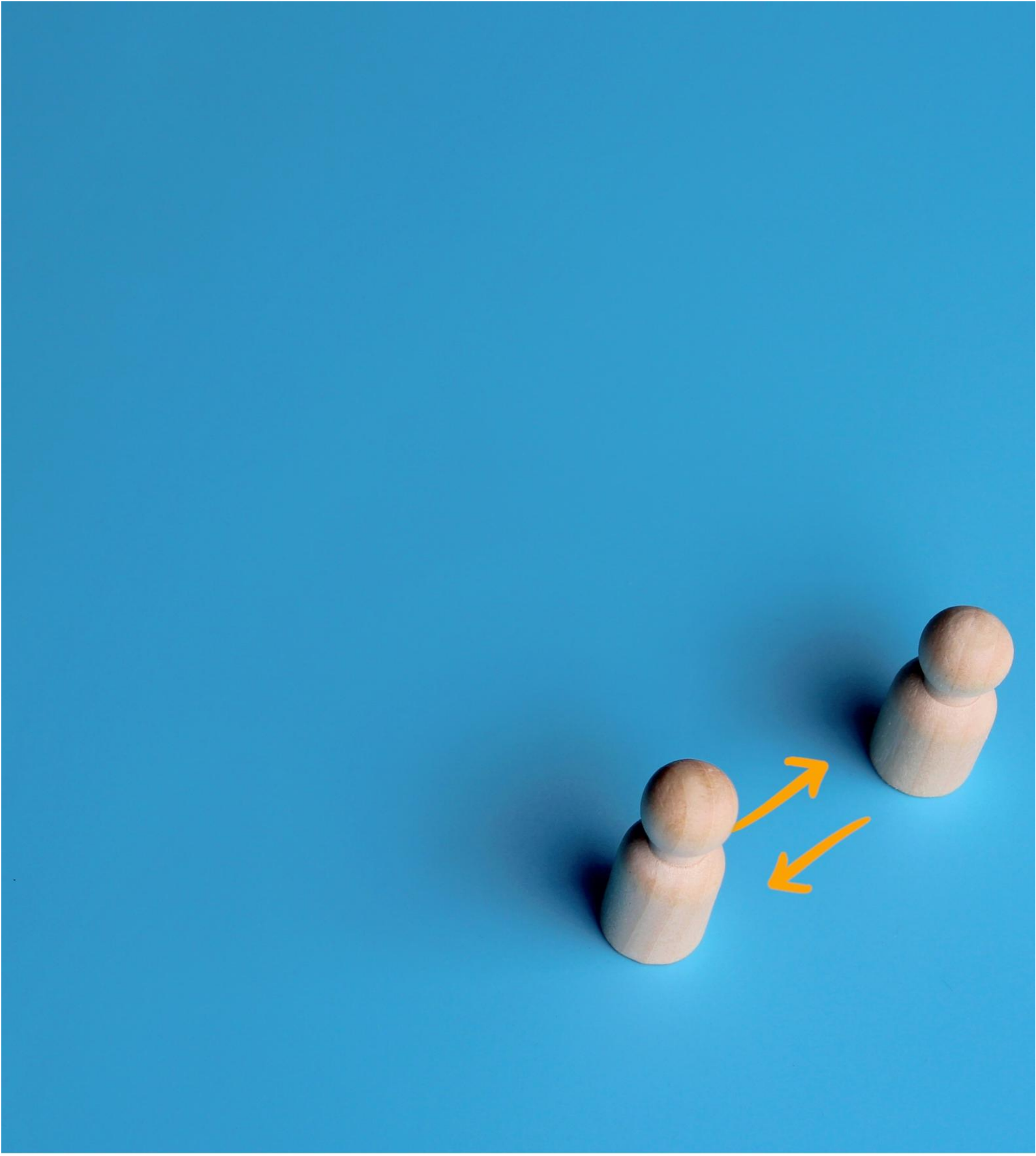

Peer Support on the Changing Futures Sussex Programme

April 2025

revolving doors

Acknowledgements

Thank you to everyone who took the time to share their views and experiences for this report, and to all those who supported the recruitment process. This report would not have been possible without the input and feedback from staff and individuals receiving support across Changing Futures Sussex. We would also like to thank Jo Rogers and Andree Ralph for their support and guidance throughout the project and Rosie, who provided valuable insight to inform the research design through her peer researcher role.

About Revolving Doors

Revolving Doors is a national charity that aims to break the cycle of crisis and crime. We focus on the 'revolving door' group: those who have repeat contact with the criminal justice system whose behaviours are largely driven by unmet health and social needs. These include combinations of problematic substance use, homelessness, mental ill health, neurodivergence and domestic abuse, often referred to as 'multiple disadvantages'. We combine policy expertise, independent research and lived experience to champion long-term solutions for justice reform that make the revolving door avoidable and escapable. We do this by working alongside national and local decision-makers. Revolving Doors were commissioned by Changing Futures Sussex to produce this research report.

Contents

1. Introduction

This report outlines the findings from a research project that sought to explore the difference that having Peer Workers has made within support services and multi-disciplinary teams as part of the Changing Futures Sussex programme.

About Changing Futures Sussex

Changing Futures Sussex (CFS) is one of 15 local partnerships across England that are part of the national Changing Futures Programme, which is funded by the Ministry of Housing, Communities and Local Government and the National Lottery Community Fund. The programme aims to improve outcomes for adults facing multiple disadvantage by testing new ways of bringing together public and community sector partners, to deliver improvements at individual, service and systems levels.

In this context, multiple disadvantage is defined as experience of three or more of the following challenges: homelessness, substance use, mental health issues, domestic abuse, contact with the criminal justice system.

The programme's intended improvements are defined by the Ministry of Housing, Communities and Local Government as:

- To stabilise and then improve the life situation of adults who face multiple disadvantage.
- To transform local services to provide a person-centred approach and to reduce crisis demand.
- To test a different approach to funding, accountability and engagement between local commissioners and services, and between central government and local areas.

CFS is one of the largest Changing Futures programmes, covering Brighton & Hove, East Sussex and West Sussex, the former of which is a unitary local authority whilst the latter are both two tier local government areas.

In April 2024, CFS comprised a programme team of eight, with a further 32 client-facing staff across 15 organisations, 11 of which were Peer Workers, working across 4 organisations.

More information can be found here.

2. About the research

In Summer 2024, Revolving Doors was commissioned by Changing Futures Sussex to conduct a research project that aimed to better understand the role that Peer Workers play in the service effectiveness and achieving positive outcomes for clients, and how they complement other types of professional support. It is hoped that the findings inform future service design and funding decisions.

Methodology

This was a small-scale research project that combined secondary and primary research methods conducted between July 2024 and January 2025.

To begin, a rapid literature review was conducted to collate the existing evidence from the United Kingdom on the impact of peer support for individuals with multiple, inter-related needs. This allowed us to contextualise the primary research and compare the research findings to the wider evidence base.

Alongside this, we conducted interviews with Peer Workers, wider staff from the Changing Futures Sussex Programme and Peer Workers' clients. 18 interviews were conducted online and five by telephone. Table 1 below provides a breakdown of our interview sample.

Table 1: Interview breakdown

Interview type	Number completed
Peer Worker	8
Wider Changing Futures staff member	9
Client	5

For each type of interview, a different semi-structured topic guide was used to allow us to address the research questions whilst providing scope to explore emerging topics and for flexibility based on the interviewee's different roles and experience.

