TRAVERSE

Peer Support Programme

GOGA Evaluation

29.10.2019

Client	Disability Rights UK
Title	Peer Support Programme
Subtitle	GOGA Evaluation
Dates	last published 19/11/2019 last revised 19/11/2019
Status	Released
Version	1.0
Classification	Open
Project Code	11145
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1. Introduction

Get Out Get Active (GOGA) is a three-year national programme that supports disabled and non-disabled people to enjoy being active together. Delivered by Activity Alliance (AA) and other partners, the programme commenced in 18 localities across England, Northern Ireland, Wales and Scotland in 2016 and finished in 2019.

GOGA delivered a range of activities through local authorities or independent provision, sports clubs and volunteering opportunities. A peer support programme ran through the three years as part of this, with a key aim of reaching the most inactive disabled people and supporting them to become more physically active. Disability Rights UK (DR UK) led on this work throughout GOGA's lifetime, working with localities across the UK to deliver localised peer support projects.

DR UK had two peer support leads throughout the lifetime of the programme. Localities varied in terms of whether they had a full time GOGA coordinator, for whom the peer support project was part of their role, or someone coordinating GOGA activities as part of their established role in their organisation e.g. a DPULO. We will use 'GOGA lead' as a catch all term to describe these different roles. 'Peer support leads' will be used throughout to refer to the DR UK roles.

At the end of the project, in September 2019, DR UK commissioned Traverse to draw out and distil the learning from the three-year peer support programme into a report, which will form the basis of a toolkit. This report provides key learnings to inform DR UK's future work in peer support towards enabling disabled people to engage with physical activity. It also reflects learnings from the GOGA programme

in context with this. It demonstrates the benefits, what works well to produce positive outcomes and areas for improvement.

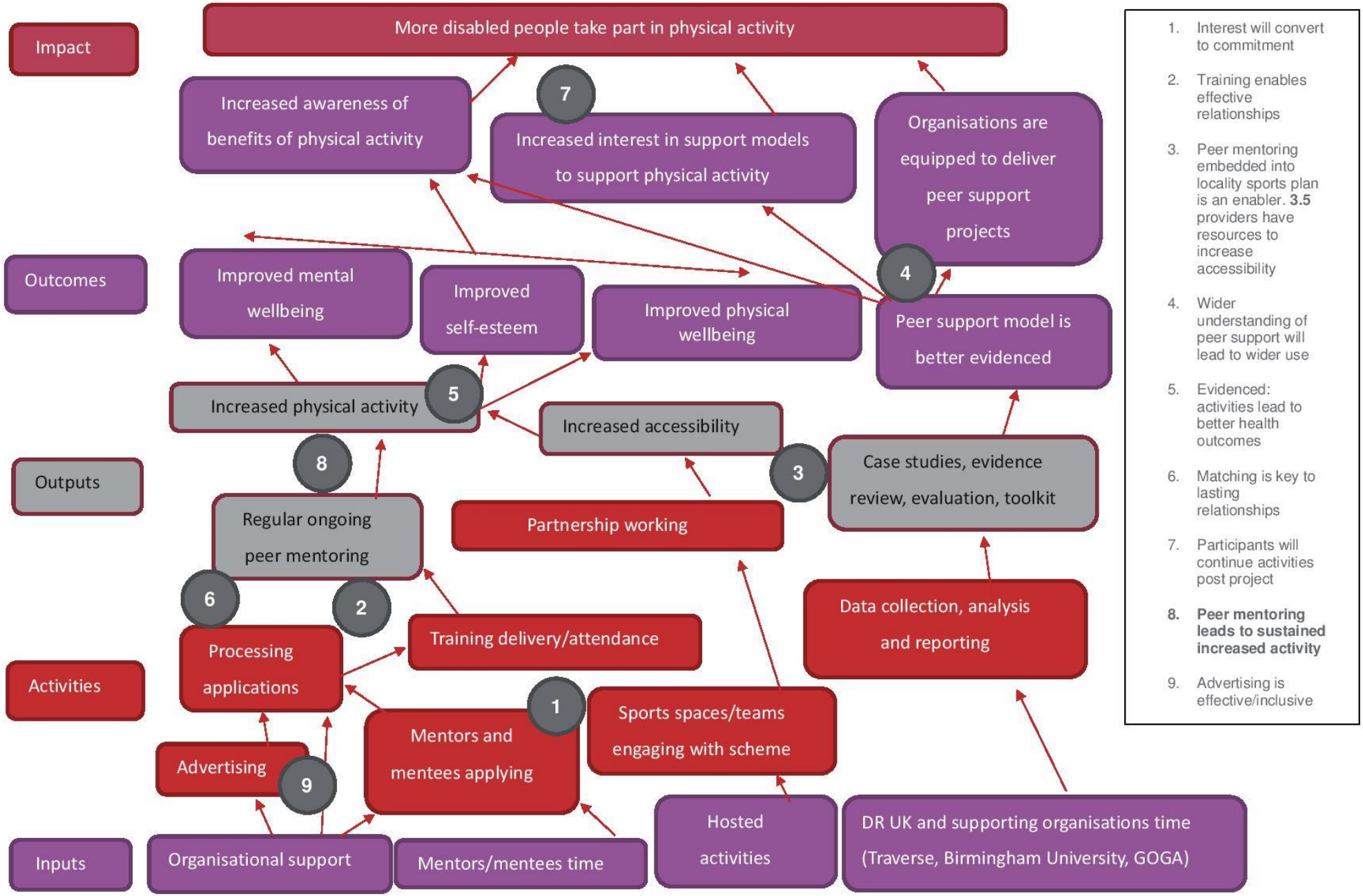
All projects were led by the ‘Talk to Me’ principles, as developed by AA in 2014. The principles will be referred to throughout and can be found in Appendix B and explored in more detail on the AA website.[1] As Sport England have recently announced match funding for ongoing GOGA work, this report aligns with their five outcomes approach to presenting the benefits of engaging with physical activity.

