

Evaluation of the Women Side by Side programme



Contents

Introduction	1
Did women benefit from women’s peer support?	1
Evaluation aims	2
Methods	2
Findings	3
Did women benefit from women’s peer support?	3
Do peer support values differ in women’s peer support?	4
How effective were the partnerships within the programme?	6
How did the programme build capacity for women peer support?	7
Evaluation limitations	8
Peer research reflection	8
Conclusion	9
Recommendations	10

Acknowledgements

The Women Side by Side evaluation team writing collaborative, produced by staff from the McPin Foundation and St George’s University of London:

Humma Andleeb, Jennie Parker, Tanya MacKay, Ffion Matthews, Julie McWilliam, Fozia Haider, Naima Iqbal, Sarah White and Vanessa Pinfold.



Women Side by Side uses peer support to improve the mental health of women facing disadvantage. The project is supported by Mind and Agenda, the alliance for women and girls at risk.

Introduction

Mind partnered with Agenda (the Alliance for Women & Girls at Risk) to deliver a new programme of peer support for women in England and Wales. The programme, Women Side By Side, was funded by the Department for Digital, Culture, Media and Sport (DCMS) and the Welsh Government. It built upon work previously completed by Mind, funded by the Big Lottery Fund, delivering community-based peer support in England, called Side by Side.

Women benefit from women-only spaces. Women-only services play an important role in supporting women's specific needs relating to, for example, domestic abuse and sexual violence. Community-based peer support, is a valued part of community care, particularly in the mental health sector with grassroots origins and an emphasis on peer leadership. This programme aimed to increase the availability of high-quality peer support for women with experience of multiple disadvantage who have, or are at risk of developing, mental health difficulties. Third sector organisations were supported and funded for 12 months to deliver the Women Side by Side programme.

Grants worth £1.3 million were distributed in England and Wales in two ways:

- Delivery grants for peer support initiatives for and led by women with experience of multiple disadvantage (13 in Wales, 54 in England).
- Hub grants for women's organisations to take on a leadership role as capacity building (4 in England and 1 in Wales).

Who was funded to deliver women's peer support?

The 67 funded projects and 5 hubs; 66 projects provided face to face women's peer support groups to 3139 women, and one online-only project provided peer support to 2663 women.

- 91% of organisations stated in the grant application they had previous experience of providing peer support.
- 51% of organisations set up new peer support groups with the funding, 49% used the funding to expand existing groups.
- 49% of projects were delivered by women's organisations, who received 52% of the funding. The remainder were mental health specialist organisations or generic community-based charities.
- 72% of projects ran groups in an ongoing manner that allowed women to drop in and out at their own pace.



Evaluation aims

The Agenda-Mind partnership set out a clear brief for the evaluation team with four objectives:

- The impact of the programme for the women who were part of the peer support groups.
- How the values of peer support, developed during the original Side by Side evaluation¹, relate to women's peer support, including changes required to work in a gendered and trauma-informed way.
- The effectiveness of partnerships formed between organisations in the mental health sector, women's sector, and other sectors in the Women Side by Side programme.
- How the programme built capacity in delivering high-quality peer support for women.



Methods

We used peer research methods to evaluate the Women Side by Side programme. This means the entire frontline evaluation team were women with experience of multiple disadvantage and or mental health difficulties, including our evaluation advisory group and regional peer research team. The team was made up of people who could draw upon different identities and experiences in the collection of data and analysis process.

Our evaluation used several approaches to collect information across the programme.

- Questionnaires developed and piloted with projects, collecting information from women giving and receiving peer support in groups twice over the course of the project.

- Observation of peer support groups, meetings and events; recording key information on co-produced proformas.
- Interviews with programme staff, project facilitators and women in peer support groups.
- Projects providing the evaluation team with a story of their project, with support from the regional peer research team.

We received follow-up questionnaire data from 380 women in peer support groups, completed 114 observations, carried out 40 in-depth interviews, and collected 20 project stories.

This forms the data set for the evaluation alongside supplementary data from Mind who ran a parallel project monitoring process.

1. Evaluating the Side by Side Peer Support program (2017) <https://mcpin.org/evaluation-of-mind-peer-support-programme/>

Findings

Did women benefit from women's peer support?

