What Works for Peer Groups? Learning from mental health and wellbeing groups in Bath and North East Somerset

A participatory action inquiry report

June 2015

Vanessa Parmenter
Jon Fieldhouse

UWE BRISTOL University of the West of England
St Mungo's Broadway Rebuilding lives, day by day
CREATIVITY WORKS
Sirona care & health

Contents

Acknowledgement	p. 2
UWE Project Team – Contact Details	p. 3
Abstract	p. 4
Part A – Introduction	p. 5
Part B – Method	p. 7
Part C – Findings	p. 14
Part D – Addressing and resolving tensions in the life of a group	p. 33
Part E – A critique of the inquiry	p. 44
Part F – Conclusions	p. 48
References	p. 49
Appendices	p. 52

Figures, Boxes and Tables

Fig 1:	Terminology used to describe stakeholders' roles	p. 11
Box 1:	Stages of Action Inquiry	p. 7
Box 2:	Six Affirmative Questions	p. 10
Box 3:	Six participating community groups	p. 12
Box 4:	Temporary Constructs	p. 17
Box 5:	Five Main Themes Generated in Stage 5	p. 18
Box 6:	Key Challenges Encountered by Community Groups	p. 34
Box 7:	Quality Criteria in Action Inquiry	p. 46
Table 1	Degrees of involvement	p. 19

Acknowledgement

The UWE action inquirers (Vanessa and Jon) would like to express their thanks and appreciation to all those who took part in this project. Your willingness to share your expertise, experiences, passion and enthusiasm has been the essential ingredient in this action inquiry.

UWE Project Team – Contact Details

- Vanessa Parmenter (Senior Lecturer)
  Dept. of Allied Health Professions (Occupational Therapy)

  Vanessa2.Parmenter@uwe.ac.uk

  Tel: +44(0)117 328 8869

- Jon Fieldhouse (Senior Lecturer)
  Dept. of Allied Health Professions (Occupational Therapy)

  Jon.Fieldhouse@uwe.ac.uk

  Tel: +44(0)117 328 8941

Postal address for both:

c/o
Department of Allied Health Professions
Faculty of Health & Applied Sciences
University of the West of England, Bristol
Glenside Campus
Stapleton
Bristol
BS16 1DD

Abstract

Purpose

This action inquiry-based evaluation aimed to develop an understanding of what was working well in terms of peer involvement and leadership in a diverse network of community groups for people affected by mental health problems in Bath and North East Somerset.

Method

A participatory action inquiry approach – using a combination of *co-operative inquiry* (Reason, 2001) and *appreciative inquiry* (Cooperrider and Whitney, 2005) techniques – engaged key stakeholders in the community group network (commissioners, group members and group facilitators) in a process of collective critical reflection on shared experience in order to derive new learning from about what works well in such groups.

Findings

Participating groups display a dynamic interaction of five key features: mutuality, a shared positive identity, opportunities to take on group roles, negotiated ground rules, and skilled facilitation. The success of a group was seen as its capacity to bring these features to bear on its own growth and development; an evolutionary process that allowed it to reach an equilibrium in relation to some key areas of possible tension. These were: the need for ground rules balanced against a wish to avoid bureaucracy, the need to focus on group structure whilst also committing to group activities, the wish to be facilitated but with transparently accountable leadership, the desire for peer leadership whilst also acknowledging and managing concerns about the burden of responsibility, and balancing a desire to lobby for change with the need for support.

Implications

Adaptability is the key to success, and facilitation of these groups can be seen as the process of skilfully navigating a course through these areas of tension. The action inquiry illuminated *how* groups are resolving tensions as part of their growth and self-development. These understandings can be used to inform both further developments in individual groups and the on going commissioning of services.

Keywords

Participatory Action Inquiry, Community groups, peer leadership / involvement, Mental Health

Part A – Introduction

Overall Project Aim

St. Mungo's Broadway, in partnership with Creativity Works and Sirona Community Links Team, oversee a diverse network of community groups for people affected by mental health difficulties living in Bath and North-East Somerset (BANES), in the United Kingdom. Within this network varying degrees and types of peer involvement in the groups have evolved. The overall project described in this report had two aims:

i. to develop an understanding of what was working well in terms of peer involvement and leadership in those groups

ii. to inform the work of St. Mungo's Broadway and partners in further developing the community group network and in influencing the local commissioning of such services.

Two inter-related inquiry processes

In order to meet the above aims St. Mungo's and partners commissioned the University of the West of England (UWE) to conduct two inter-related forms of inquiry:

- a review of the literature, responding to overarching question:

  'What works well in community groups that involve peer support workers?'

- a participatory action inquiry into the characteristics of those BANES groups deemed to be successful

The literature review is presented in a report by Parmenter, Fieldhouse and Deering (2015), which can be found via this link http://www1.uwe.ac.uk/hls/ahp/aboutus/serviceevaluations.aspx

What follows here is a report into the findings of the participatory action inquiry. The report describes the methodology and process of the inquiry and presents actionable learning in a way that will feed into a final report and 'Best Practice Tool Kit' to be produced by St. Mungo's Broadway, Creativity Works and Sirona Community Links.

Part B – Method

Action inquiry methodology

Action inquiry is based on the principles of *participatory action research* which is "critical research dealing with real-life problems, involving collaboration, dialogue, mutual learning, and producing tangible results" (Denzin and Lincoln, 2008, p.557).

Collaboration and dialogue are pivotal to the learning process because it is how people communicate their experience and come to understand their own (and other people's) experiences better. It is the basis of co-inquiry, or learning together.

In action inquiry critical reflection and discussion enables people to deconstruct and explore personal and shared experiences and generate new actionable knowledge. It draws on the social constructionist view that people's lived reality is *socially* constructed by them as individuals, and by the groups they are part of in life (Rahman, 2008). It also underlines why language is so important to understanding the way people do things, and to how people can *change* the way they act also;

> *"we create images of where we believe we're going – and then we organize to those images"* (Whitney and Trosten-Bloom, 2003, p.64)

In order to engage with the real-life work of the community group network this evaluation combined two action inquiry models – *co-operative inquiry* (Reason, 2001) and *appreciative inquiry* (Cooperrider and Whitney, 2005) – both of which provide a structured approach to:

- facilitating people's individual and collective reflection on shared experience
- evaluating that experience in order to derive new learning from it
- using the new learning to inform action, or to make recommendations for action.

This report's recommendations – and their use by St.Mungo's Broadway and Creativity Works – are the prime means of producing 'tangible results' in this inquiry. Although the inquiry's scope did not extend to seeing the new learning it generated being acted out in the real world, nor studying that action as it took place – which would ideally be the case in

action inquiry (Moses and Knutsen, 2012) – the design of the inquiry has allowed for a certain amount of action learning. Specifically, the inquiry process included three stages where the UWE team could engage directly with community group members (Stages 1, 3 and 4 in Box 1). The first stage enabled them to glean people's *reports* of what worked well in community groups, the second allowed consolidation and development of this understanding, and the third offered glimpses of these qualities 'in action'. Overall, participatory action inquiry was selected as a method of evaluation because:

- it is well-suited to experiential learning by individuals, groups, and organisations
- it helps 'real life' working groups to enhance their own effectiveness
- there is validation of findings by the participants, as part of the inquiry process
- it accommodates multiple-stakeholders and focuses on collective accomplishments

Ethical Approval

The action inquiry evaluation project was approved by UWE's Health and Life Sciences Faculty Research Ethics Committee.

Method

The cooperative/appreciative inquiry process comprised five distinct stages (see Box 1). The overall intention was to draw on the experiences of a small group of key stake holders in the community group network, and use this knowledge to develop a 'tool' for further exploration of the network more widely, using group members as co-inquirers.

Stage 1:	Initial exploratory stakeholder focus groups (x2)
Stage 2:	Analysis of Stage 1 data and member checking
Stage 3:	Consultation and training in the use of the 'tool'
Stage 4:	Action inquiry focus groups of community group members
Stage 5:	Analysis of Stage 4 data

Box 1: Stages of Action Inquiry

Stage 1: Initial exploratory stakeholder focus groups

The UWE inquiry team conducted two initial exploratory focus groups (see Appendix 1) comprising participants who were stakeholders in groups deemed, by the St. Mungo's, Creativity Works and Sirona Community Links team, to be successful. This included service commissioners, peer facilitators and group members.

The focus group employed co-operative/appreciative inquiry methods of freefall writing and a story circle to access stakeholders' tacit, embodied, experiential knowledge of what worked well in certain groups. Free fall writing involves 'talking on paper' in silence, solo, for (in this inquiry) about ten minutes. The act of writing is a projective technique accessing unconscious material on the basis that this contains important truths about experience. This material is confidential but can be self-edited by the participant within a story circle. Story circles draw on insights gained from free fall writing. Participants take turns at three-minute periods of uninterrupted talk (the 'stories') as a way of sharing their insights with each other and collectivising that knowledge (Goldberg, 1986).

These techniques enable group members to explore their own experience and turn tacit knowing into communicable form for collective interpretation or 'sense-making' of emerging material. Once the stories had been shared, participants were asked to select three words that encapsulated what was significant for them and this lead into a general discussion, facilitated by the UWE team, focusing on the question: *what works for groups in terms of a) getting started, b) keeping going and c) taking the next steps?* The main points were recorded on a flip chart. To maximise participation there were two groups; one held in Radstock and one in Bath. Both groups were audio-recorded with the consent of all participants.

- *The Radstock Group*

  This comprised 10 participants plus two UWE facilitators. Participants included representatives from six groups (see Box 3 on p.12), a mental health commissioner and a Creativity Works manager.

- *The Bath Group*

  This comprised seven participants (plus two UWE facilitators). Participants included representatives from five groups (see Box 3) and a St. Mungo's manager.

Stage 2: Analysis of Stage 1 data and member checking

The dataset gathered in Stage 1 comprised audio-recordings of the story circle, flipchart material from the ensuing discussion and field notes made by the UWE team.

The UWE team analysed this data to identify emerging themes. These were emailed to group participants for member checking (see Appendix 2). Based on participants' responses a first draft of a 'tool' was developed. The 'tool' was a carefully constructed range of *stimulus material* (Flick, 2007) plus a *topic guide* for use in other focus groups, to continue the inquiry beyond Stage 2 with other community group members.

Stage 3: Consultation and training event

This consultation/training event had 3 aims:

i. to member-check and develop the ideas about successful groups derived from the first two stages

ii. to consult on the final development of a tool (described below) to be used by participant co-inquirers in the facilitation of six further focus groups (Stage 4)

iii. to train St.Mungos', Creativity Works, and Sirona's Community Links participant co-inquirers in use of the tool.

The half-day event (see Appendix 3) took place at UWE and participants received certificates of attendance. The consultation allowed participants to engage with a first draft of the tool in development and to co-create its final structure (see Appendix 4). The training ensured a degree of consistency in the approach and the questions posed in Stage 4 whilst also affording flexibility to accommodate the uniqueness of each group – allowing for disconfirming (or contradictory) data to emerge wherever it might .

