Peer Support Programme

Evaluation

June 2019

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Our team would like to thank all those who took part in the evaluation or provided information or responded to the surveys. We particularly want to thank the participating community groups and stakeholders who participated in interviews.

We really appreciate your time and input and hope you find this report helpful!

1 Executive Summary

1.1 Introduction & Methodology

The Peer Support Programme is managed by Hackney CVS. It is a programme that supports people with long-term health conditions through the provision of 12-week peer support courses delivered through local voluntary and community sector (VCS) organisations. In 2018/19, the programme delivered 15 courses to a total of 168 participants.

The programme sits alongside other initiatives like social prescribing and within a wider policy drive to see more partnering between the VCS and public health priorities. City and Hackney Clinical Commissioning Group (CCG) have a vision for patients to be more in control of their health and wellbeing and to create a more joined-up system. Specifically, NHS City and Hackney CCG, the London Borough of Hackney, and the City of London Corporation and local providers are working towards a place-based integrated model of health, social care and well-being services. This means providers and commissioners working together with clinicians/practitioners and patients/residents in new ways on four integrated commissioning work-streams: Unplanned Care, Prevention, Planned Care, Children and Early Years.

This report builds on an earlier evaluation[1] and focuses on the 2018/19 courses as well as the grant making processes. We have worked in collaboration with the Hackney CVS team to plan and undertake primary data collection; and to collate and analyse existing secondary data.

- The primary data includes in-depth case studies of three funded organisations as well as in-depth phone interviews with a further five funded organisations; separate online surveys of course participants and funded organisations; and interviews with programme stakeholders in the health and voluntary sectors including steering group members.
- The secondary data includes application forms and monitoring information regarding funded organisations, successful and unsuccessful grant applications; and outcomes monitoring data – the 'tracker' data collected from course participants. We also reviewed strategy documents in relation to the local context.

This has been a modest evaluation in which the evaluators have concentrated on using existing data wherever possible and have avoided over burdening grantees when we have needed to collect new data. The data includes both qualitative and quantitative data; some data is from participant and grantee self-reporting while other data has been collected by the evaluators. The evaluation team have cross-checked the findings from the qualitative data with the quantitative data in a well-established process for enhancing research rigour and robustness known as 'triangulation'.[2]

[1] The evaluation report for 2015-2018 can be found here.

[2] Bryman, A. and Bell. E. *Business Research Methods Fourth Edition,* Oxford University Press

1.2 Findings

The evaluation team were struck by the levels of enthusiasm and support for the programme– whether through its delivery, management or its governance – the people we spoke to were positive about and convinced by the peer support model and its suitability for Hackney's community and its richly diverse VCS. A key question in the evaluation is 'Has the peer support programme model worked?'. In order to address this question, we split the answer into looking at what worked for participants in the programme and what worked for organisations involved.

What worked for participants?

- The data from this programme has shown that peer support can lead to more informed, less isolated patients who are more motivated to manage their long-term conditions. Participants reported improved sleep, positive changes in diet and exercise, increased confidence and reduced stress.
- These benefits appeared to be associated with the peer support approach itself, a supportive course environment and the role played by VCS organisations who provide a 'bridging' function between participants who are less likely to engage with more formal medical professionals and institutions.

What worked for organisations?

- Funded organisations have added to their local networks of people, communities and provider organisations that they can involve in their work.
- The staff and volunteers have reflected on their practice, adapted their work to people with long-term conditions and will take that into future projects.
- While the process of applying for and then reporting on the grant had been challenging for some, they had learned from the experience and several had already used what they'd learned in subsequent, successful funding applications.

Programme management and governance

In this part of the report, we discuss the management and governance of the programme including the grant-making process; and the roles played by Hackney CVS who managed the programme and employed a dedicated officer; and the programme steering group.

- The grant-making processes - application, support and training - all worked well and the organisations found Hackney CVS to be helpful and approachable.
- The personal nature of some of the questions in the project monitoring was problematic for some organisations and participants. This suggests a mismatch between a 'medical' or 'clinical' approach to assessing progress and the community-based model of delivery[3].

[3] For the purposes of this evaluation, we see this as being to do with what clinical and community organisations each bring to people living with long-term health conditions and the assumptions they make about what people require. Within this are a range of issues where differences might arise such as organisational culture.

- Small organisations have been affected by payment delays and although some have benefited greatly from the interactive and flexible approach to grants assessments, even more could be done to enable the programme to reach out to smaller organisations.
- Working out what good governance looks like in a community-based programme with public health money is a challenge. Hackney CVS has, to some extent, been able to bridge the tension between medical and community models/ways of thinking. This programme provides an opportunity to reflect on what good governance might need to look like in future, similar programmes.

Drivers of change and challenges

Drivers are forces that help to shape change. As well as drivers of change we also identify some barriers or challenges that the programme can reflect and learn from:

- Drivers of change include peer support and relationship building; the community model; quality of delivery and a supportive grants team.
- Barriers or challenges for the programme are identified as onerous monitoring; distance travelled data; and quality assurance.

1.3 Recommendations

Whilst the peer support programme in its current format has ended, the evaluation report recommendations can support HCVS, the Hackney and City CCG and London Borough of Hackney Public Health team in future peer support provision. In thinking about the kinds of policy context that might be conducive to successful peer support provision, it is suggested that this model might sit well as part of both integrated commissioning and neighbourhood planning.

Recommendations are identified that relate strategically to investment, programme design and measurement before sharing some practical advice based on the findings.

2 Introduction

The Peer Support Programme is managed by Hackney CVS. It is a programme that supports people with long-term health conditions through the provision of 12-week peer support courses delivered through local voluntary and community sector (VCS) organisations. Hackney CVS supports local organisations to apply to the programme or, if unsuccessful, to improve their application. Successful applicants receive training and support from Hackney CVS to further build their capacity and deliver the peer support programme.

The Peer Support Programme's aims were:

- To test the theory that people can be supported to manage their long-term health conditions and make healthy lifestyle changes, through group support

facilitated by non-medical peers who share their cultural background and, where appropriate, deliver sessions in participants' first language.
- To upskill community organisations in different health conditions, leaving expertise within the communities on long-term health conditions.

The peer support courses were 12 weeks long and aimed to:

- Support people to understand their condition better, better manage their own health and motivate people to make long-term lifestyle and behaviour changes to their diet and/or levels of exercise.
- Support people to be proactively involved in drawing up their own care plans.
- Support people to get the best from the healthcare system.
- Help people to develop ongoing support networks.

This report focuses on the courses funded in 2018/19 and builds on an earlier evaluation that covered courses funded in 2015-2018. Specifically, this evaluation report addresses the following questions:

1. Has the peer support programme model worked in relation to what difference it has made to the people directly involved and to the VCS organisations supported? What does this look like and if there has been change, what has driven this change?
2. Does support from VCS organisations work for some harder to engage communities better than a medical model? If so, what are the factors that support this?
3. Do the VCS organisations involved feel more able and skilled in working with people with long-term health conditions? Has the involvement in the peer support programme had an impact on their ongoing work and ability to address needs?
4. Has the process better prepared VCS organisations in Hackney to be commission ready or more aware of what is needed to be successful in commissioning?
5. How can this model be more responsive to addressing health needs in local areas? What is the learning going forward?

In addition, this evaluation looked at Hackney CVS's grant-making processes including the application process and the training and support offered to the organisations running the courses.

3 Programme Summary

In 2018/19, the programme delivered 15 courses to a total of 168 participants (see Appendix 1 for a list of the funded organisations and the courses they ran).

3.1 Demographics of Participants

Funded organisations collected basic demographic data from those course participants who were willing to provide it. The tables below provide a breakdown of available demographic data about the 168 people who took part in courses in 2018/19. From this we can see that a high proportion of recorded participants were women; possibly this reflects the fact that many of the courses were aimed at women[4]. The largest ethnic group were people whose self-defined ethnic group falls into the classification Black/African/Caribbean/Black British.

