Evaluation of the Women Side by Side programme

Final report, May 2020

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

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.

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About our writing collaborative

Report authors

This report was written by the evaluation team – ten women who worked on Women Side by Side in different capacities and co-produced this output. Four of these roles were recruited specifically for this programme of work, located in the regions, working as peer researchers. This peer emphasis was important for data collection, as well as analysis and final write up.

Humma Andleeb, Senior researcher: Managed evaluation Advisory Group, co-ordinated impact data collection and analysis working closely with projects and hubs. Undertook process observations, process interviews and worked with team on co-producing analysis and led write up for three chapters. Provided support to regional team.

Jennie Parker, Senior researcher: Employed on the project as the London Regional Peer Researcher but role increased over time to co-ordinate all project level data collection and analysis. Led on the write up of two chapters. Led two training days attended by regional team and programme staff. Provided support to regional team.

Tanya MacKay, Project manager: Joined the team towards the end of the programme and co-ordinated final 6 months of data collection, analysis and report write up. Provided support to research team. Led write up of project report.

Ffion Matthews, Regional Peer Researcher: Employed on the project as the Welsh Regional researcher responsible for supporting collection of impact data, project stories, providing support to regional hub (in Swansea and carrying out interviews with women involved in local projects. Co-analysed project and observation data provided personal reflections and supported the writing of two report sections.

Julie McWilliam, Regional Peer Researcher: Employed on the project as the North West regional researcher responsible for supporting collection of impact data, project stories, providing support to regional hub and carrying out interviews with women involved in local projects. Co-analysed project and observation data, provided personal reflections, supported writing of two report sections and proofread entire report.

Fozia Haider, Regional Peer Researcher: Employed on the project as the North Eastern regional researcher responsible for supporting collection of impact data, project stories, providing support to regional hub and carrying out interviews with women involved in local projects. Co-analysed project and observation data, provided personal reflections and edited sections of the final report.

Naima Iqbal, Regional Peer Researcher: Employed on the project as the West Midlands regional researcher responsible for supporting collection of impact data, project stories, providing support to regional hub and carrying our interviews with women involved in local projects. Co-analysed project and observation data, and provided personal reflections contained in the final report.

Sarah White, Statistician at St George's University of London: Lead on the development of the impact data collection, analysis of the impact data set including comparison with original Side by Side. Sarah has part of the original Side by Side evaluation team. Co-wrote one chapter of the report.

Vanessa Pinfold, Research Director: Developed the project proposal and pitched this to Agenda and Mind at interview. Provided general strategic support to the team over the course of the programme, involved in team analysis days and supported the writing of the final report.

Glossary

We have prepared this glossary to introduce terms commonly used in this report and explain our understanding of each one within the context of this evaluation. Most of these are definitions have been created, they do not come from formal sources, thus we have not provided references. Where they are directly from a source we have acknowledged in a footnote.

BAME: An acronym for Black, Asian and Minority Ethnic, commonly used in the UK to describe people of non-white descent and ethnically diverse communities; BAME communities.

Collaborative Methods: This is a term we use to describe a way of working together with people on a project, sharing expertise and knowledge, with a particular emphasis on combining expertise generated from academic experiences and those from lived experience including mental health difficulties.

Facilitator: In a peer support environment, a facilitator is someone who runs and co-supports the group, including supporting its objectives and developments. Their role is often to engage with the group and establish a commonality between the members and help them understand their shared aims and support them on their journey to achieving those goals. They also implement and manage the peer support group guidelines and maintain the groups level of activity.

Gender: Gender refers to the roles, behaviours, activities, attributes and opportunities that any society considers appropriate for girls and boys, and women and men. Gender interacts with, but is different from, the binary categories of biological sex[1].

Mental health services: Includes statutory services, voluntary and community sector providers who receive public contracts or grants, and private providers who receive statutory contracts for service delivery relating to mental health.

Mixed-methods approach: The data collected for the Women Side by Side evaluation report used a mixed-methods approach, which means that both qualitative and quantitative data was collected and analysed.

Peer Research Approach: This is a term we use to describe our work when conducting research using lived experience to influence all aspects of the project from data collection through to dissemination. All researchers working on this project are 'peers' who have lived experience of some form of mental ill health or experience related to the aim of the project.

Peer and/or peer support: Peer support occurs when two or more people give or receive support (emotional, social or practical) for one another through knowledge, understanding and experience of a shared situation or experience.

[1] As defined by the World Health Organisation, https://www.who.int/health-topics/gender

Qualitative Research Methods: Qualitative research is a method of collecting non-numerical data. This method aims to formulate a better understanding of complex issues, context, subjectivity, thoughts and experiences. The qualitative data in this report was gathered through peer group participation/observations, interviews with women, staff and advisory group members and peer researcher reflections. This method allows for a more in-depth and nuanced insight into themes and topics that might be missed in quantitative research methods alone and is thematically analysed.

Quantitative Research Methods: Quantitative research is a method of collecting and working with numerical data, analysed using statistical modelling and processes. For this project the quantitative research method used was multiple-choice questionnaires with closed questions.

Statutory services: These are services provided and funded by the government using public resources. These include services in NHS Provider Trusts, local authority delivered social services, and primary care.

Tampon Tax: At the time of writing (March 2020), tampons and other products such as sanitary pads and menstrual cups are classed as 'luxury' or 'non-essential' items, therefore, are subject to a sales tax at the rate of 5% VAT. The term 'Tampon Tax' usually refers to the revenue earned from the tax paid from feminine hygiene and menstrual products. The revenue from this tax has been intended to for charities working with women and girls experiencing disadvantage.

Thematic Analysis: Thematic analysis is a common method used when exploring qualitative data. The process involves examining text - often transcripts of interviews or observation notes and reflections – to categorise into themes, looking for patterns or ideas that commonly emerge from these data.

Trauma-Informed: Trauma-informed practices move from asking "what is wrong with you?" to "what has happened to you?" They understand and respond to the high prevalence of trauma and its effects, as well as understanding that experiences of trauma can lead women to develop coping strategies and behaviours that may appear to be harmful or dangerous[2].

Women's Organisation: An organisation whose primary purpose is to work for the benefit of women and girls as reflected in their governing documents.

Women with experience of multiple disadvantage: Refers to women who are experiencing or have experienced combinations of poverty, poor mental health, issues with drugs or alcohol, contact with the criminal justice system and homelessness. Women facing multiple disadvantage have very complex, overlapping needs and are at the sharpest end of inequality. Their experiences of disadvantage are frequently underpinned by a history of extensive violence and abuse.

[2]This reference is from https://weareagenda.org/

Welcome sign for one project: North East

Language

Language has impacts for people and depending on use can be both helpful and problematic for individuals in relation to their identities and experiences in their communities. For example, a term such as multiple disadvantage may prove useful at a policy level in advocating for women impacted by service gaps but at an individual level may isolate women who do not felt comfortable or relate with being identified as such. This was evident for many of the women we met as part of this evaluation. This is also reflective of how people use and experience language in relation to mental health services, for example terms such as patient, service users, peer and client. Engagement with, isolation from, and a desire to avoid these terms was also evident in varying ways for the women in the Women Side by Side programme. We have ensured ongoing reflection and mindfulness of this and tried to avoid simplified or blind commitment to strict definitions of people's identities and experiences in this evaluation.

We have provided a glossary defining keys terms as used and understood not just by the women's and mental health sectors, but a broader range of social services who provide support for women. However, throughout the report we have aimed to thoroughly reflect on what these terms and experiences mean to the women we spent time with. We have also used where possible the language of the women themselves, to allow them control over their identities and stories within the context of this research. We understand that the terms identified in the glossary and used in this report may not reflect everyone's experiences.

Broadly, where we talk about the women who took part in this research, or the Women Side by Side programme we refer to women/woman taking part in Women Side by Side projects. We also identify them as a facilitator, staff member or group member. Where applicable we also refer to the communities the project support, for example Black, Asian and Minority Ethnic (BAME) specific women's peer support. For those women that were involved in sharing their stories via interviews, project stories or evaluation questionnaires we use the term participant or interviewee.

When discussing the expertise and work of our team in the report we use the terms: peer researcher, regional researcher/team, London based researcher or research team, and researcher or research team with varying experiences of multiple disadvantage and or mental health issues.

Acknowledgments

There are many people who have assisted the evaluation team over the past 18 months of the study. We thank them for their support and assistance. Most importantly, we thank all the project, programme and hub staff and women who took part in the evaluation – giving their time to fill in questionnaires, take part in interviews and projects allowing us to observe. We also acknowledge and thank the following people for all their input:

McPin Foundation: Andreja Mesaric, Dan Robotham, Odette Gardiner and Zoe Catchpole.

Advisory group members recruited by McPin Foundation: Azra Syed, Cassandra Lovelock, Sarah Markham, Tanja Conway-Grim and Onome Ugbeye.

Agenda: Jemima Olchawski, Jessica Southgate and Katherine Sacks-Jones.

Mind evaluation team: Helen Butler, Alex Viccars, and Jacob Diggle.

Mind programme delivery team: Liz Cadogan, Keith Anderson and Rob Wakerley (Network investment team), Hanan Kasmi and Duncan Marshall (Peer Support Team).

Mind's advisory group: Natasha Lyons, Karen Larbi, Deborah Bhatti, Pamela Crowe, Duncan Shrubsole, Karen Mellanby, Katie Ghose, Annie Dahl, Sarah Hughes, Bonnie Navarra, and Rachel Reed.

The photos included in the report were taken by the McPin evaluation team. They provide a few select visual glimpses into the Women Side by Side programme.

Yoga class, room layout for one project: Midlands

Chapter One: Introduction

Mind partnered with Agenda, the alliance for women and girls at risk to deliver a new programme of peer support for women. The programme was funded by the Department for Digital, Culture, Media and Sport (DCMS) (administering funds from the Tampon Tax Fund) and the Welsh Government. This collaboration aimed to increase the availability of high-quality peer support for women experiencing multiple disadvantage who have, or are at risk of developing, mental health problems by funding and supporting third sector organisations in England and Wales.

1.1 Background context

One in five women experience a common mental health problem in England (McManus et al., 2016), whilst in both England and Wales a higher percentage of women report being treated for a mental health problem than men (McManus et al., 2016). More than one in two women with a mental health problem have experienced some form of violence and abuse (Agenda & AVA 2017; Scott & McManus, 2016). Specific mental health risk factors in women include socio-economic status (including inequality in income), 'unremitting responsibility' in caring for others, and gender-based violence (Department of Health, 2002; World Health Organisation (WHO), 2020). Protective factors in the prevention of mental health problems mirrored these: autonomy, access to 'material resources' (e.g. finances) which facilitate autonomy, and feeling psychologically supported by others (family, friends, health services) (WHO, 2020).

Previous research has shown that peer support improves people's wellbeing by decreasing social isolation and loneliness and helps people to better manage their mental health (Billsborough et al., 2017; Chinman et al., 2014; Davidson et al., 1999; Davidson et al., 2006; Davidson, et al., 2012; Gallagher & Halpin, 2014; Lawn et al., 2008; Repper & Carter, 2011; Roberts & Fear, 2016; Siskind et al., 2012). Community-based peer support can provide accessible help outside of healthcare services, taking a less clinical and more tailored approach (Billsborough et al., 2017). It can be anticipated that gender-specific peer support may be useful in providing a more flexible and tailored option for women at risk of, or with experience of, multiple disadvantage.

1.1.1 Shaping services around women's needs

Some women have reported experiences of sexual and physical assault through their contact with mental health services, including forced detainment and restraint (Agenda, 2017; Sweeney et al., 2018; Department of Health and Social Care, 2018). Thus, there is a strong argument that there must be a shift not only in mental health services, but support systems more broadly to better meet women's needs. This mismatch between *need* and *what is available* is further compounded for women experiencing multiple disadvantage. That is, women with intersecting experiences of issues such as mental ill health, homelessness, substance misuse, poverty, violence and contact with the criminal justice system (Agenda& AVA, 2019; Mental Health Foundation, 2017). It is important to note these

experiences also intersect with other aspects of women's lives, for example in relation to race, ethnicity, immigration status, sexuality, socio-economic position and living with disability (Agenda & AVA, 2019).

This interwoven nature of the above issues is identifiable no matter which service women connect with, but often services are ill equipped to holistically address these multiple and complex needs (Agenda & AVA, 2019; Department of Health and Social Care, 2018). Women are also more likely to experience negative impacts on their wellbeing and ability to live a fulfilling life due to these issues (Agenda & AVA, 2019; Bramley, Sosenko & Johnsen, 2020; Oram, Khalifeh & Howard, 2016). Women with complex needs are often perceived as difficult to engage or reach, leaving them to fall through the gaps of services and systems that have historically been built around the needs of men (Agenda & AVA, 2019; Department of Health and Social Care, 2018). A 2017 report found that services for women experiencing multiple disadvantage were only available in 19 of 173 local areas in England and Wales; furthermore, only 109 provided women-specific mental health support of which more than half of these were for pregnancy and birth (Agenda & AVA, 2017).

1.1.2 Women specific support services

There is evidence that women-only spaces and services play an important and valuable role in supporting women's specific needs (Women's Resource Centre (WRC) 2007; WRC, 2018; Agenda & AVA, 2017a). This has been found in relation to sexual assault for example, a study found 97% of a group of 1,000 women felt women should have the option to choose a women's only service (WRC, 2007, p.98. Research has shown that access to women-only support was a core component of supporting women in their recovery, and that access to support for specific needs such as a BAME support worker or sexual violence specialist support service was also valued amongst the women they spoke with (WRC, 2018). Aspects that are unique to, and make women-only services effective, have been identified as: holistic gender and trauma-informed support, staff competency and understanding of gender and intersectionality, a sense of safety, a non-judgmental environment, women's only spaces, opportunities to hear and share experiences, choice and control, collaboration and co-production (Agenda & AVA 2017a; Bear, Durcan & Southgate, 2019; Department of Health and Social Care, 2018).

Despite evidence supporting women's specific services, only one NHS mental health trust was identified to have a strategy for providing gender-specific support services out of thirty-five that responded to a Freedom of Information request (Agenda, 2016). Only five of the services that responded noted a policy to actively offer the choice of a female worker, although many stated a woman seeking services could request one (Agenda, 2016). Despite being a NICE guideline, most Trusts also reported no policy on 'routine enquiry' regarding abuse and no policies on proactive support outside of safeguarding responsibility when abuse was disclosed (Agenda, 2019). In addition to these gaps there has been an argument that austerity in the United Kingdom has resulted in a decrease in availability of the services women are likely to require (Agenda & AVA, 2017; Agenda & AVA, 2019; Women's Budget Group. 2019).

Women's specific services are not just a matter of preference, they provide spaces and support that recognise and address trauma in ways that are not undertaken in services that are male focused or are blind to the different needs and experiences of gender (Agenda & AVA, 2019; Department of Health and Social Care, 2018). They have also proven to have measurable impact on outcomes for women. Research undertaken by the Women's Resource Centre and the New Economics Foundation in 2011 found that 'for every pound invested into their services, women's organisations can generate, over five years, between £5 and £11 worth of social value to women, their children, and the state' (WRC, 2011, p.5).

1.1.3 Trauma-informed approaches

It is not just *what* services are available to women but *how* services are provided that makes a difference to outcomes (Agenda & AVA 2017a). There is increasing evidence that trauma-informed approaches are crucial to best practice in social support services broadly (Elliot et al., 2005; Hopper et al., 2010; Jennings, 2004; Kezelman & Stavropoulos, 2012; SAMHSA, 2014); see Figure 1.

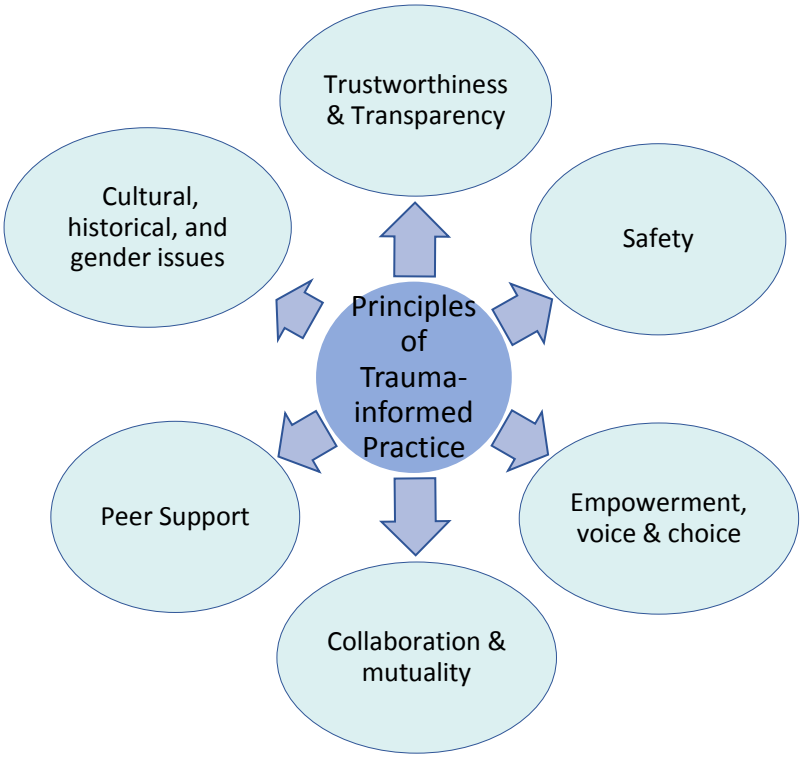


Figure 1: Strengths-based principles which embody a trauma-informed approach

Trauma-informed approaches do not blame or exclude people for coping mechanisms that have arisen from negative life experiences (Levenson, 2017). Individuals are seen as people doing the best they can with what resources they have in response to difficult, abnormal and traumatic events. In doing so, these services seek to do no harm and instead focus on

strengths, hope and opportunities (Leveson, 2017). For services to deliver trauma-informed support it is critical that a cultural shift occurs across all aspects of the organisation. This includes front line interactions, administration, programme development, and environmental aspects such as location and access (SAMHSA, 2014). Trauma-informed approaches move away from seeing people as 'difficult service users' and instead seek to engage them in codesign and collaboration, shifting power for choice and control in their service back to the people they support (SAMHSA, 2014; Sweeney et al., 2016).

There is significant evidence that being trauma-informed is critical when supporting people with complex and multiple needs, however it has been demonstrated that there are differences in the experiences of and responses to trauma for women and men (Department of Health and Social Care, 2018; Wilton and William, 2019). This has been recognised in a range of reports and documents that have specifically sought to outline gender-specific trauma-informed approaches, in 2018 a significant report by the Women's Mental Health Taskforce summarised these into eight keys principles as shown in Figure 2.

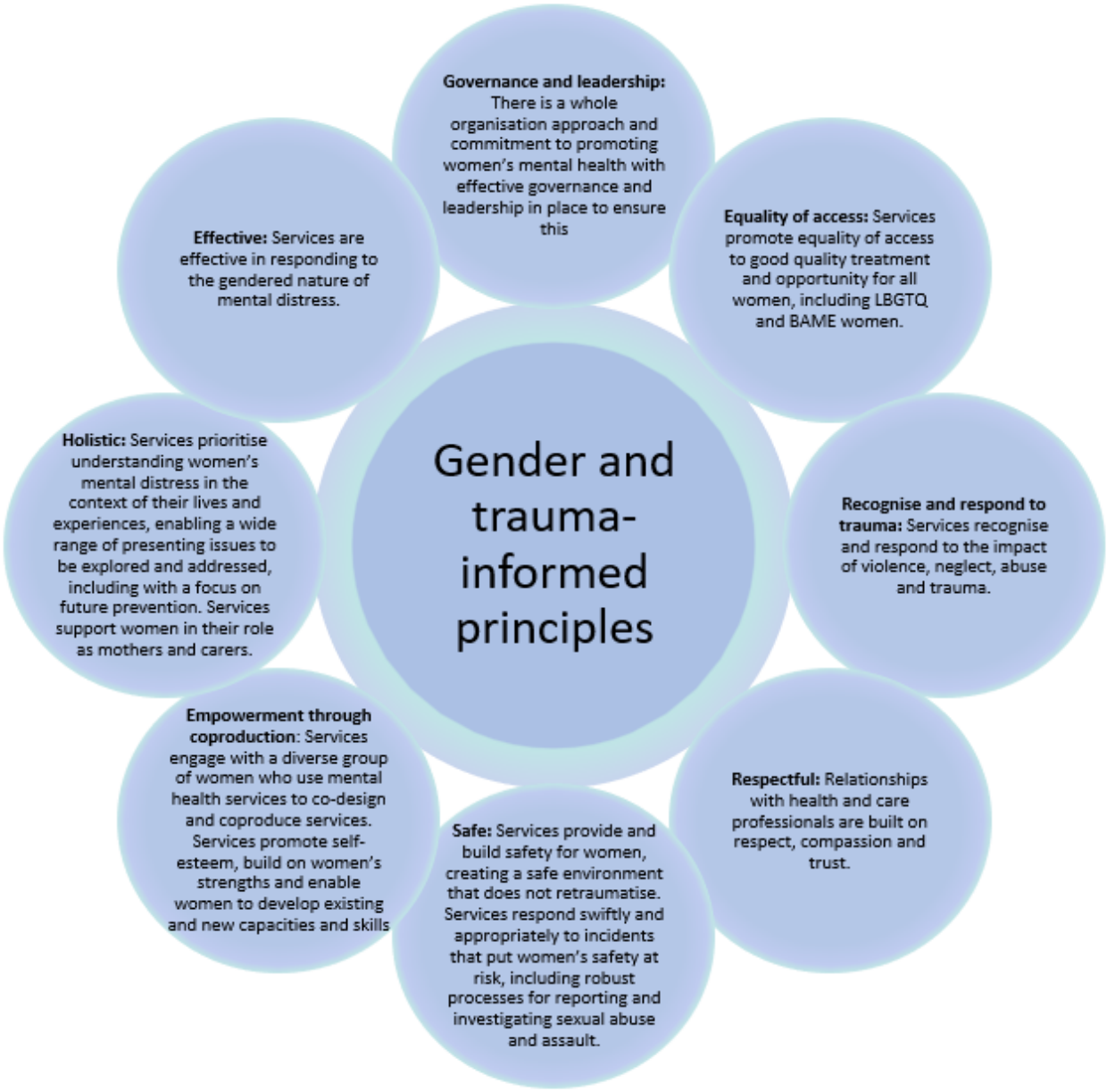


Figure 2: Key principles of gender-specific trauma-informed approaches (Department of Health and Social Care, 2018, pp.6-8)

1.1.4 Peer support

Peer support can be defined as the help and support people with similar experiences are able to give each other. Often when we talk about peer support in mental health it is in the context of lived experience of mental health issues, however, people involved in peer support can also have other shared characteristics, experiences, and interests. Peer support is mutually offered and reciprocal, built on shared experiences and focuses on strengths. It may include social, emotional or practical supports, and works towards improving an individual's sense of wellbeing (Mead & MacNeil, 2004; Mental Health Foundation, 2020). There is not a fixed definition as the Side by Side research found; a preliminary consultation mapped out concepts as shown in Figure 3.

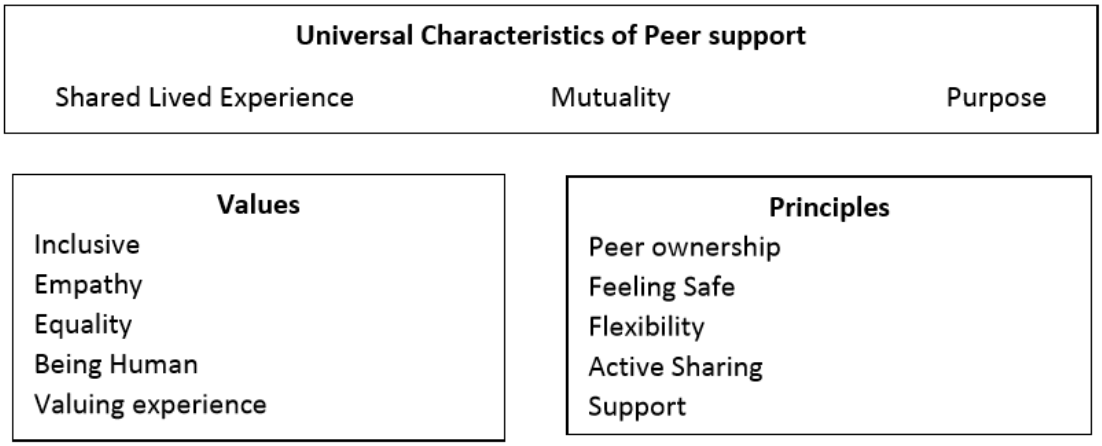


Figure 3: Peer support concept explored in Side by Side report (2017)

A recent review of peer support for NSUN (National Survivor User Network) acknowledged the central tenant of equality. It is important to address a diversity of experiences.

> "it may not be enough simply to share a background of mental distress if you are different in significant ways that mean you cannot feel as if you are experiencing peer, equal, relationship. Remember that concept of the person of equal standing" (Faulkner, 2020).

The foundation of what we call 'peer support' today has its origins in grassroots, user-led and 'bottom-up' movements. This is important to recognise; user-led organisations have been vital in pushing the peer support agenda forward (Basset et al., 2010; Billsborough et al., 2017; Faulkner & Kalathil, 2012). Although not always called 'peer support', people have long supported each other informally and through self-help groups, as well as through activism and the survivor movement (Basset et al, 2010; Billsborough et al., 2017). In contrast to formal approaches in which peer support is integrated into or works alongside the mental health system, other models – particularly those which have their roots in the survivor movement – sit completely independent of services and are a part of approaches which seek alternatives to traditional mental health care (Billsborough et al., 2017). This movement values the user-driven model and their independence from the mental and or physical health system (Billsborough et al., 2017; Faulkner & Kalathil, 2012). These models recognise that

much of the movement towards peer support has been organic, and often in conflict with traditional psychiatry and its top-down, disempowering philosophy, thus they often have a socio-political focus (Adame & Leitner, 2008; Billsborough et al., 2017).

In the UK there are two distinct forms of peer support that are influencing mental health policy. The first is peer support workers, and the employment of peers in mental health services, mostly the NHS. The second is community-based peer support which is the focus of the Women Side by Side programme. We understand community-based peer support is an exchange of support between people who share something in common. Individuals may find they are initially drawn together because they share similar experiences such as backgrounds, interests, or goals. Peer support can be provided as part of formal mental health services or operate in a grass roots community-based manner (e.g. Adame & Leitner, 2008; Salzer et al., 2009). However, it may look and feel quite different; a challenge is recognising when it has strayed too far into formality to be 'real' peer support. It can also be delivered online, in groups and one to one, and facilitated by trained and employed peer workers (e.g. Sledge et al, 2011) or led by peers in voluntary or community capacities (e.g. Doughty & Tse, 2011). It may occur as instinctual sharing of experience (Faulkner et al, 2012) and in some contexts is delivered collaboratively with mental health professionals (e.g. Salzer et al., 2009). Notably none of these formats or approaches are mutually exclusive, and peer support may be a combination of these in practice.

Research has been undertaken across a range of peer support contexts, and there are a number of systematic reviews of the literature around peer support in mental health services, such as the peer support worker model. (e.g. Bellamy et al., 2017, Davidson et al, 1999; Lloyd-Evans et al, 2014; Pitt et al., 2013). Broadly, evidence suggests peer support has positive impacts on an individual's mental wellbeing, with studies showing reduced hospital admissions, improved quality of life indicators and increased levels of community engagement and inclusion (Billsborough et al., 2017; Chinman et al., 2014; Davidson et al., 1999; Davidson et al., 2006; Davidson, et al., 2012; Gallagher & Halpin, 2014; Lawn et al., 2008; Repper & Carter, 2011; Roberts & Fear, 2016; Siskind et al., 2012). In comparison, there are fewer reviews exploring the impact of community-based peer support. However, the Side by Side evaluation concluded that community-based peer support was valued and helpful to people involved in the Side by Side peer support programme: wellbeing, hope, connection to others and empowerment changed as people engaged in peer support. They noted that 'increasing the amount of peer support that people were actively engaged in giving or sharing together was associated with improvement in wellbeing and hope in all forms of peer support, for all groups of people' (Billsborough et al., 2017). The evaluation found that six core values (see Figure 4) appeared to underpin all forms of peer support and argued that they believed for a project to be considered peer support these values must be embedded.

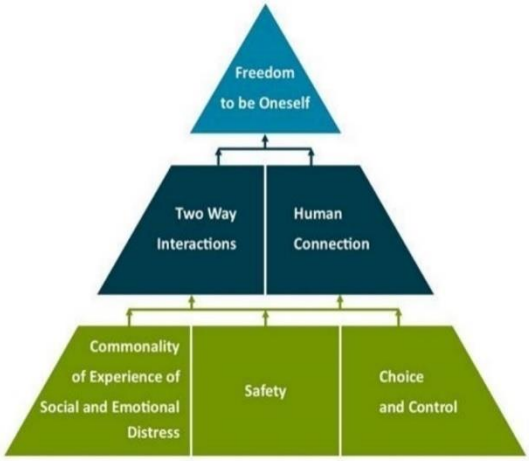


Figure 4: Side by Side principles and values

It is important to note that these values were described as interconnected and did not work in isolation. The pyramid reflects the evaluation's findings that, 'Experience in common', 'Safety', and 'Choice and control', form a foundation for the other three values of 'Two-way interactions', 'Human connection' and 'Freedom to be oneself'. Although the values are not necessarily experienced in a linear fashion it was proposed that the values built upon and underpinned each other in such a way that without the foundational blocks, peers would not feel comfortable in engaging in two-way interaction and human connection. Additionally, without all five values in place, it was less probable a peer would feel freedom to be themselves in the peer support context. However, it was also said that these values were shaped by practical decisions within a project and subsequently five key decision-making categories were proposed. These were:

- level of facilitation
- types of leadership
- focus of peer support 'sessions'
- types of membership
- organisational support.

The decisions made in relation to these categories shaped how peer support developed within different projects and resulted in a myriad of different formats of community-based peer support that were reflective of local context and need. The Side by Side evaluation also explored the development and growth of the peer support community through a structured programme of activities and events and found seven key activities that facilitated capacity building (Billsborough et al., 2017, pp.viii-ix):

- peer leadership
- sharing knowledge
- active learning
- creation of safety
- changing ways of working

- time
- strategic factors.

1.1.5 Women specific peer support

There are examples of peer support specifically for women. For example, the Side by Side evaluation found gender played a role in BAME peer support, noting that gender-specific projects enabled a greater degree of commonality among peers and allowed them a space where they felt more comfortable to share. There are also numerous women's specific groups centred around pregnancy, birth and maternal health. One report found 55% of women's specific mental health services were for birth and pregnancy (Agenda & AVA, 2017). For example, a telephone-based peer support project aimed at preventing postnatal depression (Dennis et al., 2009) and female peer support groups such as those for women bereaved by stillbirth, both online and face-to-face (Gold et al., 2016). McPin and Mind undertook work in 2018 exploring peer support for maternal mental health and found that the values of perinatal peer support did not significantly diverge from other forms of mental health peer support except in emphasising family centred context (Mind & The McPin Foundation, 2019). The report also detailed five principles specifically for maternal mental health peer support. Good perinatal peer support:

- is safe and nurturing
- is accessible and inclusive
- complements rather than replicates the work of clinical mental health services
- provides opportunities for meaningful involvement of people with lived experience and peer leadership
- benefits everyone involved, including peer supporters.

Reflecting critically on these perinatal principles, the Side by Side values and literature around women specific services and gender-specific trauma-informed approaches, it could be argued that they share many key ideas. For example, concepts of safety, choice and control, collaboration and involvement, shared experience and understanding, respect and mutuality of relationships and an ability to be one's self free from judgment. One of the aims of this evaluation is to explore how applicable the Side by Side peer support values are in a women's peer support context, with specific focus on how these values may or may not align with gendered ways of working. In doing so we aimed to better understand the fit between women specific approaches, including gender and trauma-informed models of practice and peer support.

1.2 Women Side by Side programme

The programme was delivered via four interlocking strands of activity:

- Women's Peer Support Delivery Grants: Grants for peer support initiatives led by and for women with experience of multiple disadvantage.

- Women's Peer Support Hub Grants: Grants for women's organisations to take on a leadership role as a Women's Peer Support Hub.
- A Learning & Capacity Building Programme: A series of co-produced learning events providing tools, resources and training for organisations on how to run, manage and evaluate effective gender-responsive peer support delivered by hubs.
- An Independent Evaluation: An impact and process evaluation undertaken by The McPin Foundation in partnership with St George's, University of London to co-produce an evidence base for women's peer support, helping support the longer-term legacy of the programme.