The women who attended peer support groups across England and Wales had experienced multiple disadvantages. The groups were varied in structure and activity focus. One group was in prison, another worked with young girls growing up in gangs; there were Black, Asian and Minority Ethnic (BAME) groups; some worked with women with learning difficulties or physical health problems alongside mental health difficulties; there was a project working with horses, another a theatre project.

Quantitatively, we did see improvements in women's social networks. We found women were better connected to friends and neighbours, felt less lonely and isolated, and were more able to talk

about mental health with friends, neighbours and acquaintances. Peers in projects run by women's organisations saw a greater impact on how women felt about themselves, including improved self-esteem, and their social networks grew with new friends added. We did not see changes in wellbeing for women attending peer support groups.

Individually, women told us in the interviews that they had benefitted from the peer support groups primarily in relation to social connection, self-esteem, self-confidence and skills building.

This may explain why we saw some improvements regarding social networks with both friends, neighbours and acquaintances, and increased confidence to communicate with peers².

“ We're all just like a big family and we support each other. ”

“ I've actually made quite a lot of friends. ”

“ It's helped me with my self-confidence and self-esteem and being more sociable. ”

“ Before that I didn't know how to start a conversation... I feel quite different from before. ”

2. All the quotes in this Executive Summary have full attributions (who said what) in our full report, please do access that for a more detailed account of the findings. Most quotes used in this summary are from peers who were interviewed from support groups.

Do peer support values differ in women's peer support?

The evaluation of the Side by Side programme identified six peer support values underpinning effective peer support: safety, choice and control, experiences in common, two-way interactions, human connection and freedom to be oneself. These values were present in the Women Side by Side programme, which we would expect as each project was given a toolkit explaining how quality peer support could be delivered.

Across the programme we found evidence where peer support values were being met, as well as situations where there was poor evidence. This reflects the nature of peer support. There will be variations, session to session as well as between groups, in how groups are delivered, and peer support experienced by peers.

Overall, we found greater emphasis on safety (emotional and physical) for women's peer support. The role of men was discussed, with most preferring

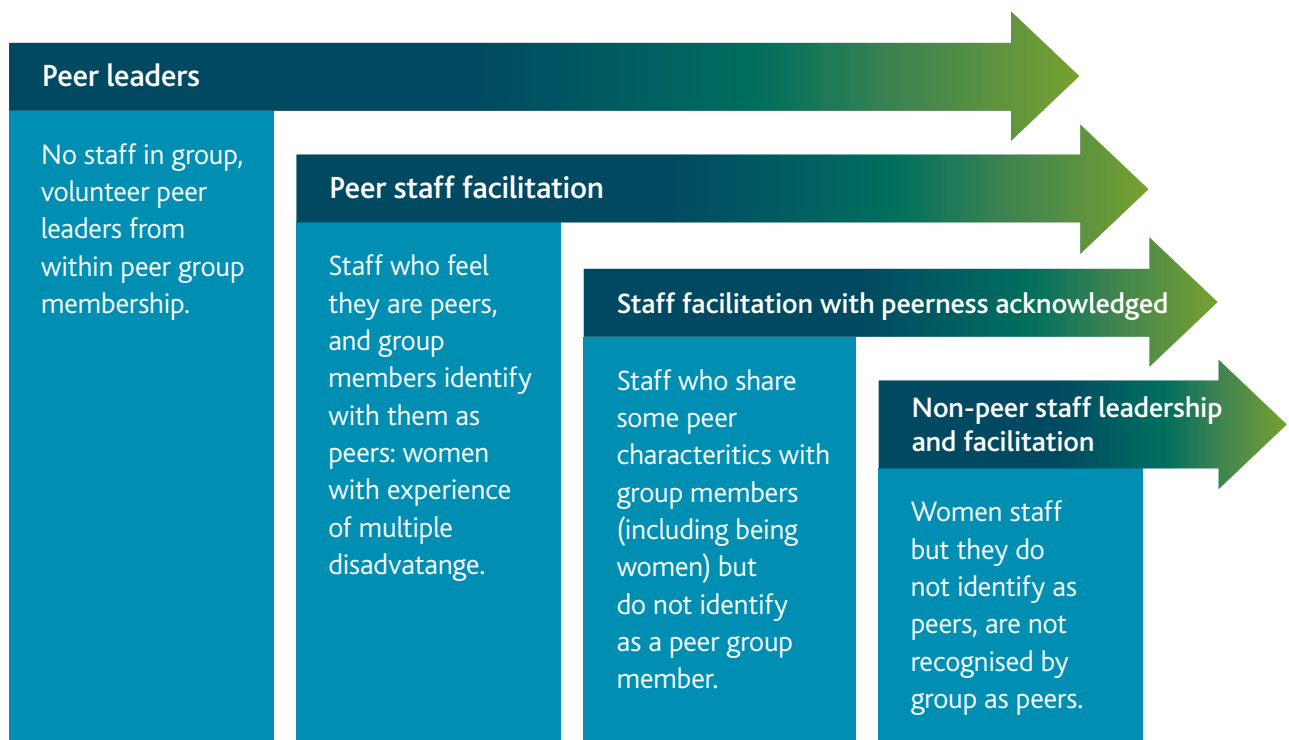
women-only group membership, female facilitation and locations that ensured safety of women. Women-only spaces were highly valued.