Figure 1: Participant age (n=168)

Age	Number of respondents
18-24	10
25-34	21
35-44	29
45-54	27
55-65	37
65+	28
Not stated	16

Figure 2: Participant gender (n=168)

Gender	Number of respondents
Male	7
Female	68
Not stated	93

Figure 3: Ethnic Groups[5] (n=168)

Ethnic group	Number of respondents
Asian/Asian British	13
Black/African/Caribbean/Black British	60
Mixed/multiple ethnic groups	6
Not stated	40
Other ethnic groups	12
White/White British	37

Figure 4: Disability

Disability	Number of respondents
Yes	61
No	85
Not stated	22

[4] In previous years the programme has also supported men only courses.

[5] Participants were asked to self-define their ethnicity so the evaluators grouped their responses according to the Office for National Statistics classification of ethnic groups.

3.2 Types of Long-Term Conditions

The long-term conditions or issues that courses in 2018/19 focused on were mental health including depression and anxiety (11 courses), heart disease (2 courses) and Type 2 diabetes (1 course). One course focused on learning disability and unhealthy lifestyles. A list of funded organisations and courses can be found in Appendix 1.

4 Evaluation Methodology

The evaluation team worked in collaboration with the Hackney CVS team to plan and undertake primary data collection; and to collate and analyse existing secondary data.

The primary data was collected using a range of methods:

- Three in-depth case studies of funded organisations
- Four phone interviews with lead personnel in four other funded organisations
- An online survey of course participants
- An online survey of funded organisations
- Six interviews with programme stakeholders in the health and voluntary sectors including steering group members

The secondary data includes application forms and monitoring information regarding funded organisations, successful and unsuccessful grant applications; and outcomes monitoring data – the 'tracker' data collected from course participants. We also reviewed strategy documents in relation to the local context.

This has been a modest evaluation in which the evaluators have concentrated on using existing data wherever possible and on avoiding over burdening grantees when we have needed to collect new data. The data includes both qualitative and quantitative data; some data is from participant and grantee self-reporting while other data has been collected by the evaluators. The evaluation team have cross-checked the findings from the qualitative data with the quantitative data in a well-established process for enhancing research rigour and robustness known as 'triangulation'.[6]

A key question in the evaluation is 'Has the peer support programme model worked'? In order to address this question within this report, we have split the answer into looking at what worked for participants in the programme and what worked for organisations involved.

[6] Bryman, A. and Bell. E. *Business Research Methods Fourth Edition,* Oxford University Press

5 Wider Context

5.1 Policy Context

As part of the NHS Five Year Forward View and the 10-year plan, there has been more emphasis on partnering with the VCS and on social prescribing. The City and Hackney CCG have a vision for patients to be more in control of their health and wellbeing and to create a more joined-up system with everyone working together on improvements as well as providing good value for money. Specifically, NHS City and Hackney CCG, the London Borough of Hackney, and the City of London Corporation and local providers are working towards a place-based integrated model health, social care and well-being services. This means providers and commissioners working together with clinicians/practitioners and patients/residents in new ways on four integrated commissioning work-streams: Unplanned Care, Prevention, Planned Care, Children and Early Years. The CCG in particular aims to commission better support and quality of life for people with long-term health conditions and mental health problems. The CCG also face challenges, as does the whole of the NHS, to reduce costs and to create more value for money.

Alongside this, a rising proportion of the UK population live with long-term health conditions, and the NHS spends considerable time treating people with conditions that are a consequence of social determinants. According to the City and Hackney CCG, "a Long-Term Condition is defined as a condition that cannot, at present be cured; but can be controlled by medication and other therapies"[7].

5.2 Local Context

According to the Local Authority Health Profile[8], the health of people in Hackney is varied compared with the England average. Hackney is one of the 20% most deprived authorities in England and about 25% (13,500) of children live in low-income families. Life expectancy for men is lower than the England average. Life expectancy is 4.3 years lower for men and 4.8 years lower for women in the most deprived areas of Hackney compared to the least deprived areas.

There is a body of evidence that community centred and asset-based approaches to health positively address the wider determinants of health inequalities. Hackney's VCS including health and social care organisations, the advice sector, children and young people, the arts and cultural sector and grassroots community action works to address the socio-economic factors that affect people's health and ability to participate in community life.

5.3 The Role of Hackney CVS

The Voluntary Sector Transformation Leadership Group sets the strategic direction which Hackney CVS works to implement. Hackney CVS supports community organisations through policy work; training; one to one advice; fundraising and

[7] From http://www.cityandhackneyccg.nhs.uk/long-term-conditions.htm
[8] Public Health England, 2018

through communications on external funding opportunities, promoting the work of the community sector to enable organisations to link up. In addition, Hackney CVS works closely with Volunteer Centre Hackney, Hackney Co-operative Development and London Borough of Hackney community partnerships team to support the local VCS.

5.4 Understanding peer support

The central tenet of social capital is that social networks have value. Social capital refers to the collective value of those networks (who people know) and the inclinations that arise from these networks to do things for each other (norms of reciprocity)[1]. There are different forms of social capital, for example, bridging social capital may enable individuals to cut across social and cultural barriers to foster a common sense of belonging to their locality. Small community groups might provide the crucial link between 'bonded' or isolated communities and 'bridged' or linked communities. Deprived communities may have strong internal bonds, for example, but lack bridging and linking capital that would enable them to access wider sources of power and resources beyond the local community. This is where the peer support model can make a difference in helping to empower participants to better manage their long-term conditions.

Robert Putnam describes social capital as enabling "participants to act together more effectively to pursue shared objectives". There is some evidence that a number of public policy outcomes can be achieved with high levels of social capital. These include better health[1] and greater levels of income equality[1]. For example, joining and participating in one group cuts in half your odds of dying next year[1]. Social capital can 'snowball', whereby effective interactions with other people in associations, self-help groups or friends and neighbours result in increased confidence and trust which encourage future cooperation and collaboration. Together, according to social capital theorists, these features generate a sense of community.

6 What worked for Participants?

Key findings:

- The data from this programme has shown that peer support can lead to more informed, less isolated patients who are more motivated to manage their long-term conditions. Participants reported improved sleep, positive changes in diet and exercise, increased confidence and reduced stress.
- These benefits appeared to be associated with the peer support approach itself, a supportive course environment and the role played by VCS organisations who provide a 'bridging' function between participants who are less likely to engage with more formal medical professionals and institutions.

It is clear from both the qualitative and the self-reported quantitative data, that participants found the community peer support helpful and had very positive experiences. Among respondents of the tracker data, the most frequent description of the sessions were ‘useful’ or ‘helpful’. The majority of the 74 participants (84%) who responded to tracker data found the sessions very helpful for managing their long-term conditions. Likewise, a majority of the 31 respondents to the participant survey agreed that the peer support helped them to understand and manage their conditions better. The rest of this section aims to unpick the qualitative data we collected so as to understand what worked for participants and to look at any patterns and themes that have emerged. This is set under the following headings:

- Peer support and reduced isolation
- Supportive environment
- Accessible, jargon-free information
- Allowing participants to go at their own pace
- Confidence
- Bridging
- Lifestyle changes

6.1 Peer support and reduced isolation

A key strength of the programme was the peer support itself; the people we spoke with emphasised the benefits of this approach to participants’ social networks.

“In terms of sharing childcare, and generally forging relationships, going to other groups together, exchanging contact details obviously, and actually also a very a nice and very positive outcome has been that some of the mums are still coming on a Wednesday afternoon, which was the slot that we had for the programme, and they're still coming to the space here, and they're organising themselves to do things like sewing or dancing.” (stakeholder)

Participants also spoke about how the peer support sessions helped them feel more part of a community and allowed them to meet others who may be facing similar health challenges. This helped to reduce isolation among participants. A majority of the survey respondents said that they continued to meet and talk with people who have the same long-term condition.

One stakeholder described a participant who:

“Hadn’t been on a bus for 10 years and…. they went out to some gardens in Hackney, so they had to get public transport, she said she forgot she was on a bus because she was with her peers and they were really supportive, and she couldn't wait to challenge herself and get on a bus again but by herself.” (stakeholder)

Reducing isolation is widely regarded as having both physical and mental health benefits and there is evidence to show that loneliness and isolation have serious negative health implications[9].