The tool was essentially a schedule for conducting a series of six 2½ hour action inquiry focus groups with other community group members (see Stage 4 in Box 1) who had not necessarily participated in Stage 1. It described the resources needed to set up a knowledge café

environment and the co-operative/appreciative inquiry methods to enable participants to explore their own experience. A knowledge café format is a means of inviting participants to hold an open, informal and creative discussion on a topic of mutual interest allowing a moderator to gather together their ideas (Brown and Isaacs, 2005).

The tool included 6 key affirmative questions (see Box 2), each with a brief preamble to contextualise it (italicised in Box 2). These questions were based on analysis of data from the initial exploratory groups with stakeholders in Stage 1.

Re. Q1: People get a sense of their own identity through feeling that they belong to something worthwhile. This happens through active participation in the group

Q: What gives you the feeling that you belong in the group? And how is this facilitated?

Re. Q2: Active participation in the group generates personally meaningful experiences, including a sense of contributing

Q: What gives you the sense that the group is meaningful in your life? And how is this brought about?

Re. Q3: The democratic culture of the group is felt to be important. This includes opportunities for group members to take on meaningful roles

Q: In a successful group who decides who does what?

Re. Q4: Boundaries are important in the group because they help people to: feel safe, feel confidentiality is maintained, feel a structure exists for maintaining the group's 'energy', know what to expect, appreciate the contribution of others and feel valued

Q: How do the group's boundaries or shared values evolve? And how are they maintained?

Re. Q5: The life of the group depends on hope, inspiration and energy which requires support, nourishment and structure

Q: How is the group energised? What support/help does the facilitators(s) need to enable this?

No preamble to Q6:

Q6: How could this group be improved for you?

Box 2: Six Affirmative Questions Used in the Action Inquiry Focus Groups (Stage 4)

Asking Affirmative Questions

Integral to action inquiry (where language is so important) is the manner in which questions are framed. Questions are carefully engineered in order to:

- invite critical reflection, rather than just canvass opinion
- access personal, real, 'live' issues and draw on *experiential* knowing
- deconstruct what 'worked'
- inspire thought about what is possible
- suggest *action*, or next steps

(Whitney and Trosten-Bloom, 2003; Cooperrider and Whitney, 2005)

As stated earlier, the 'tool' had to combine flexibility with consistency. To this end, terminology had to be clarified. There was no consistent terminology across the participating groups for the phenomena under investigation (namely, peer leadership) or for other stakeholder roles. Therefore it was essential – for ease of communication – that working definitions of the roles that people undertook (and which were integral to groups' operation) could be agreed upon, for the duration of this inquiry at least.

The terms *commissioner*, *support and development worker*, hands-on *facilitator*, and *group member* were established – as depicted in Figure 1 below – based on a consensus across all attenders at the training event.

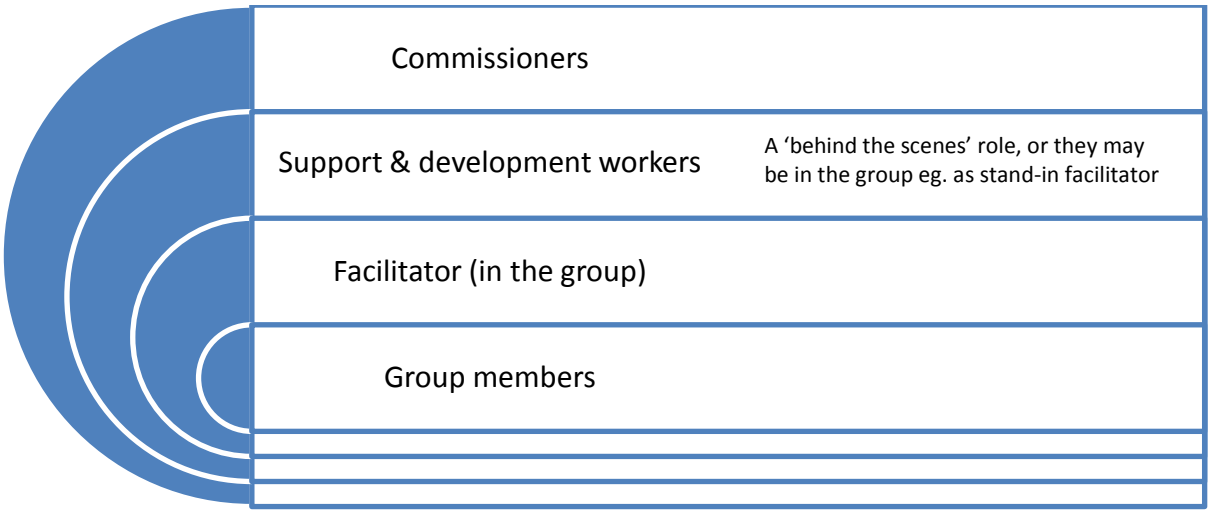


Fig 1: Terminology used in this inquiry to describe stakeholders' roles

Stage 4: Action inquiry focus groups of community group members

A series of six action inquiry focus groups were co-facilitated by an experienced group facilitator and a service user group member both from St. Mungo's, Creativity Works, and Sirona's Community Links team who had all attended the consultation event (Stage 3). The aim here was to gain a more in-depth understanding of what works for the many different models of group existing. Outlines of the six participating groups are provided in Box 3 below.

Keep Safe Keep Sane – a group run by and for people supporting someone with challenging behaviours due to mental health issues. The group aims to enable people to meet others who face similar challenges, for support and understanding. Group members attend various events and forums to positively influence mental health delivery in BANES.

Open Minds – a social group for adults who feel socially isolated in the Chew Valley area. The group aims to create a friendly environment for people to have a chat, take part in interesting activities and prevent social isolation.

New Hope – a group for people with experience of mental health issues and for their carers. It aims to reduce the stigma associated with mental health problems and to improve services. The group is supported by St Mungo's and have worked closely with other organisations on a festival, a 'what works' conference and on peer research.

Tiny Monuments Collective – a group of artists, writers and creatives based in Bath who have been involved in the mental health system. Group members use their creativity to address the stigma of mental health issues. It recently exhibited at Bath Literature Festival and two members have also had their work published. This group is supported by Creativity works

Bipolar evening group – a peer support group for anyone living with bipolar disorder. Family members, friends and carers are also welcome. The group provides support, help and information-sharing in a friendly, informal setting.

Mosaic – a social group for mental health service users and their carers. The focus is on social interaction and activities of interest to the group. Members have produced of a recipe book for public sale, run a food stall at events and recently had their first restaurant night.

Box 3: Six community groups who participated in this action inquiry

The criteria for participation was membership of a 'successful' community group which involved a degree of peer involvement / leadership as identified by St. Mungo's and partners (see Table 1 p.19). Five of the six focus groups were audio-recorded by consent. In one group not all members consented to audio-recording, so field notes were made by agreement. The St. Mungo's and Creativity Works' team were responsible for the transcription of the audio-recordings of the Stage 4 focus groups. The dataset from Stage 4 comprised audio-recordings and flipcharts from the focus groups.

Stage 5: Analysis of Stage 4 data

The UWE team analysed the data from Stage 4 to generate an understanding of what works well in terms of peer involvement and leadership in the groups shown in Box 3. Both UWE inquirers analysed the data independently before synthesising their analyses to increase the reliability of the findings.

Part C – Findings

Introduction

This inquiry used groups (that is, a focus group *method*) to explore other groups (which were the *subject* of the inquiry). Consequently, points of confusion about terminology arose during report-writing, since both the community groups and the focus groups were *facilitated*. The term *facilitator* has therefore been reserved for the person who facilitated the on-going community group under investigation. The person facilitating the focus groups (where they are directly quoted, for example) will be referred to as the *moderator* of that focus group. The moderator's task was not merely to ensure that the questions in Box 2 were addressed by the focus group members, but also to be attentive and responsive to the group *interaction* (Flick, 2007).

Participant interaction during action inquiry

An 'interactive' dimension to action inquiry is crucial to the quality of the actionable learning it generates. It is integral to the *dialogic* and *catalytic validity* of the overall inquiry process, which are important indicators of quality in action inquiry (Herr and Anderson, 2015), as presented in Box 7 on page 46.

In this inquiry, participant interaction in Stage 4 was a vital means for deepening the UWE team's understanding of the issues raised during the inquiry up to that point. For example, the dynamics and processes of a given community group often appeared to be reflected in the way its members *talked about* those dynamics during the Stages 1, 3 and 4. The dynamics *described* were also being *enacted*, lending a richness and immediacy to the data.

This 'real-life' orientation has been immeasurably helpful in the UWE inquirers' consideration of 'what works' because it has offered a glimpse of the key qualities and strengths of peer involvement/leadership *in action*. This is in keeping with the purpose of affirmative questioning (as described on p.11), which is not merely to canvass opinion but to invite critical reflection from which new learning can emerge.

Actionable Learning: Maximising the transferability of findings

A further point about the presentation of these findings was the need to find a balance between providing rich description of a particular group context and the desire to preserve group members' anonymity and confidentiality.

Action inquiry recognises that in order to understand people's *experience* it is necessary to appreciate the context in which that experience occurred. This aim is best served by providing information about the group from which learning has been drawn. This is consistent with the usual goal, in qualitative and action inquiry, of providing rich description of context to assist with the transferability, or generalisability, of new learning (Tomlin and Borgetto, 2011)

To this end, when presenting direct quotations, it would undoubtedly have helped to contextualise what was said by indicating which group (of the groups outlined in Box 3) the speaker was from. However, it was also recognised that, given the small of selection of groups participating in the inquiry, and the fact that some members of different appeared to know each other, it was likely that participants would be easily recognised if their quotations were attributable in this way. Therefore, the overriding concern that participants felt able to speak freely, sometimes on delicate or intricate subjects involving other people, was prioritised. Consequently, quotations are – in all cases – attributed simply to 'a group member', with no particular group specified. The main concern has been to avoid quotations, or specific situations described, being attributable to individual people or individual groups.

Theme Construction

The initial analysis used a *constant comparison* method of thematic analysis (Glaser, 1965) to examine the data from each individual group in relation to the questions posed.

Initially transcribed data was broken down line-by-line and temporary constructs (see Box 4) that summarised key points, were developed. Each temporary construct was compared both within each group and across all groups to all other data, so that similar constructs were grouped together to form themes. As a result of this process five themes (see Box 5, page 18) emerged, in response to the overarching question at the heart of the action inquiry:

‘*What worked well*?’ During the analysis it was also apparent that there was a complex interplay between these themes; an idea picked up and developed in Part D.

