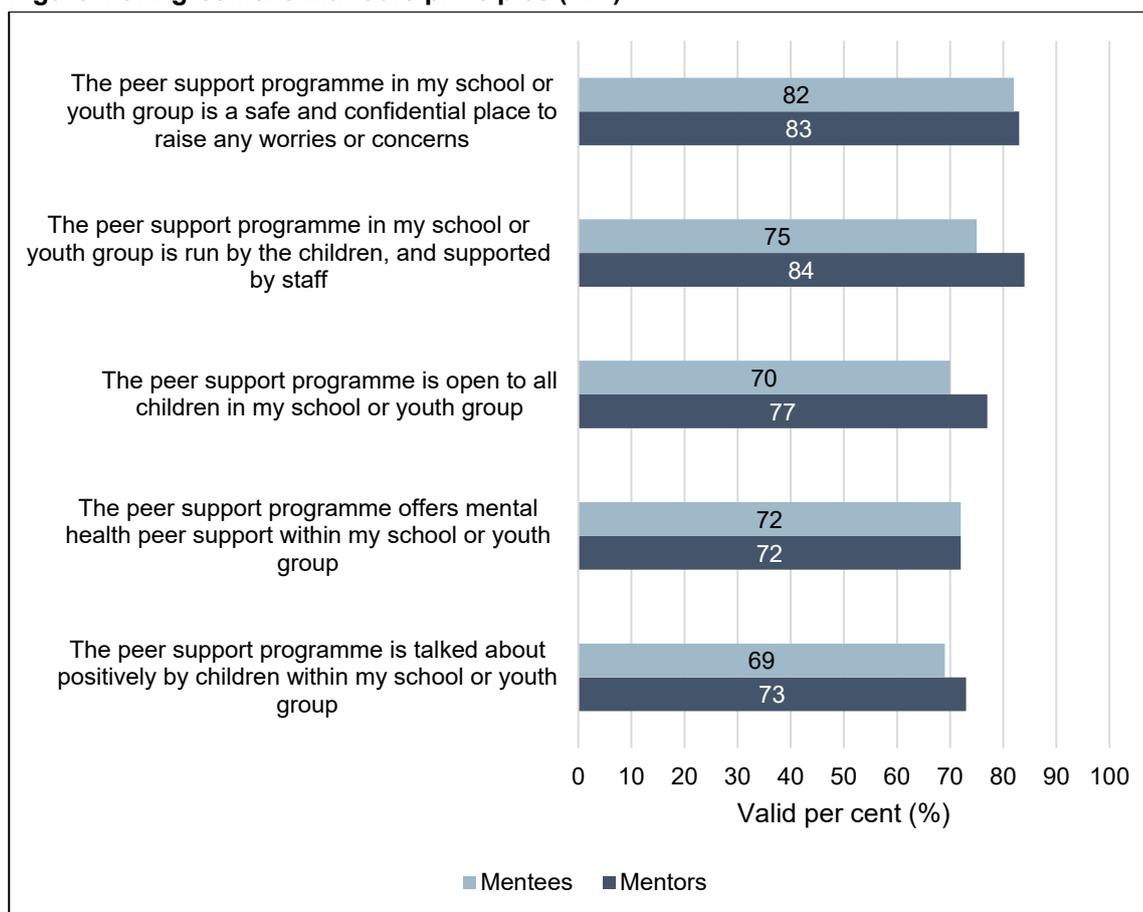


Q4a (Primary: Follow-up) The peer support programme is... (4a-e)
 Combined “Agree” and “Strongly Agree”
 Base: 147-158

The responses at secondary stage follow a similar overall pattern. As **Figure 4.9** shows, there was a high level of agreement with all of the statements across mentors and mentees, albeit with mentors responding marginally more positively than mentees. This is a reversal of the situation at primary stage, as described above.

One of the most notable difference from the primary survey is the lower level of agreement with the ‘run by the children’ statement among mentees (75% at secondary, compared with 84% at primary), and the higher level of agreement with the same statement by mentors (84% at secondary, compared with 79% at primary). It could be inferred that this relates to greater willingness among pilot organisations to give responsibility for running the pilots to the older age group, and the larger scale of peer mentoring activities restricting the opportunities for mentees to participate in running the activities.

Figure 4.9: Agreement with core principles (11+)



Q4a (Secondary: Follow-up) The peer support programme is... (4a-e)
 Combined “Agree” and “Strongly Agree”
 Base: 99-102

For both primary and secondary stages, there is a central message of strong overall levels of confidence in the safety and confidentiality of the peer support, while indicating that some scope exists to promote a more positive image among the wider peer group.

The interviews shed some further insights on what being ‘run by the children’ might look like. The data indicates that young people had a greater say over selecting activities than they did in determining how peer support was structured and managed overall. However, some had been involved in decisions about how the pilot budget was spent, while others reported having regular opportunities to meet with the pilot lead to debrief and provide feedback. One of the CYPSCO pilots had a stronger sense of being youth-led. The young people were proud of having set up the activities and overseen delivery, and recognised the trust afforded in them by their youth worker:

“She [Youth Worker] gave us space to do it ourselves. She gave us the office and this room and she like let us get on with it. She didn’t like control us”

(F, 15, Mentor)

The surveys explored **the most helpful thing** about the support that mentees received. An open question was asked of both 11+ and under 11s, and was restricted to mentees only. The written comments were diverse, but generally clustered around the following themes (**Figure 4.10**).

Figure 4.10: Most helpful / best thing about being supported

- **Positive reinforcement** – reassurance provided about their strengths, and their self-worth, whether in general: *“tells me I am special, and smart”*, or in relation to something they found difficult, such as a pending exam or dealing with social anxiety: *“helped me to keep confident and feel alright with friendship groups”*.
- **Help with specific difficulties** – satisfaction that the mentor had helped them to make tangible changes to their situation, where this was needed: *“how to overcome bullying”*, *“helped me to get through hard times”*, and *“I live with my dad, and he is dying from cancer... this is hard [but] the group is there for me”*.
- **Having someone to turn to** – the knowledge that the mentor was always there for them, and the confidence boost that this provided: *“I had someone to rely on, so I felt happy”*, and *“If I needed to talk to someone, they were there for me”*.
- **Listening, without judgement** – feeling able to speak openly to the mentor and taken seriously: *“she listens to anything I say, and I can tell her stuff”*, and reacting well: *“she understood me and kept calm... she didn’t explode with rage”*.
- **Advice, or a second opinion** – specific mentions of: *“talking advice”*, *“they gave me good advice”*, and *“advice, and tools given”*, among other responses.

Q11 (Primary: Follow-up) What was the best thing about the support you had? Q18 (Secondary: Follow-up) What was the most helpful thing about the support you had
Base: 56 / 41

A number of the young people had already **exited from peer support** when the case study visits took place in autumn 2018. This provided insights to how and when the individual pairings were considered to have run their course. In a few cases, the amount of contact dwindled over time and a mutual decision was taken to stop. One mentee reflected that *“...towards the end, we had less to talk about”*, while another said that they had lost interest due to the sessions being too infrequent.

It was quite often the mentor who needed to reduce their involvement, however, due to academic or other commitments. One pilot stopped the weekly sessions during the exam period but told the mentees that they could still access support if they needed it. This offer had not been taken up, at the time of the case study visit.

In other cases, young people reported that a particular match had not worked out well. This sometimes led to confusion about how or whether it was possible to bring the support to an end:

“One thing that could help is maybe the ability to stop... meaning if you feel like they can't help, aren't bonding, or even have a problem of your own then you can quit...or if the peer mentee has a problem which is already solved”

(M, Mentor, KS2)

Finally, the surveys, interviews and participatory tools captured feedback from young people on potential **areas for improvement** for pilot organisations wishing to run peer support in the future. **Figure 4.11** summarises the verbatim responses from the surveys. Overall, participants were very positive, and did not identify anything specific that could be improved. Beyond this, there were different levels of emphasis across the two surveys:

- the under 11s tended to focus on possible changes to the format or logistics of sessions (more time, more sessions, or more people), and in particular on the need for privacy / calm / not being interrupted; whereas,
- the over 11s placed more emphasis on their relationship with the mentees and how this could be maximised (e.g. trust, support, or engagement), or concerns about the possible impact of being a peer mentor on their own wellbeing.

These results underline the potential to increase the scale and intensity of peer support within participating settings, and to develop further tools and guidance for mentors – especially regarding younger children. The feedback also suggests that it would be beneficial to ramp-up the level of support provided to the peer mentors in their role, to ensure that they are able to maintain positive emotional wellbeing.

Figure 4.11: One thing to improve about the programme (young person self-reported)

| Under 11 (Peer Supporter/Both) | 11+ (Peer Supporter/Both) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <i>"Nothing / don't know" (multiple)</i> | <i>"Nothing / don't know" (multiple)</i> |
| <i>"More time"/"More sessions" (multiple)</i> | <i>"More time"/"More sessions" (multiple)</i> |
| <i>"A special room that is secret calm and relaxing to us and other people"</i> | <i>"Getting them to be open enough and talk to me"</i> |
| <i>"To have a place where we can help the children where no other children can but in and say 'What are you doing?' So a place where people can go to not be interrupted"</i> | <i>"In my primary school it was a struggle to get them to trust you enough to tell you what's wrong" [transition project]</i> |
| <i>"Having our own office so that no one can overhear the mentee"</i> | <i>"To make the person to trust... because he doesn't know me"</i> |
| <i>"Making people more aware of it not just being for fun"</i> | <i>"Knowing when to stop the mentee to paraphrase the problem so that I understand what's going on"</i> |
| <i>"To reach out to other school[s] and help them"</i> | <i>"Knowing you cannot fix some things that happens to them you can only provide support to help them through it"</i> |
| <i>"We could have made a banner of the names of the peer mentors"</i> | <i>"Some students didn't listen and could hit and be disrespectful"</i> |
| <i>"If children don't want to talk get them to write down or draw it"</i> | <i>"Trying to control the mentee without being too mean"</i> |
| <i>"Make a group [happen] regularly so they will feel comfortable with us"</i> | <i>"The first session – trying to talk for the first time"</i> |
| <i>"Add more people / having more people take part"</i> | <i>"Trying to stay open minded about how the people act"</i> |
| <i>"Do it more than once a week / If we could meet for a longer time"</i> | <i>"Not letting their issues or anxiety get to me and affect my life more than it needs to"</i> |
| <i>"To try their best to help every child in the country"</i> | <i>"Sometimes I found it hard when I could relate to what the person I was supporting was going through"</i> |

Q12 (Primary: Follow-up) *If you could suggest one thing to make the support programme better, what would it be?*

Q24 (Secondary: Follow-up) *If you could suggest one thing to make the support programme better, what would it be?*

5.0 Outcomes from the programme

Summary

Social and emotional wellbeing and resilience

- The survey results showed a positive change for the Community Connection sub-scale of the Student Resilience Survey (SRS) for primary age students, measured over a single wave (+3-4 months) and at whole school / cohort level. These results were tested and found to be statistically significant at the 95% confidence level.
- Results for Community Connection among primary age students were re-tested at the follow-up stage, over two waves (+8-9 months) and were again found to be statistically significant at the 95% confidence level. This provides a good indication that positive change was sustained over the medium term for this cohort.
- The survey results did not show a statistically significant change for any of the remaining five sub-scales for the SRS at whole school / cohort level. This was the case for both primary and secondary age students over a single wave (+3-4 months), and for primary age students over two waves (+8-9 months).
- Statistically significant changes were not found at a whole school / cohort level for the remaining two scales (secondary only): The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS), and the Short Perceived Stress Scale (PSS). However, the qualitative evidence shows that young people of both primary and secondary age commonly reported feeling happier, better supported and better able to cope with the issues that had prompted them to seek support.
- 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. A statistically significant difference in results was not identified for any scale or sub-scale.