"They (participants) are joining other people and talking to their friends and family more about their condition. Especially in the BAME community, people tend to sweep their medical conditions under the carpet, they would not discuss it with families, but now I have a participant who said when she goes into the doctor she lets her daughter go in with her." (organisation)

Some of the participants also spoke about the groups helping to reduce their stress levels. This was more important for some participants than others. It is not clear what the cause of the reduced stress might be, but it is perhaps linked to the reduced isolation and social networking.

"Being at home on your own, you are poisoning yourself, but if you are among people, good smiles, or laughing, it is medicine, it relieves the tension and the stress. Stress kills and loneliness is a disease." (participant)

6.2 Supportive Environment

Participants also mentioned how important it was for them to be in a supportive workshop environment that values kindness and generosity and it was clear that for some participants, this is not the kind of environment that is their norm. Having a supportive and friendly atmosphere with peers was part of what helped participants to access course material and feel confident to make changes. It also helped participants be motivated to attend sessions and stay in the 12-week course.

"The course was delivered in a supportive manner. I hope to use the things I've learnt to help me deal with anxiety where possible. Everybody in the group was very supportive and friendly." (participant)

6.3 Accessible, jargon-free information

Linked to a supportive atmosphere is having access to information that was understandable and jargon-free, with back-up support and explanations as needed which were provided by course facilitators and/or volunteers with lived experience.

"I learned things I didn't know before about blood pressure and diet and what to do. I'm happy to know about it now cause before I would have a portion of chips and spread the salt on it and now I don't put no salt on and even if I have chips I don't put salt on"*. (participant)*

"I love it socially, it really helped me a lot, like looking at the Heart Foundation [website], looking at the way a heart is pumping and I said 'what is this, what is in me?' It helped me with my diet, like making smoothies with fruit and greens, I love it." (participant)

[9] https://www.campaigntoendloneliness.org/threat-to-health/

6.4 Allowing participants to go at their own pace

Allowing enough time in the sessions and allowing participants to go at their own pace and be flexible was an important strength of the programme sessions. Participants also compared the atmosphere in the sessions to medical appointments and several commented on how rushed and pressured they sometimes feel, for example at a GP appointment. The sessions were successful in part because participants did not feel rushed and could learn or share at a pace that suited their needs and abilities.

Another part of the success of the sessions was being able to provide **informal yet structured sessions** where participants were able to feel comfortable, relaxed and able to learn and share.

"Because it is not in a hospital setting, it was more accessible for them, more informal. So they were more relaxed to talk about their condition, share the concerns about side effects of certain medications and discussed the medications they are on." (organisation)

A number of participants mentioned the importance of not only peers within the sessions, but **additional volunteers who had been recruited by the organisations who also came with lived experience**. The generosity of the volunteers was moving to participants and the act of giving time freely was inspirational.

6.5 Confidence

Building confidence was a theme that ran throughout all of the case studies and was mentioned frequently by course facilitators. This was most likely a result of the networking and gaining information and that courses were presented in plain English. This was beneficial to participants, and the impact was particularly strong in relation to speaking to GPs, family members and medical professionals about their long-term health conditions and being able to ask questions and better advocate for their situation.

"It was all useful. I particularly enjoyed the affirmation and music session. It has helped with my confidence and I look forward to coming here." (participant)

"Now I know what it means, the [blood pressure] numbers, I learned it from her [facilitator], so now I watch it and I know what it means. The nurse said what are you looking at and I said I'm looking to see if it's high or not! And I learned it from her and I know now." (participant)

6.6 Bridging

Organisations may be providing a 'bridging' function between participants who are less likely or find it difficult to engage with more formal medical professionals and institutions. Participants and staff spoke about how community organisations helped participants to increase their confidence in dealing with professionals and also were able to signpost and advise participants in relation to their long-term conditions and

accessing services and activities. However, it was acknowledged that this is an area that is particularly challenging to measure.

"It's quite tricky for us to measure how people are doing with things like speaking to GPs etc., because we're not in that part of people's lives but what we have done is I mentioned before about role-playing, so we've played out situations with, say somebody came to us and said they had been to the doctor but they always had to take someone with them because they can't get their words out and they didn't feel listened to, and we were able to role-play that situation and come up with some different solutions, so we gave that time to practice." (organisation)

6.7 Lifestyle Changes

The above areas of benefit for participants were linked to improvements in sleep, positive lifestyle changes for diet and exercise and improved mental health. Qualitative data suggests that some participants made positive lifestyle changes in diet and exercise, and participants noted lowered stress levels and less anxiety which they attributed to the sessions. There was not enough data to show any progress in relation to smoking and alcohol consumption specifically.

"The peer support network helped them to support each other and access new activities, for example with boxercise, where another group was involved in this, some of them joined. They learned more about exercise. Some of them joined walking groups instead of staying at home and thinking about their condition, they were able to go out and exercise. They found out about these things through other participants in the group" (organisation)

"They are very good and I'm learning about what kind of milk to use, diet, before I didn't know that if you take too much sodium it is very dangerous but since we looked at it, everything about your heart, the way it is pumping and about the blood pressure as well. And exercise, since I learned about this I have been exercising all the time and it helps me. Apart from that, now I know to use the green top milk and not to eat too much meat and I eat more fish." (participant)

A majority of survey respondents noted that they have begun to do more exercise and made changes to their diet as a result of the peer support sessions. We were not able to access enough data related to the physical measures (blood pressure, weight, BMI) to determine if there was an impact in these areas.

A stakeholder noted that:

….one lady said … she only sleeps two hours a night but now she's learned how to make this herbal tea, she's sleeping three to four hours a night. (stakeholder)

7 What worked for Organisations?

Key Findings

- Funded organisations have added to their local networks of people, communities and provider organisations that they can involve in their work.
- The staff and volunteers have reflected on their practice, adapted their work to people with long-term health conditions and will take that into future projects.
- While the process of applying for and then reporting on the grant had been challenging for some, they had learned from the experience and several had already used what they'd learned in subsequent, successful funding applications.

The evaluation asked:

- Do the VCS organisations involved feel more able and skilled in working with people with long-term health conditions?
- Has the involvement in the peer support programme had an impact on their ongoing work and ability to address needs?
- Has the process better prepared VCS organisations in Hackney to be commission ready or more aware of what is needed to be successful in commissioning?

Through surveys, case studies and stakeholder interviews the evaluation asked what difference being involved in the programme had made to the funded organisations. This section of the report is a synopsis of what we got back.

The programme achieved all of the desired benefits to funded organisations – skills and learning, ability to address needs, being better prepared for commissioning - albeit that for each organisation the emphasis and extent were slightly different.

7.1 Feeling more connected to other local organisations

The funded organisations had formed new connections with local organisations and practitioners, including formal delivery partnerships (e.g. with a local Mind); had added to their stock of local artists willing to provide workshops; and become better connected to other local providers for signposting.

"A massive thing from this project and it's something I want to keep working on, has been our relationships across the borough with other providers, because such a huge part of the project is about signposting and about sending people onto the right places, I think it's made … me feel much more connected to what is going on in Hackney and what is available to people…".
(organisation)

7.2 Creating new connections with local people and communities

Organisations have reached new people and communities and have gained a better understanding of community needs. This has taken knowledge and skills that the organisations already possessed as well as the funding and peer support model that the programme introduced. In particular, experienced group facilitation, peer support between people with lived experience, and the confidence to drop some of the programme language of long-term conditions when that was getting in the way.

Coffee Afrique were able to gain a greater understanding of community needs and the ways in which to address them. The course was fully inclusive in that the facilitators consulted with the participants to agree on the course delivery and what they did and did not want; perhaps a contributor to its success. (case study)

The evidence we got back suggests that these connections, for a number of the peer support courses, seem to be lasting. Participants had kept in touch either by phone or email, by joining in follow up visits or events, or by continuing to come into the centre where courses were held and using it as a place to meet up with each other and the community in general.

7.3 Feeling more able and skilled in working with people with long-term conditions

The organisations we spoke to described the way the programme has affected the practice of their staff and volunteers, who have reflected on what they have learned and how they will take that into future work. It hasn't so much been about learning a new set of skills as reflecting and adapting their way of working to new people and communities and as a result feeling more confident to work with long-term health conditions. For example, the skilled facilitators on one of the courses had adjusted the structure and the pace of their courses to make them even more flexible and adaptable to people's changing health needs. Adaptation for people with little or no literacy emerged as probably more significant than for people with little or no English.

