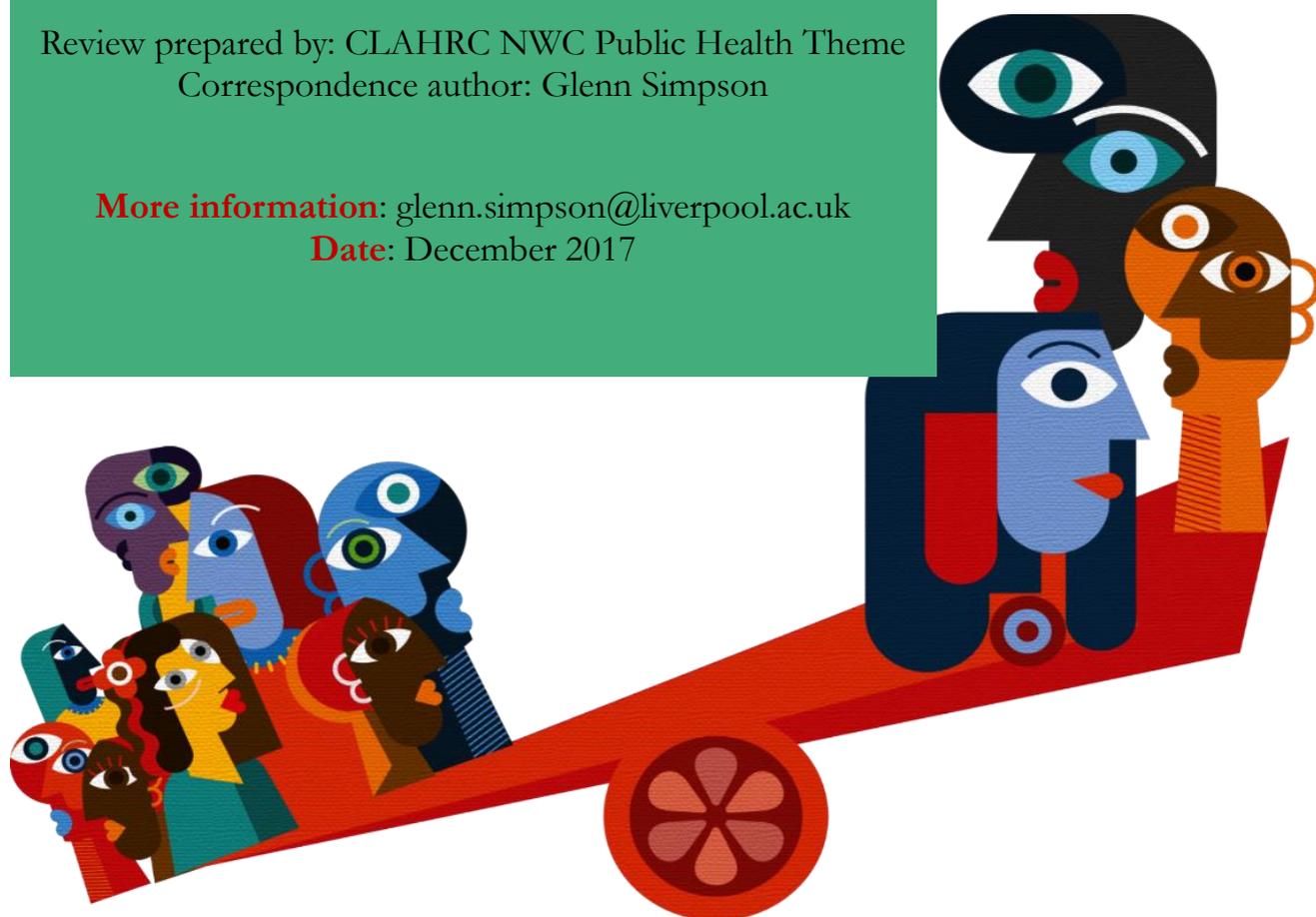


# ‘Buddying’ as an intervention to support individuals to access new places or engage in new activities

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## Research Questions

This very rapid review (VRR) is in response to a request from the Neighbourhood for Learning (NfL) in Blackburn with Darwen (BwD) to support their work on the differential use of community resources. This is based on the two key findings from BwD's local 'participatory enquiry' with residents living in the NfL:

- 1) anxiety about going to new places or trying new things; and
- 2) lacking someone to do these with.