Wider personal development outcomes

- The survey results did not show a statistically significant change in engagement and enjoyment in school or perceptions of being happy at school at whole school / cohort level. These measures applied to secondary age only.
- Around two thirds of secondary respondents reported that the pilot 'helped a lot' with listening and understanding other people's thoughts and feelings, while just

over half reported that it 'helped a lot' with their communication and leadership skills.

- Just over half of secondary age students reported that the pilot 'helped a lot' with their understanding of mental health issues affecting children and young people. This is borne out by the qualitative research, where greater levels of awareness were widely reported.
- While these self-reported measures were asked retrospectively and are likely to include a degree of optimism bias among participants, they still help to demonstrate the ways in which young people felt they benefited.

Organisational outcomes and capacity building

- There was a self-reported reduction in the frequency of contact with medical staff in school about thoughts, feeling or behaviour among both primary and secondary age students, and an equivalent change out of school for primary age only.
- There was no statistically significant change in equivalent contact with for other (non-medical) staff in school. However, the results showed statistically significant decreases in the frequency of contact with other people in their personal network about thoughts, feelings or behaviour, at both primary and secondary stage.
- There were no identifiable cost savings for either primary or secondary programmes. This was potentially due to a substantial proportion of costs accounted for by a relatively small proportion of pupils with higher levels of contact.

This chapter presents the key findings from the assessment of outcomes and sustainability of the pilots. It draws mainly on the quantitative data captured through the surveys of young people, supplemented with data from the pilot lead surveys and case study visits. The chapter begins by examining the evidence for child outcomes, from the survey. It then goes on to consider the evidence for organisational level outcomes.

Key outcome measures

This section examines the results for the selected validated scales and sub-scales, focusing primarily on those relating to social emotional wellbeing and resilience; behavioural adjustment and engagement in school life; and wider personal development outcomes.

Each of these scales was assessed as follows:

- Using the total number of respondents to assess whether any change has been identified in the short-term. This compares data from baseline (either wave one or wave two) to the relevant follow-up stage in each wave, i.e. covering a period of approximately 3-4 months.
- Assessing possible medium-term change among primary school pupils (due to the larger base size for this group than secondary school pupils). This compares results for matched pairs who completed the wave one baseline and wave two follow-up surveys, i.e. covering a period of around 8-9 months.

Results were analysed for both participants (a combination of mentor only; mentee only; both mentor and mentee) and non-participants. This approach was based on the hypothesis that there may be a wider impact of the programme than solely on participants, for example as a result of publicity generated around peer support or wider mental health awareness within the pilot organisations (as discussed further in Chapter Three) or possible spill over effects.

Secondary analysis has also been conducted comparing outcomes for participants (combination of mentor only; mentee only; both mentor and mentee) to non-participants using a difference-in-difference approach. This allows the hypothesis to be tested that there is no/little impact of the programme beyond immediate participants, hence that participants will show a different pattern or magnitude of change from baseline to follow-up than non-participants. This is analysed using a difference-in-difference approach for all sets of outcomes measured for both groups (namely the Student Resilience Survey, the Short Warwick-Edinburgh Mental Well-being Scale, the Short Perceived Stress Scale, Me and My Feelings Scale, and Engagement with School Scale).

Both these analyses (all respondents; participants and non-participants) are conducted separately on primary and secondary age pupils as appropriate.

Results were not analysed by mentoring status (namely whether mentor only; mentee only; both mentor and mentee; and neither) as the low base size for these groups would have made it difficult to identify anything short of a relatively large effect size. The sole exception is a number of questions examining young people's use of support and services that were only asked of some of these specific sub-groups and hence are the

only source of data on these questions. These should be interpreted carefully given the reported base sizes.

This section also draws on qualitative results to provide contextual information and highlight key elements of practice and deliver relating to these outcomes.

The main findings regarding outcomes are summarised in the box below.

Outcome summary

Total respondent level

- A statistically significant increase was identified for all primary school participants in community connection from baseline to follow-up.
- Results from the additional wave of interviewing suggested that the increase in community connection was sustained in the medium term.
- Statistically significant changes were not identified for any of the other measures.

Participants and non-participants

- No statistically significant differences were identified for any outcome when the change
- from baseline to follow-up was compared across participants and non-participants.

Together, the quantitative and qualitative data point towards a number of possible reasons why statistically significant results could not be identified for the majority of outcomes tested. These include:

- The programme itself either had no discernible effect on the majority of wellbeing and resilience measures that were selected for the evaluation, or any effects were too small to be measured within the achieved survey sample and timescales.
- The mix of different organisations and approaches means that possible outcomes within certain settings were diluted by the fact that there were no or limited outcomes in others (i.e. 'averaging effects' at an overall programme level).
- Existing research suggests that the quality and duration of relationships is important to delivering effective peer support, but the case studies and surveys indicated that the models delivered during the programme may not have been sufficiently intense to achieve the desired outcomes.
- The relatively short lead-in time for many organisations made it difficult to get provision up-and-running at the start of the initial wave, and therefore the period over which outcomes were measured may not have been sufficient.

These issues are examined in more depth in the Conclusions chapter.

Social and emotional wellbeing and resilience

This section covers the validated scales examining social and emotional wellbeing and resilience, primarily the Student Resilience Survey, the Short Warwick-Edinburgh Mental Well-being Scale and the Short Perceived Stress Scale.

Student Resilience Survey

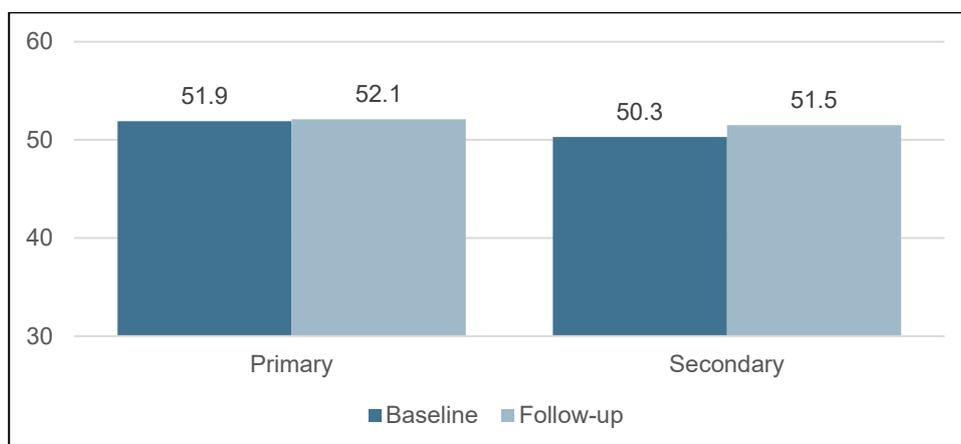
All primary and secondary school respondents were asked to complete five sub-scales from the Student Resilience Survey:

- Peer Support (12 items)
- Family Connection (4 items)
- School Connection (4 items)
- Community Connection (4 items)
- Participation in Community Life Away from School (2 items)

Each item was rated on a 5-point scale, where 1='Never' and 5='Always', with higher scores there reflecting better outcomes.

The following figure illustrates means scores for the Peer Support sub-scale at baseline and follow-up for primary and secondary school students. This sub-scale includes a variety of statements covering peer support in general in terms of the availability of protective factors. It focuses on the extent respondents agree or disagree that there are students at their school who would provide support in a range of situations, for example, sharing things with them, inviting them to their home, telling them secrets.

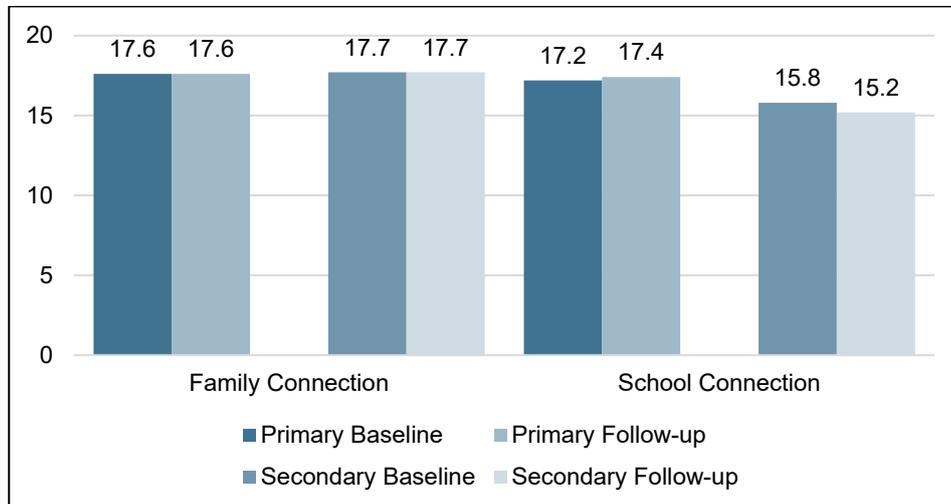
Figure 5.1 Peer support sub-scale mean scores, primary and secondary school, all respondents



Base (total sample): Primary school=354, Secondary school 330

The mean scores stayed the same for both primary (51.9 to 52.1) and secondary (50.3 to 51.5). The following figure shows the results for both the family and school connection sub-scales for both primary and secondary respondents in turn.

Figure 5.2 Family Connection and School Connection sub-scales mean scores, primary and secondary school, all respondents



Base (total sample):

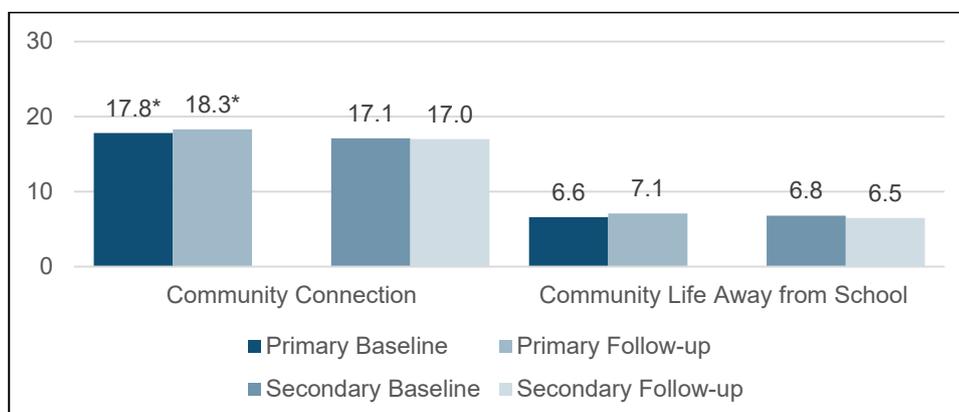
Family Connection Primary school=375, Secondary school=355

School Connection Primary school=301, Secondary school=351

There were no statistically significant changes in the Family Connection or School Connection sub-scales from baseline to follow-up, with mean scores for the Family Connection sub-scale remaining identical at both baseline and follow-up stage for both primary (17.6) and secondary school (17.7) respondents. Mean scores for the School Connection sub-scale also showed no change for either group (17.2 and 17.4 at primary stage, 15.8 and 15.2 at secondary stage).