The level of participation and willingness to get involved shown by the participants was surprising but motivated Coffee Afrique in going forward with plans for more community programmes in future. They have grown as people and as an organisation in both their community presence and their own confidence, which will only serve to further benefit the community. (case study)

"We've definitely learned about how our work with herbs relates to long-term conditions. And about the pace at which we go, the way we structure sessions and what we cover. The peer support element has happened before but what's new is thinking about and actively making space for that to happen" (organisation)

7.4 Becoming better prepared for commissioning or funding applications

We found that the funded organisations felt that they had learned from the experience of applying for funding and having to report on the grant. Having an application rejected and learning from that or struggling with the programme monitoring requirements had been a real challenge but meant they were better placed for future funding. More detailed analysis of the grant-making processes in relation to this point is provided in the next section of the report 'Programme management and governance'.

Several organisations had made other funding applications since being accepted onto this programme and said that they had used what they learned, in some cases successfully. One organisation said that they now felt better prepared for commissioning and another organisation was curious to understand more about what 'commission ready' might mean for a small organisation. Mainly, however, their focus was just on securing funding for their work. And there were some divergent views about what would be the best way to fund small organisations to carry out this work: ranging from a year's core funding that would give them some stability to short-term, small pots of money that would come with few strings attached.

"We learned how to answer these questions and how to demonstrate evidence and evidence of need, impact and the data needed and reporting requirements. We learned a lot about evaluation and monitoring. We are more commission-ready now because of this experience." (organisation)

8 Programme management and governance

Key Findings

- The grant-making processes - application, support and training - all worked well and the organisations found Hackney CVS to be helpful and approachable.
- The personal nature of some of the questions in the project outcomes monitoring requirements was problematic for some organisations and participants. This suggests a mismatch between a medical or clinical approach to assessing progress and the community-based model of delivery.
- Small organisations have been impacted by payment delays and although some have benefited greatly from the interactive and flexible approach to grants assessments, even more, could be done to enable the programme to reach out to smaller organisations.
- Working out what good governance looks like in a community-based programme with public health money, is a challenge. Hackney CVS has, to some extent been able to bridge the tension between medical and community models/ways of thinking. This programme provides an opportunity to reflect on what good governance might need to look like in future, similar programmes.

In this part of the report, we discuss the management and governance of the programme including the grant-making processes; and the roles played by Hackney CVS who managed the programme and employed a dedicated officer; and the programme steering group. Here we discuss first what has gone well and then some of the challenges.

8.1 What has gone well?

Grant-making processes

The application, support and training associated with the grant-making processes were all viewed positively by the organisations; and funded organisations described Hackney CVS personnel as ***'really exceptional'*** and ***'approachable'***. There is evidence of this from the organisation survey and interviews with funded organisations. Their comments also suggest that the programme has been successful in developing and adapting the application process over the course of the programme.

Funded organisations commented on how simple and straightforward the application process was in comparison to others; and said that the project information pack and 'Help to apply' sessions run by Hackney CVS were both helpful and accessible. Attendance at these sessions has been lower than Hackney CVS would have liked despite considerable effort to promote them. In the organisation survey, all respondents positively rated the application and support process and the majority of

respondents said that the feedback they received about their application was very helpful. We picked up a small number of issues with the online application system.

"We had lots of support at the beginning of the process partly due to low attendance at the application guidance session we attended. The training was good. And useful to meet the other projects who were successful with the grant." (organisation)

As well as the 'How to apply' course, Hackney CVS also ran training on 'motivational interviewing' and 'grant monitoring' and these courses were also seen as ***'helpful'*** or ***'very helpful'***. It was suggested that a workshop on peer support might have been helpful for funded organisations, especially for those that had not thought about their work in this way before.

An interactive approach to assessing applications

Organisations were positive about the feedback they had received about their application and the opportunity they were given to address any comments. The process of assessing applications and feeding back was described as 'interactive' and saw Hackney CVS and the steering group working well together. It was thought that this flexible process could help smaller, less experienced local organisations obtain funding, although even with this support, the steering group said they knew some organisations were still overlooked.

"…there was a bit of question and answering going on as well. So, as a panel evaluating proposals, we would say, "Can you go back and ask about this, this and this?" and then they would feed that back. So, I think there was that slightly interactive process which was, it was helpful to ask but it helped them as well." (stakeholder)

"A lot of the difficulties I think were for some of the smaller organisations around the actual application process, so you'd think, "This is a nice idea", but they haven't expressed it in a way that enables us to say, "Yes, go ahead" and I think for some of those, we suggested that they go back and maybe try again in the next round, whether perhaps look at support and mentoring. But, some of them definitely just got lost by the wayside and so I don't know if there's something about the support that's offered to those sorts of organisations that we would need to think about." (stakeholder)

8.2 What have been the challenges?

Outcomes monitoring requirements

The outcomes monitoring requirements of the peer support programme have had a mixed response. While some survey respondents rated the requirements highly when asked whether they had been easy, accessible and supportive, others rated them poorly. When we discussed the requirements with funded organisations and stakeholders, a number of reservations emerged.

Some organisations commented on **the appropriateness of the questions being asked and the suitability of the forms** being used for outcomes monitoring. They

felt that the requirements had the potential to compromise wellbeing. This was especially the case for projects working with mental health. An organisation working with people with learning disabilities had rewritten all of the forms in Easy Read but this had taken up a considerable amount of their time. They and others said that **the burden of reporting requirements took them away from delivery**.

"…the forms…were quite problematic given our target audience (mental health). Some people had traumatic outbursts when they were asked quite personal questions about their condition." (organisation)

"I think because some people when they have to come in and complete that, they were a bit unsure of why those questions been asked and where that information is going to go." (organisation)

"Some of that information is obviously hugely useful in us planning and shaping the project but actually, the time that we needed to spend with participants gathering that information in that formal way, slightly took away from the project time" (organisation)

The organisations mainly understood and supported the principle of collecting outcomes monitoring data, and were encouraged and supported to do so by Hackney CVS, but it seems that, despite this, no one got back quite what they wanted. One of the funded organisations recommended that a future programme might benefit from health and voluntary sector organisations working together to co-design measurement tools.

"what gets written down on a piece of paper, isn't really the reality of what's happening out there and some stuff was maybe quite surprising. You think, "Well we'll give this a punt but I don't think that's going to work" and, "It was fantastic and I spoke to all these people and at the beginning no one was talking to each other and at the end it was all brilliant" and just that kind of feedback I think we could have benefited from having some more of that really." (stakeholder)

Small organisations and capacity

Several of the points raised with the evaluation team relate to the capacity of small organisations to engage with the programme. Funded organisations commented on their capacity to get a project up and running within the fairly short timeframe and to do the necessary outreach to promote their courses as well. In gathering feedback around the grants processes, there was also specific feedback from a group around the payment schedule and how delays in payment affected cashflow which is a wider consideration for small VCS organisations. This organisation spoke about two payments being late and how that added pressure had created stress. Payments were dependent on CCG funding reaching Hackney CVS and when delayed did have an impact on the delivery and the community group overall.

Governance and peer support or community-based programmes

Programme governance was the responsibility of the steering group and latterly this appears to have mainly taken the form of grants assessment. There is an inherent

tension in working out what good governance looks like in a programme supported through public money but that aims to be community-based. Data we received in surveys and interviews with stakeholders and organisations suggested two main tensions, which led to the following questions:

- What is meaningful evidence (how do different parties feel about self-evaluation, for example) and what is it appropriate and proportionate to ask organisations to collect?
- How do organisations quality assure delivery in a peer support programme; and how do you reconcile medical and community methods of understanding what success looks like?

To some extent Hackney CVS has been a bridge between medical and community models/ways of thinking. In our recommendations we suggest that the findings of this programme offer an opportunity to collaborate on these tensions, thereby informing the governance of future similar programmes.

9 Drivers of Change and Challenges

Key Findings

- Drivers of change include peer support and relationship building; the community model; quality of delivery and a supportive grants team.
- Barriers or challenges for the programme are identified as onerous monitoring; distance travelled data; and quality assurance.