One possible response to these findings and the questions they raise could be buddying, an intervention that provides both emotional and social support to individuals seeking to access new places or participate in new activities. This VRR will explore the utility and effectiveness of buddying as an intervention and other forms of social support, in particular peer support. Practical examples of buddying schemes in operation across the UK are contained in an appendix at the end of this report.

## Method

The Web of Science (WOS) was used as the primary tool to search the current academic and research literature. This tool enables researchers to conduct comprehensive citation searches through access to multiple databases that reference cross-disciplinary research. Using a basic search on the "topic" field 'refined' to encompass academic papers only, the keyword/phrase search terms used on the Web of Science system were:

- "Buddying\*" = 13 citations returned - none were directly relevant to the research questions (Date searched: 24/05/17).
- "Peer support" = 2,701 citations returned<sup>1</sup> - 33 were reviewed in more depth of which 14 were relevant (Date searched: 25-26/05/17).

The timespan for the searches encompassed the period between 2000-2017 to ensure that the most up-to-date sources were identified. Abstracts of papers were reviewed to ascertain their relevance to the research focus. Those articles with an emphasis on buddying and peer support in community support contexts, especially within the UK, were the focus of attention.

Initial searches on WOS produced a relatively poor return of relevant citations. Consequently, it was decided to conduct an additional search of the University of Liverpool's library catalogue, using the same search terms as those used on the Web of Science. Once again, these searches only produced a small number of additional sources.

It was decided to conduct further searches using Google Scholar, complemented by generic Google searches to identify any relevant non-academic 'grey' literature and policy documents. A small amount of 'non-academic' literature (mainly policy reports or examples of buddy schemes) were identified from these searches, which are included in this report. A small number of additional references were also identified from 'snowballing' references in papers already retrieved.

A total of 23 relevant articles/sources were identified from these various searches. These inform the discussion set out below.

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<sup>1</sup> Given the number of returns, only those articles containing the keywords 'peer support' in the title were scrutinised.

## What is buddying?

Surprisingly there is a paucity of information in either the academic or policy literature that set out the conceptual underpinnings of buddying. Many of the available source materials focus on the role and effectiveness of buddy/buddying schemes in employment and mentoring contexts. As Williams remarks: “Buddy schemes – where new recruits are provided with an informal mentor – are an increasingly common feature of the recruitment and induction process”<sup>2</sup> in a range of public, private and third sector organisations. In the workplace, buddying has been promoted particularly by Human Resources practitioners as an “induction practice in recent years, especially at more junior levels” (Evans, 2006: no page number).<sup>3</sup> In practical terms, it is an intervention that is often used to support an individual starting a new job/career (the ‘workplace buddy’) or when a person participates in an activity or vocation of some kind for the first time. In this context buddying schemes aim to provide a ‘new starter’, a recruit, probationer, trainee, student, ‘mentee’ or apprentice etc with practical advice, guidance and experiential knowledge that will support them in their new role, job or profession.

Beyond the practical advice and the transference of experiential learning, ‘buddies’ can also offer emotional support or ‘pastoral’ care to individuals, especially to those experiencing difficulties in adjusting to their new circumstances and environment (Honney et al, 2012<sup>4</sup>). Indeed, the behaviours and actions of ‘buddies’ themselves are pivotal to those they ‘buddy’, as they “... can act as role models, and may have an important part to play not only in conveying explicit knowledge, but more importantly in enhancing the trainees’ understanding of professionalism, ethics, [and] values...” in their chosen career or vocation (Honney et al, 2012: 206<sup>5</sup>).<sup>6</sup> Closely related to this latter point, buddying can also be used as a means of inculcating new starters on the prevailing culture and social norms expected in the new organisation, group or team they have joined. In this regard, buddying can be understood as a form of ‘organisational socialisation’, that is “... the process by which an individual acquires the social knowledge and skills necessary to assume an organizational role” (Nigah, Davis and Hurrell, 2012: 892).<sup>7</sup>

Buddying is an approach that operates in numerous contexts. In the health sector, buddying is used as part of induction and training regimes for health personnel (e.g. junior doctors and student nurses) (Honney et al, 2012). It is also a social and psychological support intervention for individuals/patients experiencing a variety of physical and mental health illnesses or conditions (e.g. various cancer conditions, type 2 diabetes and depression). Buddying has also been adopted as a public health intervention. In this sector buddies assist and advise individuals to adopt healthy lifestyles and behaviours (e.g. smoking cessation and engaging in physical exercise and activity).