1. *What gives you the feeling that you belong in the group? And how is this facilitated?*	2. *What gives you the sense that the group is meaningful in your life? And how is this brought about?*	3. *In a successful group who decides who does what?*	4. *How do the group's boundaries or shared values evolve? And how are they maintained?*	5. *How is the group energised? What support/help does the facilitator(s) need to enable this?*	6. *How could this group be improved for you?*
• Giving and taking support from each other • Feeling valued and appreciated • Sharing experiences • Being Visible • Role Modelling • Having a goal • Learning new skills • Sensing new potential • Connection to the wider community • Accessibility • Identity being understood / being accepted / being celebrated • Structure • Boundaries • Shifting focus from symptoms to individual identity	• It being okay to make mistakes / not being judged. • Being able to contribute • Feeling motivated • Sharing skills • Having a positive focus • Regularity of group structure impacting on other areas of life • Sharing experience with peers • Connecting with others • Learning coping strategies that are applicable outside of the group • Feeling 'humanised' • Having a safe space • Having a role in the group / sharing responsibility • Reflecting on structure / running of the group	• Sharing responsibility • Knowing each other • Facilitation • Peer leadership • Staff facilitating a culture of inclusion • Being open to change • Having a clear, agreed purpose • Democratic decision making • External support / ground rules • The external organisation (leading to power struggles)	• Support from staff • Infrastructure • Rules • Flexibility • Transition from facilitation to peer leadership needs to be handled with care • Clear structures	• Activities • Freedom to try new things • Staff listen and respond to group members • Supervision / informal support • Training • Sharing the 'facilitator' role • Available training • Extra-curricular events • A sense of commitment • Structure and funding	• Accessibility • More resources (time, support, money, information) • Regular reflection • Support with group dynamics

Box 4: Temporary Constructs

1. A feeling of *mutuality* is enjoyed by group members The relationships and power structures within the group are conducive to a culture of non-judgmental acceptance and mutual respect
2. Group members' shared positive identity supports group participation Individual group members' identity and a positive group identity are mutually reinforcing of one another and find expression in a sense of common purpose and participation in shared activities
3. Opportunities to take on group roles are embedded in the group culture Active engagement in new roles contributes to personal recovery journeys as well as strengthening the group
4. Structures and ground rules exist which are negotiated and respected Successful groups have collectively agreed codes of behaviour that make them resilient
5. Skilled facilitation exists and is supported by group members Skills in communication, managing change, maintaining ground rules, and problem-solving are appreciated by group members

Box 5: Five Main Themes Generated in Stage 5

What now follows is a detailed presentation of each of the themes presented in Box 5. All quotations are from group members unless otherwise stated.

1. A feeling of *mutuality* is enjoyed by group members

Mutuality is an important characteristic of peer support work (Swarbrick and Ellis, 2009) and is defined as an attunement and responsiveness to a person or a group. It also encompasses reciprocity or the exchange of mutually beneficial knowledge and or personal experience (Repper and Carter, 2011). It is clear from the data that mutuality plays a significant role in creating a sense of belonging and meaning for group members.

Across the six participating groups in this inquiry there are different degrees of peer involvement /peer leadership, but most groups would fall into one of top 3 levels shown in Table 1 below (as defined by St. Mungo's own Ladder of Involvement from their *Client Involvement Toolkit)*.

Control	controlling decision making at the highest level
Partnership	sharing decisions/responsibility, influencing and determining outcomes
Participation	making suggestions and influence outcomes
Consultation	being asked for an opinion, but having limited influence
Information	being told what is happening but having no influence

Table 1: Degrees of Involvement (from St.Mungo's Client Involvement Tool Kit)

Such peer involvement is important in the role that these groups play in the lives of their members. This was articulated by many participants but is particularly vivid in the account of one group member in Stage 1:

> *"You have to imagine yourself in a very very dark room with no light whatsoever. You can't touch the walls, you are feeling for walls but you can't touch them. You are shouting out but you are not hearing anything back. It s a blackness for your mind, and you turn around and you just can't see anything at all. And all of a sudden you see just a speck of light, just a speck. So you walk towards it and its not this 'I'm gonna die' type thing..because it's light, it's giving you hope. You walk towards it and the light gets a little bit bigger and you see it is a key hole. And for some unknown reason you've got a key and that key fits. And you open it and gradually that door opens a bit more and a bit more and you walk into a lightness. And in that lightness you see people and when you talk to them , they talk back.*
>
> *That was … erm…how the group came across to me… Because I was in that room, I was in that room for 12 years. In the real world there were people around but no one would listen. People would talk but no one would listen. I wasn't causing any damage, I was going round in circles looking for a chink or a light and I found it! That was the group that I am in now… And I want to keep holding that door for other people for as long as I can."*

Significant to efficacy of group membership is not only the support derived by members from the group they attend, but the support they *provided* to others too; the desire to 'keep

holding that door for other people'. It is reciprocal. Mutuality is fostered by the opportunity to give and receive:

> *"Everyone looks after each other – it's give and take really."*

> *A: "We all do it for each other …*
> *B: "Yes, that's what I feel …*
> *C: "And I think that's where we are powerful, because we're a group of people, like-minded people, all sharing the same stories, all having the same problems."*

It seems that – springing from this sense of belonging – an ethos of non-judgemental acceptance develops, based on the recognition of shared experiences. This creates and reinforces individuals' positive sense of their own identity as well as a shared collective group identity:

> *"See, a psychiatrist and support workers and these other people, it's just sort of them, them out there. And you do feel very isolated and they are saying all these things but they have no personal experiences of what you are actually feeling. So I felt this tiny little person that really no-one was listening to. They are all doing their best but they can't know what it is like because they don't have it themselves. And so when I started coming along to the group I felt it was somewhere where you don't have to put on this "act" about being normal… we talk about all these horrible things that has happened to me and everyone understood."*

> *"I think that shared experiences and identifying similar experiences gives us a natural respect of everyone; mutual experiences."*

Mutuality therefore involves being an *active* provider of support. This challenges the conventional power hierarchies that are commonly present in traditional mental health services, which can reinforce the role of service *user* as a passive recipient of 'care'. The more equal power dynamic associated with mutuality is experienced as de-stigmatising, fostering a sense of belonging within the group and (for some) a feeling of social inclusion generally. This is recognised as significant element of recovery (Clifton *et al.,* 2013; Repper and Watson, 2012; Brown *et al.,* 2008; Slade, 2013).

2. Group members' shared positive identity supports group participation

Mutuality (as described above) was based on each group members' awareness that the positive sense of identity they felt (defined in myriad ways that were unconnected with mental health issues, as such) was reinforced by their engagement in the group's activities:

> *"If anyone walked in the door and doesn't know us they wouldn't know we are a mental health group and that's fantastic because it's acknowledging the whole person"*

Group members often re-evaluated their personal sense of self in terms of their engagement in these activities, such as through art and crafts:

> *"with the support of the group and the facilitators we had a goal and we work towards it, I mean our [art] work was framed and we thought 'Wow!' We look really professional – that also helped my self-esteem and saying 'I can do this'"*

> *"We have been taught to knit, art. [Name] loves it in there. I love it in there. Quite a few of us go in there, at different times.*

Or through activism and lobbying for better mental health services:

> *"I think a big drive is values to bring about change, to improve services and caring in a positive way … people look a bit surprised as to this being a pressure group – which is what a lot of us wanted – but a pressure group with politeness."*

> *"… I like that identity and I think this group has a feeling of being an activist"*

Or through learning and personal development:

> ***"****it's actually about trying something different, trying something new."*

> ***"*** *I think it's a two way thing, we have learnt from each other. Like the cooking, we have learnt to cook and doing the knitting. It's one of the things that is good is that equal respect, skills and appreciation. We have learnt in all directions."*

The shared positive group identity was invested in by group members and expressed through their participation. This created a self-reinforcing cycle of increasing personal commitment and collective ownership. This is evident in the wider literature also. Faulkner *et al*. (2013) and Swarbrick, Bates and Roberts (2009) both identify that collective action is a key feature of successful community groups and this can be defined as people coming together with a common aim or purpose or with a mutually understood perspective:

> *"Well, I think we are all passionate about our groups, passionate about keeping it going. You know groups have their own lives, there is a concern on how it progresses."*

Involvement and engagement in a group, therefore, is fostered by, and finds expression in, the opportunity members have to make a positive contribution to the life of the group.

3. Opportunities to take on group roles are embedded in the group culture

Taking on key roles (such as Chair, Treasurer, and so on) allows individuals to develop their sense of belonging as well as build their confidence and sense of personal agency. It gives added meaning to individuals' engagement with the group and also energises and supports the group's development:

> *"I had no purpose until I came along to the group for support or whatever and now I help run it. It has given me a purpose and it makes me feel a bit relevant but I think the way we run it works, 'cos there's several of us so we all have different roles. Instead of just one person running it, if you are not feeling up to it, then one of the others can do it. So we share it around cos we all are 'up and down'".*

A degree of tension is recognised in that the responsibility that goes with individual roles may be challenging (or become so) for some people. Consequently, the need for choice and for sensitivity to individuals' strengths and preferences must be recognised:

> *"[The group] crept up and suddenly you're supposed to be running a group. But you really want to be attending the group. But that's not to say that the opportunity couldn't be a good thing. But it's a fine line again, and it might not suit everyone."*

Similarly, Rose, Fleischman and Schofield (2010) recognised that not all group members like the expectation that they should become involved, although generally they want to retain the flexibility to become involved if they chose to in their own time.

Closely associated with the issue of challenging or burdensome roles is the need for skilled facilitation and the importance of support for facilitators. This is discussed later (see Theme 5). Beyond the more formal roles, involvement can be in a wide range of other practical and social roles which are nonetheless essential to a successful group (such as making drinks, washing up, or setting up and stacking away chairs), and which can also promote individuals' sense of belonging, inclusion and commitment:

> *"One of the helpful things is everybody helping set up the room, do the washing up. So there's a whole thing about it, everybody working. And something that I thought was really important is the camaraderie of the group, you know, lots of social ability and new people coming in are made to feel really comfortable."*

Groups develop their own culture regarding involvement and the opportunity to take on roles. For some this will be identified as a formal 'volunteering' opportunity whilst in others, a culture of shared responsibility develops, and is embraced:

> *"Sometimes like as a volunteer you see what hasn't been done, so you just go and do it. Like many times I've been to put the tables up for the morning, and they have already been done, someone else has already done it. It's not like "you do this and you do that" we are here and we know what needs doing and we haven't got to say where the table need going."*

The opportunity for individuals to discover and build on strengths and skills contributes to personal recovery journeys as well as adding to the life of the group:

> *"Yes my role is I'm a 'networker' and I've got a really good eye for, well, you know, I seek posters and I take them down and get them photo-copied and I do leaflets"*

> *"Yes I was a different person before I came here. I was really shy and I was not going out. But since coming here I starting cooking here now for a lot of people. I didn't know my skills. I do now … It's a kind of discovery!"*

> *"Before [the group] I could go a week without seeing anyone. You got used to that isolation. I didn't realise it would be going to a group you were going to run. I was mistaken. In a positive sense, I've come on leaps and bounds. I'm going to become the chair. It's a positive journey. I'm really pleased I made that step".*

Discussion about role development also emerged, with a recognition that transition into new roles (which may be seen a positive opportunity) can also be problematic within groups. This is discussed further in Part D.

The practical aspects of running group are significant to the development of a shared positive identity (Theme 2) and individuals' adoption of group roles (Theme 3). This includes considerations such as the availability of funding (regarding which, group members may wish to developing fundraising skills) and access to physical environments that are affordable and accessible; that are – in a fundamental way – enabling and inclusive:

> *"The only thing I can see as an issue for me which has disrupted our group is the transport. It's not reliable or flexible … It stops driving at 1 o'clock so you can get there but you can't get back."*

Issues around access and the suitability of physical environment are echoed in a number of articles, which emphasise location, proximity to public transport, accessibility for those with physical disabilities, and the provision of areas for communal activity as well as more confidential space where group meetings are held (Swarbrick, Bates and Roberts, 2009; Van Draanen *et al.,* 2013; Moran, Russinova and Stepas, 2012; Swarbrick and Ellis, 2009).