When discussing drivers in relation to this evaluation the team looked at the mechanisms that have driven change within the peer support programme. Drivers are forces that help to shape change. In this section, we reflect on key drivers of change that have emerged during the evaluation. We also identify some barriers or challenges that the project can reflect and learn from.

9.1 Drivers of Change

When reviewing the evaluation of the peer support programme four key drivers were identified:

- Peer group support and relationship building
- The community model
- Quality of delivery
- Supportive grants team

Peer group support and relationship building

The benefit of peer support is embedded throughout the report with examples of how participants have built relationships and created a peer group as an outcome of the peer support course.

"Peer group being around you makes you think 'I can do that' and once I've said it I have a responsibility to myself and also to the other people in my peer group." *(participant)*

The evaluation team was told of groups still in contact via WhatsApp, groups still meeting together in the community centres more informally, groups meeting to go out together to do things in the local area and friendships that had been made and sustained. We were also told of people helping each other and passing on practical items.

"So in terms of sharing childcare, generally forging relationships, going to other groups together, exchanging contact details obviously, and actually also a very nice and positive outcome has been that some of the mums are still coming on a Wednesday afternoon, which was the slot we had for their programme, and they're organising themselves to do things like sewing or dancing." *(organisation)*

Community Model

It was very clear from the fieldwork that having the sessions within a community setting was of great benefit to the participants. When asked 'how important was it to you that the course was delivered by a community group and not in a health care setting?' nearly all of the 31 participants contributing to the survey said that it was important or very important. Only two people said that it was unimportant to them.

"I think that's what's so great about Hackney, is that … there's a real history of the community voluntary sector, a rich history of different associations and different communities and I think that's, where that bubbles to the surface and can have a health hat, I suspect other parts of the country might struggle because they don't have that embeddedness." (stakeholder)

Expertise

The quality of delivery was referred to as something that really supported change. This included people who had lived experience facilitating or volunteering in the courses; having specialist knowledge such as ICT for Skillspool or herbs for Cordwainers Grow; partnership working where appropriate, for example, Cordwainers with Mind; and signposting to other services. The delivery around health aspects was bespoke to each group and designed to meet the need of the participants for that group.

"Skillspool, it's ICT, there were pie charts on the wall looking at the fat content of certain food ..... At Coffee Afrique, it was more around vision boards… Cordwainers Grow and learning about herbs, essential oils." (stakeholder)

Supportive grants process

The supportive grants process was another driver for change. This includes the relationships between the funded organisations and the grants team at Hackney CVS. Many of the organisations said the team were approachable and supportive.

"It is also worth saying that the team working on the Hackney CVS side have been great and super approachable so although we have had a lot of information to gather, it hasn't felt scary, they've been great to work with." (organisation)

9.2 Barriers or challenges

The evaluation also identified three challenges:

- Onerous monitoring
- Distance travelled data
- Quality assurance

Onerous monitoring

There was quite strong feedback that the amount of monitoring expected for a small group and a relatively small grant was disproportionate. There was a feeling that some of the demands on groups slightly took away from delivery and created a burden, particularly for smaller groups.

"Some of the information is obviously hugely useful to us in planning and shaping the project but actually, the time that we needed to spend with participants gathering that information in that formal way, slightly took away from the project time if that makes sense?" (organisation)

Distance Travelled Data

One of the ways the steering group were hoping to monitor the programme was through the distance travelled data. Whilst there is some very good and strong data across the rest of the evaluation, the distance travelled data does not show a clear picture or end up being helpful in evaluating the programme. Clearly, a lot of time and effort has been put into rolling out and managing this system and how to measure programmes of this kind could be looked at in more depth as a recommendation going forward.

Quality assurance

Quality assurance is always going to be a challenge on a programme of this nature. At the core there is an important need to support grassroots community groups and a clear aspiration of this programme was to build the capacity of small community groups who may not have had CCG funding in the past. There is a need for the health services to trust what the community bring and the reach they have but also a genuine concern around how the community model ensures reliable health information is passed on.

"If we did it again we'd need to think about it more carefully. The thing is you don't want to be too prescriptive because that's not the point. The whole point is to be more innovative, a bit more flexible. On the other hand, you don't want

people to say 'I had this aloe vera juice and it cured my arthritis' or whatever."
(stakeholder)

10 Recommendations

In looking at recommendations from the peer support programme we have identified a number of areas. Whilst the peer support programme in its current format has ended, these recommendations can support HCVS, the Hackney and City CCG and London Borough of Hackney Public Health team in future peer support provision. In thinking about the kinds of policy context that might be conducive to successful peer support provision, it is suggested that this model might sit well as part of both integrated commissioning and neighbourhood planning.

Below we identify three strategic areas for our recommendations: investment, programme design and measurement before sharing some practical advice based on the findings.

10.1 Investing in small, local VCS organisations

- Rather than working through a grant application process, which in itself is onorous to implement and monitor, it would be more ideal if in future programmes Hackney CVS could take a more holistic approach to working with voluntnary and community groups to support them to deliver high quality interventions to support people with long-term health conditions.
- There was a strong interest in ensuring that there was funding for the voluntary and community sector to support smaller groups to plan more effectively in relation to supporting community members with long-term health conditions.
- The approach to future investment should include upskilling voluntary and community organisations involved about common health conditions and local health services.

10.2 Programme governance and future design

- To some extent Hackney CVS has been a bridge between medical and community models/ways of thinking. In our recommendations, we suggest that the findings of this programme offer **an opportunity to do some work together on these tensions that could inform the governance** of future similar programmes.
- The findings suggest looking again at how the programme is structured and **considering ways to fund organisations over a longer period of time** (in line with social prescribing). Upskilling about health conditions and services as well as measurement could be built in from the start.
- By funding organisations over a longer period and moving away from an application process, funded organisations would have **more scope to try out targeting different groups and testing different ways of working** including

outreach where appropriate to build relationships with and reach specific groups.

10.3 Co-design measures that work for everybody

- Finding ways to measure change that works for everybody involved with the programme has been a challenge. In part, this has to do with the different assumptions, expectations and cultures that the clinical and community organisations involved bring to the programme. Future programmes might want to bring together the experience of some of the organisations that have been through this programme together with the kinds of knowledge that clinical organisations are looking for. By co-designing the measures, all those involved can arrive at a series of tests about what a meaningful, appropriate and realistic measure looks like. Sleep, for example, might be regarded as a proxy for other measures less easy to access.

10.4 Practical advice for future peer support provision

- There was a range of feedback about the length of the peer support courses which were in general 12 sessions run weekly. Given the varied feedback it is hard to draw a conclusion; the majority of feedback from the data indicate that organisations and participants felt that 12 weeks was too short but one group suggested that for their participants a shorter timeframe may work better. It may well be that **building in more flexibility in programme design to account for different needs or groups would be advisable** for any future similar programmes.
- It was suggested that **a workshop on peer support** might have been helpful for funded organisations, especially for those that had not thought about their work in this way before. This would ensure a shared understanding of peer support across the programme and could be incorporated into any future programmes.
- Future provision should **build on the ways that the organisations in this programme managed to maintain contact with participants and/or to help participants to stay in touch with one another** after courses have come to an end.

Appendix 1: Funded organisations and projects 2018/19

Organisation Name	Project Name	Long-Term Condition	Target Audience
Round 1			
Kurdish Middle Eastern Women Organisation (KMEWO)	Self-Care Group	Depression, anxiety, social exclusion and isolation	Women 16 and over from Kurdish, Middle Eastern, and North African communities in Hackney Borough.
Cordwainers (Hackney Herbals)	Herbal Craft	Anxiety and depression	Women in BAMER communities
Shoreditch Trust	Food For Life	Depression and anxiety	BAME communities 40+
Studio Upstairs	Peer Support Art Group	Anxiety and mild depression	Adult 18+ looking to improve their mental health and wellbeing through creativity
Round 2			
Beersheba-Living Well	Sweet Success	Type 2 Diabetes (T2D) including pre-diabetes	BAME and older people
Misgav	Heart Smart	Learning disabilities and unhealthy lifestyle	Women 18-40 Orthodox Jewish community
Skillspool Training	Digital Literacy	Heart disease	Older people in BAME
Round 3			
Access All Areas	Springback	Learning disabilities and autism with mental health problems	Hackney community – 50% or more BAME
Coffee Afrique	Peer to Peer Support Group	Depression and anxiety	African and Caribbean women
Old School Rooms	CPURC	Mild to moderate mental health issues: anxiety and depression	Women (single parents) living in hostels/non-secure housing in Clapton caring for children under 5.