The following figure shows the results for both the Community Connection and Participation in Community Life Away from School subscales.

Figure 5.3 Community Connection and Participation in Community Life Away From School sub-scales mean scores, primary and secondary school, all respondents



Base (total sample):

Community Connection Primary school=373 (statistically significant change), Secondary school=350*

Participation in Community Life Away From School Primary school=361, Secondary school=353

There was a statistically significant change in mean scores for the Community Connection sub-scale among primary school students, with this increasing from 17.8 at baseline to 18.3 at follow-up. Analysis of medium-term follow-up results among primary school participants (matched pairs of those participating in the baseline at wave one to the follow-up at wave two) showed a significant change from 18.2 to 18.9. This suggests that the positive results seen earlier from baseline to initial follow-up on this measure may well be sustained in the more medium term.

No change was seen in the Community Life Away from School scale, with results staying at similar levels from baseline to follow-up stage for both primary school (6.6 to 7.1) and secondary school (6.8 to 6.5) participants.

Short Warwick-Edinburgh Mental Well-being Scale

Secondary school respondents were also asked to complete the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS), a 7-item questionnaire containing positively worded statements about mental wellbeing, with respondents asked to answer based on their experiences in the past two weeks. Each item is scored from 1 – 5 (from 'None of the time' to 'All of the time'), with higher scores indicating better mental wellbeing. Final scores (ranging from 7 to 35) are calculated by summing the scores for the seven items and then converting the raw scores into metric scores.²⁶

As SWEMWBS is suitable for young people aged 13 and above, this was only asked on the secondary school version of the survey. Analysis showed that there was no statistically significant change from baseline to follow-up among the total population of respondents, with results staying static at 24.1 at baseline level and 24.6 at follow-up.

Short Perceived Stress Scale

Secondary school respondents also completed the Short Perceived Stress Scale (PSS), which measures levels of stress by asking about thoughts and feelings during the last month. The scale comprises of four statements, two of which are positively worded and two are negatively worded. Respondents are asked to rate each statement on a 5-point scale, from 0='Never' to 4='Very Often'. Total scores are calculated by reversing scores

²⁶ More information on collecting, scoring, analysing and interpreting WEMWBS can be found at <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/howto/>

to the positively worded items and then summing the scores across all items. Scores are between 0-16, with higher scores reflecting higher levels of stress.

Analysis showed there was no statistically significant change in mean scores on the PSS from baseline (6.9) to follow-up (6.8) among all respondents.

Participant and non-participant analysis

Each social and emotional wellbeing and resilience subscale (namely the Student Resilience Survey, the Short Warwick-Edinburgh Mental Well-being Scale and the Short Perceived Stress Scale) was analysed by participant and non-participant sub-groups. The aim was 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.

This analysis showed that a statistically significant difference in results could not be identified for any scale or sub-scale. Data for each of these groups can be found in Appendix 2.

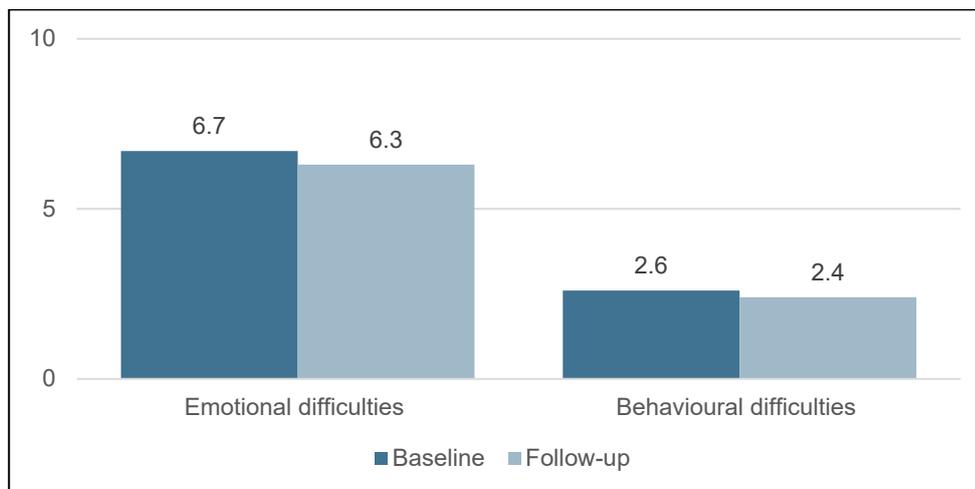
Behaviour adjustment and engagement in school life

Me and My Feelings Scale

Primary age respondents were asked to complete the Me and My Feelings Scale, which is a school-based measure of mental health focusing on emotional difficulties and behavioural difficulties. The scale is suitable for children from the age of eight, and comprises of 16 statements which are each scored on from 0 to 2, where 0='Never', 1='Sometimes' and 2='Always' (except for the item 15 "I am calm" which is reverse scored). The first 10 statements relate to emotional difficulties and, aggregated, give a score from 0 to 20, while the remaining six statements relate to behavioural difficulties, and give an aggregated score from 0 to 12. Lower scores denote fewer emotional and behavioural difficulties.

Figure 5.4 shows the scores for the Emotional Difficulties and Behavioural Difficulties sub-scales among the total sample.

Figure 5.4 Me and My Feelings, primary school mean scores, all respondents



Base (total sample): Emotional difficulties=366; Behavioural difficulties=367

Analysis at the total level showed that there was no statistically significant change in emotional difficulties or behavioural difficulties, with the former mean score at 6.7 at pre and 6.3 at post, and the latter at 2.6 and 2.4 respectively.

The following table shows the proportion of primary school respondents who reported clinical difficulties (a score of 12-20) at the baseline and follow-up stages. There was no significant difference in distribution across cut-offs.

Table 5.1 Emotional difficulties clinical cut-offs, primary school, all respondents

| Scale | Baseline | Follow-up |
|----------------------------------------------------|--------------|--------------|
| No clinical difficulties (scores 0-9) | 77% | 81% |
| Borderline difficulties (scores 10 and 11) | 14% | 11% |
| Clinically significant difficulties (scores 12-20) | 9% | 7% |
| <i>Base (total sample)</i> | <i>(366)</i> | <i>(366)</i> |

In the Behavioural Difficulties sub-scale, scores of 0 to 5 indicate no clinical difficulties, 6 indicates borderline difficulties, and 7 and above indicate clinically significant difficulties, with results shown in the following table.

Table 5.2 Behavioural difficulties clinical cut-offs, primary school all respondents

| Scale | Baseline | Follow-up |
|--------------------------------------------------|--------------|--------------|
| No clinical difficulties (scores 0-5) | 91% | 90% |
| Borderline difficulties (score 6) | 4% | 5% |
| Clinically significant difficulties (score 7-12) | 5% | 5% |
| <i>Base (total sample)</i> | <i>(367)</i> | <i>(367)</i> |

As with the Emotional Difficulties sub-scale, there was no significant difference in distribution across cut-offs.

Analysis for participants compared to non-participants undertaken for the Me and My Feelings Scale and Sub-scales, did not identify any significant difference in endorsement across the two groups.

Wider personal development outcomes

Engagement with school (Our Future)

Young people in secondary school were asked to score eight items from *Our Future study 2013*²⁷ measuring perceptions of their engagement and enjoyment of school. The first two statements describe negative attitudes towards school, while the remaining six statements describe positive attitudes. Respondents rated each statement on a 4-point scale from 'Strongly disagree' to 'Strongly agree'. Total scores were calculated by reverse scoring items 3-8 and then summing all scores, with lower scores reflecting worse attitudes towards school.

Analysis showed that there was no statistically significant change from baseline to follow-up among the total population of respondents (21.9 at baseline to 22.0 at follow-up) or any of the sub-groups. Testing endorsement among participants and non-participants also did not show any statistically significant difference across the two groups.

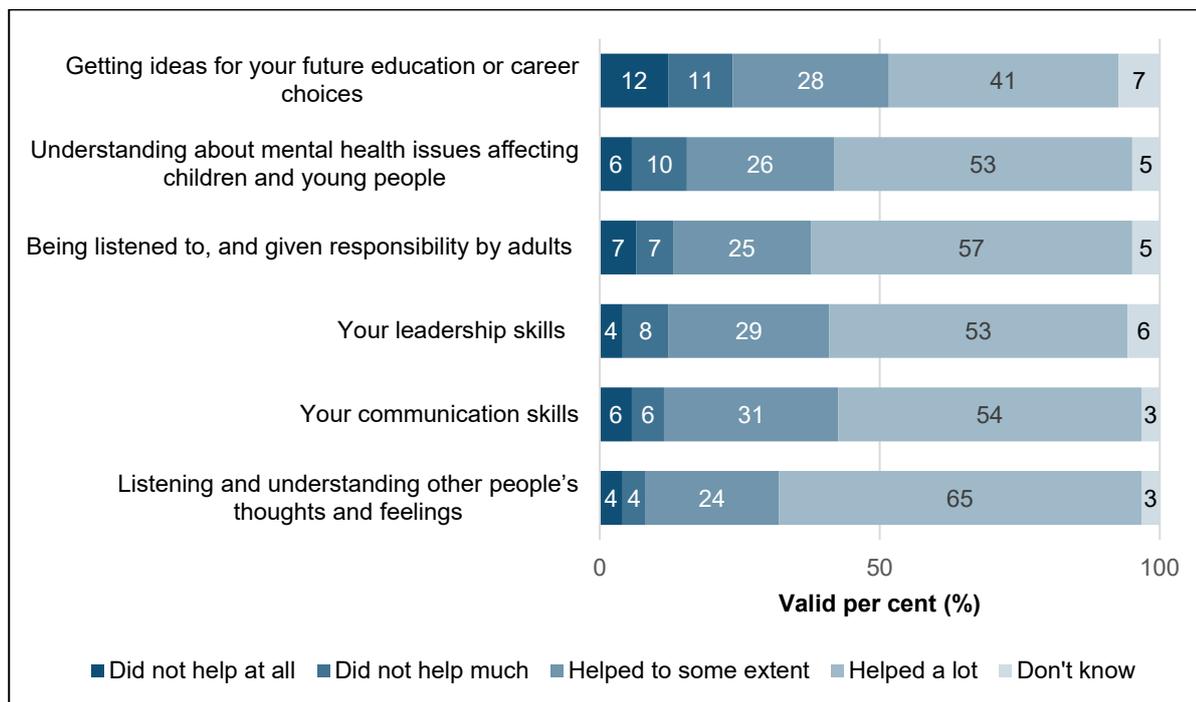
Alongside the psychometric measures, a further module was included within the survey for secondary age students to self-report against a number of personal development outcomes using a four point scale ('did not help at all', 'did not help much', 'helped to some extent', and 'helped a lot'). This question was asked retrospectively at a single point with the secondary age students only, rather than in a pre / post format.

