

An evaluation of the impact that Peer Support has on participants who accessed the BEAT project in the London Borough of Bexley

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Introduction

The London Borough of Bexley was awarded £253,000 from Sport England's 'Get Healthy, Get Active' Fund for a two-year project (total project cost of £444,000). The project aimed to identify people at high risk of developing Type 2 Diabetes and refer them onto a programme offering sport, physical activity, educational and peer support. The peer support aspect was hosted by Mind in Bexley.

The BEAT project consisted of two strands.

The referral strand ran in partnership with GPs and Health Professionals and was aimed at 40 -74 year olds who have been identified at high risk of developing Type 2 Diabetes. People were offered a group education programme that helps participants explore their personal risk and identify the changes they need to make to remain healthy. Following this, there was an opportunity to take part in an activity taster session in order to find what sports and activities they may like to try. Some were also partnered with a peer who's aim was to support them through this programme.

The targeted strand focused on those who are physically inactive and have one or more high risk factors. Both strands of the programme provided access to new and existing activities, including swimming, fitness classes, gym, badminton and healthy walks, both within the borough's leisure centres and in the wider community.

The programme was initially targeted in five wards in the north of Bexley (Lesnes Abbey, Belvedere, Thamesmead East, Erith and North End) as these wards have a higher

proportion of residents at risk of developing Type 2 Diabetes. A key aspect of this strand was targeted community engagement, including a roadshow and a health kiosk that went to various locations around the borough undertaking health MOTs and lifestyle checks, raising awareness and signposting people to physical activity programmes.

This reports focus on an evaluation of the Peer Support aspect of the project. The qualitative aspect of the evaluation involved in-depth interviews. Although measuring the impact of peer support on the well-being of participants is challenging the information gathered and subsequent report provides a comprehensive evaluation of the project.

For this evaluation, analysis is based on a small number (n=20) of individuals who accessed the project. The limitations of such a small scale study are recognised and, as a result this study does not attempt to claim representativeness or endeavor to generalise from the findings. This small-scale study will therefore attempt to contribute to the limited research on Peer Support, exercise take up and diabetes.

The interview data suggests that Peer Support had a beneficial effect on exercise take up, quality of life, wellbeing and social capital of participants.

Mentoring and Peer Support

Academic research on mentoring has traditionally focused on the role of mentors in education and training settings but a fixed definition of mentoring across a range of settings has yet to be arrived at. Some 'key factors' have been identified in successful mentoring relationships and have been described by Gabriel and Kaufield. These relate to the roles of mentors, the stages of relationships, the characteristics of the mentors and mentees, activities and the organisational structures that impact upon mentoring relationships (Gabriel and Kaufield 2008). In this evaluation, these factors are helpful in understanding the salient elements of mentoring.

The term 'peer Support' has been used more commonly than 'mentoring' in health services and particularly mental health services but the aims and objectives of this project are broadly analogous to peer support provisions. In this section of the evaluation, academic literature on mentoring and peer support will be discussed to draw out relevant points.

Davidson et. al. (2004) describe peer support in similar terms to what the BEAT refers to as 'mentoring':

"We conceptualise peer support ... as involving one or more persons who have a history of illness and who have experienced significant improvements in their ...condition offering services and/or supports to other people with illness who are considered to be not as far along in their own recovery process." (2004:44) This definition allows for a fluidity in roles and emphasises the similarities between the mentor and mentee's experience. This reflects similar elements to those brought out in this evaluation.

Dennis (2003) describes the attributes of peer support as emotional, informational and appraisal support. The BEAT project certainly aims to provide the first two of these. Franke et al (2010), describing a peer support project in Australia, refer to peer support as a system of giving and receiving support based on a shared experience of emotional and psychological pain. The project they describe is characterised as following a 'peer specialist model' by which 'consumers' are trained to provide a service within a mainstream service.

As recommended by Castelein et al (2008), the project provides on-going support for the mentor-mentee partnerships. These authors found such support to be important to the success of peer support relationships in health settings. The health and social characteristics of the group mean that relationships between already marginalised people in some cases lacking social skills and confidence, are vulnerable to break down. These comments back up Franke et al's (2010) view that "support through leadership is crucial for peer workers to reduce and manage the challenges of introducing the new roles."

