Standing Together Cymru

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Foreword

When we are in the 'prime' of life, we rarely think about what it will be like to finish work or not be able to work, perhaps not have our own home, lose a partner, have children leave home or have ill health that limits a more functional life.

It is sometimes difficult to imagine what it might be like to lack purpose or societal value when we have a job or to lose friendships and have a profound sense of isolation because those you knew have passed away or have moved on... now add a pandemic to this mix... it can make life even more removed from others.

Funded by The Community Fund (previously Big Lottery), Standing Together Cymru (STC) ran 12 peer support groups over three years in South East Wales. These groups did not 'do to' or 'teach' or even 'lead', rather, these were spaces held for residents within large housing schemes to connect, share, support and give each other hope.

These groups, led by skilled facilitators from the Mental Health Foundation (MHF), took the residents beyond waving 'hello' at a coffee morning, to sharing deeper stories and realising that when they shut their front door in the evening, they were not alone. There was no content planned for the group per se; rather, ideas for topics to discuss were generated jointly by the facilitators and residents. This allowed the group to take ownership and steer the conversations in the way they wanted.

The new mental health strategy due in 2022 gives us an opportunity to recognise, and address, older people's needs as a distinct group that experience inequalities – this is why we are calling on the Welsh Government to address older people's needs as part of the new mental health strategy.

Standing Together Cymru (STC) gives such great insight into how we can support older people's wellbeing, reduce isolation and loneliness and improve connection through peer support approaches. We are also calling on Local Authorities to ensure peer support programmes such as STC are more widely available in Wales through the additional funding allocated to them as part of the new Older People's Strategy, *Age Friendly Wales*.

What a special project, giving honour and value to our older community members bringing them friendship, connection and hope.

Jenny Burns
Associate Director (Wales)
Cyfarwyddr Cyswllt (Cymru)

Executive summary

"We found that the participants had known each other for many years but until they came to STC, they didn't really know each other." Member of staff

Sat within the Empowerment and Later Life Team at the Mental Health Foundation (MHF), Standing Together Cymru (STC) was a three-year Community Fund project (see the website; **Community Fund**). Working in partnership with housing associations in South East Wales, STC provided facilitated peer support for people in later life communities.

STC groups began in 2018 and prior to the pandemic had established 12 peer groups. When the Covid-19 pandemic started, STC had to respond flexibly to the needs of beneficiaries. Motivation to continue the sessions resulted in STC adapting to a group telephone/virtual call model. Delivery ended in May 2021.

The main aims of the project participants will report:

1. Reduced loneliness and socially isolation
2. Improved emotional wellbeing and knowledge of coping strategies
3. Increased meaningful activity, sense of purpose and community engagement

and:

4. Retirement housing staff and volunteers will be better equipped to support the mental wellbeing of residents.

Later life in Wales

Wales has an aging population experiencing significant inequalities. Nations need to find novel ways to provide affordable support for people in later life to enable them to live happily and healthily within their community[1].

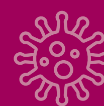
The two main strategies that address mental health and wellbeing in later life are: *Together for Mental Health* - the 10-year mental health strategy which finishes in 2022 and *Age Friendly Wales* recently launched in October 2021 – both promote the importance of wellbeing and accessing preventative support.

Research indicates that peer support can positively impact outcomes in later life[2–6] and has been shown to increase self-confidence, build new friendships, reduce social isolation and increase mental wellbeing[7–9].

Group facilitation and staff reflections

Each peer support group was facilitated by two skilled MHF staff. Groups started with a *'getting to know you'* activity, and further sessions were built on conversations or topics of co-produced interest.

Facilitators created a space where the group could have curious and empathetic conversations, whilst validating their experiences. This impacted the facilitators as well as the beneficiaries and created opportunity for bi-directional learning.



The Covid-19 pandemic affected STC by:

- attendees reporting a huge sense of loss; freedom and personal
- creating unexpected opportunities to connect with other residents from different housing associations
- recruitment into STC moved from being managed by project staff to housing association staff.

Research: methodologies, findings and looking to the future

"I think a lot more of this [STC contact] is needed... people find themselves alone... this is just something to look forward to... and I think there are a lot of people out there like me, who are longing to pick the phone up and you know, have a conversation... and I think it's [STC call] a really wonderful thing." Beneficiary

Research methods:

- Monitoring data.
- **WHO-5** Five Well-Being Index; measure of wellbeing
- The **UCLA** 3-item loneliness scale and 3 **EuroQol 5D** Health-Related Quality of Life Questionnaire
- Focus groups
- Case study
- Staff reflections and survey.

Standing Together Cymru supported:

- **211 adults** in later life
- 195 attendees via in-person facilitated groups (cohorts 1-4)
- 16 attendees via telephone call/virtual facilitated groups (cohorts 5-6)
- **22 housing schemes** across South East Wales.

Highlights from beneficiaries who attended focus groups:

- The content was markedly different to the normal activities they attended.
- Skilled facilitation resulted in the deepening of connection between attendees and with the facilitators.
- The peer support approach encouraged attendees to help each other emotionally and practically.
- Attendees were better able to reflect on their own views and understand each other's views.
- The sessions became embedded into the weekly routines of attendees.
- Group dynamics led to clear group facilitation to ensure inclusivity.

Standardised outcome data from a small group of individuals, pre-pandemic, supported qualitative findings. Although attendees reported significant reduction in their health rating over the six months from pre to post service, their levels of wellbeing while attending STC facilitated groups, as well as positive feelings of inclusion, were maintained.

Considerations for the future peer support groups in later life:

Operational delivery:

- Be flexible
- Ensure advertising and delivery content is representative, diverse and sensitive
- Consider the wider impact of peer support on families
- Support the positive impact of routine and structure
- Consider the positive impact of intergenerational mixing and bi-directional learning
- Be aware of group dynamics
- Tackle barriers to attending and create space to discuss mental health stigma
- Increase research support and advice for staff.

Strategic delivery:

- Build quality relationships between partner organisations
- Recognise beneficiary preferences for in-person, virtual, telephone or blended sessions, considering digital exclusion
- Embed inclusion and diversity monitoring in delivery
- Embed co-production methods to design, development and delivery
- Gain input from policy at early stages
- Own your organisational narrative.

Recommendations for policy makers:

- The next mental health and wellbeing strategy in Wales (due in 2022) must include an inequalities plan that tackles older people's experiences of inequalities through the principles of 'proportionate universalism'
- Using the funding allocation as part of *Age Friendly Wales*, Local Authorities should commission older people's peer support projects.

Standing Together Cymru

Who we are

Standing Together Cymru (STC; see website **Standing Together Cymru**) was a three-year Big Lottery community fund project working in partnership with four housing associations (United Welsh, Derwen Cymru, Newport City Homes and Melin Homes) across South East Wales, to support people in later life communities. The STC team was made up of a project manager and lead facilitator, two group facilitators and a community engagement officer.

What we did and why

Standing Together Cymru had four aims:

1. Participants will report feeling less lonely and socially isolated, having improved social networks.
2. Participants will report improved emotional wellbeing and knowledge of coping strategies.
3. Participants and volunteers will report a greater level of meaningful activity, sense of purpose and community engagement.
4. Retirement housing staff and volunteers will be better equipped to support the mental wellbeing of residents.

STC was part of the peer support initiatives which run across the life course within Programmes at the Mental Health Foundation. STC facilitated groups included a 'Getting to know each other activity' which would lead onto discussions of other topics and interests. Subsequent sessions would then be designed around these topics.

The facilitators would use this co-production approach, but flexibly. If some groups required more encouragement to feel confident in choosing the topics, facilitators were able to identify natural themes for the following week, whilst other groups chose from a list of themes the facilitators had identified.

The project had a two-facilitator model which enabled them to deal with any emotionally sensitive situations which may have arisen. Often the topics could be very emotive, and this was where the peer support was most powerful, with group members sharing similar situations or offering words of support and empathy. We found that the participants had known each other for many years but until they came to STC, they didn't really *know* each other.

They would talk about day-to-day things but had never discussed areas of their past in a safe and supportive environment and really have their voices heard. This to the team was the key ingredient of the project. Below is a quote from a participant from one of the first groups.

"What's good about this group is we talk about things we don't usually talk about; without it we talk about the same things every day. We look forward to the group meeting each week. You're [STC staff] interested in listening to us." Participant

The project was achieving its goals of bringing people together and had established 12 groups when the Covid-19 pandemic started in March 2020 – 18 months into the project. The third cohort had been meeting for six weeks when the project had to adapt to a group call model. The beneficiary only had to pick up their phone and was connected to other callers including a facilitator. The team didn't want to lose the essence of STC, and was motivated to find a way of continuing the conversations.