As Figure 5.5 shows, around two thirds of respondents felt that the pilot 'helped a lot' with listening and understanding other people's thoughts and feelings (65%), while over half reported that it 'helped a lot' with their communication (54%) and leadership skills (53%). Moreover, just over half of respondents reported that the pilot 'helped a lot' with their understanding of mental health issues affecting children and young people (53%). This is borne out by the qualitative research, where young people commonly described having

²⁷ Formerly known as the Longitudinal Study of Children and Young People in England, or LSYPE2 http://doc.ukdataservice.ac.uk/doc/7810/mrdoc/pdf/lstype2w1_derived_variable_documentation.pdf

gained insights to the (usually low level) mental health issues affecting their peers, and how they usually manage them on a day-to-day basis.

Figure 5.5 Self-reported personal development outcomes, secondary only



Q8 (Secondary: Follow-up): During the last school term, have you had help with your thoughts, feelings or behaviour from any of the following?

Base (asked question): 122

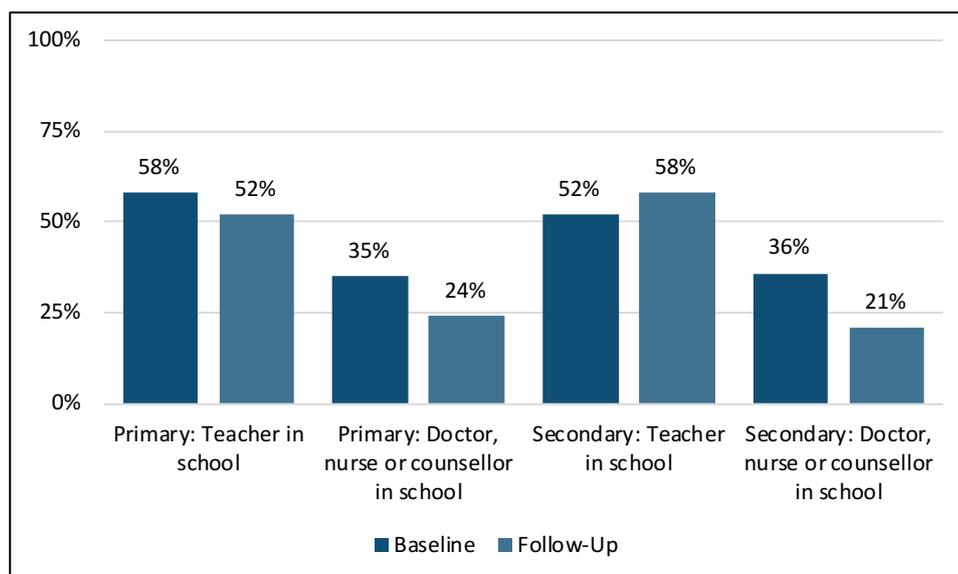
Young people's use of support and services

This section covers young people's use of support and services throughout the Programme, in particular their use of school, medical and personal networks. This section also includes economic analysis on the data for frequency of contact with school and medical staff (both in and out of the school setting).

School Systems

All primary and secondary school participants (mentors and/or mentees) were asked to state the extent that they had school-based support due to worries about their thoughts, feelings or behaviour. The following figure shows the proportion having done so at least once.

Figure 5.6 Seen someone at least once due to worries about thoughts, feelings, behaviour



Q3 (Baseline): During the last school term, have you seen someone because you or someone else was worried about your thoughts, feelings or behaviour?

Q17a (Follow-Up): Apart from the peer support programme, have you seen someone during the most recent school term because you were worried about your thoughts, feelings or behaviour?

Base (total sample): 212 (Primary), 163 (Secondary)

Results showed that no change for primary participants in terms of speaking to a teacher (58% baseline to 52% follow-up) or for secondary participants speaking to a teacher (52% to 58%). However, both primary (35% to 24%) and secondary age participants (36% to 21%) were less likely to have spoken at least once to doctors, nurses or counsellors in school. Significant changes were seen for mentors (but not mentees) across both settings.

This fits broadly with more direct feedback from school staff who felt positively about the programme, seeing the initial benefit in terms of direct mental health outcomes for young people (both mentors and mentees) rather than this necessarily translating immediately into increased usage of support and services, potentially reflecting the child-centred focus on the programme and practitioners. The programme was generally seen as important, but not necessarily at a large enough scale for these later outcomes to be immediately and clearly apparent given the variety of other factors in addition to the peer support programme that could affect take-up (and potentially due to the relatively short timescale of the pilot).

However, there was an expectation among some staff that the programme formed part of an overall school approach to mental health that could result in a streamlined system and more focused use of staff time. They saw the programme as helping them move away from a mind-set for children that adults are always the correct people to speak to and “are going to make it right”. It fitted in well with the emerging focus on mental health in

many schools, being one part of a wider school approach that could prove beneficial and provide more of a distinct focus on supporting those in most need:

“[Peer support] removes some of the lower level stuff so that staff can concentrate on the higher level, and also so that they can stop spreading themselves so thinly”

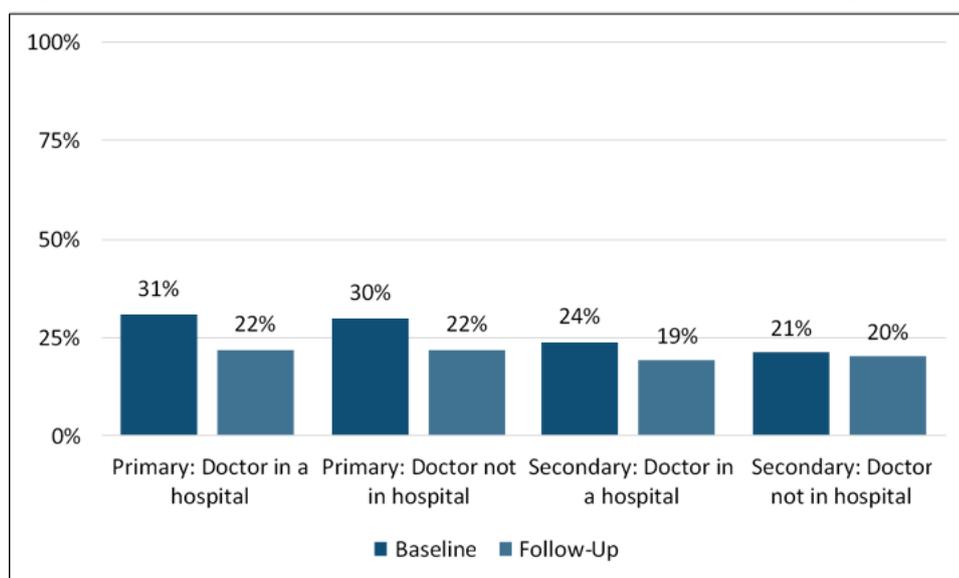
[Pilot Lead]

Some staff did point to emerging evidence that there were additional benefits, although this was not necessarily widespread. This included observed incidences of improved attendance and school orientation among young people who had taken part, reduced pressure on staff members, and fewer incidences of lower level concerns.

Medical systems

All primary and secondary participants (mentors and/or mentees) were asked to state the extent that they had seen certain medical staff (outside school) at least once due to worries about their thoughts, feelings or behaviour.

Figure 5.7: Seen someone at least once due to worries about thoughts, feelings, behaviour



Q3 (Baseline): During the last school term, have you seen someone because you or someone else was worried about your thoughts, feelings or behaviour?

Q17b (Follow-up): During the last school term, have you had help with your thoughts, feelings or behaviour from any of the following?

Base (total sample): 212 (Primary), 163 (Secondary)

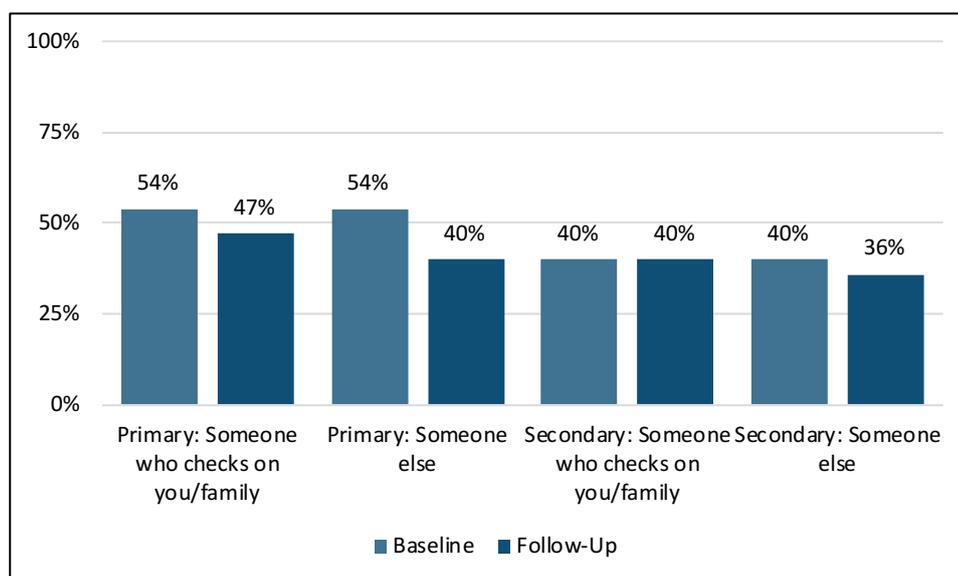
There was a significant decrease in primary participants speaking at least once to doctors, regardless of whether they were in (baseline 31% to follow-up 22%) or out of (30% to 22%) a hospital setting. Although this was significant at an overall level, the smaller sample size for mentors and mentees individually resulted in no significant change being identified for either group. The same changes were not seen for secondary pupils (24% to 19% and 21% to 20% respectively).

Survey results showed that there was no change over time among participants actually accessing medical help with regards to thoughts, feelings and behaviour. This was the case for both primary and secondary participants, regardless of whether was overnight stays in hospital (6% baseline to 8% follow-up for primary, 3% to 3% for secondary) or taking pills/medicine every day (3% to 6% for primary, 7% to 7% for secondary).

Personal network

Primary and secondary pupils were asked if they had seen either someone who checks in on them or “someone else” (as opposed to doctors, school staff, and other professionals) in relation to worries around their thoughts, feelings and behaviour.

