Original Article

# A Commentary on the Development of a Physical Activity Community-Based Peer Mentorship Intervention: Theoretical and Practical Insights from the Social Identity Approach

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## Abstract

The use of social identity theorising to inform public health interventions is a conceptually salient, yet currently underutilised approach. The social identity approach elaborates on the primary psychological mechanisms underpinning social identification, as well as providing supporting evidence for the plethora of health and well-being benefits that are derived from being a member of social groups. Notwithstanding, to date there remains little practical guidance for how the social identity approach can be harnessed to inform the development of complex behaviour change interventions which take place in diverse public health settings, such as Exercise Referral Schemes (ERSs). This article presents a summary overview of how the social identity approach was used to inform the development of a bespoke peer mentorship-based intervention for ERSs. As such, we provide a case study example outlining the practical implementation of the social identity approach within a diverse public health context. Some critical reflections are discussed that have broader relevance for other public health interventions that seek to embed peer support provision.

Keywords: *Peer Mentorship, Exercise, Group Membership*

Utilising theory to develop complex health behaviour change interventions can enhance intervention effectiveness (Prestwich et al., 2015). The decision making and application of theory, however, to inform the development of behaviour change interventions are seldom reported in-depth. Intervention Mapping frameworks (e.g., Fernandez et al., 2019) represent a positive step towards the better reporting of health-related behaviour change interventions. However, we argue that scholars should seek to further delineate their reasoning for using psychological theory and its proposed application at the onset of intervention development. Doing so will ensure transparent theoretical decision making at the onset of intervention development and ensure its saliency, utility and fidelity within a given health context. Accordingly, the current article provides an insight behind why and how the theoretical principles underpinning the social identity approach informed the development of a peer mentorship intervention designed to enhance physical activity engagement in a community public health setting.

During the initial intervention development stage, we adopted a social identity approach (Tajfel & Turner, 1979) as it affords a theoretical perspective into the social relations underpinning peer dynamics. According to the social identity

approach, when perceived similarity with members of a given social group is high, individuals are more likely to experience a sense of belonging and social connectivity (i.e., identifying as 'we' and 'us' rather than 'I' and 'me'). The giving, receiving and interpretation of support from others is often structured by identity-based relationships between the support provider and the recipient (Haslam et al., 2012). We sought, therefore, to design an intervention that established positive peer relations through a mutual sense of shared social identity for promoting physical activity engagement.

The theoretical mechanisms underpinning an intervention are contingent upon the context in which it is delivered (Pawson & Tilley, 1997). As such, we adopted a person-based approach (Yardley et al., 2015) towards intervention development to ensure the appropriateness of our theoretical position in the context of those who will be using the peer intervention. The context for our peer intervention was a community-based exercise referral scheme (ERS). ERSs are short-term physical activity interventions for adults (≥18 years) who are: (1) experiencing or recovering from one or more physical and/or psychological health conditions and (2) are deemed to be insufficiently physically active (<150 mins moderate-to-vigorous physical activity/week), or (3) engage in prolonged bouts of sedentary behaviour (NICE, 2014). ERSs are accessed by heterogenous populations who vary by age, sex and health status, key demographic criteria which routinely inform initial perceptions of similarity among exercise group members (Dunlop & Beauchamp, 2011). As such, the extent to which ERS participants are demographically dissimilar to one another can markedly reduce opportunities for shared social identity development relative to other public health settings. Such contexts are well suited to social identity-informed interventions which seek to promote a wider perception of 'usness' amongst group members. A developed and internalised sense of 'usness' can reduce and transcend outward perceptions of intra-group dissimilarity (Haslam, Reicher & Levine, 2012). The following section outlines how we utilised the social identity approach to develop a bespoke peer mentorship intervention for ERSs.

Initially, we conducted a qualitative needs analysis with key stakeholders (i.e., ERS staff and ERS clients) to ground the development of the intervention in an understanding of the perspective and psychosocial context. Among the most salient findings (Portman et al., 2022) were that the ERS was non-group based and ERS sessions, held within local community gyms, could simultaneously be accessed by non-ERS members. This flexible participatory format created confusion over whether those who were accessing the gym at the same time were fellow ERS users like themselves or if they were non-ERS everyday gym users. ERS clients cited this ambiguity as a barrier which inhibited their willingness to instigate and reciprocate social interaction with other ERS gym users. Stakeholder interviews also revealed contrasting preferences and expectations for peer mentorship among ERS clients. Some sought to develop friendships, others were content with making small talk and others indicated no keen desire for direct social interaction. Consequently, the community ERS environment hindered the development of a shared sense of ERS social identity due to 1) a lack of clarity surrounding a defined group membership, and 2) a lack of distinct norms for group behaviour and conduct in terms of social contact preferences.

Our interviews with ERS stakeholders found that former ERS clients who had successfully completed their ERS programme can act as peer mentors to provide ERS clients with an additional, dependable source of social support (Portman et al., 2022). Specifically, ERS peer mentors acted as advocates and propagators of a shared sense of ERS social identity through offering one-to-one social support to ERS clients and by acting as exemplary ERS

social identity role models. ERS clients and providers reported their prototypical peer mentor preferences in terms of demographic characteristics, personal characteristics, and roles (Portman et al., 2022). Participants emphasised the need for peer mentors to have completed the ERS and to have experience of managing a personal physical and/or psychological health condition. ERS clients considered an ERS peer mentor's age and gender to be largely inconsequential relative to their ability to demonstrate the personal characteristics of empathy, positivity and a good sense of humour. A summary of prototypical ERS peer mentor roles is provided in Table 1.