Walker et al's work (2002) on mentoring in education services stresses the 'triadic' relationship of organisation, mentor and mentee – the mentee role being taken by an actor they call a 'protégé'. At Mind this triad was referred to frequently in the evaluation data with participants placing themselves within a net of relationships, made up of mentor, mentee and the staff of the project.

Despite its lack of fixed definition, mentoring has also been described as “a nurturing process, a relationship and, occasionally a role reversal.” (Gabriel and Kaufeld 2008:312) The Mind BEAT mentoring project shows these features. The issue of role reversal is interesting in this case as, given the development implied in progressing from a mentee (in need of support) to a mentor (providing support), 'role reversal' might not be seen as necessarily desirable. That said, a theme that came out of the qualitative work was that the mentors, themselves with anxieties about their own physical health and levels of activity and experiencing a close connection to the problems of the mentee, were clearly able to put themselves in their mentees shoes. To a lesser extent – but still importantly, mentees aspired to becoming mentors and to supporting others. In this sense, if not role reversal, there was a fluidity between mentor and mentee.

Peer Support in Diabetes Self-Management

Studies have looked at the effect of peer support on diabetes, mental illnesses, and cancer self-management, in addition to other health issues. The success of peer support appears to be due in part to the nonhierarchical, reciprocal relationship that is created through the sharing of similar life experiences. Equally important, peer support interventions, by training and employing volunteers, are much less resource-intensive than traditional case management models. Sharing experiences with others undergoing the same medical or behavioral tasks is an effective means of improving disease outcomes . *Gilden JL, Hendryx 1992, Broadhead RS, Heckathorn DD wt al 2002*) Peer support helps reduce problematic health behaviors and, in several randomized controlled trials, has contributed to improved diabetes management, including improving behaviors

related to medication adherence, diet, exercise, and blood glucose monitoring (Joseph et al 2001, Wilson and Pratt 1987, Keyserling and Ammerman, 2000) Systematic reviews of the literature demonstrate some improvement in key clinical and self-management indicators as a result of peer support, such as HbA1c or at home glucose testing in diabetic patients. Studies have also indicated that peer support is effective in helping patients with uncontrolled blood glucose. Peer support efficacy has been found to be particularly effective when offered to ethnic minority populations. In one study, researchers randomized Mexican-American patients to either a culturally sensitive, peer-led education model or standard diabetes care (Philis-Tsimikas, et al 2011). The reported results indicated that the peer led intervention performed better than standard care. The authors of the study reported that at 10 months, the intervention group experienced a 1.5 -point reduction in HbA1c, while there was no significant change in the control group

A crucial issue for many patients with diabetes is accessing sufficient support on a regular basis for effective diabetes self-management. In the face of growing numbers of older adults with chronic illnesses such as diabetes and significant resource constraints facing health systems, it is increasingly important to develop and evaluate low-cost interventions that build on available resources and can empower patients/users to provide greater mutual assistance. In particular, novel strategies are needed to increase between-visit support via community-based programs, telephone-based programs, and programs using new communication technologies for the large numbers of patients with limited health literacy.

This brief review of some relevant literature attempts to provide some context for the evaluation. Searching for literature demonstrates that services such as the BEAT project provide remain pioneering and, while peer support is a commonly used term, little rigorous research has been carried out as to how peer support may be operationalised and supported in voluntary or statutory services with regards to this specific patient group. There is a lack of clear definition about what 'Peer Support' and 'mentoring' really means for those involved in it and it is hoped that this evaluation, although carried out on a small scale, will usefully add to those understandings.

