

A Guide to **PEER** **RESEARCH** with Young People

"MORE THAN WE EXPECTED!"

Empathy
Rapport
Co-production
Peer research
Collaborative learning
Support
Data Analysis
Co-production
Shared Experience
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Co-producing

Peer Research

With

Young People

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This guide is based on a study of transitions and outcomes for care leavers with mental health and/or intellectual disabilities funded by the HSC R&D Division, Public Health Agency.

Purpose of the guide

This guide has been written in partnership with peer researchers and academic researchers to share our experiences of the benefits and challenges of a peer research approach to a three year study of the transitions of care leavers with mental health and/or learning disabilities in Northern Ireland.

We would like to use our experience to inform future studies and support further peer research approaches to research with young people. We, therefore, expect the guide will be of interest to:

- Academic research teams considering a peer research approach;
- Young people who may be interested in being a peer researcher or taking part in a peer research project;
- Professionals working with young people who might become peer researchers or participants in a peer research project; and
- Professionals seeking to engage with young people as part of Personal and Public Involvement (PPI) legal requirements under the Health and Social Services (Reform) Northern Ireland Act 2009.

In this guide we will tell you about our research team, our project and what we learnt about doing peer research. We will highlight what worked well for the study, young people taking part, the peer researchers and the study partners. We will also share some of the difficulties we encountered along the way and how we think these could be addressed in future projects.

This guide focuses on the key messages for future projects, however, the peer research approach was formally evaluated and further details of our process are available in the full evaluation report (Dowling, 2016) available online at: <http://www.research.hscni.net/bamford-implementation-commissioned-call-portfolio>. If you have any questions about our peer research you can also make direct contact with the research team (our contact details are provided at the end of the guide).

Finally, we will end the guide with a summary of top tips from our peer researchers on the role of a peer researcher and how studies could be best designed to adopt a successful approach where the benefits of peer research far outweigh the challenges of the design.

What is peer research with young people?

Peer research actively involves young people in the research process and preferably at each stage of the study from project design to data collection and analysis, and/or the presentation of research findings. The focus on more participatory approaches to research with young people is grounded in a commitment to young people's rights to

have a say in decisions and issues that affect them, including research, as is required under Article 12 of the United Nations Convention on the Rights of the Child.

Involving peer researchers seeks to balance power relationships between academic adult researchers and young people, facilitating "... a less threatening environment where greater rapport and openness can be fostered, based on empathy and shared understanding" (Kelly et al., 2016, p 222). Peer researchers are viewed as experts by experience and can also act as positive role models for study participants (Dixon et al., 2015).

Critics of peer research suggest that it may produce poorer quality data and that the additional resources and effort required to support peer researchers is not rewarded with additional benefits above and beyond the role of a traditional academic researcher (Holland, 2010; Nind, 2011). However, we have found that the benefits far outweigh the challenges and can strengthen the quality and depth of data collected.

What was our study about?

Our YOLO (You Only Leave Once?) study aimed to find out more about transitions and outcomes for care leavers with mental health and/or learning disabilities in Northern Ireland. We wanted to hear the views of these young people who were leaving care or had already left care. We wanted to find out what they thought about leaving care services and support for mental health or disability related needs. We were also keen to hear about their lives after care including where they lived, how they felt and how they were coping with finances, personal or family relationships, education and employment.

We interviewed 31 care leavers across Northern Ireland. These young people were aged 16 to 25 and had a range of care experiences. Some had been living in non-relative foster or kinship foster care and others in residential care. Some moved into independent or supported living and others were returning to live with birth families or moved on to adult residential care.

Who was involved?

Our core research team involved: two academic researchers from Queen's University Belfast (QUB) (Berni Kelly who managed the study and Theresa McShane who was lead researcher); and four peer researchers who were all care experienced (Ciaran Carville, Ally Campbell, Seana Friel and Darren Smith - left to right in photo).



The peer research part of the study was closely supported by a partner organisation called VOYPIC (Voice of Young People in Care). Eithne Gilligan from VOYPIC was a member of the research team and assisted with the recruitment, training, payment and support of peer researchers throughout the project.

These researchers were supported by a wider research team involving academics from QUB (John Pinkerton and Gavin Davidson, experts in leaving care and mental health) and representatives from Praxis Care (Paul Webb) and Mencap (Teresa Hazzard). This wider team helped to train the peer researchers and support them to reflect on their experiences and engage in analysis of data.

What was our approach to peer research?