Figure 5: Location of Women Side by Side programme funding

1.2.1 Women's peer support grants programme

Funding for the peer support projects was awarded through five regional grants panels across England and Wales. These panels consisted of women with experiences of multiple disadvantage and/or mental health difficulties, representatives from the women's sector, mental health sector and grant-making sector. From over 200 applications, sixty-seven projects were funded (see Table 1 and 2 below and Appendix A). These included small and large grants: 34 projects received funding of up to £10,000 and 33 projects received funding of up to £25,000. The programme aimed to provide most of the funding to women's

organisations. In the application process, applicants self-defined if they were women's organisations or not.

The funded projects aimed to facilitate peer support with women experiencing multiple disadvantage who may have, or be at risk of developing, mental health problems. This took a range of approaches; in some project activities, women openly talked about mental health, trauma or other experiences of disadvantage, whilst in others discussions were more indirect (e.g. creative sessions, coffee mornings). Projects offered peer support through a variety of means such as creative groups (sewing, art, drama, poetry, gardening), yoga, coffee mornings, structured educational or psycho-educational sessions. The underlying theme was the same for all: allowing women with similar life experiences a safe space to support each other. Again, this life experience differed across projects; for example, women may be connected through lived experience of HIV, parenting, immigration, homelessness, criminal justice or a combination of these, amongst other factors. The following tables detail the characteristics of the projects funded (see also Appendix A for more detailed descriptions).

Table 1: Large grant awards

Region (n)	Women's organisation	Previous experience of peer support	Newly established peer support group
England (24)	17 (71%)	23 (96%)	10 (42%)
Wales (9)	2 (22%)	8 (89%)	6 (67%)
Total (33)	**19 (58%)**	**31 (94%)**	**16 (49%)**

Table 2: Small grants awards

Region (n)	Women's organisation	Previous experience of peer support	Newly established peer support group
England (30)	14 (47%)	27 (90%)	18 (60%)
Wales (4)	0 (0.0%)	3 (75%)	3 (75%)
Total (34)	**14 (41%)**	**30 (88%)**	**21 (62%)**
Total ALL (67)	***33 (49%)***	***61 (91%)***	***37 (55%)***

The most notable features of the programme were that:

- 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.

Women Side by Side funded peer support groups that worked with a range of women with different experiences these included:

- alcohol and substance misuse
- asylum seekers/refugees
- criminal justice system
- domestic violence and abuse
- English as a second language (ESL)
- experience of historical trauma (e.g. Grenfell tragedy)
- HIV
- homelessness
- learning disabilities
- living in care
- perinatal and postnatal mental health
- physical disabilities
- post-partum psychosis
- rape & sexual violence
- sex work

There was also a wide range in focus amongst the peer support groups, for example:

- arts and crafts activities e.g. creative writing, knitting, cooking, sewing, photography
- celebration events
- coffee mornings or other social support
- emotional support e.g. mindfulness
- outings such as to museums and events
- peer facilitator or peer mentoring training
- peer mentoring in the community
- physical activities e.g. walking, gardening, yoga
- psycho-education for mental health
- support with practical tasks (e.g. completing forms) and seeking employment
- theatre or drama-therapy

1.2.2 Women peer support hubs and the learning and capacity building programme

The programme provided funding for five regional hubs (four in England and one in Wales). A peer support hub is defined as a physical or virtual space comprised of an organisation working in association with a range of different peer support groups (based on location). One of the criteria for the hubs was that they were led by a women's organisation. These hubs were, therefore, able to draw upon their specialist expertise and links to community organisations to facilitate and develop capacity to respond to women's specific needs, including their experiences of trauma and abuse. Key roles of the hub were:

- Supporting individuals, groups and networks delivering women's peer support.
- Supporting networks of women's peer support practice and becoming centres of expertise and knowledge who could promote the value of women's led peer support to service providers and commissioners.
- Holding four regional capacity building workshops (five in Wales) as a part of the learning and capacity building aspect of the programme known as learning events. These were co-developed and co-delivered with Mind and Agenda and were an opportunity for hubs to build and share knowledge and understanding around quality

peer support for women using expertise from the women's sector and Women Side by Side programme.

Chapter Two: Method

We applied collaborative methods and a peer research approach to this evaluation. This meant that the evaluation was carried out with people who had similar lived experience to the project beneficiaries, who also had experiential understanding of the recognised structural and social challenges experienced by women based solely on their gender. A mixed methods approach incorporating quantitative and qualitative methods was used. This included semi-structured interviews, observations and surveys. We set out to explore:

- The impact of the Women Side by Side programme for the women who were part of the peer support groups.
- How peer support values developed during the original Side by Side evaluation 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, women's sectors and other sectors on the Women Side by Side programme.
- How the programme built capacity in delivering high-quality peer support for women.

2.1 Data Collection

We collected data for the evaluation as planned. A summary of the approach is outlined in Table 3.

Table 3: Evaluation components and data collection overview

	Outcomes data from women attending peer support projects	Observation work - programme and project level	Interviews – programme and project level	Project stories
Regional Peer Research team	Supported projects to collect outcomes data.	Observing individual projects.	Women peers and peer leaders from projects interviewed	Projects were encouraged to write own story. Team provided guidance.
London based researchers	Co-ordinated collection of outcomes data over 3 time points, developed survey tools, supported project data entry.	Programme level observations including grants panels, project advisory group, hub learning events.	Programme level staff interviewed from Mind and Agenda, and hub staff.	Provided a suggested structure for project stories and encouraged projects to do so.

SGUL	Supported outcomes data collection and set up processes.			

2.1.1 Outcomes Data

2.1.1.1 Data Collection Tools

Outcome measures were selected with input from women with relevant lived experience, including women on the evaluation advisory group (see Appendix B). The final list of outcome measures chosen are listed in Table 4. This includes four 'core' outcome measures relevant to every project, and two 'additional' outcome measures which projects could complete if relevant (and if capacity allowed). We piloted the measures with projects as a questionnaire (see Appendix C) and amended accordingly[3]. Demographic data was collected by Mind (and shared with us), we describe this as monitoring data.

Table 4: List of outcome measures identified as specific to women's peer support

Measure	Rationale for choice	Description	Core/additional
Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)[4] *	Simple, short measure of subjective wellbeing which have been used in many different contexts	Seven questions (on a five-point scale), providing a total score of subjective wellbeing.	Core
UCLA Loneliness Scale	Measures loneliness which was an outcome mentioned as important by projects who applied for funding and service user outcomes workshop	Three questions (on a three-point scale), providing a total score of feelings of loneliness/isolation	Core
Social Recovery Measure*	This was assessed favourably by the service user outcomes workshop. It was	Nineteen questions (scored 1-5). Measures how people sometimes feel about themselves	Core

[3] Feedback from the pilot phase identified that the set was too long and some of the statements on the measures were triggering or not appropriate for the experiences of women on some projects. Drawing on our knowledge of trauma-informed practice we advised projects that they could identify statements that were not appropriate or safe and exclude these from their data collection. The "Use of Health and Social Care" question was removed after piloting due to feedback that it was too repetitive and triggering to ask about use of other mental health services women accessed.

[4] These measures were also used in the Side by Side evaluation *

	chosen from a number of different recovery measures as the most appropriate.	and their social environments[5]. Includes two sub-scales relating to 'self' and 'community'	
Engagement with Peer Support tool[3]	Measures engagement with different forms of peer support – shorter version than was used in Side-by-Side	Four questions asking whether a person has given and/or received four different types of peer support (one-to-one, group, online, informal).	Core
Lubben's Social Network Scale *	Measures strength of social networks – specifically friends and neighbours scales used. The family scale was not felt to be appropriate by the outcomes workshop participants	Six questions (scored from 0-5). The first three questions relate to how often and likely a person is to engage with friends. The next three questions relate to how often or likely a person is to engage with neighbours/acquaintances[6]	Additional
Ability to talk about mental health	This was introduced after the outcomes workshop where participants felt that peer support could impact on how and to who you can talk about your mental health with	Six questions (scored from 1-5). A bespoke measure to capture the extent to which women felt able to talk about their feelings and their mental health. Coproduced with Evaluation Advisory group and reviewed by women who attended workshop.	Additional

[5] It was identified that some of the statements in Social Recovery Measure were not appropriate in context for some of the women on the project e.g. women in prison being able to exercise their freedom and the ability for women seeking asylum to plan for the future projects. For this reason, we allowed projects to select or remove statements that would not provide relevant data and remove these before asking women to fill in the questionnaire. and includes two sub-scales relating to 'self' and 'community'.

[6] It is important to note that The Lubben's Social Network Scale was also utilised in the original Side by Side dataset, in the full format, but after discussion during the workshop the questions relating to family were removed as it was believed these would not be appropriate to ask in the context of the programme.

2.1.1.2 Data Collection Process

We used participant identification numbers (IDs) for all questionnaires, this allowed us to use IDs to match evaluation responses to monitoring data. This also meant that one staff member at each project could identify the questionnaire respondent if safeguarding issues arose. This decision to prioritise safeguarding over complete anonymity was drawn from our peer research methodology. We made this process clear on the information sheet. Projects received the questionnaire in MS Word[7], evaluation guidance summarising scales and outcomes as well as technical guidance to facilitate data collection, input and return.

The questionnaire and information sheet were available in English and Welsh. Several funded projects requested translations of the questionnaire in other languages. We were able to request access to validated translations of the SWEMWBS[3] in Arabic, Polish and Urdu from the University of Warwick which were distributed to the relevant projects. One of the regional researchers assisted some women by translating into Urdu whilst attending projects. Another Peer Researcher, who also ran a project at a BAME women's centre, did the same with Punjabi and Bengali speakers using their centre's in-house interpreting service.

We prompted projects to collect evaluation data at three time points (censuses), May, September and December 2019, maximising the number of women completing the questionnaire at least on two time points (which could then be used to compare and measure outcomes). During these periods, the evaluation team assisted projects and reminded them to collect data from women attending their activities, supporting where necessary. Since there were different types of projects in the programme, we needed two data collection methods. Those projects providing continuous activities (on a rolling basis) were asked to complete data at the three time-points. Those projects with a limited number of sessions (for example peer mentor training) were asked to collect evaluation data pre- and post- the activity. This meant collecting at the first session (or as near as possible), and in the last session or after the sessions had finished. The evaluation dataset was managed by St George's, University of London, who also had access to the Side by Side data from the original programme. McPin received processed data from St George's for analysis.

2.1.1.3 Data Analysis

Socio-demographic and monitoring data was summarised to show who was engaging with the programme. The scores were compared for women who completed the evaluation survey twice. This showed whether there had been any change in scores before and after

[7] During piloting we received requests to have the questionnaire in various formats and sizes for groups with different needs, such as using bigger font size and images to go alongside the questions for women with learning disabilities, literacy or sight problems. Taking into account the different requests to make the questionnaire more accessible for different groups of women, we sent the questionnaire to projects in MS Word format to allow project staff to edit the questionnaire to fit their women's needs, with the understanding that they had greater expertise and knowledge to do this appropriately. Making the questionnaire available in MS Word format also allowed projects to take out any triggering questions or questions that would not provide meaningful data about the group of women they were working with.

taking part in the programme. We also looked at whether women's characteristics influenced their outcomes.

To provide a comparison of the Women Side by Side funded projects to women who participated in the previous Side by Side projects we compared change in two outcomes, SWEMWBS and Lubben's Social Networks scale (which was used in both evaluations). Using the women participants from the original Side by Side database, we compared change across the two samples.

2.1.2 Interviews

2.1.2.1 Project Interviews

A total of 24 interviews were undertaken at the project level, of these 16 identified as group members and 7 as project staff/volunteers; of these two were also former group members. The aim of these interviews was to explore women's experiences of the Women Side by Side Programme and how the peer support values developed from the original Side by Side programme relate to women-led peer support. Specific interview questions were developed for staff and group members by our peer research team in collaboration with Mind, Agenda and our Evaluation Advisory Group. The interviews were offered as either face to face or telephone formats, reflecting the context in which women felt most comfortable in sharing experiences.

2.1.2.2 Programme Interviews

Eight key stakeholders, from the Mind grants team, Mind peer support team, lived experience advisors of the Project Advisory Group, and Agenda staff, took part in interviews at beginning and end stages of the programme to explore programme level aims and topics. These included:

- hopes for the programme
- challenges and highlights of setting up and delivering the programme
- partnership working and development
- cross-sector relationships
- sustainability of the programme.

Initial hub interviews were conducted either with the hub manager or the hub manager and co-ordinator jointly as, at the time of interview, most co-ordinators were new in post. The end interviews were conducted with the hub co-ordinators. Interview questions for the hubs were developed by our peer research team in collaboration with the Evaluation Advisory Group.

2.1.3 Observations

2.1.3.1 Project Observation Process

A total of 75 observations were undertaken with projects. Several projects within each regional area were observed by our local regional researcher. Regional researchers led

this, with support and supervision from the rest of the team. The aim of these observations was to understand:

- how projects ran
- how the group was facilitated
- how the projects developed or changed over time
- the experiences of women within them.

Each of the five Regional Researchers approached funded projects to ask whether women would be open to them observing several sessions. This was framed as being embedded in the group as both a peer and researcher, within pre-defined guidelines. This approach was a less intrusive way of gaining more insight into a range of projects. We selected projects that were different in terms of participants and focus. Projects that were observed consented for the regional researchers to observe the groups over time and consent was reaffirmed at every observation.

A standard template was used to record observations (see Appendix D); this was produced by the team and reviewed by our Evaluation Advisory Group as well as one of the Regional Researchers through an iterative process. Due to the light-touch approach to observing groups, these were completed following each visit, rather than during, to avoid compromising our role within the peer support groups. Each group that was observed and included in data analysis was observed a minimum of two times.

2.1.3.2 Programme Observation Process

A total of 37 observations were undertaken at a programme level. The aim of these were to explore the how partnerships worked in delivering Women Side by Side. This included observing:

- confidence changes over time
- sustainability planning
- local and regional capacity building
- identifying factors that may either hinder or support the aims of the programme.

Observed programme events included learning events, grant panels meetings, partnership meetings, programme meetings and Project Advisory Group meetings. An observation proforma (see Appendix E) was developed to standardise the process in collaboration with relevant stakeholders. In addition, a reflection diary was kept by researchers documenting observations, conversations and feelings from being part of the process after meetings, events and other interactions. The proforma was reviewed with the evaluation advisory group.

Researchers advised group members that they would be observing the meetings as part of the evaluation process to observe how partnership works and how this develops over time. Attendees were asked if they were ok with this and to speak to McPin staff if they had any queries. As researchers attended meetings in an observational capacity, any contributions

and the impact of these were noted in the write-up. Due to the nature of observing, researchers took minute-like notes and wrote up observations using these notes following the meetings. Researchers also undertook reflections after the meetings drawing on their own experiences as well as de-briefs with a senior member of staff, where appropriate.

Reflections on role as a Peer Researcher

I felt really conscious about my identity as a researcher at learning events collecting observational data. There are ethical issues to using observations as a methodology and I made it clear at the beginning of each learning event to let attendees know that I was collecting observations just in case anyone felt uncomfortable. Initially, I felt like everyone was really conscious of my presence and how things would be perceived in the evaluation but over time, it definitely became an easier experience. To prevent people feeling uncomfortable, I often wrote notes during the breaks or after the event had finished however there were times when I wrote notes in real-time. Where possible, I made minimal notes as a reminder to avoid looking like I was minute-taking each discussion and presentation.

There is a question as to what the impact of having an "observer" in the room on the meeting/event and what differences would be if observations weren't taking place, which I found myself questioning quite often, this formed part of my observations in some cases. I found this became part of the critical analysis of the programme and over time, it became like second-nature to think about the times I felt like discussions could have gone a different way had the meeting not have been observed.

The stigma of academic researchers was enforced upon me quite often at learning events and through evaluation frustrations, I found that when there was particular negativity around the evaluation I took less notes and had to reflect and write my notes after the event. This was probably influenced by my feeling uncomfortable the divide between "researchers" and "us" despite reinforcing my peer identity and having lived experience at the events.

2.1.4 Project Stories

As not all groups felt observations were appropriate for the women they worked with or due to the focus of their group, we offered the opportunity for projects to send us project stories. These were written by projects and described what they had provided, outcomes and their thoughts on the programme. We thematically analysed these and sought permission to anonymise and include these in the report to provide insight into different elements of the programme.

2.1.5 Qualitative data analysis

We used thematic analysis for all qualitative data collected. All data was transcribed by an external transcription company, then anonymised by team members who entered them into an MS Excel spreadsheet. Our data set was managed by one researcher to ensure accuracy. Our analysis process is summarised in Figure 6 and was applied to all project interviews, observations, and programme interviews. Our coding produced 2033 extracts of data for our analysis.

It is important to acknowledge the importance of the peer research team coming together to undertake this analysis. Not only did it allow for rich and collaborative discussions, it facilitated in-depth critical analysis of the data using the team's expertise as both women, and people who have experiences of mental health issues, multiple disadvantage or both. These experiences provide a level of insight that may not have been possible with researchers without lived experience.

Reflections on role as a Peer Researcher

Data collection: At first, I was surprised about how many had the same mental health diagnosis as me as in my McPin work this is not usually the case. It really helped in building acceptance of me working with some groups, but age for others was still a factor. Interestingly, it was age that limited me more than ethnicity as I had gone in thinking that BAME groups would be less happy with me being there.

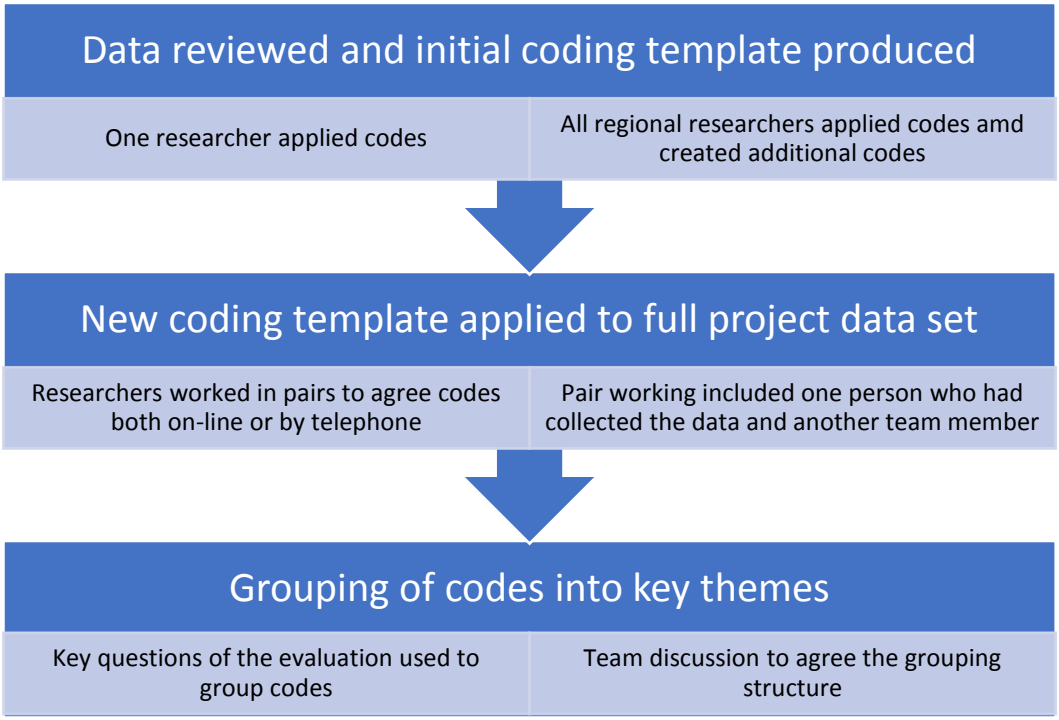
Analysis process: I think it was more that my previous work impacted on this. Going in with self-awareness of how I respond to people who are not able to commit in the same way as I do to the work was always an issue, but I had learned to be more empathetic to people's different needs and I think that was really helpful here.

Figure 6: Qualitative data analysis process

2.2 Addressing data collection challenges

The evaluation methodology was in part provided by the commissioners Mind and Agenda through the tender specification (see appendix F). the budget was structured into three parts:

- Impact evaluation 13%
- Process evaluation 26%
- Evaluation support 61%



In hindsight, this approach was very challenging, and we would not recommend another team attempt to explore community-based peer support in this way. It was difficult for the funded projects to collect data and McPin to support the process. The result is that our quantitative data set is limited as so few women choose to provide information. We explore this further in Chapter 3.

A second challenge has been the positionality of the McPin team as both inside and outside the Women Side by Side programme. Inside by attending programme meetings, grant panels and learning events to observe, but outside because we had no influence nor decision making power and reported directly to Mind and Agenda through a regular monitoring process. This creates a tension when working with collaborative research methods, and when the focus of the work is with women who have experiences of multiple disadvantage. We were a support to projects and hubs, helping them tell the story of their work but also the evaluation partner exploring impact and reporting outcomes to the funder.

The whole team worked through these challenges, and supported each other, reaching out to Mind and Agenda for guidance at times. We recommend this report is read bearing in mind significant methodological challenges in delivery.

Chapter Three: Impact

This chapter explores the impact of the programme on the women who engaged with funded projects, looking at outcomes measured in the evaluation questionnaire (Appendix C). These outcomes measured changes in wellbeing, loneliness, self-esteem, ability to make plans, and the quantity and quality of social networks (see Chapter 2 Table 4).

To measure impact, we did the following:

- Compared women's scores on the outcomes assessed in the evaluation questionnaires at two time-points.
- Explored the outcomes data in relation to women's characteristics such as age, searching for differences and similarities for women.
- Compared outcomes data for women in this programme to outcomes data for women who engaged in the original Side by Side.

We structure this chapter in five sections, and as in chapter 2, we highlight the limitations of the impact data we collected:

- exploring data availability
- summarising sample characteristics
- explaining outcome measures
- programme impact data (quantitative)
- women's descriptions of project experiences.

3.1 Data availability

Quantitative data was collected in two ways in the Women Side by Side programme. Through our evaluation team using the evaluation questionnaire, and the Mind delivery team using a bespoke monitoring form to capture information, including demographics. We have used information from both sources in our analysis.

Project monitoring data was available from 59 of the 67 funded projects (88%). A total of 1,682 women completed monitoring forms out of an estimated 3139 women who accessed the face to face funded peer support groups (54%). Our evaluation questionnaire was returned by women from 58 of the 67 funded projects (87%), and we received data from 962 women in total (31%). Of these, 380 women had completed the evaluation questionnaire at least twice (12%). This is referred to as the *evaluation sample* and is made up of women from 49 out of the 67 funded projects[8]. See Figure 7 for a summary.

[8] Data was not collected for Women's Aid Survivor Forum, an online peer support which engaged an estimated 2663 women. Project monitoring data and evaluation data is only representative of face-to-face peer support.

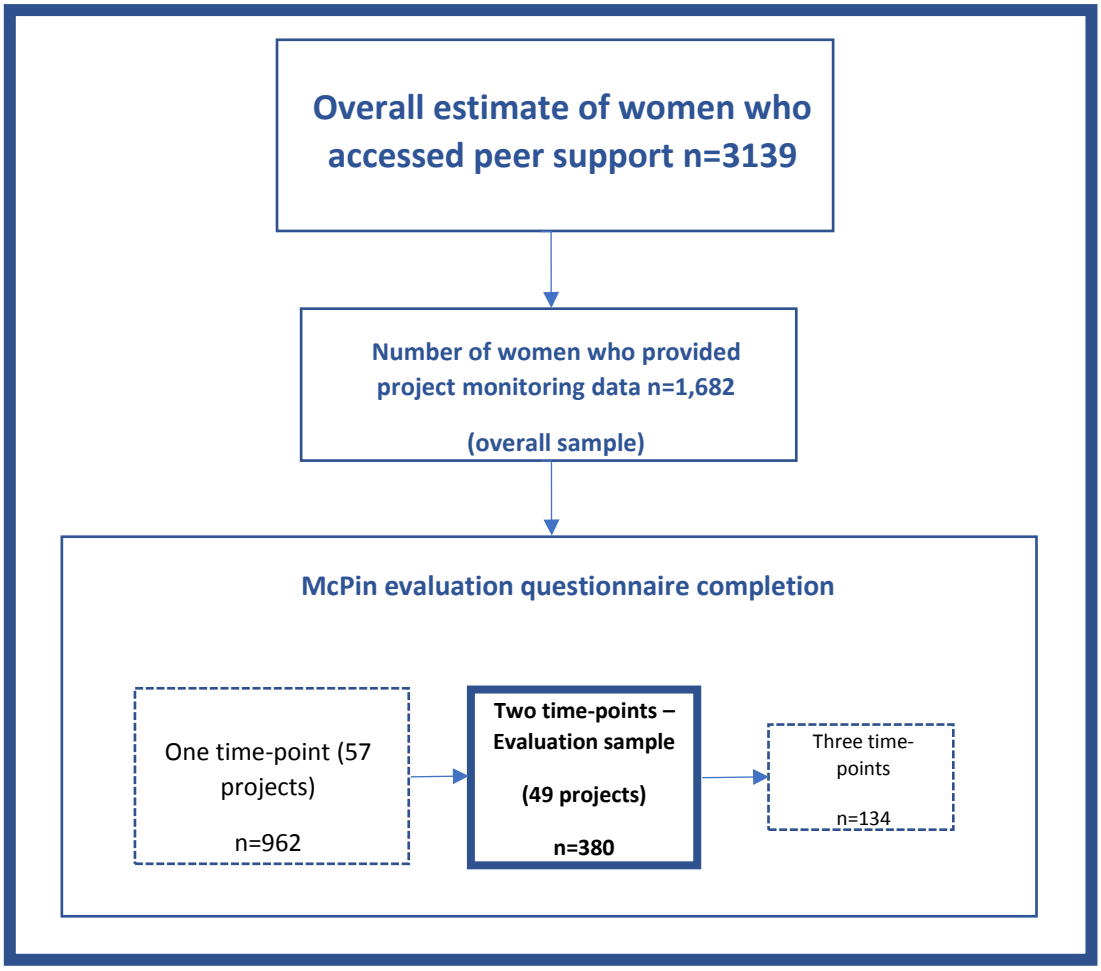


Figure 7: Summary of women engaging in the programme and data availability for women participating in the evaluation questionnaire

3.2 Sample characteristics

The characteristics of the evaluation sample are provided in Table 5 (characteristics of all women providing monitoring and evaluation data are found in Appendix G). For the most part, the data in the evaluation sample was representative of the women attending the projects who provided demographic data. However, there were some differences. More women taking part in our evaluation came from projects run by women's organisations: 55% compared to 43% overall. Our evaluation sample included more women who described themselves as having a 'mental health problem': 47% compared to 39%, see Figure 8. More women in our evaluation sample had used mental health services in the past: 36% compared to 27%. Women in our evaluation sample had greater contact and experience of mental health services, and a greater proportion identified with the fact that their mental health problems had a long-term impact on their ability to live their daily life.

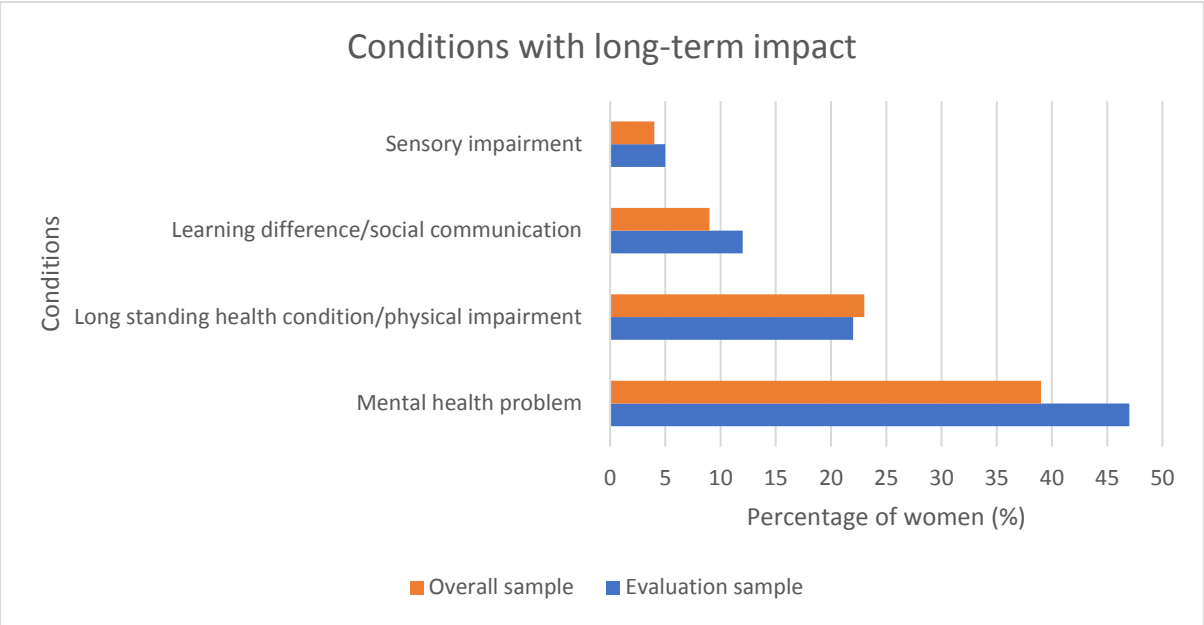


Figure 8. A breakdown of conditions that women reported which significantly affect their ability to carry out day-to-day activities

The regions were not all equally represented in our evaluation (see Figures 9 and 10). This is a limitation which we discuss later in the report. The consequences of uneven distribution affected the characteristics of the evaluation sample. For example, there were more projects in Wales, London, South West and South East England who did not return data, than the Northeast, Yorkshire and Humber and Midlands. We received less returns to our evaluation questionnaire from black women (9% compared to 14%) and more from Asian women (26% compared to 22%) skewed by one project. Over a quarter of the evaluation sample came from the East Midlands, also skewed by one project (see Figure 10).