[1] http://www.activityalliance.org.uk/how-we-help/research/1910-talk-to-me-principles-in-action-november-2014

2. Methodology

We (Traverse) began with scoping conversations with two peer support leads and the manager who oversaw the peer support project at DR UK.

Based on these conversations, we created a theory of change (ToC) for peer support projects. The development of the ToC (which is on the next page) ran in parallel to a literature review exploring the evidence base, which was found to be inconclusive due to a lack of relevance of rigour in the findings.


Impact
More disabled people take part in physical activity
Outcomes
Increased awareness of benefits of physical activity
7
Increased interest in support models to support physical activity
Organisations are equipped to deliver peer support projects
Improved mental wellbeing
Improved self-esteem
Improved physical wellbeing
4
Peer support model is better evidenced
Increased physical activity
5
Increased accessibility
Outputs
8
3
Case studies, evidence review, evaluation, toolkit
Regular ongoing peer mentoring
Partnership working
6
2
Data collection, analysis and reporting
Training delivery/attendance
Activities
Processing applications
1
Sports spaces/teams engaging with scheme
Mentors and mentees applying
Advertising
9
Inputs
Organisational support
Mentors/mentees time
Hosted activities
DR UK and supporting organisations time (Traverse, Birmingham University, GOGA)
1. Interest will convert to commitment
2. Training enables effective relationships
3. Peer mentoring embedded into locality sports plan is an enabler. 3.5 providers have resources to increase accessibility
4. Wider understanding of peer support will lead to wider use
5. Evidenced: activities lead to better health outcomes
6. Matching is key to lasting relationships
7. Participants will continue activities post project
8. Peer mentoring leads to sustained increased activity
9. Advertising is effective/inclusive

Through further discussion we also identified resourcing and evaluation as key areas to gain insights into, as knowing what resource is required will be useful for future projects and in recognition that monitoring and evaluation need to be improved on moving forward if peer mentoring is to be understood and better utilised.

Bradford and Lambeth were selected by DR UK as core localities to focus on as they were felt to have worked most closely with DR UK and made the most progress in terms of establishing and delivering their peer support projects. Nottingham and Wandsworth were identified as less mature projects that would provide different insights in order to compare and clarify learnings. We interviewed two GOGA leads in Lambeth, one in Bradford, one in Wandsworth and three delivery leads in Nottingham. We also spoke to four mentors; three in Lambeth and one in Bradford.