In the educational contexts, buddying has been used during the induction of school-aged children arriving at a new school or as a means of providing psychological support to children experiencing

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<sup>2</sup> Williams, N. Careers in HR, Coaching and mentoring, Learning and development, The HR profession. *Personal Today*. 06/06/06. Available at: <http://www.personneltoday.com/hr/spotlight-on-buddy-schemes/>. Accessed on: 01/06/17.

<sup>3</sup> Evans, J. *Buddy politic*. People Management Magazine. 09/11/06. Available at: <http://www2.cipd.co.uk/NR/rdonlyres/8C081158-31D8-4E14-A1FB-98C2C274A88F/0/pma06defra.pdf>. Accessed on 31/05/17.

<sup>4</sup> Honney, R., Rees, S., Raza T. and Vassallo, M. Developing a ‘buddy scheme’ for foundation doctors. *The Clinical Teacher*, 2012; 9: 205-209.

<sup>5</sup> Ibid.

<sup>6</sup> Honney et al (2012) suggest that buddies may also influence an individual’s career choice.

<sup>7</sup> Nigah, N., Davis, AJ. and Hurrell, S.A. The Impact of Buddying on Psychological Capital and Work Engagement: An Empirical Study of Socialization in the Professional Services Sector. *Thunderbird International Business Review*. Nov/Dec2012, Vol. 54 Issue 6, 891-905.

bullying or other problems.<sup>8</sup> Buddy schemes are common in relation to supporting new students and staff in the further and higher education sectors. It is also deployed in military settings either as a measure to support active personnel or to assist veterans to return to civilian life, particularly those who have experienced physical injury or mental ill-health (e.g. Post-traumatic stress disorder (PTSD)) and individuals with on-going care or pastoral needs (Greden et al, 2010<sup>9</sup>). Buddying has been used to support prisoners to deal with a range of challenges they face both within and without penal system.

Given the wide range of contexts in which buddying has been adopted as an intervention, it is surprising to find that there are few formal definitions of the concept available in the academic and practitioner literature. Buddying has been defined by Campbell (2015: 992)<sup>10</sup> as: “An arrangement in which persons are paired, as for mutual safety or assistance.” Buddying in a social care context has been defined by NESTA (2013: 18) as being focused “... on the development of an informal but intentional relationship between people around shared interests.”

Beyond these simple descriptions there are few other definitions of the concept. However, other aspects of buddying can be gleaned from the literature. While buddying can be informal, it can also form part of formal mentoring or induction programmes. In practical terms, buddying usually takes place on a one-to-one or peer-to-peer basis rather than in group settings. In most cases the ‘buddies’ are individuals who have been through similar experiences as the person they are ‘buddying’ and as such they are able to pass on their learning and knowledge based on first-hand experience. In this regard, buddying as a concept is difficult to distinguish from related concepts such as mentoring and befriending. Buddies are often unpaid volunteers although some do receive payment. In addition, some buddying schemes have a reciprocal dimension in that buddies themselves can gain personal insights and skills that can be beneficial to their careers or in other aspects of their lives (NESTA, 2015). Buddying schemes are usually time-limited in duration, designed to assist individuals during transitional phases in their lives, most often when experiencing significant life events or transitions.

### **The effectiveness of buddying**

A study by Nigah, Davis and Hurrell (2012: 895) found that “... there is little evidence of what buddying schemes achieve or how they may achieve it.” In terms of the evidence available on this subject, much of it focuses on buddying schemes implemented in workplace settings. What is more, the bulk of research undertaken on buddying has been descriptive and qualitative in character, and as a result there has been “... a lack of randomised controlled studies to support its use” (Honey et al, 2012: 206). In fact, the recent surge in interest and consequent growth in buddying schemes could be “...more from their minimal cost than from any specific evidence base” (Nigah, Davis and Hurrell, 2012: 895). Indeed, buddying could have a reverse effect according to an evidence review conducted by Honey et al (2012). This evidence review found that “... some trainees felt that buddies used the work of the ‘buddied’ to advance their own career” (Honey et al, 2012: 206).

Nevertheless, Nigah, Davis and Hurrell (2012) suggest that buddying can have a potentially positive impact in relation to socialisation of new starters in workplaces (i.e. buddying as ‘organisational socialisation’):

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<sup>8</sup> Dockett, S., and Perry, B. “A buddy doesn’t let kids get hurt in the playground”: Starting school with buddies. *International Journal of Transitions in Childhood*, Vol.1, 2005. Available at: [https://extranet.education.unimelb.edu.au/LED/tec/pdf/journal\\_dockett\\_perry.pdf](https://extranet.education.unimelb.edu.au/LED/tec/pdf/journal_dockett_perry.pdf). Accessed on: 05/06/17.