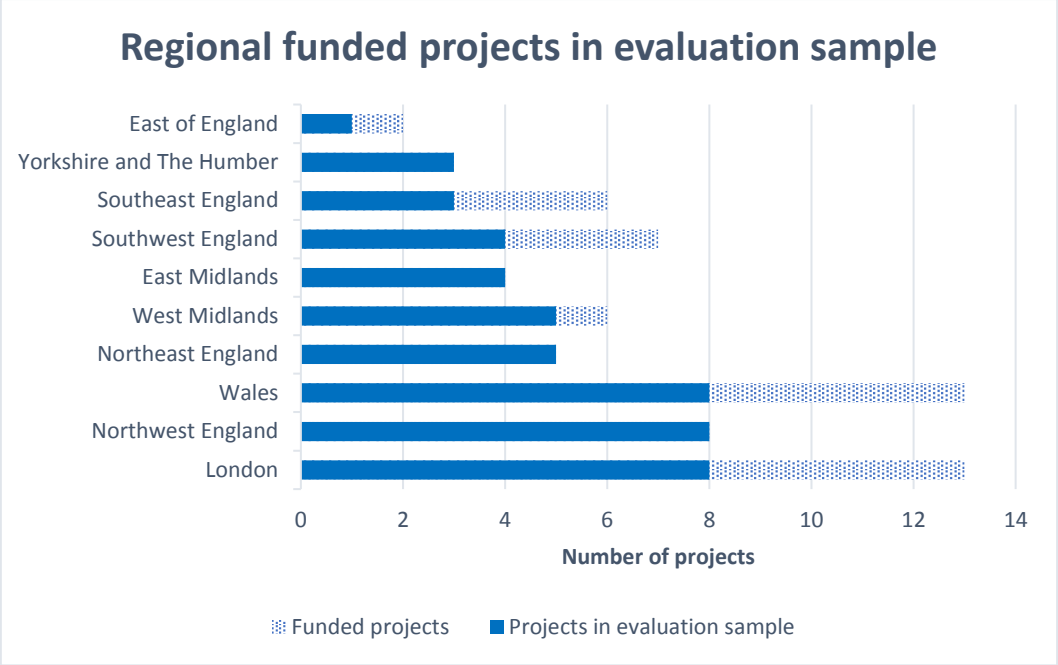


Figure 9. Breakdown of regional funded projects compared to regional funded projects in evaluation sample

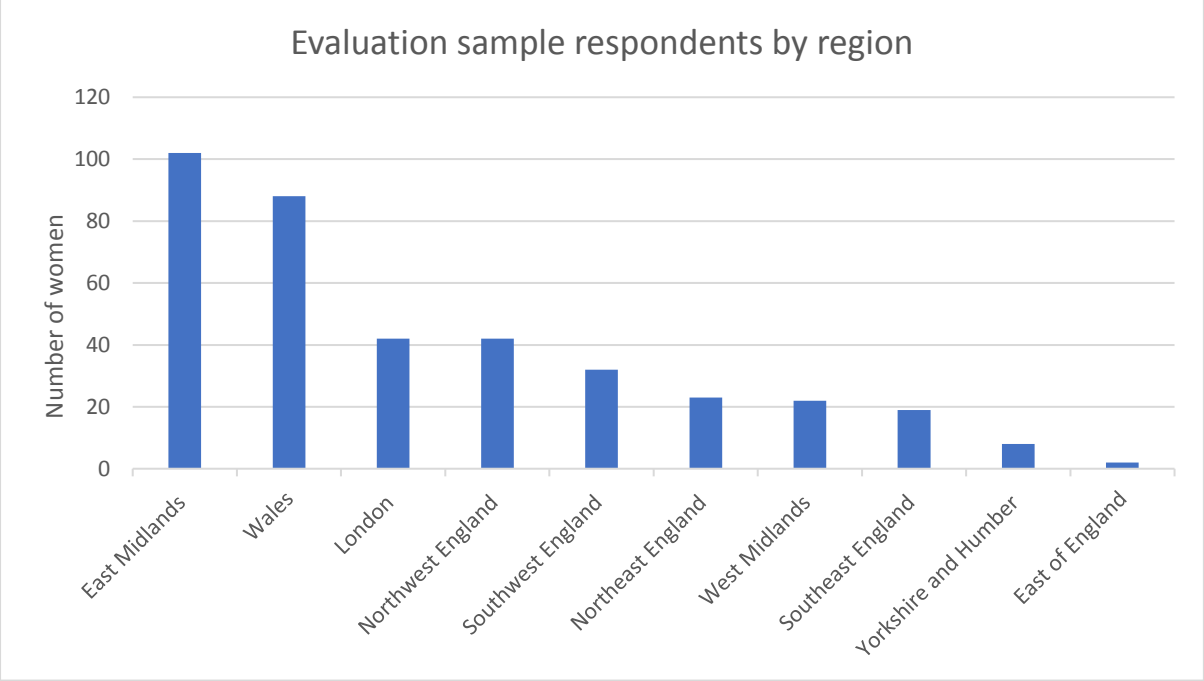


Figure 10: Breakdown of women in the evaluation sample by regional location as defined by the funded project they accessed

Table 5: Characteristics of women in the evaluation sample

	Evaluation sample (n=380 unless stated) **

Respondents from women's organisations	**Women's orgs =** 210 (55%)
Gender	**Female** = 375 (99%) **Non-binary** = 2 (1%) **Preferred not to say** = 2 (1%) **Prefer to self-describe** = 1 (0.3%)
Transgender history	**Yes** = 4 (1%) **Prefer not to say** = 3 (1%) (n=368)
Sexual orientation	**Heterosexual/straight =** 292 (79%) **Bisexual =** 16 (4%) **Lesbian/Gay =** 11 (3%) **Questioning =** 5 (1%) **Prefer not to say =** 43 (12%) **Prefer to self-describe=** 3 (1%) (n=370)
Age [9]	**16-24** = 73 (19%) **25-34** = 82 (22%) **35-44** = 67 (18%) **45-54** = 74 (20%) **55-64** = 54 (14%) **65+** = 30 (8%)
Ethnicity [10]	**White** = 214 (57%) **Asian** = 99 (26%) **Black** = 35 (9%) **Mixed** = 19 (5%) **Other** = 10 (3%) (n=377)

3.3 Outcome measurement

The outcomes (wellbeing, loneliness, self-esteem, quantity and quality of social networks) were measured using standardised scales which are available in existing research literature; we also used some of them in the original Side by Side evaluation. The ability to make plans was measured using a bespoke scale created for this evaluation. For all scales, the scores were compared for woman at the two time points. Table 6 shows the output from this comparative analysis.

[9] 16-17 and 18-24 were merged into a category labelled 16-24.

[10] Ethnicity data was grouped into five categories (White, Asian, Black, Mixed and Other) to aid analysis.

- Time point 1 is the first time a woman completed a questionnaire; average scores are shown for all women in the sample.
- Time point 2 is the second time they completed it; average scores shown likewise.
- The *change* is the mean difference in score between these two measurements (and can be positive or negative).
- A *p-value* of less than 0.05 indicates whether a change is statistically significant, i.e., whether the change is likely to be due to something other than chance.
- The *effect size* quantifies the difference between the two measurements (the higher the effect size, the greater the difference). Convention dictates that an effect size between 0.2 and 0.5 is considered 'small', an effect size between 0.5 and 0.8 is 'moderate', and an effect size over 0.8 is 'large' (Cohen, 1988).

Table 6: Change in outcomes

	n	Timepoint 1	Timepoint 2	Change (95% Confidence Interval)	p-value	Effect Size	
		Mean (SD)	Mean (SD)				
Wellbeing	362	19.9 (6.4)	20.4 (4.2)	0.5 (-0.3, 1.3)	0.209	0.07	N/A
Loneliness*	331	6.4 (2.0)	5.9 (2.1)	-0.6 (-0.7, -0.4)	<0.001	-0.30	Small
Social recovery (self-esteem)	345	39.1(12.9)	40.8 (11.9)	1.8 (0.3, 3.2)	0.019	0.13	N/A
Social recovery (community and social environments)	345	22.7 (7.4)	24.1 (6.7)	1.4 (0.6, 2.3)	0.001	0.18	N/A
Social networks with friends	292	6.9 (3.4)	8.5 (3.9)	1.6 (1.2, 2.0)	<0.001	0.44	Small
Social networks with neighbours	287	4.5 (3.5)	5.8 (4.9)	1.3 (0.8, 1.8)	<0.001	0.31	Small
Ability to talk about mental health with family	296	3.1 (1.3)	3.6 (1.8)	0.5 (0.3, 0.7)	<0.001	0.27	Small
Ability to talk about mental health with friends/acquaintances	295	6.2 (1.6)	6.8 (2.0)	06 (0.4, 0.8)	<0.001	0.32	Small
Ability to talk about mental health with peers	294	3.8 (0.8)	4.2 (1.4)	0.4 (0.2, 0.6)	<0.001	0.28	Small
Ability to talk about mental health with professionals	290	7.2 (1.8)	7.7 (1.8)	0.5 (0.3, 0.7)	<0.001	0.27	Small

**Note: A lower score on the Loneliness Scale indicates a better outcome.*

We found changes in several outcomes; those differences were small. Overall, changes were noted for loneliness, with women reporting feeling less lonely, and social networks (friends, neighbours) where women reported more contacts, and these are often

interrelated. Ability to talk about mental health with a range of people also changed, so we can assume the peer support groups, which were encouraging women to talk about their mental health, to a degree were successful in that task.

3.4 Programme impact

Women who attended projects experienced less loneliness and isolation than before. They experienced better connection to friends and neighbours, higher self-esteem, and more positive feelings their social environments. They also felt more able to talk about their mental health with a range of people. There were no improvements in wellbeing.

The biggest improvements were seen in terms of expanded social networks (particularly friends). Attending peer support projects was likely to have an impact on social networks because most of the projects involved meeting other women in a similar situation. This may have had subsequent effects on improving self-esteem, and feelings about their community and social environment. Wellbeing is a more diffuse concept and may only be improved once other stressors (beyond the scope of these projects) are removed.

It is useful to compare outcome data from this study with that available from other studies, where such data is available. We have therefore compared the scores for women in the evaluation sample (n=380) with other published data on the general population.

- At time point 1, women experienced lower wellbeing than the general population scoring 19.9, where 23.2 indicates 'good' wellbeing for women (Ng Fat et al., 2017).
- The women reported lower levels of self-esteem and felt worse about their community and social environments. A score of 77 has been reported elsewhere (Marino, 2016), in our sample the comparative figure at time point 1 was 62.
- The women at baseline were lonelier and more isolated compared to the other studies, where scores of 5.4 are reported in the UK for mental health service users under the care of assertive outreach teams (Firn et al., 2018).
- The women had smaller social networks compared to other studies at baseline, for example Lubben's study (Lubben et al., 2006) on older adults reported 8.3 on the 'friends' scale, our sample was 6.9.

We then analysed whether the changes in outcomes for women were different depending on their circumstances. There were some differences in scores on the Social Recovery Measure, relating to women's self-esteem and how they felt about their social/community environments. Women who reported having a mental health problem were less likely to experience improvements in these areas. A possible explanation is that living with a mental health problem is a substantial contextual factor which is likely to affect all aspects of a woman's life over time.

Further analyses also showed that women attending projects run by women's organisations saw greater improvements in how women felt about themselves (increasing by six points on average) and their social environments (increasing by three points). Perhaps this indicates that women's organisations have greater expertise in providing services in response to the needs of women and thus are better equipped for improving women's self-worth. No other changes were observed, please see Appendix H for the full analyses.

3.4.1 Comparison with community-based peer support (Side by Side)

In order to distinguish changes in outcomes for women's peer support (from Women Side by Side) compared to community peer support (from the original Side by Side programme), we were able to compare changes in wellbeing and social networks for women in these two programmes.

Women saw greater improvements in their social networks with friends and neighbours in Women Side by Side programme. Women who engaged in the previous Side by Side had fewer friends at the first time point compared to those in this programme (on average 6.2 compared to 6.9) and engaged with fewer neighbours on average 2.9 compared to 4.5). When change scores were compared, minimal change was found in social networks for both friends and neighbours for women in the original Side by Side programme (on average 6.6 friends and 3.1 neighbours). However, there were notable increases in social networks in the Women Side by Side programme (on average 8.5 friends and 5.8 neighbours). This suggests that women-only peer support is associated with a greater impact on social networks compared to community peer support that is not gender specific. There were minimal changes in wellbeing for women in both programmes. Full analyses are shown in Appendix I.

3.4.2 Limitations to impact data

There are limitations to the impact analysis to consider when interpreting findings. The most important of these are as follows:

- The evaluation sample accounts for approximately 12% of the women accessing the programme. Data indicates the impact of peer support for these women, but sample bias is considerable.
- We received more responses from some projects than others, missing data is considerable as some projects returned no evaluation questionnaires.
- There was no question in either the monitoring data or our evaluation questionnaire about different experiences of 'multiple disadvantage'. There were sensitivities about collecting such information, and potential impact on engagement with projects. Thus, no information was collected but it means the analysis is limited. We also do not know how long women attended groups for, what activities took place in these groups (as this information is not linked to the evaluation sample data set).
- Women who required translation or alternative format to complete the questionnaire are less likely to have completed it, due to resource limitations. Validated translation was only available for some languages, and for one of the measures.
- Evaluation and data collection fatigue occurred for some women and caused tension with some projects.

3.5 Women's descriptions of project experiences

The qualitative interview data corroborated the main themes highlighted above. Women described making friends and social connections as well as improvements in self-esteem. They also described feeling more confident and learning new skills.

3.5.1 Making friends

Broadly, women had positive experiences and enjoyed the social connection. Women told us about making friends and feeling more comfortable, having people to talk with when they needed. Many described the groups as non-judgemental and supportive, which is a fundamental feature of peer support in any context is the absence of judgements and the presence of reciprocity.

> 'I've actually made quite a lot of friends and also, in terms of [the group] creating a network, […] it creates a community where we all benefit from each other and I think it's very friendly, everyone is very open.' (Interview, group member and volunteer, group focus: homelessness, other organisation[11])

> 'We're all just like a big family and **we support each other** and if there's any issues that anyone would like to speak about then we can talk about it and **we're very conscious of each other's feelings** and the support system that we all have' (Interview, group member, group focus: DVA[12], women's organisation)

The experiences of women as peer leaders sometimes differed to that of women giving peer support as group members. Often, they told us that being able to give back, share and support others with similar life experiences was an important outcome for them.

> 'It's been such a life skill for me to finally be in control of my future. **If I can help just another one person come through it.** Granted people aren't able to and they're all on different speeds of journey, some aren't always ready. I wasn't ready back when it all happened, but I am now….' (Interview, former group member, now co-facilitator, group focus: DVA, women's organisation)

3.5.2 Self-esteem and confidence

For many, improvements in self-esteem was a core outcome from peer support. The project gave them an opportunity to feel freer within a safe and understanding environment, particularly for women who had experienced domestic violence.

> 'Yes, **it's definitely helped me in the way I'd hoped** or it's been more than I'd hope for and it's helped me with **my self-confidence and self-esteem and being more sociable** because I don't … being sociable isn't something that I do naturally.' (Interview, group member, group focus: DVA, women's organisation)

> 'It really does help your mental state, as I said, so lack of self-confidence, when you come out of that domestic abuse and as I said, **I was so shy and quiet**, and **your confidence just builds**.' (Interview, group member, group focus: DVA)

> '**Yes, once it helps you to gain that self-worth and confidence you feel you can be yourself and you don't need to be anyone else and you start to do these things**

[11] Quotes tagged with 'other organisation' refers to any funded organisation that was not a women's organisation as defined in the glossary.
[12] Domestic Violence & Abuse.

yourself.' (Interview, group member, group focus: sexual exploitation, women's organisation)

As self-esteem improved so did confidence, and women told us how this increased confidence had been beneficial for them in their lives outside of the peer support context. This meant they felt more confident to participate in the group itself, and more confident in studying, applying for jobs and making new friends. The groups were the platform for some women to build their confidence 'as a person' again.

> 'I thought it was amazing. It's given me a hell of a lot of knowledge and **really has built my confidence a lot more as a person**.' (Interview, group member, group focus: substance misuse, women's organisation)

> 'The more you can share with other people and they listen and understand, the more confident you get yourself, by actually talking about things, with people who understand. It does, **it builds your confidence up and your self-awareness and it's amazing**.' (Interview, group member, group focus: DVA, other organisation)

3.5.3 Skills development

There were several ways in which women developed skills through being involved in the project. Some groups provided training on peer facilitation or peer mentoring skills. For these, the approach was structured, and women were further in their recovery, selected to take part by facilitators who viewed them to have greater self-awareness. It was interesting to note how this differed to the socially focused peer support groups we observed. Some women developed skills through other structured activities such as cooking, art, and gardening.

> 'Skills? I've learnt how to watercolour because I didn't know how to watercolour before…and I've learnt how to sew and I've done blanket stitch, which I didn't know how to do before.' (Interview, group member, group focus: DVA, women's organisation)

Other skill development was more socially and emotionally based, particularly around communication skills, managing emotions and overcoming specific challenges. Women also shared coping mechanisms and skills around finding adaptive strategies:

> 'Like how to start a topic, how to share the view. **Before that I didn't know how to start a conversation.** Even if I don't … before that I couldn't ask anybody's name. Now, I could ask people and some stages I try to give them comfort. **I feel quite different from before'.** (Interview, group member, group focus: general peer support, women's organisation)

> 'I learnt how to have a self-care box. For years I've always had my elastic band on my arm because I used to self-harm a lot. I don't anymore it's like a fail-safe safety net …. It is just crucial. It's having that control, isn't it, over what you want, in it, on it, what it means to you.' (Interview, group member, group focus: DVA, women's organisation)

We observed women using these skills not only in the projects themselves, they also told us how they had begun drawing on their knowledge and abilities in their lives outside of

peer support. This suggests that the programme had a positive impact on women's wellbeing more broadly.

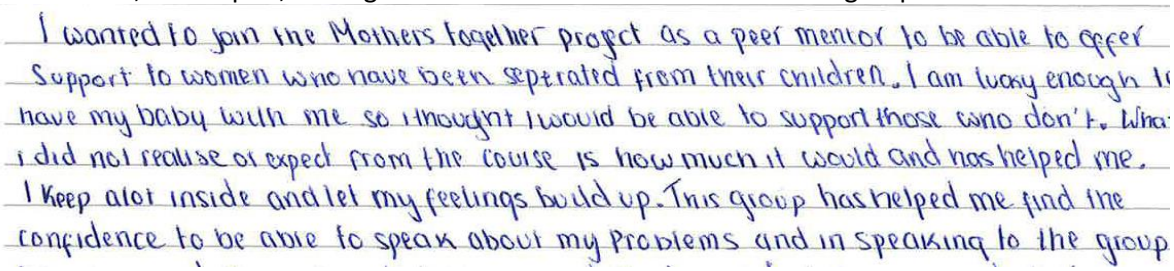
> **'It's helped me obviously with my career, what I want to do**. It has given me extra skills for that. I've been using a lot of the stuff that [staff member] has trained us on'. (Interview, group member, group focus: criminal justice, other organisation)

These three areas, making friends, self-esteem/confidence, skill building – are further illustrated in the case study below written by one of the peer researchers from the evaluation team. In this case the peer support group was a peer mentoring course, with women prisoners training to provide peer support to other prisoners. We observed how skill building in this context was helping women increase their confidence and belief in themselves.

Project setting, a prison: North West

Peer Researcher reflection: Women in prison- observing the benefits of peer support

They accepted me straightaway, made me very welcome and clearly saw me as a peer – someone who has had hard times and personal difficulties but come through. I also have children which automatically provided a shared experience and human connection. The women seemed close although it became apparent that prior to the project some of them knew each other but only in passing. Perhaps in confinement it is necessary to form close attachments where and when one can as the women's own personal, loving and caring chosen relationships are on hold. The women were completely prepared to show their vulnerabilities and tears were shed at each session I attended – including my own. This demonstrated that the women felt safe and free to be themselves and show their emotions. They trusted the other members of the group with their innermost feelings. Although these women were in training to help others they all agreed that they benefitted from the information, techniques, strategies and discussions that went on in the group.


I wanted to join the Mothers together project as a peer mentor to be able to offer Support to women who have been seperated from their children. I am lucky enough to have my baby with me so I thought I would be able to support those who don't. What I did not realise or expect from the course is how much it would and has helped me. I keep alot inside and let my feelings build up. This group has helped me find the confidence to be able to speak about my problems and in speaking to the group

The women had gained hugely in confidence and self-esteem and felt capable of running a group themselves, supporting others or taking on further education. Two of the women were intent on taking counselling courses and had started the process while in prison. I feel this is due not only to the information, techniques and strategies that they had learned but also to the support and encouragement of the other women who were happy to say 'you can do it' and not ridicule their aspirations. it. While it is impossible to say that the introduction of peer support is responsible for that, it is evident that it is a major contributor to the increase in confidence and self-esteem.

3.6 Summary

Our findings, particularly the quantitative data, must be viewed alongside our study limitations. From the available data, we found that:

- Women who attended peer support groups run by women's organisations engaged with the impact evaluation more, as did women with existing mental health difficulties and past use of mental health services.
- Overall, women attending peer support did not see their wellbeing change over the course of the project, but we did see improvements in their social networks, being better connected to friends and neighbours, feeling less lonely and isolated, and more able to talk about mental health. The most significant finding was the improvement in social networks with both friends and neighbours/acquaintances, as could be expected from a peer support project.
- When we compared women-only peer support from Women Side by Side to community-based peer support provided in the previous Side by Side programme, the women-only peer support reported greater improvements in social networks.
- Women interviewed described benefits in relation to social connection, self-esteem, confidence, and skills. Through women-only peer support, women can improve their

confidence to communicate with peers, which they may not have been able to do previously.

Chapter Four: Women's Peer Support Values

Our evaluation had four overarching questions to explore. This included being tasked to explore:

- How peer support values developed during the original Side by Side evaluation relate to women's peer support, including changes required to work in a gendered and trauma-informed way.

This chapter reviews the applicability of the six 'Side by Side' values shown in Figure 4 (Chapter 2) in women's peer support projects from observations and interviews. The original values were developed from community based mental health peer support research (Billsborough et al., 2017). They have been applied to maternal mental health projects and peer support employment groups by the McPin Foundation to further develop them during commissioned evaluations. To provide context, all the 67 Women Side by Side projects were given a toolkit, built around the six peer support values from Side by Side. We would therefore expect to see them in Women Side by Side projects, and we did find evidence for all six values to some degree. Table 7 provides an overview for each value collating evidence from across the programme. Each is illustrated using a colour code drawing upon our data. Across the programme we found evidence where values were not being met, as well as situations where there was good evidence. The aim of Women Side by Side was to provide access to 'high quality' peer support for women. This in practice is very challenging to achieve all the time. Overall, we found three of the original values from Side by Side were particularly relevant to women with multiple disadvantage:

- commonality of experience
- safety
- choice and control.

A new value was also identified:

- trust.

We explore each of these four values in turn in more detail below.

	Good example – value met it is fullest sense	Fairly good example	Moderate example	Fairly poor example, barely being met	Example of value not being met
Safety Increased feelings of safety	The venue, …it's a really welcoming place, there is car parking available nearby, the room itself is very cosy, there seems to be a sense of safety with the way that we had that space set up as well. (Interview, staff member, Women's organisation)	But obviously we know also, in our group, whatever you say in the group, is in the group, stays in the group, safely in the group (Interview, group member, learning disability)	Yes. There have been issues between some of the women in groups at times and again that is down to paid staff to deal with. They usually either take the woman out of the room to have a chat or whatever but they are usually removed from the group so that it doesn't build up into anything bigger (Interview, group member, Homeless)	We spend the entire time with the doors unlocked and stuff in this massive building but I don't think about that. (Volunteer facilitator, Perinatal)	The new lady was very dominant. … I think this inhibited others from saying as much as they might have. [Project lead] said to me that she told her that they should bring problems to staff, not group. This woman did not return (Researcher observations, BAME)
Choice & Control Women feel they have greater choice and control in peer support settings	No, because we're able to say we're having a bad week. You don't then have to say why if you don't want to. If you feel like you can then yes, share but no, there's no pressure. It doesn't matter. …Just joining in the activity of the craft distracts you enough that you do, you dip in a conversation. It just makes you think clear.	Absolutely and that motto we've got about, that's actually from the centre, from the [Name of project organisation], "no decision about me, without me" and I think that trickles right the way through. So, it's not about what we think is best for that woman, it's about what she thinks is best for her. (Interview, staff, DVA)	It's a drop-in, … we've tried very hard to make our space fit for everyone. So, there's always some kind of craft activity or perhaps some kind of arts and more recently we've introduced a session of a self-esteem programme that I'm delivering. So that's taking up 40 minutes of the session, the women have asked for that	For me, with my obsessive-compulsive disorder I worry a lot about being judged about that in general so I pick and choose when I feel comfortable to say anything about it. I didn't disclose at first that I had that problem but then gradually I did mention it here and there a few times later on…when I got more familiar. (Interview,	The session was semi-structured in that [facilitator] asked some general questions …we also went around the group one-by-one answering more specific questions. Later one woman told me she wasn't happy with how the group is run, said it's not fair to ask each woman individually to answer the question as they went around the group.

	(Interview, group member, DVA)		themselves. (Interview, staff, DVA)	group member, mental health)	(Researcher observations, BAME)
Experience in Common Increased sense that you share something in common with others in the group	It's definitely experience, that we've all gone through because we all understand, you can listen to them and say, I can relate to that and yes, it's definitely past experience, shared experiences and we're all willing to listen to each other as well and you know they'll understand what you're talking about. (Interview, group member, DVA)	We've grown really good friendships, it was like our mental health that brought us together and all, the group (Interview, group member, arts and mental health)	Because I was able to say what I had, or I was thinking without feeling judged or you know feeling like anyone was going to go away and talk about what I'd spoken about. It just felt that all the people there were there for the same reason and it was very comfortable (Interview, group member, Criminal Justice)	I feel like I can talk to them about obviously what I've got out of it and how it's helped me and yes, the topics might not be relevant to them because it's not their journey, they've not experienced what I have, it's ways to cope with things. It doesn't matter if you've got anxiety, you've got depression, there's all sorts of ways that you can roll it out and help. (Interview, group member, DVA)	I don't want to talk about my personal life, I don't to people, no…I've been through a lot, a lot of things happen in my life. They won't understand, I don't think…Because they live in the families and I lived without a family all my life, on my own. (Interview, group member, BAME)
Two Way Interaction Increased ability to interact with others in the group	A lot of people helped me with my confidence, so when I stand to a group of well anyone that's more than one person, I suffer with anxiety as well. So, I get really sweaty and I start to stutter. So, the ladies really, from the peer mentoring course, just allowed me to, they really allowed me to do that and they were like	Honestly, the making friends and getting close to people wasn't what I expected. I thought it would be more formal but instead we ended up getting to know each other and then going for these outdoor activity things which helped to build those relationships and made me more comfortable even with	When we're in the group, it's not all about giving, it's also about receiving of the advice as well and knowing when to listen and not interrupting people because that's a big thing. To be in a group, you have to respect others that are around you. So, as a group, I think that's what we all	Ah, the lovely word conflict. …We don't want to make anyone feel uncomfortable or feel like they're being told off but sometimes, through no one's fault but it's just their experience of life up to now, things that people have said can trigger someone or trigger the group which is not good. Then you get	Once they talk about … they give information about a very touchy topic and it's about African women. They were very fearful, and I didn't want to sit there. It's not bad, I don't want to hear it because it scared me because my heart is so soft then I would start crying. (Interview, group

	… we're behind you." The support is phenomenal. (Interview, group member, substance misuse)	the people running the group. (Interview, group member, sexual exploitation)	do, so.' (Interview, Group member, DVA)	upset people and someone that hasn't got a clue that they've upset people. (Interview, group member, DVA)	member, Women's organisation)
Human Connection Increasing sense of connection to others in the groups	It had three bits of criteria on the flyer and all three of them applied to me. I think it was problems at home, a mental health problem and if you're socially isolated. I just really needed some social interaction as well just to help me with my mental health.' (Interview, group member, mental health)	The best thing for me, it might sound a little bit silly but just going out every week and actually sitting with likeminded peers and talking things through.' (Interview, group member, physical disability)	Many have suffered the same or similar abuse due to language barriers and being of an era and generation where you kept quiet about abuse. They have suffered similar common experiences.' (Researcher observations, BAME)	'When the other student she knew came into the room, they were chatting, catching up across the table, and suddenly dominated 80% of the conversation for the next 15-20 minutes, isolating some of the women. Even the body language was excluding. It was mostly a two-way conversation.' (Researcher observations, Asylum seekers)	You have got a group of girls that know each other and then the group with some of them who don't know them are pushed out and we always said, didn't we, from stating the group that we didn't want that. Then last week we were in that position. (Volunteer facilitator, Perinatal)
Freedom to be Oneself Increasing sense of having freedom to be oneself in the group	Just the whole group thing amazing, … I love it and you can just be yourself, no worries about anything and you can just blurt it all out or have a good cry and it's amazing. It makes me feel good. (Interview, group member, DVA)	I just feel really comfortable round the people… people weren't going to judge me in that group, I felt quite safe to be myself. (Interview, group member, Criminal Justice)	There's no pressure to be anybody else but me, I'm accepted for me. I haven't got to put a mask on, I haven't got to put an act on, I can just be me and be accepted for that without a cover, no masks, no pretence. (Interview, group	I: is there anything that ever puts you off talking about your feelings or emotions? R: Not feelings or emotions but if I was to mention something particular to myself, in the group, I wouldn't want (A) the particular friend to know that, …	I wouldn't say I would feel comfortable about sharing my personal experience as such because I think that's a private thing between me and my counsellor in the centre. I'm not comfortable to do that. (Interview, group member, DVA)

			member, physical disability)	so I wouldn't mention that in the group. (Interview, group member, learning disability)	

Table 7: Evidence of Side by Side values in Women Side by Side projects

4.1 Experience in common

In the original Side by Side programme, experience in common was viewed through the lens of experiences of social and emotional distress. Peer support was provided in the community and mental health was a significant focus, if indirectly. In Women Side by Side, experience in common was far broader. Although the programme was developed for women with experiences of multiple disadvantage, the women who engaged in peer support groups did so in part because of a sense of commonality from the group's activity or via other shared experiences. This included experiences framed by common gender, ethnicity, interest in cooking or gardening or other activities, having children, or as survivors of abuse.

4.1.1 Shared experiences of gender

Many women told us that it was an important feature of their group that it was women-only. The shared experience of being a woman was a factor in why many women chose these groups. Leaders/project staff said it allowed the women a sense of connectivity and freedom they may not get in other settings. Women enjoyed sharing laughs, chats and coping strategies with other women who they felt were like them. We heard about conversations, not always openly shared, being encouraged - such as around the menopause. Women told us that 'something unique' happens when women can share space and experiences.

> '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**. (Interview, group member, group focus: DVA, women's organisation)

4.1.2 Commonalty of Experience

Commonality expanded beyond gender, and was also described in terms of ethnicity, shared desire to develop a certain skill such as cooking, singing or crafting, parenthood, physical illness and even in geographical location. For many women the activity, and the social connection gained from participating in that activity, was more important than group focus (e.g. women who have experienced violence, women experiencing post-partum psychosis). Communication was also a key feature within some BAME focused groups, and for some of the women who attended having shared language and language challenges helped build reciprocity and a sense of being within projects.

> 'Many of them have said that they arrived in the UK with little to no English, and they have done all that they can to learn the language and to **integrate** into the community. **Each of them have similar stories and struggles of communication issues**, one of the main issues I've heard is **not being able to talk effectively with the GP or doctors**, for example. They have all felt some varying degree of segregation and misunderstanding due to their lack of English. **You can see that this brings them together, and that shared experience has possibly enhanced their empathy**. I see this through the **respect, time and compassion** that the women have between the others who have less English than themselves, they are

always very mindful and seem to try and help as much as possible to integrate and welcome those who are struggling.' (Peer researcher observation, group focus: Asylum seekers, other organisation)

4.1.3 Approaches to mental health

Commonalties around a range of mental health difficulties were apparent for some women attending the projects and some groups were specifically designed and undertook activities in relation to this commonalty. However, this was not the case across all groups, despite the programme being aimed at women experiencing multiple disadvantage who have, or are at risk of developing, mental health problems. Many groups instead took an indirect approach using activities and other shared commonalities as a conduit for discussion on mental well-being.

> 'So it has **really helped me in terms of my emotional health** and also just feeling good by being there and spending time in a supportive environment.' (Interview, group member and volunteer, group focus: homeless, other organisation)

Where groups took a direct approach it often was the focus of the group, and women attended because they were specifically interested in discussing or working on their mental health. This provided a sense of shared experience amongst peers. These groups varied in format for example they included structured six week 'programmes' or workbooks on specific mental health issues such as anxiety through to completely unstructured, drop in talk and tea groups. We did find that for some, talking about mental health issues directly was easier when undertaking an activity such as craft or gardening. Activities also acted as a conduit for connection and discussion for groups taking an indirect approach and were used to raise topics and support each other around issues that were affecting women.

> 'Peer support **doesn't directly need to be discussing trauma** experiences. But spending time in others' company, **doing positive and productive things and supporting each other** even if it's just through having a chat or **laughing** about something that happened on the weekend, can really improve people's mood.' (Peer researcher observation, group focus: DVA, other organisation)

Many women were uncomfortable discussing mental health difficulties directly. Peer researchers were told specifically not to use mental health language at some groups during observations for concerns that it might cause women to disengage, most notably at several of the BAME groups. However, despite not directly addressing mental health the groups did encourage women to discuss mental wellbeing by more casual and informal means. This meant they could choose how much they wanted to share and in what way. Furthermore, some women in these groups did ask for more direct mental health support. Facilitators were often able to do this via a one to one chat away from the group, referral to other specialist mental health services or by bringing it up in a non-direct way with the group to discuss. Given that many of the women's lives did not allow any such opportunities to talk about mental health, this can be said to be a key success of the programme. That is, the programme allowed women to open up to others and seek support for any mental

health difficulties they may be experiencing at their own pace and in their own way whether or not they themselves identified their issue as a mental health issue or not.

> 'Although a smattering came up, not anywhere near what we thought would come up did come up and that's good. To my mind they were there, and **they were sharing what they wanted to share.** It didn't have to be about mental illness per se. It was just **women telling us how they felt and in doing that you are getting support**, aren't you? There is a **cathartic** element, isn't there?' (Interview participant, peer facilitator, group focus: Asylum seekers, other organisation)

4.2 Safety

We observed two overarching strands, physical safety and psychological safety. Interviews showed how the provision of safe physical and emotional environments could have a significant impact on individuals, the way groups developed and how women experienced giving and receiving peer support.

4.2.1 Psychological safety

The main benefit we saw in terms of psychological safety was emotional containment, having a secure environment where women would begin to feel safe to explore with others and find validation.

> '…but it was one thing that she said, that stuck with me, which was, **it's alright to feel angry but it's the way you deal with the anger that matters**, which as someone who was very explosive for a long period of time, **I have never been told, actually it's okay to be angry**. It was looked and frowned upon as an emotion that you should never really feel or you shouldn't be angry. Whereas I probably had a lot of valid reasons to be angry at that time, so **it helped me a lot**, in the first session.' (Interview, group member and volunteer, group focus: homelessness, other organisation)

Much of this relied upon the absence of judgement, which for some was a new experience. It was also an opportunity to find validation through shared experiences; especially for women who had not previously had this opportunity to be understood by people who 'get it'. As one peer mentor told us, 'She's been there. She's done that. She's got the t-shirt.' (Interview, group member and peer mentor, DVA)

> '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**' (Interview, group facilitator, group focus: DVA, women's organisation)

We also found that great care was taken in planning groups and listening to the needs of women within them. This worked well when group members and facilitators worked together in deciding the structure and format of sessions, as well as collaborative boundary-setting. Psychological safety was a parameter guiding every group we observed.