We interviewed the two DR UK peer support leads and programme manager, the GOGA programme manager at AA and a GOGA lead in one of AA's national partner organisations, Volunteering Matters.

We also invited Fife, a locality that ran a peer support project outside of DR UK's model though were inspired to do so by the presentation of DR UK's work at a GOGA conference, to answer the same questions.

The topic guide used across all telephone interviews, which is in Appendix A, tested our assumptions and explored the topics of resourcing, monitoring and evaluation. Project monitoring data was inconsistent across projects and thus not used in this evaluation. Challenges to evidencing are explored in 5.2. The basis for the findings presented in the following chapters are qualitative explorations through interviews.

3. Findings; the benefits

Whilst AA and DR UK did not prescribe the need to reach high numbers of matched mentors and mentees, those delivering the GOGA peer support programme/projects initially felt they should be aiming to reach a high number of participants. Over time this emphasis was replaced by the aim to reach the most inactive disabled people and enable them to become more active, whilst understanding what works about peer support to enable this, so that outcomes can be replicated and developed.

Numbers-based outputs can potentially be viewed as indicators for organisations, but the outcomes for individual participants and the learnings around how they got there are key to this report.

Whilst this work has not developed a one-size-fits-all model, significant understanding has been gained that will contribute to a replicable process. In this sense, along with the outcomes achieved for the individuals involved, the project has been delivered successfully.

We will discuss the benefits of the peer support programme under the Sport England outcomes to physical activity framework, which has five domains and can be explored further on their website.[2]

3.1. Physical wellbeing

Increased physical activity

Both mentors and mentees were reported by those we interviewed as having benefited from increasing their amount of regular physical activity. As previously stated, data from projects was not collected due

[2] https://www.sportengland.org/active-nation/outcomes-driving-our-strategy/

to being inconsistent so this outcome is not evidenced outside of the interviews we conducted. Some also reported increasing the intensity of their activity over time. Peer mentoring enabled this through providing encouragement and motivation, for both parties. Many mentees were reported as able to transition to regular independent physical activity or (supported/peer-based) group activities.

3.2. Mental wellbeing

Mentors and mentees benefited from the enjoyment of engaging in physical activity with others along with improved self-esteem. Whilst mental wellbeing was not meaningfully explored in this evaluation, the benefits detailed below in 3.3 and 3.4 demonstrate benefits around employability, confidence and social connectedness which we know lead to improved outcomes in people's mental wellbeing.

3.3. Individual development

Confidence and self-esteem

A key barrier for mentees was confidence, which the support of a peer can help to overcome. Support and encouragement to engage with physical activity on a regular basis over a sustained period contributes to increased confidence. This, along with goal setting and overcoming barriers around stereotypes and accessibility through peer support, contributes to thinking and behaviour change, which is what enables the mentees to sustain their physical activity regime. Organisational support and achievements with their mentee over time led to increased confidence in mentors too.

Mentors also benefited from trying something new and engaging in a new challenge, with some becoming community leaders and peer

mentor champions. Some mentees went on to become mentors, reaping all the benefits of both roles, particularly increased confidence.

A key benefit for mentors was around the positive framing and a sense of self-efficacy that comes from being able to use their lived experiences in order to improve someone else's life; they felt

"empowered that their lived experience of disability is being used to improve someone else's life"

– GOGA lead, Volunteering Matters

Key barriers were often rooted in stereotypes and accessibility. One peer support lead described the extent to which disabled people are often told "no, you can't" and the power of working with a disabled person who has overcome such stereotypes, which can help the mentee to break down the perceptions that hold them back. For example,

a) thinking they cannot engage in physical activity because they are disabled, and

b) thinking that physical activity means traditional or specific sports.

"He felt in the beginning that there were lots of obstacles to being able to swim – there were more obstacles in his mind." - Mentor

Transferable skill building

A key benefit for mentors was around building a transferable skillset towards employability. This came from increasing confidence, through working with mentees to overcome barriers, and was particularly relevant for jobs in social work and care roles. Those with learning difficulties were felt to have particularly benefited from mentoring in

terms of building their employability, with some informal feedback that, due to their role as a mentor, they now feel ‘job-ready’.