We know from the social identity approach to leadership that leadership effectiveness is determined, at least in part, by the extent to which followers perceive leaders as prototypical members of their chosen group (van Knippenberg & Hogg, 2003). Our intervention development phase was able to capture the prototypicality of an ERS peer mentor as defined by those who accessed and delivered an ERS (Portman et al., 2022). In doing so, ERS clients were able to capture a sense of themselves in the embodiment of a peer mentor(s) and to perceive a shared sense of social identity (i.e., 'we' and 'us') with peer mentors who represented their personal values, beliefs and behaviours. Overall, the recruitment and introduction of ERS peers increased the availability of emotional, motivational and informational support to ERS clients. These categories are broadly consistent with previous peer and social support literature (Dennis, 2003). However, grounding such roles within an overarching social identity approach will increase the likelihood that offered support will be interpreted positively and acted upon by intended recipients of support (Haslam et al., 2012). In this regard, cultivating a perceived shared sense of social identity should be considered fundamental to effective peer support provision. Preliminary findings showed ERS peers contributed towards increased feelings of comfort and belonging among ERS clients (Portman et al. 2021), factors that may play an influential role in participants' continued adherence to ERSs.

Social identity building interventions to date have primarily focussed on organisational (Steffens et al., 2014) and/or sports group (Waldhauser et al., 2021) contexts. These groups differ to ERS settings in two meaningful ways: 1) there is more likely to be at least a fundamental similarity upon which social identity can be formed; and 2) these groups are unlikely to experience widespread group member turnover to the same extent as that commonly reported among 12-week ERSs (Pavey et al., 2012). Critically, the social identity informed ERS peer mentorship intervention presents a means to integrate social identity building constructs within public health settings with high group

**Table 1. Prototypical ERS peer mentor roles according to ERS clients and providers.**

| Role type | Description and example |
|---|---|
| Practical | Non-specialist assistance operating gym equipment<br>E.g., demonstrate how to access pre-set programmes on exercise machines |
| Informational | Answering questions related to the ERS process<br>E.g., provide details of supervised session times |
| Motivational | Share details of own ERS journey<br>E.g., discuss how personal barriers to ERS completion were overcome |
| Emotional | Welcoming new clients and showing on-going interest in client welfare<br>E.g., socially interact with clients on a one-to-one and one-to-many basis |

member turnover. ERS peer mentors represent a reliable and dependable source of social support for individual ERS users, as well as acting as a bridging link to facilitate social interaction amongst ERS users themselves, thus creating an opportunity for a social identity to develop.

Moreover, we know that social identities are most influential when perceived group-member similarity is high (Haslam et al., 2012), whereas ERS users are largely heterogenous in age, gender and health status, and their individual ERS-related successes (i.e., increased physical activity) are not co-dependant on the successes of others. As such, the ERS setting represents a challenge to the peer mentors' social identity building roles, as they must possess the requisite interpersonal and communicative skills with which to establish rapport and supportive relationships with a diverse array of ERS users. From a theoretical perspective, leaders who demonstrate multiple identity prototypicality are perceived to be more effective (Steffens et al., 2018). By fostering a shared sense of identity via perceived similarity in one or multiple domains, these leaders can demonstrate and promote a sense of 'usness' between themselves and individual group members within diverse intra-group settings (Steffens et al., 2018). For example, ERS peer mentors can demonstrate their similarity to different ERS group members according to one or many of the following characteristics: (1) age, (2) health condition, (3) physical capabilities, (4) life experience(s) and/or (5) sense of humour. In this regard, ERS peer mentors perform multi-faceted roles by providing direct one-to-one support, assisting ERS users towards adopting a singular overarching ERS social identity, and negotiating and reconciling any existing social identities that may be present among distinct ERS sub-groups (i.e., among ERS users of a similar age, gender or health status). Ultimately, though challenging, it is within these diverse settings where peer mentor roles can potentially yield the most positive gains for group social identity development. Without ERS peer mentors, the onus for establishing rapport and accessing support from others is transferred back to individual ERS users who may have contrasting preferences for social interaction and/or differing levels of proficiency in establishing and maintaining social interaction, which may inhibit subsequent social identity adoption.

This commentary provides a rationale for the saliency of grounding a community-based based peer mentorship intervention through the lens of the social identity approach. We raise some issues and offer person-centred solutions guided by social identity principles for developing a peer mentorship intervention within an ERS setting. Capturing a contextualised understanding of how social identity theorising operates can help inform the development of peer interventions in diverse public health settings. Moving forwards, peer interventions can benefit by first identifying existing central components of a group identity and having an appropriate, context-specific mechanism by which to amplify and promote them among the wider group (e.g., peer mentors). In addition, whilst specific peer mentor roles may vary across contexts, the overarching support structure should be underpinned by the pursuit of establishing positive peer mentor-mentee relationships that are rooted in perceived similarity. From a social identity perspective, skilled peer mentors are those who can cultivate a sense of 'usness' by identifying and communicating existing shared characteristics, ideals and experiences between themselves and others (Haslam et al., 2012). Further benefits are likely to be achieved when peer mentors can promote greater perceived similarity among group members themselves. This practice has the potential to increase the availability of social support on a short-term basis whilst also creating a supportive network(s) that may persist beyond the end of an intervention.

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