> 'I felt at ease on the [name of course] and **it gives us a voice as well**, where we can have our say and be listened to and have our opinions. So, if something doesn't work, we are able to say, "That's not going to work for me." Whereas I think a few years back, you just wouldn't think like that. With these courses as well, you do sit there and think, "Yeah. That's really brought something home to me.' (Interview, group member and peer mentor, group focus: DVA, women's organisation)

4.2.2 Women only spaces

Women only spaces formed a key feature of the programme and provided a sanctuary/shelter away from past and current experiences. This was particularly relevant to women who had experienced violence or abuse from men. Peer support provided the women with the emotional safety they needed to connect and feel 'genuine care and warmth' from other women.

> 'I think for many women that come to the group, they've never felt safe or they've got **memories of being and feeling very unsafe**. So I think when they come to us and there are **no conditions** attached, we're not asking them for anything, we are saying we are accepting of you, we're not asking you for anything, please just come and be whoever you are. I think the fact that there's that **genuine nurture and warmth** and empathy that exists, not only from us as facilitators of the group but that genuine care and warmth from other women in the group. I think **the building** probably itself and the space that we're in lends itself as well, to that feeling safe and because it's a **women-only space** too'. (Interview, group facilitator, group focus: DVA, women's organisation)

Some people preferred the dynamic that came from being a women-only space and did not want that to alter. They felt this may happen if men were present.

> 'I think, the **dynamic of it would change** if we were to bring men in. I don't know… [pause] I'm not sure. I do feel more comfortable with women. You play about, we get rude with innuendos and say stuff. We talk about personal stuff and we can all be open.' (Interview, group member, group focus: mental health, other organisation)

Some women from groups with a focus on BAME communities told us that the women-only groups allowed them to attend, as there were cultural factors that would not allow them to do so if men were present. Some of these women told us that being a women-only space meant they were able to experience a sense of freedom they did not get at home due to gender expectations and roles. Yet, for another group of women who came from similar ethnic backgrounds it was not felt that being a women-only space was essential, but they did nonetheless show the benefit of taking time out for themselves.

> 'I think in this situation, being a **women-only peer group is very beneficial** – perhaps even **essential** – to the members feeling like they can be themselves.

> Many of the women come from backgrounds and families where, historically, they are very patriarchal. I think having a women's only space not only offers that **safety to speak and be open** but offers the opportunity not to be **shamed or being silenced**. Being in a place where everyone is equal.' (Peer researcher observations, group focus: asylum seekers, other organisation)

The importance of a space being women-only did vary somewhat according to the group focus, and individual preferences. This places emphasis on the person centred natured of peer support.

> 'No, **it doesn't matter whatsoever whether it's mixed or not.** It just happened that this was set up for women-only. It doesn't bother me one bit.' (Interview, group member, group focus: disability, other organisation)

However, transparency and commitment in ensuring that men do not – and cannot – enter the space was a special criterion for some of the women to feel physically and psychologically safe. This was more significant for groups with a focus on supporting women with experiences of domestic or sexual based violence. Therefore, what women needed and desired in relation to space can be said to be connected to group focus, and for some this meant a women-only space was needed.

4.2.3 Physical safety

Many women in the programme had experienced a lack of physical safety at some point or were still living in fear. Therefore, location and choice of venue of where the peer support groups took place was crucial in creating a safe space for the group members. While some groups were happy and comfortable meeting in a public place such as a café or pub, for many having a private, confidential venue allowed them to feel more connected as a group. For this participant, shared experiences of sexual abuse facilitated empathetic understanding, but this was only possible through the knowledge that the venue was secure:

> 'It makes me feel safe because we've all got experiences and not the same experience, different experiences but we're on the same page, we all understand each other and I think **the building itself**, I feel quite safe in because **it's quite secure** and there's not members of the public just wandering in and out, things like that.' (Interview, group member, group focus: DVA, women's organisation)

Having measures that ensure safety and security such as intercom systems, puts the members at ease, knowing that the public cannot enter their space. This, in turn, reinforced psychological safety for the group as well.

> "**It's not that I feel unsafe. It's just if somebody accidentally comes to our door in error then we all panic a bit**. But it's not that we're scared that somebody will get us because I think as a group of women together, we could be a bit more confident than maybe on our own. Obviously, the main office is next door to us and that's where the organisers are so it's great. If ever we need them, we're

there." (Interview, former group member, now co-facilitator, group focus: DVA, women's organisation)

Having groups within an organisation's building offered the combination of physical and psychological safety needed in order to run smoothly and effectively. We found that some did choose to have their groups in public places for different reasons, however this did compromise confidentiality.

> 'Obviously because **it's open to the public**, there was a … the public had a party, someone's birthday and […] You know when people have conversations and it's like the muffling of the conversations and the music, **it was fine, but it was all a bit like woah, too many different bits of noises**.' (Interview with group member, group focus: Learning disability, other organisation)

The example above is a group that meet in a public house which can be an unpredictable and chaotic venue. Though for others being in a public place was not a barrier or concern and did not seem to affect the general running of the group. This was clearly linked to group type and focus, for example domestic violence focused groups directly discussing mental health difficulties would not work in a public location, where a young women's photography group with indirect forms of support were more comfortable being outside doing an activity. Where some groups book a room in a public space for the exclusive use of their group only, this did provide privacy and safety. It is also important to note how safety applied not only to women participating in these groups but equally to those facilitating.

4.2.4 What makes a good space?

The most used word when people talked to us about spaces in the Women Side by Side project was 'welcoming'. This was described by staff and group members as a place that was warm, had enough light and was not cramped. This was more structural description of a space in comparison to what made it psychologically or physically safe for women. During our observations we found that offering refreshments such as tea, coffee or biscuits acted as a facilitator to women feeling comfortable within a project and the space it was held.

> 'Young women said they enjoyed 'being in a safe and supportive space for women', 'the women's group is **very welcoming, it is a very open and judgement free zone"** (Project Story, group focus mental health, other organisation)

Accessibility was also something that was an important feature of peer support for women, this included physical access needs such as ramps or elevators but also access in relation to public transport, parking and childcare. It is important to acknowledge that women often bear the primary load for childcare, and where project accounted for this, women spoke of increased accessibility. However, where childcare was not available, women were less able to attend regularly, if at all. This suggests a key feature of women's peer support is consideration of the gendered accessibility needs of women.

> 'So, where we've had females come forward and say, actually I want to come to this part of the programme but **I have no childcare, it's quite saddening that we have to say no,** there's not a possibility for that.' (Interview, group member/volunteer, group focus: homelessness, other organisation)

We found that emotional containment, managing conflict, locality and confidentiality of the groups were important to the overall psychological safety of the women attending. Having these in place facilitated feeling safe and comfortable which enabled them to feel more relaxed, safer to develop trusting relationships, and to be themselves.

4.2.5 Group facilitation

Most groups had a facilitator from the host organisation, or someone overseeing where facilitation was undertaken by a group member. We saw that ensuring careful leadership in the group was beneficial in allowing greater safety through ensuring structure and inclusion of new members:

> '…most sessions, the way they start, including the emotional wellbeing sessions, we all come in, usually **there's an introduction** or people introduce each other, usually towards the beginning of the programme but we do also have **introductions of any new members** that come in and also an ice breaker of some sort in the beginning and then we introduce what we're going to be talking about. So [Facilitator 2] and [Facilitator 1] will do that and then they will go through some PowerPoints and also some activities to go alongside it.' (Interview, group member and volunteer, group focus: homelessness, other organisation)

Structured direction through allocating a leadership role was an ingredient of safety; without structure some groups struggled to find focus. In addition, shared decision-making in choosing how the group was run allowed a less hierarchical approach, whilst reducing situations where conflict could arise. Throughout our observations we found little evidence of conflict but as this group member stated, it may be that collaborative decision-making, and having choice and control, were key elements in reducing possible disagreements or feelings of not being valued by the group.

> 'Like if we are given some discussion topic and maybe everybody not happy. So, they accept. Sometimes they are not happy, but **everybody has their opinion**. We discuss everybody's opinion…If somebody is unhappy, they are supposed to talk to the person who is responsible, like a manager or other people, to resolve that problem. It is confidential. **They don't disclose; they do it very skilfully**.' (Interview, group member, group focus: general peer support, women's organisation)

Thus, we found that groups needed someone to take a lead role in guiding the structure, but with the ability to adapt to the needs of the women for each session. Another aspect of successful facilitation was to have clear ground-rules. By having set guidelines that everyone adheres to, it was easier for the members and facilitators/staff to keep everyone's physical and emotional safety in check, which helped women to trust each other and feel safe in each other's company. From observations we did find that ground rules were not

always enforced, with some groups finding that this led to conflict situations, or in one case a group member not returning.

> 'I know that whatever is said in that group, **whatever is said within those four walls doesn't go any further**. That is one of the rules in our group and it always has been from day one.' (Interview, group member, group focus: disability, other organisation)

Safety is also an important aspect for those facilitating peer support, especially where facilitators may share similar experiences with group members. Using lived experience in a mentoring role required self-awareness in terms of personal triggers, as well as feeling supported by the organisation.

> 'Because there is two [...] supervisors that were running the courses so they made sure that, **they found out some of our own traumas**, if that revolves around some of the peer mentors that have traumas, so that they can keep it away. You know, if that's the sort of thing that you're not comfortable with, then **they wouldn't assign that person for you to support** if they know it's going to be, if it could be **a possible trigger** for yourself. Because obviously that's going to be **a risk to yourself and to the service user** that you're working with.' (Interview, group member and peer mentor, group focus: substance misuse, women's organisation)

The different types of facilitation models emerging from the Women Side by Side programme are summarised in Figure 11.

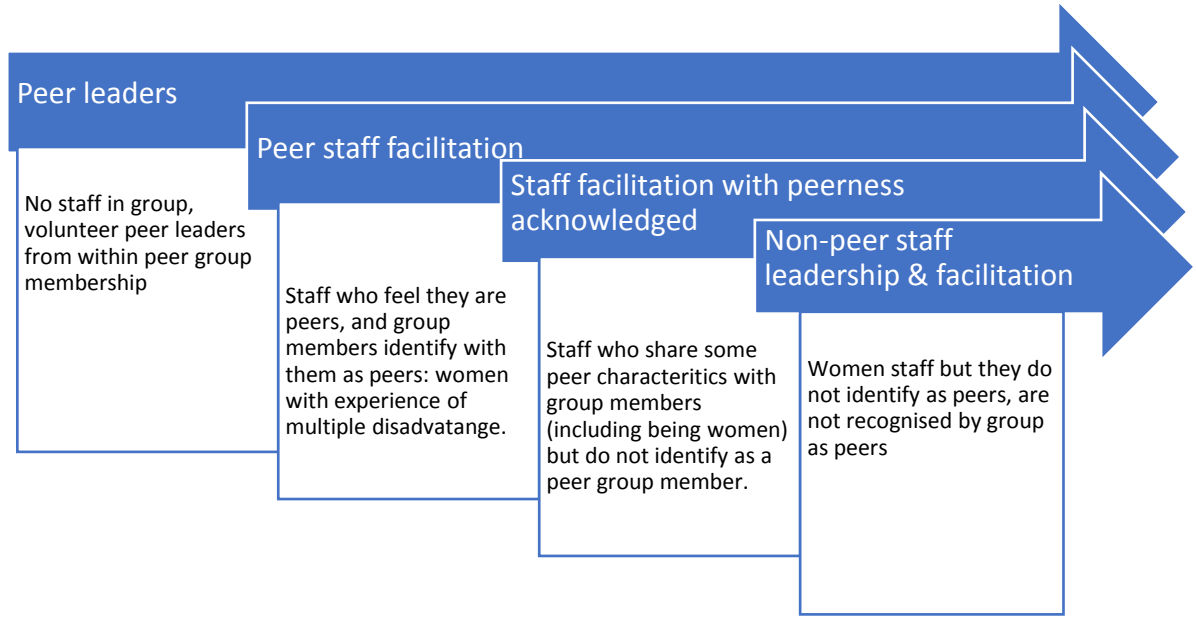


Figure 11: Women's peer support facilitation approaches in Women Side by Side

4.3 Choice and control

The second value we review is 'choice and control'. We observed the importance of women having choices in the groups and control as well. Several elements emerged from our observations, including comparisons with experiences of statutory service provision, decisions on what to share in groups, setting boundaries for group contact outside of meetings, as well as choosing when and how often to attend continuous groups.

4.3.1 Comparing experiences with statutory service provision

We found the most prominent features that set women peer support groups apart from other services were:

- flexibility
- restoring control
- providing the choice of women-only support
- offering a wider range of activities and,
- that they were a very different experience to statutory mental health services.

Women highlighted a disparity between statutory and non-statutory support in terms of the formality of their approach which could be off-putting and anxiety-provoking. The experience of peer support offering an alternative, future-oriented approach and non-medicalised support was viewed as helpful.

> 'I've tried to work on the **future and the positives** rather than dwelling on the past because **I can't change that past but I don't want that past to keep running my future.** So I definitely think the positive mental attitude of the group and the counselling and then everything coming into place, it's just **snowballed forward**. I definitely think in my heyday when I was struggling the most, I was under a psychiatrist at one point, I was under the community mental health team. **It wasn't a nice place to be. I just felt they keep you submerged under all these drugs to cope** but you don't actually function. I've not had anti-depressants since about eight years ago, just after he'd gone into prison and things had settled down a little bit. I came off the drugs and **gradually worked on building to now.**' (Interview, group member, group focus: DVA, women's organisation)

Interviews highlighted the difference between what could be offered by peer support in comparison to statutory services. These were in terms of inclusion/exclusion criteria, external contact (outside of the group time), the provision of childcare, and having a more flexible and optimistic approach. This was particularly evident for perinatal groups; allowing children to be part of the group, as well as the informality of peer support sessions increasing the opportunity to interact with other mums:

> '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 really but when you are sat in a room with two people and they are asking you

questions you are afraid to express yourself.' (Interview, group member and facilitator, group focus: perinatal, other organisation)

Thus, it was important to have the freedom to choose where to access help, without the added distress of navigating complex and lengthy referral processes.

4.3.2 What and when to share

Women's peer support benefitted from its approach of encouraging people to choose what to share with others. Just being present in the room was often enough, and this is where we saw the power of activity-based groups.

> 'If you feel like you can then yes, share but no, **there's no pressure**. It doesn't matter. I could turn up and just say, "I'm having a really bad week. I can't function that well but I want to be here." **Just joining in the activity of the craft distracts you enough** that you do, **you dip in a conversation**. It just makes you **think clearer**.' (Interview, former group member, now co-facilitator, group focus: DVA, women's organisation)

Whilst we did not see complete freedom to participate at the individual level in every group that we observed, it was evident in the majority. Where this was less apparent, for example in a group where the women were each asked the same question, there was still an element of choice in not responding. It may be that particular group, which was larger than most, benefitted from this method in that it enabled less vocal members to become more involved.

It was also apparent in some of the larger groups that there was less pressure to speak, with some preferring to simply listen and absorb what was being said. This approach encouraged quieter women to become more involved and find their voice, whilst for others this was an intimidating experience. In relation to feeling safe, having a choice of what to share with whom was important, including the option to talk individually with the group facilitator.

> 'If you share something, it's confidential. I told them without hesitation: "…If you don't want to say something in front of lots of people, **you can go one-to-one**.' (Interview, group member, women's organisation, group focus: general peer support, women's organisation)

Being able to choose whether contact was made outside of the group and whether individuals wanted to be kept informed can create difficulties in sharing outside of the confines of the group times; this is particularly relevant in women who are currently living in more complex circumstances such as being in a psychologically or physically abusive relationship. A critical question is who decides and how far is this influenced by organisations rather than the women themselves.

> 'I: 'You said that you don't meet outside of the group? R: No, but in the group. I think that's good, I think sometimes when you meet people outside, as well as in the group, **sometimes you can spend too much time with people**, I like the fact that I just see them once a week and **that's enough for me**. I like that because

then you can catch up on all the news, whereas if you saw each other outside of the centre as well, **you'd have no news to give them** because you would have already told them everything because you would see them. So [...] everyone saves up their news in the week.' (Interview, group member, group focus: DVA, women's organisation)

It was also important to consider communication through a gendered lens in this programme. For some projects common forms of communicating such as text or email may have put women in danger, and it was important that women were heard and listened to in relation to their communication needs and boundaries.

'Many of the women and girls who attend this group are from **male dominated** environments where it can be difficult for them to leave the area - for example being part of **gangs** or **controlled** by male partners. For this reason, [organisation] offers to collect some of the group members. In addition, they do not write to the women or contact them without permission to safely do so. Some of the girls have grown up in gang culture and this organisation **works hard with them both in the group and individually to change their experience and therefore, view of the world as dangerous and hostile.** (Peer researcher observation, group focus: young mums)

Whilst the women we spoke to were happy with the boundaries their groups had set around outside communication, one recommendation may be to investigate further how this impacted upon group dynamics. In secure settings such as a prison this was again a different experience, however the women were able to choose to connect with others in their role as peer mentors.

'Eight women are now trained as peer supporters (mentors) and three of those were present. Twelve women had signed up for the programme and three of those were present. **It is not uncommon for women to be miss sessions** as they have other commitments such as work, meetings with solicitors or other professionals. Six women had attended the previous week.' (Peer Researcher observations, group focus: criminal justice perinatal, other organisation)

In the prison setting women's choice and control was contextualised within their current environment, which posed challenges. It was not always possible to attend the groups due to prison constraints and so choice in being able to give and receive peer support was sometimes limited in this group.

Understanding gendered experiences in which women may not have the freedom or the experience to communicate openly was also important in groups. Allowing women the ability to choose how much or how little they wanted to communicate was key in the engagement and experience of the group. Where women were able to choose and this choice was respected, they spoke positively of the groups.

'So, what I struggled with was severe anxiety. They were quite **good with making sure that they don't force me to speak up or force me to participate**. I have that

option so that I am not anxious and am not having panic attacks or anything like that.' (Interview, group member, group focus: sexual exploitation, women's organisation)

We also heard that some groups keep communication open with women who left groups, when permission was given to do so, sending news updates in order to facilitate a return to the group in the future if desired. Giving women choice over when to attend, including when to return to a group is an important feature of community-based peer support.

Feeling connected to other women also facilitated the ability to give and receive support and to share experiences of what has helped, but without dictating what another person *should* do. We found that this led to flexibility in how the women communicated with each other, and where and when, as well as being aware of how this may vary with changes in personal circumstances or feelings.

> 'I think from my experience and what I've seen, I think women are **very careful not to give sweeping advice.** I think women are very tentative about that and very **respectful** and I think probably I've heard women say this, "when this happened to me, this is what worked well for me **but I don't know how that's going to work for you**". So, it's that very respectful **exploration**' (Interview, group facilitator, group focus: DVA, women's organisation)

Whereas when women felt they did not get a say or were not heard they felt less connected.

4.3.3 Activities and structure

Choice in which groups women participated in was often guided by the approach of organisations in terms of directly focusing on mental health needs or positioning themselves as informal social groups. In some ways women's choices were limited by what a project was offering, and what it applied to deliver as part of the grant making process. There were limitations to collaborative decision making, even where this was an ethos, because of the short timescales of the Women Side by Side programme. Where peer groups were existing programmes, women had greater control (and power) over their shape and form.

A small number of group members said that limited choice in the running of sessions meant that they did not get the support they were expecting. Where one mental health organisation provided activity-based peer support, there was a mismatch in expectations of what form of support would be, and was, offered. This did lead to some leaving the group as it was unable to meet their needs.

> '**It was different to what I was expecting** because when I joined up to it I was expecting it to be more like a support group where you sit around in a circle and we spend the entire two hours dividing the time up and each person having a ten minute block of time to talk. I thought it would be like that for the entire thing but it's more activity based. We are doing more activities. We had a little bit of a talk around, but the main amount of time was spent on doing the activities I'd say.' (Interview, group member, focus: mental health, other organisation)

Finding the group that works for an individual, whilst also allowing group members to guide the format of sessions was conducive to improved outcomes. Being fully informed of the structure and format before joining a group helped with this, however for some choice of what was available to them was limited. Flexibility was a key ingredient in the structure of groups. One of the most striking aspects of the benefit of being flexible was where groups were continuous and group members were not penalised for late arrival or leaving early. However, a minority felt that late arrivals could be disruptive to the group, especially where there was a planned activity such as yoga. Having a loose structure and allowing flexibility for the group to make their own decisions also strengthened autonomy, independence and confidence in group members. Some of the women described not wanting to feel like they were in school or have that formal structure that perhaps makes them feel childlike, or out of control.

> 'I don't think there is a structure and **I think it's better that way because everyone can just do their own thing** and if someone doesn't want to … say if someone doesn't feel like painting that week and they just want to sit there with a cup of tea and a chat, they can do that, there's no pressure there and I think that's a good thing about the group…I like that and I think if it was too structured, it would feel like a college course or something you were doing or something like being back at school.' (Interview, group member, group focus: DVA, women's organisation)

Women benefitted from being in control of how frequently they attended; this was particularly helpful to those with childcare needs where projects were unable to provide a crèche. As most of the funded projects were continuous this supported flexibility of attendance when compared to a set course. In addition, activities were sometimes dependent upon previous knowledge and experience of receiving peer support and what women were now able to access. This difference could relate to where women were in their recovery journey, with more structured training programmes being better suited to those with more experience of receiving as well as giving support to peers.

Using a variety of communication styles and activities allowed women to share experiences in a variety of ways and facilitated creative types of peer support. For example, a group used psychodrama to enable the expression of feelings and to be understood by others.

> 'There was one planned activity which was to work in pairs or threes and take something from the materials table to help to talk about where we had been on holiday or where we would like to go. When it came to sharing our conversations, these were turned into a **role-play** with people moving their chairs to the centre of the circle to speak. [Group member 1] who **had been really quiet** was brought into a couple of the role-play pairs to give further perspectives.' (Peer researcher observation, group focus: learning disability group, women's organisation)

Other groups used craft and art to communicate or talking style peer support groups in both informal tea and talk formats as well as structured teaching and learning sessions. Across these styles it was important to the women that the communication was non-

judgemental and helped them to find their own solutions. Interviews and observations demonstrated how effective it could be to listen to others, for example:

> 'I've supported various members of the group with things, if they're upset about something, I'm very **conscious not to give my opinion** because obviously what you would do in that situation, would be different from them but I've **listened** and taken into account what they're going through, **if they're going through a bad time and I think just listening is important**.' (Interview participant, group member, group focus: DVA, women's organisation)

Thus, good communication in this context allowed women to be listened to and valued; a feature which was particularly absent in the lives of women where male voices may be dominant. It also facilitated a place for decision making and self-awareness, and empowered women to choose the right level of interaction for their peer support needs.

4.3.4 Taking back control

A final element of choice and control is finding the confidence to make significant life changes.

> '**I went back to college** to retrain into doing beauty and nails instead of my old job because I think through school and high school I was trying to deal with life. I wasn't bothered on education. I didn't do bad but I didn't do my best. So to be able to work on the confidence to go back to college, knowing me and my struggles but I wanted to achieve this for me. I had that drive because I was doing it for me. **I felt like I had control of life enough to try** and do this for me.' (Interview, group member, group focus: DVA, women's organisation)

The above group member added that she has organised her life to allow time to attend the peer support group. Where women have been controlled by men, having the space to safely speak about their experiences helped in regaining control over their present and future lives. This required the support of the organisational structures and staff, but most importantly the support of other women.

Peer to peer working allows everyone involved in the group – regardless of role – to have choice and control in the running and development of that group. Especially when groups have a non-hierarchal approach to their structure. It heightens awareness and qualities or skills that individuals bring to the group, and when their voice has been taken into consideration in the decision-making processes it proves that their voice is significant and powerful.

> 'As a rape crisis centre, **we are non-hierarchical**, so that ethos has actually been transferred to the peer support group. I think that each and every woman bring something special, each and every one of us have got different qualities, we've all come from different backgrounds, **we've all got different life experiences and that is valued**, that is valued.' (Interview, group facilitator, group focus: DVA, women's organisation)

4.4 Trust

Our analysis of safety, but also the other values, led us to challenge the Side by Side values 'pyramid' six segment structure. Was there another 'value' in the data set? We observed that trust was central in women's peer support. 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 or 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. It was the importance of trust, linked but distinct to safety, that led us to propose that for women – there are seven not six central values in Women's peer support. We explore the theme of trust considering its temporal importance and relevance for trauma-informed practice.

4.4.1 Building trust

Women could be present in a group and feel safe but may not actively take part. Women need to trust others in the group to fully participate. Protective factors in developing and restoring trust for the women we spoke to included feeling connected and managing emotions.

> 'It's definitely helped me improve my mental health, **I'm regulating emotions better, I'm off medication** because I feel like my issues, mainly was, as a care leaver as well, I didn't have a lot of family and **not having anyone living here** in [Region], it's just me. So having that support has helped me to feel better because before **I felt very alone**, I was extremely shy, I **couldn't talk to anybody**. So it has really helped me in terms of my emotional health and also just feeling good by being there and spending time in a supportive environment.' (Interview, group member and volunteer, group focus: homeless, other organisation)

We found trust to be pivotal to supporting women with experience of multiple disadvantage, being central to the provision of gendered and trauma-informed peer support within these groups.

> 'The distrust, the self-confidence issues, commitment, relationship issues. **We're all very, very similar on that front**. It's weird because it's also… so the ladies that are just, I say just, the domestic violence ladies, they're very one-off ladies or the child abuse ladies. To say they're all such different experiences, **they're all very, very similar after effects**, it's weird that yes, we might be different in our experiences and scenarios but yes, we're so alike in every other aspect.' (Interview, former group member, now co-facilitator, group focus: DVA, women's organisation)

For women where invalidating and unsafe environments had become internalised, it was necessary to demonstrate how new experiences could be built within peer groups. There was reciprocity in trust as well, with group facilitators sharing the responsibility in modelling trusting relationships.

> 'Right from the off you need to make sure you are with those women in a certain way that **allows them to then carry on without you** and that's not about being quiet. That is about **modelling** and that is about **being very explicit** with everything and just saying…it's almost, 'Did you see what I just did there? I did that for X, Y and Z and that's why we do these things and **that's how to build rapport, trust and create a safe environment** and things like that' so we were very transparent with every step of the way in what we were doing.' (interview, staff facilitator, group focus: asylum seekers, other organisation)

> 'It's all about trust really and **if you trust them they are going to trust you**.' (Interview, group member and facilitator, group focus: perinatal, other organisation)

Low self-esteem and self-confidence were facets of uncertainty in relationships based on mistrust; showing women that they can achieve was only possible through restoring self-belief in developing an environment where women could be themselves. Applying this learning outside of the group was also based on increasing trust, and therefore, confidence to manage relationships.

> 'It's helped me at work to **be more confident** and it's helped me **trust people a bit more**…I've always been in work, I've never not been in work, I've been in work since I was 18. It hasn't helped me get into work but **it's helped me deal with work better** and especially when I moved jobs and I was quite anxious and was still quite anxious when I joined the centre, even though I'd been at my new job quite a while. So, I think it gave me confidence to talk to some people at work and **then get more friends**.' (Interview, group member, group focus: DVA, women's organisation)

4.4.2 Developing trust takes time

Building trust in a group, or individuals within the group, and with yourself is a complicated and difficult process. Trust is not built in an instant and for some women this can be a long journey in feeling comfortable enough to access the support of peers.

> 'At first I didn't manage to open up. It is quite difficult when you have personality problems and things like that but you are never restricted and **you do eventually open up to people and you are eventually yourself** and **because it is a weekly group** you become more and more familiar with the people around you and you eventually just settle in and become comfortable and you are eventually just yourself.' (Interview, group member, group focus: sexual exploitation, women's organisation)

One limitation of the Women Side by Side groups is where these were newly established it may be that some women are still in the early stages of feeling able to share with each other, to trust each other. However, what we also found was that these groups facilitated the process of being ready to share, by allowing time for women to find their own way of talking to others.

'I: Do you feel comfortable sharing your experiences with this group and why?

R: I do now. And that's because **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**. But it's not a case of, "Oh, come on, tell me your story, tell me your story tell me your story, 'sort of thing.' (Interview, group member and peer mentor, group focus: DVA, women's organisation)

The huge sense of relief in finding confidential, safe and trusting support was summed up by this respondent:

'It makes you feel…yes, you do. **You don't feel that everyone is as much of a threat** when you know that there are threats out there but **as long as you know that there are these certain individuals who are safe, who are there for you**, it's a massive release…Your perception of people changes so you find that there are certain people that you can trust but you don't feel entirely safe because you know the threat out there but **it is a massive comfort to know that there are people out there who can support you and you do feel that sense of being loved,** if that makes sense.' (Interview, group member, group focus: sexual exploitation, women's organisation)

But trust could also be lost or displaced. We found that incidents outside of the group could lead to challenges within the group. One researcher encountered a difficult experience in hearing about communication that had taken place outside of the group and how this impacted on this woman's experience within the peer support group:

'Participant spoke to me at lunch: **Feels she cannot trust the women and that they talk behind your back**. One lady, from her country used to be her friend but she betrayed her trust so now feels this is how the rest of the group are […] I don't think I saw this participant again.' (Peer researcher observation, group focus BAME, women's organisation)

4.4.3 Trauma-informed work

We found that a central element of building trust and effective peer support for women with experiences of multiple disadvantage was to be trauma-aware; and for group leaders and members to work within the boundaries that this provides. We found two main examples of trauma-informed support that helped build trust. Firstly, shifting power for choice and control back to women in peer support. This shift of choice and control was observed at many levels from helping decide how to set up a room, to leading a session. Secondly, focusing on women's strengths and mentoring, rather than excluding them for difficult behaviours arising from their experiences.

> 'Okay. So, what we are going to do is… Obviously, we have peers and mentors in the group. So, if something does kick off at least **one of us can take that one person out of the group knowing that there's going to be another peer mentor in the group that can help the others**, while that person is just having a talk and a chat. And just maybe saying maybe today is not the best day if you're having a really bad day and to either sit out or… **it's not about making them feel that we don't want them**. But we want to show them that the conflict of what they've done has actually affected the whole group and not just one person. So, **rather than punish them we want to work with them** for them trying to see how their reactions and their actions are not just affecting that one person in the group that they maybe intending it to, it affects everybody. So, **having a couple of mentors in a group I think is essential** because at least then you've also got that one-person that the other group can talk if they are affected by it.' (Interview, group member, group focus: DVA, women's organisation)

However, there were challenges for some projects in relation to trauma-informed care. For some there were limitations associated with programme length impacting ability to build the kind of trust needed for peer support.

> '**Just issues around trust as well**. So, I think what we've seen is that it really takes a long time to develop women's trust such that they even engage, which isn't surprising based on their experiences. So, safety has to be planned and right from the beginning' (programme level interview)

Others explained that they had difficulties with providing the most optimum space for women to feel safe to share in.

> 'Okay…. the issue with the room is that **the location is safe because it's women's only centre,** but the room itself, **people can overhear**, when women are talking about traumatic life experiences. And it's a bit off-putting, especially in the [name of sessions], where women are coming in traumatised and they're talking about things, about personal experiences, quite traumatic life experiences, and **people are walking past the room because the door was left open** and there was no way of… it was putting people off when they were talking because, obviously, they don't know who's listening. You were looking at ways of how you can overcome that situation. So, they put up… I don't know what you call that. A room divider. They put a room divider up. But that was, obviously, causing a health and safety issue because it collapsed a few times. So, then they came up with **putting a sign up on the door**. And now they're **physically going to close the door to the main entrance**. So, that is what we're looking at now.' (Peer researcher observations, group focus: DVA, women's organisation)

Peer Researcher reflection

Working on this project has made me realise on a personal level how much I love research work around lived experience, mental health and trauma recovery. It has also helped me realise that having a disability and or diagnosed mental health condition makes me no less employable than anyone else. I would love to continue working in this field of research work. Having lived experience helps you glean a natural understanding and insight of the trauma and self help that's necessary to overcome it. Mental health recovery takes a lot longer than people actually realise and needs a lot of self-kindness, stepping out of your comfort zone to move forward.

4.5 Summary

We found all six of the original values were present within peer support in the Women Side by Side programme, and mostly projects were applying these consistently, but how values were used and their relevance to women as peers was different. Safety and choice and control took a more prominent role in women's peer support, and we identified a new foundational value of trust.