The calls were smaller groups but were valuable to those isolating alone. The project continued to run in this way until the end of the delivery side of the project and four groups were facilitated through the group telephone call/virtual model of delivery (only one of these group was held via a video call platform).

The STC project was an integral part of the work within the Empowerment and Later Life Team at the Mental Health Foundation. This work is rooted in peer support and building new connections between people to sustain good mental health. As explained, the running of STC to improve wellbeing changed in the pandemic as it moved to speaking to groups of people on the phone.

In England, the projects **Creating Communities** and **Picture This** used creativity to build older people's IT skills, social connectedness and address digital exclusion in later life, an issue which was highlighted by the Covid-19 lockdowns (see the separate websites for Creating Communities and Picture This). In the future, later life work is planned to use both in-person and virtual group sessions, due to the learning from this way of working in promoting inclusion.

Who we worked with

The project involved 211 participants in six cohorts. Cohorts 1 and 2 were in-person, Cohort 3 started in-person and then moved to over the phone and Cohorts 4, 5 and 6 were completely over the phone. In-person groups consisted of 195 participants, of which 11 transferred to over the phone. Sixteen participants took part in group calls only.

Overall, 22 housing schemes were engaged throughout STC with eight facilitated groups continuing after MHF staff delivery. Twenty staff and ten volunteers were trained and there were eight advisory group sessions held. The Mental Health Foundation worked closely with six participants to create a selection of life stories, which will be available to view on the MHF website **(see link here)**.

Older people and the policy context in Wales

Wales has a large and growing older people's population – by 2030, it is projected that there will be just over 1 million older people in Wales, which is 33% (nearly one third) of the total population[10].

Older people in Wales are a group experiencing significant inequalities, including: digital literacy and exclusion, disability and long-term conditions, accessing health, social care and transport, age-related poverty, loneliness and isolation and ageism[11–13]. Many of these inequalities have been further exacerbated by Covid-19.

Together for Mental Health

Together for Mental Health (2012) is the 10 year, cross-government mental health strategy in Wales which finishes in 2022 – an evaluation of the strategy is currently underway and will help to inform development of the new one.

The strategy sets out a number of high-level outcomes:

- The mental health and wellbeing of the whole population is improved.
- The impact of mental health problems and/or mental illness is better recognised and reduced.
- Inequalities, stigma and discrimination are reduced.
- Individuals have a better experience of the support and treatment they receive and feel in control of decisions.
- Improved quality and access to preventative measures and early intervention to promote recovery.
- Improved values, attitudes and skills of those supporting individuals of all ages with mental health problems.

A number of 3-year delivery plans contain more detailed actions and milestones to support achieving these outcomes. However, when referencing the wellbeing and mental health support of older people, it is 'universal' in nature, rather than addressing older people's specific needs.

Together for Mental Health finishes in October 2022, which gives us the opportunity to assess and consider a new strategy. In our recent manifesto for the Welsh Parliament Elections, the Mental Health Foundation called for a cross-government Prevention Strategy that tackles inequalities in Wales[14]. Actions to address inequalities should use the principle of *proportionate universalism*[15]. A proportionate universalism approach balances universal actions (for everyone) and targeted actions (for specific groups) and allocates resources according to levels of need.

Despite the Welsh Government's recent Delivery Plan being 'all age,' there is no detail as to how older people's mental health needs should be addressed – the concern is that without any actions and milestones directed at older people using the principles of proportionate universalism, their mental health and wellbeing needs may be marginalised and unaddressed. These needs may include consideration of conditions and disability, digital literacy and exclusion, ageism, access, age-related poverty, loneliness and isolation, experiences of bereavement, and other types of loss and grief[11–13].

Therefore, the Foundation is calling for the next mental health strategy in Wales to include a more nuanced understanding of how older people's mental health and wellbeing needs will be met through the principles of proportionate universalism and an approach to addressing the inequalities of older people.

Age Friendly Wales

Age Friendly Wales: Our Strategy for an Ageing Society – launched 7 October 2021 – is the Welsh Government's new Older People's strategy.

The four main aims of the strategy are to:

- enhance wellbeing
- improve local services and environments
- build and retain people's own capability
- tackle age related poverty.

Of relevance to the STC programme, is the focus on improving environments (such as extra housing) and enhancing wellbeing as well as the cross-cutting themes which include prioritising prevention.

The Welsh Government has allocated £550,000 to Local Authorities "to support them to become age friendly, engage with older people and become members of the World Health Organisation's Network of Age Friendly Cities and Communities" and "£100,000 to promote awareness of older people's rights and equality."[16]

As part of this allocation, we are calling on Local Authorities to make peer support programmes such as STC more readily available across Wales.

Age Friendly Wales was launched by Welsh Government in October 2021 so it remains to be seen how it will be integrated with the new mental health strategy due in 2022. The new Mental Health Strategy provides an important opportunity to ensure an all-age approach to mental health, and to address the mental health needs of older people as a distinct group experiencing mental health inequalities.

Older People's Commissioner

The Older People's Commissioner in Wales protects and promotes the rights of older people through scrutinising and influencing a wide range of policy and practice to improve older people's lives. They champion the voices of older people and makes sure those voices are acted upon. Their casework team undertakes direct casework for older people and the Commissioner's role is underpinned by a set of unique legal powers to support them in reviewing the work of public bodies and holding them to account when necessary[17].

The Older People's Commissioner in Wales has three priority areas: ending ageism and age discrimination; stopping abuse of older people, and enabling everyone to age well. They work with Local Authorities to support the development of 'Age Friendly Communities' in Wales.

Bringing together the evidence: peer support and later life

What is peer support?

"Peer support involves people sharing knowledge, experience or practical help with each other", often in a way which is mutually beneficial[18].

It can include face-to-face or in-person groups, perhaps run by trained peers who can deliver educational or practical activities with emotional support, one-to-one support and peer support through online forums.

Peer support has been shown to positively impact many groups including people who experience long term health problems, carers, , parents, at risk groups and those who experience symptoms of poor mental health[18–20].

A large evidence-based review of peer support, summarising evidence from more than 1,000 studies, has concluded that peer support has the potential to improve experience of life for those who are diagnosed with long term physical and mental health conditions. This includes social experience and relationships with others, behaviour, health outcomes and engagement with health services. Furthermore, peer support is most effective when facilitated by trained peers or professionals and focused on education, social and physical support[18].

The impact of peer support in later life in Wales

Wales has an aging population, who also make up 45% of our population who are living alone[21,22]. Furthermore, research tells us that few people living in later life settings will report having optimal wellbeing[23]. It has been highlighted that nations need to find novel ways to provide affordable support and increase capacity around people in, or approaching, later life to enable them to live happily and healthily within their community[1].

Several studies have found that peer support can positively impact experience in later life. However, there are mixed results, as peer support can be delivered in many different ways, contexts and in countries[24,25]. Research shows that groups involving dance and art, poetry reading, singing and writing can all have similar physical and mental health benefits to more traditional peer support methods[8,26–28].

The benefits of these creative techniques include increased self-confidence, new friendships, reduced social isolation and increased mental wellbeing[7–9]. However, it is hard to conclude if the benefits of this type of peer support are due to the creative activity or simply the socialisation and sharing of an experience, as they are equally successful as traditional peer support methods.

With so much diversity in peer support, research can struggle to capture exactly what it is about peer support that benefits people or communities. Furthermore, the majority of research evidencing the impact of peer support in later life is based on one-to-one support, as opposed to facilitated group support. Nonetheless, it is important to share what is known currently about the mental health and wellbeing impact that peer support has in later life.

Peer support programmes have been previously suggested for low-middle income countries as a way to improve social and physical wellbeing in isolated older adults[1]. Evidence suggests that peer support can positively impact physical health outcomes in later life, for instance it has been shown to support older adults with rare diseases who are geographically dispersed[29] and older adults to maintain physical health and mobility[2–6]. Furthermore, evidence suggests that one-to-one peer support can boost wellbeing and promote independence in later life[2,30–34] including within online communities and utilising video phone networks[35,36].

There have also been some interesting studies looking at the transition to later life in different cultures as the life events that occur at this age can cause increased loneliness and isolation[37]. For example; culturally safe, age friendly environments were shown to facilitate engagement in later life within the Maori culture[38].

Although, in the main, research has looked at quantitative findings around the impact of peer support on later life, (these use standardised measures that quantify wellbeing, independence or physical activity, to look at differences between groups or at different time points) there are a number of qualitative findings which look at the attributes of peer support that people discuss as helpful or impactful. Following interviews, major themes that explained the positive impact of peer support in later life included; the value of shared experience, mutual support, increased wellbeing and being part of a group[3,6,29,35,39].