Figure 5.8: Help with thoughts, feelings, behaviour (Primary and Secondary)



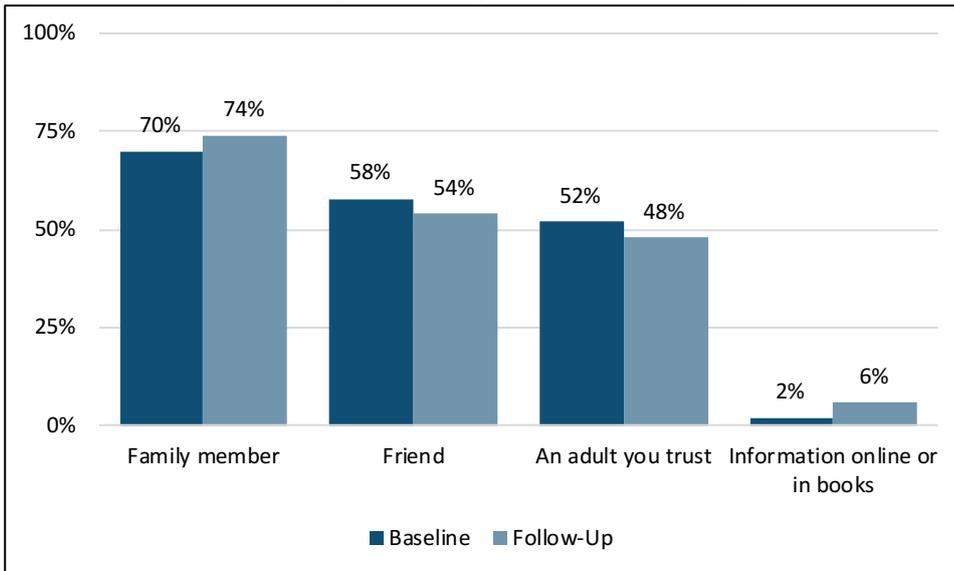
Q4 (Baseline): During the last school term, have you had help with your thoughts, feelings or behaviour from any of the following?

Base (total sample): 212 (Primary), 163 (Secondary)

The data showed a significant decrease from baseline to follow-up (54% to 40%) in the proportion of primary school pupils who sought help from someone else in relation to their thoughts, feelings or behaviour. A similar statistically significant decrease was seen for primary mentors (53% to 33%) but not for mentees. A statistically significant change for secondary pupils was not apparent on this variable or for either primary or secondary participants in seeing someone who checks on their family for similar support.

Primary participants were asked the extent that they had accessed help from a number of different informal sources, as outlined in the following figure:

Figure 5.9: Help with thoughts, feelings, behaviour (Primary)



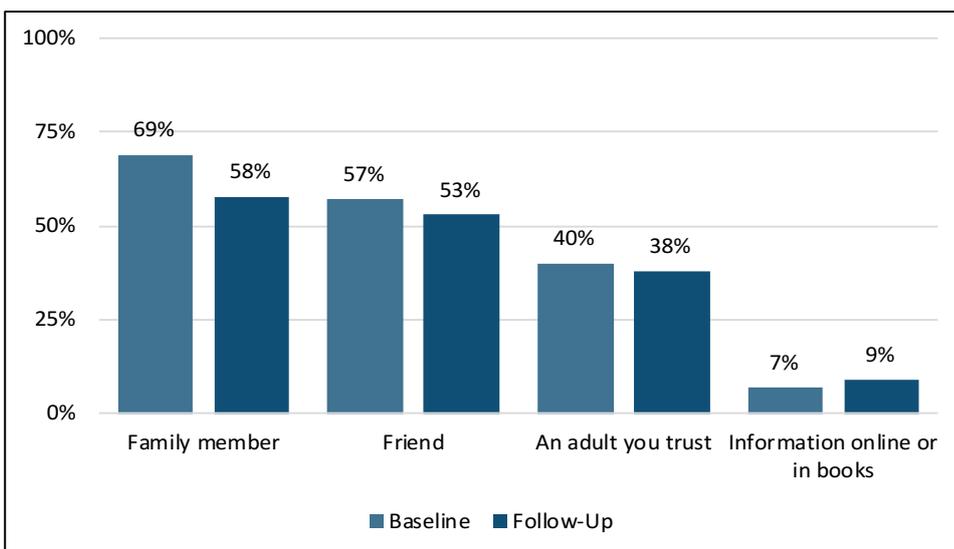
Q4 (Primary Pupil Survey; Baseline): During the last school term, have you had help with your thoughts, feelings or behaviour from any of the following?

Base (total sample): 216

Similar proportions of young people stated that they had help from family members, friends and adults they could trust at baseline and at follow-up stage in relation to their thoughts, feelings or behaviour. There was a significant increase in the proportion getting help from information online or books (2% at baseline to 6% at follow-up), although no statistically significant changes were identified for mentors and mentees separately.

A similar set of questions was asked of secondary participants.

Figure 5.10: Help with thoughts, feelings, behaviour (Secondary)



Q4 (Secondary Pupil Survey; Baseline): During the last school term, have you had help with your thoughts, feelings or behaviour from any of the following?

Base (total sample): 194

Results show that there was a significant decrease in the proportion of secondary school pupils getting help from a family member with their thoughts, feelings or behaviour (69% at baseline to 58% at follow-up) with similar changes for both mentors and mentees. As with primary respondents, no statistically significant changes were identified for either group separately. There was no overall change in the proportion getting help from friends (57% to 53%), an adult they can trust (40% to 38%) or from information online or in books (7% to 9%).

Both primary and secondary pupils were asked to state if they had seen someone who checks in on their family at least once in the last term about their thoughts, feelings or behaviour, with results showing no significant change in either (54% to 47% for primary, 40% at both baseline and follow-up for secondary).

Economic analysis

Economic analysis was undertaken to assess the extent that changes in frequency of contact with school or medical staff (in relation to their thoughts, feelings or behaviour) resulted in additional costs or cost savings. This was based upon responses at a granular level (whether made contact about once per day; once per week; once per month; less than once a month; once; not at all).

Costs were provided using standardised costs for similar roles²⁸, based upon information from the Unit Costs of Health and Social Care 2017²⁹, taking into account on-costs. Total costs were developed using raw counts (as opposed to percentages) on a matched pair basis, with pre and post totals compared to provide a measure of change.

While this provides a solid theoretical basis for assessing costs, there are a number of key caveats:

- This represents only possible costs or costs savings in relation to one particular aspect of the Programme (namely contact with medical or school staff). It may be that fuller data covering other possible aspects, e.g. more specific medical treatment, more general cost savings through improved wellbeing, would result in additional savings being identified
- Analysis is undertaken on a relatively short time period (essentially from the start to the end of each wave of provision) meaning it is not possible to assess whether savings occurred over the longer-term

²⁸ <https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/>

²⁹ <https://www.pssru.ac.uk/pub/uc/uc2017/services.pdf>

- Results are not possible for different participant status separately (e.g. mentor only, mentee only)
- Data on programme delivery costs is not available as part of this evaluation. Ideally, this would have included information on staff time (including for development and delivery), additional resources for training and/or delivery, space etc.
- The lack of control group means firm conclusions cannot be drawn (e.g. whether a control group would have seen a similar change in results to those seen for the intervention group)
- Assumptions were made around the average length of time of any meeting. These were applied equally at pre and post stage

Table 5.3 shows the results of this initial analysis, showing results at a total and sub-level for primary and secondary on a per pupil basis. A positive number indicates a cost saving, with a negative number (in with a minus figure) showing an increase in costs.

Table 5.3: Cost Savings (per pupil)

| Professional seen | Primary | Secondary or Other |
|--------------------------------|-----------------|--------------------|
| Seen teacher at school | -£54.93 | -£3.63 |
| Seen doctor or nurse at school | £1.84 | £63.80 |
| Seen doctor in hospital | -£79.66 | £123.06 |
| Seen doctor not in hospital | -£72.91 | -£68.28 |
| TOTAL | -£205.66 | £114.94 |

Q: [Apart from the peer support programme], have you seen someone during the most recent school term because you were worried about your thoughts, feelings or behaviour?

*=significant at the 95% confidence level

This initial analysis suggests there were possible small cost savings at a secondary (or other) level of around £115, with increased costs of £206 for primary participants. The costs for each individual element differed across school type, with the exception of the increased costs for seeing a doctor outside a hospital (around £70 increased cost for both a primary and secondary pupil).

More detailed analysis showed that a substantial proportion of overall costs were accounted for by relatively small numbers of pupils making contact with staff very frequently (about once a day or once a week). As a result, relatively small and not significant increases in these categories led to substantial changes in overall costs. This may have led to the relative inconsistency across school type for each category noted earlier. In addition, it is important to interpret this particular finding in light of the fact that the Programme was deliberately targeted at participants who did not have clinical levels of mental health issues and may be those seeking most frequent support (and accounting for the majority of these costs).

The following case study is selected as an example of potentially promising practice at one primary school facing specific issues where positive outcomes have been self-reported without short-term signs of additional costs. It is particularly relevant given the focus on a whole-school approach, engaging young people in genuine development of the programme, and integration with existing structures/mental health approaches in the school and across the local authority area.

Case Study: Whole school effects from delivering peer support

One primary school implemented the programme as a direct response to the increasing number of children they saw within the school that were presenting with emotional difficulties, often linked to specific difficulties at home. These were felt to be impacting on learning, leading to teachers spending additional time having to deal one-to-one with challenging behaviour.

The Programme was seen to **complement other school-wide approaches** to dealing with these issues, including having a counsellor in school once a week. They **involved young people directly in designing the programme**, including discussing mental health issues in assembly, accessing pupil feedback via a survey and developing a Year 6 working group to help shape the offer. Year five pupils were asked to volunteer, with the whole class being trained as a result of the high level of enthusiasm, with mainly Key Stage 2 pupils as mentees. Pupils could self-refer via collection boxes around the school, with mentors and staff discussing referrals on a weekly basis.

While uptake has been slightly lower than expected among mentees (the school is considering augmenting their current self-referral approach with teacher referrals in future), staff feel it has helped highlight mental health in a positive way across the school. They feel it has increased awareness of mental health across the school and potentially had **wider school-level effects** in terms of willingness to discuss relevant issues. Vivaly, it has also fitted in well with the **local authority emphasis** on mental health, further contributing towards the whole school approach being implemented.

6.0 Conclusions and recommendations

This report has provided insights to the set-up, delivery, and outcomes from the Peer Support for Mental Health and Wellbeing Pilots. The evidence is based on research carried out by Ecorys on behalf of the DfE between October 2017 and July 2019, comprising of quantitative and qualitative data collection and analysis.

In the previous chapters, we looked at how the programme was developed, including the selection of pilot organisations, trainer-training, and delivery of peer support within participating schools, colleges and CYPCOs. We considered the different models that were implemented, and their advantages and drawbacks, and sustainability of the funded pilots. We examined peer support from the perspectives of young people who took part and appraised the evidence for the outcomes that were reported.

In this final chapter, we draw together and conclude upon the evidence from the evaluation. We reflect on the key messages from the report, and highlight a number of recommendations for the DfE, and for schools, colleges and CYPCOs looking to deliver peer support for children and young people's mental health and wellbeing in the future.

Reflections on programme design and delivery

The programme set out to test what works in setting-up and delivering peer support for children and young people's mental health and wellbeing – an area for which the evidence base is comparatively under-developed outside of the context of academic peer mentoring. The evaluation found a considerable appetite among participating schools, colleges and CYPCOs. Pilot organisations joined with varying ideas about what they wanted to deliver and how, but all recognised a niche for support provided *by* young people *for* young people. It was clear that the programme gave pilot organisations the confidence to test and experiment, safe in the knowledge that it was based on a framework and guidance developed by an expert partner and funded by the DfE.

Underpinning the programme was a real sense of unmet need among the pilot organisations. Many of them reported capacity constraints and were limited in what they could offer to young people below the threshold for clinical intervention, and some reported a growing demand for mental health and wellbeing support within their student population. Pilot organisations often saw potential advantages of the peer-led format in alleviating pressure on pastoral and welfare teams, while strengthening young people's support networks.