Trust is especially relevant to women experiencing multiple disadvantage, who may have had their trust impacted through adverse childhood experiences such as violence, 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. Many of the groups included women with experiences of domestic abuse and sexual violence, some current, and taking a trauma-informed approach which included due care to emotional and physical safety was essential for peer to peer support to flourish.

We also recognised the importance of nurturing human connection, and two-way interactions that ensure the women present have the freedom to be oneself to explore as much or as little as they want and can. In summary, overall, the values seemed to apply, but as our detailed analysis showed, that this occurred on a continuum. At one end we saw good evidence of the values being present in a peer support group, as well as contrasting examples where this was not the case.

One of the values where the emphasis differed in Women Side by Side was experiences in common. The original project emphasised commonality of experiences in terms of emotional and social distress. We found in this programme there were four dimensions to women's shared experiences.

- First and foremost, women connected because they were women. Even when men were present in groups, it was the female focus of members that provided the foundations for peer support.
- Secondly, we found the focus of the groups drew women to join. Some peer support groups were activity based with cooking, arts, gardening, whilst others were tea and chat social sessions. There were courses such as learning to be a peer facilitator or mentor, or self- management courses.

- The third feature of commonality was past experiences of hardship and trauma.
- The final element in this programme was mental health. This was a theme in the support peers provided each other but it was not the first commonality connecting women.

Project garden: London

Chapter Five: Partnership working – programme level

As part of this evaluation we were asked to explore:

- The effectiveness of partnerships formed between organisations in the mental health, women's sectors and other sectors on the Women Side by Side programme.
- How the programme built capacity in delivering high-quality peer support for women.

The Women Side by Side programme was underpinned by partnerships at both programme and project level. This chapter discusses our findings in relation to programme level partnerships: the way Mind and Agenda worked together. Chapters 6 and 7 explore other partnership working and capacity building at the hub and local project level.

Drawing on Carnwell and Carson's (2008) work, we identified that the following 12 attributes of partnerships[13], exploring them in more detail below summarised under five headings.

- being on the same page: common goals and clear objectives
- roles and responsibilities: working as a team
- communication
- respecting specialist expertise and breaking down barriers to shared knowledge
- reciprocity and empathy: humanising partnerships.

[13] Trust and confidence in accountability; Respect for specialist knowledge; joint working; teamwork; blurring of professional boundaries; members of partnerships share same vested interests; appropriate governance structures; common goals; transparent lines of communication between partners; agreement about objectives; reciprocity; empathy.

Mind partnered with Agenda with the common purpose of increasing access to peer support for women facing multiple disadvantage. The opportunity to work as partners was facilitated through the DCMS Tampon Tax funding stream. Across the programme, Mind and Agenda provided insight from the mental health women's and sectors respectively, however it is important recognise that they did not represent these sectors in their totality.

To understand partnerships, it is important to consider the structure of the programme (see Figure 12). In practice, the programme level partnership between Mind and Agenda were observed in several settings early on:

- programme advisory group meetings
- grant panel meetings
- partnership meetings between Mind and Agenda.

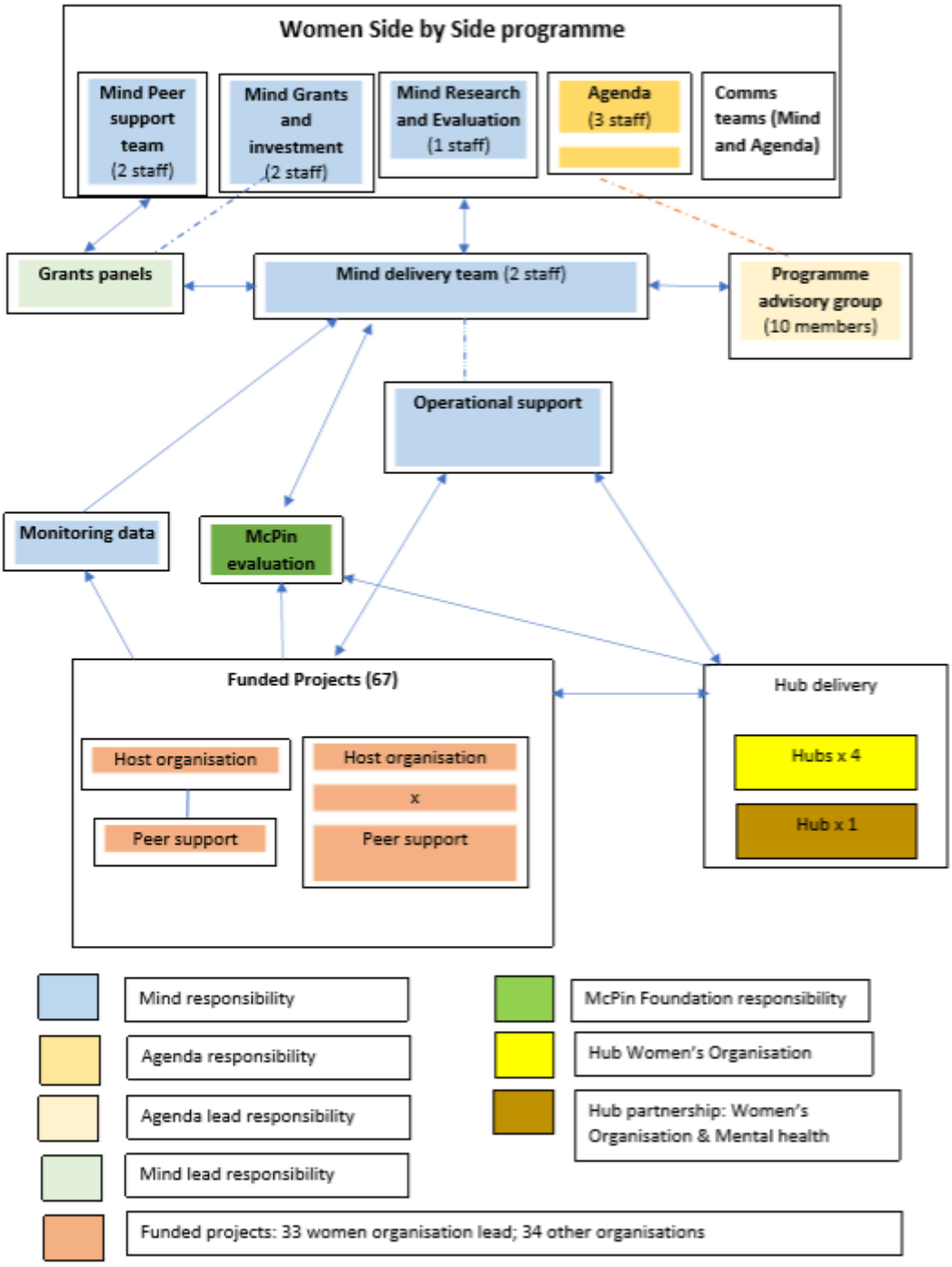


Figure 12: Women Side by Side programme structure

5.1 Being on the same page: Common goals and clear objectives

This programme was initiated on a shared interest, increasing quality peer support for women experiencing multiple disadvantage with or at risk of mental health difficulties. Notably both partners brought with them a slightly different lens on this interest underpinned by their relative sectors. Mind brought a focus on enhancing quality peer support and Agenda a focus on addressing the inequality experienced by women in relation to access and gender appropriateness of services. However, the partners were able to bring these objectives together to create the Women Side by Side programme and through the process it was evident that the agreed common goal ensured partnership success: the programme was delivered.

Trust and respect are of paramount importance in partnership working. Trust is established in a context where partners work together with confidence over a shared identity, in this programme this was heavily reliant on shared aims, and the partners both sharing similar ethical codes and values around working with women[14].

> 'Hopefully this will help, **this will create more collaboration**. And I hope that this is an opportunity for a big charity like Mind to think about their kind of, how they're gender-informed [...[Mind to learn some stuff as well and to **actually filter out to a broader mental health sector.'**

> 'I've been doing partnership working so I don't have an issue with **just being open and honest**, and bringing in people. Because everyone has something to bring in. But it was a bit like, this is all new, you know, and it was like, well, it is new and it is a women's programme and let's just work well with it [...] 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'.

The delivery of a complex programme across a large geographical area by partners with different expertise led to different objectives emerging. We saw that as time went on, the level of responsibility and input changed for Mind and particularly Agenda as a smaller organisation, and that influenced the scale and scope of specific objectives, such as criteria for grant giving. At the beginning, there was a focus on ensuring there was a good geographical spread of projects, however the focus shifted to ensuring that most of the funding was reaching women's organisations. Whilst geography was still an important consideration it appeared to take a lesser priority.

Initially, the applications were processed entirely by staff at Mind. After the short-listing process it became apparent that there were fewer applications than anticipated from women's organisations. Thus, the partners had to work together to balance funding between women's organisations with previous experience of women specific supports, and applicants who lacked experience but were geographically unique or had ambition to develop skills from programme resources to provide peer support for women. At this point, there was greater input from Agenda to go back and look through the applications from women's organisations again. For effective partnerships we would propose that there must be a clear agreement on guiding objectives before delivery, however the limited time of this programme – a condition of the funding - acted as barrier to the two organisations being

[14] Throughout Chapter Five, Six and Seven quotes will not be tagged with codes as in other chapters. This is to preserve anonymity. Quotes are sourced from throughout the programme.

able to robustly explore these competing objectives and reach a consensus on them before delivery began.

> **'I think probably had we sat down and said, "We're going to have a challenge here**. How are we going to get past it," that might have [...] we all collectively might have been able to put that higher on the agenda. It could have gone to the advisory group. We could have talked about it in partnership meetings and perhaps **we could have done things like agreed far enough in advance** that we weren't perhaps showing so much of our workings out to the project.'

Furthermore, we found that external pressures stemming from tensions surrounding the funding that underpinned the programme were relevant in the partnership between Mind and Agenda. The funding was drawn from the Tampon Tax, and there are ongoing concerns about how and where this money had been spent. We sensed that it was a risk for these partners to work together, and that there was significant drive from both partners to ensure the funding reached women on the front line.

> 'So yes...there's arguments about, well not arguments, **sort of reflections about funding for women's specialist services and as a way a part of the infrastructure that you need to settle inequalities**. You know, probably those arguments and those points are not going to be raised unless you have got voices from the sector'.

> 'Overall across the sector, **I mean I think the collaboration is really good** but I also really hope that there is also an investment for the women's sector in and of itself, and **of course it's really important that we share knowledge and understanding of the agenda, but there's so much potential within the women's services that we have that they are just so horribly underfunded**, they just can't reach anywhere near the numbers of women that we want to. So, I **hope we will continue to see partnership, but I also hope that the recognition of the value of those services in and of themselves'.**

However, it was clear that both sectors, and the partners who represented them in this programme, truly wanted the same core outcome: to deliver high quality, gender responsive peer support. This core outcome ensured that when there were barriers or challenges to partnership working, they were able to return to this as a starting point for resolving them.

> 'So part of our working together has been around trying to make what is a bit of an imperfect funding stream a bit better, to work better for women, particularly women experiencing multiple disadvantage, making sure that they were reflected in that. I think we both were on board with that being an ambition. **That has been more about the nature of the funds than anything to do with the nature of the working relationship, which I think broadly has been very positive and very open**'.

5.2 Roles and responsibilities: Working as a team

Governance structures ensure that a programme is carried out correctly, within budget, meets aims, is held to account and outlines roles and responsibilities. Generally clear roles and responsibilities acted as a facilitator to effective partnership in Women Side by Side. Partners saw each other as facilitators to ensuring each strand of the programme was delivered as close to the aims and ethos as possible. From early on, provisions were made

for partners to meet regularly and discuss progress. Partnership meetings facilitated team working in order to drive delivery.

By dividing responsibilities, the partners were able to work both as a team and bring their individual expertise to achieve a mutual goal. This was particularly important given Mind and Agenda are different sized organisations with varied resourcing capacities. By taking up roles that drew on their specific sector expertise the partners were able to work simultaneously on independent yet complementing activities. This form of joint working is vital where partners hold different knowledge and working cultures.

> 'We've been able to be quite f**lexible and responsive** as the project develops and w**e've been able to lend our expertise in the most appropriate way**. So given the varying scale of resource and responsibility that we've both had in that partnership, overall **it's been very positive**'.

However, it must be noted these roles were not always clear, and at times the partnership, roles and input were not equal.

> **'I think the relationship has been incredibly productive** and I guess we have lots of direct communication, hammering out questions, working collaboratively with them, seeing how we can add value to what each other's doing. Looking at shared agendas'.

> 'I think they just felt they were a bit in the dark about stuff but when we were able to outline our approach and that it was very women-centred, and that **our values did align**, and underpinned everything we were doing, then that was fine'.

There were various areas of the programme where lack of clarity in roles affected efficient delivery and the ability to work as a unified team. It is important to note that Agenda received far less resource than Mind in this programme, and often had to work beyond originally planned roles in the programme. Agenda contributed the extra time and work required willingly. The partnership did demonstrate flexibility and capacity to work together as a team when a problem surfaced. An example of this was grant panels. Agenda were not expecting to be heavily involved in this process. But it was clear their expertise was required and thus they were brought more centrally into the allocation of grant awards.

We observed another example of the importance of defined roles in the project advisory group. Initially they had clear roles at specific parts of the programme such as discussing grants process, and delivery set up, however, during the middle of programme delivery members found that the aims of the meetings were not clear, they met less frequently and they had less influence. Programme staff also recognised this as a challenge. This highlights the importance of good governance and planning around responsibilities early in programme development. Doing so avoids lags in activity, and associated demotivation of partners and ensures the collaboration is productive throughout.

> 'I think the difference with this project, and 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**. So, it's felt like our role - and I think it's been a really valuable lesson for me - is to facilitate conversations about experiences and explore and learn and reflect'.

Overall, it was clear that for the two partners to work effectively in partnership at a programme level there was a need for team working and independent, yet mutually complementing, responsibilities that reflected the partners strengths. To ensure this occurred without confusion or overlap there was a need for role clarity, clear division of responsibility and commitment to these through effective governance structure. However, it must be noted that even where these elements were in place, communication had significant impact on their effectiveness.

5.3 Communication

Communication was key to successful delivery in this programme. Due to the cross-sector and two-nation delivery, communication needed to be clear, and people needed to know who to speak to and when, Broadly, both Mind and Agenda felt that they had communicated well with each other, in a manner that was open and respectful.

> "Everybody that we've communicated with has been very involved in the process and has **treated us as equals in the same sort of way**".

Activities that were described as contributing to professional and open communication across the entire programme included:

- regular meetings with cross-sector attendance
- lived experience representation
- delegated points of contact
- project delivery updates
- reciprocal feedback loops.

The most cited barrier to communication was staff turnover or people not in post, at all programme levels. This included top level programme partners, hubs and projects. We were told about the impacts resulting from outgoing staff not providing appropriate handover information, the new perspectives of incoming staff and confusion over hierarchy of who to contact and when individuals began or left roles. We also observed that initially there were multiple communication channels which compounded staffing issues, in part due to multi-team involvement at Mind. A lack of communication about roles and responsibilities led to confusion around specific aspects of programme delivery. This had a knock-on effect to both hubs and projects.

5.4 Respecting specialist expertise and breaking down barriers to shared knowledge

A key success of the partnership between Mind and Agenda was their ability to draw on their sector expertise and respect each other's specialist knowledge. This sharing of approaches and understanding about peer support, multiple disadvantage and gender across all activities can be regarded to be the primary facilitating factor in the delivery of this programme. For example, at the grant panels, representatives from both sectors drew on each other's expertise to assess whether applicants had adopted appropriate approaches. Those from the mental health sector drew upon their expertise of mental health interventions and appropriate techniques as well as their expertise of peer support whereas those from the women's sector drew on their expertise of women with multiple disadvantage and their needs through a gendered lens.

> 'I think we feel that it's **been a great learning process for us, specifically I suppose about the expertise** [...] that we didn't have previously, so the specialism around peer support in particular [...]. Similarly, I think us being totally involved in the grant making was...**very helpful when thinking about advocacy for the sector** because obviously we talk a lot about funding and we talk a lot about how money could and should be distributed'.

Collaboration with women with lived experience as partners in various aspects of the programme also broke down barriers to authentic and open sharing of expertise. The strongest example of this was the advisory group and grants panels, where women with lived experiences were increasingly seen as experts as the programme progressed, and actively contributed to allocation of grants, planning and delivery. This was not always the case, in some circumstances experts by experience were disempowered, and this is an important learning point. Despite a shared understanding of the value of lived experience, a divide by professional expertise and experiential expertise was sometimes evident. This had a profound impact on level of contribution and thus decisions made. This was in part due to some stakeholders being new to working in a co-produced programme and having different experiences of lived experience engagement in mental health and women's specific programmes. As time went on, this was addressed through shared learning and communication, and there was a more equal contribution at meetings.

We observed that the most successful aspect of the partnership between Mind and Agenda was combining resource, knowledge and expertise. Each partner brought with them a unique perspective and understanding to their work to enhance access and provision of peer support to women experiencing multiple disadvantage. This alone speaks to the opportunities the partnership presents in relation to improving gender responsive services more broadly.

5.5 Reciprocity and empathy: Humanising partnerships

Reciprocity has the potential to create and maintain strong partnerships. Reciprocity is defined as the exchanging of privileges between partnerships for mutual benefit. This is vital where partners work in different sectors, have different networks and alliances, and consequently have access to different specialist services and resources. There is power in reciprocity to sustain partnerships, and in the case of Women Side by Side, sustain them beyond the programme through a new shared expertise on peer support for women facing multiple disadvantage. There is also power in identifying reciprocal aims to benefit women experiencing multiple disadvantages and willingness to exchange privileges that we have witnessed in this programme.

The main areas we saw partner reciprocity at a programme level was in the grants process. This, in its very nature required both partners to undertake reciprocal sharing of both knowledge, and privileges associated with their existing networks. Without Agenda's links to specialist women's organisations, and Mind's expertise around existing quality peer support projects the partnership would have faced challenges in allocating funds.

> 'So well, I think across **collaborating has been applied to every level of it**. So obviously the grant making process, our, the sort of shortlisting [...] and then the grants panel having representatives from different sectors and then obviously, in terms of delivery, there's yes, there's organisations kind of working, collaborating within that'.

Room set up for peer support project: London

Peer Researcher reflection

The experience of observing partnership working between the key stakeholders, and evaluation commissioners fluctuated at different stages of the programme. At times, it felt no different to other data collection processes and a seemingly positive experience. I feel this was due to the impartiality of the evaluation team to decision-making at the meetings I observed.

Comparatively, on occasion as an observer it felt like things were emphasised or rephrased to influence perspective. I found this also evident when collecting data at other levels such as learning events and advisory group meetings where a representative of the commissioner was present. It felt like there was a visible expectation to note decision-making at crucial stages of the programme in a specific ways.

Observing partnership working when there had been tensions with the commissioner and us an evaluation team significantly impacted on me personally and as an observer. This was especially noticeable where evaluation was discussed because it presented a level of difficulty in remaining impartial and limiting impact on decision-making. For future evaluations with this kind of observation I think it's important to emphasise impartiality and to carefully consider power dynamics during planning stages. This includes the effects these may have on the individual researcher and project relationships. I think it is also important to consider the impact of an evaluator being in the room on discussions, and whether this changes how stakeholders make decisions or interact.

5.6 Summary

Overall, we found that partnership working at programme level between Mind & Agenda, was very successful. The partnership between Mind and Agenda developed over time, and we observed high levels of trust at all levels, respect for expertise and the importance of a shared common goal: the provision of high-quality women's peer support. Considering five elements to partnership working at a programme level we observed:

- **Being on the same page: common goals and clear objectives.** This was achieved, and trust was developed across the Mind-Agenda partnership in order to deliver the programme. Where problems arose, these were worked through. Both partners wanted to ensure there was sufficient funding for women's sector organisations.
- **Roles and responsibilities: working as a team**. Roles were not always clear across Women Side by Side but at programme level this was less evident. Changes to responsibilities in response to need were actioned well. When partners were absent in parts of the programme, this was because of resource allocation not through lack of willingness to engage.
- **Communication:** This could have been improved and took time to settle across the programme, including between Mind and Agenda. There were challenges when staff left, opening up gaps in historical narratives, decision making and project structures.
- **Respecting specialist expertise and breaking down barriers to shared knowledge:** This was well evidenced through the work of both partners and was why the two organisations applied for funding to work together.
- **Reciprocity and empathy: humanising partnerships.** There was clear mutual benefit for both partners through working together sharing expertise and learning, as well as experiencing the joint running of a 2-nation programme.

Chapter Six: Hubs - Partnership Working and Capacity Building

In this chapter we have explored both partnership working and capacity building activities across the programme through the work of hubs (see Chapter 1 for brief overview). Capacity Building can be described as processes and activities used by a community or programme to develop sustainability and growth. Capacity building often requires multiple components and ability to be flexible around complex structures and community needs. Women Side by Side was underpinned by a stream of capacity building activities to influence change locally and regionally, in part to foster partnership working in the here and now, as well as for the future. These activities were primarily run by the funded hubs and varied across regions. The activities included supporting projects in their regional area, sharing resources around best practice approaches for working with women and quality peer support, delivering peer training, and hosting learning events.

6.1 Exploring the role of hubs

There were four hubs in England and one in Wales, funded to deliver a series of learning events for funded Women Side by Side peer support projects in their region and support these projects more generally. At the heart of their work was a focus on project sustainability which required both the encouragement of strong partnership working and innovative ideas for building capacity within a project. These were challenging tasks, and we explore this in more detail below.

6.1.1 Supporting local projects

Hubs supported funded projects virtually through phone, email and Slack channels. We found that there were challenges in the uptake and success of this resource. Hubs found it difficult to get responses early on from projects in relation to support needs as well as engagement in planning learning events. Although support was available, the uptake was minimal, and we found that this was mainly due to time and staff capacity of both the funded projects and hubs. Due to the demand of delivery and reporting requirements of projects, project staff felt they had little time to engage with any capacity building activities outside of the learning events. This was frustrating for some of the hubs.

> '**I don't know what else I can do**. I've tried to tweak the way that I e-mail them, and I now feel that I do get more responses. So, it has improved slightly. Maybe my thought was, as coordinator, that I would… when I started the project, there would be a lot of communication. And there isn't, really.'

Funded projects expressed the need for a virtual channel to network and stay in contact with other funded projects and in response to this, all hubs set up a Slack channel. This was highlighted as an appropriate space for projects to stay in contact and for hubs to share resources from the learning events. Slack meetings were set up for projects to join at specific times and dates to discuss identified topics or discuss challenges or highlights. We observed that there was low engagement with this and when approached at learning events, projects shared that again there was difficulty committing time. We observed how hubs found it hard to build a network within the region of funded projects, working beyond them with new contacts was even harder.

An aim of the programme was to engage with both projects who were unsuccessful in obtaining funding, and other local organisations to help increase capacity to deliver peer support for women in the community. This had little success due to several reasons. Hubs did not have the capacity to contact unfunded projects. Some reported not having contact details of these projects and not being aware this was a requirement for them. Others did, and some projects attended the first two learning events. However, this had mixed success. Engagement and approach at one of the events was felt by funded attendees to be inappropriate, whilst non funded attendees felt the agenda was not of relevance to them. To ensure the learning events were safe, positive environments for funded projects to learn and build capacity, unfunded projects were not invited to subsequent ones run by that hub. This reduced opportunities for beyond programme learning with other organisations and impacted on hubs ability to capacity build across the region.

6.1.2 Peer training

A key activity for capacity building was peer training. Ensuring women were skilled up to run groups themselves and hubs were central in the strategy. Training for peers on leading peer support groups was planned through local networks and the hub steering group; but none was delivered at the time of our final data collection towards the end of the programme. This was primarily due to the programme's short timeframe and staff capacity. This again reduced the ability of hubs to move forward with their capacity building objectives. It is, however, important to recognise the skill and resource required to deliver and provide peer training to many projects. It had to be delivered when projects were ready. It is anticipated that some peer training will be delivered to funded projects after the ending of the programme.

6.1.3 Sharing resources and knowledge

The hubs main function was to share expertise and resources with and between projects to develop their capacity to deliver high quality peer support for women. This included research from Mind and Agenda as well as the McPin Foundation. One hub reported adapting the Side by Side evaluation findings to create a women-focused resource. The main barrier to sharing knowledge was the geographical scale of hub regions. All hubs covered a larger area than originally anticipated, in part to there not being a hub located in the Midlands. As there was only one hub in Wales, they also had a large geographical area to support, with limited networks outside of their local area. These larger geographical areas made it more difficult to bring projects together and share resources, especially where there was a lack of networks or mutual understanding between sectors. It is a learning that location, travel requirements and existing community connections must be considered for hubs and projects to make the best use of their resourcing and time.

Notably, hubs were more able to share resources in the latter half of the programme once networks had been mapped out and recognised. It is essential to recognise that networking and building trust can take time especially when working with different sectors with historically different approaches. Having more time would have facilitated more networking and sharing thus providing more opportunity to build partnerships, influence and achieve changes in practice. In time limited programmes such as Women Side by Side partnerships could be better facilitated by investing greater resources into ensuring hubs are best placed to geographically to support local projects and help them network. Additionally, future grant

criteria could place more focus on projects that are either developed though sector/organisational partnership or have achievable aims to do so through the programme.

Hubs found that many organisations connected to their funded projects recognised the need for cross-sector sharing. Due to the nature of third-sector organisations, time, resource and capacity is limited, funding is directed to service delivery with little room for extras and organisations are hesitant to invest in capacity building activities. This highlights that to sustain motivation and engagement, networking and partnership working require dedicated funding: a worker to promote and be the voice of the group.

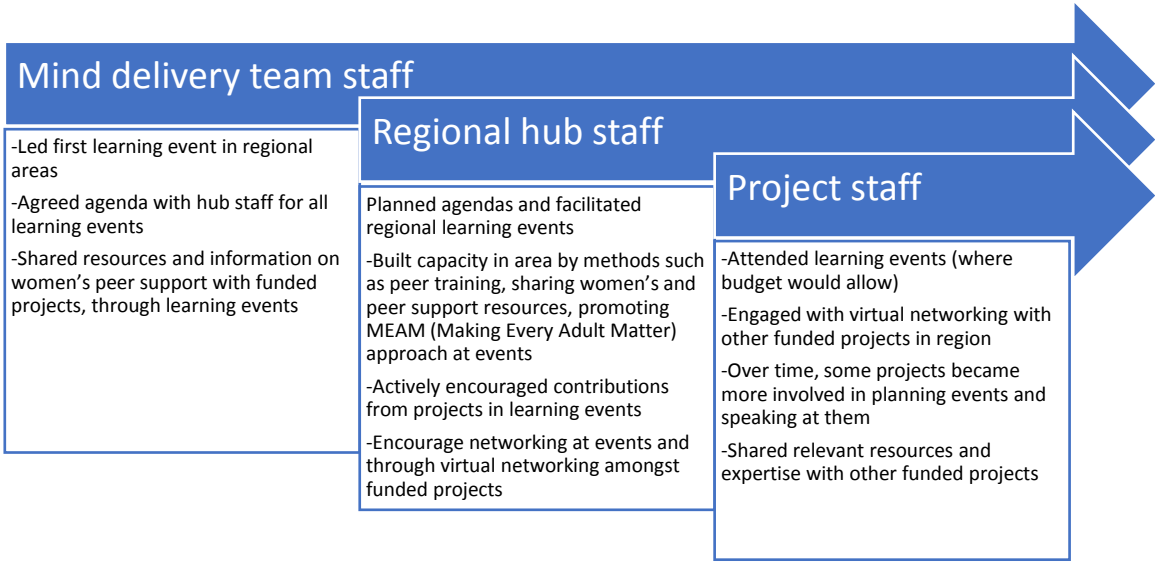
> 'I do think [influencing change locally and regionally] has definitely happened, particularly in the second half. **You know, in the last few months, I've been able to do more partnership work. I've gone out and done more of the capacity building. I've been able to be a voice for the project and my project group.** So, I definitely feel that that has happened.'

> 'The **main challenges [of capacity building] was essentially the message was that sounds like a good idea but is there any money coming with it**, so we can have a facilitator or give a few hours a week to facilitator to pay expenses and for refreshments.'

6.1.4 Learning Events

The regional hubs all ran three learning events in addition to the initial session planned and delivered by Mind (see Figure 13). This differed in Wales where an additional learning event was delivered in North Wales. These events were an opportunity for funded projects to explore and develop capacity to deliver women-led peer support, share expertise amongst the mental health and women's sector and develop their networks to allow for partnership working. The learning events were all held in the local regional areas, and whilst some decided to hold all learning events at the same venue for continuity, others had different venues to give funded projects who were located further away easier access to attend. This was particularly relevant for Wales where the first two learning events were held in Cardiff and following events were held in Bangor (North Wales), Neath Port Talbot and Swansea.

Figure 13: Leadership roles and hub learning events



The events were predominantly attended by facilitators from funded peer support projects, women accessing funded peer support groups, representatives from Mind, Agenda and McPin as well as local commissioners and funders, and hub steering group members. The initial learning events were run by Mind due to the tight timeline of the programme. This meant that the hubs were attendees at the first event and aside from presenting, they networked with funded projects. The first event took a more descriptive information approach, through presentations around existing research around peer support and women's services. Women's leadership was an emphasis throughout, and attendees had the opportunity to shape and influence the future learning events through anonymous feedback to hubs. We observed the influence of this first event on hubs, who tailored their approach as a result of their observations and the feedback they received from others.

Overall, although the learning events varied between the different regional hubs, common themes covered at the events included:

- safeguarding and boundaries of peer support
- trauma-informed approaches
- intersectionality.

We observed that safeguarding was not covered until learning events 2 or 3 and on reflection leads would have brought that forward in the programme to ensure translatable learning across applicable stages of delivery. Trauma-informed approaches were very popular sessions, and we observed some gaps in knowledge primarily in some of the mental health sector organisations. Intersectionality discussions had high levels of engagement and presented learning opportunities for projects from all sectors.

Attendees expressed the need for networking opportunities as a priority in the learning events in order to share expertise as well as build partnerships with other regional organisations. Hubs recognised this and built increased time into the events to facilitate networking in differing ways. Group work also facilitated networking and discussion around different topics. Regular attendees fostered relationships with other project attendees.

As a result of the hub's work some projects were able to successfully build stronger networks, particularly through learning events, and use these to enhance their peer support groups. This included different peer support groups coming together for activities and sharing of contacts for people such as an artist willing to volunteer to help with groups. Many told us they had made useful connections they will continue once the Women Side by Side programme finishes.

'We can't be in a silo and **we have made connections from** it, so it was good overall.'

Although some projects used these networks to share the specialist knowledge with each other, we observed that partnership working between sectors at a project level was not as embedded as at a programme level. For many of the projects we observed it appeared that outside of learning events they operated in a somewhat isolated way. A recurring theme that emerged in interviews was the constraints imposed by the timescale of the project. Project managers told us that the duration of the project was insufficient to gain positive and robust outcomes for most aspects of the project, with partnership working being one of the challenges. Partnerships require time, trust and resources. Staff working on these projects, in most cases, worked part-time either specifically recruited for the project on a short-term contract or in addition to another role within the delivering organisation. Their focus was often on planning and setting up the project, publicising the project, encouraging women to join groups, facilitating the groups and completing monitoring or administration on a weekly basis. No matter how beneficial partnerships might have been, there was simply little time or resources to truly establish and embed them.

Hubs described the learning events as being "peer support for the peer supporters". A vital component of this was creating and maintaining safety. We found that the presence of a man at some of the early events at one hub created an uncomfortable atmosphere, and attendees questioned whether this was appropriate. We were unable to get clarity on the reasons why he attended, but his attendance did result in that hub ensuring it was a women-only space for future events and attendees consequently feeling safe. There were other hubs where men attended as project staff or as representatives of host organisations. The impact this had varied across different events, in some it didn't seem to change anything visibly, in others there were questions raised about men being present. Hubs noted that where these men where project staff, it may have made a difference, but no feedback was received regarding this. Some men did not say anything during the event and simply observed, acknowledging they had come as representatives of organisations but were in women's space. At events men were not present attendees acknowledged the importance of a women-only space and expressed that certain discussions would have been different had men been present. This highlights the importance of providing safe spaces for attendees to learn and network with others they consider peers and recognise the effect that men in women-only spaces has on preventing this. Having a clear agreement on male attendees at events would have been useful.

We observed as the programme progressed that the learning events became more project-led, with more visibility given to women peers from projects and the expertise they brought into the learning space (see Figure 14). This replicates the grassroots nature of community-based peer support in mental health being owned and controlled by peers for peers, in this case women peers in projects. Crucially, it represents a sharing of power: from organisations to women. This resulted in increased engagement, networking and satisfaction by attendees. It was also part of building project capacity for women peer leadership, with groups sustained by peer members not facilitated by paid staff.