Volunteer Centre Hackney	Step Up Wellbeing Workshops	Anxiety and depression	Diverse background aged 30-60
Creative Lifestyle Community Interest Company	Peer Support Project: Creative Workshops	Mental health and emotional issues	Long-term unemployed BAME women
Studio Upstairs	Peer Support Art Group	Mild mental health difficulties: depression, anxiety and experiencing social isolation	Adult 18+ looking to improve their mental health and wellbeing through creativity
Skillspool Training	Digital Literacy	Heart Disease	Older people in BAME
Round 4			
Social Action for Health	Self-care	Depression and anxiety	Adults from Vietnamese background

Appendix 2: Case study One – Coffee Afrique

Overview

Coffee Afrique is a community cafe and African style coffee shop. It is also a wellness hub, drop off point and generally a place ***"to serve others" –*** *Stakeholder.* Local community workshops are run here, and they also work with women in Africa creating microbusinesses.

The 12-week course, run as part of the Peer Support programme, was designed to break the stigma surrounding mental health within the local BAME community, deconstructing the notion that it is a taboo subject. It allowed people to safely confront their mental health issues, reassuring them that it's ***"really important to be open and acknowledge there are things that we can do"*** *-Stakeholder*

The course was initially promoted to the whole community but from the response from the community and through consulting first session attendees, it was then decided that it would be a course for women. Sessions took place weekly on Tuesday mornings, with an average attendance of 11/12 people out of the 20 signed up.

There was an overwhelmingly positive response to outreach work; so much so, local people volunteered to help. Course facilitators were told ***"we need that within the community"*** *-Stakeholder*, by locals when hearing of the course and they were able to connect with ***"communities that are hard to reach"*** *Stakeholder,* in line with Coffee Afrique's ethos.

> ***"…they understand what you're talking about rather than going somewhere where you feel very cut off and you don't open up."*** *-Participant*

What changes did the course make to the participants' lives?

The course received praise from the participants. Following the course end, all reported increased growth, confidence and self-belief. This was also reported in the participant's survey where five of the six respondents from Coffee Afrique agreed or strongly agreed that the course supported and motivated them to better manage their own health. A common theme that part of the success was due to people relating to each other, being of a similar (BAME) background, further reinforced by being members of the same community.

> ***"It's beneficial to know that you are not alone and that there's other people in the community going through the same situation as you"*** *-Stakeholder*

All participants expressed a renewed sense of confidence and positive grounding within themselves and their journey. One participant, attending on her mother's behalf, said it had:

> ***"inspired [me] to look into delivering a similar course for [my] own community group"*** *– Participant*

focusing on people with English as a second language. The course has inspired other community leaders to deliver similar programmes, picking up where the course ended.

Compared to the rigid guidelines of a medical settings, participants found holistic ways of dealing with their mental health.

They were given tools which allowed them to approach their mental health in a way which was relatable and not obtrusive, which is often expressed within the BAME community, as it is often seen as a taboo subject. The women were given the opportunity to have a voice and learn effective coping tools. They could then use them to comfortably confront their issues.

The participant perspective was that it was ***"friendly and like a safe environment"*** *-Participant*, exactly the spirit the facilitators wanted. The group dynamic contributed to the success of the course as everyone felt a sense of reassurance that they weren't alone in their experiences. This was in part due to the fact they could relate to each other in aspects of life.

The course facilitators echoed this, as they both expressed personal growth in a personal and professional capacity.

The setting was also beneficial as it allowed the participants to come together in a place which reflected their own journeys. Coffee Afrique has its core values **"around mental health and women specifically- particularly in communities that are hard to reach"** *-Stakeholder*

Despite barriers of language, age and backgrounds; being in this environment allowed people to share their lived experiences and ***"support and empower each other one step at a time"*** *-Stakeholder*

Community feedback and support

> *One reason why the programme was created was a belief that people can be supported to manage their long-term health conditions and make healthy lifestyle changes, through group support facilitated by non-medical peers who share their cultural background. And where appropriate in participants' first languages.*[10]

The hypothesis has been proven to be accurate. Both facilitators and participants expressed growth, relief and empowerment from doing the course. Being around people of a similar background and being able to express similar concerns was hugely beneficial as it allowed them to confront their mental health in a way that they couldn't in a medical setting.

[10] That people can be supported to manage their long-term health conditions and make healthy lifestyle changes, through group support facilitated by non-medical peers who share their cultural background.

> ***"People were concerned about it being run by the government or official organisation but was amazing that people who didn't like accessing government services could come as was run by locals"*** *-Stakeholder*

The range of life skills and methods for overcoming negative influence that were taught provided an alternative to traditional methods. This approach was effective in starting to get rid of the stigma of not talking about mental health within their communities and managing their health needs appropriately and effectively.

Participants looked forward to weekly sessions. One participant, who seldom left her house, has now started to reintegrate into the community and has participated in other community courses. There was also the added **"reassurance that there would be no official implications or consequences"** *-Stakeholder.*

Official intervention was identified as a fear factor, especially for mothers as they were afraid to be labelled 'bad mothers' or have an outside intervention. Being in Coffee Afrique allowed the women to share openly and confidently and in some of the participants allowed for early interception and 'treatment' before medical intervention was needed - ultimately saving the health service money.

"…greater benefit than a medical center because people relate to places and things" *– Participant*

Social isolation was able to be addressed which was seen as highly beneficial as sometimes, people just wanted to talk but have no one to talk to. Participating in the course alleviated that concern.

What impact has the course had on the organisation?

Coffee Afrique reported a wholly positive impact following the course. The participants now come in and still use the centre as a community focal point.

They gained a greater understanding of community needs and how to address them. The facilitators consulted with the participants to agree on the course delivery and what they wanted; perhaps a contributor to its success.

The founders and facilitators own experiences with mental health allowed them to empathise with the participants and have an understanding of what worked for them. They could relate their experiences of a personal level and this impacted the course's success.

> ***"It was nice to find someone to relate to and find empathy and support from people in similar situations"*** -Stakeholder

Course facilitators benefited from the course like the participants as they could tailor the course to how well it was going from both perspectives, having gone through their own challenges with mental health. Seeing the participants grow was an inspiring factor which showed that the programme was worthwhile.

The level of participation and willingness to get involved shown by the participants was surprising but motivated Coffee Afrique plans for more community programmes

in future. They have grown as people and as an organisation in both their community presence and their own confidence, which will only serve to further benefit the community.

How effective has the Peer support programme model been?

Following the course, the group took the initiative to start their own WhatsApp group. There was no official provision for continuing but there was a demand and an identified need. The majority expressed that the course was too short as the women were at different stages of their development and were beginning to get used to meeting regularly. The participants would have liked to have had a follow-up session built into the initial programme if not more courses.

The sessions were thoroughly enjoyed, the group aspect worked really well and the relaxed setting made everyone comfortable and open to share. The group came together with true community spirit to support one another through their journeys. Participants had instant rapport despite coming from different backgrounds so there were no real barriers to overcome where the course delivery was concerned.

"…the connection...great getting people together. Great to know that they're not alone." *-Participant*

Ideally, they would be provided with the opportunity to deliver more of such type courses as it **"definitely helped reduce social isolation between the women and allowed for peer support and self-analysis…and the women of Hackney deserve more"** *-Stakeholder*

Going forward / next steps

The course has allowed Coffee Afrique to gain a greater understanding of the grants application process and they will use this to inform future applications. It has also helped to further cement their position as a community hub; people see it as a place of refuge and a safe place to meet others.

They will continue to offer more workshops and courses and employ local people to facilitate; ***"getting involved at a grassroot level'*** -Stakeholder.

