Evidence and gap map finds unevenly distributed evidence on effectiveness of using peer support in health and social care

There is evidence related to educational and emotional peer support, and peer support interventions for people with long-term health conditions, but there are considerable gaps in evidence for peer support in countries and health care systems beyond North America.

What is this evidence and gap map (EGM) about?
Peer support – people drawing on shared personal experience to help one another – can directly benefit individuals, reducing social isolation and mental ill-health, and potentially improving management of long-term health conditions. If it increases the effectiveness with which people manage their conditions or address their own needs, it could also lessen demand for health and social care services.

However, peer support varies in its design and delivery, the problems or needs that it seeks to address, the setting in which it takes place, the extent to which it is linked to formal care services, and the number and content of sessions. This variation creates a challenge to those seeking to provide peer support services, such as policymakers and practitioners, in finding and understanding evidence relevant to the type of peer support they are planning to deliver to aid decisionmaking.

What studies are included?
This EGM includes systematic reviews and impact evaluations (randomised control trials and economic evaluations, if not already included in a systematic review) on the effectiveness and cost-effectiveness of peer support.

Included studies are published in English, conducted in high-income countries, and focused on adult populations (aged 18 and over) with a health or social care need.

Any type of peer support was included, as long as peer supporters had the same or a similar health condition as the person they were supporting and had received training, had a contract, or received ongoing support.
The map includes 91 studies: 32 systematic reviews (including 242 impact evaluations) and 59 impact evaluations (52 randomised controlled trials and 7 economic evaluations).

What are the main findings of this EGM?

Studies included in the map varied in quality; the included systematic reviews and economic evaluations tended to be of low or medium quality, whilst randomised controlled trials were generally of higher quality.

The most investigated peer support interventions included education, emotional and wellbeing support, help with self-care and self-management, and social support. Few studies, particularly systematic reviews, looked at case management by peers. People with long-term health conditions were the most frequently studied population.

Studies looked mostly at the effectiveness of peer support in improving health, both physical and mental, as well as wellbeing and social connection. Few studies examined the cost-effectiveness of peer support. The majority of studies took place in the USA.

On the delivery of peer support, studies tended to focus on in-person peer support. There was a gap regarding the integration of peers and professionals in delivering support.

The evidence on long-term peer support was limited, with studies generally focusing on short interventions of up to three months or up to six months.

What do the findings of this EGM mean?

This EGM provides information for policymakers and practitioners commissioning or delivering peer support. It also indicates a need for more research on the cost-effectiveness of peer support, on different ways of delivering it, and in countries beyond the USA.

How up-to-date is this EGM?

The authors searched for systematic reviews published from 2015 to 2021 and impact evaluations published up to 2021.

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About this summary


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