The mental health and women's sectors brought different views on lived experience to the project and the role of experiential expertise in leadership. This was visible at events in the beginning. There was mutual agreement that this was an important part of the events, but not how this was defined. We observed a change in attitude and confidence of projects as the programme progressed. This highlights the impact that moving from a "top-down" centralised approach led by Mind to a project-led approach had on capacity building.

> 'I think for me once I realised that **it wasn't about me being an expert** and it was just about creating space for the conversation then I stopped worrying about the learning events.'

Since hubs were led by predominantly women's organisations, a lot of the content covered trauma and safety. It was also apparent that over time, attendees at learning events became invested in learning more about what is specific about women specific peer support, and discussions often centred around this. This was a clear development, and another example of capacity building through sharing expertise – which the hub model facilitated well.

6.1.5 Creating space for reciprocity

We saw partner reciprocity in the hubs and at learning events. The hubs not only used reciprocity to develop their focus, they also used it to bring in expert speakers, engage with lived experience expertise from both sectors, and develop a network of local organisations who may not have worked closely in any other context. Reciprocity was particularly important for the hubs run as a partnership between two women's organisation and mental health organisation who felt they had gained significant knowledge and resources for future partnership work. Despite working in different ways, the partners had trust and confidence to deliver hub activity.

> **'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. She really felt that if **she was going to give a bit of advice would be not to do hubs alone, actually doing it in partnership with an organisation from another sector made a huge difference**.'

There were also examples of reciprocity between hubs and the projects they were supporting. We found that hubs were able to rely on funded projects for their local knowledge and organisational spaces to plan events. There are instances of projects offering help and space in their organisations for hubs to hold peer training for projects and other women in the local area. This was a facilitator to the programme as hubs were delivering support and training over large geographical areas where some projects were in remote areas that the hub did not have any expertise or networks. Projects sharing this information enabled training to reach a wider range of women and build capacity in delivering peer support for women beyond the scope of the programme. The projects were also able share elements of their work to mutually benefit each other. We found that where this happened both parties benefited from reciprocity. It was this combination of expertise that likely feeds into the legacy of partnership working beyond this programme.

> 'Attendee adds that they developed a six week course with [name of another attendee] original idea but as they wanted less time, they spoke about the developed course of ten weeks and based it on the topics and developed a 3

week course. **She says she wouldn't have developed it otherwise** if hadn't got the idea of [name of another attendee].' (Peer Research observation)

Peer Researcher reflection

I felt really partnership working increased because of WSBS. This has led to other opportunities e.g. [name of group] is working with the Clinical Commissioning Group to adapt the [name of programme] for the BAME community. WSBS enabled them to look into a partnership working approach within their local base and beyond to share best practice, information and expertise. This has played a great part in their capacity building. Staff will be trained as Lay Educators or Community Connectors and we will be tackling health issues from grassroots level. Organisations support and learn from one and another, created regional and national support networks with the common goal of improving women's mental health.

The voluntary sector is playing a major role in the output of social prescribing and WSBS has illuminated the need for more 'social prescriptions' to improve women's mental health. Projects which have made connections with their regional social prescribing network could benefit from partnership working and this could lead onto potential funding/training opportunities for them. In my experience, I was invited onto the Social Prescribing Network in our local region that has enabled further collaboration beyond WSBS.

6.2 Barriers to partnership working and capacity building

6.2.1 Lack of role clarity for hubs early on

Although roles and responsibilities were mostly defined at programme level, there was less clarity at the regional level, in hubs. Mind's peer support team had a specific role to support hubs in delivering learning events. Several hubs told us that initially they were unsure of their role, and therefore not confident in what they were meant to deliver. Understandably, roles may take a while to become established, especially when new partnerships are being created. However, a lack of clarity felt by the hubs in relation to their roles was a barrier to joint working with projects in their region. This changed over time, and the hub's understanding and confidence in their role and tasks grew. This linked to the hubs developing a view that their role was as a facilitator of learning, this was reflected in the learning event agendas became increasingly shaped by the projects themselves.

> 'It was literally working from a blank sheet of paper, [...] **to work out actually what the role of the hub is and what my particular role is in this in terms of taking forward the hub** and trying to build that capacity and put on these learning events.'

Individual hubs also set up their own structures to help guide their learning events and focus. This was primarily in the form of steering groups made up of local experts from the women's and mental health sector including academics, policy makers and people with lived experience. Hubs reported differing levels of success with the steering groups. Where these partnerships worked well, the steering groups supported the hubs in increasing capacity and running learning events as well as delivering other hub objectives. However, one

steering group faced barriers from confusion over their role and commitment to their responsibilities and where this occurred appropriate governance was not achieved at a hub level. This resulted in difficulty with delivering capacity building activities. This was particularly evident in irregular and unequal attendance from the various sectors at steering groups meetings, which even led to them meeting less than originally planned. If the steering group roles had been more clearly defined, they would have been better able to draw on their sector networks to enhance both the broader partnership and project level capacity.

> "I: So, you feel like you worked with more women's organisations than you have with mental health.
>
> R: Yes. And maybe, for example, and I understand our local [mental health] agencies, [name of local town], I think, were supposed to be, for example, part of our steering group, and I understand when the managers, they are very low staffed and I get that **but they didn't come to the second steering, I've had two steering groups so far, they didn't come to the second one and without any [communication].'**

6.2.2 Poor communication

During our interviews, communication challenges were raised by all the hubs, particularly in relation to receiving start up information detailing their deliverables which meant hubs were unable to support projects until a few months into the programme. Better lines of communication would have enabled an easier transition for hubs to begin activity, as well as support projects, in the first months of the programme. However, it was acknowledged that once lines of communication were well established, partnership working was more successful, and hubs were able to more effectively deliver learning events and build capacity.

> 'I think one of the things I loved about [stakeholder] is that **they were available if I needed them, but they weren't overly**. Some people it feels like they are trying to micromanage you, but I didn't feel like they did that. And I felt like [stakeholder staff member] would check-in, and we had a couple of phone calls and conversations. **She was just really supportive and empathetic**. I really valued that. I also, feel like [name of stakeholder] was really great with just some of the practical things around the grant. So, I found the relationship [...] to be really useful.'

It was clear that more transparent and structured communication from the beginning of the programme would have facilitated consistency throughout, and that this would have helped support partnership working at all levels. It also would have aided role clarity and accountability for responsibilities. We would also conclude that good communication between partners is pivotal in a time-limited programme in order to maximise the effectiveness of sharing their specialist expertise.

6.2.3 Cultural differences between the women's & mental health sectors

At some observations at hub events, we found that assumptions of different sectors hindered the effectiveness of sharing resources and knowledge. There were assumptions around opposite models of working between the mental health sector and the women's sector which caused tension. This was a potential hinderance to the wider objective of the

mental health and women's sector working together locally. We saw that the women's sector partners at hub level often referred to the mental health sector as using a medicalised model as opposed to a social model used by the women's sector. This was presented at learning events and visible tensions from mental health organisations were observed. Assumptions can hinder partnership working; the mental health sector felt it encompassed a social model too.

This fed down to project level where attitudes to differing views of peer support acted as a barrier to partnership working. For some projects language suggested peer support was a service run by an organisation for example using terms such as 'our women' or 'service user'. Where we observed this language, we also tended to find challenges to allowing women experiencing multiple disadvantage to truly lead and control the peer groups due to risk aversion. Our data shows this language was more apparent in women's organisations, however, it is important to recognise that this was not applicable to all women's organisations within the programme. Figure 13 summarises our analysis of language from projects stories which show use amongst projects and the power imbalance it constructs in peer groups. For some groups this language changed throughout the programme, with women's projects seeing the benefits of allowing women experiencing multiple disadvantage to have responsibility for groups and the mental health sector being more aware of trauma, and associated needs of women experiencing multiple disadvantage participating in peer support.

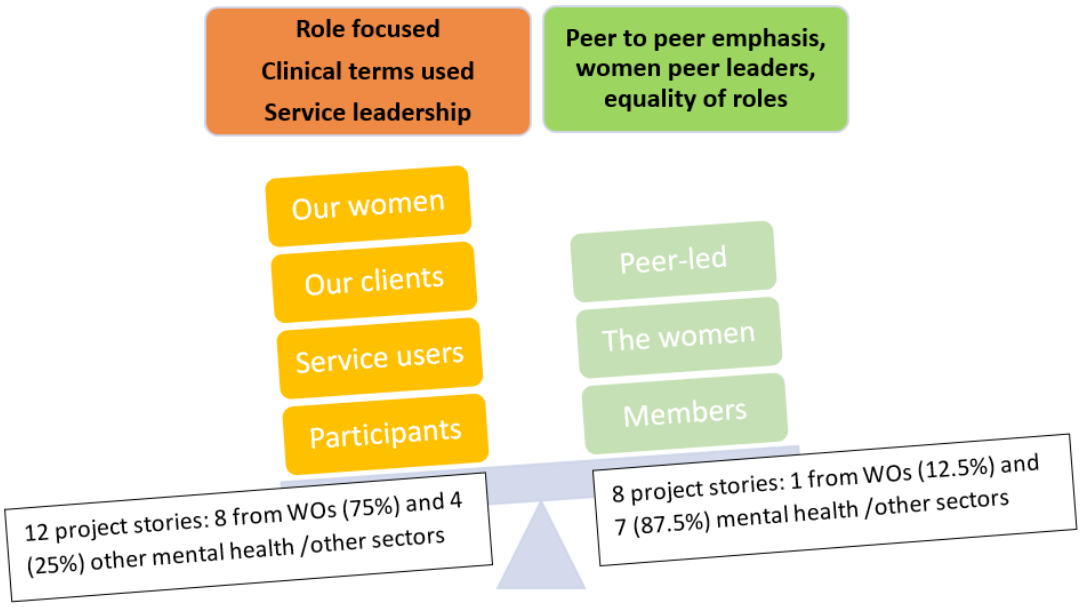


Figure 13: How projects describe women attending peer support

Unhelpful enforcing of professional boundaries was also a barrier to partnership working, such as emphasis on titles, roles and other status icons such as lanyards in hub events. We found that removing professional boundaries and reducing guarding of expertise between sector through knowledge sharing had widespread impact on the programme. For

example, the setup of meetings or events had an impact on breaking down boundaries, events and meetings primarily utilised round table format preventing hierarchical seating arrangements. Additionally, at learning events we found a mix of people with different roles sat at most tables and this allowed for greater sharing of knowledge and expertise amongst attendees from both programme and project levels.

Hub organisations placed an emphasis on the expertise of women with lived experience at learning events from the start of the programme. Feedback from hub evaluation highlighted that attendees significantly valued these actions and roles. Mind staff sharing their personal experiences and experience of peer support and multiple disadvantage at the events was a facilitator in removing sector boundaries. Attendees found this was shared ground to communicate with programme delivery staff and hub organisations. This demonstrates that embedding expertise by experience as an equal partner can act as a facilitator to partnership working in programme such as Women Side by Side.

Peer Researcher reflection

I found doing the hub interviews a pleasant experience, they felt more peer like. I felt really comfortable talking to the co-ordinators, even disclosing lived experience partly because some of the co-ordinators had shared theirs. I think this was probably since during learning events, hubs were really warm and welcoming. This fostered an open and honest conversation as opposed to it feeling like an evaluation interview. In this context, existing relationships were key to the quality of the interviews. It was easy to reflect on certain aspects of the programme and share similar experiences or even refer to specific situations. Although the hubs were mostly women's organisations, an area I was not all that familiar with, there were more commonalities in our experiences than I had anticipated, and I learnt a lot from the interviews.

Conducting interviews at the beginning and end of the programme was a different way of collecting data, traditionally evaluation interviews would be done at the end but on reflection. I felt it was fundamental to our understanding of the programme. Comparing hopes and aims at the beginning to the achievements at the end was really insightful and enabled us to capture barriers and facilitators to partnership working and capacity building.

On a personal level, it's been an honour to be able to speak to the stakeholders and hubs and see the progress and impact this programme has had on organisations. I've learnt a lot about both the women's sector, the mental health sector and other sectors that have been involved.

6.3 Summary

- Hubs overall were a good model for developing capacity to deliver high quality peer support for women in the regions, particularly through increasing shared knowledge and expertise between the women's and mental health sectors.
- Learning events were one of the most successful aspects of the Women Side by Side programme, allowing projects to network and develop their knowledge of both peer support and trauma-informed approaches.
- Time was a limiting factor for project level partnerships, and although networks were developed the impact of these on partnership working were not yet apparent. We recommend changes in how hubs and projects are commissioned in future to strengthen potential for partnership working in time poor programmes.
- Poor communication, lack of role clarity initially and limited time and resource acted as a barrier to hubs undertaking community, sector and organisational capacity building.
- We did observe differences in how the sectors spoke women within peer support groups, emphasising the tendency for the women's sector to identify peer support as a service model and mental health sector to distance itself from this framing.

Chapter Seven: Project Level Capacity Building

This chapter explores capacity building in relation to the ability of the Women Side by Side programme to foster sustainability of their women's peer support and help develop peer leadership. It also examines if self-evaluation (that is the skills required for projects to undertake future evaluations of their programmes including peer support) was increased for projects within the Women Side by Side programme.

The short timescale of programme delivery meant that stakeholders, hubs and projects were determined to include a focus on sustainability and legacy in their activities. From early on, hubs attempted to contact local commissioners and funding sources to attend and present at learning events with varying levels of success. We observed it was particularly difficult to engage commissioners in Wales due to the large geographical area and the cultural difference between North and South Wales. Some projects did not have contact with local commissioners due to their geographical location e.g., projects based in the Midlands did not have a local hub and had to travel to a hub which did not have expertise or networks to invite commissioners from the Midlands. We found that this was a barrier to sustainability. Where hubs were able to invite commissioners to learning events, they shared their local and regional funding opportunities and strategic factors to consider when identifying and applying for funding. This allowed projects to network and speak to commissioners in the local and regional area as well gain skills in writing funding bids to support ongoing delivery of women's peer support.

Sustainability was also explored in the context of what organisations could do to ensure groups ran if there was no funding. Local women's peer support groups attended some learning events and shared their experience of running a peer support group without funding. Attendees engaged well with this and we found that projects were keen to network and learn with these groups. Short-term and long-term sustainability were explored, with activities such as weekly contributions, exploring free venues, and running charity events to raise money being discussed. This provided alternative options for projects where funding opportunities were not immediately available after the programme.

7.1 Project experiences of sustainability

One of the aims of the Women Side by Side programme was to build women peer leadership which contributed to the sustainably of projects once funding ceased. Nearly all projects felt the women engaged with the projects wanted to continue meeting.

> 'We are now exploring with both groups how they can continue to meet and self-organise after Feb 2020. **We are actively encouraging members of the group to work in pairs as facilitators** for short 10 – 15 minutes per session and have had some promising feedback around this. We are aware that it is still a work in progress. In both groups **there seems to be a general consensus of group members wanting to continue to meet regularly**.' (Project story, group focus: mental health, women's organisation)

We found that projects which were established prior to the programme and had other funding sources, were more confident in their ability to continue running their groups once the Women Side by Side funding ended. These group reported that they felt the programme

had given them increased knowledge to improve their funding streams. Interestingly several of these groups also told us of their plans to expand in the future. There were many that had people volunteer to continue in peer leadership roles, in a volunteering capacity, to allow groups to continue to meet.

> '[…] That was more to get the peer group to cohere again **so they didn't need us so in the future the peer leaders would support each other so enable the group to continue**.'

Where projects had people willing to continue supporting the groups, the organisation was often able to provide the venue and other costs, such as refreshments, in kind. It was clear that payment of facilitators and associated costs such as training were the biggest challenge to groups continuing once the Women Side by Side funding ended.

> 'The [name of project] **can absorb the costs such as room use, refreshments** etc but we are **unable to absorb the facilitator salary costs**. We're also aware that one of the groups is feeling rather uncertain as to how this will look without the facilitators being present. **We are looking at other funding sources.** We have identified times and rooms that the group can use for peer support and we will discuss these options with the group.' (Project story, group focus: mental health, women's organisation)

Comparatively, some groups discussed changing the group's format and focus to help ensure women attending would be able to maintain connections made within the groups. For some, this meant moving to mixed gender groups or broadening inclusion criteria. This raised questions as to the programme's capacity to increase women-only options and project's capacity to deliver gender responsive peer support within current policy and funding environments.

> 'At the end of the funding, **[name of organisation] will continue to support the peer group, but it will become mixed [to men and women]** to enable all [name of organisation] clients to attend. The group members have decided that they will probably keep the Facebook page open to disabled women-only though, to preserve that space.' (Project story, group focus: disability, other organisation)

For projects that were newly established there were concerns about their capacity to continue delivering their peer support groups post funding, and what would be available to the women who had been involved. It was highlighted that for many of these groups they had not been able to develop sufficient peer leadership or had anyone willing to continue facilitating the group in a volunteering capacity (see below for more detailed discussion on this point). It was highly unlikely in most cases that the peer support group would continue without targeted funding or being adopted as a mainstream service by the host organisation.

> 'From the standpoint that you are one of the mothers as well, **I would worry about our mothers, especially the ones who don't go anywhere else that then they would just go back to them not going anywhere**. I don't know if they would ever feel confident to go to a different…to start a new one.' (Interview, group member and facilitator, group focus: perinatal, other organisation)

This concern can be linked to the importance of time in building peer leadership. The limited time this programme had to truly develop increased capacity to apply for new funding streams also played a role. It is also important to acknowledge ongoing debates around

peer support and what is appropriate recognition of the time and expertise peer leaders contribute to running group-based peer support.

> 'Setting up the local groups has **required more support and time than expected** with one facilitator dropping out and training a new one.'

7.2 (Peer) Leadership

Peer leadership was a key component of capacity building. One of the aims of the programme was to increase women's leadership skills and responsibility in order to build capacity to sustain the peer support groups beyond the funding. We observed several forms of leadership in the Women Side by Side programme. These ranged from staff leadership through to both formal and informal peer leadership. Notably, the programme reported that projects offered leadership opportunities to women taking part in Women Side by Side activities in line with their individual preferences and aspirations. Monitoring data supplied by Mind reported that 956 women in England and 137 women and in Wales took up leadership opportunities which were very broadly defined.

> 'So, I mean it was obviously about definitions of leadership and what is leadership, so I think we had to work with projects **to unpack that a bit and to understand that leadership is about where a woman is and what leadership looks like for her**. It might be a very small thing that we might not typically recognise as leadership but it's an area of additional responsibility. I think the other thing is that even with as **much expanded understanding of leadership**, is that learning that when you're working with women, the target women audience of this programme, it's a very long journey. It can be a slow journey to achieve that. 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's a safe place that enables them to take risks with their peers.' (Programme level interview)

It was evident that the concept of leadership was an uncomfortable one for many women, who were reluctant to be labelled a leader, peer leader or peer facilitator. Women who participated in groups told us this was due to lack the confidence and fear they did not have the skills. Staff across a range of organisation types felt that for many, the difficulties they faced meant women in the peer support groups were not ready to step into leadership roles. This in some ways can be attributed to the one-year funding duration, an issue raised consistently with the evaluation as a hurdle to achieving programme aims.

> 'We are currently exploring options for how the group will continue after February 2020 without a designated facilitator, there was some obvious discomfort around the group members wanting to take this on. We realised by having a weekly theme and sharing various practices, techniques and strategies of how to cope with mental health it has made the group more reliant on the facilitators (Project story, group focus: mental health, women's organisation)

This acted as a barrier for some groups to develop leaders to sustain their project beyond the Women Side by Side funding. However, time played a crucial role in women developing confidence to lead. As noted in Chapter Four women's confidence did grow throughout this programme, but this required time to build self-esteem, skills and a sense of belonging.

> 'Thinking about the women that I work with in my substantive post then, I think it will be quite difficult for them to have the wherewithal because they're in the earlier stages of their recovery, to keep a peer support group going without some level of guidance and without some kind of sense of reassurance that there is somebody there if they've got any concerns and how to deal with issues that come up. 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.'

We found women often emerged as peer leaders from within groups gradually in relation to increased confidence in their skills and sense of safety or belonging. Development of this kind requires adequate time. Some women who did feel ready to undertake leadership did step into more formal roles as peer facilitators, and for many groups this resulted in a transition from staff led to peer member led sessions.

> 'We wanted members of the group to take on leadership roles and some did that naturally, without even realising they were doing it. So we had one member who would recommend books or would either speak out when they wanted to do different things in the groups, they would be the ones who would come to me and tell me and make the suggestions... we've found, over time, that they are starting to lead...So, they are all starting to take on little leadership roles and we've definitely tried to encourage that throughout the last few months.' (Interview, staff facilitator, group focus: DVA, women's organisation)

In some groups this leadership was more informal and shared amongst peer members, who made group decisions about activities and focus.

> 'They were very keen for us to take even more of a backseat than we thought we were taking which is brilliant. That is, kind of, a success as far as we are concerned. They don't need us.' (Interview, staff facilitator, group focus: asylum seekers, other organisation)

> 'So, it's very communal, it's a very communal approach that everybody has got some ownership of the group, if you like.' (Interview, staff facilitator, group focus: DVA, women's organisation)

Other leadership was more subtle and occurred in a reciprocal mentoring capacity between peers.

> 'We all spoke about staying safe on social media and one of the women asked the group to show her how to block a potential stalker who has been messaging her repeatedly but has not given any details about himself to them. I and another lady showed her how to block someone on Instagram.' (Peer researcher observations, DVA, women's organisation).

Where projects took a more flexible approach to leadership, they appeared to feel that had built capacity. Often this was described as capacity for women within the group rather than

the programme. These groups often described leadership ranging from minor responsibility such as organising the refreshments for the group to structured training as a group leader or peer mentor and taking on a leadership role beyond the group environment.

> 'It might be a very small thing that we might not typically recognise as leadership but it's an area of additional responsibility. **I think the other thing is that even with as much expanded understanding of leadership, is that learning that when you're working with women, the target women audience of this programme, it's a very long journey**. It can be a slow journey to achieve that. 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's a safe place that enables them to take risks with their peers**.'

There were also examples where projects were hesitant to allow peers to lead unsupervised by staff. This risk aversion appeared to be mainly focused on safeguarding women. This is of note as the programme aimed to foster peer leadership, and there is evidence some projects, more often from women's organisations, were resistant to shift power and control to group members. This approach to mental health support, of doing to rather than with and was not reflective of this programme's goals. However, this was for a minority of groups we observed or spoke with.

> 'Yes, I mean, obviously the paid staff are always in groups whether they could co-facilitate but there is always one paid member of staff in the room. It's never just volunteers who are with the women alone. **We always have a paid member of staff in the room as well** I suppose for safeguarding issues and things like that'. (Interview, group member, group focus: homelessness, women's organisation)

We observed that the mental health sector felt that leadership was more organic, could be identified in various forms and seemed to come from a strengths-based view of women having capacity to run peer groups independently of significant organisational direction. The women's sector appeared to come from a position of risk awareness, often citing concern for women's wellbeing, safeguarding concerns including with regards to children, capacity to undertake leadership within the context of their experiences of multiple disadvantage or differing stages of 'recovery' as well as wanting to ensure safeguarding and support. Both positions are important aspects of working with women. There is value in both sectors taking learning from these to better support women experiencing multiple disadvantage to not only be safe, but also develop within peer groups.

> "I think working in mental health, the mental health services and organisations have got a long-standing history of encouraging people with lived experience to be empowered and to lead. And to support an individual with lived experience, when they're at the right point in their lives, to engage in things like peer support and take leadership roles and use their experiences to benefit others. **So, I think in terms of that mental health service this is far further forward in those sorts of things than what I picked up working with the women's services, where they're very much still tentatively going, "Is it a good idea to put women in a group? And really being quite protective and leading the women**. And women maybe not being at the right point where they've felt empower or

strong enough or have enough confidence and self-esteem to say, "We want to take this on."

"It's because of the women, and I have spoken with one of my cohorts and **our feelings are quite different [...] Our experiences are that women using, and people I would guess, using voluntary third sector agencies who are there because of a vulnerability and it might take them a very long time, many years, to reach a point where they're self-facilitating because they're still at a level of recovery from domestic abuse, substance misuse, mental health**, probably earlier stages of their going to, if they're going to a mental health charity quite often and especially if you've got women covering all of those intersections".

We found different approaches to peer leadership were reflected at project delivery level with some women's organisations taking a clinician-service user approach to peer support, adopting a service model, as opposed to peer-led support; this difference was highlighted in Chapter 6 in relation he language used to describe women in groups. Observations and interviews indicate that projects had different understanding of the funder's requirements regarding leadership and felt the communication had been somewhat confusing. This lack of clarity about what the aims were for leadership led to inconsistencies in outcomes between projects, with some feeling pressure to work on elevating women to leadership roles instead of focusing on peer support activities.

For some groups, developing peer leadership was the specific focus of their peer support, and they provided training on peer facilitation or mentoring skills with the aim of the women leading other groups within the organisation or community. These groups can be said to have demonstrated successful capacity building at project level and for the women, but this format raises questions as to its fit within community peer support.

'And a lot of us girls as well, we have never been able to stand up and speak in front of people and we've all had the opportunity to do that, and we're all scared, but when we did it, we felt proud that we did it. But to get to that place to do that, you have to do the course, which is why I think it's important to have these courses...**And 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.'** (Interview, group member, group focus: DVA, women's organisation)

This programme's one-year delivery time was not enough for leadership development to occur at the levels the programme initially set out to achieve. Notably the number of leaders the programme aimed to develop decreased and the definition of leadership broadened in recognition of these issues. It could be suggested that future peer support programmes move away from leadership being an outcome indicator, and instead be guided by peers on how they define growth or success within the peer support context.

7.3 Self-evaluation

One of the key aims of our evaluation was to explore if the Women Side by Side programme built capacity amongst projects to undertake self-evaluation. The evaluation budget was weighted so that 61% was allocated to 'evaluation support' (see appendix F). We recruited

Regional Peer Researchers to offer support and encourage self-evaluation within projects. However, we found engagement in self-evaluation varied across the programme, but broadly there was little increase in self-evaluation skills overall at a project level. This was related to four key challenges:

- information burden and confusion over multiple data collection requirements
- lack of time and resource to do self-evaluation, no funding for this specifically at project level
- low confidence in doing evaluation tasks in-house, and misunderstandings of applying measures in a trauma-informed way
- the regional evaluation team budget was insufficient to support all projects equally.

7.3.1 Evaluation burden and confusion

We had projects tell us that whilst they knew evaluation was a component of their grant, they did not realise the extent of data collection required for evaluation or that they were supposed to self-evaluate. They felt they lacked the capacity to undertake these activities to the extent expected. This was often linked to needing to complete the McPin evaluation questionnaire and the monitoring data from Mind, and that these not only had different timeframes, but that different people were responsible for administrating them. At the outset, the McPin evaluation team were unaware a parallel monitoring data collection process was planned. No adjustments were made because both were a requirement of the funding. Consequently, groups expressed confusion about when to send things and to who, and who they could speak to when they had challenges.

> '[in relation to evaluation] But with the emails that we had coming some people were missed off the list, we had emails coming from three different people about three different things and there was just no cohesion and when you have got a really busy work life anyway to have to sit there and thin, 'Who is this from? Is it relevant to me? Does it match up with what I have already been given and where do I go with this?' was just a little bit of a headache. That's what **I struggled with most with all of it**. I think. It was so disjoined at the beginning to be laughable really.' (Interview, staff facilitator, group focus: asylum seekers, other organisation)

> '**You know, it was confusing, the McPin bit and the Mind bit and I don't know** if we have separated as yet but the evaluation bit…because we had to give two lots and I was thinking, 'Have we given the right one?' and then one was… straight to my manager and the other one was through me and we were like, 'Well, have we done the right one?' That bit was confusing'. (Interview, facilitator, group focus: BAME, women's organisation)

This confusion caused frustrations around the evaluation, and this was expressed at almost all learning events. It was evident that funded projects felt the women in the programme were being over-researched by being asked to complete both evaluation questionnaires and monitoring forms. When the evaluation was designed, we did not know a separate Mind-led monitoring process would be employed in parallel. It did not come to light until several months into our work that there were two processes; we were not involved in this decision. We operated within this monitoring process and worked with Mind to try and reduce the number of times, and forms required for data to be inputted. The plan was to recruit volunteers in projects and train them in evaluation methods to support data collection

locally. No volunteers were recruited, and the burden of support fell upon the Regional Peer Researchers and London based evaluation team.

Some of this confusion can be connected to projects beginning before the Regional Peer Research team were in post, meaning that evaluation contact and support changed during the programme. However, some of this can be connected to the overlapping data sets and different objectives of the evaluation and monitoring processes. These issues also impacted on data quality and availability. A key learning from this is that planning needs to occur much earlier in a programme to ensure evaluation aims and measures can be better synthesised, and roles and responsibilities can be defined for all parties. Any evaluation of peer support with women experiencing multiple disadvantage needs to be streamlined, short and as unobtrusive as possible.

7.3.2 Resource and time constraints

Projects felt they had limited time to deliver all aspects of the programme and insufficient resources, particularly for evaluation. Projects felt the evaluation and monitoring tasks were more extensive than initially described, and that they took up more time than anticipated. For example, towards the end of the project the McPin evaluation team were asking for project stories and the Mind monitoring team were asking for case studies, duplicate information requests for very similar information. This pressure from the evaluation process was significant in groups where women needed additional support to read and understand the questionnaires and monitoring data due to English not being their first language or level of literacy.

> 'So, the main things I've heard about evaluation is that **it's the complexity of doing it and the time, the project building it into what they're doing and supporting women to fill it the forms and then entering the data**. So, there's that operational side of it.' (Programme interview)

> '[talking about the questionnaires] but in terms of the peer leaders **it is a peer led group and they couldn't even fill it out.** They had proficient English and they couldn't even fill it out themselves let alone supporting another member of their group to fill that out.' (Interview, staff facilitator, group focus: asylum seekers, other organisation)

Barriers to accessibility were not only related to language and literacy. Some groups told us the evaluation questionnaire did not make sense to the women in their groups or were not appropriate to ask so directly. This was notable in projects that were taking an indirect approach to mental health difficulties and some BAME groups where we were told speaking of mental health explicitly would cause disengagement.

We observed projects having to use sessions for completing evaluation questionnaires rather than peer support. Projects also told us they felt that as providing data for the monitoring and evaluation was a requirement of their grant they had to prioritise completing these over undertaking any learning or development around evaluation itself. Projects recognised the importance of collecting the data and expressed a desire to have learnt more about how to continue embedding evaluation beyond the programme both within the peer support group, if this was to continue and/or other services but felt either unable to do so, or that the evaluation design did not facilitate this.

> 'Don't get me wrong, we recognise the worth of research and get why it needs to be done. We understand all of that. We are an organisation that is evidence based. **We get that you need to develop but I think you were trying with the initial tick list evaluation to capture too many disparate groups**.' (Interview, staff facilitator, group focus: asylum seekers, other organisation)

We also found that some projects did not have sufficient technology or software available to input data and engage with the evaluation the way they would have liked. Projects where this was the case reported regret at not being able to understand and work with the evaluation team earlier on with more time to adapt to their lack of resource. Some projects reported having to use personal time and technology to input the data. We found that even where there was interest in undertaking evaluation and building self-evaluation, lack of organisational resource was a barrier to this.

7.3.3 Confidence and skills

Across the programme of 67 projects there were varying levels of confidence in doing evaluations building on previous work for commissioners or collaborations with universities. Overall, the Women Side by Side programme did not change the existing evaluation skill levels in projects. The limited learning from implementing and entering the questionnaire data was noted at a programme management level and reflects the experiences of the projects.

> 'Yeah, they have to do it and so I think administering the questionnaires, **I can't see what they will have learned really.**' (Programme interview)

One positive was how 20 projects collated and submitted a project story for the evaluation. They reflected on learning and summarised this with support of the Regional Peer Researcher. Reflection and writing case studies is an important skill. We did also see projects vocally resisting using the evaluation questionnaires and all requests for information. We found some projects felt the questionnaires were not trauma-informed and not safe to ask women experiencing multiple disadvantage despite many of the measures being optional to avoid causing distress. A better resourced self-evaluation programme would have found ways for all projects to engage, including adapting the questionnaire to local context, which was suggested.

Notably there were groups that reported no issue with undertaking evaluation and did reach out to the McPin team for support in implementing data collection in their organisations or projects based on the questionnaire once the programme ceased. Other projects also took

Peer Researcher reflection

I think the some of the successful parts of the WSBS project is the relationships I made with the different organisations, facilitators, and members. I felt genuine connection with many of them, and it often felt like a wholesome and collaborative approach, rather than a hierarchical/professionally competitive role. I felt like we were all truly working towards a shared goal and supported each other along the way as best we could. There were a few times where there were criticisms and confusion (mainly because of confusion between McPin and Minds' role), but overall, it was strengthening and empowering. I felt this between my relationship and my supervisors, colleagues, and the people in the projects too, including the members.