Choice and control were also key features for women's peer support, with contrasts provided to statutory services. Women valued having the choice to attend; give support to others and receive it themselves.

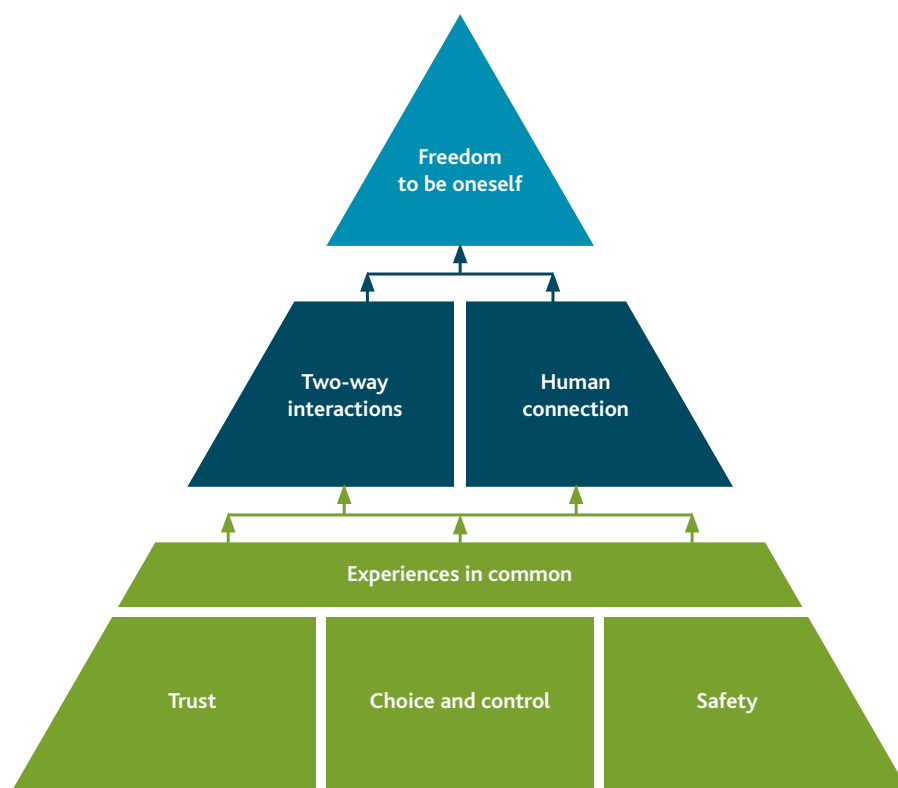
“ I felt more comfortable in going to a playgroup than talking to someone from a perinatal team, a lot more comfortable. Like, when you are there you feel like you have got to talk. In a playgroup you don't feel like that. Sometimes I don't even realise I am doing it. When you are so comfortable it just flows out of you. ”

We found that facilitation was particularly important in women's peer support groups and identified four models across the programme: peer leaders, peer staff facilitation, staff facilitation with peerness acknowledged, non-peer staff leadership and facilitation.

Women's peer support facilitation approaches in Women Side by Side



Women's Peer Support values and principles



Women told us that something important and unique happens when women can share space and experiences. Experience in common was vital, but this was broader than previously defined.

- In women's peer support the first commonality was gender; women connected because of a shared identity as women.
- Second commonality was focus of a group such as social group, a course, or activity.
- The final element of shared experience was mental health difficulties and or experience of multiple disadvantage.

