

# Improving Mental Wellbeing in Kent: Evaluation of the Primary Care Link Workers Service

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# Introduction

## The Mental Wellbeing Programme

In recent years, there has been a shift within public mental health policy and practice towards the prevention of mental illness, and the promotion of mental wellbeing. In line with this shift, Kent County Council Public Health commissioned a series of projects and services to tackle a range of issues and address broad cross-sections of the population. The Mental Wellbeing Programme in Kent was one of the first of its kind among local authorities to put prevention at its core, and was unusual in terms of both the level of investment, but also the scope and depth of its evaluation of the projects commissioned.

The Mental Wellbeing Programme had a number of overarching aims, located along a spectrum. Promoting positive mental wellbeing, or 'keeping people well' was at one end of this spectrum, reducing suicide rates at the other. Early intervention for emerging or low-level mental health problems was located in the middle.

To meet these objectives, projects were commissioned that varied in their approach, investment and scale, target populations and outcomes.

The Mental Wellbeing Programme began in late 2013 and finished in spring 2016. The evaluation was commissioned in November 2014, and looked at all data available since the programmes were implemented. The McPin Foundation carried out data collection from November 2014 – January 2016.

The Mental Wellbeing Programme consists of the following projects: Primary Care Link Workers; Kent Sheds; Mental Health First Aid; Six Ways to Wellbeing Campaign; Library Wellbeing Hubs; Creative Arts Partnerships; and Happier@Work Workplace Wellbeing Pilot. This report provides an overview of the findings from the McPin Foundation's evaluation of one of these projects – the Primary Care Link Workers service.

**Suicide prevention**



**Early intervention**



**Mental health promotion**



## Background

The Kent county-wide Primary Care Link Workers (PCLW) commission was a partnership between Kent County Council (KCC) Public Health, KCC Families and Social Care, and Kent's Clinical Commissioning Groups. Its overarching aim was to provide a Primary Care based service that enabled GPs to direct people with mild to moderate mental health problems towards mainstream activities in everyday community settings via a link worker. The aim was to reduce demand on health services in the long term, and on GPs specifically in the shorter term as well. The contract for the service was awarded to Porchlight, a homelessness charity with a long history of supporting people across Kent who are homeless or experiencing associated issues such as problems with mental health, benefits, housing or personal finance.

Porchlight's Link Worker service had two key elements: tailored, one-to-one support to help individuals engage in a range of social activities in a community setting – in the vein of 'social prescribing' – and immediate, practical support provided by the link worker directly to the

person – closely resembling the role of a conventional support worker. In practice, the latter was more central to the delivery of the service, due in part to Porchlight's experience and expertise in providing immediate, practical resolutions to welfare issues. The link workers generally provided time-limited support to help with benefits, housing and finance issues, which are often related to poor wellbeing or mental ill-health.

They provided both immediate practical assistance as well as more light-touch support such as signposting and referring in order to help service users develop coping strategies and gain access to appropriate support, as well as promote healthy behaviours and wellbeing.