Methodology

Due to the exploratory nature of the study, a qualitative approach was adopted to allow the in-depth investigation of narrative accounts of people giving and receiving peer support. The main method of data collection was the conduct of individual oral history interviews. All interviews were undertaken by The Beat staff and four mentors who were trained on interview techniques by academics from Canterbury Christ Church University. Whilst the benefits of undertaking Oral History research are well documented, it is worth reiterating some points here (Thompson 1978; Frisch 1990; Klemmner 2000, Palmer, 2010). The practice of oral history techniques is the collecting, recording, interpretation and preservation of historical information from observers and participants in that past (Thompson, 1978). The nature of oral history means that frequently some of the most interesting information to emerge from oral history techniques is often completely unexpected. These contributions, together with oral history's ability to capture and preserve information and provide great insight into the ways in which relationships between public and private, personal and political are continually negotiated, illustrates some benefits of this method of inquiry (Rogers *et al* 1999). This method can reveal how individual values and actions shaped the past, and how the past shapes present-day values and actions and how people use it to interpret their lives and their surroundings (Frisch 1990, Palmer, 2010). It is the perceived disjunction between individual experiences of Home Care and the (few) representations offered in wider discourses, the media, and by traditional research disciplines that provided the motive for oral history research.

A total of 60 individuals (34 Mentees, 3m/31f and 26 Mentors, 6m and 20f) participated in the BEAT Peer Mentoring Project. All 60 participants were contacted through the BEAT database and invited to be interviewed. Out of the 60 individuals, 20 agreed to being interviewed, therefore 20 semi-structured interviews aged between 25 years and 65 years were undertaken in the London borough of Bexley between September 2017 and January

2018. Diversity was reflected in factors such as gender, age and disability. Although attempts were made to engage with non-English speaking participants, for this particular study all interviews were conducted in English.

Interviews were undertaken in a variety of settings including Mind offices, the Revival Café and people's homes and followed a life story method where individuals were encouraged to freely discuss issues they felt were important to them. The interviewers took care to be sensitive to topics initiated by the narrators and to allow the interview to proceed in as naturalistic manner as possible. Interviews were audio recorded with participants' written consent and the digital recordings were transcribed for a thematic analysis. The research team considered key ethical issues and dilemmas including the complex issues of insider and outsider status, lack of familiarity with the research process, issues of informed consent and safeguarding anonymity; these issues were addressed in the invitation to participate, design of the interviews and process of data collection. Ethical approval was obtained from the Research Ethics Committee of Canterbury Christchurch Kent, UK.

Interviews varied in duration but lasted on average for one hour and all interviews were undertaken at a time which was convenient to them. All Interviews were digitally recorded (with the participants' consent) and verbatim transcriptions of all interviews were made.

For this study, non-probability sampling was undertaken which refers to situations where the research cannot or does not sample the whole population and therefore cannot claim representativeness (Jeffri, 2004:). As a result, such sampling techniques severely limit the potential to generalise from the findings of the sample to the wider population.

Demographic data

Of those interviewed, ages ranged from 25 to 65 years 17 were female and 3 males. Of those interviewed 16 described themselves as White British and participants lived in various parts of the Borough, with Erith, Bexleyheath and Welling being the most prominent areas. Of the 20 interviewed, 14 were mentors.

Gender	
Female	17
Male	3
Total	20

Ethnicity	
White British	16
Black African	1
Black Caribbean	1
Other	2

Area	
Erith	8
Thamesmead	1
Bexleyheath	3
Bexley	3
Sidcup	1
Welling	4

Data Analysis

Data analysis followed the ‘Framework’ approach (Ritchie and Spencer, 1994) a content analysis technique widely used in qualitative research. Each of the transcripts was read and re-read by the author, following which a coded framework was devised. Thematic categories were applied to each transcript and then ‘charted’, a process by which key points of each data were summarised and documented on a spreadsheet matrix. Thus a set of categories were obtained which described the main themes arising from the interviews. The author (DP) worked collaboratively with colleagues from the BEAT who ‘pair coded’ the data. This pairing forced a level of communication and understanding of the data that may not be otherwise achieved.

The findings and discussion section has been merged due to the nature of the research findings. The quantitative findings are supported by qualitative and informative research with individual 'voices' narrating stories, expressing opinion, and therefore contributing to the on-going discourse within the field of health care studies in general.