Recruitment

We recruited peer researchers by advertising through VOYPIC, Health and Social Care Trusts and Universities. A formal process of recruitment was adopted to ensure a robust approach that clearly articulated expectations of the role and ensured successful applicants were adequately prepared for the role. Interested young people submitted an application form based on a job specification and were invited to attend a formal interview. Successful interview candidates then participated in an orientation workshop led by an academic (Dr Jo Dixon) and peer researcher (Jade Ward) from the University of York who shared their experiences of completing a previous peer research project. Five young people (out of the original 12 who attended for interview) progressed to formal training before starting their work as peer researchers.

At each stage of the recruitment process, young people withdrew from the project: two young people did not pass the interview, four withdrew their application following the orientation workshop; one did not complete the mandatory training; and one young person left the team shortly after training, leaving four trained peer researchers ready to start interviews with young people. Shortly after fieldwork started, another peer researcher left the project due to personal circumstances and a replacement was recruited from VOYPIC. This new peer researcher was interviewed and trained before adopting the role.

Young people withdrew for a range of reasons. Some realised they would not be able to give enough time to the study due to personal or work/college commitments. Several had been encouraged to apply for the role by their social worker or personal adviser for the experience of applying for a job but did not wish to go any further with the process. Others had confused the peer research role with other roles young people undertook through VOYPIC (e.g. mentoring care leavers) and decided, following the orientation workshop, they were no longer interested.

The key message from our experience of recruitment is that not everyone who applies to be a peer researcher is suitable for the role and academic research teams should expect some applicants to withdraw. For example, for some young people applying for the position it was their first experience of filling in an application form and being interviewed for a job. A formal recruitment process helps to clarify expectations and provides stages in the process where withdrawal is manageable. Stages of withdrawal also create opportunities for constructive feedback for peer researchers and the academic research team. For example, those who were not successful at the interview stage received direct feedback from the interview panel and were offered an opportunity for a second interview. Similarly, at the orientation workshop applicants provided feedback to the academic research team on their experience of recruitment and being interviewed.

The peer researchers

The final four peer researchers were all in their early twenties - two males and two females. These young people had prior experience of kinship foster care, non-relative foster care and residential care. Three of these young people had experience of higher education at University (two studying degrees and one recently graduated) and the fourth was not engaged in education or employment. All four were living independently.

We made it clear in our recruitment process that experience of leaving care was a requirement for the role. Within the final group of peer researchers, there was some prior personal experience of learning difficulties or poor mental health or experience of working with young people with learning disabilities. However, overall, the group of peer researchers felt their knowledge of disability and mental health issues was limited, therefore, two training sessions were targeted at these areas.

Training

All of the peer researchers completed a five day intensive training programme. It was necessary to make this a mandatory training programme to ensure that peer researchers were committed to the project and had the knowledge and skills required to fulfil the role. The topics covered in each session were:

- Research study context and method;
- Ethics;
- Understanding disability;
- Understanding mental health; and
- Interviewing skills.

All members of the research team contributed to the training and young people were given resource materials to help them continue their preparation. The sessions on disability and mental health were also co-led by service users from Mencap and Praxis Care, providing an opportunity to develop knowledge and skills for interviewing young people with mental health and/or intellectual disabilities. In addition, the ethics training was co-facilitated by a care experienced academic who had previously been a peer researcher on a study with young people in care. She shared tips on how to deal with ethical dilemmas during fieldwork and how to manage personal care experience.

'We all have an awareness about care leaving... Then I thought what's it like for somebody with intellectual disabilities who is leaving care? Both the disability and the mental health training opened my eyes to the discrimination they face... that was eye opening that they might not be receiving services that are suitable to them, so that is something that we need to be aware of as well' (Peer researcher).

Peer researchers also reported a heightened awareness of disability issues and inclusion which they brought into other areas of their lives.

'I am at work and... if I see someone in a wheelchair I would have just walked right past and not bothered with them, but now I... have learnt to include people more that I might have ignored before... Now I would have more confidence to go up and talk to them and have a chat. Learning disability and mental health it's a part of their kind of identity, it doesn't make them any different to anybody else... so just treating them like normal people' (Peer researcher).

The training day focused on interviewing skills provided an opportunity to draft personal introductions to participants, briefly explaining their peer research role and their own care experience. In addition, the peer researchers worked with the academic researchers on the wording of the semi-structured interview questions and structure of the interview schedule. The peer researchers also had good ideas on how to ensure they addressed all of the interview topics. For example, the peer researchers suggested having an end summary sheet with a table outlining the main areas the interview was expected to cover so they could check that they had discussed all of the key areas before ending the interview.