Whist it is clear that mutuality, a shared positive identity and opportunity for role-development are all significant features of successful groups; these attributes emerge in different ways and to a different extent in each group. Theme 4 describes some of the ways in which different groups have acknowledged and developed these features.

4. Structures and ground rules exist which are negotiated and respected

In successful groups a variety of structures and routines developed over time to support members' involvement and to protect boundaries. This was important in sustaining the life

of the group. For example, a sense of assured confidentiality was essential to people feeling safe to talk freely and openly, which was integral to the perceived supportiveness of the group. In the Stage 4 focus groups there were no precise descriptions of any particular rules for maintaining confidentiality, so this could be a point of further inquiry and sharing of good practice. Indeed, producing written guidelines was seen by some as a necessary step:

> *"I have no idea of what the group's boundaries are. That's not very good. I'm new and it wasn't specified. A new person should be handed something explaining. It could just be put on the coffee table. A facilitator could just direct people to it."*

Recognition of this need for clear ground rules was often part of a group's development:

> *'We didn't have ground rules, which was the issue we have come up against now because we didn't know we needed that structure. Whereas now we realise we do need that but we still haven't got it, so it's a difficult situation."*

Literature exploring co-production recognises that negotiation about structures and ground rules can be formal or more laissez-faire, allowing rules to emerge over time (Alberta, Ploski and Carlson 2012). It is clear that during the action inquiry process, group members valued the time to critically reflect on the functioning of their groups. Such reflection supports problem solving and consequently the group's development:

> *"There is nothing to stop us as a group having a 'brain storm' focus group ourselves for a session once every six months. I know we have our monthly sessions and then every six months we come here and we sit somewhere and do this: 'what is working? what isn't working?"*

> *"This has been a useful experience – those questions have brought up a lot for us. We all hold a lot of experience and knowledge…Groups need to be responsive to change…Boundaries need to be about safety rather than control"*

Equality of opportunity to have a 'voice' and the need to guard against domination by individuals were recurrent ideas. For example, there was a concern about how time is apportioned for people to speak and various strategies were employed to facilitate and manage this:

"We have a circle; we each have a bean bag. It used to be a teddy so we each have a time so we can talk interrupted."

"So you have been saying each person has 10 minutes "

In one group a '5 Minutes Rule' was established whereby everybody had up to five minutes to talk about their week, prompting one group member to say:

"What's brilliant about this group is it doesn't allow itself to get hi-jacked by people".

It was regarded as a feature of the group's collective sense of responsibility for its own effectiveness as a supportive group, in that every group member had to accept that 'discipline':

A: "We all have to accept that discipline. There has to be some discipline. It's part of democracy. Part of the freedom is that we all accept our share.
B: Yes, [and part of the Chair's role is] making sure that everybody has a share."

This was not just commitment to a democratic *principle*, it was about the practicality of ensuring everyone's voice was heard. Crucially, whilst the 'five minute rule' counteracted the damage caused by people who were habitually dominant, it did not cut short those group members who had a particular need to off-load in particularly difficult circumstances and might therefore need more time. The boundary was flexible, by consent:

A: "Say somebody obviously needs to talk for ten minutes, and you've said 'five minutes'. No one goes 'Alright, you've had your five minutes, stop in mid-sentence'. You wouldn't do that.
B: But actually, y'know, with the five minute thing, most of us – as we go round the room – we're all having a crap time. But there's always probably one person who's having a really, really difficult time. So, what I'm trying to do is actually say 'We have five minutes, but if you need to carry on talking' –
A: And we all recognise that" –
B: And that actually is quite important, so people have had that chance to off-load."

In successful groups, the notion of 'consent' was important. The ground rules worked because they were honoured by all, and this was because everyone felt they had a hand in creating them. They had been negotiated and co-created:

> *"Everybody respects the rules and follows the rules."*

Support for new members to help them find a voice and a place within the group was also discussed:

> *"We thought of a buddy system where you would buddy up with someone more experienced in the group."*

> *"When a new person joins the group it might be good to have a mentor for a while so we can gauge what is coming in to the group. With [group name] there was recognition that people bring skills coming into the groups."*

Whilst the need for a shared understanding of codes of conduct or ground rules was widely recognised, tensions could arise regarding how this was done:

> A: *"Well, we are taking about democracy. She [fellow group member] isn't given the democratic right to be supported 'cos of people coming in and interrupting her space.*
> Moderator: *So what you are saying is that everyone has that 10 minute space but it's not being protected …?*
> A: *'Cos everyone needs a voice … We've got a structure but it is very hard to maintain"*

Some groups identified that external support would help develop and maintain boundaries:

> *"… a guiding hand to make sure the group is running to a set of rules actually enforces a level of democracy…"*

> *"Yes definitely, for all the groups we do have a code of conduct, of ethics … We will respect everybody. Somebody in your position [development worker] can develop that kind of ethics for all the groups."*

A recurrent issue regarding the transparency of decision-making processes was the need to clearly identify when a formal decision-making forum was operating and when group members were simply discussing group affairs informally. Ambiguity was damaging:

> *"To a certain extent, informality is good, but also meetings need to be quite formal in terms of knowing who's doing what. They're minuted … The confusion between relaxed coffee days and meetings. We need to review that."*

The apparatus of decision-making became most 'visible' when it was contested; when it became a source of pressing problems related to group leadership. This theme is picked up in Part D.

5. Skilled facilitation exists and is supported by group members

Effective leadership was recognised as an important feature of a successful group. Good facilitation was highly valued and the skill involved in performing this role successfully was acknowledged:

> *"There needs to be someone there, paid or voluntary, who is skilled enough to help people in the group and to understand individual needs. I mean, sometimes you have to talk about very personal issues. There was one of us that felt that. I didn't need it, but there was people there that did and because there was no-one there to talk to, they left. They lost confidence in the group*."

Skilled leaders could model the skills of facilitation for others:

> *"that last bit about facilitation … it's like a mirroring of what is possible as well, … actually, he's like setting a model of the potential of what's possible …, he held it together- held that space."*

Some groups saw that a distinct role existed for a paid staff member to deal with more challenging issues that might arise in the group, in order to preserve a sense of the group's stability and safety:

A: "I think also when something comes up that might be a disruption; something that would make you not feel safe, [Name] usually handles it and handles it well, … They actually say "this is so and so" and its done in a nice way, but the boundaries are set …
B: Or if they was being disruptive you know that person wouldn't be allowed to stay and be disruptive. So if they continued to be disrupted they will be through the door! So then you would feel safe.
Moderator: *Is that the most important bit for the staff? So it's about feeling safe?*
A: We know they are there for us, when we need them, they are always there."

As mentioned in Theme 3, whilst the opportunity to take on new roles is important, changing roles and responsibilities within a group can create tensions in the group dynamic:

"Managing change is difficult, when someone is promoted within a group. I took on facilitating a yoga group when my old yoga teacher decided not to do it. It was such a big mistake because they still wanted him. For me it's very difficult if someone is standing there… 'oh by the way I am facilitating you next week'. It doesn't work for me because you are all involved in each other. Maybe when you become a facilitator you go off and do another group. Promoting people within groups needs to be managed. They need to be skilled too, what concerns me is quality."

Also recognised are the potential negative consequences for individuals who find themselves trying to manage levels of responsibility that they do not feel equipped to deal with:

"What a facilitator offers is consistency. A peer lead group cannot offer that. Yes 'cos people are attending the group for all sorts of different reasons and suddenly they are in a position where they have to give and that is a massive strain for them to do. To suddenly be in charge of something."

This concern, about the additional burdensome responsibility of leadership for people with mental health difficulties, was widespread. It was expressed as a profound wariness of taking too much on. This was not just a concern for the individual who might be over-burdened, but for the potential impact on the group as a whole:

"There were service users who took on roles. Because of poor health, it fell apart. You can't be Chair and be away for a few months 'cos of poor health. The Treasurer didn't want it, it was put upon him. He never attended meetings. Nobody was there at the meeting; no one 'operating' the operation. You can't guarantee their health."

Transition to peer leadership was seen to need careful planning and handling. It should not be seen as a cheap substitute for facilitation by trained staff, and support for peer leaders needs to be made available:

"I would like to say to people like yourself [support and development worker] … if the groups do get passed over to us … if it has to be passed over, can it be done with a wee bit more care? … Because we so wanted to keep the group growing but it was more than we could really do. It only needed someone to see that and come and say "this is how you do it" or "this is what you should do". To give us some direction, we had no direction or training… It needs a lot more thought I think to pass it over to us. I think there are people that could take it on, but it's just not possible, we have taken on more than can be done."

"I felt like I was keeping it going and I was exhausted, this isn't something I want to be doing. It's not my responsibility."

Practical considerations were also emphasised as important. In relation to leadership and facilitation the need for regular supervision and training was reflected on:

"Yes it's really informal, I have to admit we don't do a supervision. I do the encouraging to get them to come and talk to me but I must admit I've not done the supervision thing, I don't know why maybe that's something I need to talk to you both about to see if you want it?

As previously discussed, facilitation was recognised as a demanding and skilled role and one that needed some management:

"I think that is where there is a problem, cos that person may feel they want to lead but maybe they can't."

Training was recognised as important but also a resource that can support group members (alongside facilitators) in being actively involved and supported:

A: *"I think training in group dynamics… cos that what we are talking about is group dynamics*

Moderator: *So that knowledge and understanding is for the group? Or for the facilitators? Or for everyone?*

A: *Both, I think it's something we are all interested in. We have been in groups for a while, I think group dynamics is essential and some understanding of it, just to know what's going on or potentially know what's going on.*

B: *Training of the facilitator and group members I think. What that does is go back to respect and support for holding difficult situations, because then everyone has knowledge and it is not just held by one person. So it makes you more responsive and more compassionate. And if the group understands what the person in charge is going through they are able to be more supportive."*

The form of training and support also needs to recognise the complexities of group dynamics and boundaries of confidentiality:

"It's not just training, its supervision at least once a month. I think the supervision needs to meet at least once a month to go over what problems they might be having… I couldn't talk to her [peer leader] and she couldn't talk to us about it. It needed someone from outside, but someone she could respect and take on what she should be doing."

The importance of support and training for peer leaders is supported by the literature. Repper and Watson (2012) and Singer (2011) identify that supervision is a way to support someone facing challenges, to maximise learning and to build confidence. Davidson *et al* (2012) and Swarbrick (2013) assert that the focus should be on the peer support worker's personal growth and their capacity to assist others rather than management issues. The opportunity for ad hoc, timely discussions is also valued as a means of addressing day to day emotional challenges particularly where the helping role evokes the peer support worker's memories of their own mental distress (Singer, 2011). The concern expressed by group members about safety, quality and support identifies a tension that exists in peer led groups where

respect for expertise gained through experience also needs to be tempered with the provision of skills development training and support.

Part D – Addressing and resolving tensions in the life of a group

Earlier, in Part C, the point was made that this action inquiry – in using focus groups to examine community groups – set up situations (in Stage 4) where the dynamics of the community group were replicated in the focus group; where features of the group were not just described, but were *enacted* as well – often unconsciously.