One mentor told us that the skills were transferable to their personal life, which involved interacting with and caring for someone with learning difficulties. They were able to better understand and support their family member by mentoring someone with learning difficulties.

3.4. Social and community development

Mentors benefited from engaging with the mentees, and their communities more widely, through volunteering their time and mentees benefited from social engagement.

Peer support

A key benefit for mentees was support from a peer who understands and empathises with the mentee’s perceptions, experiences and barriers. This was felt to be a key difference in what peer mentoring offers compared to other activities offered by GOGA or elsewhere, and what enables those who would otherwise not participate to do so. Empathy runs both ways; a key enabler for mentors and mentees was flexibility to fit sessions around lifestyles, work and fluctuating health conditions. This enables trust between the mentors and mentees and, where they engaged with peer-groups/group activities, more widely.

A shared experience is a key factor, which can mean being close to someone with a disability as well as being disabled themselves, though could also mean place-based experiences. Shared interests and values lend themselves to being able to provide effective support, provided the mentor has the right skillset, which we will explore later.

Connection

Mentors and mentees both benefited from feeling more connected to their communities and subsequent reduced isolation.

> "If I'm having a hard time with my mental health it gets me out – I work from home on a Friday so it's nice to go out over the lunch break and not isolate myself." – Mentor

Partnership working

User-led groups, such as Disabled Peoples User Led Organisations (DPULOs), leading or participating in the coproduction of the local projects has a range of benefits. This includes enabling sports centres and the project to develop their practices around inclusivity and accessibility, ensuring more disabled people are reached and understood, which in turn improves their quality of life.

3.5. Economic development

The individual development of mentors towards employment is the key benefit of the peer support project model in terms of economic development. There is also the potential for saving public money through prevention and increasing economic activity by introducing a new audience to sports centres who commit to paying for entry long after the project ends.

4. Findings; process

4.1. Enablers

The key enablers for delivering a successful peer support project are presented by theme and with reference to the 10 “Talk to Me” principles, which were developed by AA and underpinned all GOGA projects focused on getting disabled people into physical activity.

Partnership working

A significant enabler was the peer support project running alongside other, group-based, activities for disabled people and linking with a DPULO/a Voluntary and Community Sector (VCS) organisation that understands disability. One of the benefits of this way of working is reaching disabled people where they are, which links to the first of the 10 principles, ‘My Channels’, and includes applying this thinking to going where disabled people with specific interests would be e.g. an ice rink to reach people interested in ice skating.

Relationship building across the locality is a key enabler for delivery. This work benefits from developing a shared understanding of the peer mentoring model, taking a co-production approach to adapting the model to fit the area and creating a local offer, which can take time. Transparency, simplicity and consistency are key enablers for someone interested in the project to feel they can commit to it. This requires the locality partnership to have clarity on what they are offering.

Working together also enables shared responsibility and understanding, which helps to ensure a welcoming atmosphere and that barriers that stem from lack of awareness of the project are

resolved. This speaks strongly to principle 9, ‘welcome me’, in that if a participant’s first experience is unpleasant, they may not try again.

Lead organisation qualities

Commitment to investing the time into developing relationships as above (which may involve ‘selling’ benefits in order to gain local buy-in) and delivering a high-quality peer support project was noted as a crucial enabler. Those leading the project should have a strong understanding of disability and the peer mentoring model.

Whilst being clear and consistent with communication and process, those coordinating the project/s need to be flexible in responding to the needs of the partnering organisations, mentors and mentees.

> “It’s hard to get 8 volunteers in the same place and 8 mentees who lack confidence in the same place, so we shortened the training and did the essential stuff face-to-face in the 45-minute coffee shop sessions where we got to know the individual, then when we got to the 1-2-1 meeting, we’d do the rest of the training.” – GOGA lead, Bradford

There should be a focus on the people; taking an interest and helping mentors and mentees to feel at ease in their first meeting and enabling participants to feel part of something bigger e.g. via social events.

It was also felt leads should focus on the mentors, not just the mentees, to ensure they feel cared about, supported, valued and rewarded e.g. gradual introduction, with time to get to know staff and the role. This includes building a sense of community amongst mentors with an opportunity to ask questions and share learnings. This speaks to principle 10, ‘show me’, in that disabled people already involved in the project are best placed to promote it to others.