<sup>9</sup> Greden, J.F., Valenstein, M., Spinner, J., Blow, A., Gorman, L.A., Dalack, G.W., Marcus, S., and Kees, M. Buddy-to-Buddy, a citizen soldier peer support program to counteract stigma, PTSD, depression, and suicide. *Annals of the New York Academy of Sciences*. Oct 2010, Vol. 1208 Issue 1, pp. 90-97.

<sup>10</sup> Campbell, A. Introducing a buddying scheme for first year pre-registration students. *British Journal of Nursing*, 11/11/2015; 24(20): 992-996.

Buddying emphasizes less the provision of information to the new starter (although this is likely to be a component of the relationship), being more a supportive socialization tactic that allows the individual an active role in the socialization process. During economically testing times, buddying may therefore prove to be a cost-effective socialization resource (p.895).

Overall however, there is little information or evidence available in either the academic and policy literature relating to any wider impacts of buddying outside of workplace contexts. In general, it is fair to say that the evidence base underpinning this intervention is weak and there is a need for additional research before any definitive conclusions can be reached as to its effectiveness across a range of different contexts.

### Peer support

On both conceptual and practical levels, it is difficult to differentiate buddying from mentoring and indeed a range of other 'social support' approaches. Mentoring has been defined by Greenwood and Habibi (2013: 368) as "... a mixture of emotional and social support provided by a non-judgemental outsider."<sup>11</sup> Buddying is also closely related to the concept of 'peer support' or 'peer intervention'. As Dockett and Perry (2005: 23) point out: "Buddy programs could easily be called peer mentoring programs or peer support programs."<sup>12</sup>

In relation to supporting individuals to access new places or engage in new activities, peer support which is primarily based on notion of "social emotional support" (Solomon, 2004: 393<sup>13</sup>), might be a useful concept to explore this question. At its most rudimentary "...the concept 'peer support' could be defined as the giving of assistance and encouragement by an individual considered equal" (Dennis, 2003: 323)<sup>14</sup> Peer support can also be understood as: "... a system of giving and receiving help founded on principles of respect, shared responsibility, and mutual agreement of what is helpful" (Mead, Hilton and Curtis, 2001, p. 135. Quoted in: Forchuk, Meier, Montgomery and Rudnick, 2015).<sup>15</sup> In a conceptual paper which discusses health care peer support, Dennis (2003) (quoted in South, Bagnall and Woodall, 2017: 215-216)<sup>16</sup> argues:

... that peer support involves emotional support, informational support in terms of advice and feedback, and appraisal support facilitating self-evaluation and problem-solving. These facets of support are then applied to help the recipient cope with actual or anticipated stressors.

Proponents of peer support see it as a 'unique' (Joensen, Filges, and Willaing, 2016<sup>17</sup>) way of bringing together those who have experienced similar life experiences or events and in doing so develop a mutually supportive relationship (Mead and MacNeil, 2006). As NESTA (2015: 3) comment: "Peer

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<sup>11</sup> Greenwood, N., and Habibi, R. Carer mentoring: a mixed methods investigation of a carer mentoring service. *International Journal of Nursing Studies*; MAR, 2014; 51; 3; pp. 359-369.

<sup>12</sup> Dockett, S., and Perry, B. "A buddy doesn't let kids get hurt in the playground": Starting school with buddies. *International Journal of Transitions in Childhood*, Vol.1, 2005. Available at: [https://extranet.education.unimelb.edu.au/LED/tec/pdf/journal\\_dockett\\_perry.pdf](https://extranet.education.unimelb.edu.au/LED/tec/pdf/journal_dockett_perry.pdf). Accessed on: 05/06/17.

<sup>13</sup> Solomon, P. *Peer Support/Peer Provided Services Underlying Processes, Benefits, and Critical Ingredients*. *Psychiatric Rehabilitation Journal*, Vol 27(4), 2004, 392-401.

<sup>14</sup> Dennis, C. L. (2003) *Peer support within a healthcare context: A concept analysis*. *International Journal of Nursing Studies*, 40, 321-332.