It was apparent across these studies that this shared experience, for instance sharing in the experience of a physical condition, common interest or connecting with a group is important to maintaining physical and mental health in later life[40,41]. Finally, recent studies have looked at what attributes can indicate a good peer leader in older adults. These indicated that optimism, compassion and friendliness were key attributes for peer leaders in later life[42], whilst supportive leadership and a humanised approach from the leader also increased engagement with peer support programmes[43,44].

The journey of Standing Together Cymru

Focus groups took place across the lifespan of the project. Each 'baseline' was conducted approximately three weeks into the running of the group and the 'ending' took place the week after the group had ended. They ran from 13 March 2019 until 26 May 2021 and involved a total of 168 participants (103 participants for the 'baseline' focus groups and 65 participants for the 'ending' focus group).

The following findings combine the focus groups that took place at the start of STC and after it had finished, due to the similarities between them. The following uses a content analysis approach using the discussion guide questions to organise the narrative. For some parts of the write up, content has been organised into themes that take on a slightly more interpretative leaning to build on the richness of the data.

For clarity the comments made relating to the pandemic have been separated from the main body of the findings. This is so as not to skew what was already emerging from the data as well as highlight the impact of the pandemic on the residents. See Figure 1 for a summary of themes from the qualitative analysis.

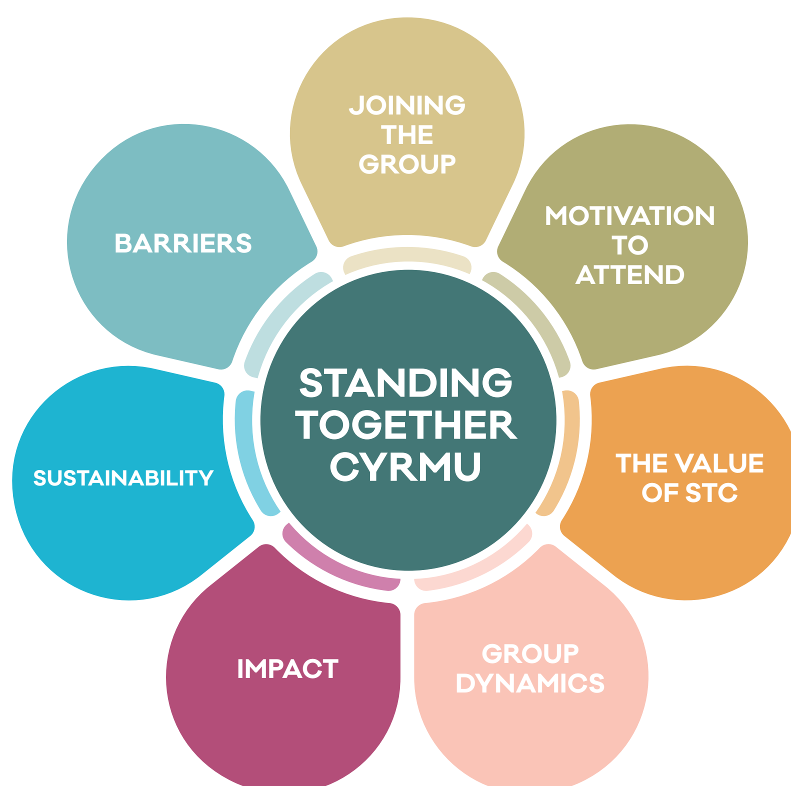


Figure 1. Summary of themes from the STC qualitative evaluation.

JOINING THE STC GROUP

The participants reported hearing about STC in a variety of ways. Most stated this was through the communal areas within the housing association (until the pandemic changed access to these).

Information about STC was shared with residents through conversations with scheme managers, weekly newsletters, emails, leaflets or posters on the notice boards, coffee mornings, in-person visits from STC staff, and word of mouth between residents of the housing scheme. In the discussion of how they heard about the project, there was a question concerning their understanding of what the group was there to achieve.

The majority of participants were not aware of the aim of the project and some presumed that the STC staff were from another mental health charity in the UK, however, some were able to identify an aim (even given a hint of uncertainty).

"It's to combat loneliness, isn't it?"

Post-pandemic referral came via a different route; scheme managers or other housing association staff with a wellbeing role. This changed the type and content of conversation in the weekly calls with STC.

MOTIVATION TO ATTEND: NONCHALANT, NOSY, LONELY

ACTIVITY BEGETS ACTIVITY

The motivation to attend was wide ranging; from those who had 'no idea' to those who attended 'because I was lonely'. On joining the group at the start, many attended simply to find out what was available to them. For others there was a specific reason to attend a group with others:

> ***"To get to know everybody to be honest. Because before [STC] you just went into your door and that was the end of the story."***

> ***"It's just nice to talk to somebody different, a different face."***

> ***"I came to find out how it would benefit me in the long run."***

Wherever the motivation lay or originated from in the initial instance, the majority of the participants continued to return, valuing the benefits the group gave them:

> ***"Well, I mean we came the first week out of curiosity to see/But then I came and I've been coming ever since."***

Activity begets activity

One of the main project aims was to tackle loneliness among people in later life. However, it became apparent that those attending the group were those that were attending many other groups and had very active lives already.

> ***"I feel there's people here [in the housing scheme] that need to be here and who are not coming."***

> ***"I've spoken to loads of people, I've always been like that."***

> ***"Yes, you tend to find that it's the same people, week in, week out that come."***

The majority of those going to the group were busy with activities inside and outside the housing scheme. From bingo and craft afternoons to regular coffee mornings and fish and chip evenings, some schemes offered an array of activities for their residents.

Many participants also spoke of their busy personal lives with visits from extended family and attendance at church and, for some, volunteering in their community. This may indicate the importance of routine and structure for many of those living in the housing schemes. In fact, this sentiment was echoed by a participant receiving calls from STC who had incorporated it into her weekly schedule:

> ***"It's a routine now, if she stopped talking to us [due to the group ending], I wouldn't like it."***

THE VALUE OF STC: SPOT THE DIFFERENCE		
SKILLED FACILITATION	BI-DIRECTIONAL LEARNING	CO-PRODUCED

The participants were asked about whether they noted any difference between the STC groups and their experiences attending other groups. Their overwhelming view was that the STC groups were markedly different to the usual activities they were involved in. This was specifically in relation to the content and the focus of the conversation.

> ***"In the craft group you're concentrating on what you're doing, here [in STC] you're expressing yourself."***

> ***"Yeah, I've never done anything like this before since I've been here. I've been here for over five years."***

Skilled facilitation

Participants noted the skilled facilitation of the groups in direct relation to their enjoyment. These skills, alongside the format of the peer groups, resulted in a deepening connection between those attending.

> ***"He [STC staff] drags things out of me that I wouldn't normally, I wouldn't talk about, not that it bothers me."***

> ***"... there were two people that were in the group that said 'no' they didn't want to discuss... but by the end of the session, they were the ones that gave the most."***

Bi-directional learning

The age difference between the staff and the participants was highlighted in the focus groups. This was seen as a part of the reason of its success: the youth of the staff and the experiences of the participants formed the basis of interesting interactions.

> ***"... some days you might wake up feeling rotten, but they cheer you up you know, they brighten up the place."***

For some it provided a connection to youth in society that they felt was missing in their lives;

> ***"You don't get the chance to talk to someone that age on the street... it's very rare you sit by someone on a bus and enter into a conversation because you think 'we're worlds apart'."***

Part of the reason for 'feeling good' was said to be due to the 'two-way' process of learning that occurred in the sessions. The participants felt that this helped develop a mutual respect that built trust between the group members and staff over the weeks the STC group ran.

> ***"Everybody's equal, everybody's equal/and we're not classed as old fogeys either."***

> ***"But you know, for them to be so interested in what we are doing [means a lot]."***

Through this skilled facilitation and deepening connection, the participants felt validated as individuals. This was not only due to the peer support approach of the group, but also the authentic interest shown by the STC staff. The shared stories and memories were given space and actively listened to, allowing the participants to recognise the importance of their lives and continued contribution to society.

> ***"I think they've learned things as well from us."***

> ***"... you're passing on a little bit of your knowledge to them."***

Co-produced

During the sessions the participants were given a choice as to what they would like to focus on. Many reported that although given a choice, they preferred and, almost always, deferred to the STC staff member to make the choice for them. This did not lessen their enjoyment of the group and in fact they felt this brought a freshness that they would have not achieved if the content was driven by them.

> ***"... and the topics they brought to us made us think."***

> ***"... and nothing is ever forced on us either."***

There was only one session that left some questioning its appropriateness. This was the session held near Father's Day when participants were encouraged to reflect and share stories and memories of their relationship with their father.

For some this brought with it emotional pain and uncomfortable feelings. They felt these responses and emotions were managed sensitively in the group by the STC facilitators, but the participants questioned whether this subject should be used in future sessions. (This was fed back to the STC team, who adjusted the content accordingly for the next cohort.)