Action inquiry can capture this. It is an important aspect of this inquiry into the community support group network because the shared *values* that fuelled group members' activities were not theorised about, nor intellectualised. They were never abstracted *principles* of practice, but were *embodied* in people's actions. As one group member put it:

> *"We're pragmatic. We don't have highfaluting ideas in our group. It's like 'can we do it', 'is that possible'… We put ourselves forward. 'Yes, I can do that, I can do that'. And if you can't, you don't put it forward."*

The point was also made (see page 14) that this enactment offered a glimpse of the key qualities and strengths of peer involvement/leadership *in action*, not just as they might appear in a static checklist of group qualities. In particular, this facet of the inquiry has shown how certain qualities and strengths of a group enable adaptation, allowing group members to address and resolve tensions encountered in the life of the group. Reflecting on the inquiry as a whole, it seems that this adaptability is the key to success. This section of the report explores *how* groups are resolving tensions as part of their growth and self-development.

Whilst we have pointed to key features of successful groups (in Part C) it is important to recognise that 'success' is based on how these features are employed, or how they play out dynamically, in the life of a group, as a group's membership and leadership engage with the challenges and tensions that inevitably arise.

So, although the five themes were presented earlier as distinct entities this was done to help make sense of how each group worked. Of course, this distinction is an over-

simplification of the reality of a group *in action* because in real life each of these five 'entities' exists in interaction with the others.

This report now aims to make these areas of synergy clearer by highlighting some of these interactions as they emerged in the audio-recorded discussions. For example, in one group (a carers' support group) focus group discussion about the importance of shared values involved substantial, animated discussion about what those values *actually were*. Clearly, the sharing of values was not just a theoretical *principle* for creating an accepting and non-judgemental social culture (see Theme 1), it was also a fundamental point of connection for people; a shared identity (Theme 2). Similarly, in another focus group, group members' discussion about the allocation and development of group roles (Theme 3) inevitably drew them into consideration of the group's structure (Theme 4) and the way in which the group was currently being facilitated (Theme 5) because change in any one of these areas inevitably impacted on each of the others.

With this idea of *synergy* in mind – that is, the notion that each successful group displays certain key features in its own unique way, in dynamic interaction with each other, and dependent on context – this section presents examples of how significant tensions have been (or are being) addressed within groups. These 'tensions' are presented in Box 6 below; each one a kind of 'balancing act'.

1. Balancing the need for ground rules with a wish to avoid bureaucracy
2. Balancing the need to focus on group structure with a commitment to group activities
3. Balancing a wish to be facilitated with a desire for accountable leadership
4. Balancing a desire for peer leadership with concerns about the burden of responsibility
5. Balancing a desire to lobby for change with the need for support

Box 6: Key challenges encountered by community groups

It is the way in which these aspects of group life are handled that is most indicative of success. Indeed, one group member described group facilitation as "dealing with problems in a structured way". One might see the task of facilitation (including peer-facilitation) as the skill required to navigate a group through these five areas of tension. Again, as with the features presented in Part C, the interconnectedness of these phenomena is acknowledged. Separating them out is a device to enable analysis and discussion whereas, in reality, they exist as one organic whole 'experience'.

1. Balancing the need for ground rules with a wish to avoid bureaucracy

Further to the issues described earlier in Part C in relation to structure and ground rules (Theme 4, Box 5) there was a strong emphasis on the need for *workable* ground rules and a wish for rules that were a 'light touch', providing only as much guidance as needed to facilitate a functioning group and without becoming bureaucratic;

> *"What is the support service users need, without getting bureaucratic."*

One group facilitator expressed her appreciation for her group members because (as she put it) they were "… willing to follow the *slight* structure that we've got". For their part, the group members followed the structure because it 'worked' for them. Indeed, a moderator of a Stage 4 focus group commented on the same group;

> *"That's so powerful. It's complex but straightforward, you've got the structure but it allows for the complexity of everything else to come up within it"*

In successful groups, therefore, the structure becomes almost invisible. Instead members are only aware of the functionality it enables. One might say that 'bureaucracy' was the term used to describe group structure that became *too* visible – usually at a time of difficulty, when its limitations would be revealed – and impinged on functionality. For example, in one group;

> *"The focus became the committee, rather than the activities"*

By contrast, in another group;

> *"There's a very fluid way of decision-making that happens, that's almost organic. None of our meetings are boring. They're always alive – and a bit of humour – but actually we're working … Often you look back and think 'well that was a like laugh' but it was quite an incredible piece of work that got put in place"*

2. Balancing the need to focus on group structure with a commitment to group activities

Once it is accepted that 'light touch' ground rules are essential, a practical question about where the energy of the group should be directed often emerged: should the group focus on establishing its own structure first, or should it throw itself into group activities?

In practice this seemed to be a chicken-and-egg question in that group structure (that is, the *form* of group meetings) was largely shaped by their function; the group's 'being' arose from its 'doing'. The *organisation* of a group reflected what the group *did*, in other words. For example, in a carer's support group there was unanimous support for its committee because, over time, a pattern for meetings had evolved that gave space and time to its two fundamentally important and inter-connected activities: providing support for carers (its members) and acting as a lobbying group for improvements in mental health services:

> *"The way our meetings are run at the moment is: the first half is social time, then we have a coffee break, and then we get a speaker in who does a 20min/half hour chat, and then people can ask questions. Because I'm a believer in information as well as communication."*

By contrast, in a different group, difficulties encountered in developing its programme of *activities* (which was thus rendered comparatively sparse) prompted its members to critically reflect on how the group was run. In particular, group members felt somewhat paralysed by not having the contact details of group members who came only once, then 'disappeared', so attendance was poor:

> *A: "There's another thing I find, that I've always been a bit frustrated about. We've had people come who, as far as I'm concerned, have enjoyed themselves. But all of a sudden*

they've disappeared. So, you say 'Where have they gone?' and [the facilitator] says 'I'm gonna ring them', but he never does … Is [the facilitator] supposed to be doing that or not?
B: No, no he's not –
A: Well who is supposed to be doing it? Cos someone's got to?
B: No, listen … I spoke to his boss and she told me …'It's your group, to sort out. Names, everything, do everything'.
A: But if that person's got mental health issues, or problems, it's not my job to be ringing them up and finding out what their problem is. Someone should be doing that, surely?
B: But it's people in the group that's got to do it, isn't it?
A: Yeah, but if they've got problems? I don't want to be ringing up someone who's got problems.
B: Maybe you wouldn't, but maybe someone else would. That's what I'm saying.
Moderator: Maybe it's a 'text thing', just a text to someone saying 'Don't forget we're meeting on Wednesday.'
A: I don't mind doing that …

There were two inter-related concerns: poor attendance and a lack of organised activities. Non-attendance was seen as both a cause and a symptom of the lack of activities, for how else did 'the group' express its identity other than through the things its members did together, and what was there for new members to feel part of, if there was no programme of activities?

"For the first six months all we did was sit and spoke about the same old things and we didn't do anything did we?"

However, this does not mean lack of activities is the only reason for sporadic attendance by group members, as a member of another group commented:

"It's understandable that service users drift in and out. That's the nature of people who have a mental health need. But it's important to find continuity."

3. Balancing a wish to be facilitated with a desire for accountable leadership

In the previous example (pp.36-37), recognition of the inter-connectedness between the group's limited activities and its problems with 'identity' is what focused group members' attention on how their group was run. They felt there was no structure, and a split had occurred based on levels of attendance and perceptions of lower levels of commitment from their committee members:

> *"We don't feel there is any structure in the group. But we do feel there are those people that really want it to work and put 110% in, who come regularly. We always turn up and we always do what we say. And those people that don't always turn up, that aren't bothered either way, are the people that have decided to not just be in the committee but be a higher member of the committee. So, therefore the people that are in the group, who are looking up to these people, that these people have not the same passion or attitude in the group as the others have got. And we feel we can't act upon without the other members (the higher members) in the group so we feel we are in "limbo land" … so there has been arguments, upset and despair."*

It seemed that the (so-called) "higher members" of the group (with all that this phrase implies in terms of perceived hierarchy and **'**difference**'**) were not attending reliably. They were referred to as being on a "separate path", and this separation was damaging to the group in several ways. For example, it was the non-attenders who (it was reported) had contact numbers for the group's membership (see earlier). In this way, the group's structure (or lack of it) impacted directly on the logistics of organising group activities and – hence – on the regularity of attendance.

The dilemma experienced by the group members who *did* attend regularly (those who saw themselves putting in '110%') raised the question of leadership *accountability* (that is, the answerability of decision-makers to the group as a whole). There appeared to be a breakdown in communication between the group and the host organisation. When members looked to the facilitator for advice and support, they said they were not listened to, which added to their frustration:

"So, we feel our heads are banged against a brick wall"

For these group members, Question 3 about 'who does what' in the group (see Box 2) generated much discussion in a Stage 4 focus group about how change was needed in order to increase the amount of *collective* decision-making in the group. Hitherto, all group members in the focus group had seen the host organisation's facilitator as the sole decision-maker, whilst also acknowledging that this did not work:

"I think what we've been doing at the moment is looking up to the facilitator to say 'can we or can't we?', 'yes or no?' which actually – which I've learnt myself is – we don't have to ask the facilitator. We can decide as a group what we want to do. But it doesn't help when the person who does the Treasury isn't here every week so therefore we cannot get hold of any money if we need to use it. She is never here and the Chairwomen is never here. So then it is left to the one underneath the Chairwomen to sort it out, which has been very difficult."

The possibility of having a clean sweep of the group's perceived hierarchy – the (so-called) "higher members", in other words – was seen as a way forwards:

"I think we should have a meeting when [the Chair] comes back and it should all be changed. I think she should just become a committee member, a member'.

One can see this as an example of a group growing organically and moving towards greater peer control through a process of pragmatic problem solving; a process of developing its practices and culture in the face of newly recognised challenges. For example, the discussion about having group members' contact details (so non-attenders could be followed up, on pages 36 to 37) led to deeper consideration of the nature of the 'mutual support' that group members provided for one another. Ultimately, a new ground rule of practice (texted reminders) was considered; a suggestion that addressed a variety of needs including the group's desire to reach out and support potential new members as well as individual group members' need to manage the burden of 'care' that this might involve.

We (the UWE inquirers/authors) have dwelt on this group's experience because it appears to offer a case study of a group 'in transition'(see Temporary Construct 5, in Box 4) as this issue of accountability was frequently touched on in the wider inquiry. For example, in a

different group, the lack of clarity regarding the decision-making process was felt to be similarly damaging:

> *"There was a meeting with roles, chair etc. We'd decide something. Then someone else not at the meeting would say it wasn't going to happen. It was overridden without any explanation. It wasn't done in a bullying way. Thoughtless, insensitive, that's what we've got to avoid."*

Feelings on this subject could become stronger too. Where the lines of accountability between the host organisation and the group itself were ambiguous and anomalies were brought to light this could cause frustration, even resentment:

> *"I'm perplexed by the relationship between [the group] and [the host organisation]. Seems to be friction there. It needs to be resolved. Why should [group] volunteers get less fuel money than [host organisation] employees. That's unacceptable to me. It's only one aspect."*

By contrast, in a different group, the group's infrastructure and decision-making processes were clearly and unambiguously in place because its committee was transparently elected at an Annual General Meeting. This committee was seen as "a strong team" and its "authority" was further cemented in place through the group's week-to-week activities because it was "reinforced by everyone who joins the group".