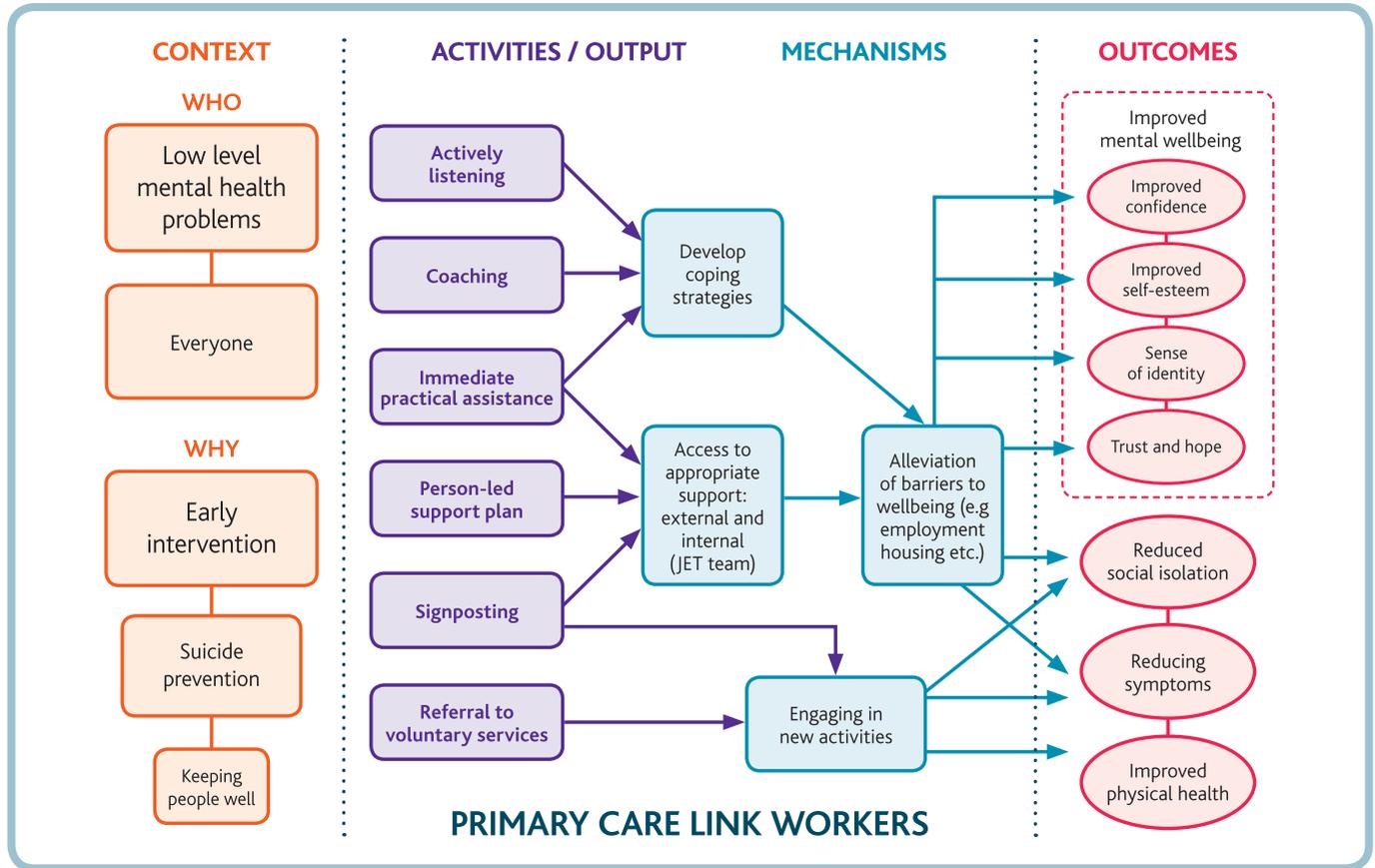
**"One of the good things about the [link workers] is that it's just very easy to get into, it's very accessible. So all someone needs to say is 'I need some help'"** Project Lead

# Method

The McPin Foundation's approach to evaluating the Primary Care Link Workers project comprised a number of different strands and types of data. These were as follows:

- Theory of Change work (4 x interviews with project leads)
- Key Performance Indicator (KPI) data collected by Porchlight, including demographics and service user outcomes such as WEMWBS and Recovery Star scores
- Interviews with 18 PCLW service users (conducted by a peer researcher with lived experience of mental health problems)
- Interviews with 10 PCLW link workers
- Interviews with 6 professionals who referred to the PCLW service
- Follow-up Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) data collection

# Theory of Change



## Findings

### Reach – Who?

#### Who are link workers reaching?



**3,048 clients**



**49% male**



**48% disabled  
or long-term sick**



**92% white**



**37% needed  
housing advice**



**Average age:  
42.6 years**

#### Demographic make-up of Kent County population



**49% male**



**93% white**



**Average age:  
41 years**

The link worker service aimed to be very broad and accessible to anyone

## Reach – Why?

The main reasons for contact with the PCLW service included housing advice, benefits advice, mental health issues, and need for other signposting.