<sup>15</sup> Forchuk, C., Meier, A., Montgomery, P. and Rudnick, P. (2015) Peer Support as a Direct Benefit of Focus Group Research: Findings from a Secondary Analysis. *International Journal of Psychosocial Rehabilitation*. Vol 19(1).

<sup>16</sup> South, J., Bagnall, A.M., Woodall, J. Developing a Typology for Peer Education and Peer Support Delivered by Prisoners. *Journal of Correctional Health Care*, 2017, Vol. 23(2) 214-229.

<sup>17</sup> Joensen, L.E., Filges, T., and Willaing, I. Patient perspectives on peer support for adults with type 1 diabetes: a need for diabetes-specific social capital. *Patient Preference and Adherence*, Volume 10, 1 443-1451, 2016.

support is different from other types of support because the source of support is a similar person with relevant experience.” Mead and MacNeil (2006: no page number)<sup>18</sup> highlight another key feature of peer support, which is its informal, peer driven and non-professionalised approach:

In general, peer support has been defined by the fact that people who have like experiences can better relate and can consequently offer more authentic empathy and validation. It is also not uncommon for people with similar lived experiences to offer each other practical advice and suggestions for strategies that professionals may not offer or even know about. Maintaining its non-professional vantage point is crucial in helping people rebuild their sense of community when they’ve had a disconnecting kind of experience.

Supporting ‘disconnected’ people to reconnect with their community by opening-up new opportunities for social interaction and engagement is another beneficial aspect of peer support:

There is increasing recognition of the role that individuals, families and communities can play in managing their wellbeing. Peer support may be one component of this. Peer support involves people drawing on shared personal experience to provide knowledge, social interaction, emotional assistance or practical help to each other, often in a way that is mutually beneficial (NESTA, 2015: 3).

Peer support is also a two-way interactional process, beneficial to both those receiving support and providing it:

... a number of psychosocial processes involved in peer support, including the provision of social support, the exchange of experiential knowledge, the involvement of an understanding role model, and the enhancement of interpersonal competence through the helping of others (Solomon, 2004. Quoted in: Forchuk, Meier, Montgomery and Rudnick, 2015).

It is claimed that peer support can assist individuals to manage difficult life events and transitions including bereavement, addiction, substance misuse, physical and mental ill health, behavioural management, relationship difficulties, as well as a range of other ‘stressors’ that affect people’s lives (Dennis, 2003; Mead and MacNeil, 2006).

It is important to note that peer support and other formal or ‘designed’ social support interventions such as buddying are different from so-called ‘natural support’ systems that exist or may emerge organically as part of everyday social interactions. As Hogan, Linden and Najarian (2002: 382-383)<sup>19</sup> point out:

The concept of social support is at times confused by the notion that support can emerge from both natural and more formal support systems. Natural support systems include both family and friendship networks... Presumably, natural support networks are a more enduring source of support, while other forms of support may be more transient. However, whether one or the other is a superior source of support is not clear.

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<sup>18</sup> Mead, S. and MacNeil, C. (2006). Peer Support: What Makes It Unique? *International Journal of Psychosocial Rehabilitation*. 10 (2), 29-37. Available at: [http://www.psychosocial.com/IJPR\\_10/Peer\\_Support\\_What\\_Makes\\_It\\_Unique\\_Mead.html](http://www.psychosocial.com/IJPR_10/Peer_Support_What_Makes_It_Unique_Mead.html). Accessed on: 29/05/17.

<sup>19</sup> Hogan, B.E., Linden, W. and Najarian, B. Social support interventions. Do they work? *Clinical Psychology Review* 22 (2002) 381-440.

Peer support and buddying interventions tend to involve or are targeted at certain cohorts of the population (especially vulnerable groups) and those experiencing health conditions or undergoing specific life experiences including:

- People at risk (e.g. smoking, alcohol, poor diet);
- People with long-term physical conditions;
- People with mental health conditions;
- Carers of people with physical or mental health conditions;
- Parents, including breastfeeding mothers;
- Children and young people;
- Students;
- Older people;
- Employees;
- Groups with specific experiences (e.g. veterans, sex workers);
- Health and care professionals.<sup>20</sup>

Viewed from a health perspective, NESTA (2013: 9)<sup>21</sup> present four models of peer support:

- *Activity-based peer support* where people learn new skills or share practical experiences in ways that create a context for mutual support between people with similar problems. Groups like this are therapeutic and recovery focused.
- *One-to-one support* that is dedicated help offered on the phone and/or face-to-face by someone who has experienced similar circumstances, often sharing the same long-term condition.
- *Befriending* through an informal but intentional relationship that may or may not centre around similar experiences, often to support a transition from one stage of recovery to another such as discharge from hospital ... or moving to a new area.
- *Locality-based peer support* organised around a community hub or neighbourhood and focused on building strong, supportive and sustainable social connections.