4. Balancing a desire for peer leadership with concerns about the burden of responsibility

Whilst the implications of a lack of accountability were clear (in the example presented earlier), responses to the dilemma differed. There was a tension between a *desire* to take control and establish a new structure and a *reluctanc*e to take on more responsibility (such as taking on group roles like Chair or Treasurer) if there was no support to go with it:

> *A: "All right who wants to do it [the Treasurer role]? No one wants to do it really do they, cos it's a responsibility … But, you see, their names are on the bank account along with mine, and you've got to have two people to access the money …*
> *B: I'm against getting involved in things like that because there's just no organisation*

anywhere. I'm not getting involved with money cos it'll all go pear-shaped –

A: – No, it won't , no it won't, because at the moment, it can't go with who's doing it at the moment cos she's not going to come [to meetings] now. There's no commitment from her. Someone else has got to have it. And I'm quite happy to arrange the workshops and do anything else if I know that someone reliable is going to have the money".

This vigorous Stage 4 conversation led to a discussion about the lack of transparency regarding the group's finances, including a suggestion that the group (if organised differently) could apply to a fund to support its own development. Clearly, the desire for survival and growth was strong. So, again, rather than seeing this as a group that had been rendered dysfunctional due to a breakdown in communication across a hierarchical organisational structure, this is evidently a group 'in transition'*;* a group wanting to move towards peer facilitation and upwards to another of the levels shown in Table 1 on page 19, perhaps;

"From what I understand these groups are meant to be officially run by the group members themselves. The facilitator comes in and gives a helping hand, that's how it's meant to be … we should be up and running for ourselves."

It is therefore interesting to explore this group's dilemma in a way that highlights the issues that peer-leadership was perceived (at that time) to be capable of addressing: structure and support.

5. Balancing a desire to lobby for change with a need for support

Although (as noted earlier) the shared identity of each community group was not necessarily associated with mental health *problems* as such, there was a frequent sense of solidarity, based on shared experiences. This solidarity was supportive and empowering in itself, but it also found expression in a desire for greater empowerment of mental health service users generally – in terms of having a voice in service improvement, and in terms of promoting societal change towards a more including, non-stigmatising society. The desire for support in a stigmatising society was balanced against a desire to advocate and lobby for

change. These are complimentary, not competing desires, but across the six participating groups there was a variety of ways of channelling these feelings.

As described earlier, one of the six participating groups was a carers' support group which was felt, by its members, to be successfully serving two closely interconnected purposes: supporting its members, and lobbying for improved mental health services:

> *"It's a combination of a pressure group (a campaigning group) and an emotional support group"*

The supportiveness was crucial because of the emotional demands of being a carer and also because of the stigmatisation of carers generally:

> *"We respect [the local NHS Trust] because they're doing a job which they've been trained for and which they get paid for. So, we respect them. What we're saying to [them] is we're doing a job that we don't get paid for, but we love. So, respect us."*

> *"The mentally ill are extremely discriminated against. Their carers are even more discriminated against because we do not fit in the 'disability' legal thing. And so being able to have a voice, I think, is very important."*

This 'voice' was used, for example, to negotiate a Carers' Charter with the local mental health NHS Trust and to highlight the burden of care undertaken by carers:

> *" … so that carers can challenge [the local NHS Trust] if they're not following their charter. … And actually make them come out of the dark ages and recognise that carers are the most important tool they've got in their armoury when it comes to dealing with mental health. Because the carers are the ones at home dealing with the patient. The carers are the ones making that patient stable. And a lot of the time now you've got some really, really sick people … who are out in 'the community' with no support. Who do they think's looking after them?"*

> *"So many patients are now being treated at home. Unless you [addressing the local NHS Trust] work in a more organic, family approach your outcomes are going to be extremely poor."*

The broad issue of societal stigma was highlighted in another group too, where the sense of 'belonging' that a group member enjoyed within the group was felt to be elusive in day-to-day life outside the group; a realisation that prompted a desire for *societal* change, as well as the improvement of mental health services. It was felt that the norms of acceptance and mutuality experienced in the group should also be achievable in the wider community too:

> *"If it [the group] is truly democratic, it can't be seen in isolation. It needs to be linked into [the local mental health NHS Trust] in terms of reducing stigma. I'm wanting to see a bigger change."*

> *"There's a sense of belonging in terms of broader 'bringing about change' in terms of reducing stigma.*

Consequently, there was a call for a service users' charter by one individual:

> *"It links to what is desperately needed: a service users' charter. [The local NHS Trust] has a carer's charter. In other NHS districts there's a service users' charter that clearly sets out roles and responsibilities."*

Where lobbying was accepted as a central part of a group's activities – in the carers' group, for example – it was intricate work requiring careful consideration within the group. Achieving a balance between applying pressure and being conciliatory was felt to be an important part of a *strategic* approach, because it 'worked':

> *"If you go in there [to the local NHS Trust] and act very aggressively they just shut the door in your face. What we're trying to do is actually – I've got my foot in the door and I won't let them close it, now they've opened it. And it's actually getting that line of communication".*

> *"Actually going full pelt, head first into the doors of [the local NHS Trust], you just head butt and get a big bruise because they won't open, but if you just gently nudge it around the edges and keep your foot in there, because [senior managers] knows who we are … otherwise they don't listen."*

As a result, many insights into community care were developed through this group's collective discussions, such as recognition of the difficulties created by the fragmentation of community services. For example, although the group had done much to build a relationship with the local NHS Trust its members wanted a broader influence beyond the NHS Trust to include social services. In particular, they wanted to see the Carer's Charter applied equally and be recognised across all areas to counter the "changing goal posts" from one geographical area to the next, and between health/social care sectors:

> *"I'd like to stick every single one of them [service managers] in a room, lock the door and not let them out until they actually started talking to each other. That's what I would like".*

Similarly, there was a sense of the political power generated by speaking with a collective voice:

> *"Can you imagine how empowering if every Trust area's carers' group got together? That would be amazing."*

Part E – A Critique of this inquiry

The most obvious flaw in this action inquiry (as noted earlier on pages 6 to 7) is that the design does not allow for any new learning that might be derived from it to be put into practice and tested out over time.

However, the inquiry's design has allowed for some significant action learning in Stages 1 and 3, and particularly in Stage 4 (see Box 1, p.7). Here, focus group discussion occasionally turned to the nature of the UWE action inquiry project itself. Learning from the good practice embodied in group members' own experiences (rather than organisations taking the lead in deciding how the groups it hosts should be run) was regarded very positively:

> *"It's a growing thing 'support groups' and it's a brilliant thing for the future, people empowering each other."*

This sense of individuals inquiring together, and of this being a mutually *empowering* process, is integral to this action inquiry. The process by which individuals' tacit, embodied knowledge gradually becomes acknowledged and articulated by them, and then collectively examined in conjunction with their peers, is fundamental to action inquiry's participatory ethos (Reason and Bradbury, 2008). The fact that this occurred in this inquiry is an indication of the inquiry's quality.

The quality criteria for appraising action inquiry are drawn from the wider literature on action research. This literature suggests that – rather than using the validity and reliability criteria associated with positivist, 'objective', experimental research methods – a new range of criteria should be applied when considering the quality of inquiry into *social* phenomena (such as group culture) where the inquirers capacity to 'get alongside' group participants is so important to understanding participants' *subjective* experiences (Bradbury 2013; Herr and Anderson, 2015).

Box 7 overleaf presents these emerging criteria. For example, *process validity* is evident in the way one group of participants learned that they could take more purposeful steps towards controlling their own group (see p.39), *dialogic* and *catalytic validity* is evident in the point-counterpoint discussions in each focus group whereby critical reflection occurred

and participants' understanding of key issues was first acknowledged and then deepened, and *democratic validity* is apparent in that the focus groups wholly comprised participants from the particular group under consideration. In this way, it was not an inquiry into 'what works' conducted by 'outsiders' using objective measurements but a facilitated inquiry by 'insiders' into what their own intimate experiences had told them was workable in *their* community group. It necessarily involved and honoured their unique, personal perspectives.

Outcome validity
The extent to which the inquiry generates action which leads to a resolution of the problem that prompted the inquiry, or answers the question underpinning the inquiry

Process validity
The extent to which the inquiry frames the issue under investigation so as to facilitate participants' learning

Dialogic validity
The extent to which the inquiry prompts participants' critical reflection on the key issues

Catalytic validity
The extent to which the inquiry re-orientate participants' focus on the social reality being addressed, so they understand it better and can gain new insights into it

Democratic validity
The extent to which the inquiry involves and honours the perspectives of all stakeholders

Box 7: Quality Criteria in Action Inquiry (from Herr and Anderson, 2015)

Often, particularly in the Stage 4 focus groups, group members were challenging each other's assumptions about their own group, taking on board new perspectives, and arriving at a different (often collectively shared) understanding of a difficulty and how it might be addressed. This is in keeping with action inquiry's intention to invite critical reflection, as described on page 11. This is also a reflection of the inquiry's catalytic and dialogic validity in that group members were not just recounting group experiences, but were actively engaged in working through those experiences together – as co-inquirers; trying to 'make sense' of them in order to address the practical problems that had arisen.

It would be premature to comment on the first criterion – *outcome validity* – as this can only truly be seen in the wider context of how this report is used by St.Mungo's and partners in their on-going development of the community group network.

Conclusions

Through this action inquiry, group members from the community group network have engaged in a process of collective critical reflection regarding what works in their group in terms of peer leadership and peer involvement. Five general qualities or group features have been identified which interact in a dynamic way that is unique to each group: a feeling of mutuality, a shared positive identity that supports group participation, opportunities to take on group roles, negotiated ground rules, and skilled facilitation.

It is the way in which these features are brought to bear on the issues and problems encountered in the life of each group that appears to be most indicative of a group being able to develop itself. In particular, they enable a group to address and manage a range of 'balancing acts' or dilemmas, such as maintaining ground rules whilst avoiding bureaucracy, creating a solid group structure whilst maintaining a commitment to group activities, accepting facilitation whilst also promoting fully accountable leadership, desiring greater peer control whilst acknowledging concerns about the burden of responsibility, and fulfilling a desire to be outward-facing as a lobbyist and advocate for change outside the group (in mental health services and wider society, for example) whilst also ensuring support is solid within the group itself. To achieve this is clearly intricate, challenging and emotionally demanding work and it is emphasised here that support for peer leadership is essential.

As with any evolutionary process, adaptability is the key to success. This inquiry suggests that it is the manner in which the above features (as presented in Box 5, p.18) are used to tackle the above dilemmas (as presented in Box 6, p.34) that maximises a group's chances of survival, and enables it to flourish.

There is no checklist for success, as such, because each group manifests these features in its own way and the dilemmas it encounters will always be differently contexted. However, it is hoped that this analysis of the lives of certain groups in the community group network will support the development of the network, inform the on-going commissioning of such groups, and feed into a final report and 'Best Practice Tool Kit' to be produced by St. Mungo's Broadway , Creativity Works and Sirona Community Links.