When reflecting on the content of the sessions, the majority of the participants focused on a few that had stood out for them. One session for many was when a world map was brought into the housing scheme by the STC staff. Participants were encouraged to share the travelling they had done in the past with work and family, as well as the holidays they had had and were due to have.

During this particular session, many commented that they had learned much more about the group members than previously known. They also highlighted one of the 'stand out' sessions was when reminiscing about how things used to be when they were growing up;

> ***"I've enjoyed the topics... going back to when we were young and what you used to do... and you ask somebody else what their childhood days were like."***

> ***"They [STC staff] would say something in the past and I couldn't think of anything, but when someone said something, it would bring back memories."***

GROUP DYNAMICS: INCLUSIVITY/EXCLUSIVITY

An interesting aspect of engagement that came from the focus groups was the interplay between the members of the group and the personalities therein. Although these dynamics are not a feature of only those in later life, it had an impact on engagement in the STC group. As mentioned earlier many of those attending were already leading quite active lives, full of interactions with others. Living in a housing scheme for a number of years, the participants naturally got to know each other and developed relationships and friendships.

This was not only on a one-to-one basis, but wider groups had formed that could be seen as quite inclusive and therefore exclusive, such as a barrier for others to join. There were a number of comments that indicated there may be difficulties for some to attend sessions due to the views held about the other residents living in the scheme.

"We are a strong group."

"If there were other people involved, I wouldn't answer the questions."

"I attended one and walked out... I've tried to join in but the others... I do find it a bit cliquey."

However, although the STC group could be seen as 'exclusive' the deepening of connection between the group members that occurred, as a result of being seen as a closed group, was of huge benefit to some.

"... and I think with the group as well, if you were upset about something you know you could go to one or any of them and say how you were feeling."

"The same ones come down here [to the STC group] and it's lovely, you can be yourself."

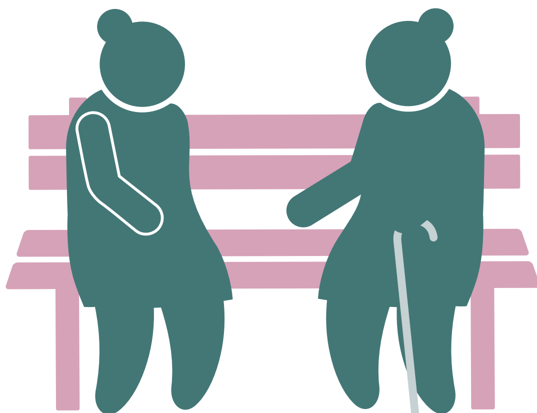
IMPACT: DEEPENING CONNECTIONS

Although, as mentioned earlier, many of the participants had very active lives, this does not negate the possibility that the STC project had an additional impact on their lives.

For a large proportion of the group that commented for the evaluation, attending the group had seen them and their relationships change in some way. Although this has been partly explored in the previous section, it deserves more attention.

The changes noted by the participants were directly and intrinsically linked to the difference between the content of STC groups and other groups they attended.

> ***"Oh yes, we've got stronger, you know we've got stronger, we don't hold back with each other like in morning coffee you know discuss things that we discuss here you know we wouldn't."***



> ***Sort of stronger friendship."***

> ***"It's changed relationships here/It's deepened relationships."***

This for some, the conversations had in the group and the connections made, had a direct effect on their ability to cope and manage personal difficulties, as hinted at here:

> ***"I mean the [STC] group knows what I am talking about anyway, but I am getting somewhere, and I feel good for that, I really do."***

The space created by STC allowed the participants to open up. For many this was a positive, although at times difficult, exercise. Conversations were had, as the trust and respect was developed over the weeks that many had not had in years, if ever.

> ***"I said things I hadn't said for forty years."***

> ***"I'm a lot more chatty in this group that I would be otherwise at coffee morning."***

> ***"I find it very difficult to talk about it with the family, they have a very different take on things."***

The discussions had in the groups, changed some participants on a personal level. Through in-depth conversations on a whole range of subjects, other perspectives and opinions were explored.

The safe space created, led to participants reflecting on their own views and, for some, this resulted in them becoming more understanding of others.

> ***"We've learned to be interested in others, and not in a bad way, we just wanted to see if they are coping... We opened up our thoughts and we are much more tolerant, I think I am."***
>
> ***We are closer than ever. I can be a lot more tolerant with people now. And I see their side of the question, what they say, I can see their side of it."***
>
> ***"Because everyone is different and you just realise, they have different outlooks on life. Their upbringing and their personality come into it."***

These comments included other personal areas aside from tolerance. Some felt that their skills had developed, their confidence had increased, for others the connection with the STC staff was even deeper:

> ***"... whereas before [attending the STC group] I think I would let people walk all over me."***
>
> ***"I am more confident in myself. I am wrapped up in my little flat and I used to just come down to bingo and then go back home and stay in my flat. I mean I've got family but it's not the same as the conversations we have here."***
>
> ***"I think I would be more articulate because of the group."***

SUSTAINABILITY: DEFEATIST VS DEFIANT

The question of the group continuing without the support of the STC staff member, resulted in a divided response. Some felt that the staff leaving amounted to the project finishing. Often the cause of this 'defeatist' attitude (which the majority of groups held) was due to the 'freshness' a person outside of the housing association brought.

This could not be replicated within the existing group as they all knew each other. (This is an interesting point and is counter intuitive given that it is in direct opposition to the suggestions made above that participants had learned much more about each other by attending STC.)

> ***"Once it's finished it's finished/It is a shame."***

> ***"If nobody new [facilitator] came, it would fall apart, I think."***

Others were more hopeful, and two groups in particular were determined to continue the weekly STC group. This was in part due to the benefit they recognised they gained from the group and in part because those attending were already a dynamic, active and close group.

> ***"I'm sorry that it's coming to an end, but we are going to keep it going because we just love hearing about one another."***

> ***"No, we're going to carry on/As a tribute to them [STC staff] we're going to carry on."***

Interestingly the question of a member of the group taking over the running of it was met with some barriers including confidence, the dynamics within the group members and the pressure of responsibility.

> ***"Because we wouldn't feel experienced enough to do it."***

> ***"I don't think it will carry on... because we need people with power."***

> ***"... we know that one person can't run the sessions/A sort of communal ownership/None of us are leaders anyway are we? We like sort of do stuff between us. We don't want to have one person in charge."***

When the proposition of a volunteer taking over from the STC staff member came up, there was no opposition from any group. This indicates the confidence participants had gained that the group would continue as it had done, regardless of who was leading the session. The fact that the STC staff had developed a 'toolkit' to enable this continuation by a volunteer or member within the group, helped support the confidence some held in the group continuing.

BARRIERS TO ATTENDING

It is worth briefly noting that some participants voiced reasons that made the group difficult to attend. The majority of those who came to the group did so on a consistent regular basis. The situations that would cause a barrier to them joining were noted as; hospital appointments, poor health, no transport, prior engagements, low mood and visits from family and/or carers.

As mentioned, the motivation for attending was extremely high, however, some participants noted that it was those not attending that would benefit most from coming. This has been noted earlier, but additional points are drawn out here to highlight other barriers that may stop participants attending in-person or on the phone.

> ***"The hardest thing to do is get somebody to walk through that door on their own/Yes, if they've got somebody with them, and somebody to sit down with, it cuts it [the anxiety] in half/But the hardest thing is getting them to walk in."***

> ***"People my age think that people are cold-calling so they don't pick up/ Don't use their mobile phones."***

Another important element to note is the change in the 'gatekeepers' to the project during the pandemic. This had a dramatic and unforeseen impact on the STC groups in the initial phase of recruitment and subsequently acted as a barrier to some attending. As the group was delivered by the Mental Health

Foundation, certain presumptions and assumptions were made by staff and participants. Although the numbers attending at the start of the project (pre-pandemic) showed that this had little detrimental impact, when moving to the phone calls a change in these presumptions was noted.

> ***"I thought they were going to come in with an [mental health] assessment or that sort of thing."***

The recruitment to the STC group became the responsibility of the housing association staff, due to STC staff not being able to visit the homes directly (as they had done pre-pandemic). This resulted in a message that the group was only, or mainly, available to those experiencing poor mental health or who were seen as needing additional support. The housing association staff initially approached and referred participants they felt would benefit from the calls, rather than it being an open offer to anyone living there. This change in the expectations and needs of the participants attending the group calls during the pandemic, were notably different and shall be explored in more detail later in the chapter.

Case study – it's a wonderful thing

Shirley and Kate have been friends for over 18 months having met each other at the housing scheme. If you knew them, you would be surprised to find that they spent so much time together as they have such different life experiences and different personalities.