Findings

“Sometimes you just need a person by your side, just to walk through the door and go and do something and this was the perfect volunteering opportunity”

Peer support models are a potentially low-cost, flexible means to supplement formal health care support. Peer support models also potentially benefit both those receiving and those providing support. The unifying feature of these programs is that they seek to build on the strengths, knowledge, and experience that peers can offer. Peer support interventions build on the recognition that people living with Diabetes or were previously at risk of developing diabetes have a great deal to offer each other; they share knowledge and experience that others, including many health care professionals, cannot understand. If carefully designed and implemented, peer support interventions can be a powerful way to help patients with at risk of developing chronic conditions live more successfully with their conditions

Mentors participating in the BEAT project have given altruistic reasons as the main motivation for wanting to volunteer. A strong desire to help improve the lives of others often led them to volunteer:

“I’m in a position where my condition is managed well...I’ve lots of spare time and this seemed to tick all the boxes and I wanted to help others at risk from Type 2 diabetes”

“It seemed appropriate to come along and share experiences and being able to offer empathy”

“I was diagnosed as type 2 diabetic about 15 years ago...I wanted to do something to help others in particular those that were in the same situation as myself”

“I like to feel that I can do something useful or I can share my experience with someone else”

“I wanted to share the knowledge that I had and encourage people to get into exercise”

Others have themselves had difficult experiences in managing their diabetes and want to use that experience to support of being a mentee and encourage others through difficult periods in their lives:

“I felt it was something I could do. I’d been there and I’d struggled... I’d benefitted from the scheme and felt this is something I could help somebody else could do”

Others expressed a wish to improve their career development and enhance their skills, whilst at the same time helping others:

“I wanted to get into a personal trainer and working with people, so it had two sides to it, one is to help people but one it was helping me as well. It was helping improve my confidence dealing with people, interacting with people”.

Referral (Mentees)

Referrals were made by health providers such as GPs, and health professionals, leisure services and the voluntary sector. Others came to the BEAT after seeing adverts and posters for the scheme in local newspapers and in libraries.

"I had a blood test and I had raised blood sugars...and my GP gave me a little form and said consider it, I did"

"Because I used MIND services umm someone recommended that I join BEAT ...i'm in danger of succumbing to Diabetes so I thought, you know I thought I'd join"

"I saw it, umm, in the local the newspaper about the Beat project, ...I was new in the area I didn't know anyone so so that's how I got connected"

Training and support:

Training was delivered by the project coordinator. Training sessions were also delivered to volunteer mentors at induction and throughout the programme. Training provided in-depth information on BEAT, advice and case studies on boundaries, volunteering, goal setting and nutrition.

"The training on boundaries was very useful and I learned a lot"

"Oh good yeah...umm...definitely when it came to the do's and don'ts that the umm, the safety aspect of it and the justthe do's and don'ts where the boundaries are yes it was good"

'I found the sessions (on boundaries) very helpful and yes em... important in my future work'

The BEAT team also delivered practical sessions to mentors on mental health mentoring skills and active listening skills.

"We did some motivational interviewing techniques, boundaries, challenges and... and learnt about diet and nutrition. It was really really valuable"

At the same time, a Monthly Support/Supervision Group was established to provide support, advice and encouragement to the mentors and to enable them to share feedback on their experiences. All mentors are encouraged to refer difficult queries which arise during mentoring sessions to the group to investigate, using their combined areas of expertise. Evidently a great deal has been learnt from dealing with queries and sharing knowledge and this will help to support future pairings.

Whilst the resources used to run mentoring schemes are justified on the basis of the progress that is made by the mentee and while this must be the correct focus, it is crucial that the motivation and needs of the mentor are also considered if programmes such as The BEAT are to be successful. The mentor training therefore aims to benefit the mentors in addition to ensuring the best possible outcomes for the mentees. The training was designed to increase awareness of how people are perceived, enhance listening skills, and included elements that encouraged mentors to evaluate their own position by looking back over their own life, particularly those experiences that may be similar to those experienced by the people they may mentor.

“Supervision get together was really good I liked the fact that the session was tailored, that we weren’t just talked at, that we were actually involved in”

In general, this self-reflection, proved in many cases to be helpful and therapeutic.