With permission, interviews were recorded to allow us to obtain verbatim quotes and keep an accurate record of the discussion. Interviewees were provided with information about the research and the arrangements for the use, storage and anonymisation of data in advance.

Interview data was coded using NVivo software to identify emerging themes and map findings against the different research questions. Quotes included in this report have been labelled to show the interview type. We have chosen not to use more specific identifiers for each quote to strengthen anonymity in this small respondent sample.

We worked with a **peer researcher** on the project design. This individual was based in Sussex and familiar with the service. They co-designed the research materials to help us ensure that the questions were accessible and that they got rich and relevant responses.

Limitations

We designed a short online and paper survey for CFS clients who had and had not received peer support to allow us to directly compare experiences and outcomes, and to support recruitment and topic guide development for client interviews. However, this received minimal responses, which meant that we had less data to draw conclusions from than initially planned.

We also spoke to less clients than planned, in part because we were unable to identify individuals who were happy to take part in further research through the survey, and because we were relying on busy Peer Workers to obtain consent for us to contact clients about the research. This research was happening at the same time of multiple other research projects commissioned by the Changing Futures Sussex team, which occasionally created confusion and led to some respondents feeling burdened by different research related asks.

Lastly, the interviews with clients who had received peer support were arranged by Peer Workers. Therefore, those who agreed to take part may represent more positive cases.

3. About peer support on the Changing Futures Sussex programme

Peer support is understood as services that are delivered by individuals who have common life experiences with the people they are serving.[1]

Bradstreet[2] outlines three types of peer support:

- informal (naturally occurring)
- participation in peer-led services, and
- intentional peer support (IPS) which involves creating specific paid or voluntary roles within professional organisations for those with lived experience of the issues at hand.

Peer Worker roles across Changing Futures Sussex (CFS) are full and part-time paid positions. Having **paid positions with clear roles and responsibilities** was felt to be important in helping to professionalise the Peer Worker positions and to demonstrate that having lived experience was a 'specialism' itself.

> **"It's legitimised the roles…they've got an e-mail address, they've got an ID badge, they've got a job title…a job description, they feed into contract monitoring, whereas when the [role is] voluntary, it's all very much like will we see 'Bob' today…he might not come in today. There's a specific rota."**
> Staff member, programme team

Peer support discussed in this report is an example of intentional peer support as these roles have been created as part of the programme design, and **the intention was that the positions would be embedded into the programme and a central part of the delivery team**.

> **"It [peer support] just had to be an integral part of the programme. When we started putting together our sort of mission statement, our purpose, how we were going to work in the very early days, that was almost like a key pillar of everything, that has to be there. And if it's not there, why not? It's not like it's an afterthought or we should shove this in…It needs to start with it there really."**
> Staff member, programme team

Due to concerns about the potential for negative impacts on peer workers wellbeing, there was a desire to identify host organisations that had the ability to support Peer Workers appropriately.

> **"It's not just about having a role on a team that thinking about what's behind that, what's the support, what's the organisation sitting behind that role."**
> Staff member, programme team

[1] The Substance Abuse and Mental Health Services Administration (2015)
[2] Bradstreet S. (2006), Harnessing the 'Lived Experience': Formalising Peer Support Approaches to Promote Recovery, *Mental Health Review Journal* 11 (2), pp.33-37

During the research period there were 11 Peer Worker positions on the CFS programme: four in Brighton, four in East Sussex and three in West Sussex (across two different organisations). Their job titles differ depending on the organisation that they work for, and include Peer Worker, Peer Support Worker, Lived Experience Navigator and Peer Navigator. In addition, in Brighton there is a dedicated Peer Team Leader and in East Sussex there is a Lead Peer Navigator who works four days a week and provides line management support as well as supporting clients.

The **job descriptions for these posts were co-designed** by the CFS Lived Experience Network[3], delivery teams and Experts by Experience who volunteer on the programme. Each organisation hosting Peer Workers adapted these, but broadly the intention was that these roles would:

- deliver personalised support on an outreach basis,
- create links with other local stakeholders and organisations and,
- collate the necessary feedback and data to support the programme to monitor progress.

Peer Workers sit within multidisciplinary teams that include social workers and nurses who are also working with CFS clients.

> **“It’s part of your kind of toolbox of options for that person. It's like do they need a social care assessment…do they need a capacity assessment? Do they need a peer support worker? Do they need substance misuse support? It's part of the range of specialisms in the MDT.”** Staff member, programme team

Peer Workers’ caseload size varies both because of the organisation that they work for and due to the needs of people that they are working with. For example, a Peer Worker explained that someone might require a days’ worth of support each week, whilst they will see another person for a coffee once a week. Individuals’ needs also fluctuated, which meant that it was difficult put an exact number on an optimal caseload size.

[3] This is an online community of practice where those with lived experience of multiple disadvantage and those working with this group across Sussex. Find out more here: https://www.changingfuturessussex.org/lived-experience-network

4. Establishing the Peer Worker roles

This section outlines reflections on the recruitment of Peer Workers on the Changing Futures Sussex (CFS) programme. The key findings can be summarised as follows:

- Individuals with a range of skills and experiences were recruited. Some Peer Workers previously volunteered at a host organisation, which was key to their decision to apply for the position and in them being successful.
- A challenge has been delays caused by vetting processes.
- As each host organisation interpreted the initial job description differently, a lesson learnt has been to be more explicit about which aspects of the role are key and where there can be flexibility in the future.
- It was suggested that the job adverts should be more explicit about what is meant by multiple disadvantage and client needs, as well as the admin and data collection responsibilities, so that candidates are better prepared. An information session for people to hear firsthand about the role and ask questions was also recommended to support the recruitment process.

Designing and advertising the roles

Although one Peer Worker role description was initially developed for the whole programme, **the commissioning process led to providers interpreting this differently and creating their own job descriptions and salary scales**: something that also reflects the nature of a programme being delivered across several organisations and areas. Therefore, it was suggested that in the future there would be benefits in the central programme team being more explicit in what aspects were key principles and where flexibility was possible.

> **"If we have our time again, if we can, we need to have one job title. I think there's an opportunity to work with the organisations that we're funding to say this is what we'd like them to be called…I understand about having to change your language to meet the needs of the environment that you're in. But in terms of being clear and cohesive, we just need the same job titles."**
> Staff member, programme team

Furthermore, it was suggested that the job adverts could be **more explicit about what is meant by multiple disadvantage** and the kinds of needs clients might have, where this was not initially the case, and to **make the admin side of the role more explicit**, as the data collection tasks have proved challenging for some Peer Workers.

> **"Each individual is different. So I think it needs to be clear if you're working with people that are complex."** Staff member, MDT

A Peer Worker also felt that organisations should put **more emphasis on welcoming applications from people with particular life experiences** because they were aware of people who thought that they could not apply because of their 'history' and contact with the criminal justice system.

The Peer Worker roles were advertised on the CFS website, delivery partner websites and through different lived experience groups that programme staff were connected to. As CFS developed, it was possible to include more information about the programme in job adverts so that prospective candidates could understand more about this.

It was explained that the roles were live for longer than normal to give people additional time to apply. During the recruitment process it was apparent that many people did not want a full-time role, so they were able to offer part-time opportunities instead.