'We have been given all the knowledge that we need. I feel ready to go out and do my first interview! It will be great to put it all into practice... I was just excited and anticipating, but now I feel equipped with the skills to match the anticipation' (Peer researcher).

Peer researchers attended refresher training sessions during the course of the project. These were an opportunity for the peer research team to re-group, share their experiences of interviewing and identify challenges or areas for improvement. Members of the research team helped to facilitate these sessions and offered further advice and training on any arising issues including ethical dilemmas (e.g. how to manage interviews with carers present or when the peer researcher discovered they knew the study participant already) and areas for skills development (e.g. how to ask more probing questions about mental health or disability without being too intrusive).

The academic and peer researchers also attended a joint training day on MAXQDA - a computer package for analysis of interview data. This was a great opportunity for co-training on the approach to data analysis and, as this was the first training day on this computer package for all researchers, the balance of power between academic and peer researchers was equalised.

Co-production

Our study involved up to three interviews with a vulnerable group of care leavers experiencing mental health and/or learning disabilities over the course of 18 months. These focused on tracking their experiences of transition from care and exploring their views on their support needs and access to services. The interview schedule was semi-structured and used visual aids to map the leaving care journey and social networks. Interviews ended with administration of a short version of the General Health Questionnaire (GHQ), a structured, multiple choice instrument. The first and final interviews were face-to-face, usually held in the young person's home, and mid-point interviews were mainly conducted by telephone.

The training showed that the peer researchers had varied experiences of leaving care, some experience of mental health issues but limited insight into disability issues. During training, discussion how best to support the peer researchers in the first round of interviews indicated that the peer researchers preferred to have an academic researcher with them for the first interview to assist with transport and provide 'safety net' support, if needed. Peer researchers also saw this as an opportunity for the academic researcher to observe and provide feedback on their first experience of interviewing that would help to build their confidence for interviewing alone.

In order to ensure a role for both the academic and peer researcher, it was agreed that, at the beginning of first interviews, the academic researcher would check that the participant had full information about the study, consent forms were signed and tape recorders were working. The peer researcher then led the interview. For the academic researcher, this role demanded a reflective, non-intrusive approach and a willingness to trust and empower the peer researcher to take the lead.

The academic researcher usually only assisted in situations where the peer researcher indicated that they were unsure how to ask further questions about services or sensitive issues raised during interviews (such as, past trauma, ongoing mental ill health or disability services they were not familiar with).

'It was good to have [the academic researcher] there for the ones we did together, I learnt from her... The young person wasn't sharing it [mental health issues] or bringing it up and I didn't want to offend her so (the academic researcher) brought that up and it was much better... the way she phrased it was good – like, 'do you access mental health services?'... I kept having it in my head to ask but I wasn't sure about how to go about it.' (Peer researcher).

The academic researcher also helped when unexpected issues arose during fieldwork. For example, arriving to interview a young person who had a young child present in the home or a birth parent who wanted to be involved in the interview. By observing how the academic researcher dealt with these practical and ethical issues in the first round of interviews, peer researchers developed their own confidence for interviewing and managing unexpected fieldwork challenges.

'I was really glad to interview my own... I had learnt a lot from the last two interviews with all the young people I had interviewed before. I felt well equipped. I felt that I knew what I was doing and I wanted to do it and to prove to myself that I could do it on my own' (Peer researcher).

This co-production of the interview between the academic and peer researcher was an important feature of the study and one that helped to ensure the continued success of the process. Peer researchers felt supported and knew they had time and opportunity to develop their skills. Academic researchers were assured that interviews collected sufficient quality data and also observed how the peer researchers quickly developed a high level of empathy and rapport with study participants.

As the study progressed, peer researchers conducted more interviews on their own as they became familiar with the study participants and had increased confidence in their interviewing skills. However, there were some cases where this co-production approach continued for second and third interviews with young people. These were situations where the presence of two researchers was ethically appropriate in terms of safety and support, for example, when there were concerns about the risk of violence, when participants had experienced domestic violence and preferred to have a female researcher to accompany a male peer researcher, or when interviews were in disruptive environments where the presence of two researchers helped to manage the dynamics of others present in the setting (e.g. in a busy family home or residential care home). This co-production approach is not an indication that peer researchers

lacked skills to manage alone. Rather, it reflected the importance of an ethical response to concerns for study participants, a supportive approach to peer research, and a commitment to mutual learning between the academic and peer researchers.

Practical Support

A range of important practical arrangements and supports were put in place to assist peer researchers in their role as outlined below.