Participants have all been given a new 'lease on life' and have been given the tools to enable their continued self-development and growth. Being able to speak about their mental health had a great impact on confidence and self-belief and a positive outlook on life. These change simply would not have been possible in a medical based setting as many did not wish to access them. Networks and friendships have been established and will continue to flourish with Coffee Afrique being a central hub for this to happen.

Course facilitators have discovered a renewed energy to grow within their profession as well as to deliver more such courses and be more confident as people. The course brought about a re-energised sense of community to the area and presented an opportunity for isolated people to ***"rejoin the community"***- *Stakeholder.* Coffee Afrique are currently in the process of considering further grant applications, armed with new knowledge and continuing to ***"support and [empower] each other one step at a time"*** *-Stakeholder*

Appendix 3: Case study two – Cordwainers Grow

Overview

Cordwainers Grow ('Cordwainers') partnered with Mind to deliver a 12-week Herbal Craft Group for women in Hackney experiencing anxiety or depression. Cordwainers is a Hackney based CIC that offers commercial and community facing workshops and uses the income from the former to help them maintain a programme for the latter.

Over 12 weeks, 10 participants, mostly aged between 25 to 65 came together to learn how to grow and look after herbs and how to use them in cooking, making remedies and natural products. Most sessions took place at Mind's Homerton Row space. The group included one person who uses a mobility scooter and one person who does not read or write. All participants were recruited by Mind.

Cordwainers have worked in partnership with the Centre for Better Health but this was their first piece of joint work with Mind. And while they always try to create a positive environment on their courses, this was the first time they had explicitly focused on both peer support and relating their work with herbs to long-term health conditions. Similarly, Mind already runs many activities at their Homerton Row space – arts, cookery and so on – but this activity was different because people were growing, tasting and making things that they could potentially take away and use to manage their health.

> ***The course was delivered in a supportive manner. I hope to use the things I've learnt to help me deal with anxiety*** -Participant

What changes did the course make to the participants' lives?

The Herbal Craft Group was popular, enjoyable and well attended. The referral agency and partner organisation, Mind, was extremely pleased with the course and would be happy to repeat it because of the difference it made to the women who took part.

The courses were said to align well with the idea of self-care – they gave women ownership over remedies and ways to manage their own health; and with mindfulness.

> ***'I liked that it was quite sensory – about smell, taste – and that brings in mindfulness … I liked the way they made the tea [at the beginning of each session] and people can smell it, taste it and talk about how it would affect their thoughts, their bodies'*** *-Stakeholder*.

Improved sleep and new ways to interrupt anxious thoughts were two key differences that participants shared with the delivery agencies. For example, during a workshop using essential oils, the women used lavender and also made lavender bags. Sleep was a common theme across the group; after the lavender workshop one woman reported sleeping an extra half hour which for her was a very significant difference. Another woman kept the lavender bag with her and brought it out when

she felt she was having a panic attack: ***'She brought the lavender bag the next week. We added that to her plan for panic attacks'*** -Stakeholder**.**

Some women purchased items or a book so that they could continue to pursue herbal craft outside the course. And they wanted to visit Cordwainers' own garden. These suggest that the women were interested in continuing to use what they learnt as part of managing their health.

> ***The course has been excellent and I've enjoyed tasting the different teas each week, it's been a calming atmosphere, a friendly group.*** *-Participant*

Delivery staff felt that behaviour change was less relevant to this course, than making a difference to the way the women think and feel about their ability to manage their condition and influence their care.

Having the confidence to ask their doctor questions about their medication and moving away from a general acceptance that you **'take what you're given'**, appears to have been a key outcome from the course. This difference was directly attributed to the women spending time together talking about their care.

The group became ***'friendly'*** over the 12 weeks and was described as showing ***'solidarity'*** with one another on more than one occasion. A woman who came along with a feeling that her mental ill health was laziness was supported by the group to think differently; and when one woman said she might not come on a trip because she hadn't been on the bus in so long, other members volunteered that they would get off the bus with her if she started to feel anxious and so she went on the trip.

Cordwainers is a local organisation and staying in touch with people who follow its courses is an important part of their approach. People can purchase materials from them such as herbs or oils; or seek advice and information. They plan to hold regular get-togethers so that people who have previously attended a course can reconnect perhaps monthly. People from this course were no different – several had been in touch with Cordwainers to make purchases or get information.

The main mechanisms that drove change included Cordwainers aiming to create a kind, calm space where people are listened to. This had a profound impact on the group, the two women interviewed said: ***'Just being treated as very special has helped my confidence enormously'.***

Mental health support being woven into the sessions was another mechanism. Cordwainers staff are not therapists but they weave into the sessions, conversations about themes like sleep and stress; and make space for them to be discussed by allowing a lot of break times and also through smaller groups as well as whole group discussions

Learning ***'skills you can repeat'*** related to stress, relaxation and anxiety also drove change. Cordwainers selected skills that people could learn by doing and then repeat independently. Participants often took something they'd made or learned to use away with them and Cordwainers, who participants said were always very well prepared made sure everyone knew where they could buy more supplies of herbs etc locally.

A final mechanism for change was the focus on education not treatment. The group had chosen to be there and as they got to know one another, skilful facilitation introduced an element of peer learning: ***'We were always listening to each other, learning from each other. It always naturally led to discussion. The group was reinforcing what we learned so we were learning and teaching at the same time'.*** *– Participant*

Barriers to change from the point of view of Cordwainers were not being able to do enough gardening. Mind had raised beds that Cordwainers rebuilt at the start of the project but then found difficult to use because they are by the car park which was busier than expected and not really possible to use with a group where one person uses a mobility scooter. As well as this, one participant with severe allergies had to leave the group but it was thought that this was exceptional and down to the severity of her allergies.

Community Feedback and Support

This case study backs up the idea that people can be supported to manage their long-term health conditions and make healthy lifestyle changes, through group support facilitated by non-medical' **practitioners** i.e. Cordwainers. It did not test the idea that the support might be provided by peers who share their cultural background or shared first languages. It also supports the idea that non-clinical support with long-term health conditions from community groups, delivered in community settings can work for some seldom heard communities. It does now necessarily show that the support is better than medical models.

Given that the project was about engaging people who are anxious, it was important that the sessions took place somewhere familiar, comfortable and ***'easy going'.*** Cordwainers found Mind provided a very suitable setting in this respect.

In addition to the relationship with Mind, participants also had the chance to form a connection with Cordwainers, which could go beyond the duration of the course. By bringing along extra resources and materials, Cordwainers staff gave participants an insight into what more they might gain from the connection: ***'We're not prescriptive but we always have books there, we bring an iPad so people can look things up'*** *– Stakeholder.*

There had been mixed experiences of people sharing across cultural barriers with positive exchanges about herbal traditions but also some tensions. However, Cordwainers explained that in common with their other courses, they found that gardening enabled people to connect with their past in positive ways. Many of the participants were ***'second generation from overseas'*** a participant explained and had shared what they had learned about herbs from their parents.

What impact has the course had on the organisation

Through this grant and being a part of the programme, Cordwainers had been able to form a new relationship with Mind and build on the experience of running 6-week courses with the Centre for Better Health.

They felt they had learned a great deal from the experience of delivering their sessions in this new context. Specific reflections on what they had learned included

feeling that everyone was well supported as they had two Cordwainers staff delivering the sessions. This was particularly helpful for those on the course who couldn't read or write. Cordwainers recognised the pace, structure and focus of the sessions needed to be adjusted in order to relate them to long-term health conditions. A final reflection was that although there is an element of peer support or at least group facilitation in their other courses, they had not previously been expected to actively focus on this.

Cordwainers expect to take all of this learning into planned future work with Mind Recovery College which also has a garden.

How effective has the Peer support programme model been?

Participants were supportive of the idea of 12-week courses and of pushing these out into neighbourhood settings. 12 weeks was thought to be especially relevant when working with people who are likely to miss some sessions due to their health.

> ***'I liked the style of their facilitation. They're gentle in their style. And the knowledge they shared. And that it's practical. And the idea of having an object you can take away and use'*** -Stakeholder

Going forward

In order to pursue this programme at a neighbourhood level, there is a need to identify freely or easily accessible physical spaces where people can come together; ideally this would factor in garden spaces. It might have been interesting to have had some of this programme's projects delivered in the same place so that people could connect.