Most peer support schemes operate with and are sustained by unpaid volunteers, although there are paid peer support interventions (Solomon, 2004). In terms of the effectiveness of different modes of delivering peer support, an evidence review by NESTA (2015: 15) found that:

Research suggests that peer support facilitated by a variety of people can improve people's experience, behaviours and health outcomes ... Most studies do not compare peers alone versus professionals or joint peer and professional-led peer support. Those that do have found that peers are usually just as effective as professionals, particularly when the focus is on emotional or social support. There is not enough evidence to draw conclusions about whether peers in paid roles are more effective than volunteers.

In addition, NESTA (2015: 23) found that:

Most studies that have explored the impact of peer support on the peer supporters themselves have found benefits including increased knowledge and confidence, and in some cases improved health outcomes.

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<sup>20</sup> NESTA (2015) *Peer Support: What is it and does it work?* Available at: [https://www.nesta.org.uk/sites/default/files/peer\\_support\\_-\\_what\\_is\\_it\\_and\\_does\\_it\\_work.pdf](https://www.nesta.org.uk/sites/default/files/peer_support_-_what_is_it_and_does_it_work.pdf). Accessed on: 25/05/17.

<sup>21</sup> NESTA (2013) *People helping people: Peer support that changes lives*. NESTA: London.

The table below highlights the main types of interventions which “... commissioners and groups wanting to encourage peer support might consider investing in...” (NESTA, 2015: 23) and the potential ‘return on investment’ they might achieve.

Peer support	Expected return on investment <sup>22</sup>
<i>One-to-one telephone support delivered by unpaid peers</i>	<ul style="list-style-type: none"> <li>• Inexpensive to set up and manage</li> <li>• May have variation in quality</li> <li>• Difficult to reach large numbers</li> <li>• Likely to reduce anxiety and isolation</li> </ul>
<i>One-to-one telephone support delivered by paid peers</i>	<ul style="list-style-type: none"> <li>• Potentially more costly</li> <li>• Difficult to reach large numbers</li> <li>• Likely to reduce anxiety and isolation</li> <li>• Moderate uptake rates</li> </ul>
<i>One-to-one in-person support delivered by unpaid peers</i>	<ul style="list-style-type: none"> <li>• Inexpensive to set up</li> <li>• Some management may be needed</li> <li>• High uptake rates</li> <li>• Likely to reduce anxiety and isolation</li> <li>• May improve health outcomes and behaviours</li> </ul>
<i>One-to-one in-person support delivered by paid peers</i>	<ul style="list-style-type: none"> <li>• Some costs for set up and management</li> <li>• High uptake rates</li> <li>• Difficult to reach large numbers</li> <li>• Likely to reduce anxiety and isolation</li> <li>• May improve health outcomes and behaviours</li> </ul>
<i>Support groups led by trained but unpaid peers</i>	<ul style="list-style-type: none"> <li>• Some investment in organisation required</li> <li>• Likely to reduce anxiety and isolation</li> <li>• Easier to reach larger numbers</li> </ul>
<i>Educational groups co-led by paid peers and professionals</i>	<ul style="list-style-type: none"> <li>• Investment in organisation required</li> <li>• Likely to reduce anxiety and isolation</li> <li>• Easier to reach larger numbers</li> <li>• May improve health outcomes and behaviours</li> </ul>
<i>Online support groups/forums</i>	<ul style="list-style-type: none"> <li>• Inexpensive to set up and manage</li> <li>• May have lower uptake rates and high drop out</li> <li>• Likely to improve knowledge and reduce anxiety by helping people feel less alone</li> </ul>

In terms of the effectiveness of the different methods of delivering peer support, NESTA (2015: 1) found that: “The most promising types of peer support appear to be:

- face-to-face groups run by trained peers which focus on emotional support, sharing experiences, practical activities and education;
- one-to-one support offered face-to-face or by telephone;
- online forums, particularly for improving knowledge and anxiety;
- support offered regularly (such as weekly) for three to six months.”

<sup>22</sup> However, it is difficult to definitively gauge the overall cost-effectiveness of utilising these different approaches (NESTA, 2015).