1. **Logistics.** The academic researcher coordinated the interviews ensuring that the date, time and venue suited the study participant, the peer researcher and the academic researcher. This alleviated the pressure on peer researchers and ensured that the study adhered to the planned timetable for fieldwork.
2. **Payment.** Whilst peer researchers had not been paid during the mandatory training course, all peer researchers were paid for their time once fieldwork commenced, including time for interviews, team meetings and refresher training. Payment was at a half day or full day rate. Whilst peer researchers often felt they would be committed to their role regardless of payment, this payment ensured their role was acknowledged and provided financial support for the peer researchers who were mostly not engaged in any other paid work. Any costs related to transport or subsistence during fieldwork were also covered.
3. **Transport.** Three of the four peer researchers did not drive and required transport to and from interviews which were often in rural areas inaccessible by public transport at the time required. In these cases, academic researchers often drove the peer researcher to the interview venue.
4. **Briefing/Debriefing** Assistance with travel was viewed as a practical arrangement in the first instance, however, the researchers quickly found that this was a key opportunity for briefing and debriefing before and after interviews and also for the research team to develop close working relationships. Time travelling with the academic researcher helped to prepare before interviews and afterwards to discuss how the interview went. Peer researchers indicated that this was a core source of support for them and gave them opportunities to informally process their own emotional response to interviews with care leavers, learn from each experience of interviewing and follow up with the academic researcher on any areas of concern for young people interviewed.

'I get to talk to (the academic researcher) on the way home and it helps to just deal with the emotion of it all. I think I would go off and think about it on my own if I didn't have that time to talk it over... 'The reason that we don't have lasting worries about anyone in the study and we didn't need extra emotional support... is it was all dealt with in the car after the interview' (Peer researcher).

5. **Refresher Training.** Finally, the provision of additional refresher training days and workshops provided further support for peer researchers to reflect on their experiences and to analyse data at each interview stage in order to prepare for follow up interviews.

'It helped because we looked over the first interviews when we were getting ready for the second ones, and then the second ones when we were getting ready for the third ones and it kept us involved and understanding the young person more before we went in to do the next interview. Instead of there being a gap and us like, 'Who is this person again?' It meant that we stayed familiar with their story and helped us do the interviews' (Peer researcher).

What worked well?

The peer research approach to the study was formally evaluated to assess what worked well and what could be improved for future studies. The following were key aspects of our approach that worked well:

1. **VOYPIC partnership.** The study was conducted in partnership with VOYPIC who provided expertise and practical support for the approach. VOYPIC assisted with the recruitment of peer researchers and promotion of the study at key stages of the project. VOYPIC also administered prompt payments and contributed their expertise of working with care leavers to the training and analysis workshops. VOYPIC established ongoing contact with two peer researchers who continued in other roles with VOYPIC, including campaign and awareness raising activities and project work with children in care and care leavers.
2. **Peer researcher stage of leaving care.** All of the peer researchers had left care more than two years prior to participating in the project and had settled into independent living in their own homes. Since leaving care they had been able to process and reflect on their own care experience, including ongoing issues related to past trauma and difficult family relationships, before they engaged in the study. During training, they explored how they might deal with issues that reflected their own experience of leaving care and decided how much information about their own care history they felt comfortable sharing. This was a difficult balance between sharing common or different experiences, protecting the self and avoiding any bias in the interview that may encourage or discourage study participants to open up about their own experiences.

'I felt I couldn't share more about my experience, not for personal reasons, I was not guarded over it, but I felt it was their chance to talk about their experience and I didn't want to make it about me' (Peer researcher).

On reflection, peer researchers felt that they were more able to cope with the emotional aspects of the role because they had moved on from their own care experience and were living independently. In addition, the methodology promoted a reflective attitude as refresher training encouraged them to analyse and reflect on their role and the impact of listening to care leavers' stories which were often very close to their own experience but not in real time.

3. **Peer researcher involvement at every stage of the study.** In some peer research studies, care leavers are involved as advisors on the study or interviewers but have no ongoing role in the study. We took the approach that peer researchers should be involved in every stage of the study. Prior to fieldwork, peer researchers developed a DVD to explain the project and recruit study participants. Although the research design was broadly developed prior to the recruitment of the peer researchers, there were opportunities to work with the academic researchers to refine and develop the semi-structured interview guides. Following their interviews with study participants, the peer researchers also inputted and analysed data, participated in the evaluation of the methodology, assisted with the write up of the findings and presented the findings to various audiences. The insight they brought helped the research team to critically analyse the findings and identify meaningful recommendations for policy and practice. The ongoing involvement of peer researchers also ensured their role was not tokenistic and that they continued to influence the research process to the very end.
4. **Peer researchers' high level of motivation, integrity and empathy.** Peer researchers were firmly committed to the project based on a genuine desire to effect change in care leaver policy and practice. As a result, they were keen to participate in all stages of the project their enthusiasm also helped to maintain the ongoing involvement of study participants who were motivated by their relationship with the peer researcher and the belief that the project could make a difference to leaving care services for other young people.