It was felt that the project lead should be motivated, passionate and have experience in co-production and evaluation as well as working with disabled people and a wide range of stakeholders.

Capacity building

Capacity building can mean internally at the lead organisation e.g. training coordinators so they can train other internal staff, carry out the matching process, support and monitor the project and its participants. It can also mean being willing to work with others who have expertise in disability, co-production or evaluation if the skills or experience are not available internally.

> "Some organisations are afraid to engage with people with a disability or not wanting to admit they need support to be inclusive. Once they've realised, they want support, it's ok. It can sometimes be hard for organisations to admit they need that support." – GOGA lead, Volunteering Matters

Having disability awareness, either through training or working closely with DPULOs, builds capacity towards inclusivity e.g. accessible application processes and speaks to principle 7, 'include me'. Partnership working can build this capacity for inclusive practice in other organisations too, such as sports centres, and can lead to wider learning being shared across the locality/sector.

Mentees sometimes became mentors and mentors sometimes became project champions, volunteers or staff members to the project. These are examples of capacity building that happened in the duration of this programme.

GOGA leads recommended drawing on resources and learning already available from other localities and projects as this inevitably saves time and can help to manage expectations and plan realistically.

Mentor and mentee relationships

A fundamental enabler was the relationships formed between individual mentors and mentees. This involves training both mentors and mentees to understand their roles, including clear boundaries and getting across what the project can and cannot achieve or provide. Ensuring this understanding early on enables trust and avoids confusion. Mentors should have a strong awareness of disability so they can empathise and effectively support the mentee.

> "I'm like nah, we can work around the chair. I don't see it as a barrier, it's just something to work round. … It's having that awareness." - Mentor

Mentors should be recognising and celebrating small victories and enabling mentees to set goals on an ongoing basis. There should also be an element of informality and a social focus; it is not about 'keeping score' or being there to 'be good' at a sport as both mentors and mentees benefit from socialising as much as the physical activity.

> We did the activities but it's more the listening and talking. I think that's what my mentee wanted. – Mentor

Principles 6, 7, 8 and 9 speak to the behaviours of mentors towards the mentees. Mentees need to feel reassured, included, heard and welcomed in order to sustain their engagement with the activities. More broadly, these principles apply to the partners working to deliver the programme as listening to feedback and adjusting accordingly will enable more disabled people to participate in physical activity.

Matching

Once recruited and trained, a key enabler to successful relationships is the matching process.

Key feedback was that matching is a human endeavour that cannot be automated. It requires getting to know everyone involved individually and responding to that. It was described by one peer support lead as ‘an art, not a science’. There may be some specific requests from individuals, which should be accommodated accordingly. Matching should otherwise be primarily based on the following:

- Personality and values
- Interests and goals
- Availability and distance

Matching speaks to principle 2, ‘my locality’, in that mentees and mentors living close to each other/the chosen location is a key factor to sustaining the peer mentoring relationship. Public transport is part of this as it must be easy for both parties to continually turn up.

Principle 4, ‘my values’ also speaks to matching as sharing values, or not, can make a big difference to how well the mentor and mentee connect and get along socially.

Resources

The key resource for this project is the time and commitment of peer mentors and mentees, which requires organisational support. One full time peer support lead was employed at DR UK over the course of three years to run the peer support project. Within each locality one person was sometimes funded to be a full-time GOGA lead and the

peer support project was often part of, or an add-on to that role. Other localities had a lead delivering GOGA activities, including peer support where applicable, as part of their established role.

GOGA leads felt that peer mentoring should be a separate and focused effort rather than mixed in with other volunteer-based projects. This is because peer mentoring takes more work to set up and run. This means giving it its' own ringfenced time, as opposed to being part of a wider programme of activities. This separation helps in settings where the role and benefits need to be explained as it ensures the aims and audiences are clear e.g. local groups for disabled people.

The set-up period requires focus and a time-intensive period upfront. Once this is done, the amount of resource spent managing a mentor and mentee is about the same as managing any other volunteer.