A suggestion made by a Peer Worker was to **offer an information session about the role and what it involves** to support the application process and make this less daunting for people who may have never been interviewed before.

> **"Maybe half a day about exactly what the role is so people have more understanding, because a lot of the guys coming into peer [roles] haven't worked. They don't really know what they're signing up for…people would know exactly what they're getting into."** Peer Worker

Recruitment processes

There was a recruitment panel with different members of staff and individuals from the programme's Expert by Experience group, where possible.

The **interview questions that focused on values were popular** amongst Peer Workers who took part in the research.

> **"We were assessed on our sort of core beliefs and values and I really liked that. I liked answering the questions and I liked that the team were interested in that. I thought that was a very important part of it…"** Peer Worker

An issue that delayed the recruitment was vetting processes, and there were several examples of individuals having to wait a long time to begin their roles because they were waiting for their DBS clearance, which is used to check a potential employees criminal record. In one case this took ten months, which risked the position being withdrawn. This issue has come up many times in Revolving Doors wider research and appears common amongst third sector organisations working in the criminal justice sector.[4]

> **"It took a really long time to recruit [Peer Worker] because of his DBS. So that's the other challenge with this…if someone has never had a job before, never had a DBS before, getting someone into that role can take six or more months."** Staff member, programme team

> **"The DBS took six months to come through, if not longer…we were dying to get into the job. And I guess there was that feeling, because we were waiting, of**

[4] Criminal Justice Alliance (2023) Collective calls for a full review of MoJ vetting processes

> **'should I move on from this' because I was a bit worried that I wasn't actually going to get the role.** Peer Worker

Identifying and supporting suitable candidates to apply

It was felt that the recruitment process had helped to identify a **range of individuals with different skills and experiences** who could all bring different perspectives and attributes to the CFS programme.

> **We recruited the right people I think because there was a good mix of individuals, they're all a bit different from one another and so that's it's created a kind of team that's got more strings in its bow, as it were.**
> Staff member, programme team

A couple of the provider organisations that hosted peer workers as part of the programme had **existing peer mentoring volunteering schemes**, which meant that there was a pool of individuals that had relevant experience and training from which to recruit from.

Peer workers who had progressed from voluntary to paid positions with a provider organisation explained how the **support they received was key to them applying and being successful.**

> **This was the first job I applied to after recovery and it was really daunting…without the hand holding that I got from [host organisation] I probably wouldn't have proceeded with it.** Peer Worker

An interviewee also reflected that for people who were volunteering in peer support roles, it was quite a big jump to a paid support worker role, so having a paid **Peer Worker position proved to be a useful stepping stone** to help people progress their careers**.**

> **I've spoken to lots of people who've done peer roles or lived experience roles and they've said that often they go into a traditional sort of support role and then they can't stand it and they quit.** Staff member, MDT

A challenge discussed was dealing with the disappointment amongst those who had been unsuccessful in their application, especially when they had an existing relationship with the host organisation. It was considered helpful for certain staff to not be part of the interview panels so that there was not a conflict of interest, and so they could support those they had existing relationships with. Going forward, a respondent reflected that formally including follow up support for those who were unsuccessful around things like mentoring practices may be helpful.

5. Implementation of the Peer Worker roles

Below is a discussion on how the Peer Worker positions have been integrated with the wider programme delivery, including the training and support available to Peer Workers. The main findings have been that:

- Having paperwork and processes in place before the roles went live was considered important to successful implementation, as was ensuring that wider programme staff understood what Peer Workers did and the benefits of peer support because this enabled suitable client referrals. Training led by Peer Workers helped with this.
- There was training as part of Peer Workers induction and examples of Peer Workers accessing further training opportunities through grant and programme funding. There was preference for more practical, 'hands on' training amongst some Peer Workers.
- Reflective practice has been available, but there were mixed views about the group setting, and some peers struggled to find the time to attend support and training sessions whilst also supporting clients.
- Peer Workers felt well supported when they worked alongside at least one other Peer Worker and had a team leader or senior staff member who could dedicate time to line management. Support for Peer Worker wellbeing has been particularly important as they deal with difficult and upsetting situations. Co-location with the wider MDT helps Peer Workers access advice and guidance quickly.
- The administration and data collection requirements of the role proved challenging for some, and peers explained that it could be difficult to make sure clients were receiving all the help they needed whilst also fulfilling these other responsibilities.

Integrating peer support within the wider CFS programme

The **importance of getting the paperwork,** including data sharing agreements and a Memorandum of Understanding, **in place at the start was highlighted**, so that all partners acknowledged the importance and necessity of the roles and so the processes were in place to allow them to do their job successfully.

> **"Before you start recruiting, you get the table laid, you get it ready.. And I would say that for any role."** Staff member, programme team

Linked to this, many respondents spoke about the **importance of programme staff understanding what peer support is, and what is and is not the responsibility of Peer Workers**. This was considered important in enabling suitable referrals and ensuring that Peer Workers were treated fairly by other team members. Having the wider team in place, and that team being prepared to work alongside peers, before recruiting Peer Workers was also highlighted as a lesson learnt. When Peer Workers were in post before other MDT staff had been recruited this led to delays in peers having caseloads.

> **"The team readiness thing I think is really important because alongside that comes the element of trust in the Peer Workers as well because they need to be**

> **able to be trusted in their decisions and their opinions as much as any other member of the team.”** Staff member, programme team

Where there was misunderstanding, there were examples of unsuitable referrals and of Peer Workers being asked to fulfil inappropriate tasks such as building repairs and sitting on reception.

Training led by Peer Workers about what they do and why this is important was felt to have helped improve the suitability and rate of referrals, as well as ensuring that these roles were valued. For example, a Peer Worker commented that they felt that this had helped to increase understanding amongst their colleagues about how they support clients and what makes peer support unique, and a wider team member noticed that referrals for peer support increased after this.

> **“Recently we've done a training session with the wider MDT and so I think there probably might have a better idea [about peer support] now.”** Peer Worker

> **“It's [the training about peer support] been so eye opening to the team. I've noticed a huge monumental shift in the amount of people approaching for peer support.. So they're like oh my God, I really get it now…you can't just shoe it in and say we've got some lived experience workers please put in a referral, that's only going to be understood in terms of what people know [about lived experience]…unless you actually allow them to share to some degree what it is that they are about and what they know and how passionate they are. ”** Staff member, MDT

Overall, it was also reflected that it **was important to have more than one Peer Worker at an organisation**, so they could support one another but also to add credibility to these positions.

> **“You can't just have one [Peer Worker]. I think you need to have two. So they can support each other…it just gives a little bit more gravitas to their roles as well, doesn't it? So instead of a lone voice in a in a very big crowd, they're two voices, which makes it stronger I think in terms of them representing the lived experience perspective.”** Staff member, MDT

Where a Peer Worker had been the only person in that type of role at an organisation they felt that having a wider team to run ideas past and raise concerns with would have improved their experience.

> **“Support isn't about people aren't coping or they're relapsing necessarily. It's more about having the wider team to bounce off ideas with. You know, if you're struggling to get a hold of a service, can you help me? More peer support workers.”** Peer Worker

Training and support for Peer Workers

A review of the literature on peer support in mental health services outlined that careful training, supervision and management of those providing peer support is required.[5]

On CFS, **Peer Workers completed mandatory training as part of their induction and have access to ongoing reflective practice**. There were mixed views of this, with some finding this helpful and others preferring one to one rather than group support.