There is a 25-year age gap between Shirley and Kate, which leads Kate to liken their relationship to that of a 'mother and daughter'; indicating their closeness. Shirley is in her 80s and is quite content with her life. Living alone is not a worry to her and she is quite happy entertaining herself in her flat with crocheting and knitting.

She has a small family and has lived on her own for over two decades. In stark contrast to Shirley, Kate has a large family, with a number of children and many grandchildren. She is not so content on her own in her flat and more likely to be out of her flat than in it.

Shirley and Kate speak to each other on the phone every day. Prior to the pandemic they went out in the car seven days a week visiting cafés and shops, or taking drives in the local area. This gave them time to talk and find out about each other's lives, interests and perspectives on life.

Kate confesses she is naturally quite a negative person and finds it difficult to access positive feelings. Shirley 'just lets her talk', which seems to suit them both.

Knowing this, may lead us to think that attending the Standing Together Cymru group telephone calls would not be of interest to the two friends. However, they decided to join the calls with fascinating results. They put this down to the skilled facilitation of the conversation between them, by the STC staff member. They felt respected and at no point did they feel pressured to talk about certain subjects that were painful. They felt listened to and that their life experiences and viewpoints were valued.

> **Shirley:** ***(staff) was easy to talk to, I've never met (them) but I felt I'd known (them) all my life... I don't actually take part in any other calls, so you know this was different and it was nice and I enjoyed it... you could have a conversation with (them) and (they) would listen to you. It's nice you know that someone is interested in what you did when you were younger, I mean I'm (age) and it was nice to just go back, I mean younger people, everything is for today sort of thing, so it's nice to reflect as well.***

For Kate however, the skilled facilitation had an additional layer of benefit. Painful experiences in her life that meant that she had to 'shut out' a lot of her past. In doing this she had washed over this time with a negative brush and felt that there was no reason to re-visit her childhood. However, gently and safely exploring this, enabled her to reframe her past in a more positive light.

> **Kate:** ***... and nicer memories I've been able to sort of dig out 'cause I've closed so much of my life down, it's been really, really good... I don't think a lot of positive... but you know she added more positives into my life and it have benefited me you know tremendously.***

It is clear that although firm friends who spent a lot of time together or on the phone, they still both benefited from the weekly calls. The conversations had deepened their friendship and changed their way of interacting with each other.

> **Kate:** ***... and Shirley and I have talk to one another after [the call] you know and we've had a long drive in the car going shopping and I've laughed about the (item) (laughs) that I'd forgotten about. It's been nice to carry that on then after [the call].***

Kate especially felt these calls were important to those who felt lonely:

> **Kate:** ***I think a lot more of this [STC contact] is needed... people find themselves alone... this is just something to look forward to... and I think there are a lot of people out there like me, who are longing to pick the phone up and you know have a conversation... and I think it's [STC call] a really wonderful thing.***

STC staff views

As part of the work carried out by STC, the staff facilitators completed a debrief at the end of each session. This was captured in writing and included observations on any change in relationships that were seen over the weeks that STC were at the housing schemes. This was to add to the picture developed in the above narrative of focus group findings. In addition, the debrief is also a way for staff to reflect on the impact of the groups on them. Diluting through discussion with colleagues, any comments or topics which have had a particularly strong impact on them. In order to facilitate this type of group staff need to prioritise their own wellbeing.

Much of what was noted down, is echoed by the participants in these findings, however, more depth can be added using the voice of the facilitator. The following draws together the notes into broad themes; meeting each other, the dynamics between them, support for each other and encouragement of each other.

Meeting each other

The STC sessions gave opportunities for residents to meet who would not normally have met. Although the previous findings suggest that the groups were, usually, already formed, there was some instances where residents were meeting for the first time. This happened to two neighbours who, although aware of each other's existence, had not met until they attended the group. STC was also the platform that brought together two old friends after many, many years of not seeing each other. As well as this, a new friendship came about between an unlikely pairing and staff noted how unusual this was due to the different characters of these residents.

Dynamics between them

There are notes taken in the sheets that record the negative side to the group dynamics. This related to those in the group with a stronger voice who were, on occasion, more confident in using it. These interactions had to be managed by the STC staff to allow the quieter residents to share their experiences. At points staff noted residents being 'irritated' with each other and raising their voices to show this.

Interestingly the notes of the dynamics of the groups, shed a different light to that above. The groups that were already formed, showed disappointment that they were not being joined by other residents in the housing scheme. Indeed, one conversation that took place concerned which group member was best placed to invite another resident who the group felt would benefit from joining. This not only shows an active wish to expand their group but indicates the wish to truly encourage this resident by choosing with care who would approach them. This is a divergence from the irritation and frustration observed from the focus groups, of the missed opportunity for others to join STC.

Support for each other

The high level of support that the residents gave each other was observed in many of the groups. An example of this was when staff noted concern being shown among the group members when a resident was unable to attend. In these instances, some residents took it upon themselves to check-in on the person in question and share the best wishes of the other members. As well as this, efforts were made in some groups to ensure those with barriers to communicating in a group, were actively included and their opinion sought: this was not through the prompting of the staff, but by the groups own volition. Another indication of the group 'owning' itself was the observation by staff that some conversations (related to the STC topic) continued without the need for facilitation; once the subject was introduced the residents spoke freely with each other and not staff.

There were also conversations in the groups that were aside from the content encouraged by the STC staff. This natural dialogue often included the residents reminding each other about up-and-coming appointments, suggestions to visit the doctor with health concerns, knowing each other's whereabouts and planning group activities such as lunch out or craft sessions. Information was shared as to how to manage a particular problem or suggestions of support that may be available. This included warnings of a high-profile scam that one resident was being drawn into.

Encouragement of each other

Respect and consideration were words used by the staff to explain the drivers behind their interactions. This approach built up a level of trust that allowed the more in-depth conversations that took place, which in turn further deepened the connection between them as they encouraged each other to share their stories. The groups were also not short on humour and banter either. Many of the groups showed the trust they had in each other through the playful mocking that took place in the sessions.

Staff reflection

One STC staff member spent time writing a reflective piece for the report. What follows is the essence of this, in their words. It highlights what they found meaningful in their experience working directly in the project and with the beneficiaries.

Holding space

Ensuring space is reserved for the voices of participants was an important and key aspect of facilitating the STC groups. To do this effectively means the facilitator needs to retain control of the space in which the dialogue sits. The voice of the facilitator is present to gently steer the discussion and is used to ensure there is space for all participant voices to be heard. Most importantly facilitators must actively listen to the discussion to learn the flow of the conversation and track its pace, listen to and allow time for silence or a reflective pause. (This pause should be distinguished from a different type of silence in which group members feel unable to contribute.)

It is important to note that facilitators will have their own boundaries about what they're willing to share about themselves; many facilitators are comfortable and happy to talk about their own experiences as contribution to a conversation, others talk very little about themselves. It is crucial facilitators validate the contribution participants make, and one way of doing this is prioritising the participant voice over our own.

Curiosity and empathy

Curiosity is a dependable tool to utilise when facilitating STC groups. Conversations can be taken below the surface level chat using this, and subsequently it provides the foundation for all STC discussions. Empathy also has great importance in the way STC groups are facilitated. The ability to share the feelings of those in the group not only helps to build trust and rapport but it also increases capacity to explore discussions at greater depth.

The facilitator's personal curiosity will likely be present too, however it is important to prioritise curiosity arising from the group over the facilitator's own. This leads to the group quickly and independently forming a circle of support; giving their neighbour space to talk further and offering words of gentle encouragement. The group facilitator's curiosity can be effectively used too, for example when a controversial comment is made by a participant. However, it is important the facilitator contains their personal feelings to continue their empathic approach and utilise the curiosity mentioned above to explore the person's feelings and achieve greater clarity on the intent.

Validation

The combination of curiosity and empathy can lead to a welcomed level of authentic validation. This further strengths the relationship between the group and the facilitator. Validation in

STC groups meant that participants felt, often for a first time, their lives are of interest, and they're being listened to.

Validation can be further enhanced via the group dynamics: the facilitator holds the group and retains a certain level of authority through supporting, steering and reacting to challenging behaviours or safeguarding concerns. However, the facilitator must remember, it is the participants who lead the group who are the peers and the experts on their lives. The participants in STC commented on their enjoyment of feeling they could 'teach' the facilitators new facts or experiences; feeling a sense of purpose that some participants talked of having lost since retirement. Empowerment and validation form a foundation for 'psychological safety' that encourages participants to remain involved and allows participants to share with others.

Conclusion

A peer support group is working effectively when its participants feel seen, heard and safe. For this to happen, trust and rapport must be built and maintained from the outset to support the group dynamics. When this is achieved it results in not only a decline in feelings of social isolation and loneliness, but also in a positive impact on wellbeing.