“It is very essential and useful for everyone as it makes clear what need to be done and what is expected from both sides. It was really helpful, just to know what to expect, what was coming up, how you’d be partnered and things like that it was brilliant”

“Good explanation of the BEAT. It was an interactive session – very helpful and interesting. I learnt a lot”

The preparatory training and the act of mentoring presents people with challenges and encourages them to take time to reflect on new experiences and use the knowledge gained to plan the next steps. A range of other skills will also be required such as patience, looking for the positive, and listening, and it is likely that these will not be switched on and off for the hours of mentoring each week, they will carry over into other aspects of the mentor’s life, it was therefore important to ensure that the mentors had access to on-going support and supervision.

“It’s was more just running around all day after the children up down in and out” Attitudes and barriers to exercise pre BEAT.

Understanding common barriers to physical activity and creating strategies to overcome them was a big part of the beat mentoring role. The aim of BEAT was to make physical activity part of daily life. Barriers to doing exercise pre BEAT fell generally into four categories, either external (medical issues, time, work and environment) or internal factors (social and personal, psychological). Participants tended to cite a variety of external factors, with only a few discussing internal barriers.

Setting aside time to exercise was viewed as a major challenge. Working full time, the type of work people did and shift work were all described as restricting people’s ability to exercise. Added to this were demands in the home or caring for children or relatives.

“It’s was more just running around all day after the children..up down, in and out”

“The practice nurse at the doctors for my 6-month blood pressure check and she said do you do much exercise and I was laughing...it was so difficult to fit in”

“Umm, lots of barriers, time, confidence ... working long shifts, family commitments, they’re all barriers but finding time definitely is an issue for me”

Participants’ anxiety, embarrassment and lack confidence in their ability to perform activities was a major factor influencing exercise levels.

“I don’t like going to places on my own...I just wouldn’t go to a class on my own”

“I think it’s just being on your own, like I didn’t have anyone, any friends, to sort of, go out and get active with, or exercise with and it’s quite hard to kind of make that change, make that first step when you’re entirely on your own”

“I care what I looked like...I think it’s an image thing.. I’m one of these that break out in sweat after ten paces and look a bright red like a beetroot within two minutes”

Lack of motivation to exercise was described by five participants:

“I found it boring... I had no motivation to get up from the sofa and go out for a walk. Particularly when it’s dark and cold”

Access to a gym or swimming pool was raised as a problem by a few people, usually in relation to finance although several pointed out that there were a number of initiatives that provided reduced cost access to facilities. However, these concessions often applied during the day, not at evenings or weekends when some would prefer to use the facility.

“Confidence and umm, I would also say cost, definitely cost would be another barrier because I think some of the activities end up costing a considerable amount”

“ yeah it was really good, all smooth, went smoothly, pretty quick .. yeah, I was quite shocked at how quick I was paired up with someone so, I didn’t have to wait too long, so I didn’t get cold feet ..so.. yeah.”

The matching Process:

The success of any mentoring program builds on the quality and durability of its mentor-mentee-relationships. To achieve a high standard in mentoring relationships, the process of matching mentors to their mentees plays a key role. When matching, the coordinator met individually with all participants and used criteria including gender, age, interests and experience to match mentors/mentees against the goals and criteria that each mentee/mentor had submitted. Individuals then met, agreed goals and clarified boundaries and timescales.

“I asked her, you know, I said to her, I know we’ve been chatting I said, but are you happy with me? I said, I think I’m happy, I feel that I’m happy with you, are you happy with me? and she said yes, so that was it I thought it was really good I mean was quite excited by it anyway. We were well suited”

“It was, it was really quick, I think I met, I did the training and then it was within a couple of weeks that I was matched up so it was, yeah, it was good”

“I was listened to, my preferences were listened to...I think my only stipulation was, not someone young (laughs) so I’ve got someone, in my age group that I can relate to”

“My fear initially was I would be matched with someone that perhaps I wouldn’t feel I had much in common with or would be worthwhile but as I say I’ve been really fortunate”

Once matched, the pairs would meet weekly for an hour to two hours per week for a period of six to nine months.