> **"Those [group] settings can feel quite unpredictable. You don't know what's coming, it can make you feel very vulnerable."** Staff member, MDT

A challenge has been providing wider support, such as reflective practice and group training, for those who are working part time because quite often the days they do work are filled with supporting clients.

> **"I haven't attended that for about four months, I've been too busy… to me it's about client work."** Peer Worker

Some of the mandatory training that peer workers attended was less popular and a reason given for this was that it was found to be less practical than they would have liked. In response a manager developed scenario-based training which was found to have worked well.

> **"What they're saying is they want to know what's actually going to help them practically."** Staff member, MDT

This reflects Revolving Doors previous research about training, volunteering about employment for those with experience of multiple disadvantage in Manchester, which found that many people preferred 'learning by doing' and 'non-traditional' options rather than classroom-based learning.[6]

In Brighton, the provider has been able to access grant funding from Health Education England for Peer Workers to access peer support training from the training provider Imroc.[7] Health Education England also then provided further funding (£3,300 per trainee) upon completion of the eight-week course. To date, one Peer Worker has used this funding to access therapy training, one is applying for a counselling course, and another is exploring using this to purchase a laptop to access training opportunities and develop their IT skills. There was also an example of a Peer Worker starting an educational qualification, which was part-funded by the CFS programme.

[5] Repper J. and Carter T. (2011), A review of the literature on peer support in mental health services, Journal of Mental Health, 20(4), pp.392-411
[6] Revolving Doors (2022), Pathways into training, volunteering and employment for people with personal experience of multiple disadvantage in Manchester
[7] https://www.imroc.org/

One lesson learnt, from the different team structures around the Peer Workers was that **having a senior role or team leader physically present to support the Peer Workers is important**. This is because they can be available to check how Peer Workers are but also support them with administration tasks or any immediate concerns.

> **"There's loads of new things that [Peer Workers] are being asked to do that they've never been asked to do [before]. They're constantly being asked to prove themselves…So someone needs to kind of reassure them and hold all of those concerns. And just the emotional side of it too, I think that's the key…you need a team leader to support emotionally."** Staff member, MDT

> **"We got loads of support, so we have an amazing manager for the peer support team who took us through a very gentle process of introducing us to the team, introducing us very slowly to client situations and also we had a lot of online training…We've got shown how to do it. We had incredible support and it continues to be like that."** Peer Worker

> **"There's times that I've thought due to like home stuff, that I might not be able to continue in this role, but it's my manager that I had, because he's so good and so supportive and so flexible, I'm able to continue in my role."** Peer Worker

There was also agreement that **Peer Workers working from the same location as the rest of the multidisciplinary team was beneficial for all involved**. This allowed them to get advice and informal support from colleagues throughout the day, which was considered particularly important for those who had not been a workplace environment for a long time.

> **"We've got the advantage of [Peer Workers] being co-located with the rest of the team, so they're there and they can actually debrief with anyone at any point. So there are lots of opportunities for them to reflect on the work and to talk about the experiences they've had."** Staff member, programme team

A team leader believed that it was **important to acknowledge Peer Workers lived experience and discuss their wellbeing and development**, rather than just focusing on clients. This appears particularly important as Peer Workers explained that they have worked with clients who have expressed feeling suicidal and others that are 'very unwell', which is difficult to deal with.

> **"The team have been through a kind of journey…You can't just ignore their context, really… I don't think to sit down and just say, how are you? Yeah, I'm all right. OK. Let's talk about your clients. What are they up to? What actions are you doing? I think that was just such a missed opportunity."** Staff member, MDT

> **"You know that recovery is possible, because we're living it, and it's frustrating, you kind of want to get them and shake them and be like just do this. You know it works. So I I find that challenging and because we are sensitive souls and we've got that personal relationship with [clients]… they say don't take work**

> **home with you, but it's hard not to. Sometimes it's so hard in this role. You do worry.** Peer Worker

Where people have left their positions as Peer Workers, a reason for this was that they **struggled to manage the role alongside other things going on in their lives.** For example, one Peer Worker began a full-time position as they moved out of temporary housing and into their own accommodation, which proved 'a little bit too much'. Others had left due to family circumstances or reasons linked to their health and wellbeing. Consequently, some peers reflected on the importance of being further along in your recovery to be able to reduce the risk of being triggered and relapsing.

> **People that are far in their recovery, because I think that's unfair on people that are not to do that [be a Peer Worker]…People know that we want to give back and help. I'm all for that…but you have to put yourself first.** Peer worker

As previously mentioned, the data collection aspects of the role also proved challenging for some Peer Workers, with many referencing the sheer volume data they have to record and how they find this difficult.

> **A couple of [Peer Workers] just got into it and didn't realise that like the admin side for example…the data collection because we're a research programme … it's huge and if you don't understand or you've never done that stuff doesn't mean you don't have the skills to be a peer at all. But the other stuff is very daunting. It's overwhelming for me…** Peer Worker

> **Peer support workers have really struggled with the level of monitoring the amount of recording needed and how much data capture and how much time on a computer is needed. I think a lot of them have not really enjoyed that part of the work at all and that has required some additional support.**
> Staff member, programme team

Linked to this, some Peer Workers **struggled to manage the different requirements of the role**, an issue exacerbated by their desire to make sure they were helping their clients.

> **You start getting behind and then feeling really sort of anxious about your workload because you can't keep up and then you're not doing the quality of work that you know you could do with the clients. That's where good management comes in. But I still sometimes take on too much and then get behind…** Peer Worker

6. Support provided by Peer Workers

This chapter outlines the different types of support Peer Workers to Changing Futures Sussex (CFS) clients, and highlights what makes this unique. We found that:

- There are many ways that Peer Workers help their clients. This includes encouraging initial and ongoing engagement with the CFS programme and wider services and providing advocacy and signposting.
- It is evident the Peer Workers ability to provide informal and flexible support is unique and helps them to build trusting relationships with clients. This is made possible with small caseloads and the fact that peers can give clients choice and do not have to place expectations on clients (like statutory service staff might have to).
- Access to a personalisation budget also helps peers when they are spending time with clients and trying to address their needs.
- Challenges associated with providing peer support on the CFS programme included Peer Workers' ability to maintain boundaries and 'say no' and the negative impact on peers' wellbeing that working with people in difficult situations can have.

Allocating caseloads

The amount of people receiving peer support on CFS has varied over time, reflecting wider programme numbers. **In January 2025, 54 people were receiving peer support** – 18 in each area.

Table 2: Peer Worker caseloads, January 2025

Area	Peer support caseload (current)	Entire caseload (current)	% of caseload accessing peer support (current)
Brighton & Hove	18	57	32%
East Sussex	18	28	64%
West Sussex	18	46	39%
Totals	54	131	

There is not a particular criteria that makes clients eligible for peer support. Instead, this process was described as 'organic' based on recommendations from other MDT staff, informal interactions between Peer Workers and CFS clients, or where it is identified that a Peer Worker may be able to help with a particular issue a client is struggling with. Demographics, such as age and gender, and individual needs are also considered when matching Peer Workers to clients.

Furthermore, wider programme staff spoke about the need to not be overly risk adverse when it came to allocating clients to Peer Workers caseloads and instead ensure that the

range of people accessing CFS would be able to access the additional support, where this was considered beneficial.