'There can be feelings of embarrassment and a stigma about being in care and it can be difficult to talk about it... They can open up a lot easier 'cause... it might not be the exact same experience but I think they know that we could empathise... I think even my facial expression and body language, like its authentic, and you can tell the difference if somebody really gets something and really empathises, and somebody who is trying to but they can't really 'cause they haven't been in that sort of situation' (Peer researcher).

5. **Having a small core group of peer researchers.** Initially, we envisaged recruiting 10-15 peer researchers to ensure adequate numbers that allowed for drop out and to cover the geographical areas across Northern Ireland. We ended up with a core group of four and, on reflection, this smaller group worked well. These peer researchers developed close bonds with each other and the academic researchers, and gained more experience of interviewing.

'If there had been more of us we would each have done fewer interviews and maybe not have been involved in the analysis, it wouldn't have worked well with more people I don't think' (Peer researcher).

Practically, it was also easier to coordinate interviews for four peer researchers as we had knowledge of their other college/work commitments and an understanding of their own care leaving experience and skill level.

6. **Relationships between peer and academic researchers.** A critical aspect of the study was the trusted relationships peer researchers developed with each other and the academic researchers. During training and fieldwork, there were opportunities to get to know each other personally and professionally, including disclosure of personal issues that were held strictly confidential within the team.

'She [peer researcher] is a really good friend now I wasn't expecting that. None of my best friends would come from a care background... and you feel a bit out on your own... It has been really good connecting with other people from a care experienced background... that was brilliant' (Peer researcher).

'You're committed because of many things, but one of them was the relationship with each other. You couldn't just drop out, you would just feel terrible... We have all got to know each other and to value each other, working alongside each other like this has been a key element of it' (Peer researcher).

Throughout the study, it was important that academic researchers worked in partnership with peer researchers demonstrating a mutual respect for the expertise each researcher brought to the project and valuing the important roles played by all.

'I felt like they [academic researchers] treated us like adults, right from the start, that makes such a difference. Like we were staff, on the same level... They didn't treat us any differently because we have care experience... It is nice to feel valued... that you are important to the project' (Peer researcher).

7. **Relationships between peer researchers and study participants.** Relationships with study participants were also a fundamental aspect as peer researchers developed a rapport with them with great ease which helped to ensure the interviews were paced and pitched at a level most appropriate to the young people being interviewed.

'Because I had been in care, they knew I would understand, simple as that really. I just knew where they were coming from and they could see that. That helped them to trust me... All the young people commented on that... Even hearing a bit about my story and how far I had come' (Peer researcher).

'One person said he couldn't usually talk to people 'cause... he felt people were looking down on him and he said he could talk to me and be more open because I didn't judge him... I understood' (Peer researcher).

Peer researchers demonstrated a skilful and sensitive approach to developing rapport and, in some situations, their approach facilitated the involvement of study participants who were initially unsure about taking part.

'The young person was very nervous and anxious... The interview nearly didn't happen if it hadn't been for [peer researcher]... who said, 'Why don't we go outside, we can have a smoke, if you want we can do the interview outside, we can do it very informally, we don't even need the script, I know the kind of things that we are looking for to talk about'... She decided she wanted to do the interview herself. I think it was very much down to [the peer researcher's] interpersonal skills, giving a range of options to help put her at ease and to build rapport and sort of empowering her, so it was her choice then to do it or not to do it, there was no pressure being put on her' (Peer researcher).

The relationships peer researchers developed with study participants helped to keep them involved in the study over time. Involvement in the project could last for 12-18 months due to repeated interviews, but only two of the 31 study participants withdrew early highlighting the value of their ongoing relationships with the peer researchers.

Interview participants were asked to complete a short feedback questionnaire at the end of their first and final interviews. Responses from participants were overwhelmingly positive and participants gave very positive feedback on their interaction with the peer researchers, highlighting the importance of being interviewed by peer researchers.

'I think (the peer researcher) has been through the same system as I have... They have been a joy to talk to. Finally, someone who doesn't judge me' (Study participant).