The programme was also met with considerable enthusiasm from young people. It is encouraging that most settings found that interest in the *peer mentor* roles was relatively high - especially where there was support and encouragement from staff, parents and

carers. In contrast, *mentees* were not always forthcoming, and young people were often more reluctant to self-refer, even where their need for confidentiality was met with anonymous 'worry boxes'. Typically, the programme only took-off within a given setting where a tipping point 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. This usually involved campaigns and awareness-raising, and work to secure the backing of senior managers, teachers and pastoral staff who were in a position to signpost young people.

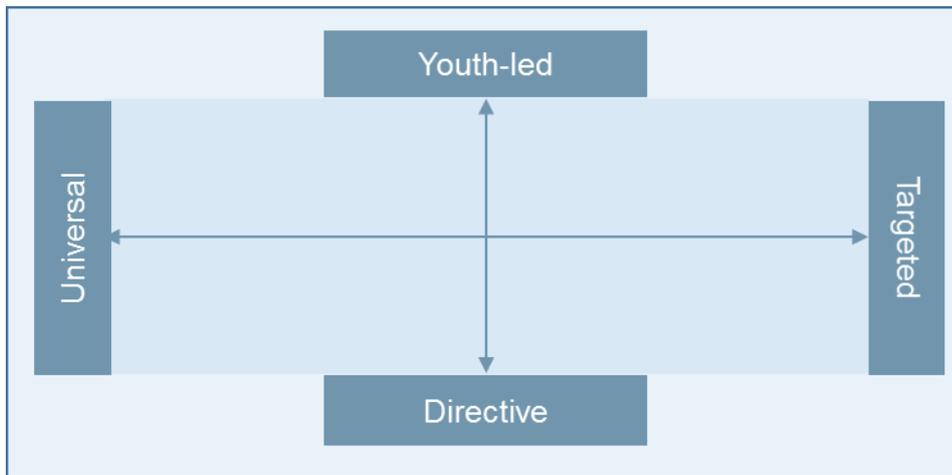
The wider school or organisational climate also had a bearing on levels of take-up, and some pilot organisations reported that stigma had affected how likely young people were to participate. Some organisations used the pilot as a vehicle to challenge negative attitudes towards mental health as part of a 'whole school' approach, while recognising that peer support was just one tool in the toolbox and that other complementary measures were needed. Examples included where peer support was delivered alongside anti-stigma campaigns run within schools, colleges and CYPCOs.

The evaluation suggests that there is a latent demand for peer support that might be tapped further than was possible within the pilot models. The survey research provided an opportunity to gauge the views of non-participants, with this showing a need for greater reassurances about privacy and confidentiality, clearer signposting, and discretion for mentees to choose their peer mentor. It is encouraging that one in four young people who did not go on to become mentors or mentees said that they may have considered doing so had they been provided with further information or if the opportunity had been offered to them directly. At primary stage, being a peer supporter often appealed more to young people's intrinsic motivations and interest in helping others, whereas at secondary stage young people had additional considerations that meant they often needed encouragement by staff, and described weighing-up the personal development benefits with the time commitments.

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. The models were defined as much by their ethos as by their structure, including whether peer support was run by staff and offered as an intervention *for* young people, or whether it was run and delivered *by* young people on their terms. At one end of this spectrum, peer mentors were recruited, trained and supervised as to support their peers with specific difficulties (e.g. anxiety, or recovery from self-harm). At the other end, some pilots were set-up as a secure space 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. Figure 6.1 illustrates how these different dimensions are combined.

Figure 6.1: Dimensions of peer support for mental health and wellbeing



It would be fair to conclude that **different types of settings** had relative strengths and limitations. In some of the CYPCOs, the ability to undertake focussed piece of work within a small population of young people (e.g. a youth group) was conducive to letting young people take the lead and developing a 'community' feel to the pilot. Conversely, the small group setting was more restrictive regarding young people's desire for privacy. Primary schools were often better placed to exploit the opportunity for more regular face-to-face contact with parents and carers, and to involve them beyond the provision of written information. At secondary stage, the larger setting gave the pilots a different dynamic, but with older age groups came the potential for support with Year 6 to Year 7 transitions and with challenges relating to exam pressures and relationships.

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

Overall, pilot organisations and young people widely endorsed the five **core principles** underpinning the programme³⁰. As discussed in the report, 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. Most pilot organisations aspired to have a programme that was talked about positively by young people within the setting. As we have seen, this aspiration sometimes ran up against stigma towards mental health issues and showed that peer support requires measures to create a suitable school climate in order to become fully embedded.

The final two core principles, while also widely endorsed were not always implemented to quite the same extent – many pilot organisations offered peer support to all children within the setting, but some chose to restrict the offer for the pilot phase. For some, this was a practical measure to manage the scale of the programme during piloting phase while it was untested, but for others the programme was set-up as a more targeted intervention for young people presenting with specific difficulties, rather than being open to all. For similar reasons, opinions differed to some extent on whether the aim was to provide 'mental health support'. Some organisations aimed to equip young people to support to their peers with mild to moderate mental health issues, and to start wider conversations about mental health, while others had developed their pilot very much in the 'wellbeing' space – an opportunity to develop communication and empathy skills, and to build trusting relationships.

Specific programme elements and their effectiveness

Prior to the programme, the safeguarding aspects of delivering peer support were one of the main areas that caused the most apprehension among pilot organisations. Overall, the pilot programme offered considerable reassurance in this respect. The training and framework were underpinned by a 'safety first' principle, and this was reflected in the emphasis on supervision, as well as impressing safeguarding responsibilities on participants. Young people who were interviewed showed a good level of awareness of these responsibilities; very few safeguarding issues were reported by staff, and of those that were the young people were said to have acted quickly and appropriately to report their concerns. This was the case at both primary and secondary stage.

³⁰ 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 with young people, and 5.Be safe and boundaried; ensure mentors are adequately trained and supervised.

The nervousness among some pilot organisations around young people having contact outside of scheduled sessions proved to be largely unfounded. Indeed, this open-ended contact was often a characteristic of local programmes that were genuinely led by young people, and that aimed to benefit young people's everyday interactions within the setting.

Nonetheless, it is clear that the question of **supervision** for peer support 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 supervisory framework in place. The staff interviews showed that the reasons varied from a perception that formal supervision was not necessary, to challenges with staffing capacity. In some instances, supervision was planned but proved unsustainable on a week-to-week basis around the schedules of the school-based professionals overseeing the pilots. Clearly, there is some potential cause for concern if capacity issues are a main factor determining the level of oversight set in place for peer support within some schools, rather than judgements about acceptable risk.

There was also evidence that some young people wanted, and would have benefited from, additional supervision. As discussed in Chapter 4, peer mentors at secondary stage in particular were mindful of the impact on their wellbeing from dealing with the sometimes difficult and emotive issues that they encountered. Additional oversight from adult professionals 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. Pilot organisations had generally used and adapted the materials developed by the delivery contractor, and in the main these were thought to have worked well. There was quite a lot of variation in the amount and type of ongoing training offered during the programme, however, and while around three quarters of peer mentors agreed that their training was sufficient, this leaves some for whom there was a perceived need for additional up-skilling. Some additional training needs only emerged during the course of delivery, with peer mentors reflecting in hindsight that role-play and practical exercises would have been useful to prepare them for the scenarios they encountered (e.g. where a mentee became very upset, or was unwilling to open up). Moreover, there was a common theme where mentors struggled to engage with younger age groups, and needed strategies to help manage this. Coupled with the gaps in supervision, therefore, this suggests that toolkits and guidance would be welcomed by peer mentors who are new to the role. The experiences of young people from the pilot programme would provide a valuable basis for this.

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 within settings 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, while the evaluation requirements were also bespoke. This would suggest, perhaps, that in seeking to offer all possibilities within all types of settings, the programme was somewhat ambitious and stretched the format to its limits. More time and resource is likely to be needed to develop tailored programmes in these contexts.

Explaining and interpreting the outcomes

The evaluation found a mixed picture regarding outcomes. On the one hand, young people's self-reports 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, while mentees often felt happier, better supported, and better able to deal with the issues that had led them to seek support. On the other hand, however, this was not backed up by results from the psychometric measures. Aside from the community connection subscale of the Student Resilience Survey (SRS) for primary age students, statistically significant changes were not detected for any of the validated scales.

A number of factors would seem to have contributed to these results:

Research design issues

- A total base size of around 196 matched pairs across all respondent types should have been enough to detect relatively small changes to young people's wellbeing³¹. However, this figure relies on measuring average effects at an overall programme level, which may not fully do justice to the pilots given the substantial variation in models delivered. The achieved sample sizes are more limiting when comparing participants and non-participants, and the evaluation lacked the statistical power to measure smaller effects that may have accrued for specific sub-groups, such as mentor only or mentee only, or according to type(s) of peer support.

Programme implementation issues

- The structure and phasing of the programme is also likely to have played a part. As we discussed in the previous chapters, 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. This

³¹ This would allow a "small" effect size to be identified, using Cohen's classification (namely an effect size of at least 0.2 to 0.5)

meant that the pilots may not have had long enough to embed, at the stage when outcomes measurement took place.

- 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, which did not always allow time for mentor / mentee relationships to develop. Indeed, when asked about their suggestions for improving the programme, by far the most common response among mentees was more contact time, more frequent sessions, and / or for the peer support to have lasted for longer.

This combination of circumstances meant that the relatively little contact time had played out between mentor and mentees in some settings between the baseline survey in April 2018 and initial follow-up survey point in July 2018, and indeed for the survey of the second wave of activity in the autumn, which covered an equivalent time period.

For the above reasons, it was also difficult to assess the ideal duration of peer support, or to understand how and when mentor / mentee relationships should come to an end. Where pilots were structured around two waves of delivery, the original pairings often simply timed-out at the end of the first term. In other cases, the support tapered-off when mentors were forced to reduce their commitments around the exam period. Further testing may be beneficial, therefore, not only to understand more about how peer relationships form and evolve over time, but also to test the extent to which sustained delivery is associated with a stronger set of outcomes. There is a potential window of opportunity, given that over four fifths of pilot organisations (84%) intended to continue with a peer mentoring programme of some kind beyond the pilot.

The question of capacity comes into play here again, however – if schools, colleges and CYPCOs struggled to meet young people’s expectations for regular contact time during a funded pilot, it is questionable as to how other organisations looking to set-up a peer support programme in a different situation would fare any better. As above, the opportunity to explore how or whether the pilot organisations were able to scale-up the learning from the original programme, and how / with what resources they were able to do this, would be beneficial to explore at a future date. This would provide the benefit of additional time, allowing for the potential outcomes to be fully realised.

Recommendations

Based on the evaluation evidence, it is possible to make a number of recommendations for policy and practice development. These are as follows:

- **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.