> **"There's no reason why you should exclude certain clients from that offer. I think that as long as there's a really good infrastructure and a good professional support as well as peer support."** Staff member, programme team

It was also highlighted that often cases remain open, and that Peer Workers keep in touch with clients to let them know that they are there for them if they do want to talk to someone or access further (peer) support.

> **"We'll pull back and then we may go back in again. But we're always there and they know we're there. We may be texting them, we may be phoning them…"** Peer Worker

Supporting engagement with CFS and wider services

It was evident that Peer Workers play an important role in **encouraging initial and ongoing engagement with the CFS programme**. An example was provided of a woman who used to be on the CFS programme reengaging with services after others in her temporary accommodation suggested that she spoke to a Peer Worker and highlighted that she could be trusted. This person then approached the Peer Worker for help and is now working with the CFS programme again. Similarly, in a different part of Sussex, a Peer Worker was able to develop a relationship with someone who was rough sleeping who had accessed a local hub. As a result of this, they chose to engage with the CFS programme, and the Peer Worker has been able to find this person housing.

> **"I think he'd been going there for months, he didn't really want to speak to any staff and that's fine, there's no pressure to. But one of the peer support workers started speaking to him, so I think the fact that they've got a little bit more time, their approach is slightly different. Obviously they built up that trust and that relationship. And then they supported him to find accommodation."** Staff member, MDT

Research respondents outlined how Peer Workers encourage individuals to **engage with wider services too.** This included GPs, dentists, Jobcentre Plus and the Local Authority.

> **"I think my previous view was when people are in the chaos, they just need professional input, and when they're starting to recover then bring in peer support. But actually, peer support can be the thing that shifts the possibility of engaging with mainstream services. So I think for me that's really changed."** Staff member, programme team

Advocacy and signposting

This links to another key part of Peer Worker's role, which involved **advocacy and signposting** to relevant services. Peer Workers who took part in the research gave different

examples of where they had helped their clients to access further support and/or opportunities for development. For example, a client interviewed was being supported to access training courses and identify paid and/or voluntary work opportunities.

Another client who took part in the research explained how their Peer Worker went with them to appointments, which made them less anxious because this was something that they 'struggled with'.

Staff working within the MDT's noticed and were inspired by Peer Workers' advocacy and persistence when supporting individuals through difficult times.

> **"Just not letting things go on behalf of the clients who maybe don't have that voice themselves, and to be able to advocate. That's always an inspiring presence to be in."** Staff member, programm team

> **"Having people's back, I think is what I've noticed with a couple of the Peer Support Workers that we've got, even when things start unravelling and you think, oh good grief, here we go again. The advocacy still very strong."** Staff member, MDT

Informal support and being someone to talk to

Peer Workers also highlighted the **informal support** that they provide, such as going shopping with a client, and the importance of being a '**listening ear'**.

> **"I don't think they sometimes understand that we are really just there to be wherever they need to be on that day, in that moment, and when they realise that and that's when the relationship starts."** Peer Worker

> **"One of the things about peer support work is being able to do little things that make a big difference to people, it's small and continuous rather than large and clinical and expensive."** Staff member, MDT

This was echoed by clients, who explained that spending time with Peer Workers was a helpful distraction from issues that were worrying them.

> **"We used to go out for breakfast, something like that just takes my mind off of things that I worry about…"** Client

The CFS programme has a **personalisation budget** that all frontline staff across CFS, including Peer Workers, can utilise. This involves preloaded credit cards that can be used immediately when spending time with clients, for example to buy them lunch or a hot drink. This was felt to be important with engagement and relationship building, whilst also helping the programme to learn more about client support needs.

A Peer Worker who took part in the research explained that clients that they supported were on a 'rollercoaster' in terms of their recovery, and that peers 'go with them' on this journey, which can be 'up and down'. Peer Workers' 'non-judgemental' approach was considered key to their ability to build a relationship with people that they supported. This reflects a study by Parr (2022) which found that individuals experiencing multiple disadvantage considered non-judgemental and respectful approaches to be important elements of peer support.[8]

> **"We're with them and there's no judgement, if they if they fall off the waggon or they use again…we can't have that [judgement] because that will jeopardise a relationship."** Peer Worker

Practical factors that underline successful peer support

One reason that peer support on the Changing Futures Sussex was seen to be unique from other support available on the programme was the **flexibility** that peers had to work with clients in whatever way was suitable on that day.

> **"My most consistent client, I kind of tend to take them along to a meeting quite a lot at the recovery hub. So, we tend to spend quite a lot of time there…another day, it might just be a coffee or they might just want you to go shopping with them…it really varies…it depends on the client, on the day, on the time, what kind of mood they're in."** Peer Worker

> **"That flexibility is so important because that means that we can meet the needs fully of what that client wants on that particular day. We've got to be able to be spontaneous, depending on how those people are on that day."** Peer Worker

Linked to this, a wider team member believed that a reason for the success was that peers **give clients a choice, which is empowering**.

> **"It's all about support on their terms. As soon as you're starting to offer more choice and as soon as you're starting to say, okay, this doesn't work for you, why don't you try this? So as soon as you're offering more choice and you're taking away the 'you have to do XY and Z because we believe that's what's best for you' then people are going to feel more empowered, aren't they?"**
> Staff member, MDT

In addition, having **smaller caseloads** was considered important in enabling this flexibility which helped peers to meet clients' needs and build relationships.

> **"The client that you might just normally meet for a coffee, they're like, oh, I want to do this, or I want to do that. So, it's really important that we've got that flexibility…And because we don't have 20 clients that we've got five minutes**

[8] Parr, S. (2022) ''Navigating' the Value of Lived Experience in Support Work with Multiply Disadvantaged Adults', *Journal of Social Policy* p1-18

> **scheduled in with…[it] means that we can meet the needs fully of what that client wants on that particular day.** Peer Worker

> **If we didn't have the flexibility and we were saying we've only got an hour, sorry, we've got to go. The relationships wouldn't be forging at all.**
> Peer Worker

In comparison, some peers commented that other staff members delivering support have more restraints on their time and will require particular things from the person that they are working with, which can be off putting.

> **We don't come along with lots of statutory stuff and we don't have to be getting them through all these different service things that are going on. So that makes us very different to them as well. So they know that we're coming just as us, we don't bring a bag of stuff [that] we need to file, sort or get into tick boxes.**
> Peer Worker

Similarly, a staff member who shared feedback from a client who explained that they preferred working with a Peer Worker because they **do not place expectations on clients** and there is **no risk of negative consequences** if they miss appointments or do something wrong, which helps with their anxiety.

> **She said going to appointments or seeing her key worker, there's always a lot more anxiety or stress about doing it because it's a particular appointment time. There's expectations on you to be doing XY and Z. Obviously, the consequences of you not turning up for whatever reason could be quite big, in terms of your accommodation or if it's probation, for example, but she said the lived experience navigators, I don't have to worry about that. So if I've got a problem I don't feel embarrassed about going to them... It's that slightly more informal kind of approach which makes it so powerful.** Staff member, MDT

This was echoed by a client who explained that the difference between their Peer Worker and other staff was that he was more relaxed and informal. They later commented that they preferred their Peer Worker to other staff because he was able to joke around whilst also being serious when needed.