The first meeting – the mentees work with their mentors to look at their own development and work out objectives. This meeting also involves a discussion on the management of boundaries, setting meeting agendas and how to complete feedback forms. It is clear that the most successful sessions are those where the mentee plays an active, full role in

setting their objectives and the agenda for subsequent meetings, thus having ownership over the process and the developing relationship. Both mentees and mentors have six monthly evaluation interviews with the project coordinator and are able to get interim support from both the coordinator and from the supervision group.

The Projects impact:

The projects impact has been evident on several different levels. It took the innovative approach of combining the values and methods of mentoring with those of specific support with regards to diabetes and those at risk of diabetes. In doing this the project has had a significant impact on the lives and experiences of the mentors and mentees by:

- Facilitating opportunities for in active individuals with a risk of diabetes to link with others with understanding of diabetes (as mentors) because of their common understanding and experiences;
- Creating the opportunity for mentors, who are already developing healthy lives, to learn how to support others and in this way develop their own knowledge, skills and confidence and be more active;
- Using mentoring as a way to give priority to building up people's self-esteem and confidence to be more active;
- Disseminating information on the project and its positive impact/messages to all those involved in supporting individuals at risk from diabetes.
- Facilitating opportunities to meet with other people of a similar mind-set and experience, and have fun, share new experiences and make friends and in some cases reduce isolation;
- Ensuring that those involved obtain information and support, and gain the confidence to develop skills to have healthier lifestyles, make choices and take control of their lives;

This initiative has exceeded expectations for assisting both mentors and mentees and its achievements can be expressed both qualitatively and quantitatively. These relationships provide holistic mentoring to those at risk of diabetes to take up exercise, participate in community life and improve their well-being and access leisure and community settings .

To date 34 mentees made contact with the BEAT scheme. In total, to date, 26 expressed an interest in volunteering as mentors (6m/20f). The initiative has also achieved many qualitative outcomes. The success of the project has been measured on different levels including group discussions, supervision, one to one recorded interviews and feedback questionnaires.

The project staff have ensured that the measurement of successful outcomes prioritises a focus on the support and encouragement nature of the mentoring relationships and the personal, social and emotional achievements gained from being part of the scheme. This is an important focus as the emphasis of the relationships developed within this scheme is a holistic approach rather than a focus of specific 'hard' goals. In many cases 'moving forward' is not measured by hard indicators such as drastic weight loss or running a marathon, but by evidence of greater confidence or more self-discipline and being active. Staff and those involved in the scheme recognised that the mentoring relationships were dealing with a wide range of issues and mentees were presenting with in some case complex and challenging situations. This recognition of the complexity of the mentoring relationship was reflected in the training and supervision ensuring that expectations of the relationships and the potential achievements were realistic.

Benefits for mentees: What's it meant to have a mentor

Participants (mentees) consistently reported feeling at ease and relaxed with their mentor, which enabled them to develop an open and trustworthy relationship. The mentors' person-centred and non-judgemental approached and in many cases 'an expert by experience' facilitated trust and a readiness to engage with the overall project. A central part of the Mentors role was to encourage and facilitate engagement with activities. Mentees

appreciated just having someone to help them engage and makes changes at their own pace. Narratives indicated mentees also experienced a considerable degree of control which helped them to engage in activities

“Umm ... as far as I can recall, is just to meet someone, someone to give you that little bit of confidence to join in with like groups, because I am very, err, reserved I suppose in meeting other people, so I do keep myself to myself a lot, so I think it’s helped me”

“It’s having a cheer leader, somebody who encourages you..., I was able to have a say in what I do and it worked... it just makes such a difference you know”

“Well first of all I can’t swim properly and I said but I wouldn’t want to be seen in a swimming costume because I’m so huge and she’s saying don’t worry we don’t I have to look at you. We are all different shapes and sizes. Don’t worry. I just hadn’t the confidence”

Interviews from the mentees points to improved wellbeing and confidence which allows them more inclined to undertake physical exercise and activity:

“I have got a mentor, which I’ve found has given me more confidence to go to places like this because I’m not very good in big groups umm, so I think that’s been really helpful”

“Meeting and attending with me to go to sports activities which, as I said I probably wouldn’t bother going on my own has really helped me... it’s given me confidence to do things”

“I think it makes me more determined and it also makes me more confident to access other things ...It helps to strengthen my joints”

“So she checks on me...and say that oh how are you doing, and she was the one that link me up to the swimming – c’mon let’s do she said –we can do it and of course we did together to it”

The one to one support and encouragement of a mentor was cited as a catalyst to access activities. Interviewees reported positive effects of the mentor involvement and encouragement. Through mentors’ communications and encouragement and attitudes, mentors often had a significant impact on a mentees’ psychological well-being ability to encourage changes in diet and exercise.