Appendix 1: Further sampling information

Table A1: Breakdown of achieved sample for case study visits

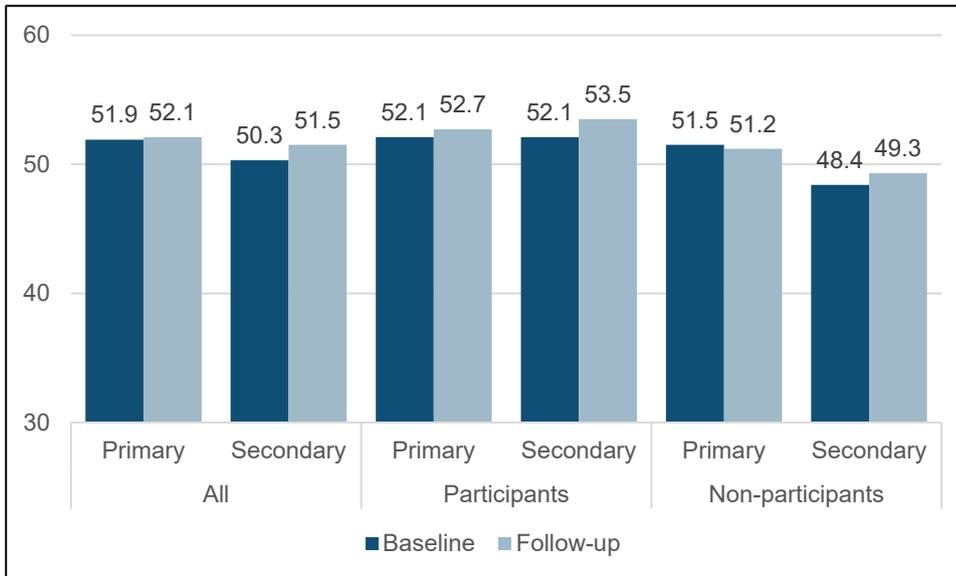
| Pilot organisation | Pilot characteristics | | | Achieved sample | | | |
|----------------------------|-----------------------|-----------|--------------------|-----------------|--------------|--------------|------------------|
| | Type | Targeting | Peer support model | Professionals | Peer mentors | Peer mentees | Parents & carers |
| Case study 1 | Special | Universal | Group & 1-2-1 | 3 (1F, 1P) | 4 (FG) | 0 | 3 (1F, 1P) |
| Case study 2 | Secondary | Targeted | Group & 1-2-1 | 1 (F) | 6 (FG) | 6 (FG) | 0 |
| Case study 3 | Secondary | Targeted | Group & 1-2-1 | 3 (F) | 5 (FG) | 0 | 1 (F) |
| Case study 4 | College | Universal | Group & 1-2-1 | 3 (1F, 1P) | 4 (FG) | 2 (F) | 1 (F) |
| Case study 5 | Secondary | Universal | Group & 1-2-1 | 1 (F) | 15 (FG) | 2 (P) | 1 (F) |
| Case study 6 | Special | Universal | Group & 1-2-1 | 2 (T) | 2 (T) | 0 | 0 |
| Case study 7 | Secondary | Targeted | Group only | 1 (F) | 6 (FG) | 6 (FG) | 0 |
| Case study 8 | Primary | Targeted | Group & 1-2-1 | 3 (F) | 4 (FG) | 5 (FG) | 1 |
| Case study 9 | Secondary | Targeted | 1-2-1 only | 2 (F) | 2 (P) | 3 (1F, 1P) | 1 (F) |
| Case study 10 | CYPCO | Universal | Group & 1-2-1 | 4 (1P, 1F, 1T) | 4 (FG) | 5 (FG) | 4 (FG) |
| Case study 11 | Primary | Targeted | 1-2-1 only | 3 (FG) | 12 (FG) | 0 | 0 |
| Case study 12 | College | Targeted | 1-2-1 only | 3 (1F, 1P) | 4 (FG) | 5 (FG) | 0 |
| Case study 13 | Primary | Targeted | Group & 1-2-1 | 1 (F) | 5 (FG) | 5 (FG) | 0 |
| Case study 14 | CYPCO | Universal | Group & 1-2-1 | 2 (F) | 2 (F) | 2 (F) | 0 |
| Case study 15 | Secondary | Targeted | 1-2-1 only | 2 (F) | 3 (F) | 4 (FG) | 0 |
| Total (respondents) | | | | 34 | 78 | 45 | 12 |

Key

F = face to face interview, T = telephone interview, P = paired, FG = focus group

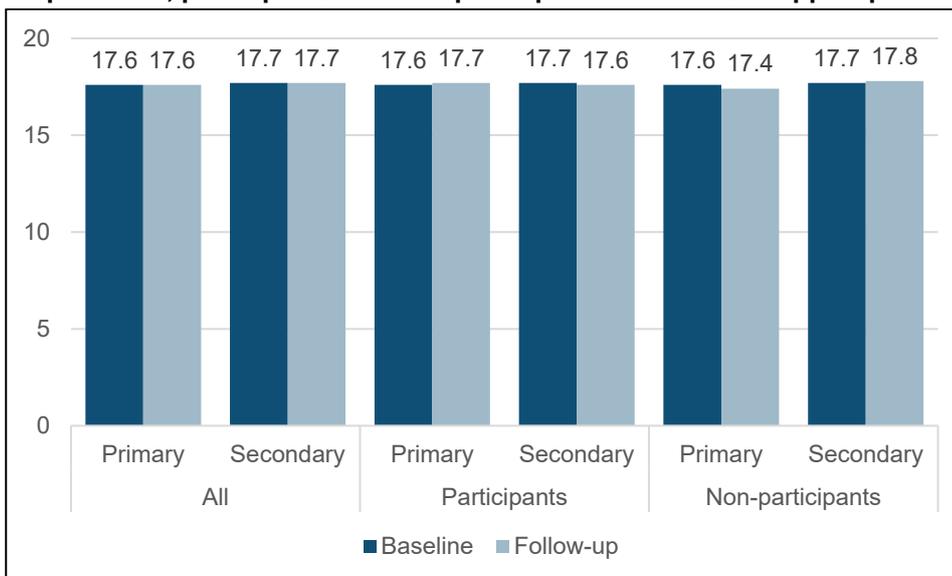
Appendix 2: Supplementary data

Figure A2: SRS Peer support sub-scale mean scores, primary and secondary school, by all respondents, participants and non-participants in the Peer Support pilot



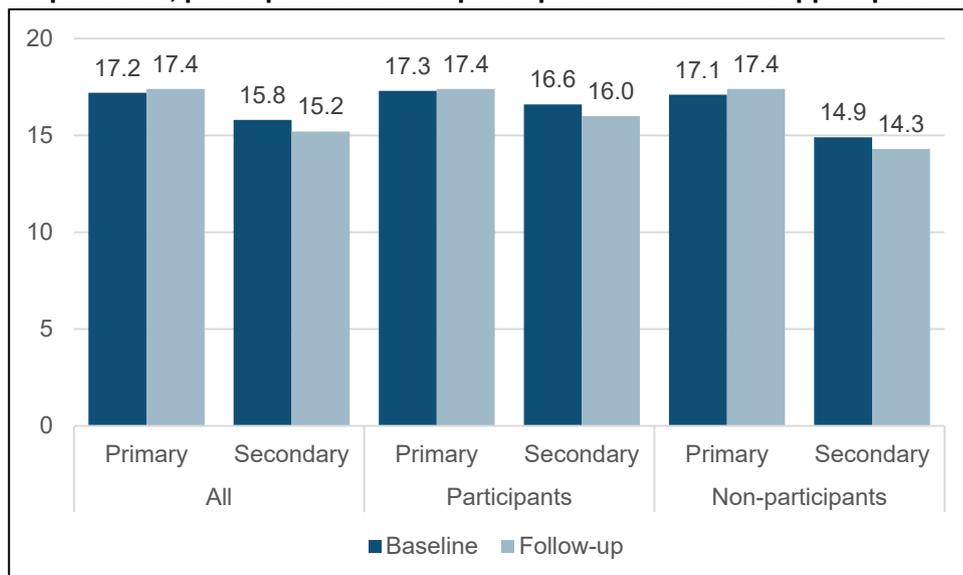
Base: Total sample: Primary school=354, Secondary school 330;
 Participants: Primary school= 228, Secondary school= 174;
 Non-participants: Primary school= 126, Secondary school= 156.

Figure A3: SRS Family connection sub-scale mean scores, primary and secondary school, by all respondents, participants and non-participants in the Peer Support pilot



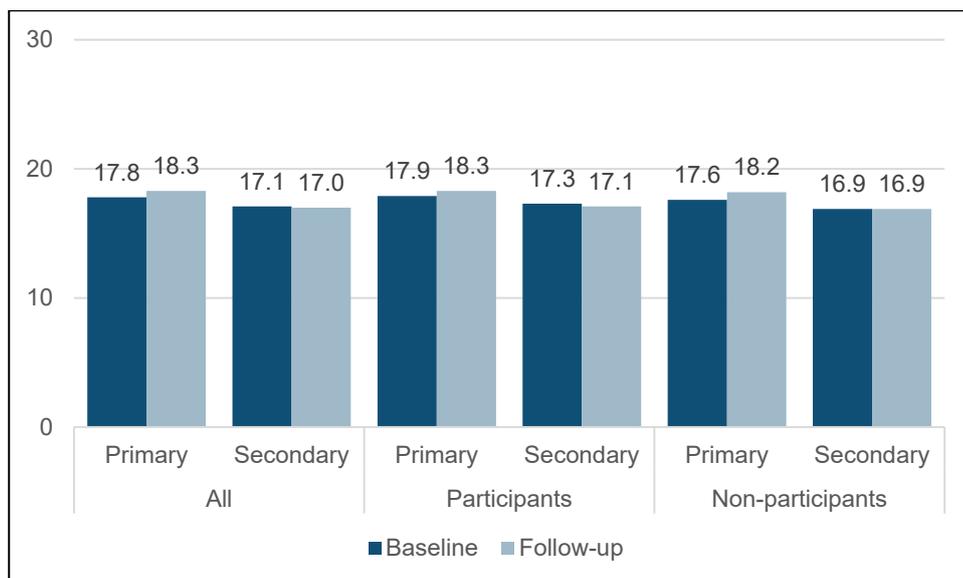
Base: Total sample: Primary school=375, Secondary school 355;
 Participants: Primary school= 246, Secondary school= 185;
 Non-participants: Primary school= 129, Secondary school= 170.

Figure A4: SRS School connection sub-scale mean scores, primary and secondary school, by all respondents, participants and non-participants in the Peer Support pilot



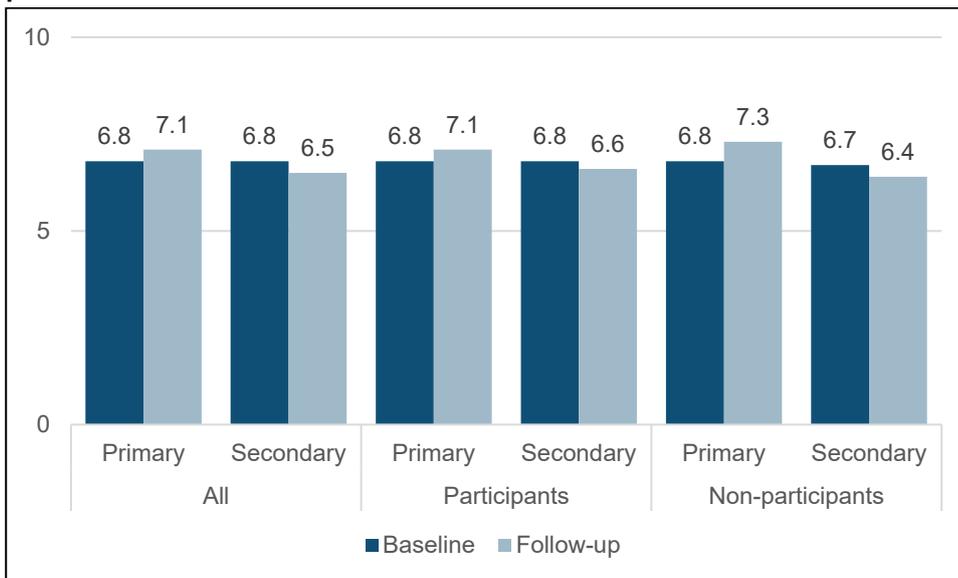
Base: Total sample: Primary school=301, Secondary school= 351;
 Participants: Primary school= 200, Secondary school= 183;
 Non-participants: Primary school= 101, Secondary school= 168.