When effective facilitators work with a later life peer support group to reach a stage of empowerment, it leads to them finding a powerful voice that, with effective support, can raise their profile and potentially influence real change.

The impact of the pandemic: “this Covid-19 has robbed me of a year”

The Covid-19 pandemic has had harmful effects on all ages, but particularly the later life community, both in terms of physical and mental health. Older people stated that their wellbeing had been negatively affected as they felt more anxious, worried, bored and stressed; this age group were also the least optimistic about life returning to normal[45]. They also felt increasingly isolated and lonely which increased their risk of mental ill-health[46]. When directly compared to before the pandemic, the proportion of adults over the age of 70 with depression had doubled and one in three stated that their anxiety had worsened.

Qualitatively, people have mentioned feeling like prisoners in their own home with nothing to look forward to, a negative life attitude and they described the experience as mentally draining[47,48]. Physically, the effects of reduced activity accelerated the deterioration of their physical health and one third of people reported having reduced energy. Also, the actual physical threat of catching Covid-19 caused great anxiety and increased self-isolation due to the severe vulnerability of older adults to Covid-19; 31% of over 70s described being outside of their home as very uncomfortable and that they were increasingly aware of their own mortality[47].

Specifically in residential later life communities, the usual communal settings and dining rooms were closed and visitors were prohibited to prevent the spread of Covid-19, which resulted in reduced social connection[49]. Also, it became evident that these settings were not adapted to communicate efficiently through digital means to ensure residents remained connected to their families[50]. There was a lack of adequate technology to allow all residents this opportunity regularly and many struggled with digital literacy and could not quickly adapt to new technology which therefore heightened the negative feelings of loneliness and isolation, consequently leading to worsened mental health[51]. Older adults also had severe difficulties accessing healthcare and treatment throughout the pandemic and were also worried about unnecessarily burdening the NHS or contracting Covid-19 when visiting a healthcare setting; consequently, many went without the necessary treatment which had negative effects on both mental and physical wellbeing[48].

For further details on the impact of Covid-19 in later life communities, please see the Mental Health Foundation’s Covid-19 Pandemic Study: Briefing paper on Older People – **to add link once published**.

The opportunity was taken during the evaluation of the project to collect some data on the impact of the pandemic. This had occurred in the middle of delivery of cohort three, which moved from in-person to weekly telephone/virtual calls. Many participants expressed that they would have liked the group to have continued in-person but understood and

accepted the restrictions that had been put in place to keep them safe. (There were some participants that had been unhappy about how these restrictions had been enforced within their housing association, but this was not related to the delivery of the STC project.)

Expectations and needs

As mentioned earlier, the move from STC staff advertising and recruiting to the group to this being the main role of the housing association staff, had an impact. This was most notable in the changed expectations and motivation for attending the weekly telephone/ virtual calls (that replaced the in-person groups). Certain comments echoed the pre-pandemic cohorts, where participants were motivated to attend to combat loneliness or just interested in finding out more. However, for others, the motivation was notably different and directly related to mental health and mental ill-health due to lived experience of the latter.

> ***"Anything to do with your mental health, I think it's important that people speak out."***
>
> ***"I didn't expect anything, I just wanted to give back."***
>
> ***"I know people are suffering with mental health and I thought, well I've got a bit of it you know myself… and I'm not as active as I was before, so I needed someone to talk to… and see how they are coping as well."***

The result of this skewing of referrals was an increase in the reporting of safeguarding issues by the STC staff to

the housing associations. These incidents highlighted the impact of the pandemic and the subsequent change in referral process, such as those considered by housing association staff more in need of a weekly call alongside the loss of activities that maintain good mental health due to imposed pandemic restrictions. This had a clear effect on the mood of some participants even if they had access to meaningful activities within their home.

> ***"I couldn't get on with the things that I do, crafting... I just could not do it, that was quite heart-breaking actually."***

Expanded connections

Due to the changing way of delivering the STC groups, an opportunity arose to bring together participants across the different housing associations that the project partnered with. This, for some, gave an opportunity to connect with others that they were unlikely to have met before and in addition it gave them the choice of whether to meet in the future. Receiving a call from the comfort and safety of their own homes also created an appeal to attend the group; indeed some participants had never attended a group at all before joining the STC calls.

> ***"Because I didn't know [the other participants]... it felt easier to open up, it's easier to talk to a stranger sometimes than it is someone you know... Christian names only, I think that was good."***

Interestingly, this feeling of safety was supported by the small group sizes. Alongside the anonymity, this promoted a space for disclosure of mental ill-health and other issues that participants were finding difficult to cope with. There being only one, two or up to four people on a call, as opposed to the large numbers by comparison attending in-person, led the members of the groups to be more open. These small numbers subsequently led to more in-depth and personal conversations. Although this was an intention of the STC project, the aim was not to focus solely on mental ill-health and current difficulties.

In response to this, as noted, the safeguarding incidents increased and subsequently the STC staff took time to reflect on the changes they had seen in the needs of the participants. As a result they contacted the housing association staff with the aim of ensuring a clearer view of what the offer of STC project was. As well as this, enhanced supervision was provided to staff and additional support was made available through the wider staff team at the Mental Health Foundation.

A sense of loss

Another theme that came out in the group interviews, that takes the discussion wider than the STC group and project, was that of the personal impact on the participants. Many experienced a huge sense of loss as a result of the pandemic, whether it be in social contact or the freedom to live life in the way they had been.

> ***"We got a group and we usually go out for lunch, you know pre-pandemic... [we are] more vulnerable so we can't meet up."***

"But we've missed out on so much this year, we've missed out on the trips, on the people coming in… it is quite sad."

"… it was a lonely time, a very lonely time actually 'cause they are the only people you see [postperson, family, carers]… you know the telephone has been a lifeline."

Some considered themselves quite happy with living a self-sufficient and independent life. There was a sense that not much had changed, even with the pandemic and UK government limitations such as lockdown. However, when the pandemic took away the ability to choose how to live that life, some noted the benefit of just knowing they could go out as and when they chose.

"I don't mind being alone and it didn't bother me… but I could always go out (laughs)."

"I don't see anybody actually, I'm locked in with my carer… all (he/she) does is watch television… so it's like having nobody in the house."

"It's awful innit (participant name) I didn't go out much anyway… but being told I couldn't made me want to/I didn't want to sit in the pub until I was told I couldn't!"

For a minority of participants there was a sense of defiance against the government and housing association rules. For one individual this was due to the simple fact that life was a finite resource and time was precious: the benefits of seeing her family in-person outweighed the risks of contracting the virus and becoming ill.

"I'm (age), if I, maybe I'm not even going to be here next year, so why should I risk my grandchildren miss out on me and me miss out on them?"

As well as the impact on mental health and mood, for a large group of those who joined the group interview, the impact on their physical health had been dramatic. Some recognised this as an inevitable aspect of a physical condition that they were managing, for others, even though this was the case, their mobility had deteriorated during the pandemic and they felt resigned to the fact that this was not going to improve.

"Today my legs are too bad to do anything at the moment… I think it's worse now… they're [mobility in legs] going backwards at the moment."

"I'm having trouble walking locally… you know getting older, but I couldn't ever have dreamed of being like I am you know… I don't want to go out to be quite truthful."

"I've deteriorated physically and psychologically… I've lost a lot of confidence."

Another consideration is the loss that some had experienced during the pandemic in terms of bereavement. The restrictions at the time of the group interviews made it very difficult to attend funerals due to lockdown and restricted numbers on who could attend or travel to the service. However, one participant showed a level of personal resilience on experiencing such a loss;

"Actually I've been fine up until my (sister/brother) died in (month) and I went down a bit, but I picked myself up a bit now."

Standing Together Cymru – the quantitative findings

STC quantitative evaluation findings

Please see Table 1 for a summary of the quantitative figures from STC.

Of the 211 attendees that took part, 74 engaged with the quantitative evaluation of STC (35%). All those who engaged with the evaluation attended within cohorts 1-3, with the majority in cohorts 1 and 2 (84%).

To give a picture of those who took part in the evaluation; 78% were female, with the majority between the ages of 60 and 89 (85%). 48% were widowed and 16% divorced, whilst 18% were married. Regarding ethnicity, no one completed the evaluation from a Black, Asian, or Minority Ethnic community.

92% were from White British communities and a small number of Irish, Italian, French and Greek participants took part. Of those that completed the evaluation, three were Welsh Speakers.