> **I like that he''s more laid back, like sometimes they [other staff] can be quite serious.** Client

> **All through the years I've been in foster care, everything, foster workers and social workers. He's [Peer Worker] been one of the best people I've worked with out of everyone. He's like on a level. Do you know what I mean? And he has a sense of humour, which is nice, and he can have a joke, but he can also be serious which is a good thing, I think.** Client

Clients who took part in the research acknowledged that their Peer Worker worked together with other staff, from the programme and at other local services, and they were positive

about this. For example, one client explained that their Peer Worker updates them when they have liaised with other staff about their circumstances and another client praised because this joint working because it meant that they did not get confused with 'different messages'.

> **"There was complete connectivity between my [different workers]…they worked perfectly in tandem with each other and everyone was up to speed."** Client

Challenges associated with peer support

An issue that has impacted joint working has been when peers had **delays in being able to access the shared database** to see notes about other meetings their client had. In one area, peers could only access the system if they were in their organisation's office due to an issue with their laptop's security settings. This proved frustrating as they often spent time with clients in the community, but this barrier has now been overcome.

Another challenge was related to **boundaries**, both in terms of peers' ability to make judgement calls about factors that might put them at risk as well as peers' ability to say no when they are at capacity or not able to do something for a client.

> **"That's another thing with a lot of peer navigators coming in, they don't have the boundaries to say no… They take on too much sometimes."** Peer Worker

> **"I think you can really then get yourself into a position of like just buying someone a burger because it's nice and they actually it becomes no longer a tool for engagement. Tough love is well within their toolkit. Some people don't like, don't like saying no."** Staff member, programme team

Supporting people in extremely difficult circumstances also could have a negative impact on Peer Workers own wellbeing. For example, one Peer Worker said that they had experienced the death of three clients in 18 months.

> **"It's horrible [client deaths]. I get really angry. It's an absolute waste. I get angry with the addiction, because obviously it touches stuff in myself."** Peer Worker

Other peers spoke about feeling disappointed and worried when clients progress stalled because of **factors outside of their control** and/or because they relapsed.

> **"We carry the hope for our clients, which is great but there are times when I feel pretty hopeless in myself, with the current financial social situation we've got."** Peer Worker

> **"When you get them to a place where they're doing really well and then they relapse or walk out the rehab or stuff like that, that's quite challenging, especially because you know that recovery is possible…we're living it…you kind of want to shake them and be like just do this. You know it works. So, I find that challenging and**

because we are sensitive souls and we've got that personal relationship with them. They say don't take work home with you, but it's hard not to. Sometimes it's so hard in this role. You do worry.” Peer Worker

7. Impact of peer support on the Changing Futures Sussex programme

This final section outlines the difference that peer support has made, at an individual level – for clients and Peer Workers themselves, at an organisational level and at a system level, thinking about the impact on the programme and wider services in Sussex.

- CFS was credited for putting peer support on the agenda and increasing the understanding of the purpose and benefits of this amongst programme staff and more widely in Sussex.
- Peer Workers helped clients to access support which improved their wellbeing and self-esteem and helped them make progress with their lives. This included getting them support to address their mental health needs and/or substance use.
- Peer Workers also played a role in helping clients build their support networks and feel part of a community, and motivated clients to make positive changes.
- By getting clients to appointments, Peer Workers helped them to access benefits and/or medication and helped to ensure they did not get into trouble with probation.
- Providing peer support improved Peer Worker confidence as they had the opportunity to develop their skills and learn from others. They now saw themselves as more than their lived experience whilst also recognising the value that this has.

Impact for the programme and beyond

One of the host organisations had not had paid Peer Workers before. However, because of the success of these positions as part of CFS, they are now **implementing their own paid peer support roles**. A staff member explained that the CFS programme had played a key role in putting peer support 'on the agenda' locally and making staff at all levels of the organisation think more about the role that lived experience can play. Furthermore, the experience of implementing the Peer Worker positions has also led to host organisations thinking about what support is needed for staff that have lived experience more generally.

> **"There's lots of informal peer support going on, which is amazing, but there was nothing more formal. So I think one thing that Changing Futures has done to help lived experience roles and the lived experience perspective is to really put it on the agenda. By introducing these roles…it just means that each department [is] talking about it a little bit more and there's been lots more conversations about [having] a lot of staff with lived experience…So we need to be thinking about that in all of our support for staff."** Staff member, MDT

There were also examples of Peer Workers facilitating training both at their host organisation and for staff at Brighton & Hove City Council. Such opportunities helped to **raise awareness of the purpose and benefits of peer support more widely** and gave the chance for more staff across Sussex to learn from the Peer Workers and their expertise.

> **"For the institution to see actually, these people have gifts to offer that benefit the whole system."** Staff member, programme team

> **"So I think the impact is huge, but I think the impact can only be huge if peer support is given the floor and put centre stage to share what it is that they know."** Staff member, MDT

Impact for clients

The research also demonstrated a range of outcomes for clients. Firstly, being able to support clients to attend appointments and get support resulted in **people getting the help they needed, which also led to improved wellbeing and self-esteem.**

> **"I would have definitely missed some [appointments] without [Peer Worker]."** Client

An example of this was getting clients **access to medication and ensuring they were taking this**. This reflects an evaluation of Groundswell's Homeless Health Peer Advocacy programme, which found that the support of peer advocates encouraged clients to engage proactively in their health management and resulted in a reduction in missed outpatient appointments.[9]

> **"As soon as people start attending appointments, they start to feel better about themselves."** Peer Worker

> **"Even down to taking her medication regularly. She's got psychosis. She's got anxiety through the roof. If she doesn't take that medication, she is at risk not only to herself, but to the community…now we're taking the medication consistently. It's a totally different person to work with."** Peer Worker

By connecting people with other services and development opportunities peers have also enabled clients to **build their support networks and feel part of a community.**

> **"They've learned how to connect with the community. Because we're taking people out and about, that's a scary thing for someone who's in the situation that they're in, even to just leave their flat. So it can be the tiniest thing and then it can be great…other things as well like doing courses, doing all sorts of things…"** Peer Worker

In addition, there have been **practical impacts of helping clients to attend appointments**. For example, where individuals are in contact with the criminal justice system, Peer Workers' efforts result in them not being recalled for missing appointments that were part of their

[9] Finlayson et al., (2016), *Saving Lives, Saving Money: How Homeless Health Peer Advocacy Reduces Health Inequalities*. London: The Young Foundation, Groundswell, Oak Foundation

license conditions. In addition, when Peer Workers make sure clients attended GP appointments this can be key to their ability to access detox support or rehab, and when Peer Workers help clients to attend Jobcentre Plus appointments this helps to ensure they receive benefits.

> **"I had a client a few weeks ago who was still asleep when I turned up at his emergency accommodation…I got it in the neck for waking him up and he wasn't happy but we got there and it was a good outcome, otherwise he would have had a warrant out."** Peer Worker

> **"If she did miss that Jobcentre appointment, she would not have had any benefits coming in before Christmas."** Peer Worker

Overall, there was consensus that peer support has helped people on CFS **make greater progress with their lives**. This progress included improvements in people's mental health, reductions in drug and alcohol use, access to medication and having access to their children again. An example was given of a women who had been accessing support from services in Sussex for a decade, who received peer support and now has moved on from the support, is living independently and seeing her daughter again.