“More encouragement to come to classes because you have someone to meet and give me more confidence of going into classes having someone to go in, especially at the beginning. I wouldn’t have go in myself”

“Cause when you’ve got someone else to motivate you and encourage you, you’re more likely to do it because you get ideas from that person and umm yeah just motivation so it did work for me”

“I think motivation would be the biggest one and she helps to motivate me in all ways, you know with eating and she’d make suggestions of you know recipes and things that I could eat. It just makes you feel you are not on your own”

Building self-confidence, self-reliance and independence was a major facet of the mentors’ approach in finding the right motivational tools for the individual, while conveying the need for person responsibility and resilience. These enabled mentees to make changes to their lives and take part in activities.

“I mean she’s someone who like encourages me...empowers me...she says we’ll give it a go, come on... and we do”

As a result of engaging with a peer, mentees took part in a variety of physical activities including walking, running and swimming specifically tailored to their health needs, helping them to incrementally build confidence and strength to improve their physical health. Mentees noted that as a result, their level of fitness had improved. Weight reduction and increased fitness helped participants better manage pain and tiredness and some participants noted being in better control of their condition due to reduced sugar levels:

“Much better now, its err, I notice the difference ...I also feel more positive about life now”

“Its definitely made me feel better, definitely feel better within myself, I feel a bit, .. I've got more energy, umm a bit more optimistic, I think, it does, I think it's very good for your mental health as well as your physical, so it has made me feel, more positive in a way ... like I can cope with things better”

“.and like I did this morning and now I feel fit and fine and bomb down the Broadway this morning, and great, it makes me feel great”

“Well it helps me manage my diabetes as I say im now taking a quarter of the insulin that I was.. I was at my heaviest”

Mentees who received healthy eating and diet/nutrition advice from their mentors recounted in some detail how they had reduced their intake of unhealthy food and how they were equipped with practical skills to incorporate healthier foods into their diet. The support and encouragement of a mentor can also be a catalyst to do other things:

“I, very much aware of things that I eat now and things are not good for me portion control and drinking a lot of fluids or water”

“I’m now eating fish and salads and my mentor is helping me find a cooking class. It’s about what we should be eating and portion sizes. She’s pointing me in the right direction”

Social isolation, low mood and depression were commonly experienced by participants. For some this was related primarily to physical ill health but for others this was compounded by life events including unemployment, family break up and bereavement. Offering opportunities for activities, which allowed mentees to meet and socialise with others reduced loneliness and positively impacted on self-confidence, self-esteem and mental well-being.

“Cause it’s the social side of it as well, I think it’s handy getting out and meeting others, cause I don’t get out to talk to people very much, so it’s helpful to get out and just see someone and to go for a walk”.

“It’s really positive. I am now socialising. I am not now all the time in doors. It is helping me to focus on my future. We go walking in Danson. I feel more secure in myself ”

“We have gone walking and swimming sometimes and after we chat and sit in coffee shops. We did activities like swimming. It has helped me with confidence, being more assertive and it took me out of isolation”

Mentees reported that the mentoring project has had a positive impact on many different aspects of their lives, helping them in their personal lives, whilst improving their ability to interact with people and supporting them in their ability to make improvements. Mentees reported improved social connection reduced social isolation

“I thoroughly enjoy the group activities; I now love going out and group sports. I not get out there ..i do enjoy swimming and tennis and say netball. I tried a netball team in Thamesmead which I really enjoyed...I haven't played netball for 15 years”.