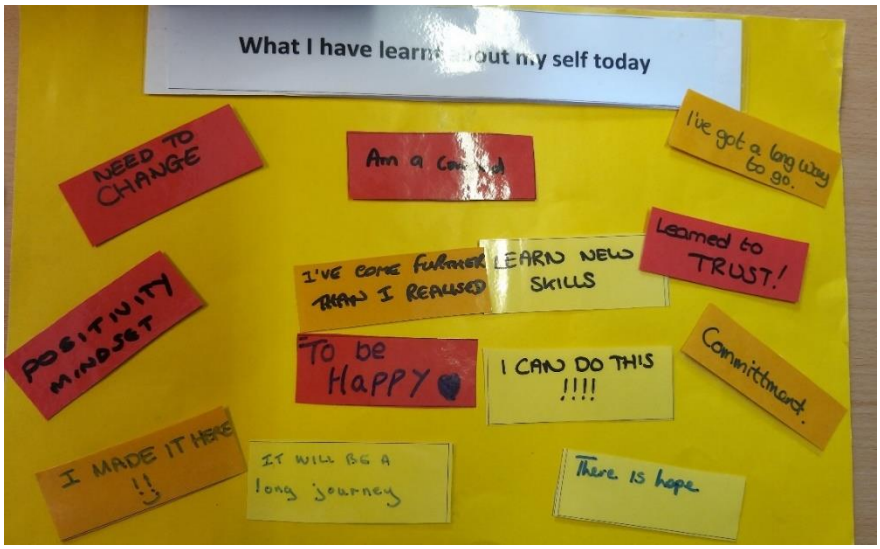
their data from the evaluation questionnaire and created their own reports based on this that were more specific to the women they worked with. We also found that the projects that were more actively engaged with the Regional Peer Researcher were more likely to see improvements in their confidence to self-evaluate, demonstrated in better quantity and a higher likelihood of accurate completion of the questionnaires. Projects told us they found having the support of a peer researcher very helpful, and furthermore that they found their engagement within peer groups as part of their observation beneficial for both evaluation purposes as well as delivery.

7.4 Summary

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

- Hubs acted as a facilitator to 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.
- One of the barriers to leadership development was due to some of the women's and mental health sector organisations perceiving the risk of women led peer support differently. There are lessons 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 the groups 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 overall projects did not build capacity to self-evaluate. There are learnings for all partners about avoiding multiple data collection processes and allocating adequate resources for evaluation and data collection at all levels.

- It is clear that the current and recognised measures utilised to evaluate peer support programmes are not effective, particularly when working with women experiencing multiple disadvantage. As an evaluator there are opportunities for us to explore in collaboration with those with lived experience, more appropriate measures for peer support programmes.



Self-awareness exercise: Project in North West

Chapter Eight: Conclusion

"All my life I was told I was no good for anything, which made me withdraw into my own depression. Since coming to the group, I do not feel vulnerable or scared. I have made lasting friendships, and I now know I wasn't to blame for the abuse. I also now know that I have many creative skills and that I am good at doing things."

Our evaluation was tasked with answering four specific questions. We respond to each of these questions in turn. It is important to emphasise, the peer research methodology we used to both collect the data as well as analyse, write up and draw conclusions. We have used our experiences as women, and people experiencing multi-disadvantage to explore

the Women Side by Side programme. We have taken care to explore different programme experiences, across England and Wales, with women who were very different to each other, as well as sharing commonalities. Overall, it is clear Women Side by Side positively impacted on many women giving and receiving peer support. Women made new friends, felt more confidence and spoke with neighbours more, developed within the groups including some developing skills and taking roles as peer leaders. What we also do not know is whether these impacts were sustained over time. However, the programme had a clear emphasis on partnerships and capacity building so that groups were sustained beyond the grant funding. The Covid-19 health pandemic may impact on this ambition, however, learning from the 67 projects can be passed on.

8.1 What was the impact of the Women Side by Side programme on the women involved?

The small sample, which cannot speak to the experiences of all the women who participated in the programme, did show improvements in their social networks, in being better connected to friends and neighbours, in feeling less lonely and isolated, and in being more able to talk about mental health. We found very little change to women's wellbeing. With the data collected we cannot definitively say what specific aspects of the Women Side by Side programme caused these changes and for whom. We have explored the impact for women but do not have the data to disaggregate this by region, ethnicity, project type or experience of different disadvantages. We can suggest that attending peer support in and of itself-increased women's social connections, which in turn reduced feelings of loneliness and isolation. Given that the projects provided support around mental health, both directly and indirectly, it could be predicted that this would consequently improve women's ability to talk about their mental health. We can also provide some suggestions from the experience's women shared with us in interviews, and from our large number of observations. We found that women experienced an increase in self-esteem and in confidence throughout the programme, both of which play a role in people's ability to make friends and try new things. We also found that many women developed new skills which underpinned developing confidence, and that these skills facilitated opportunities such as study, work and hobbies. This was found where women attended courses, as well as groups that focused on social support and activity-based peer meet ups. All of which can be said to increase opportunities for social connectedness and in turn reduce isolation. However, these propositions are in many ways a simplification of a complex array of experiences and factors that contributed to the outcomes women had as a result of the programme. Some women made new friends, and connected with each other outside of projects, other did not. We also do not know if these friendships will continue when the programme ends.

Peer Researcher reflection

Without doubt an increase in confidence seems to be the overwhelming reported outcome. Increased confidence inherently leads to increased self-esteem and ability to employ choice and control – even if in small incremental steps

8.2 How did the values developed during the original Side by Side Evaluation relate to women's peer support?

We found all six of the original values were present within peer support in Women Side by Side. This is unsurprising given projects were provided the values as a 'model' to deliver peer support. We did find, however, that *how* values were used and their relevance to women as peers was different in this programme. Safety and choice and control took a more prominent role in women's peer support, and we identified a new foundational value of trust. This is in many ways not transformational, it reflects extensive evidence that women are more likely to experience trauma, and consequently experience impacts on their mental health as a result of that trauma. Many of the groups included women with experiences of domestic abuse and sexual violence, some current, and taking a trauma-informed approach which included due care to emotional and physical safety was essential for peer to peer support to flourish. We also recognised the importance of nurturing human connection, and two-way interactions that ensure the women present have the freedom to be oneself to explore as much or as little as they want and can. In summary, overall, the values seemed to apply, but as our detailed analysis showed, that this occurred as a continuum. At one end we saw good evidence of the values being present in a peer support group, as well as contrasting examples where this was not the case.

One of the values where the emphasis differed in Women Side by Side was experiences in common. The original project emphasised commonality of experiences in terms of emotional and social distress. We found in this programme there were four dimensions to women's shared experiences. First and foremost, women connected because they were women. Even when men were present in groups, as speakers or attending as a co-parent, it was the female focus of members that provided the foundations for peer support. The opportunity to attend groups in welcoming women-only spaces was highly valued. Secondly, we found as within the original Side by Side programme the focus of the groups drew women to join. Some peer support groups were activity based with cooking, arts, gardening, whilst others were tea and chat social sessions. There were projects that were course based such as learning to be a peer facilitator or mentor, or self-management courses. The third feature of commonality of experience was past experiences of hardship and trauma. Many of the women connected with each other, and supported each other, because of difficult past experiences as well as some who were still living in violent and abusive relationships. The final element in this programme was mental health. This was a theme in the support peers provided each other but it was not the first commonality connecting women in support groups.

Mental health peer support originates from grassroots communities, it is not a service model and the professionalisation of peer support in the UK particularly via formal peer support worker roles in the NHS has thrown up many challenges for all involved. This context is important for Women Side by Side, with both the women's sector history of community groups and trauma-informed approaches, combining with the mental health sector peer support work and emphasis on peer leadership. The fusion of these influences produced an emphasis on safety for women – both emotional and physical. Similar to the original Side by Side programme, the decisions taken in projects such as "who facilitates the group", which in Women's Side by Side was often a paid staff member and "is it activity based"

shaped the ethos of a group. We observed groups with more structure and facilitation provided less space for peer members to take on leadership roles. In some settings there was a greater emphasis on 'support' than on 'peer' support or less emphasis on peer leadership within the support group. We found these differences surfaced in the language projects used such as women referred to as clients and services users, and 'our women', compared to references to women, members and women supporting each other.

It is important to note that staff facilitation and staff leadership was more present in projects hosted by women's organisation, and that sense of peerness in these leaders varied. For some of the staff their peerness and peer leadership derived solely from being women, for others it came from their own lived experiences. For a smaller number, there was no sense of shared experience, and they led based on professional expertise (for example singing teachers or counsellors). This form of leadership was more present in projects that were highly structured, or training based. We feel it is important to recognise that in these highly structured groups, staff facilitation presented a power imbalance which did not always reflect the ethos of grass roots community-based peer support being an equal, reciprocal interaction. We would argue that this form of group, although important and beneficial in its own way, presented a challenge to authentic two-way interaction and peer leadership required to facilitate a sense of equality and some level of shared experience or peerness for all group members.

Overall, we found women's organisations were more likely to run structured, staff facilitated groups probably because this is where their expertise lay, whilst mental health and other community organisations tended to run less structured member- led peer support. Structure did result in some outcomes such as increased skills and capacity. However, in some groups it acted as a barrier to women developing a sense of peerness due to a perceived segregation between peers and facilitators. This is important as experiences of peerness in this programme were often linked to leadership, and peer leaders or peer mentors fostering a space for sharing. If the programme had run for longer, maybe more women would have had the opportunities to experience more peer leadership themselves. Lived experience expertise was valuable in peer to peer relationships and as a facilitator for group support. It was an asset to share with others and used to develop one's own confidence and self-esteem. These observations are important as they impact on peer support culture, where there needs to be an aspiration for peer leadership as being core to community-based peer support values and ethos. There is more work to do in the women's sector to further shift peer support from being conceptualised as a 'service' model to a peer-led support structure where experience in common is defined by those involved, not agencies or funders.

8.2.1 Were there any changes required to the peer support values to work in a gendered and trauma-informed way for women?

We did see changes to the peer support values in this context. As previously mentioned, we found trust was essential in gendered and trauma-informed work. We also observed that the emphasis on each value was different to the original Side by Side programme, with safety being particularly prominent. By making safety, choice and control and trust the

foundation aspects of women's peer support, the revised principles more closely reflect recognised trauma and gender informed care approaches and will, therefore, more effectively guide organisations in providing peer support to meet the needs of women with multiple disadvantage. The inclusion of trust as a value is an important amendment to strengthen this emphasis as women needed to build trust with other peers, host organisations and facilitators to enter the peer support space. We have also proposed that experience in commons is closely linked to these three foundational values but must be interpreted in a much broader sense within women's peer support. This means that in women's peer support commonalties extend beyond experiences of social and emotional distress, multiple disadvantage or diagnosis. This value now encompasses commonalties that are different for women because of the powerful role of gender shaping identity and life experiences such as parenting or culture and the opportunities to shared experiences around activities and learning. We believe the new pyramid (see Figure 14) accurately represents the shared knowledge around good quality women's peer support as a result of the partnership and learning between the mental health and women's sector.

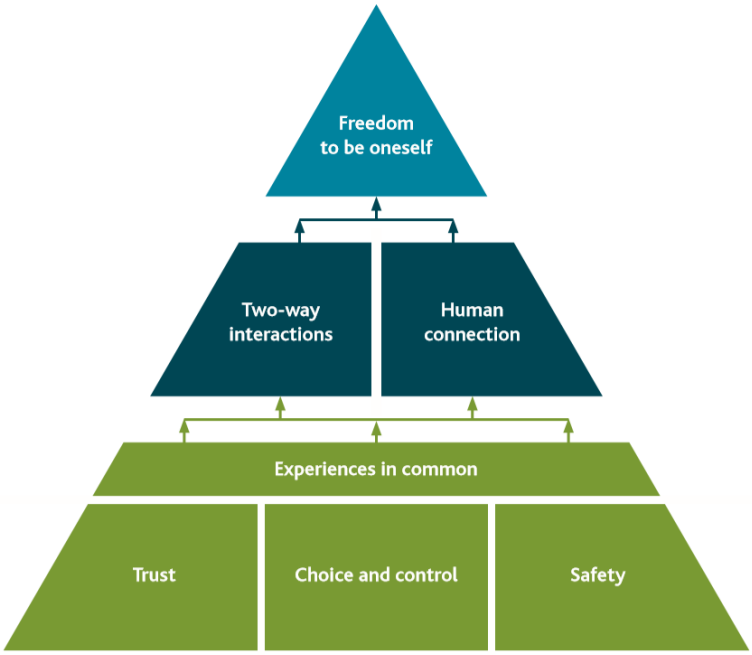


Figure 14: Peer support values in women's peer support

Peer Researcher reflection

I think the groups did especially well in being inclusive, open, welcoming, and offering a safe space for women. Again, most of the ones I spoke to and observed seemed to feel very safe and welcomed. There were not obvious disagreements, or a group where there was bullying, or any sense of distrust for example. The projects I visited were all deeply knowledgeable and mindful of women's safety and wellbeing. These factors seemed to be at the core of all the groups I was in touch with. I feel like as it was run by women, they had a better idea of knowing what the women who attended would need.

8.3 How effective were the partnerships between organisations from the mental health and women's sectors in the Women Side by Side programme?

When sectors and organisations collaborate, there is opportunity for improved capacity. We saw this occur during the Women Side by Side programme and the partnerships developed were key in improving knowledge and delivery of women's peer support. However, we found that the impact of partnership varied between different levels of the programme. At the top end, we observed that Agenda and Mind were able to work together to successfully deliver the complex programme in a tight time scale. They were able to work together to resolve challenges arising from differences in approach associated with long standing ways of working. All delivery support staff at a programme level were employed by Mind. Less operational segregation would have enhanced capacity for the partners to better understand each other, share responsibility for all decision making and reduced barrier associated with miscommunication and misunderstanding of approach.

At the hub level we observed both thriving partnerships, including in the running of one hub, but also challenges. There were barriers for the hubs to overcome such as complexity and speed of the set up phrase, working across large geographical areas, establishing good communication channels with funded projects and wider women and mental health communities locally including commissioners, and planning engaging learning events with an emphasis on peer leadership and networking. The hubs were run by women's organisations, and we initially observed a divide in perception of the two sector's approaches to working with women. The hub's spoke of using a more social model of support, whereas the mental health sector was seen by women's organisations to utilise a medical model. At the same time, the mental health sectors knowledge of peer support and it's grassroots origins in power sharing and equality in relationships, led to perceptions that the women's sector was overly service model orientated diminishing the potential for women to run their own groups.

Throughout the programme these perceptions did not appear to change significantly. Notably, this was different at one hub, which was co-delivered by organisations from both sectors. This hub demonstrated a more enmeshed team-working approach, seeking to learn together, make decisions together and develop new ways of working informed by their individual expertise. This hub acts as an exemplar of how successful partnerships can be in bringing sectors with historically different ways of working together to better support women.

We would propose that the most successful aspects of the hubs, was not only in demonstrating good partnerships but in reducing the structural division between sectors delivering support for women through the learning events. The planning process for learning events, and the first of four events were delivered by Mind. Over time the focus came to be driven more so by the projects attending. This shift provided opportunities for people to learn about each other's work and share knowledge, particularly experiential expertise, as well as time for networking. In practice the learning events created space for change and growth.

Despite the learning events growing a more shared understanding of how to work with women through peer support projects, we did not see impactful partnership working outside of this at the project level. We would argue this was not from a lack of desire from projects to work together more, rather it was limited due to project complexities being delivered with lack of time and resource. However, given that the networks developed at the hubs are still in reality new, and that the programme itself only ran for 12 months we would argue that we not yet able to see the outcomes of any connections that developed. We would propose that if projects are able to foster these, and these forms of partnership are more adequately recognised in funding streams they will improve organisational capacity to be more gender responsive through increased awareness and knowledge. They may also result in more holistic approaches to working with women, allowing them to be linked across partnerships and networks to access not only peer support, but more service-based options as well.

At the micro level, it is difficult to ascertain the impact partnership working had on the women participating as peers, however one can surmise that any increase of knowledge by an organisation can only serve to improve the experience of the people that seek their support. Additionally, for those women that stepped into more formal leadership and facilitation roles, these partnerships allowed them access to the expertise of both sectors which may lead to better equipped peer leaders. However, the ability of this programme to demonstrate these outcomes is again limited by time. Women experience higher rates of trauma then men, and the women in this programme told us of the hurdle this poses to building trust. Women told us they require additional time to feel comfortable, and importantly feel secure to truly open up and share their story. It is a key finding that for a programme to be not only gender responsive but account for the needs of women experiencing multiple disadvantage it must be funded to allow the time required to build trust, foster connection and for women to grow.

To conclude, there is a mixed picture to report in relation to partnership working. We saw partnership capacity grow. Power is an important thread in this project. Partnerships must negotiate power lines which change over time to build and maintain trust. This was true at

Peer Researcher reflection

Projects came together at and engaged with the learning events. Quite a few projects were in touch outside of the events and exchanged information or practical techniques. Attendance at the events seemed to be pretty much 100% and there was a commitment to learning and supporting each other. Real productive work was done at the events but again, lack of time was an issue. The projects were forming real supportive relationships – an achievement considering how few times they met – but these were cut short at a point where they were blossoming.

all levels of the programme partnerships: Agenda-Mind, hubs to projects and organisations to other organisations.

8.4 How did the programme build community capacity to deliver high-quality peer support for women?

Community capacity was explored in relation to confidence to facilitate high quality peer support, self-evaluation skills and improving ability to sustain future delivery. Broadly however, the programme struggled to build community capacity for women's peer support overall, primarily because the limitations associated with being a 12-month funding programme. Working with women with multiple disadvantage requires building of trust and rapport mindful of the traumas they are living with and bring into a space. Setting up groups, building members of these groups, supporting peer leadership to grow within them takes a lot longer time than was available or afforded for the 67 funded projects.

8.4.1 Improved confidence to facilitate high quality peer support

In terms of the specific questions we were asked to consider, projects did develop increased confidence to deliver peer support. The hub events were the primary driver of this and were a real innovation in the programme. Furthermore, learning events delivered as part of the hubs work were notably successful in developing shared knowledge and improving networks. We found that the success of the hubs and learning events was in part due to the role of women from projects increasing over time, shifting balance of power to those giving and receiving peer support and resulting in greater leadership for peers. We also observed a shift from two sectors, 'organisations who deliver peer support' and 'women's organisations', to a more unified 'organisations that deliver quality peer support for women'. This resulted from organisations being provided an opportunity to see their similarities and synthesise their expertise, particularly around trauma-informed approaches and community peer support principles. In turn this improved the project's confidence to deliver quality peer support for women experiencing multiple disadvantage, and or experiencing or at risk of mental health difficulties.

8.4.2 Self-evaluation skills

It was a clear finding that the projects struggled with self-evaluation and as such we observed very little skill development in this area among projects. There were lots of challenges in this, mainly around being asked to collect data for two different purposes, one for McPin and another for Mind delivery team. This resulted in projects feeling burdened, and in many ways a sense of research fatigue. There were also difficulties with the amount of time data collection took, and with how much support projects needed to give women to complete them. They felt they were not adequately prepared or resourced for this and in some instances the evaluation and monitoring requirements from Mind took up peer support time. This suggests for self-evaluation skills to be developed, programmes need to provide additional time and specific task based funds. We also saw and were told of frustration with evaluation tools that did not fit well into the ethos of women's peer support groups. Whilst this was in part connected to a feeling of having too much data to collect, some of the mismatch stemmed from projects being unaware they were able to adjust the tool to ensure appropriateness for specific groups of women. Although we worked with our

Advisory Group and piloted with several projects to make the tool trauma-informed, this provides learning for us in how to best communicate how to implement data collection tools. We did experience positive support for the Regional Peer Research team who worked to support projects with their evaluation tasks. These posts were 11.5 hours per week positions, which is many ways limited their ability to develop strong relationships with all projects across large geographical spread and more could have been achieved with increased funding.

8.4.3 Sustaining future delivery

Sustainability was a core focus at learning events, particularly towards the end of the programme. We observed how projects really wanted to sustain the work they began in Women Side by Side and made great efforts to network, talk to local commissioners, and link with other organisations that could assist them. Some projects were going to continue, using internal resources, others told us they would end when the funding ceases. Projects where the peer support group existed prior to the Women Side by Side programme were more like to be able to continue, although some told us this would mean changing the format or broadening the inclusion criteria such as including men. Projects that had developed peer support from this funding were worried they would not be able to continue. Both told us of their concerns about the impacts of losing the peer support might have for the women they work with. Leadership also played a role in project sustainability, where groups had peer leaders willing to continue to volunteer in a facilitator role the organisation was often able to provide the venue and refreshments in kind to allow the group to continue. For some groups that had struggled to develop peer leadership due to some women's and mental health sector organisations perceiving the risk of women led peer support differently and women not feeling confident or able to undertake a leadership role. and the cost of ongoing facilitation was not feasible. Sustainability hinged on volunteer peer leaders and facilitators

Peer Researcher reflection

Despite having a lived experience background, I started this work lacking in self-confidence, most probably due to having a PTSD condition and because of it, negative self-worth. Something I was very conscious of, however, when I actually got out and visited the centres, I found myself around women who had suffered the same or similar life experiences to myself. I found this quite a validating experience and it helped me to appreciate (on bad days) that I'm in no way alone. 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. Its 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.

in the Women Side by Side context, and this was not a successful capacity building approach.

8.5 Limitations

8.5.1 Measuring impact

This project was made more complicated by two parallel data collection processes. Some of the methodological limitations have already been described in the report (see Chapters 2 and 3). The most important limitation to re-emphasise is the small sample size within the comparison impact data with data only provided by 380 women (12%). Despite extensive planning with Mind and Agenda, our Advisory Groups, and piloting with some funded projects, our quantitative data coverage is not as extensive as it could have been. Major effort, within project resources, went into supporting the 67 projects to collect data and adapt the communication materials and the tools themselves. But overall, there was poor engagement. Thus, our findings must be treated with caution. We had varying levels of quantity and quality of data returned from projects. Some projects had many respondents whereas others had only a handful. We have analysed the data as an overall picture as opposed to project by project, so we cannot pull out, for example information about Wales specifically, or projects that worked with survivors of domestic violence. This is a significant shortfall and one that is the collective responsibility of all project partners including Mind, Agenda and McPin.

Time was a limitation to the impact evaluation in many aspects. The time required for projects to successfully collect data, input and return it was a barrier to engagement. Projects felt that collecting evaluation data at three time points was excessive. We did not anticipate the amount of time that was required from the team to support projects throughout to collect questionnaire data, however, we ensured a researcher was available when support was required. There were many projects who requested extensions to collect and return impact data, especially at the first time-point (May 2019). This was mostly due to projects having not started and many were still recruiting for staff to run groups. We always provided extensions and maximum flexibility to projects, but still rates of return were low. We also translated and adapted questionnaires, for projects working with women with a learning disability and women where English was not their first language, but we did not observe an increase in response.

Another limiting factor is that we are unable to say how long women had engaged in peer support between data collection time points when comparing change in Chapter 3. This is because we provided a lot of flexibility to projects to encourage engagement. We recognise that had we been stricter with timescale for returning data, this would have increased tension between the research team and projects and possibly resulted in decreased, not increased, numbers of comparable data.

We struggled to capture outcomes for women experiencing multiple disadvantage in one survey tool, mindful of needing to take a trauma-informed approach so inserting options to not complete questions across the questionnaire, of course limiting the quality and quantity of the data. We do not have data on multiple disadvantage for each woman, such as experience of homelessness or contact with the criminal justice system. We do not know what activities were provided in each peer support group to cross reference with impact

data. There are good reasons for this as such excessive data collection may have distanced women from the peer support programme, working against its aims. We met paid staff on the project and the women peers whose life experiences varied and needs along with these were also different. This makes peer support an appropriate approach to giving and receiving support, but the evaluation of it is very challenging. We wanted the evaluation to complement not distract from the programme goals. We still need to find a better way to evaluate peer support.

8.5.2 Understanding women's experiences

We undertook 112 observations and 40 interviews, but in a programme that reached approximately 3140 women through face to face group peer support our data sample is small. We only spoke to 16 women in projects to collect their views and experiences, and feedback surveys were not used. We have data provided by a relatively small proportion of women which was suitable for qualitative work. But is does mean our findings are not generalisable to all women who gave and received peer support in this programme. The final analysis and write up of this project were over a 2-month period. This was too short a time frame to use our data set comprehensively using a peer research methodology.

8.6 Evaluation team reflections

This evaluation was not easy to carry out. The team were using observation methods as a central part of data collection and rarely do people want to be 'observed' especially when considering the experiences of women in this programme. The co-produced emphasis throughout meant great care was taken to plan data collection with women and build relationships with programme, hub and project staff so careful data collection using trauma-informed practices could take place. However, the team found it hard. Emotionally it was difficult as the evaluation team were all peer researchers with their own lived experiences that connected to the women they met on the programme. Physically it was difficult to deliver, due to geography of project spread and where the team were based and timescales were always tight for programme delivery and the evaluation team.

The complexity of the topic makes this unsurprising and we continue to reflect on important questions such as 'who was a peer' exactly in this programme? It is not for the evaluation team to provide a definition. Peer support is the co-creation of support between women – non-judgemental, in safe spaces, supportive and helpful for providing connection, empathy and warmth among others who share things in common. We observed variation in delivery models and ideological differences between partners. Over time relationships developed, built upon shared learning and establishing trust and respect for each other. Experiential expertise was central in this learning journey – experience as women, people living through and with trauma, addressing multiple disadvantages including poor mental health, people feeling isolated and alone.

The evaluation team have drawn upon our own experiences as women, of working in the field of mental health as well as drawing on personal experiences as peers to write this report. We have been mindful to protect in confidences of those they spoke to and observed, whilst acknowledging this has not been easy and those close to the project may recognise their voice in here through direct quotations. It is important to recognise the impact that using this peer research methodology had on this evaluation. Although the approach requires more time, involves more emotional labour from the researchers and is often more complex than traditional academic approaches, the peer team provided an insight and

richness to this data that would not have been possible without drawing on their lived experience. Their ability to connect with the projects, and the women within the groups, is important. It allowed us to truly hear the stories of the programme, and women's experience of the Women Side by Side programme.

8.7 Recommendations

We have provided the following recommendations in relation to our learning. The programme did have success in achieving its aim of delivering quality peer support to women experiencing multiple disadvantage at risk of and or experiencing mental health difficulties. The following points highlight areas for future learning to further enhance the quality and availability of peer support for women, as well as any future partnership working.

- 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.**

- 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.**

- 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.**

- 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.**

- 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.**

- 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.**

- 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.**

- 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.**

- 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.**

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Appendices

Appendix A: Projects who were successful in receiving funding and details of their characteristics

Project	Grant type	Women-only org	Previous experience	New or existing groups	Description – Developed by the peer research team
Project 1	Small	No	Yes	Existing	The peer support group targets 16-25-year-old young women experiencing mental health issues as a result of trauma. Staff develop peer leadership, support the group and develop partnerships with women's groups across Greater Manchester. They train volunteer peer leaders so that the group can be self-sustaining.
Project 2	Large	Yes	Yes	New	Coffee morning style support group that connects mothers who have experienced (or people who have been affected by someone who has experienced) postpartum psychosis. The group is supported by trained volunteers and runs monthly in Newport, South Wales.
Project 3	Small	No	Yes	Existing	Continuous group for young mums – can attend as and when. They have two paid Peer Leaders aged 18-25, in line with group members. They can provide transport for women who are unable to travel safely. Also have outreach workers who recruit group members. The group have links to many other organisations including mental health. Arts-based focus.
Project 4	Small	Yes	Yes	Existing	BAME women's group. Meeting once a week and go to the local community garden space in the park – theme for project 'gardening for mental health' to discuss health topics and creative activities including painting and making crafts. Focussed on learning through shared experience and peer support.
Project 5	Large	Yes	Yes	New	Elderly BME rolling group. Mix of gentle exercise and education (spelling, grammar) and psycho-education (anxiety workbooks and links to physical health issues); socialising with like-minded people to reduce isolation.
Project 6	Small	No	Yes	New	Bringing together women with disability or disabilities with a focus on influencing for improvements in services or access. Discussion group but may offer craft activities.
Project 7	Large	Yes	Yes	New	Originally set up with the intention to Peer Mentor women with the hope of them being empowered to become 'Experts by Experience'. To come

					together and pool ideas for training, best practice, self-confidence building and accessing social media platforms and have a voice. Enabling these women to show resilience to be able to set up their own peer mentoring groups to help other women who have experienced the same or similar issues affecting their mental health.
Project 8	Small	No	Yes	New	Originally set up a Peer Mentoring group but this was quickly changed to address the mental health needs of the women and to help them combat their resultant isolation. Holistic therapies were chosen by the group and activities based around these. One or two women then went on to co facilitate the group alongside the group facilitator.
Project 9	Large	No	Yes	New	Peer led project that helps women who have a learning disability to help each other face the problems that affect them in their everyday lives. Small groups of between 3-5 run weekly, all of which meet once a month at a large social event such as bowling, or to play bingo. The peer support groups are as varied in terms demographics however everyone has the chance to build relationships with each other based on those things they have in common, which begins to give them a sustainable social resource to improve their mental health and wellbeing and build friendship groups.
Project 10	Large	Yes	No	New	This project is specifically for women who have experienced domestic abuse. One group is a 12 week Recovery Toolkit group - a bespoke domestic abuse framed course, that allows the beneficiaries to think about their experiences, strengths and goals. This course runs alongside the weekly peer support groups which focus on structured activities around wellbeing and selfcare as well as learning. These activities are based on using a strength-based approach to develop group members' skills and confidence to become more involved with the groups/activities.
Project 11	Small	No	Yes	New	Evening group for 16-25-year olds. A six-weekly programme run four times over the year. Each group has a graduation and some of the girls from an earlier cohort are now co-facilitating newer groups as ambassadors. Use worksheets on body confidence, entrepreneurship, finances to facilitate sharing.

Project 12	Large	No	Yes	Existing	Using the works of Stephanie Covington to inform the peer support work and giving women from different locations the skills, knowledge and support to set up peer support groups for women with lived experience in their local communities, hoping to create groups that can continue beyond the life of the project. Using Covington's programme Beyond Trauma to inform the training they are doing. Two training sessions - Midlands and North West, and one for the North East. North East project did not start.
Project 13	Small	Yes	Yes	Existing	Health and Wellbeing continuous group (theatre and mental health focus) plus optional activities such has head-wrapping, makeup, massage. Takes a trauma-informed approach to working with women who have been in Criminal Justice System or are at risk of coming into prison. First half is facilitated and then the ladies take the space.
Project 14	Small	Yes	Yes	New	Closed women's trauma group to help break loneliness and isolation. For women who have experienced Sexual violence, Abuse and or Domestic violence and Mental health issues as a result of this.
Project 15	Large	No	Yes	New	Offering weekly bilingual (Welsh/English) support for women living in Denbighshire. Group activities include music, arts etc.
Project 16	Small	No	Yes	Existing	Unstructured BME singing group of 20 – 25 women who decide on activities plus 2 musicians one female and one male who alternate teaching weeks.
Project 17	Large	Yes	Yes	Existing	Drop-in group for women from BAME backgrounds, some connected to Grenfell Tower. Run a number of groups but this one had a mental health focus through being activity-based (coffee mornings, jewellery making, outings).
Project 18	Large	No	Yes	New	Training women as peer mentors to provide support and encourage peer support activities on a long-term basis among women experiencing loss and separation from their children in the mother and baby unit of the prison.
Project 19	Small	Yes	Yes	Existing	Continuous group for up to 20 BAME women weekly. First part of session is yoga followed by psycho-educational or facilitator-led topics such as self-care and positive thinking. External speakers visit to talk to the ladies about physical health (NHS).