> "The initial stuff is time consuming but once it's set up and going you only really need to give advice and check in with them every couple of weeks." – GOGA lead, Bradford

Several GOGA leads, and peer support leads at DR UK, said the time needed to deliver the peer support project exceeded their expectations. Some felt that setting up a pilot or working with one group to begin with allows time for relationships and a local offer to be built. This then provides a basis for guiding future practices.

4.2. Key considerations; programme level

In a complex programme delivered in a number of different partners at the local and national level, it is important for all partners to start with a clear understanding of respective roles and responsibilities, as well as how the interventions delivered by each partner fits into the bigger

picture. Investment of time in relationship building, coupled with clear joint-working protocols are vital.

A key learning for future DR UK peer support programme development was that more time should be spent upfront building relationships, understanding the context of each locality and promoting an understanding of the role of peer support, which can feed into wider programmes of activities. There was also recognition that co-producing the model with disabled people and other stakeholders to fit each locality would enable better buy-in, ownership and outcomes. Though, with different localities focusing on different communities in mind, this resource and attention is likely best spent on localities who prioritise reaching disabled people and communities.

4.3. Key considerations; project level

A key challenge to delivering a peer support project is around the time required to set-up and keep everything running, including staying on top of ad-hoc responses to recruitment. Assuming the resource and motivation are in place, the following key challenges apply.

Balancing rigour with need

On the one hand, training for mentors and mentees needs to be thorough; boundaries and expectations and the model for delivery needs to be clear. On the other, being too prescriptive about the project can cause disengagement in partnering organisations and mentors or mentees. The rigour of the model needs to be balanced with flexibility and not over-burdening the mentor or mentee.

Some projects overcame this through co-producing the training or by providing training flexibly to suit the participants. Fife focused on

facilitating a community of mentors who shared their learnings on an ongoing basis, with the option to attend workshops and courses.

Understanding of the peer mentor role/project

Clarity over roles was also a challenge, both in organisations and for participants. Projects found that mentees sometimes expected their expenses to be covered for everything where the project was only able to cover the costs of GOGA activities or wanted their mentors to spend social time with them more generally, outside of activities.

There were several instances of mentors and mentees becoming friends, which meant the mentor/mentee relationship had to be brought to a formal end so they could continue freely as friends.

What the project can and cannot offer needs to be made explicit and reiterated. Pulling together the right offer and sticking to it can be a key challenge that needs planning and attention before recruiting to ensure mentors and mentees do not become confused about the project and lose interest or misinterpret what is being offered to them. Some projects overcame this by piloting their projects, for example one GOGA lead simply explained to participants that things ‘aren’t ironed out yet’ which brought them some understanding and patience.

Ending the mentoring relationship

Preparing participants for the end of their peer mentoring relationship and building in thinking around sustainability is a key consideration that may need ongoing attention throughout. The difficulties are:

- Mentees (and/or mentors) may not want the relationship to end; they may forget or ‘deny’ that there is an endpoint
- timelines are not necessarily pre-set/are flexible for each

mentor/mentee relationship

- there may be long gaps or delays which lengthen timelines and create ambiguity
- the mentee may not be able to continue with physical activity without the mentor (and the mentor may feel responsible)
- attachment may have developed.

It is important to check-in with the mentors and mentees to ensure they are supported in bringing the relationship to an end.

Converting interest to commitment

A strong message was that only some will get as far as the training and only some of those will get as far as a peer mentoring relationship. There are many factors, such as long distances, long waiting periods, change in circumstance, loss of confidence, which can (in some instances) be overcome through the enablers discussed earlier in 4.1. GOGA leads wanted to get across that this is 'just how it works' and not to become disheartened.

> "Because of the nature of it, it's not huge numbers. Recently we did a training session and we had 4 who wanted to be mentors, but actually the amount of impact they have it's well worth it."
>
> – GOGA lead, Lambeth

5. Evidencing and evaluation

Colleagues at DR UK and GOGA recognised that evaluation had not been a key consideration from the beginning (and should have been) which has made evaluating outcomes and process at the end very challenging. Whilst some evidence was collected throughout the project, due to a lack of consistency this did not provide an appropriate evidence base for use in this evaluation.

Capturing subjective, qualitative data is seen to be a challenge i.e. confidence, connectivity, wellbeing. Feedback is useful along the way, but this was not felt to be the same as evidence. Likewise, colleagues at DR UK felt that capturing the outcomes of individuals is not enough; there needs to be an understanding of the environmental factors that enable peer support to work.