Notably, the programme allowed women to open-up to peers and seek support for any difficulties at their own pace and in their own way. This was irrespective of whether they themselves identified their experience as being connected with mental health or multiple disadvantage.

“It is a women-only space and I think that's really important for women to have that space where they can share that commonality.”

We identified a new foundational value of trust. This reflects evidence that women are more likely to experience trauma than men, and consequently experience impacts on their mental health, help-seeking, and ability to trust. Many groups included women with experiences of domestic abuse and sexual violence (past or current) and taking a trauma-informed approach was essential for peer-to-peer relationships to flourish and trust be established.

“I've got the respect and the trust of the group, which I think is, obviously, first and foremost. As a group, if that's how you feel and not to be pushed into doing it. So, I must have been there quite a few months before actually they found out what I'd been through, but that's because I held back.”

To reflect the additional value of trust as well as the shift in emphasis to safety (emotional and physical), choice and control and shared experience, we altered the peer support values pyramid.

“ I think there's been a sense of belonging, I think there's complete recognition that this is a place where you don't get judged, that we are supportive and nurturing and empathetic where nobody is telling you what to do or how to be. ”

How effective were the partnerships within the programme?

The Mind and Agenda partnership worked very well. It could have been strengthened by greater equality in roles, particularly in programme delivery, which was all done by Mind staff, but overall, the partners formed a strong leadership team that developed over time.

“ We've certainly learnt a great deal from it. I think we feel that it's been a great learning process for us. ”

“ There are opportunities for learning and for having access to other areas of work, that you wouldn't necessarily have if you were just strictly doing your own area. ”

We observed high levels of trust at all levels of the programme, respect for expertise and the importance of a shared common goal: the provision of high-quality women's peer support. The most successful aspect of the partnership between the mental health and women's sector was combining resource, knowledge and expertise. This alone speaks to the opportunities the partnership presents in relation to improving gender responsive services more broadly.

“ What I've really enjoyed about this project is it's moved away from the idea that there's a kind of set of knowledge out there that we learn from. And it felt much more collaborative. ”

The five programme hubs, funded to help build local capacity in women's peer support, had to set up quickly and that was challenging. A key focus for the hubs were learning events which provided opportunities for projects to network, meet local commissioners, build new partnerships and in planning sustainability strategies.

Pressures of scarce time and resource did limit what hubs could achieve.

“ [Influencing work] definitely happened, particularly in the second half. You know, in the last few months, I've been able to do more partnership work. I've gone out and done more of the capacity building. I've been able to be a voice for the project and my project group. ”

Learning events run by all hubs were a good example of partnership working, particularly in the latter events where decision making was more influenced by projects to shape the agenda and lead sessions, shifting the balance of power to the grass roots promoting greater leadership for peers from projects.

One tension was the perception that mental health organisations were medical-model dominated, and that the women's sector were overly service model orientated, diminishing the potential for women to run their own groups. Over time the sectors did learn from each other, and this was easier when there was closer partnership working through active team working on a day to day basis.

“ The partnership made [hub partner] feel like they've gained some skills and confidence in peer support. It has been really good being involved in that wider network and hearing about other women's organisations and what they're doing. When giving a bit of advice, not to do hubs alone, actually doing it in partnership with an organisation from another sector made a huge difference. ”

We did observe differences in how the sectors spoke about women within peer support groups. There was a tendency in the women's sector to identify peer support as a 'service' model, referring to clients, service users and patients. The mental health sector distanced itself from formal service language, emphasising peer leadership and reciprocity of relationship support in groups.

Overall, the successes relating to partnership working in hubs were hindered by the short programme timescale, particularly when working with women experiencing multiple disadvantage in a trauma informed way.

Projects could have developed more networks through opportunities in the hub learning events, and expanded partnerships if funding had been for longer and criteria had prioritised applications from those forming new partnerships and a greater number of learning events had been held during the delivery phase, including earlier on in the process.

How did the programme build capacity for women peer support?

The programme struggled with capacity building because of the time constraints of a 12-month delivery time frame using trauma-informed practices. Many projects were developing new groups. Hubs took time to set up and develop networking strategies.

“There is definitely a need for a facilitator role and in terms of encouraging leadership, that will take a lot longer than a year. I mean, basically in real terms, I had nine or ten months to try and get this off the ground as best as I could. This is going to take years.”