Standardised measure outcomes

Within the STC project, three standardised measures were used:

1. The World Health Organisation (WHO) Five Well-Being Index (WHO-5), a measure of wellbeing[52]
2. The UCLA 3-item loneliness scale, a measure of perceived loneliness[53]
3. A self-rated health scale from the EuroQol 5D Health-Related Quality of Life Questionnaire (EQ-5D)[54]

Table 1. Quantitative figures for STC

Number of attendees	**211**
In-person	**195** (11 transferred from in-person to phone)
Telephone/virtual call only	**16**
Number of cohorts Cohorts 1 and 2 Cohort 3 Cohorts 4, 5 and 6	**6** In-person In-person/ Telephone/ virtual call Telephone/ virtual call only
Number of groups sustaining beyond MHF delivery	**8**
Number of Housing Schemes engaged	**22**
Number of staff trained	**20**
Number of volunteers trained	**10**
Number of advisory group sessions	**8**

What follows are the results of the data collection. Due to participant engagement (detailed below Recommendations for the use of Standardised Measures within Standing Together Cymru (STC)), **this evaluation was only able to focus on the outcomes of the measures within Cohorts 1 and 2 (pre-Covid-19 pandemic outcomes)**. Cohort 3 participants completed baseline questionnaires only and there was no available data for Cohorts 4, 5, and 6.

Nevertheless, this data does provide some interesting trends, which can begin to support the impact of STC alongside the qualitative narrative presented.

EuroQol 5D Health-Related Quality of Life Questionnaire (EQ-5D)

Baseline (prior to the start of service) and post service data was available for 25 attendees and results of the analysis revealed that this group of attendees felt significantly worse, in terms of their health rating, at the end of the support compared to the beginning of support[i].

The UCLA 3-item loneliness scale

Baseline (prior to the start of service) and post service data was available for 26 attendees. Scores indicated that these attendees did not start STC perceiving themselves to be lonely, (average score at the start = 4.3, the range of scores for this measure are 3-9, with higher scores indicating greater levels of perceived loneliness). Results of the analysis revealed that these attendees felt the same level of loneliness pre service as they did post service, therefore maintaining this feeling of inclusion[ii].

The World Health Organisation (WHO) Five Well-Being Index (WHO-5)

Baseline (prior to the start of service) and post service data was available for 25 attendees. The scores of this measure can range from 0 (worst imaginable wellbeing) to 100 (best imaginable wellbeing). Scores of these attendees before attending STC, were 53.2, rising to 58.8 post service. According to evaluation analysis this is not a significant change in perceived wellbeing[iii], however with greater engagement and numbers completing measures, confident positive change may be more evident.

The take home message

The take home message here is that even though these attendees reported feeling significantly worse in terms of their health rating, which will include their physical wellness, attendees maintained their levels of wellbeing while attending STC facilitated groups, as well as positive feelings of inclusion. These outcomes support the qualitative narrative outlined above and help to build the picture of the positive impact of STC.

i. A paired samples t-test revealed that participants rated their health as significantly worse post service (mean=61.6), compared to pre service (mean=68.0), t(24)=2.1, p=.05), representing a small- medium yet significant effect (Cohen's d=.30).

ii. A Wilcoxon test revealed that attendees perceived loneliness was similar pre (mean- 4.3) and post STC support (mean= 4.2), T=78, p=.60.

iii. A Wilcoxon test revealed that attendees perceived wellbeing was similar pre (mean=13.3) and post STC support (mean=14.7), T=131.5, p=.87.

Recommendations for the use of standardised measures within STC

The process

In research and evaluation, there are many qualities about a person that are interesting and useful to measure across time, before and after a specific intervention or service for example. Within STC this includes perceived wellbeing, loneliness and health ratings.

Standardised measures use a specific process to help measure these, seemingly abstract constructs, in a way that is reliable, evidence based and meaningful to the population of beneficiaries. Standardised measures do this in several ways, but most importantly they need to demonstrate that they are reliable (over time the results will be consistent), valid (they measure what they intend to measure), and provide a set of normative data (such as, the smaller set of scores derived from the group are representative of the population they come from, in this case it would be those people in later life).

There was, however, a lack of consistency in the completion of these measures by attendees within STC. Three staff members, including facilitators and project managers, subsequently gave written feedback, which is outlined below, and all indicated that using these measures was challenging.

"... the standardised data collection was really challenging and didn't necessarily feel appropriate for the project." Staff member B

"It was quite a challenge from the outset." Staff member C

"We found it very challenging to get a base line and an endings questionnaire from participants." Staff member A

The STC Project found itself impacted by the Covid-19 pandemic during Cohort 3 of delivery. Prior to the pandemic, STC delivered all sessions in-person. Staff initially discussed the research side of the project verbally with attendees and the measures were brought along to the sessions. Measures were completed within the group setting with the support and encouragement of an STC facilitator.

In response to the pandemic, all sessions were adapted for group telephone/virtual calls. It was decided by the staff that measures were not going to be completed on a one-to-one basis over the phone, as this could influence the results.

"If people needed help we would offer the necessary support whilst remaining mindful to avoid leading/influencing." Staff member C

"... a member of the STC team and other participants were always present which might have influenced how participants answered." Staff member C

Instead, standardised measures were sent out in the post, with a stamped addressed envelope, and attendees were reminded to complete these over the phone, during sessions. Unfortunately, very few of these measures were returned by attendees.

The barriers

During the course of the evaluation, staff indicated several barriers to using these measures; that will now be explored below.

Stigma around mental health

Staff gave feedback that touched on the stigma that was felt amongst the STC group members. This was especially around mental health and the fact that staff were employed from the Mental Health Foundation.

"We already had the barrier of us being 'The Mental Health Foundation' to overcome – people were quite wary of us and felt that we were there to analyse them." Staff member B

"Perceptions amongst the later life population around mental health were predominately that anything mental health meant mental illness." Staff member B

"Scepticism over purpose – and of us as the Mental Health Foundation... some questioned what we were trying to find out, such as one group joked that we were assessing if they were 'looneys' or not." Staff member C

Staff felt time was needed to focus on engaging group members in peer support, with limited capacity to then dedicate to explaining and promoting the evaluation process.

Appropriateness of measures

All staff commented on issues around the appropriateness of the measures. There was a general consensus that the measures felt out of context, that group members were confused as to why they were being asked to complete the measures, and that people in later life found them hard to understand and respond to.

> ***"I felt that the participants came along to the STC groups for a tea and an interesting chat, the questionnaire didn't fit in this context."*** Staff member A

> ***"People were often confused as to why they were being asked these questions, the questions themselves not relating to the project specifically in wording."*** Staff member B

> ***"... scales as measures are hard to understand for so many that often they can't accurately answer the question so take a guess."*** Staff member C

Staff also described a domino effect, therefore if one group member decided not to complete the measures, this would often lead to other group members doing the same.

Barriers specific to those in later life

Staff drew upon general barriers that would be specific to this group of people and those in later life. An example of this is if an attendee had a visual or hearing impairment, then staff would need to read aloud the questions audible to the room and the person would then need to verbalise their response in front of a group. Likewise, attendees found the questions difficult to understand, or interpret the difference between 'agree' and 'slightly agree'. These varying levels of understanding resulted in people discussing the question between themselves or getting advice from a neighbour, who themselves may have struggled to understand the question.

> ***"... numerous questions about what the scale means."*** Staff member C

> ***"... the individual may have had a question explained to them by someone who may or may not have understood exactly what the question was really asking."*** Staff member B

The process of using the measures

All staff indicated that the time between administering these measures was too long. This resulted in capturing only how a person had felt that day and missing the journey of the group. During in-person delivery there could be a six-month gap between the baseline and end questionnaire. Within this population of people, there are several things that affect this group disproportionately to other groups of people, including bereavements, hospital appointments for other health conditions, seasonal illnesses or changes in staff that support them.

> ***"Someone could have had a terrible two weeks but had been really connecting with their peers during the sessions."*** Staff member A

> ***"Questions are asked in different seasons and in winter people are more likely to be ill. The participants are elderly already and six months makes a huge difference to health at that age so natural deterioration of health can be expected."*** Staff member B

> ***"Having a cold affects their score! Or a bad leg that day."*** Staff member C

The recommendations

Accessibility

All staff that gave feedback reported accessibility issues, as many older adults found the measures unexpected, hard to understand or did not want to complete them. Staff recommended that more capacity was given to the evaluation process, so that time can be dedicated to help attendees understand who the Mental Health Foundation are, what the evaluation process is and why it is so important.

Likewise, capacity for project staff to work with a research team should become a greater focus within the process, so that creative and accessible ways of using measures and completing evaluations can be facilitated.

> ***"More interaction… more understanding through action… more engagement. But takes time and resource!"*** Staff member C

Co-production

A key theme from STC staff was co-production and the benefits of working with people in later life. This could be achieved in a number of ways, as outlined by staff, including utilising a steering group, so that older adults can help choose measures and advise on their use and introduction to groups. To help with this a peer researcher could also be identified, who can support evaluation on the ground. These older adults would be instrumental in co-production and giving a voice to older adults in the research process.