> **"We've seen clients really open up to them in a way that they haven't been able to do with their other paid workers, their social worker for example. And so we've seen clients come on in their journey quite quickly as a result of direct peer intervention."** Staff member, programme team

> **"When we start with these clients, they're stuck. And the success that we get is if there's movement, and that movement could be huge, it could be sobriety, it could be discharge from the service or it could be going for a haircut. It could be going for a coffee, but it's movement and any movement is better than just being stuck."** Peer Worker

Another impact discussed was how Peer Workers can **motivate and inspire clients**. It was felt that Peer Workers can be role models for clients as their advice can influence behaviours and actions, whilst their position demonstrates that progress is possible and that negative past experiences can be used positively. For example, one client who took part in the research explained that they now want to be a peer worker themselves. This reflects the wider evidence base which shows that a reason why peer support is effective is because it demonstrates that recovery is possible to both clients and professionals.[10]

> **"The person starts to believe that it's possible for them to get to where the Peer Worker is… I might meet up with them to talk about something that's happened**

[10] See Barker, S. and Maguire, N. (2017), Experts by Experience: Peer Support and its Use with the Homeless, *Community Mental Health Journal*, 53; Finlayson et al. (2016) Saving Lives, Saving Money: How Homeless Health Peer Advocacy Reduces Health Inequalities; Gillard et al. (2014), Developing a change model for peer worker interventions in mental health services: a qualitative research study, *Epidemiology and Psychiatric Sciences*, 24

and they would say to me. I was about to do this and then I went to my room and I thought how would [Peer Worker] respond to this? Staf member, MDT

What I've noticed is that they now have hope. Before they were in such a dark place, but that by working with me, this is their words, is that they have hope, they want to get to where I went, in my role, to do what I do. They now have hope for their future, that it's possible to find recovery and they never had that before. Peer Worker

It's good to share and give them hope, and also to educate them that they're qualified now once they've reached sobriety, that's a qualification in itself and they can then pass it on. It turns that addiction, your past experiences, into a positive thing. Peer Worker

The below case study provides an example of the benefits of peer support and the important role this can play in helping someone address their problems with alcohol.

Case study – Peer Support being key to someone's recovery

Melanie* had been receiving support from CFS for the past couple of years. She explained that before this, she had struggled to get support with her housing situation and alcohol use.

[CGL staff member] put me in touch with Changing Futures and when he did that, everything changed. But before then there was absolutely nothing, and it wasn't for the want of looking because I really did want to change.

Although she was unsure why peer support was suggested at the time, she reflected that she understands why it this was done now, as it has been key to her recovery.

Having someone there with lived experience, someone that could keep me energised about my own recovery. It was an amazing experience and I understand now why they linked me up with that... I've got someone that was enthused about her [own] recovery. She didn't begrudge her recovery. She helped me with my recovery.

Melanie* felt that as well as having similar experiences, which she could learn from, she was motivated by having a Peer Worker who was 'invested' in her progress.

Although they're doing a job, they genuinely care, and you can tell when someone cares. If someone's invested in you it makes a big difference.

Her Peer Worker supported her to attend and have positive experiences of appointments, put her in touch with support services and opportunities locally, and was a listening ear.

It's being able to reach out to someone if I wasn't feeling too well.

Overall, Melanie* described her relationship with her Peer Worker as 'healing' and essential to her recovery.

> **"If she can do it, so I can I…without my peer mentor I know my recovery wouldn't be possible."**
>
> Melanie* is about to enter rehab for the next three months, before moving to a different part of England for a fresh start, something that her peer worker and other CFS start were helping to facilitate.
>
> *not real name

Impact on Peer Workers themselves

Wider staff observed **improvements in Peer Workers' confidence**, in themselves and how they interacted with colleagues and shared their viewpoints. A reason for this was that they were being seen as more than their lived experience, and instead they were viewed as valuable team members who were able to deliver high quality support to people.

> **"An enormous change in their confidence, an enormous change in seeing them approach other people in the MDT to speak about the client that they're working with and express the viewpoint of the client with authority…"** Staff member, MDT

It was felt that they now **saw themselves as equal with other staff in the MDT, rather than an add on,** and the increased value placed on peer support on the CFS programme had helped with this.

> **"I think that they no longer consider themselves as less than…how they felt in peer mentoring roles is a kind of add on, that doesn't feel as important as a support worker or as or as another position. Whereas I think they feel more equal now. Not that they didn't before, but I think they recognise it in this arena of being with professionals."** Staff member, MDT

Other factors felt to help with improving Peer Worker confidence included giving them the **space to share their ideas**, to **recognise their insights** and to provide them with the **chance to learn from other staff in the MDT and develop their skills**, which was another additional outcome.

> **"It's just giving them space and freedom, and acknowledging the insight and where that can lead to."** Staff member, MDT

> **"It's just the skills and knowledge that I've gained and once again that's helped with my own recovery because it's an ongoing journey…But the main thing I think is it's just given me my confidence back."** Peer Worker

Studies have also found that individuals who deliver peer support gain a sense of purpose and enhanced feelings of self-worth because they can turn negative experiences into

something positive and 'give back' to society.[11] This was echoed by Peer Workers interviewed, who explained how the role was **supporting their own recovery**.

> **"Being on the front line, being able to get out there and share what you know is so important to me, it is a great reminder of how life can be without recovery. So it strengthens my own recovery."** Peer Worker

Lastly, Peer Workers spoke about the importance of their **relationships with other Peer Workers**, which was particularly important when they were still going through recovery and/or experiencing mental health issues themselves.

> **"My mental health continues to not be the best and I've got these guys around me, they're lifesavers. Literally. I'm not lying. Lifesavers. I tell these guys stuff that goes on in my head that I wouldn't tell anyone else...Without these guys, I don't know if I'd be alive."** Peer Worker

[11] CFE Research and The University of Sheffield, with the Systems Change Action Network (2021), Involving people with lived experience in the workforce: workforce development and multiple disadvantage; Miler et al., (2021), What treatment and services are effective for people who are homeless and use drugs? A systematic 'review of reviews', *PLoS ONE* 16(7); Parr, (2022), ''Navigating' the Value of Lived Experience in Support Work with Multiply Disadvantaged Adults', *Journal of Social Policy*.

8. Conclusion

This report has outlined findings from research that sought to explore how having Peer Workers within support services and multi-disciplinary teams as part of Changing Futures Sussex (CFS) has impacted positive outcomes for clients.

The research demonstrated that **Peer Workers are a key part of multidisciplinary teams supporting CFS clients**. There are several factors that make Peer Workers unique compared to other support options. This includes the shared experiences that they have with clients, which helps them to understand where clients are coming from and inspire them or challenge them when necessary and to build up trust. In addition, **Peer Workers can work with clients in a more flexible way** because they have smaller caseloads and do not have particular expectations for clients, like statutory service staff might do.

The trust Peer Workers can establish with clients has resulted in the individuals they support engaging better in the CFS programme and accessing wider services based on Peer Workers guidance and signposting. It also appears that Peer Workers play a key role in clients having their needs met because of the advocacy provided and persistent approach that Peer Workers take.

Clients being supported by Peer Workers have range of complex and interacting needs. In some cases, Peer Workers are having daily contact with clients and are having to support people through challenging circumstances. Peer Workers who took part in the research spoke of the frustration and sadness that comes when clients have setbacks or are not able to access the necessary support from local services. Another challenge was that Peer Workers sometimes felt overburdened by administration tasks, which could take their time away from supporting clients and attending wider team meetings and training opportunities.