Cordwainers is interested in how their courses could become a part of a wellbeing pathway so that if someone is referred to one of their courses, then after they have completed their funded course, they have somewhere to go and continue gardening, say at Mind where there is a garden. Cordwainers were also interested to understand more about what's driving the commissioning angle to this programme and what the longer-term commitment might be to supporting programme likes these.

'It really helps if these kinds of project are on people's doorsteps' -*Stakeholder*

Appendix 4: Case study three – Skillspool

Overview

Skillspool Training is a small Community Interest Company whose main goal is to *'promote social inclusion and practical transformation through training that can enable disadvantaged members of the community to gain skills for life, opening opportunities for social and personal development'*. They aim to achieve this by providing affordable training to members of the community looking to enhance their knowledge and understanding of all aspects of basic life skills that they can use in the workplace.

The course is named 'Digital Literacy' and aimed to help older people in the BAME community to manage their long-term conditions (LTCs) by developing IT skills to help increase knowledge about LTCs and improve management techniques.

Skillspool delivered four structured digital literacy courses to participants for people with heart disease (with one previous course on Diabetes). These one hour sessions offered practical, hands-on IT support and offered participants the chance to practice new digital skills and access online information sources about diabetes and heart disease and get nutritional information about their condition and how to improve their diet and physical activity levels. After each session, there was 'tea' with time for social networking and informal chats. Each course lasted 12 weeks and had 8-12 participants, one trainer and two volunteers.

We have come to know each other and have a good chat. [The facilitator] is very good and very patient and it keeps me away from the house. There is a lot of things I learned that I didn't know before and I learned it*. -Participant*

What changes did the course make to the participants' lives?

The main difference the course made to participants was in relation to lifestyle changes, particularly diet and exercise as well as improvements in relation to reducing isolation and creating wider networks of support and social capital benefits. Round two appears to have been more successful than Round three in the monitoring data, although this data is from very small numbers of participants (8-10 participants providing data). That said, a majority of respondents from Round two stated improvements in almost all areas of enquiry, while Round three saw more modest results (a quarter of respondents had some improvements).

I never used the computer before, but I can go online now and type in and find out what I want to know. *– Participant*

Participants talked about the course benefits in terms of diet changes, social networks and increased information about health and blood pressure.

I love it socially, it really helped me a lot, like looking at the Heart Foundation [website] it really helped me a lot, looking at the way a heart is pumping and I said 'what is this what is in me?' It helped me with my diet…*- Participant*

Qualitative data from interviews shows participants seeing improvements related to healthier diets, increased exercise and better support networks. Participants were able to explain how changes in their diet and more exercise has helped them manage their condition better and some of them saw improvements to blood pressure. There was little evidence to show any impact on care plans, none of the participants interviewed mentioned this but some reported improvements in the monitoring data. The organisation noted that management of care plans was not a priority in this course.

The peer support network helped them to support each other and access new activities…They learned more about exercise. They found out about these things through other participants in the group. *- Stakeholder*

Participants noted that they increased their support and social networks and had made new friends through the course with others who also have heart disease, and some have continued these friendships after the course finished. Participants also noted improvements in being able to talk to friends and family about their condition, which they felt created a more supportive environment.

Being at home on your own, you are poisoning yourself, but if you are among people, good smiles, or laughing, it is medicine, it relieves the tension and the stress. Stress kills and loneliness is a disease. *– Participant*

Skillspool felt that knowledge is power for the participants and would enable them to continue to make lifestyle changes and that the support networks which were built would allow them to continue to have peer support after the course is complete. The fact that the sessions were informal in style yet structured in their learning outcomes was helpful and the sessions were all interactive, using digital tools and computers with hands-on help at each session. There was also a very positive focus which was embedded in the facilitation style which helped put participants at ease.

Now I know what it means, the [blood pressure] numbers, I learned it from her [facilitator], so now I watch it and I know what it means. The nurse said what are looking at and I said I'm looking to see if it's high or not! And I learned it from her and I know now. *- Participant*

Community feedback and support

In this case study there was no evidence to show a need or impact around delivering peer support in community languages, however, there was a view that by providing peer support in less formal, relaxed and comfortable environments allowed participants to gain a better understanding of their condition and allowed them more time to process this information. Some participants talked about how rushed and intimidated they feel in more formal medical environments and this is not conducive to behaviour change or increased knowledge about LTCs. There was a lack of confidence among participants in relation to understanding medical jargon and the perception of a lack of time among medical professionals and participants enjoyed the peer support course precisely because it was not rushed and very accessible in terms of language and explaining jargon. It was felt that this helped to increase the self-esteem of participants.

The medical setting is more formal. They might not ask their GPs the questions… They say the GP does not have time to talk to them. It's the intimidating environment... They will ask us because it is very informal. - *Stakeholder*

There is a relationship between the provision of community-based peer support and addressing isolation among this particular target group (older BAME people). Participants spoke about how helpful it was to get out of the house and to meet people going through the same journey and this is likely to impact their overall wellbeing and happiness, which has a knock-on health benefit. Participants in this case study did not feel it was particularly important to be in a group with the same ethnic background.

They are joining other people and talking to their friends and family more about their condition. Especially in the BAME community, people tend to sweep their medical conditions under the carpet, they would not discuss it with families, but now I have a participant who said now when she goes into the doctor, she lets her daughter go in with her. - *Stakeholder*

What impact has the course had on the organisation?

Skillspool had an initial unsuccessful proposal and then made improvements to be successful in subsequent rounds. The organisation felt that the first round was more difficult to apply for and that the online application was more challenging for them, they preferred the paper-based process. However, they report an increase in learning from the application process overall and have reported being more effective at providing evidence in applications and evaluating data.

The process was helpful to Skillspool in securing additional funding for similar work. Skillspool were able to submit a successful funding application to Hackney Parochial Charities. They have reported that the programme has also had positive impacts on their publicity overall and their website traffic.

As an organisation we are able to reach out to more people. We have people asking about the other courses that we do. We also have been able to secure funding from Hackney Parochial Charities for continuation for another three months for the digital literacy course. - *Stakeholder*

Skillspool report that they are now more able to signpost participants and to be more effective in supporting them to access services. They feel more able and confident now as an organisation and feel that their understanding of LTCs has increased.

We learned how to answer these questions and how to demonstrate evidence and evidence of need, impact and the data needed and reporting requirements. We learned a lot about evaluation and monitoring. We are more commission-ready now because of this experience. - *Stakeholder*

How effective has the Peer support programme model been?

Overall it was felt that the programme was effective at engaging people who are not particularly engaged with medical professionals and at reducing isolation and

improving peer networks and better management of LTCs in relation to diet and exercise.

Socially it really helps a lot, especially after we finish, we have a chat and in between we always talk about the special food, about the vegetables and everything fresh... They say to eat a lot of garlic and ginger, we looked at that on the computer and the uses, it is good for our bodies. *- Participant*

Skillspool felt that the courses should be longer than 12 weeks in order to maximise the learning outcomes, particularly for digital literacy. They also felt that the digital resources they accessed were very good, such as NHS websites and part of the success of this course was in linking the target group with the digital skills and the particular online resources which they previously were unaware of.

It is a very good model, the fact that people are meeting with people who share their condition was very helpful. The 12 weeks is not enough time for digital literacy we needed more time and more time to measure the impact. In 12 weeks they can start to make changes to diet and lifestyle but the impact would take longer to see on their overall health. Some people there were differences seen but not on most, it is small changes. *- Stakeholder*

Going forward / next steps

This organisation will continue to provide training and have recently secured continuation funding for the digital literacy course in the short term. What seems most important to this organisation is being able to provide accessible information in a relaxed and informal setting and the biggest challenge is the delivery timeframe.

The support from talking to each other was a big factor. In some communities they would not discuss their health conditions and people are burdened with what they are going through. So by meeting people with the same conditions and then developing friendships, this was good for them. *– Stakeholder*

There seems to be some scope for community-based digital literacy courses that are focused on peer support for people with similar LTCs. Hosting this course in a community setting allows people to access health information in an accessible manner, improve self-management and facilitate lifestyle changes.