Hubs acted as a facilitator, building links between projects and commissioners. They also helped projects develop knowledge on applying for funding. However, as these activities occurred near the end of the programme the impact was limited. If these had occurred earlier in the programme hubs may have had greater success in supporting projects to sustain delivery beyond this project funding.

There was evidence that women benefitted when they took up peer leadership roles, however there were challenges in developing leadership in some groups.

“I think the impression I get is that a peer support model is a very effective way of supporting women to become leaders because it is a safe place that enables them to take risks with their peers.”

Views on leadership changed throughout the programme for some groups, with projects seeing the benefits of allowing women with multiple disadvantage to have responsibility for groups.

“I don't think sitting here now, eighteen months ago I would have ever thought I would have been able to mentor another person going through what I have in my past. And that just shows how far you can actually come on these courses.”

One of the barriers to leadership development was how women's and mental health sector organisations perceived risk in relation to people experiencing multiple disadvantage within peer support differently. There are learnings for both around how to ensure women's safety, whilst allowing them space to grow within the peer support context.

We also found that women not feeling confident or able to undertake a leadership role also limited the development of leadership in some groups. For some groups, the inability to develop sufficient peer leaders to act in a voluntary facilitator role impacted their sustainability after the Women Side by Side funding ceased.

Self-evaluation objectives within the programme were not achieved. Some projects engaged very well with the evaluation, and developed new skills, but many projects did not build capacity to self-evaluate. There are lessons for all partners about avoiding multiple data collection processes and adequate resources for evaluation and data collection at all levels.

The current recognised measures utilised to evaluate peer support programmes did not work well in Women Side by Side among women experiencing multiple disadvantage. As an evaluator there are opportunities for us to explore, in collaboration with those with lived experience, more appropriate approaches for evaluating peer support programmes.

Evaluation limitations

All research projects contain limitations, learning from methodological challenges is part of the process. In this project, where peer research was prioritised, and self-evaluation was a key objective a major challenge was scarcity of resource and time both for the evaluation team and all the projects.

Working with women who have experienced multiple disadvantage requires a trauma-informed evaluation approach. This was attempted but using questionnaires, over multiple time points – in this case three time points, across 67 projects did not result in a robust data set as only 12% women responded. It meant we could not do detailed project by project analysis and could not report for Wales and England separately.

The regional researchers could not visit every project and assist, as the geographical areas covered were very large and the team had multiple tasks to complete whilst working only one and half day per week. The evaluation was also focused on understanding partnerships and capacity building within Women Side by Side. The 12-month grant funding meant developing both partnerships and capacity building strategies were challenging goals for projects and the programme overall.

Observing these dimensions was not easy. It would have been more beneficial for sector-wide learning to have focused more on women's experiences of the programme using narratives and interviews, understanding how peer support can benefit women with experiences of multiple disadvantage.

Peer research reflection



A lot of women have a tough time with their mental health as a result of past trauma. I value these projects set by the Women Side by Side programme, for the fact that it gave a lot of vulnerable, marginalised, isolated women the chance to grow and interact with their local community – after a long time of feeling isolated.

It's given so many women a purpose, a sense of meaning to their life again and a chance to see a more positive way forward. It has helped women start or continue along their recovery journey. I'm living proof of the impact of these such projects.

Throughout these past 12 months I have met so many women like myself who are now striving to set life, recovery and work goals. It really has been an amazing experience to be a part of this programme and this research team.

Me and my research colleagues will really miss all the lovely people we have met along the way. It's been an amazingly positive experience and I've learnt a lot.





Conclusion

Women Side by Side positively impacted on many women through the giving and receiving of peer support at 67 projects across England and Wales. Women made new friends, felt more confident and spoke with their neighbours more. What we do not know is whether these impacts were sustained over time. The outcomes of gendered peer support on women with experience of multiple disadvantage were particularly dependent on peer support groups being run in welcoming spaces: women-only spaces.

We found that trust was an important foundational value for women's peer support alongside safety, choice and control, and experiences in common. Trust is especially relevant to women experiencing multiple disadvantage, who may have had their trust impacted through adverse childhood or adult experiences such as violence, emotional abuse, parental separation/divorce, and substance misuse issues.

Without trust, many women in the programme would not be able to engage and benefit from peer-to-peer support.