“I was recently widowed, I didn't have a lot to do ... err I had a hip complaint, I had a hip replacement, I had two knee replacements, so I thought getting into some kind of exercise would be good for me, ... which ..umm.. which has been great, absolutely brilliant, it's got me out”

Well its rewarding isn't it its nice to give something back to your community ..i think it helps makes you feel part of a community - Benefits for mentors:

Although mentoring is conceptualised as a mutually beneficial relationship involving reciprocity between the mentor and mentee, most studies has focused on outcomes for mentees rather than for the mentors, leading to comparatively less understanding of mentors' experience's The benefits of the mentoring project for mentors are evident from the interviews. The impact of the scheme is apparent on different levels including acquiring new skills or information (e.g. developing communication skills), or gaining experience in skills the mentors already had, thus enhancing them. Evidently the mentoring relationships, supervision and training has increased their confidence and emotional wellbeing, and also improved their own activity levels.

“Yeah I have got more active, I've joined the gym, try to go about three times, four times a week if I can, but yeah I've definitely made improvements, definitely yeah”.

Another interesting aspect has been the opportunity to develop and diversify their skills, which has inspired many of the mentors to look to a future within the field physical activity. Interviewees related to self and personal development (e.g. developing confidence; gaining a sense of pride or responsibility; developing empathy). All reported increased confidence, self-respect and self-worth:

“From my personal point, the project gives me an opportunity to develop through the learning experience and through communication. The listening skills course provided was so enriching and encouraging. I learned a lot about how to be a good listener, how to reflect, how to empathise, how to build trust in others in orders

“I know more people now than I've ever known, I've got more friends than at any point in my life. I'm just constantly involved in helping other people, answering their questions on their nutrition you know, their mental health, their training programme .. what clothing they should be wearing, it's just got to the point where I'vealso been called a running guru, .. I just love passing information on...Its improved my confidence so much”.

“I feel useful. I have much more confidence and motivation. It feels good to give something back”

Mentors also benefited from the training provided by BEAT including the courses on nutrition:

I have attended one of the Beat nutritional courses and I really do make an effort daily now...to make sure I eat a lot more protein, especially eggs and nuts which I never really ate before

I did the Eat for Beat course yeah that was good I learnt a lot from that. Ive definitely improved my eating

The training provided much useful information and support; in particular, it provided the mentors with the opportunity to improve their listening skills which is of benefit both personally and professionally. This will assist them not only when working with their mentee, but also in all aspects of work settings:

“The sessions were a new learning experience for me. It will be beneficial not only in my working environment but also in social environments”

Many participants mentioned social benefits such as interacting with mentees or developing friendships with them. Networking with fellow mentors and ‘being part of’ the BEAT was also mentioned.

Oh just huge confidence building, knowing that im I feel good with other people and meeting others. It’s a nice feeling and using my story and my own anxieties and I can pass information on. It really enjoyable being part of such an exciting project.

cause it's the social side of it as well, I think it's quite handy getting out, 'cause I don't get out to talk to people very much, so it's quite helpful to get out and just see someone and to go for a walk

“It has changed my life...ok I won't be doing the London Mraathon but its ummm having something to get up for and go and do...something to look forward to. I hope it continues”.

The future

The strength of the mentoring project lies in the depth and consistency of the accounts from the mentor and mentees. Supporting people to make meaningful and sustainable lifestyle changes is complex. It is unsurprising that that peer support element of the BEAT helps facilitates and maintain behaviour change. Peer Support is becoming increasingly recognised as an important means of harnessing the resources of the voluntary and community sector to improve the health and wellbeing of the public. It provides GPs and health professionals with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.

There was a broad consensus that the Beat peer support project helps individuals to improve activity levels and access non-clinical sources of support, predominantly in the community. All participants expressed a desire the project to continue.

I feel quite gutted its ending because its something so positive in my life its like a reason to leave the house and go to aqua fit class and get out of the four walls that I spend a lot of time in

"I would hope it would continue ...because its helped me more than one level it's not just about physical exercise its about my state of mind, it's about my isolation it's about my confidence, its improved my life on more than one level"

"If it hadn't been for Beat, I dread to think id probably be, be on the, locked up somewhere because that was my whole life, was getting up, showing my face full of food, watching lots of day time rubbish, umm...even my grandson came and I wasn't really that bothered and that was a really awful attitudeReferences

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