> ***"I think perhaps an option to co-produce the evaluation with a representative group of the population."*** Staff member C

> ***"I think the project was missing the voice of the participants in the steering group, older adults should be… involved in shaping the introduction around the questions – language and communication are something that I think we could've done better had we worked in a more co productive way."*** Staff member A

Summary of findings

Standing Together Cymru supported 211 adults in later life throughout 22 housing schemes across South East Wales. This included 195 attendees via in-person facilitated groups (cohorts 1-4) and 16 attendees via telephone/virtual call facilitated groups (cohorts 5-6).

Engagement with the evaluation varied between the quantitative and qualitative aspects. However, evidence from attendees at the focus groups indicated a number of key highlights of Standing Together Cymru:

- The content was markedly different to the normal activities people attended.
- Skilled facilitation resulted in the deepening of connection between attendees and with the facilitators.
- Attendees were better able to reflect on their own views and understand each other's.
- The peer support approach encouraged attendees to help each other emotionally and practically.
- The sessions became embedded into the weekly routines of attendees.
- Group dynamics led to clear group facilitation to ensure inclusivity.

Quantitative findings, although collected from a small group of attendees in cohorts 1-3 (pre-pandemic), supported the impact of STC. Attendees reported:

- positive feelings of inclusion both pre and post service
- significant reduction in their health rating over the six months from pre to post service. However, attendees maintained their levels of wellbeing while attending STC facilitated groups, as well as positive feelings of inclusion.

The Covid-19 pandemic affected STC by impacting on:

- recruitment into STC moved from being managed by project staff to housing associations
- attendees reported a huge sense of loss
- creating more unexpected opportunity to connect

What have we learned?

The evaluation of STC has shown that the groups were beneficial to all involved. What follows is a reflection on the 'why' and 'how' this may have been the case, introducing evidence from published research.

In joining an STC facilitated group, instinctively attendees would have gained a sense of purpose and belonging, which is vital to maintaining resilience in older adults[55]. Resilience in older adults is important to ensure that they can bounce back after hard events or life challenges. By joining clubs, activities and volunteering, resilience can be increased and older adults will be better prepared for any challenges they may face[56,57].

However, the success of the groups lay in more than merely attending a group. STC resulted in deepened connections between those that attended; indeed staff reflected that participants knew each other prior to attending but didn't really know each other. STC created a space where people were able to consider their own view and the views of others.

Social connection is extremely important in maintaining resilience in later life[58] as the connections help to provide emotional support and increase positive feelings[59]. Moreover, resilience is important in later life, as it can lead to successful ageing, increased wellbeing, better physical health and increased longevity[60,61]. It has also been shown to reduce rates of depression in older adults[62].

It is important to note that resilience does not decline due to age per se, and it can be increased in older adults through maintaining social contact with people and having a strong social network[63].

Results of the evaluation also indicated that as connections deepened, participants also felt able to share their stories and experiences. STC groups helped to create a space where participants felt that their lives were of interest and attendees felt listened to. Again, staff also reflected that this validation was a key part of facilitation and allowing people to feel safe within the group. Within psychological theory, social development continues throughout the lifespan, from birth to later life.

Theories from a researcher called Erik Erikson (1982) state having an opportunity to reflect and share life experiences promotes feelings of integrity[64]. This enables people to look back and feel accomplished and satisfied with their life[65]. STC created a space for attendees' personal stories to be articulated, which would have resulted in feeling a greater sense of life-fulfilment and satisfaction that is so important to maintain wellbeing at this life stage[66,67].

Looking to the future

Below are summary points, based on the information and data collated through the evaluation. What follows are suggested points of reflection when considering the future of peer support groups in later life. These are separated into strategic and operational to capture the learning and suggestions made by the beneficiaries, facilitators and staff involved in the STC project.

Strategic delivery

Sustainability of peer support groups in later life. Consider different approaches to building and sustaining peer groups that have proved beneficial in other projects (for example, attendees are aware from the outset that the group is planned to be sustained with a peer leader, who will be identified within the group).

Build quality relationships between partner organisations. Sustainable and impactful work is better achieved through valuing quality and mutually beneficial partnerships with organisations.

Recognise the preference for in-person sessions, rather than conversing over the phone. Explore the possibility of a blended delivery model, involving telephone calls, virtual and in-person group sessions. Mitigate against barriers to in-person delivery or build older people's IT skills and social connectedness through addressing digital exclusion.

Incorporate inclusion and diversity in the planning of later life peer support programmes and evaluation. Embed data collection of attendees' demographics and diversity information within programme delivery.

Embed co-production in programme delivery and evaluation, supporting the voice and needs of those in later life.

Gain input from policy in the early stages of programme and evaluation development, to optimise the impact of work at Welsh Government strategic level and also at Local Authority planning level.

Own your organisational narrative. To reduce stigma and increase awareness of your organisational values, be confident in who you are and what you do. Send overt messaging and use language confidently.

Operational delivery

Flexibility of delivery. Learning from the Covid-19 pandemic has shown that flexibility is the key to successful delivery. Ensure delivery responds to the people's needs, or can respond to changing contexts, unexpected events or events out of your control (such as, the reality of living in close-contact communities.)

Ensure advertising and delivery content is representative of the population. Be aware that advertising can directly impact recruitment. Ensure advertising is representative of the population and balanced. Consider using co-production methods to generate advertising, such as ask groups to create advertising content. This also applies to delivery content, ensuring any group activities are co-produced with attendees and also not ageist, to reduce stigma within this population.

Awareness of the sensitive nature of content for some and how this can affect participants. For example, the session on fathers provoked strong emotions for some participants.

Support the positive impact of routine and structure, ensure that groups are developed in a consistent, timely and predictable manner.

Consideration of the wider impact of STC within programme development. The discussion within the group can have an impact on interactions with family members. Discuss with the beneficiaries the suggestion of inviting family members into the group.

Consider the positive impact of intergenerational mixing within facilitated groups and creating generationally diverse conversations and bi-directional learning.

Be aware of group dynamics and the impact this has on group facilitation and recruitment to peer support groups.

Tackle barriers to attending. Define clearly what the group is, or isn't, to stakeholders or recruitment 'gatekeepers', as well as to group members. Create space for discussions about mental health stigma and the values and aims of The Mental Health Foundation.

Increase research support and advice for staff. Support staff to explore standardised measures and their use within programme evaluation. Help staff mitigate against their influence on respondents' answers during evaluations and support staff to co-produce evaluations with people in later life.

Recommendations for policy makers

1. **Welsh Government should tackle inequalities in the new Mental Health Strategy** – there is a lack of visibility of older people in the current mental health strategy, *Together for Mental Health*, as a distinct group experiencing inequalities. The next mental health and wellbeing strategy in Wales (due in 2022) must include an inequalities plan that tackles older people's experiences of the inequalities that affect mental health through the principles of 'proportionate universalism.' It is important that the new mental health strategy joins up with the Older People's Strategy and The Older People's Commissioner's work.

2. Using the Welsh Government's allocation of funding to Local Authorities to implement the new older people's strategy, *Age Friendly Wales*, L**ocal Authorities should commission older people's peer support projects like STC across Wales** with the aims of: reducing isolation, improving social networks, emotional wellbeing and coping strategies and better equip retirement housing staff and volunteers to support residents.

3. **The Older People's Commissioner should encourage and support the development of peer support groups** that empower older people as part of her remit to support age-friendly communities in Wales and to help to realise her 'Ageing Well' priority.

4. **Social connections and peer support need to be valued much more highly, and included in older people's care plans** – with the removal of any barriers, including potential associated costs for attending sessions that support health, wellbeing and social connection[68].

5. **Address digital exclusion with clear milestones and targets** – delivery of the STC programme was adapted to meet the challenges of working during the pandemic but digital exclusion and low digital literacy skills meant that there was limited opportunity for virtual peer support. We support the focus on digital inclusion and digital support via the 'digital heroes' initiative in *Age Friendly Wales* and the priority given to this by the Older People's Commissioner, but clear milestones and targets are required to address digital exclusion.

Legacy

One of the key aims of the STC project was sustainability. Learning from the previous project run by MHF in London, enabling the longevity of the groups was a focus of the Wales iteration of the project. This, however, was not as straightforward and therefore not as successful as hoped, as noted above. Nevertheless, "our special hour", as one participant put it, has left an important legacy in its wake.

Within the time-limited engagement with the participants in the housing schemes, STC has made a positive difference that is more covert and underlying than the planned overt continuation of the groups within the housing schemes. This is of the deepened connection between the residents that attended.

The conversations had and the content covered over the weeks changed the interactions that people had with each other, it changed attitudes and had a beneficial impact on help-seeking behaviour through peer support. These will inevitably be the positive legacy of the STC project in South Wales.

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