References

Alberta, A., Ploski, R. and Carlson, S. (2012) Addressing challenges to providing peer-based recovery support. *Journal of Behavioral Health Services & Research.* 39(4) pp. 481-91.

Bradbury, H. (2013) Note from the Editor: Action Research: the journal's purpose, vision and mission. *Action Research* [online]. 11(1), pp.3-7. doi:10.1177/1476750313482214 [Accessed 16 May 2015].

Brown, J. and Issacs, D. (2005) *The World Café: Shaping Our Lives Through Conversations That Matter.* San Francisco, CA: Berret-Koehler.

Brown, L., Shepherd, M., Merkle, E., Wituk, S. and Meissen, G. (2008) Understanding how participation in a consumer-run organisation relates to recovery. *American Journal of Community Psychology* 42 pp.167-178.

Clifton, A., Repper, J., Banks, D. and Remnant, J. (2013) Co-producing social inclusion: the structure/agency conundrum. *Journal of psychiatric and mental health nursing.* 20(6) pp. 514-524.

Cooperrider, D.L., and Whitney, D. (2005) *Appreciative Inquiry: A Positive Revolution in Change.* San Francisco: Berrett-Koehler.

Davidson, L., Bellamy, C., Guy, K. and Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry.* 11(2) pp. 123-128.

Denzin, N. and Lincoln, Y. (2008) *The Landscape of Qualitative Research.* Los Angeles, Sage.

Faulkner, A., Sadd, J., Hughes, A., Thompson, S., Nettel, M., Wallcraft, J., Collar, J., De La Haye, S. and McKinley, S. (2013) *Mental health peer support in England: Piecing together the jigsaw Executive summary.* London: Mind.

Flick, U. (2007) *Doing Focus Groups*. London: Sage.

Glaser, B. (1965) *The constant comparison method of qualitative analysis*. *Social Problems* 12(4) pp445-436

Goldberg, N. (1986) *Writing Down the Bones: Freeing the Writer Within.* Boston, MA: Shambhala.

Herr, K. and Anderson, G.L. (2015) *The Action Research Dissertation: A Guide for Students and Faculty (2nd ed).* Los Angeles: Sage.

Moran. G, Russinova, Z. and Stepas, K. (2012) Toward understanding the impact of occupational characteristics on the recovery and growth processes of peer providers. *Psychiatric Rehabilitation Journal.* 35(5) pp. 376-380

Moses, J.W. and Knutsen, T.L. (2012) *Ways of Knowing: Competing Methodologies in Social and Political Research (2nd ed).* New York, NY: Palgrave Macmillan.

Rahman, M.A. (2008) Some Trends in the Praxis of Participatory Action Research. In: Reason, P. and Bradbury, H., eds., (2008) *The Sage Handbook of Action Research: Participative Inquiry and Practice (2nd ed).* London: Sage, pp.49-62.

Reason, P. (2001) Inquiry and Participation in Search of a World Worthy of Human Aspiration. In: P. Reason, and H. Bradbury (eds), *Handbook of Action Research: Participative Inquiry and Practice.* London: Sage.

Reason, P. and Bradbury, H. (2008) Introduction. In: Reason, P. and Bradbury, H., eds., (2008) *The Sage Handbook of Action Research: Participative Inquiry and Practice (2nd ed).* London: Sage, pp.1-10.

Repper, J. and Carter, T. (2011) A review of the literature on Peer support in Mental Health. *Journal of Mental Health.* 20(4) pp. 392-411

Repper, J. and Watson, E. (2012) A year of peer support in Nottingham: lessons learned. *The Journal of Mental Health Training, Education, and Practice.* 7(2) pp. 70-78

Rose, D., Fleischmann, P. and Schofield, P. (2010) Perceptions of user involvement: a user-led study. *Journal of Social Psychiatry.* 56 (4) pp 389-401

Slade M (2013) 100 Ways to Support Recovery: A Guide for Mental Health Professionals, 2nd ed. Rethink, www.rethink.org/100ways [Accessed: 27 April 2015]

Singer, (2011) Managing my life as a peer support worker *Psychiatric Rehabilitation Journal* 35(2) pp. 49-50

Swarbrick, M., Bates, F. and Roberts, M. (2009) Peer Employment Support (PES): a model created through collaboration between a peer-operated service and university. *Occupational Therapy in Mental Health.* 25(3-4) pp. 325-34.

Swarbrick, M. and Ellis, J. (2009) Peer-operated self-help centers. *Occupational Therapy in Mental Health.* 25 (3-4) pp. 239-51.

Swarbrick, M. (2013) Integrated care: wellness-oriented peer approaches: a key ingredient for integrated care. *Psychiatric Services.* 64 (8) pp. 723-6.

Tomlin, G. and Borgetto, B. (2011) Research Pyramid: A New Evidence-Based Practice Model for Occupational Therapy. *American Journal of Occupational Therapy*. 65(2), pp.189-196.

Van Draanen, J., Jeyaratnam, J., O'Campo, P., Hwang, S., Harriott, D., Koo, M. and Stergiopoulos, V. (2013) Meaningful inclusion of consumers in research and service delivery. *Psychiatric Rehabilitation Journal.* 36(3) pp. 180-186.

Whitney, D. and Trosten-Bloom, A. (2003) *The Power of Appreciative Inquiry: A Practical Guide to Positive Change.* San Francisco: Berrett Koehler.

Appendices

Appendix 1: Initial exploratory stakeholder focus groups p. 53

Appendix 2: Initial member checking / consultation of themes p. 54

Appendix 3: Consultation/training event plan p. 58

Appendix 4: The Action Inquiry Focus Group Tool p. 59

Appendix 1: Initial exploratory stakeholder focus groups plan

Time (approx.)	What	Resources
10.30-10.45 15 mins	**<u>Introduction and Warm up</u>** Check consent forms signed Introduce selves and aims Participants introduce selves In small groups word storm on post it notes: ***What makes your group successful (work)?*** 1: commissioners 2: facilitators / development workers 3: members /participants	Consent forms Post it notes Flip chart paper Pens 3 tables Chairs
10.45-11.45 1 hour+	**<u>Free fall writing and story circle:</u>** Participants write for 8 mins: ***When did you feel that your group was working at its best?*** Story circle each participant speaks for 3-5 mins	Chairs & Rests Paper Pens Free fall writing instructions **Digital recorder**
11.45-12.00 15 mins	**<u>Break</u>** UWE team discuss interpretation of • Impact • Positives of peer involvement • Group life ***Develop questions**** to feed into Knowledge café	Tea / coffee biscuits
12.00-12.45 45 mins	**<u>Knolwledge Café</u>** In *3 small groups discuss ***questions**** and make notes on Flip paper Each group feedback	3 tables Flip chart paper Pens Chairs **Digital recorder**
12.45-1pm 15 mins	**<u>Interpretation / Reflection</u>** Group members word storm their ideas about 'what works'	3 pre prepared Flip Charts Pens Post it notes
1-1.30 30 mins	**<u>Plenary:</u>** Facilitators feedback their understanding of key messages: Group members check and clarify / amend	Flip paper Pens **Digital recorder**
	Closure and thanks	

Appendix 2: Initial member checking / consultation of themes

10.6.14

Dear All,

Re. St.Mungo's Bridges to Wellbeing

Many thanks for your contributions to the workshop you attended with us in either Radstock or Bath last month. We enjoyed working you. We've listened carefully to what you told us and come up with a summary of some of the key issues, principles, ideas, and experiences you described.

Please take a look at the 4 topics on the following pages and let us know whether you feel we've highlighted the right features of your group experiences. It's unlikely that we've represented everything because what you told us was so rich and personal. So please add any other comments at the end if you wish. We got a strong sense that each group was a unique 'whole' with complex web of relationships and responsibilities related to each one. Our points below are not intended to oversimplify this to the point of missing this 'uniqueness' – the 4 headings are just a way of helping us understand the various parts that make up each whole.

If you would like to discuss any of these points, or your response to them, please feel free to call either one of us. Our phone numbers and emails are below. We would be grateful if you could respond to us by next Wednesday 18th June. If this is not possible we would still be interested in your thoughts after this date.

Many thanks for your co-operation,

Vanessa Parmenter – Senior Lecturer (Occupational Therapy)
Tel: 44 (0) 117 328 8869 vanessa2.parmenter@uwe.ac.uk

Jon Fieldhouse – Senior Lecturer (Occupational Therapy)

Tel: 44 (0) 117 328 8941 jon.fieldhouse@uwe.ac.uk

Both:

Dept. of Allied Health Professions, Faculty of Health & Life Sciences,
University of the West of England (Glenside Campus), Stapleton, Bristol BS16 1DD

1. **People got a strong sense of their own identity through a sense of belonging to something worthwhile. This 'belonging' was enacted through active participation in the group.**

    Participation was important for various reasons, such as:

    - People facing the same issues together
    - A sense of shared values and beliefs
    - Shared experiences, working together, co-operation
    - Feeling connected, bonding, a sense of 'mutuality'
    - Having onself 'recognised', accepted and validated
    - Being part of a 'special event'
    - Risk taking together
    - Reducing isolation and building a sense of togetherness
    - A certain 'tribal' feeling of solidarity, or being in a 'team'

Please add your comments if you have any:

2. **Active participation in the group generated a range of personally meaningful experiences, including a sense of personal agency**

    The meaningfulness of the group was felt in a number of ways, such as:

    - Feeling like you are having an impact, making a difference
    - Having opportunities to develop skills and be recognised for this
    - Feeling supported
    - A sense of empowerment and ownership
    - Feeling understood, trusted, and respected
    - A sense of achievement and purpose, having a role
    - A sense of belonging
    - Feeling valued
    - Enjoyment, having fun
    - Building confidence
    - Developing friendships

Please add your comments if you have any:

3. The democratic culture of the group was important. It avoided hierarchy and brought with it opportunities for roles and shared responsibility.

a. Roles
   i. There need to be opportunities for group members to take on meaningful roles.
   ii. The facilitator's job was to ensure roles were shared out – eg. by noticing/valuing people's skills and inviting them to take on roles.
   iii. If a particular role wasn't taken up, it would be the facilitator's job to 'take up the slack themselves' and do it.
   iv. There should be opportunities for members to reflect on and develop their roles.
   v. For people in a facilitator role, there should be opportunities for training, supervision and time for reflection.
   vi. Facilitators with lived experience of mental health problems enhance the democratic culture and acceptance/validation (see 1 on p.2).

b. Boundaries

   i. These are important in the group. They helped people to:
      - feel safe
      - feel that confidentiality was maintained
      - provide structure for maintaining the group's 'energy'
      - know what to expect
      - feel valued and appreciate the contributions of others

   ii. Boundaries are usually negotiated and developed by group members together. However, there could be tensions between democratic discussion and the need/desire for clear 'rules', such as when formalising the way a group works into a group *constitution*.

c. Communication

   The kind of communication that happened in groups was important – including listening to each other and showing compassion and respect.