## Conclusion

There is some evidence that peer support interventions can “... help people feel more knowledgeable, confident and happy and less isolated and alone” (NESTA, 2015: 1). In this regard peer support interventions appear to have some positive impacts by providing individuals with psychological and emotional support, particularly when they are experiencing traumatic life events or are going through a major transition in their lives. As NESTA (2013: 8) argue: “Peer support provides a safe and understanding helping hand at difficult times in people’s lives and gives hope of a better future”. Wider claims made about the efficacy of peer support, such as contributing to health improvements of various kinds, are based on a far more tenuous evidence base and must be treated with caution.

More generally, there remains:

... much left to learn about why some types of peer support are more effective than others and what may encourage people to take part. Peer support requires organisation and may have costs. Little research has explored cost-effectiveness and this gap needs to be filled to help make good decisions about commissioning and sustaining peer support (NESTA, 2015: 1).

NESTA (2015) in a review of the peer support literature also agree that much of the research evidence presented on peer support interventions is not robust or of a rigorous scholarly standard. Commenting on the effectiveness of peer support as an intervention, Hogan, Linden and Najarian (2002: 431) state that:

After several decades of research on social support interventions, a plethora of questions still remain unanswered. First and foremost, it is still unclear whether support interventions are consistently effective modes of treatment for any sort of problem. More randomized, controlled trials are necessary (Hogan, 2002: 431).

NESTA (2015) also appeal to researchers to undertake more systematic evidence reviews and randomised controlled trials on this subject before definitive conclusions can be drawn.

In the final analysis, when an organisation is considering the option of introducing a social/peer support scheme: “How support is conceptualized and operationalized within an intervention may be critical in determining the ultimate success of that intervention” (Hogan, Linden and Najarian, 2002: 383).

## Appendix

### Examples of community buddying schemes

This section outlines a range of social or community buddy schemes that operate across the UK. Some of the learning from these schemes could be transferrable into more generic buddying or peer support schemes or services.

The schemes set out below are primarily targeted at supporting adults, young people or children experiencing a range of physical illnesses/disabilities, mental health conditions and learning disabilities, as well as providing practical assistance, emotional support and respite to carers and families. While the focus of these schemes varies, most aim to enhance levels of social interaction, including increasing opportunities for individuals to engage in social activities or as a means of providing an outlet for those experiencing social isolation or loneliness.

Some schemes also aim to provide benefits to the buddies/mentors themselves such as enhancing their self-confidence and developing personal skills that might improve their employability and lives more generally.

It is important to note that none of these schemes appear to have been subject to systematic evaluation. Much of the evidence present by organisations operating buddy schemes is anecdotal in nature (e.g. service user feedback) or in the form of unsubstantiated claims regarding their efficacy. As a result, it is difficult to assess the effectiveness of these initiatives and more generally to infer wider lessons that are transferrable to other contexts.

#### Support Buddies<sup>23</sup>

Support Buddies is a 'citizen peer support' project launched by The Personalisation Forum Group (PFG) located in Doncaster (South Yorkshire). The scheme is based:

... on a shared journey of discovery where people help and support each other as equals. The PFG believes that peer support is a valuable, effective and an essential part of our mental health services. Support Buddies offers a practical approach to developing solutions to the mental health needs of our community.

Support Buddies assist people with mental health issues, particularly those feeling isolated. Support Buddies is a 'consensual and reciprocal' approach. It works as a Time Bank where people can put in 'support credits' and take out 'support credits'. Practical help is provided such as with domestic tasks, transport, shopping, gardening, hospital visits and other appointments, companionship and social activities (e.g. nights-out, visiting the cinema, fitness activities and friendship groups).

The suggested benefits of the scheme are:

- Increased self-confidence;
- Building skills;
- Reduced reliance on specialist mental health and statutory services;
- Reduced isolation and exclusion;

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<sup>23</sup> Smart Social Work Practice/Personalisation Forum Group (no date). *Support Buddies*. Available at: <http://www.centreforwelfareform.org/uploads/attachment/327/supportbuddiespdf.pdf>. Accessed on: 05/06/17.

- Increased self-worth from helping others;
- Increased social opportunities and greater friendship circles;
- Greater resilience.

### **Hampshire - Community Buddies<sup>24</sup>**

Community buddies is one of a range of the Short Breaks Services provided by Hampshire County Council for children and young people aged 7-19 with a disability and/or additional need, who either live in Hampshire or attend a school in the county. Buddies offer young people support to access leisure activities in the community.