Where Peer Workers felt well supported, they worked for an organisation that had a team of Peer Workers and a dedicated team leader or line manager who was available to provide formal and informal support, both in person and remotely throughout the week. Issues and frustrations appeared more common when an individual was the only Peer Worker at an organisation (even if temporarily), and/or when support for them was more ad hoc.

The wider CFS programme has seen positive impacts of paid Peer Worker roles being central to delivery. Reasons for this include that wider MDT staff have benefited for Peer Workers knowledge and advice, which they have been able to apply with their own caseload, and because Peer Workers have been able to ensure that clients continue to access the programme and engage with other staff members. Moreover, Peer Workers have been able to support individuals with multiple interacting needs make positive progress with their lives – which is an overall aim of the programme.

> **“I've shifted my view in terms of whether peer support is effective and possible for this client group, because I think we definitely have proved that it is.”**
> Staff member, programme team

9. Recommendations

Based on the learning from this research about what has gone well and where challenges could be overcome in relation to Peer Worker roles on the CFS programme, we believe that organisations in Sussex looking to deliver peer support or doing this already should consider:

1. Having **paid peer support worker positions** to help professionalise these roles and acknowledge that people delivering peer support have valuable skills and unique expertise.

2. **Involving current peer support workers (where relevant) and clients or people with lived experience of multiple disadvantage in the recruitment process**, such as through co-designing job descriptions and/or co-delivering recruitment panels. This will help ensure that the recruitment process is accessible, that the positions do help meet people's needs and that suitable candidates are hired.

3. **Ensuring that there is a good understanding of the role and the client group during the recruitment process**, to attract and retain the right people. A drop-in session (online or in person) could give potential applicants an opportunity to hear from individuals who are in post, and to ask questions that they might have.

4. Developing **links with local volunteering opportunities and initiatives** for people with lived experience where potential applicants could be identified and individuals who are unsuccessful in obtaining paid roles could be signposted towards to develop their experience.

5. **Recruiting peer support workers as part of teams**, rather than standalone roles – so individuals can support one another and share learning.

6. **Having a team leader**, or a more senior member of staff that can provide dedicated line management and guidance to peer support workers to ensure that they are adequately supported to succeed in post.

7. **Keeping caseloads small** – to reflect the complexity of needs that clients face and the need to be able to tailor and sometimes provide frequent and intensive support.

8. **Consider what additional support might be required with administrative data collection tasks** to help meet funder monitoring requirements and understand client progress and outcomes. This would help ensure that peer support workers can focus on supporting clients whilst meeting the other requirements of the role.

9. Offering **wellbeing support for peer support workers**, due to the potential challenges that working with people who are likely to be experiencing hardship can

present, and to provide opportunities for skills development and career progression, where this is desired.

10. Embedding **peer support roles within wider delivery**, for example through involving them in case management meetings, co-locating workers alongside other delivery staff and facilitating good communication around eligibility for and the benefits of peer support.

In addition, those responsible for designing or commissioning services targeting people experiencing multiple disadvantage should:

11. **Recognise the unique value that peer support brings** as a core part of the support offer for individuals experiencing multiple disadvantage.

12. **Commit to provide sustainable funding for peer support programmes within mainstream and/or specialist services** to provide more certainty and security for staff and volunteers and to give peer support workers time to establish their roles and develop their skills.

13. **Recognise the need for a good quality support system or infrastructure around peer support role**s – such as line management, administrative support and wellbeing and training opportunities.

14. **Consider creative ways of measuring and demonstrating outcomes and impact** so that such information can be successfully collected in a way that feels both manageable and meaningful amongst peer support workers and other delivery staff.

Annex 1: Quantifying impact

Although it has not been possible within the scope of this research project to conduct a cost-benefit analysis or impact assessment, the below section provides some information that may support this in the future. If CFS does want to establish the longer-term cost-savings of peer support on the programme they need to be able to compare service interactions and outcomes of clients who receive peer support with those who do not.

One method commonly used to assess impact and evaluate the value-for-money services provide is a **Cost Benefit Analysis**. This can be used to understand whether the extra benefits arising from an intervention outweigh the extra costs of implementation, and where the cost savings fall. A Cost Benefit Analysis involves quantifying and monetising both the costs and benefits of interventions to understand the value for money provided by an intervention and the extent to which new delivery models might generate savings and improve outcomes compared to 'business as usual.'[12] It is an approach that focuses on outcomes and benefits that can be quantified, and therefore relies on good quality data.

Using the Greater Manchester Unit Cost Database[13], which includes cost estimates across sectors including health, social services and housing as well as more recent publicly available data, it is possible to estimate cost savings of interventions, where changes in individual circumstances and outcomes are recorded.

For example, in 2022/23, the average cost of a prison place in England and Wales was £51,724.00[14] and it is estimated that the average annual cost of someone using illicit opiates and crack cocaine is approximately £58,000.[15]

Therefore, if reductions in contact with the criminal justice system and/or drug use can be recorded it would be possible to estimate how the intervention contributes to cost savings for the public purse.

Peer support also leads to additional costs for public services, for example because individuals are now attending GP appointments, claiming appropriate benefits and/or accessing substance use services; and such costs needs to be compared with savings made, for example through reductions in crisis services and individuals addressing substance use.

For example, the Kings Fund[16] found that if someone who attends an urgent care centre and receives the lowest level of investigation and treatment, the average cost in 2024/25 is £91. For an individual at a major A&E department who receives more complex investigation and treatment, the costs range on average from £137 to £445, whilst in 2022/23, the estimated

[12] HM Treasury and New Economy (2014), Supporting public service transformation: cost benefit analysis guidance for local partnerships
[13] Greater Manchester Combined Authority, Cost Benefit Analysis
[14] Ministry of Justice and HM Prison and Probation Service (2024), Prison performance data 2022 to 2023
[15] Dame Carol Black (2021), Review of drugs part two: prevention, treatment and recovery: annexes, London: Department for Health & Social Care
[16] The Kings Fund (2024), Key facts and figures about the NHS

average cost of a patient taken to A&E by ambulance was £417 and ambulance call outs that did not result in a trip to A&E cost an estimated average of £287. Hence, if it is possible to record whether peer interventions lead to a reduction in contact with emergency health services, it would be possible to demonstrate cost savings in relation to this as well.

Other considerations should include savings made through supporting individuals out of temporary and into permanent accommodation and supporting clients to achieve education and employment outcomes.

As well as reductions in costs to public services, it is also possible to assess impact by considering improvements in terms of benefits to individuals, such as long-term wellbeing outcomes.

One method is to consider improvements in life satisfaction. More recently, evaluations have used **Wellbeing-Adjusted Life Year's** (WELLBYs) to measure this. The UK Treasury defines a WELLBY as a change in life satisfaction of one point on a scale of 0-10, per person per year.[17] It recommends a value of £13,000 per WELLBY. So future monitoring of peer support interventions in Sussex could ask clients ' Overall, how satisfied are you with your life nowadays, where 0 is "not at all satisfied" and 10 is "completely satisfied"?' each year as a way to try and understand more about programme benefits.

[17] HM Treasury (2021), *Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance*, London: HM Treasury

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