Figure A5: SRS Community Connection sub-scale mean scores, primary and secondary school, by all respondents, participants and non-participants in the Peer Support pilot



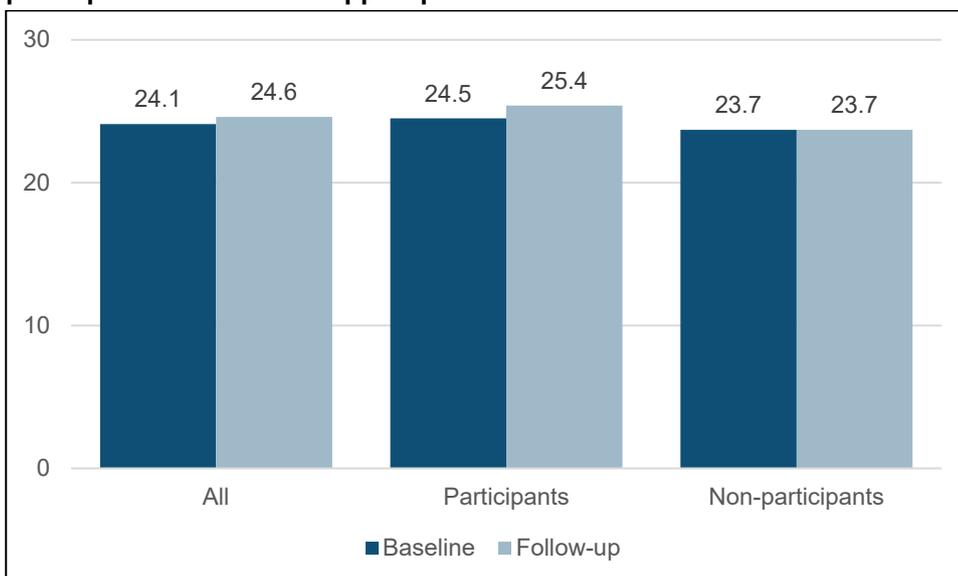
Base: Total sample: Primary school=373, Secondary school 350;
 Participants: Primary school= 249, Secondary school= 184;
 Non-participants: Primary school= 124, Secondary school= 166.

Figure A6: SRS Participation in Community Life Away From School sub-scale mean scores, primary and secondary school, by all respondents, participants and non-participants in the Peer Support pilot



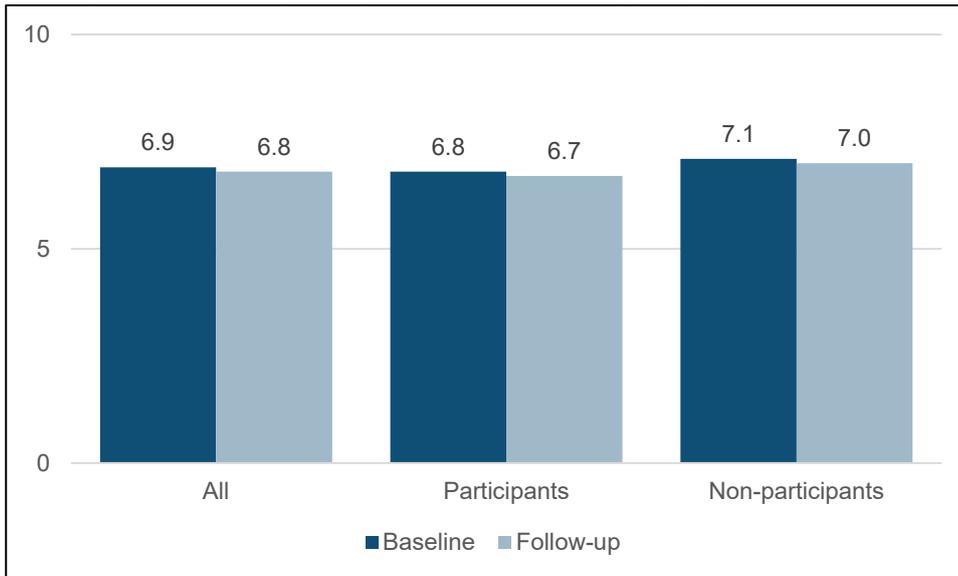
Base: Total sample: Primary school=361, Secondary school 353;
 Participants: Primary school= 237, Secondary school= 183;
 Non-participants: Primary school= 124, Secondary school= 170.

Figure A7: SWEMWBS, secondary school scores, by all respondents, participants and non-participants in the Peer Support pilot



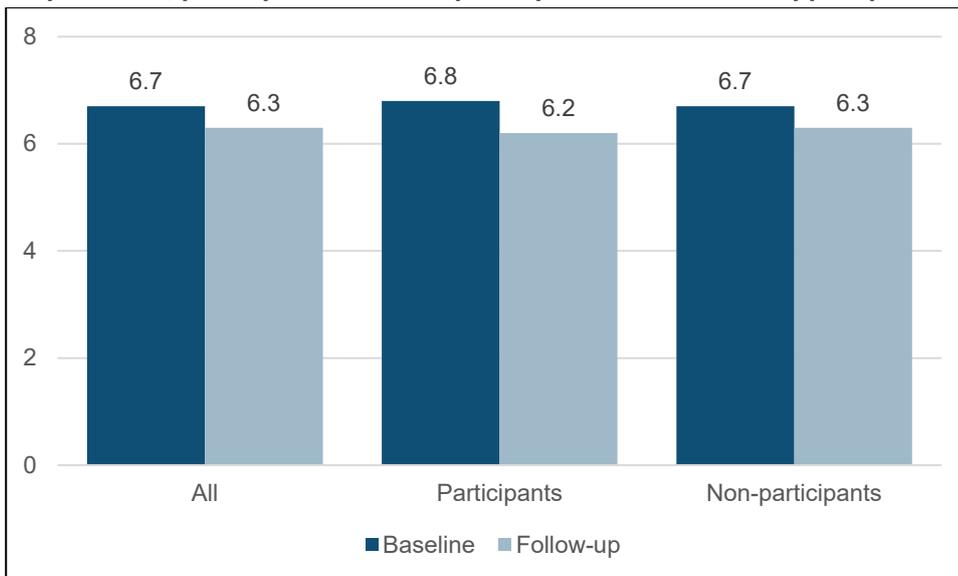
Base: total sample= 322, participants= 172, non-participants= 150.

Figure A8: Short Perceived Stress Scale, secondary school mean scores, by all respondents, participants and non-participants in the Peer Support pilot



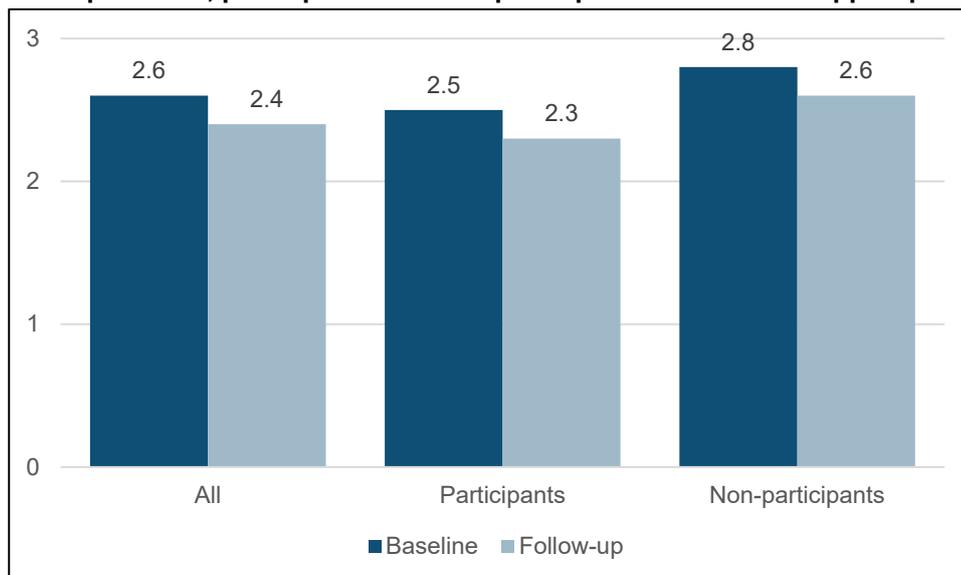
Base: total sample= 354, participants= 183, non-participants= 171.

Figure A9: Me and My Feelings Emotional Difficulties sub-scale, primary school mean scores, by all respondents, participants and non-participants in the Peer Support pilot



Base: total sample= 366, participants= 240, non-participants= 126.

Figure A10: Me and My Feelings Behavioural Difficulties sub-scale, primary school mean scores, by all respondents, participants and non-participants in the Peer Support pilot



Base: total sample= 367, participants= 240, non-participants= 127.

Table A11: Emotional difficulties clinical cut-offs, primary school, by all respondents, participants and non-participants in the Peer Support pilot

| Scale | All | | Participants | | Non-participants | |
|----------------------------------------------------|--------------|--------------|--------------|--------------|------------------|--------------|
| | Baseline | Follow-up | Baseline | Follow-up | Baseline | Follow-up |
| No clinical difficulties (scores 0-9) | 77% | 81% | 75% | 82% | 79% | 81% |
| Borderline difficulties (scores 10 and 11) | 14% | 11% | 15% | 10% | 11% | 13% |
| Clinically significant difficulties (scores 12-20) | 9% | 7% | 9% | 8% | 10% | 6% |
| <i>Base (total sample)</i> | <i>(366)</i> | <i>(366)</i> | <i>(240)</i> | <i>(240)</i> | <i>(126)</i> | <i>(126)</i> |

Table A12: Behavioural difficulties clinical cut-offs, primary school, by all respondents, participants and non-participants in the Peer Support pilot

| Scale | All | | Participants | | Non-participants | |
|----------------------------------------------------|--------------|--------------|--------------|--------------|------------------|--------------|
| | Baseline | Follow-up | Baseline | Follow-up | Baseline | Follow-up |
| No clinical difficulties (scores 0-9) | 91% | 90% | 92% | 91% | 89% | 90% |
| Borderline difficulties (scores 10 and 11) | 4% | 5% | 4% | 5% | 5% | 5% |
| Clinically significant difficulties (scores 12-20) | 5% | 5% | 4% | 4% | 6% | 6% |
| <i>Base (total sample)</i> | <i>(367)</i> | <i>(367)</i> | <i>(240)</i> | <i>(240)</i> | <i>(127)</i> | <i>(127)</i> |



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