A community buddy can be a volunteer or a paid member of staff. They are interviewed, checked and trained before they are approved and then matched to the person best suited to them. In practical terms the community buddies accompany a young person to their chosen activity, giving them time away from home. The young person and their parents decide how to use their community buddy time. Buddies are available to provide support in all areas of the community such as visiting the shops or activities such as bowling. Families can 'self-refer' to the scheme.

### **Gloucestershire - Buddy Scheme<sup>25</sup>**

The Gloucestershire Lifestyles (GL) Buddy Scheme offers a respite service for carers. The support service meets the specific needs of individuals aged 18 plus living in Gloucestershire who have a physical or sensory disability. A buddy session can be held during the day, in the evening or at the weekend.

GL usually work with small groups of people but they can also provide one-to-one support using a paid support worker or trained volunteer. The carer and participant can choose as many respite breaks as they like during each month. There is a monthly programme of activities, which is devised by participants and staff. These include social activities such as discos, theatre trips, dining out, dancing, clubs or pubs; and sports such as badminton, football or ten-pin bowling. There are also art and craft groups, cookery and gardening groups. Educational support at college and support in volunteering or employment opportunities are also available.

The aim of the scheme is to increase the confidence, independence and self-esteem of participants, while also providing respite for carers and families. There is a fee charged for this service.

### **Wiltshire – Splitz Buddy Scheme<sup>26</sup>**

The registered charity Splitz supports lone parent families experiencing difficulties such as divorce, separation and domestic abuse. The Buddy Scheme is a mentoring and befriending service which is overseen by a full-time project coordinator and 19 trained volunteer mentors or buddies, who receive full training from Splitz. The Buddy Scheme volunteers are usually people who have experienced their own personal difficulties in the past and use this experience to assist others in a similar situation.

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<sup>24</sup> More information is available at: <http://befriendingandmentoring.org/community-buddies-2/#bookmark1>.

<sup>25</sup> More information available at: <https://www.glos.info/advertisers/gloucestershire-lifestyles-in-gloucester/gloucestershire-lifestyles-buddy-scheme-in-gloucester-70459/#sthash.e43DEOsy.dpuf> and <https://www.glos.info/advertisers/gloucestershire-lifestyles-in-gloucester/gloucestershire-lifestyles-buddy-scheme-in-gloucester-70459/>.

<sup>26</sup> More information is available at: <https://www.splitz.org/wiltshire/buddy-scheme.html>.

Buddies support between one and three service users. They do this in the form of weekly, one-to-one visits to the service user's home for approximately an hour. Usually these relationships last for around four to five months, although the length of these relationships can vary.

During these visits the buddies provide a 'listening ear' and emotional support. By doing this, they aim to help service users to exercise control and choice over their own lives by increasing feelings of self-confidence and self-esteem, increasing opportunities for social networking and reducing feelings of isolation.

### **The Support Alliance Buddy Scheme - Somerset<sup>27</sup>**

The Support Alliance Buddy Scheme is funded by North Somerset Council. The Carers Link organisation provides services to carers, particularly those who have become isolated. The buddy service aims to reduce carers isolation by providing encouragement and support so they feel more confident in using facilities and services in their local community. For instance, this could include using the library, going to the gym, swimming or attending a social club/group.

The Volunteer Community Support Buddies initially meet carers face-to-face in either a Café, a carers own home or at Carers Link's offices. Carers can discuss resuming hobbies or interests they have had to give up because of their caring role. Carers will be allocated a local Community Activities Support Buddy Volunteer for a block of between six to eight weekly sessions (it can be less if the aims have been achieved). Each session lasts around two hours, once per week, which is arranged at a time and place convenient to both the volunteer and the carer. Buddies can benefit by gaining experience through providing support to carers as well as developing their interpersonal skills.

Training is provided either within a group setting for six hours or via a 'train at home' pack. The buddies do not provide practical help, specialist advice or personal care but they:

- Gain skills and experience in a social setting;
- Increased self-confidence;
- Increased skills to achieve employment or other goals;
- Improved links/contacts within the community;
- The satisfaction of helping to meet an important need in their local community.

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<sup>27</sup> More information is available at: [http://docs.wixstatic.com/ugd/471a18\\_081831a48b504238a78bf5c293a18de6.pdf](http://docs.wixstatic.com/ugd/471a18_081831a48b504238a78bf5c293a18de6.pdf).

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