Project 20	Large	No	Yes	New	Friday morning weekly creche and chat for young mums (initially for under 25s, although age limit was scrapped after some criticism from community) in the Welsh Valleys town of Abertillery. Group open to all women with children or who are expecting. (Partners have attended too.)
Project 21	Small	No	Yes	Existing	Mental health peer support for new mums – rolling drop-in social group.
Project 22	Large	Yes	Yes	New	Weekly peer support group. Reducing isolation in women who have experience of domestic violence for women from a range of backgrounds and ages. Social as well as access to educational programmes on DVA.
Project 23	Large	No	Yes	New	Set up originally as a space that is accessible for all, to include people that don't fall into standard vulnerable/marginalised categories. Peer mentoring is based around an onsite garden centre/ horticultural area. Wheel chair access, refugees, mental and physical disabilities are all catered for. Produce is sold to also fund their projects.
Project 24	Small	No	No	New	Support based on regular social interaction for women experiencing anxiety, mental or physical health issues or another disadvantage.
Project 25	Small	No	No	New	Inside out run 2 weekly peer support groups for women experiencing complex mental health issues and illnesses. Groups focus on arts, crafts and theatre arts including creative storytelling. Group aims to reduce the stigma and to make more connections between women with a shared experience of mental health related challenges.
Project 26	Large	Yes	Yes	New	Continuous group, women can attend when they want to. BAME focus on mental health, however, is open to all as they found that women came along with a range of issues including carers.
Project 27	Small	Yes	Yes	Existing	Based in Coventry. Specialist and confidential rehabilitation for women from street prostitution who go on to face multiple disadvantages. Trauma-informed approach always integral . One to one support to given to all clients. Funded project is for a socialising group to help alleviate isolation, loneliness and mental health issues.
Project 28	Small	No	Yes	New	Group meeting weekly to share food, creative activities e.g. making cards and painting. Helpline run 6pm-2am by Lived experienced staff and volunteers. Person-centred approach to work with crisis.
Project 29	Large	No	Yes	Existing	Drop-in group specifically designed for refugee and asylum seekers in Newport, South Wales. Group aims to build emotional literacy, rather than

					focusing on mental health. They do this through choosing a single word to focus on each week, e.g. 'trust', translate it to each person's language, and discuss each person's individual meaning and thoughts on that word. The group run 3x weekly but have merged into 2 strong weekly groups. Many of the women who attend are mums, so there is a creche available to lessen the burden and barriers that might stop women from being able to attend.
Project 30	Small	No	Yes	Existing	Activity based support groups and are essential in enabling people who live outside of Llandrindod Wells (the main town in the area and our base) to access support. The groups are for women who are facing a crisis with their mental health but also women who are much further forward in their recovery journey and want to maintain their good mental health.
Project 31	Large	No	Yes	Existing	Named by the women and focus decided by the women peers. Meet every fortnight, alternate between Tuesdays and Thursdays – changing the days allows more women to attend if they have other commitments. It's an open group with 4-5 core members and 12-15 in total. Also go on outings.
Project 32	Small	No	Yes	New	Meet every two weeks. Provide emotional support to BAME mums through a range of activities. Also offer training and practical support.
Project 33	Large	Yes	Yes	New	Peer support group is aimed at women living in the Teesside area. Set the group up to give women the opportunity to form relationships with other local women who have had similar lived experiences, feel part of something, reduce isolation and to build friendships with like-minded people who had lived similar experiences to them.
Project 34	Small	Yes	Yes	New	Support group set up to provide mental health, emotional and physical wellbeing support through informal group discussions, mindfulness activities, empowerment skill teaching, crafts, hand massage and group trips/ outings. The main aim of the project is to break isolation, lessen anxiety, and to learn new skills to better manage depression, anxiety and manage emotions in a more positive way.
Project 35	Small	No	Yes	New	Led by peer support volunteers; run in three regions with up to 8 women per group. Women decide on what they want from the group. Set up as

					continuous group but would change to six-weekly sessions if there was high demand.
Project 36	Large	Yes	Yes	New	Two hour women's mental health discussion group set up to manage mental health issues. One Muslim women's group, another a managing anxiety group.
Project 37	Small	No	Yes	Existing	Continuous group with 15 members; led by a peer support worker. Mostly BAME. Workshops, education and social group.
Project 38	Large	Yes	Yes	Existing	Peer support for women with experience of multiple disadvantage and addiction – education, training and mental health support.
Project 39	Small	No	Yes	Existing	Peer Mentoring group -during the span of the project seen everyone flourish and grow in confidence and even push past their own expectations. Learning, exercising and being creative, lots of laughter and of course being there for each other. One of the most important things realised was how the group offered an immeasurable support to isolated women in our community.
Project 40	Large	No	Yes	Existing	Peer-led mental health group for women with HIV; outings and creative workshop open to all for the Being Human festival.
Project 41	Small	Yes	No	New	Led by drama therapist and Project lead. Psychodrama group for women with mild to moderate learning difficulties and their carers. Continuous group with 10-15, some of which attend every month.
Project 42	Large	No	Yes	Existing	Peer Support Group sessions are for BME women in Cardiff to be able explore concerns in a non-judgemental and stigma-free environment. Group provides support sessions in a culturally, religiously sensitive environment for women & girls to explore concerns and to learn coping strategies, as well as hear advice from experts. The group brings together diverse communities to tackle social isolation, depression, improve mental health and confidence to engage with other people outside their own community and networks which offers an opportunity to meet others and to talk & share in an informal setting.
Project 43	Small	Yes	Yes	New	Established a peer support group after feedback from clients showed women wanted support after they had accessed counselling due to isolation. Wanted group to be lead and shaped by the women who access it and wanted a safe space for women who had experienced sexual

					violence to support each other. Well accessed by 8-15 women weekly and led by a staff member in a peer role. Weekly check-in followed by an activity which the women choose, such as watercolours (external artist), knitting or fund-raising.
Project 44	Small	No	Yes	New	Arts-based group for mums. Alternate weeks are peer support (and a non-Mind funded group – photography, creative writing on the other weeks). Peer support workers facilitate the Mind peer group.
Project 45	Small	Yes	Yes	Existing	8 week sessions run for 2 related courses, one confidence building and the other Peer Mentoring. Both are to learn mentoring skills. The latter is for women to support and mentor new women who are struggling to access services. Group discussions around setting boundaries, self care and manipulation awareness. Confidence building is to enable service users to go on to co facilitate or deliver courses themselves.
Project 46	Large	Yes	Yes	Existing	Continuation of existing peer mentoring - Trained 6 women to be mentor mothers then trained another 14 to build a network of women who work locally. WhatsApp group for providing support/supervision to peer support trainers who then meet other women in their local areas who they mentor. Mind funding to build on mental health specifically as part of this, lots of women have mental health issues. Is a grass roots project; idea is to get people rooted where they are. They do meet when they can but lots is remotely managed by phone, email, WhatsApp.
Project 47	Small	Yes	Yes	Existing	Male programme lead recruited a volunteer co-ordinator to recruit peer support trainees for a 4-day training programme. Aim was to facilitate both their own journey and those they are supporting; are on this journey together.
Project 48	Large	Yes	Yes	Existing	Started with peer facilitator training for 12 women, by the end 33 women had experienced leadership roles. BAME peer support groups of about 15 women each. Two volunteers and a lead facilitator; holistic therapy and socialising group. One to one support also available.
Project 49	Small	No	Yes	Existing	Peer facilitator training for women living in hostels; flexibly co-facilitated by staff and peer with lived experience, using workbooks, PowerPoint and discussion. Focus was on sharing lived experiences of homelessness

					and mental health. Six-weekly programme was planned. Also two peer support groups.
Project 50	Small	Yes	Yes	New	A peer mentoring session and is only offered to individuals for whom the teacher feels are further ahead in their recovery journey (prior non-Mind funded group to attend before this). The group chose the name as this is how they said they felt when they had started to overcome their traumatic experiences and their mental health had started to improve. Working on a project that focuses on training 10 women who have experienced abuse to be the first point of contact when seeking safety and is aimed at helping abused women who are too frightened to speak out and get help.
Project 51	Large	Yes	Yes	Existing and new	Peer support for women with experience of substance mis-use, criminal justice system and chaotic lifestyles. Set up in several groups across Greater Manchester. Peer support through day trips for photography and also providing training in leadership, peer support, facilitation, mental health awareness etc.to take groups forward after project.
Project 52	Small	Yes	No	New	The peer support group is set up to promote sustainable recovery and acknowledge that recovery is a process that is women-led and involves a unique process of change that can be enabled by other women with similar experiences. Through the focus on creativity e.g. painting, poem or story, women are encouraged to lead the group and choose an art form most suitable to them. The groups acknowledge the challenges and pain that women experienced and promote the culture of hope and optimism and create an environment to support, encourage and celebrate women's recovery efforts.
Project 53	Large	Yes	Yes	New	Peer support through discussion, learning and friendship for women with anxiety, depression and other varied problems. The group provides coping mechanisms and encourages personal growth and confidence
Project 54	Small	Yes	Yes	Existing	Extending existing peer support for women with maternal mental health difficulties; activity based (creative writing, walking, crafts) and educational.
Project 55	Large	No	Yes	New	Funding for a peer support worker to provide training on peer mentoring and identify women to become peer support workers. Trauma-informed and gender-focused service.

Project 56	Large	No	Yes	New	Domestic violence/sexual abuse peer support group in Llanelli which runs 3 groups a week, all focusing on different aims/goals to improve overall wellbeing and confidences. Sessions include yoga and mindfulness as well as time to share experiences and chat in informal setting. One group focused on 'peer leadership' and support which explores topics such as confidence, children in care, self-esteem and other commonalities as guided by the women each session.
Project 57	Large	Yes	No	New	Groups across Greater Manchester for women who have or are experiencing domestic abuse including south Asian women who have been subjected to forced marriage or honour-based abuse or marriage. Offering training in peer support; some sessions for children of these women; a range of activities identified by the women.
Project 58	Large	Yes	Yes	Existing	Trauma-informed women's wellbeing hub, providing opportunities for **any** woman who has support needs. Using a whole-system-approach, women receive support in addressing and resolving substance misuse, childhood trauma, criminogenic behaviours, domestic violence or poor mental health. Offering a range of therapeutic activities, accredited programmes and practical support in a safe, nurturing, substance-free and valuing space for women to move from their pasts, develop their skills, regain their self-worth and go on to flourish and thrive.
Project 59	Small	No	Yes	Existing	Continuous group for women who may be homeless or in supported housing. Aim to reduce social isolation as well as recruiting peer support leads to facilitate groups which may be based around arts (in collaboration with British College of Art) and craft café.
Project 60	Large	Yes	Yes	Existing	Women only organisation. The project had 5 key themes – a Leaders Group to oversee activity alongside staff, Social Activities, Creative Activities and the setting up of 2 bespoke Peer Support Networks. Peer support group run by two development workers for women with trauma. Part of the project, which is attended on a weekly basis by 8-10 women, involved creative projects determined by the women, with some leading the activities. Approximately 6-8 women who choose what activities they would like – women bring their own expertise, for example

					sharing skills in tie-dying. Craft activities based, fundraising for sustainability.
Project 61	Small	No	Yes	New	Bilingual (Polish/English) peer support for Polish women who have complex needs - domestic violence, substance misuse, mental health issues and parenting problems. The primary aim of the group is to improve well-being of Polish women. Group offers weekly meetings with women who can speak the same native language who may also have a shared lived experience. Group aims to reduce feelings of isolation, increase members' confidence in dealing with challenges of everyday life, enables them access to support from other agencies and will improve their overall understanding and knowledge in everyday life scenarios.
Project 62	Small	No	Yes	New	Peer support project with a unique selling point: horses. The group runs twice weekly and available to women of all ages and backgrounds to attend, although the group has a strict size limit due to the nature of working with animals. The course enables women - who experience a varying degree of mental health issues - to set boundaries, make healthy choices, recognise self-worth, build self-esteem and cope with change. The project facilitates peer support as women join to take part in a meaningful activity and bond over a shared interest. The group work with the horses, cleaning their stables, interacting with them other general horse work, and afterwards chat over tea, coffee and biscuits. This group equips women to develop the confidence and communication skills to talk about their mental health and issues that may be affecting their lives.
Project 63	Small	Yes	Yes	Existing	Peers provide support and receive support within organisation which provides practical assistance, crisis intervention, long-term support and preventative work and take a creative approach to mental health and well-being.
Project 64	Large	Yes	Yes	Existing	Online peer support forum. The forum is moderated at regular intervals throughout the day, seven days a week. Posts on the forum are monitored by a moderator day-to-day for safeguarding and flagging

					vulnerable individuals. Users have the control to start new threads however a moderator will ensure there is no identifiable information being shared.
Project 65	Large	Yes	Yes	Existing	First project planned was a walking and talking therapy which they have not done before. Will run for 6-8 weeks and can bring children along; cater for mild to moderate mental health needs. Also arts and antenatal groups planned.
Project 66	Large	No	Yes	Existing	Peer-led and open to any women. Run weekly for women who do not identify with medical models of understanding. Drop-in group where the women make decisions about how group is run.
Project 67	Large	No	Yes	Existing	Peer led series of workshops to raise the awareness of the mental health impacts of domestic abuse delivered in the centre an area of multiple deprivation. The project runs two weekly groups, 'The Freedom Programme' every Monday morning, and a crafts group on a Tuesday. The workshops enable women to support each other as they can offer an insight and understanding from having a shared lived experience and use that as a tool for support. Group helps women build friendships, trust and confidence as well as reduced isolation after experiencing DV and living in a rural, isolated area.

	Outcomes
1	Improved mental health and wellbeing
2	Increased hope in the future
3	Increased confidence
4	Reduced loneliness and social isolation
5	Increase in positive and supportive relationships and friendships (within and outside peer support)
6	Increased sense of belonging to a peer support community or to a local community
7	Developing a greater understanding of own mental health and how it has been affected by experiences of multiple disadvantage
8	Increased knowledge of the signs and triggers that may led to a decline in your mental health
9	Feeling more able to talk about own mental health
10	Developing positive coping strategies for taking care of your emotional wellbeing and managing difficult feelings
11	Increased ability to deal with change, crises and other stressful situations
12	Increased ability to set goals and identify steps to achieving them
13	Increased ability to talk about feelings
14	Increased ability to talk about wellbeing
15	Reduced use of healthcare and specialist services
16	Feeling more in control of your life
17	Feeling valued
18	Feeling accepted
19	Feeling safe
20	Feeling heard
21	Feeling useful or helpful

Women Side by Side Programme

Evaluation Questionnaire

Participant ID:

Date: dd/mm/yyyy __/__/____

Before filling in this questionnaire, you will have been given an information sheet detailing the purpose of the evaluation. If you have not, please ask a member of staff for the information sheet.

If you have read the information sheet and want to take part please indicate your agreement with the statements below:

I have read and understood the information sheet explaining the purpose of t evaluation. ☐

I agree to the information I provide in the Evaluation Questionnaire being use for

the evaluation as described in the information sheet. ☐

I. Core questions

1. We would like to find out how much peer support you are involved in.

How many times in the **last three months** have you been involved in the following types of peer support? Insert a **number** in the boxes provided below

	Giving	Receiving

A1	One-to-one peer support
A2	Peer support groups
A3	Online peer support
A4	Informal peer support (outside of any organised project)

2. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over **the last 2 weeks.**

Please choose the ONE most appropriate response for each item:

		None of the time	Rarely	Some of the time	Often	All of the time
B1	I've been feeling optimistic about the future					
B2	I've been feeling useful					
B3	I've been feeling relaxed					
B4	I've been dealing with problems well					
B5	I've been thinking clearly					
B6	I've been feeling close to other people					
B7	I've been able to make up my own mind about things					

3. Please choose the appropriate response for each item:

		Hardly ever	Some of the time	Often

C1	How often do you feel that you lack companionship?
C2	How often do you feel left out?
C3	How often do you feel isolated from others?

4. Below is a list of statements that describe how people sometimes feel about themselves and their social environments. Please read each one and choose the answer that best describes how much you agree or disagree with the statement. If it is helpful, think about how you have been doing **over the past week** or so.

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
D1	I have something to offer others					
D2	I have relationships that are mutually supportive					
D3	I am a capable person					
D4	I plan for my future					
D5	I have a community that values me					
D6	I have inner motivation					

D7	I can exercise my personal freedoms
D8	I feel I belong to a community
D9	I can lead a full life
D10	I have people I can trust
D11	I am a valuable person
D12	I have relationships that inspire hope
D13	I have strengths
D14	I can enjoy things I do
D15	I have a community that recognizes my abilities
D16	I have a purpose in life
D17	I have abilities to meet goals
D18	I have a supportive group that encourages me to grow
D19	I am valued for who I am

II. Additional questions

5. Think back about the different people you might have been in touch with. This includes face-to-face, telephone and online communication.

Please place an X the appropriate box for each item:

		0	1	2	3-4	5-8	9+
	FRIENDS *Considering all your friends...*						
E1	How many friends do you see or hear from **at least once a month?**						
E2	How many friends do you feel at ease with that you can talk about private matters?						
E3	How many friends do you feel close to such that you could call on them for help?						
		0	**1**	**2**	**3-4**	**5-8**	**9+**
	NEIGHBOURS & ACQUAINTANCES *Considering all your neighbours and acquaintances (people who you see or hear from that you might not consider to be friends)...*						
E4	How many neighbours and acquaintances do you see or hear from **at least once a month?**						
E5	How many neighbours and acquaintances do you feel at ease with that you can talk about private matters?						
E6	How many neighbours and acquaintances do you feel close to such that you could call on them for help?						

For data entry enter 0 – 5 as indicated		0	1	2	3	4	5

6. I feel comfortable talking to the following groups of people about my feelings.

Please choose the appropriate response for each item:

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
F1	Family					
F2	Friends					
F3	Acquaintances					
F4	People in peer support					
F5	Health professionals					
F6	Other support professionals					

7. Is there anything else you would like to tell us?

Thank you for taking the time to complete this questionnaire!

Appendix D: Project observation template

Date of observation:

Event observed:

Observation notes

1. Describe the physical setting where the event took place: type of venue (indoor/ outdoor and what kind), how was the space arranged (how was seating arranged, if applicable; what else was in the space)

2. Describe what happened during the event (what activities took place, do they appear to have been planned or unplanned, were they structured or unstructured, which topics were discussed)

3. Describe the people who took part in the activities and what their roles in the group were (number of participants; how many were staff, volunteers, group members; were staff and volunteers in peer roles (if known); their estimated

ages, ethnicity and any other observable demographic characteristics; anything else that appeared relevant)

4. Describe how women interacted with each other (who spoke with whom, whose opinions seemed more or less respected, how were decisions made, were there any tensions and challenges and how were they resolved)

Reflection notes

5. What were the experiences that made women connect with each other? Why do you think it was those experiences that made women see each other as peers?

6. Did what you observe raise anything related to values of peer support? Reflect on how this relates to values of peer support identified in Side by Side (experience in common, safety, choice and control, two-way interactions, human connection, freedom to be oneself)? Did you observe anything related to values of peer support that doesn't fit the Side by Side framework?

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7. Did anything surprise you (including things that happened or things that you expected to happen but didn't)?

8. How did the group respond to your presence? (How do you think your presence impacted on what happened at the event? To what extend did you take part in activities and conversations and what determined this? Would you say women saw you as a peer?)

9. Did observing the event raise any questions or topics you think we should explore the future steps of this evaluation?

10. Do you have any additional thoughts about what you observed and what it might mean?

11. How did taking part in the event make you feel and why do you think that was?

12. Would you do anything differently next time and why?

Appendix E: Programme observation template

1. A summary of what was said in the meeting
2. Breakdown of speaking time (who spent more or less time talking in the presentation and discussion sections of the meeting, paying attention to group members' affiliations and perspectives – i.e. women's sector, mental health sector, lived experience, etc.)
3. Points of common agreement (on which topics, points of discussion, etc. did group members show most agreement)
4. Points of disagreement (what topics/issues did group members disagree on, did different points of view correspond with different perspectives in terms of sector and experience; how were points of disagreement resolved)
5. Implicit assumptions (did the meeting discussions reveal any implicit assumptions that would be worth exploring in the evaluation)
6. Researcher reflections (any additional thoughts of the researcher that were not captured under previous sections)

Appendix F: Evaluation brief

Invitation to Tender	
Project	Women's Mental Health Peer Support Programme
Date	June 2018
Project Overview	Mind has partnered with Agenda, the alliance for women and girls at risk, to deliver a major new programme of support for women's mental health peer support in England and Wales. The programme is funded by the Department for Digital, Culture, Media and Sport (administering funds from the Tampon Tax). We will provide grant funding to 85 community organisations who will facilitate peer support that is developed by women, for women, and in response to the nuanced gendered challenges they face. We anticipate that these grantees will support 5,000 women experiencing, or at risk of, mental health problems. The programme will have a particular focus on women experiencing multiple disadvantage. This includes, but is not limited to, women with experience of homelessness, substance misuse, and contact with the criminal justice system. We are looking to appoint a research partner(s) to undertake three strands of work. We welcome proposals for one or more strands, as well as partnership bids. • Process Evaluation o Partnership working: explore the effectiveness and impact of partnerships between organisations in the mental health and women's sectors o Community capacity building: understand changes in grantees' confidence to facilitate high quality peer support, improve their research skills, and sustain future delivery (which may involve additional funding). o Values: review the peer support values identified in the Side by Side programme to consider how they relate to women-led peer support, including whether additions/amends are required • Impact Evaluation o Defining key outcomes: draw on previous research (including Side by Side) and engage with women with experience of mental health peer support to define the key outcomes of interest for the programme o Data capture tools: design easy-to-use data capture tools and produce guidance for grantees on how to use these o Data analysis: conduct descriptive and inferential analysis of data collected by grantees to review the impact of peer support on participant outcomes • Evaluation Support o Supporting peer researchers: recruit, train, and support peer researchers with lived experience of mental health problems and/or multiple disadvantage, who will build relationships with a dedicated group of grant-funded projects offering on-going advice and support on evaluating their work and contributing to the evaluation of the programme's impact
Budget	Process Evaluation £30,000 Impact Evaluation £15,000 Evaluation Support £70,000 Total: £115,000 Budgets are inclusive of VAT (if applicable)
Application Deadlines	Deadline for applications: 12 noon, Friday 13 July 2018 Interviews: w/c 30 July 2018 Partner(s) selected: w/c 6 August 2018
Contact Details	Applications should be submitted electronically to research@mind.org.uk. Questions can also be sent to this address.

Appendix G: Characteristics and experiences of women in overall sample and evaluation sample

	Overall sample (n=1682 unless stated)[15]	Evaluation sample (n=380 unless stated) **
Respondents from women's organisations	Women's orgs = 730 (43%) Non-women's orgs= 952 (57%)	Women's orgs = 210 (55%) Non-women's orgs = 170 (45%)
Region	East Midlands = 269 (16%) East of England = 16 (1%) London = 343 (20%) Northeast England = 107 (6%) Northwest England = 183 (11%) Southeast England = 193 (12%) Southwest England = 105 (6%) West Midlands = 134 (8%) Yorkshire and Humber = 22 (1%) Wales= 310 (18%)	East Midlands = 102 (27%) East of England = 2 (1%) London = 42(11%) Northeast England = 23 (6%) Northwest England = 42(11%) Southeast England = 19(5%) Southwest England = 32 (8%) West Midlands = 22(6%) Yorkshire and Humber = 8 (2%) Wales= 88 (23%)
Gender	Female = 1540 (99%) Non-binary = 2 (0.1%) Preferred not to say = 9 (1%) Prefer to self-describe = 2 (0.1%) (n=1553)	Female = 375 (99%) Non-binary = 2 (1%) Preferred not to say = 2 (1%) Prefer to self-describe = 1 (0.3%)
Transgender history	Yes = 14 (1%) Prefer not to say = 23 (2%) (n=1341)	Yes = 4 (1%) Prefer not to say = 3 (1%) (n=368)
Sexual orientation	Heterosexual/straight = 1196 (82%) Bisexual = 49 (3%) Lesbian/Gay = 28 (2%) Questioning = 9 (6%) Prefer not to say = 162 (11%) Prefer to self-describe= 15 (1%) (n=1459)	Heterosexual/straight = 292 (79%) Bisexual = 16 (4%) Lesbian/Gay = 11 (3%) Questioning = 5 (1%) Prefer not to say = 43 (12%) Prefer to self-describe= 3 (1%) (n=370)

[15] Percentages have been rounded to nearest whole number.

Age [16]	**16-24 =** 222 (15%) **25-34 =** 319 (21%) **35-44 =** 320 (21%) **45-54 =** 341 (22%) **55-64 =** 210 (14%) **65+ =** 114 (8%) (n=1526)	**16-24** = 73 (19%) **25-34** = 82 (22%) **35-44** = 67 (18%) **45-54** = 74 (20%) **55-64** = 54 (14%) **65+** = 30 (8%)
Ethnicity [17]	**White** = 830 (55%) **Asian** = 334 (22 %) **Black** = 210 (14%) **Mixed** = 58 (4%) **Other** = 77 (5%) (n=1509)	**White** = 214 (57%) **Asian** = 99 (26%) **Black** = 35 (9%) **Mixed** = 19 (5%) **Other** = 10 (3%) (n=377)
Experience of mental health problems*	**Personal experience of mental health problems =** 837 (54%) **Currently use mental health services =** 323 (21%) **Have used services in past =** 417 (27%) **Care/look after someone with mental health problems =** 128 (8%) **Unsure if use services =** 84 (5%) **None of the above =** 180 (12%) (n=1554)	**Personal experience of mental health problems =** 222 (58%) **Currently use mental health services =** 88 (23%) **Have used services in past =** 137 (36%) **Care/look after someone with mental health problems =** 46 (12%) **Unsure if use services =** 24 (6%) **None of the above =** 65 (17%)
Impairment that has substantial/long term impact on ability*	**Long standing health condition/physical impairment =** 355 (23%) **Mental health problem =** 609 (39%) **Learning difference/social communication =** 43 (9%) **Sensory impairment =** 67 (4%) (n=1554)	**Long standing health condition/physical impairment =** 83 (22%) **Mental health problem =** 180 (47%) **Learning difference/social communication =** 44 (12%) **Sensory impairment =** 17 (5%)

[16] 16-17 and 18-24 were merged into a category labelled 16-24.

[17] Ethnicity data was grouped into five categories (White, Asian, Black, Mixed and Other) to aid analysis.

Currently spend their time*	Full-time employment = 132 (9%) Self-employed full time = 24 (2%) Part-time employment = 154 (10%) Self-employed part time = 39 (3%) Other employment = 40 (3%) Voluntary = 206 (13%) Work related training = 37 (2%) Full time education = 63 (4%) Faith-based activity = 38 (2%) Stay at home parent/homemaker = 222 (14%) Family caregiver = 67 (4%) Unemployed = 508 (33%) Not working due to illness = 232 (15%) Retired = 107 (7%) Not permitted to work = 74 (5%) (n=1554)	Full-time employment = 52 (14%) Self-employed full time = 5 (1%) Part-time employment = 46 (12%) Self-employed part time = 15 (4%) Other employment = 15 (4%) Voluntary = 59 (16%) Work related training = 5 (1%) Full time education = 17 (5%) Faith-based activity = 5 (1%) Stay at home parent/homemaker = 67 (18%) Family caregiver = 17 (5%) Unemployed = 110 (29%) Not working due to illness = 47 (12%) Retired = 23 (6%) Not permitted to work = 23 (6%)

Appendix H: Socio-demographic factors compared to outcome measures.

		SWEMWBS		UCL - Loneliness		SRM self		SRM community		SN friends		SN neighbours	
		Mean (SD)	F/t (p-value)	Mean (SD)	F (p-value)	Mean (SD)	F (p-value)	Mean (SD)	F (p-value)	Mean (SD)	F (p-value)	Mean (SD)	F (p-value)
Region	Midlands	2.1 (9.0)	2.9 (0.015)	-0.3 (1.7)	0.8 (0.560)	10.5 (13.6)	23.9 (<0.001)	6.3 (7.8)	19.9 (<0.001)	3.1 (4.2)	5.7 (<0.001)	3.3 (4.8)	9.0 (<0.001)
	South East	0.7 (7.3)		-0.8 (2.2)		-5.6 (12.4)		-2.2 (8.3)		0.7 (3.3)		0.6 (3.9)	
	South West	2.2 (4.6)		-0.7 (1.7)		-9.0 (11.0)		-4.1 (6.2)		0.3 (2.1)		-0.3 (2.5)	
	North East	-1.5 (10.6)		-0.7 (1.8)		-0.8 (11.2)		-0.3 (5.6)		0.8 (2.5)		-0.6 (4.2)	
	North West	-2.0 (9.8)		-0.5 (1.5)		1.6 (5.5)		0.5 (3.8)		1.0 (2.8)		1.0 (2.5)	
	Wales	3.0 (8.6)		-0.7 (1.8)		-1.8 (12.6)		-0.5 (7.0)		1.2 (4.0)		-0.3 (3.5)	
Ethnicity	Asian	4.3 (8.8)	4.4 (0.002)	-0.1 (1.6)	2.5 (0.045)	9.4 (14.8)	12.3 (<0.001)	5.5 (8.2)	10.1 (<0.001)	3.1 (4.3)	3.7 (0.005)	3.2 (4.9)	7.3 (<0.001)
	Black	2.3 (10.3)		-1.0 (2.3)		1.8 (14.2)		1.0 (9.1)		1.5 (4.6)		2.0 (4.9)	
	Mixed	-0.3 (8.4)		-0.4 (2.1)		3.3 (14.6)		2.6 (7.2)		1.8 (4.6)		3.3 (4.6)	
	White	0.1 (8.2)		-0.7 (1.7)		-2.1 (11.8)		-0.6 (7.0)		1.1 (3.0)		0.3 (3.4)	
	Other	-0.9 (8.9)		0.1 (1.8)		2.6 (10.3)		1.7 (7.5)		0.0 (5.5)		0.8 (5.6)	
Has a MH problem	No	1.2 (7.5)	1.7 (0.084)	-0.4 (1.8)	1.6 (0.121)	3.3 (14.6)	2.3 (0.020)	2.2 (8.4)	2.0 (0.041)	1.7 (3.9)	0.5 (0.604)	1.6 (4.3)	1.3 (0.195)
	Yes	-0.2 (7.3)		-0.7 (1.8)		-0.2 (12.8)		0.4 (7.3)		1.5 (3.4)		1.0 (4.2)	
Women orgs	No	0.9 (6.8)	0.9 (0.381)	-0.7 (1.8)	-0.9 (0.389)	-4.3 (12.5)	-6.9 (<0.001)	-1.7 (6.9)	-6.3 (<0.001)	1.0 (.04)	2.2 (0.028)	0.2 (3.3)	-4.0 (<0.001)
	Yes	0.2 (7.9)		-0.5 (1.8)		5.7 (13.4)		3.4 (8.2)		2.0 (3.8)		2.0 (4.6)	
FT Employment	No	0.6 (7.4)	0.6 (0.555)	-0.5 (1.8)	1.8 (0.071)	2.6 (14.0)	3.1 (0.002)	1.7 (8.1)	2.0 (0.044)	1.7 (3.8)	1.4 (0.173)	1.5 (4.2)	1.9 (0.059)
	Yes	-0.1 (7.8)		-1.1 (1.9)		-4.6 (12.2)		-1.0 (6.5)		1.0 (2.5)		0.0 (4.0)	
Use of MH services	No	1.2 (7.5)	1.9 (0.031)	-0.4 (1.9)	1.7 (0.092)	3.0 (14.6)	1.8 (0.076)	1.9 (8.4)	1.1 (0.262)	1.9 (4.1)	1.3 (0.178)	1.8 (4.4)	2.2 (0.026)
	Yes	-0.3 (7.4)		-0.7 (1.7)		0.3 (13.0)		0.9 (7.5)		1.3 (3.1)		0.7 (4.0)	
Learning difficulties	No	0.5 (7.6)	-0.1 (0.922)	-0.5 (1.8)	0.1 (0.907)	1.9 (14.4)	0.4 (0.715)	1.3 (8.0)	-0.5 (0.600)	1.6 (3.7)	-0.4 (0.715)	1.4 (4.2)	0.7 (0.502)
	Yes	0.6 (6.3)		-0.6 (1.8)		1.2 (12.6)		2.0 (8.0)		1.8 (3.5)		0.9 (4.6)	

Appendix I: Comparison of wellbeing and social network outcomes to previous Side by Side programme

		Women in previous Side-by-Side			Women Side-by-Side		
		n	Mean (SD)	Change (95% CI)	n	Mean (SD)	Change (95% CI)
Wellbeing	T1	220	20.1 (4.7)	-0.8 (-1.4, -0.2)	362	19.9 (6.4)	-0.5 (-1.3, 0.3)
	T2		20.9 (5.2)			20.4 (4.1)	
Social networks (Friends)	T1	162	6.2 (3.8)	-0.4 (-0.9, 0.0)	292	6.9 (3.4)	-1.6 (-2.0, -1.2)
	T2		6.6 (3.8)			8.5 (3.9)	
Social networks (Neighbours)	T1	162	2.9 (2.9)	-0.1 (-0.5, 0.2)	287	4.5 (3.5)	-1.3 (-1.8, -0.8)
	T2		3.1 (2.9)			5.8 (4.9)	

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, including peer research
- Supporting and helping to shape the research of others, often advising on involvement strategies
- Working to ensure research achieves positive change

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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.