'You're easy going... you're not forceful of what you're asking... I'm quite happy to tell you my story, it's been a genuine pleasure' (Study participant).

'It's been different; it's definitely been beneficial that somebody actually cares... you's actually care about what I'm saying' (Study participant).

Some peer researchers also felt that several study participants viewed them as role models demonstrating that it was possible to move on from care and there were a range of future opportunities for care leavers.

'They could see that it is not all negative growing up in care, and that you can have a good life and be ok, in that way we were kind of role models for participants' (Peer researcher).

'Meeting us, you would hope that would give a sense of encouragement that things can change for them for the better' (Peer researcher).

In addition, peer researchers learnt from listening to the stories of those they interviewed.

‘Even though you don’t get to stay in contact with the young people you interview, you have still been able to meet them and to learn from them about how they cope in their lives and the different challenges they face, and that changes you too’ (Peer researcher).

8. The range of formal and informal supports available to peer researchers.

Formal training days and team workshops provided structured opportunities for support. However, informal opportunities to check in with the research team and engage in discussion about the research pre and post interviews were also critical. The mix of both formal and informal supports reflected each project stage. For example, formal training was important at the outset to ensure peer researchers were adequately trained and prepared for the role and informal support became more important during fieldwork as issues related to individual interviews or circumstances emerged.

What were the benefits and challenges?

There were four key stakeholders:

- Peer researchers;
- Study participants;
- Academic researchers; and
- Study partners.

The specific benefits and challenges for each of these stakeholders are outlined in the Table 1 overleaf (for further details refer to the full evaluation report - Dowling, 2016).

STAKEHOLDERS	BENEFITS	CHALLENGES
Peer Researchers	<ul style="list-style-type: none"> • Built confidence • Acquired research skills • Paid work experience • Learnt about professional roles and boundaries • Developed research skills • Formed new friendships • Re-framed own care experience and identity • Influenced research • Informed future careers 	<ul style="list-style-type: none"> • Practical – time management, cost and transport • -Managing role boundaries • Pace of study • Learning new skills & knowledge of disability/ mental health issues • Managing emotional involvement • Dealing with ethical issues and endings with participants
Study Participants	<ul style="list-style-type: none"> • Sensitive research approach • More relaxed, informal approach helping them to share their stories • Peer contact and access to care experienced role models • Motivation to stay engaged • Signposting to services and support 	<ul style="list-style-type: none"> • Having a novice researcher • Knowing the peer researcher • Dealing with differences in care experience and educational level • Understanding boundaries of peer researcher role
Academic Researchers	<ul style="list-style-type: none"> • Rapport - redressing power imbalances • Empathy - sensitive response to participants • Motivation and commitment to complete the study successfully • Insider insight during data collection/analysis enhancing study quality, authenticity and robustness • Added research roles as peer researchers helped with other aspects of the study • Expressing and deepening understanding of commitment to participation 	<ul style="list-style-type: none"> • Helping peer researchers to manage their desire to advocate and advise participants • Added financial costs to pay peer researchers • Added time required to train, support, coordinate and involve peer researchers • Retaining peer researchers after interview and training and replacing those who withdraw • Being flexible in the study approach as issues arise
Study Partners	<ul style="list-style-type: none"> • Introduced young people to partner organisations • Developed capacity to support research and its impact on policy and practice • Added insight into care leaver needs • Authored publications • Gave expression to the value of participation 	<ul style="list-style-type: none"> • Managing time commitment of staff to project • Ensuring timely administration of payments • Replacing peer researchers • Providing accessible formal support for peer researchers

Table 1: Benefits and challenges of peer research

Many of the challenges encountered were expected and addressed in the mandatory training before fieldwork commenced or during refresher training and workshops. Some of the challenges are applicable to any research study where a new researcher is employed to collect data. For example, the need for training and careful time management is characteristic of most new research studies.

However, some of the ordinary challenges of research were more acute for peer researchers. For example, there is an added dimension to managing emotional involvement and ending contact with participants for peer researchers who are driven by a commitment to make a positive difference to the lives of other care leavers. Similarly, peer researchers had a limited income and were working on a sessional basis as fieldwork was arranged and, therefore, had to manage other work or college commitments alongside the peer research role. It may be possible for future peer research projects to offer a part-time contracted research post for one or two peer researchers to avoid these pressures, however, some peer researchers preferred to work on a sessional basis so they could balance the peer research role with ongoing studies or employment.