Commonality of experiences were first and foremost bringing women together, followed by shared interested or activity focus of a group, and lastly commonalities related to mental health difficulties. The level of peer leadership in projects varied, but where it was found women and projects benefitted. Partnerships were forged and worked well, between Mind and Agenda.

The learning events were useful for shared learning, networking and talking about capacity building plans. Unfortunately, most of the peer support groups started under Women Side by Side were not sustained past programme funding, except where host organisations were able to self-resource.

Recommendations

- 1** Participating in women's peer support had a positive impact for the women we spoke with. Most women felt able to participate because the programme was for women-only.

This suggests there is justification for ongoing women-only peer support.
- 2** The values pyramid for women's peer support should be adjusted to include the foundational value of 'trust'.

We recommend that the Side by Side values should continue to be tested and critiqued, using a peer research methodology.
- 3** Women's peer support is valued by women experiencing multiple disadvantage, but more work is needed to understand how peer leadership within groups can best be supported and developed.

We would recommend peer leadership should be defined by the women giving and receiving peer support, fostered in safe environments that recognises existing strengths women have gained from their lived experience to lead.
- 4** We observed that male presence at learning events and within projects was mostly problematic. Even when tolerated or accepted, women-only spaces were highly valued.

For women to participate in professional learning opportunities about women's peer support, clear guidance on the role of men at events and creating ground rules that protect women is recommended.
- 5** Partnership working provides opportunities for shared knowledge and in turn better delivery of women's peer support.

Continued development of partnerships between the sectors should be encouraged, sharing knowledge and expertise to benefit both women's organisations and mental health organisations.
- 6** Hubs delivered learning events and supported capacity building in Women Side by Side. We recommend that the hub model could be developed further, with more events over a programme period.

We recommend that learning event budgets



should also include project travel funding so more women can attend, as not having this resource is a barrier and limits the diversity of lived experience at these shared learning spaces.

- 7 Many of the limitations within the Women Side by Side programme were associated with limited resources and a sense of pressure to deliver measurable outcomes.

Funding and grants should be provided in ways that accurately reflect the time, and cost required to work with women experiencing multiple disadvantage; in this case 2 years minimum to build partnerships and create, and deliver, sustainability plans.

- 8 Learning from this project may be helpful to others in England and Wales commissioning and working on peer support.

We recommend that programme learning should be shared with others in both women's and mental health sector and critique of the findings encouraged.

- 9 Methods to evaluate peer support need further development. No programme should run two parallel data collection processes, as was the case in Women Side by Side which led to an unhelpful increase in demand on project resources.

We would not recommend using an evaluation questionnaire over multiple time points tracking several outcomes again. Changes in wellbeing are not a useful yardstick of impact in community-based peer support. Our recommendation is an evaluation based upon a community participation approach or a developmental evaluation embedded in programme delivery. Outcomes associated with funding should be driven by the beneficiaries of the programme and developed reciprocally between peers, organisations and funders.

Want to know more?

The full evaluation report is available in Welsh and English:

<https://mcpin.org/womens-peer-support-programme-evaluation/>

There is also an 'at a glance' summary from the team at Mind:

<https://www.mind.org.uk/media-a/5921/wsbs-at-a-glance-summary.pdf>



Agenda, alliance for women and girls at risk, have produced a policy report from this programme of work:

<https://weareagenda.org/wp-content/uploads/2020/06/WSBS-Agenda-report.pdf>

And there are a series of blogs available from our peer research team:

<https://mcpin.org/our-work/peer-support/>

If you would like to contact the research team directly about this work, please do so via email: contact@mcpin.org

About the McPin Foundation

We are a mental health research charity. We believe research is done best when it involves people with relevant personal experience that relates to the research being carried out.

We call this expertise from experience and integrate this into our work by:

- Delivering high-quality mental health research and evaluations that deploy collaborative methods
- Supporting and helping to shape the research of others, often advising on involvement strategies
- Working to ensure research achieves positive change

Research matters because we need to know a lot more about what works to improve the lives of people with mental health difficulties, their families and ensure people's mental health is improved in communities everywhere.

Follow us:

 /McPinFoundation

 @mcpinfoundation

Sign up to our newsletter:

www.mcpin.org/stay-in-touch/

Want to find out more about our work?

Visit www.mcpin.org

Email contact@mcpin.org