Please add your comments if you have any:

4. **The life of the group depended on hope, inspiration and energy which required support, nourishment, structure, and being managed in various ways.**

    a. Boundaries – as above.
    b. <u>Inspiration</u>
        i. Facilitators needed to be energetic and inspiring and 'hold hope' on behalf of the group.
        ii. The group's purpose had to come from its members.
        iii. Members like to be valued, listened to and respected.
        iv. Key events in the life of each group brought people together and reinforced the groups' motivation and 'togetherness'

Please add your comments if you have any:

Appendix 3: Consultation/training event plan

Training Day Plan:

10-10.30 Tea and coffee on arrival

Resources: Flip chart, Posters & explanations, Photos, marker pens,

1. **(10.30-11.00) Introduction**

3 aims:

a) Asking you to participate in the refinement of the tool
b) Training you to run evaluation focus groups
c) To engage in participating so that you learn by experience

General pre-preamble

People have been very forthcoming in telling us what they value and what they find meaningful in their group. We've got all that information and now need to move slightly deeper – to explore *how* that experience is facilitated or *how* it's brought about.

Discussion about the appreciative approach to this evaluation

A few words about the techniques: trying to elicit actual experience rather than intellectual 'thoughts about' the issues, the importance of member checking any interpretation. Giving participants full opportunity to express their experiences and for you to check out you have understood what they are saying.

Be prepared but also be flexible.

2. **(11.00- 12.00) Experiential session**

Participants engage in a shortened version of the 'tool'

11.00-11.15 – Warm up (with photos)
11.15-11.45 – Knowledge Café (5 questions)
11.45-12.00 – Group Discussion

3. **(12.00- 12.20) Reflect on Process**

Amendments / Facilitation tips / questions

Comfort break (tea and coffee at 12.00)

4. **(12.40-1.00) Reflection / Discussion:**

- Recap
- Any refinements / developments
- Key points about the tool
- Key points about recording the data
- Certificates

Appendix 4: The Action Inquiry Focus Group Tool

Background:

This tool has been developed from focus groups conducted in May 2014 using appreciative inquiry techniques to explore 'What Works?' Evaluators from the University of the West of England (UWE) and representatives of successful community groups in Bath and North East Somerset co-created understandings in order to develop this tool. The tool is intended to be used by St Mungo's Broadway, Creativity Works and Sirona's Community Links Team who have been trained in its use, to conduct further focus groups to build an understanding of:

> The facilitation of peer lead groups; the organisational process and support required to start and progress

The aim of these further groups would be to gain a more in-depth understanding of what works for the many different groups existing. The criteria for participation would need to be defined by St Mungo's Broadway, Creativity Works and Sirona Community Links and informed consent gained from each participant. The focus groups would all be digitally recorded with consent.

Data collected from these focus groups will be in the form of flip charts and transcriptions of the audio recordings of the groups. These need to be accompanied by a description of the participating group and its title. These will be analysed by UWE Evaluators to produce a report into the findings.

The tool is a schedule for conducting a 2½ hour focus group. The training will ensure a degree of consistency in the approach and questions discussed in each focus group; though plenty of flexibility would still be afforded to allow for the uniqueness of each group. This will increase the reliability of the data.

The Plan:

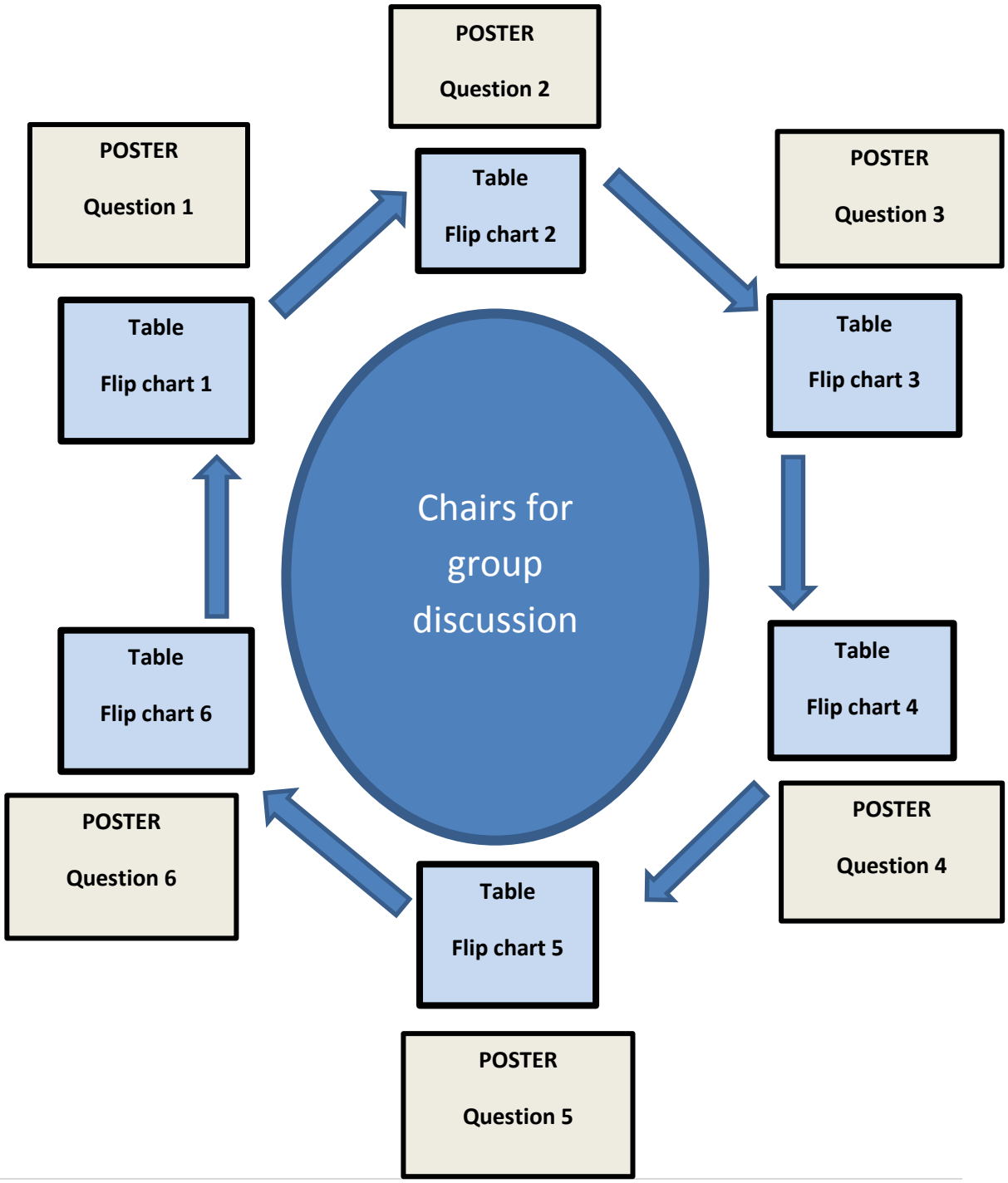
Resources needed:

- The 'tool'
- Room with chairs for all participants
- 6 tables
- Selection of photographs
- Flip chart papers and pens
- 6 posters (with preamble and question pre-written)
- Consent forms
- Audio recording equipment.
- Document wallet to collate flip charts
- Refreshments
- Flip chart board

Preparation:

- Ensure facilitators are trained in the use of the tool and understand their individual roles
- Ensure location, time refreshments, resources are available
- Invite participants to attend and include information about the purpose and the intention to audio record. Participant will need to sign a consent form either before the group or on the day.
- On the day prepare the room and layout see below:

Room Layout



1) Introduction:

Welcome participants and ask them to sign in and check consent forms are signed.

Brief explanation of the aim of the workshop e.g.

> ***Thank you for coming to help today. The aim of this evaluation is to gain an understanding of the facilitation of peer lead groups; the organisational process and support required to start and progress. We will be doing this by running similar workshops with a variety of different groups.***
>
> ***Today the workshop will last about 2½ hours and we will be facilitating a series of activities and exercises to help us to explore and understand <u>your</u> experiences of 'what works' for your group. We the workshop will help you to think about and discuss:***
>
> ***1) what your own experiences of your group are and***
> ***2) what you think is important from your own experience.***
>
> ***We will be keeping the flip charts we produce and will record the discussions we have so that we can review and understand what your experiences are. All members' names will be kept confidential. It is hoped that this process will feed into a final report and best practice tool kit to help share our experiences and support other groups.***

2) Definitions:

Explain that we recognise that different groups use different words to describe people and roles; this is part of the unique culture of each group. For the purposes of this evaluation we do need to be sure that we understand what people are telling us so we have agreed the following definitions:

1. ***Commissioners***: play a strategic role in allocating funds/implementing policy
2. ***Support and development workers:*** This happens behind the scenes.
3. ***Facilitators:*** Are in the group and may be paid or peer
4. ***Members:*** Are the beneficiaries' of the group. They may be participants initially before becoming members

3) Warm up

- Explain this is a warm up exercise to help participants begin to think about their experiences of their group.
- Invite participants to view photographs and select one or two that capture something about how they feel about belonging to their group
- Invite each participant to say a sentence or two about the photo they have selected and why
- Thank participants for their contributions.

4) Knowledge Café Exercise:

- Explain that in smaller groups they are now asked to discuss each of the 6 questions and record their thoughts and ideas by writing them down on the 'table cloth' (make sure each

of the 'table clothes' are clearly numbered indicating which question they relate to). Each group will have approx. 8 minutes to respond to each question before moving on to the next table. Each small group will discuss all 6 questions.

- Explain:

  These questions have been developed from what people told us about what they value and find meaningful in their groups and we now want to explore that in more depth- to explore how that experience is facilitated or how it's brought about.

- Read out each of the 6 questions including the 'preamble' (see page 6) - you may need to explain this again as each group rotates to a new table. Each 'preamble' and question is written on a poster by each of the 6 tables
- Each group sits around a table by one of the posters. Each table has a flips chart 'table cloth' and marker pens. They have approximately 8 minutes to discuss each poster and record their discussions on the table cloth before rotating to the next 'poster'

5) Comfort break (10 mins)

6) Discussion

(Audio record this)

- Reconvene in a circle. Put the 'table cloth' flip charts up on the board so that they can be seen. Ask the groups to verbally feedback and discuss the key points from their discussions of each of the 6 questions. A few tips to help facilitate this discussion:
  - Go through each of the flips charts in turn
  - Ask members to explain further what they discussed
  - Ask open questions and use what is written on the flip charts to help you focus e.g.:
    - *Can you explain what you mean by…*
    - *What was significant for you about…*
    - *Can you give an example of what you mean by…*
    - *Can you say a bit more about how / why this is important*
    - *Can you say a bit more about how this happens in your group?*

  - Listen carefully to what is being said and reflect back what you have heard to check you have understood and help participants clarify their meaning e.g.
    - *Have I understood you? You said that…..*
    - *So you have said that…..is important? How does this happen in your group…*
  - You can add further notes to the flip charts (Do ensure the notes correspond clearly to each of the 6 questions).

    (Stop recording)

7) End

Thank participants. Collate the flip charts carefully and ensure they are numbered and the numbers correspond clearly to the 6 questions. Place all flipcharts in an envelope marked with the title and date of the group.

Summary:

Time	Content	Resources Needed	Data collected
10 mins	Introduction	Consent forms	
15 mins	Warm up	Photographs	
50 mins	Knowledge Cafe	Posters flip charts pens and tables	Flip charts
1 hour	Discussion	Flip chart and pens Recorder	Audio recording / flip charts