Despite the challenges, we found that the peer research approach had a profoundly positive impact across all four areas. Some benefits were expected. For example, we were confident that peer researchers would acquire new research skills, benefit from work experience and redress power imbalances in interviews as they developed a close rapport with participants.

'It is great to be able to put having this work on my CV. It will really help when I am looking for a job. It is so unusual to have done something like this, plus I can get a reference... I have learnt so much' (Peer researcher).

'Their employability skills have just multiplied, their CVs look absolutely fantastic now when they add everything that they have taken out of this study, the interview skills, their knowledge of disability and mental health, issues affecting young people in care and leaving care, generating qualitative interviews, analysis, ethics... really they have all those skills now and experience' (Study partner).

Similarly, we knew that some participants may have a very different care experience in comparison to the peer researcher who interviewed them and, therefore, we worked with peer researchers on how to manage differing experiences and how much information to share with participants to facilitate rapport but avoid direct comparisons of personal experiences.

However, we did not expect some of the other reported benefits of the peer research approach (Dowling 2016). For example, we did not expect that peer researchers would find the experience helped them to re-frame their own care identities and future careers. Indeed, one peer researcher felt that involvement in the study gave her the

confidence to more openly share her care identity with friends and another was motivated by the peer research experience to pursue further research posts.

'When I was growing up I was always the one who was different and in my mind weird because I was the one in foster care... and my friends had the normal kind of families. Now it is like I can use that to be something valuable, that helps me to help other people and that makes it kinda special' (Peer researcher).

'It is helping me shape my own journey – where I came from and where I am at now, things seem to be meant to be, just falling into place' (Peer researcher).

'Having an experience like the study just made me realise how valuable my own care experience is and how you can actually help other people through your own experience... The whole experience has helped me realise that I have a lot to give and a lot to be proud of and I can make a difference' (Peer researcher).

In addition, rather than viewing their involvement in the study as a 'job', peer researchers had a deeper commitment to the successful completion of the project. They often worked outside usual working hours and took on additional roles including involvement in data input and analysis and delivering impactful presentations of research findings to a range of audiences.

Overall, whilst adopting a peer research approach requires additional time and effort, the added methodological and ethical strengths alongside the personal and professional benefits of peer research, make a compelling case for involving care experienced young people in studies involving care leavers.

Top Tips for a Peer Research Study Design

Here are our top tips for anyone considering or planning a peer research project with young people:

1. **Be clear about your rationale and commitment** including the underpinning ethical principles of inclusion and participation, alongside an understanding of the benefits to the study in terms of collecting quality data to answer the core research questions and engagement with study participants.
2. **Plan** from the very outset the allocation of additional costs and time required to support the peer research approach.
3. **Carefully consider recruitment and payment processes** including the size of the peer research team, payment for time on a contractual or sessional basis and how to replace peer researchers who withdraw early from the study. Explain clearly what constitutes a peer, the level of commitment expected, the demands and boundaries of the role and the skills and time required.

4. **Collaborate** with voluntary or community organisations who have experience of working with young people. These partners can provide much needed practical and emotional support during the course of the study, and also bring expertise on participation work with young people.
5. **Consider the care journey of peer researcher** including the extent to which young people have processed and moved on from their own care experience to ensure they are able to cope with the emotional demands of the research.

'In terms of it bringing up stuff for us it really depends on where you are at in your own life... for me being in care is in my past. I am not defined by it and I can speak about it without getting overly emotional... it is all in the bin. I think it is good to try to use your past to try to see things that can help other people, but at the same time it depends on how raw things are for you' (Peer researcher).

6. **Provide comprehensive training** that is mandatory at the outset to ensure everyone is prepared for the role and has an opportunity to form solid working relationships as integral members of the research team. As the study progresses, provide reflective workshops and collaborative refresher training to facilitate shared learning from experience and ongoing skills development.
7. **Involve peer researchers in all stages** of the study from recruitment of study participants and design of data collection tools to data collection analysis, and presentation of findings aimed at ensuring the research impacts on future policy, practice and research.
8. **Provide opportunities for co-production** to share learning between academic and peer researchers and to support peer researchers, if needed. It is important to develop strong, open channels of communication and dialogue between the academic and peer researchers.
9. **Provide informal support** for peer researchers during key stages of data collection, including time for briefing and debriefing with academic researchers and other peer researchers.
10. **Make sensitive and supportive endings** for peer researchers and explore the potential for them to adopt new roles with partnering organisations at the end of the study, for example, as peer mentors or participation project workers.