> "The things we don't know enough about are disabled people and wellbeing, there's a general evidence gap there. … Monitoring is important as well but it's more the systems approach that we're interested in." – Programmes and Impact Manager, Disability Rights UK

Whilst numbers were recognised as an important part of evidencing, case studies were created and are felt to be more practical and useful for engaging others in peer mentoring and peer support projects. Case studies can be found on the DR UK website.

5.1. Benefits

For those who delivered this project in local authorities, capturing monitoring data was felt to be useful for:

- setting and tracking goals with participants
- reviewing progress and highlighting opportunities for organisational support or next steps

- organisational learning

There was no mention of the ‘bigger picture’ of an evidence base.

5.2. Challenges

The key challenges for monitoring and evaluating outcomes highlighted by the delivery staff involved are as follows.

Inconsistency

There is no consistent time period that mentees and mentors are working together and, more importantly, some mentors will do regular monitoring forms where others will not.

Validity

Answers are arguably subjective or anecdotal, some participants may provide false answers in the hope of pleasing others or out of fear of being judged and the sample is sufficiently small that monitoring and evaluation can seem ‘pointless’ to those delivering the project.

Motivation

Within GOGA, large numbers of indicators meant peer support projects were not widely prioritised or resourced. Some delivery staff did not want to pressure or chase participants for fear of impacting their enjoyment and in the knowledge that the focus was on achieving, not evidencing, the desired outcomes. Mentors and mentees have limited time together, for some after a long day of work, and want to spend that time on the activity, not on filling out forms.

> “It’s good to have monitoring and evidence but the bottom line is are you providing something that is good for your community and that needs time spent on it to make sure that’s good to go”
> – GOGA lead, Wandsworth

Some mentors reported being reluctant to ask for personal information and some mentees were reluctant to share that information. One mentor also reported their weekly log answers becoming ‘repetitive’.

> “It was difficult because I can’t ask him have you lost or gained weight?” – Mentor

Accessibility

Not everyone can fill in a form or answer questions verbally.

Practicalities

Paper forms are impractical at a swimming pool, which is an activity many opted for, and there is often no internet access at leisure centres for online forms nor are there waterproof tablets available. Finding a time that suits everyone to do a review led by staff can be difficult and staff then lack the capacity to type up forms that have been completed.

One GOGA lead indicated they are looking to move to online forms which automatically upload to a spreadsheet in order to address this.

5.3. Methods

The key methods used for capturing data by projects were:

- Flexibly capturing informal updates via text, email, phone
- Scales at regular points e.g. 3, 6 month/before, middle-point, end e.g. Warwick-Edinburgh, set questions designed internally
- Mixing regular informal updates with formal, less frequent, assessments as part of a review and next steps agreement
- Hosting a social event which answers topic guide questions

5.4. Enablers

The key enablers described can be summarised as:

- Building monitoring and evaluation in as part of the project i.e. reflective practice mechanisms
- Waiting for 6-8 weeks before asking personal questions, so trust can be built first, and ask questions retrospectively
- Creating a tailored monitoring form with the mentee
- Minimal evidence collection but robust and person-centred ‘debriefs’.

5.5. Recommendations

One GOGA lead recommended using employment as an indicator for those who are interested in developing transferable skills towards that. They suggested tracking the journeys of individuals and looking at their competencies through a co-produced scorecard. This could be used at regular intervals in their journey. A goal and measurement would then be whether they are employed at the end of the project, if they feel ‘job-ready’ and how much they have developed their key competencies in line with their desired employment route.

Whilst monitoring and evaluation is useful for individual outcome tracking and organisational learning, peer support leads from DR UK and leads across the GOGA partnership described the importance of sharing learning and building an evidence base.

It was expressed that no locality or organisation should operate in silo. In order to build resources and evaluate the outcomes of peer support in this context, learning should be actively shared.

6. Conclusion

The above diagram demonstrates the people and systems that surround a disabled person striving to engage with physical activity. If those on the outside are inclined to stereotype and/or lack awareness of the barriers a disabled person faces when trying to become more physically active, then these stereotypes and barriers can feed down to the centre of the circle and cause the disabled person themselves to believe that they cannot do something that they can.