'There was one in particular... I would love to have kept in contact with her... sort of continue a mentoring sort of role but I understand you can't... That was hard... I felt like I had just taken all of the information then 'Bye see you later'... Talking it over afterwards helped to put it all into context... You might not be helping this person, but maybe their story would help to get things changed' (Peer researcher).

Top Tips for Peer Researchers

'The experience has helped me to understand even just my confidence and realising even how I am able to speak and talk about things and how I am able to help people to open up and just lots of skills that have been developed with the study, feeling more confidence and feeling more valued, like I can do something like this and I can make it work... You look back and you realise how much you have changed' (Peer researcher).

The peer researchers noted the positive aspects of their role and 10 top tips for young people considering being a peer researcher:

1. **Engage** in all aspects of the training – participate and ask questions.
2. **Use the opportunity** to form new friendships.
3. **Make a genuine commitment** to the project for the duration - be a good time keeper and be a reliable team member.
4. **Show integrity** and openness to listen and learn rather than arrogance.
5. **Have confidence** in your ability to interview someone - be yourself during interviews using your communication skills effectively and don't feel pressure to be overly formal.
6. **Be non-judgemental** and sensitive to how study participants may be feeling.
7. **Keep in touch** with the research team during quiet times of the study e.g. in between data collection.
8. **Be aware of your own limits** – don't over commit yourself and prioritise self-care.
9. **Be self-aware** and recognise the impact of the work on your own emotions and mental health and use supports on offer, if necessary: empathy and strong emotions are ok!
10. **Take part in feedback** and reflection workshops to build your understanding of the research process and recognise your own progress.

Conclusion: 'More than we expected!'

Our experience of peer research was very positive and the evaluation of our approach evidenced the success of the peer research element of the project and the added value peer research brings to the project. However, a peer research project is not without its challenges and needs to be carefully planned, coordinated and supported.

The benefits of the peer research approach were clearly evidenced including unexpected benefits for everyone involved. We expected to see a growth in the confidence and skills of peer researchers but we did not foresee the study having such an impact on peer researchers' own care identities, friendships and career aspirations. We expected peer researchers to develop a rapport with participants, however,

participants also clearly stated that they benefitted from being able to tell their story in a way in which they felt heard and valued.

The impact of co-production on how the academic researchers thought and felt about the research was also unexpected. The relationship with the peer researchers deepened and made their commitment to undertaking rigorous research that gave voice to care leavers more immediate. The data gathered was in-depth and rich, offering significant insight into the care leaving experiences of participants. Partnering organisations also benefitted from contact with young people who were not previously connected with their organisation, increased capacity to support and engage with research and new insights into the needs and experiences of young people.

We hope that this guide based on the learning from our peer research project will encourage others to undertake a peer research approach to future studies with young people. Research which seeks to engage with young people, particularly those who are vulnerable or who are sharing personal and sensitive information about their lives, is likely to benefit significantly from a peer research approach. Principles of inclusion, co-production and participation are central to a peer research design and should form the basis of research with young people. The insight, understanding and commitment of peer researchers make the peer research approach invaluable for studies involving young people and we urge academic research teams to embrace such participatory approaches that will be of benefit to their study, to the young people who take part in the research or to those who undertake the peer research role.

'It has been more than I expected to get out of it. I can see a reflection on myself, on how far I have come... It has really set goalposts... It has been really uplifting, the friends I have made and it is a privilege to be part of this' (Peer researcher).

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If you are a young person who would like further support, contact VOYPIC at:



The banner features the VOYPIC logo on the left, which includes the text 'Voice of Young People in Care' and 'Supporting Children & Young People Across NI'. In the center is a circular graphic with the text 'DO YOU CARE? WE DO!' surrounded by various care-related terms like 'FOSTERING', 'KINSHIP', 'CARE', 'LEAVING', 'AT HOME', 'SUPPORTED', 'LEAVING', 'CARE', 'LEAVING', 'SUPPORTED', 'LEAVING', 'CARE', 'LEAVING', 'SUPPORTED', 'LEAVING'. To the right is a section titled 'FIND OUT ABOUT VOYPIC' with the tagline 'voice of young people in care'. Below this is the text 'ADVICE & SUPPORT | A LISTENING EAR' and 'FUN ACTIVITIES FOR CHILDREN IN CARE & CARE LEAVERS'. At the bottom right, contact details are provided: '9-11 Botanic Avenue, Belfast BT7 1JG', 'T: 028 9024 4888 E: info@voypic.org W: www.voypic.org', and 'Registered with the Charity Commission Northern Ireland NIC105019'. Social media icons for Facebook and Twitter are also present.

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