It highlights the importance of the social mode of disability; it is not simply an inherent characteristic of the disabled person that explains their experiences fully. It is the interaction with wider circles that influences a person's experiences and can have a conditioning effect.

Peer mentoring is not just about utilising the empathy between people with shared lived experiences to support each other into physical activity; it is about understanding what works about that relationship, how best to support that relationship and sharing that learning more widely.

The key barriers for disabled people engaging in physical activity are around confidence, accessibility and stereotypes. Working as partners in a locality, and more widely, to break down stereotypes and improve inclusive and accessible practices can alleviate these barriers, enabling disabled people to build confidence, form connections and become more active.

Our recommendations are twofold. One is to adhere to practices of co-production when designing projects for disabled people; enable disabled people to lead wherever possible and build in systems for ongoing feedback (and be prepared to make changes). The other is to consider evaluation at the outset of a project. Using the Sport England outcomes framework to search, find and assess the usability of available (often validated) tools is a consistent and established approach.

Appendix A: Topic Guide

Researcher note - throughout the discussion prompt the interviewee/s to discuss which sub-groups of disabled people are best served by the model/s in question and why. This could include aspects around ethnicity, socio-economic class and geography (e.g.), not just the 'type' of impairment.

Introductory questions (5 - 10)

What was your role in the DR UK GOGA peer mentoring programme/project?

What does success look like for this project/programme?

Do you feel the project/programme was successful? Why?

Benefits to participants (15)

What were the benefits of peer mentoring for disabled people taking part? (mentees)

What were the benefits of peer mentoring for the mentors?

Were there any unexpected outcomes? If so, what were they?

Did peer mentoring lead to increased levels of physical activity in disabled people who participated? Why?

Would the participants have taken part in physical activity without the peer mentoring programme? Why?

Enablers and challenges (15)

What were the key enablers to a successful peer mentoring project/relationship?

What were the key challenges to a successful peer mentoring project/relationship?

Was there enough interest in the project/ why were you interested in the project?

What enables interest to be converted/ what enabled your interest to be converted into - commitment to attending training and a sustained relationship?

What are the challenges to converting interest into commitment?

What organisational support is needed to enable effective sustainable relationships? Prompt: what does effective training and matching look like?

What difference does buy in from local sports plans/other organisations make? Why?

What enables this buy in?

What challenges this buy in?

Resourcing (5)

What resources/how much internal resource was used to set up, and deliver, this project?

Do you feel it was resource well spent? Why? //

What do you think are the key things from a resource perspective that people should be aware of when setting up and running this type of project?

Monitoring (5)

Were you able to monitor and evaluate the outcomes of the project/s? How?

What were the challenges / enablers to collecting evidence?

Key learnings (10)

What are the key lessons from the DR UK GOGA peer mentoring programme? Prompt: strengths and challenges

What would be done differently next time?

If this was being replicated elsewhere, what would be the key active ingredients that need to be in place to ensure success?

Appendix B: 10 'Talk to me' principles

Principle 1: My channels

Use communication channels that I already trust e.g. social media, local media.

Principle 2: My locality

Travelling to get to activities can be a significant barrier for disabled people. I would much prefer opportunities to be closer to home.

Principle 3: Me, not my impairment

Many people do not identify with being disabled and are put off by advertising that focuses on disability.

Principle 4: My values

Everyone has values. Understanding what my values are and linking an activity to these can make taking part more appealing.

Principle 5: My life story

As people grow older our values change. Keep me interested over time through new ideas.

Principle 6: Reassure me

Some disabled people fear standing out and need to be reassured that any activity we attend will be welcoming and suitable for our needs.

Principle 7: Include me

Some disabled people need to know we are good enough to take part. Providers should make sure that people with varying ability levels feel included in sessions.

Principle 8: Listen to me

Disabled people can be limited by our impairment and should be able to discuss our needs in a safe and private environment before starting an activity.

Principle 9: Welcome me

An unpleasant first experience can prevent anyone from taking part again. Ensure my first experience is enjoyable so I’m likely to return.

Principle 10: Show me

Engage disabled people who are already involved in your activity to promote it to others.

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