1. At all points in this report, N refers to the number of people a variable or question answer applies to.

## Reason for contact with the service

	N <sup>1</sup>	%
Advocacy (act on behalf of)	67	2%
Benefits advice	335	11%
Council issue	10	0%
Debt advice	78	3%
DV advice	14	0%
DWP, Housing, GP / MH	3	0%
Housing advice	1125	37%
Mental health	667	22%
Physical health	59	2%
Signposting – assisted guidance	323	11%
Signposting – directed	252	8%
Substance misuse	39	1%
Terminal illness	2	0%
Missing	74	2%
<b>Total</b>	<b>3048</b>	<b>100%</b>

### Qualities of the link worker

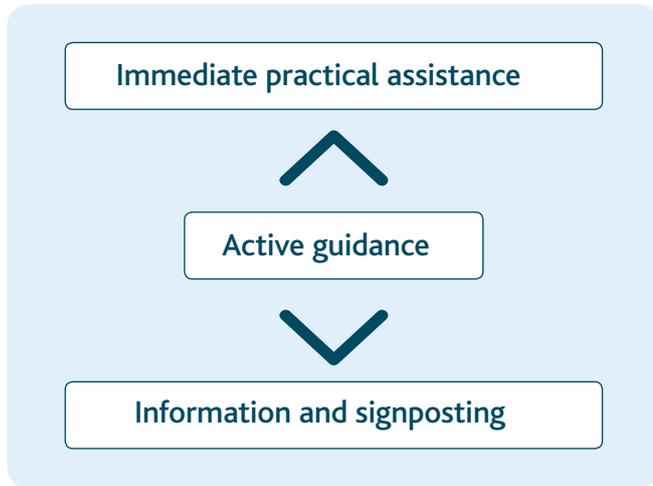
The individual qualities of the link worker were found to be key to service users' overall experience of the service and its success. This came through in the interviews we carried out with service users, but also with link workers and referrers. Almost all service user interview participants spoke very highly of their link workers, with personal qualities such as empathy, kindness, trustworthiness, non-judgement and respect most commonly cited.

*"She was just such a wonderful person... she didn't undermine me. She didn't put me down or anything like that. She was more like a friend I'd known for years, someone easy to talk to. Someone who was very, very helpful. And, someone I can have a laugh with as well if I needed so she was great."* Service User

### A person-centred service

An analysis of the interview data revealed that link workers supported their clients in a range of ways. These forms of support can be seen to fall along a spectrum and ranged from link workers simply 'doing what needed to be done' to resolve an immediate practical problem at one end, to providing information and signposting to the client at the other.

Sometimes, the link worker had simply made an important call, e.g. to the benefits office, that immediately resolved the problem the client was facing. We also heard many examples of link workers providing clients with information and signposting around, for example, counselling, or getting drug and alcohol support, that were then followed up by the client independently.



However, the majority of link worker activity fell somewhere in between these two ends of the spectrum, and consisted of what we have termed 'active guidance'. By this, we mean 'helping the client to help themselves' by providing support, but simultaneously encouraging independence. The ethos of 'active guidance' was articulated by the link workers, and it was clear that many of the service users had felt supported, but also enabled, by their link worker.

**How is support provided?**

**Stage 1**  
You, your GP or another agency professional makes a referral

**Stage 2**  
Your Community Link Worker meets with you either at your GP Surgery, your home or at a place of your choosing in the community to talk about the difficulties you are facing.

**Stage 3**  
We work with you to set some goals and actions to help you move forward. You choose what we help you with and what activities you would like to access locally.

**Get in touch**  
Speak to your GP and ask them to complete a referral form for you. If you prefer, you can refer yourself by phone, email or post and we will let your GP know that you have been in touch.  
[link@porchlight.org.uk](mailto:link@porchlight.org.uk)  
**0800 567 76 99**  
(or 0300 365 76 99 from a mobile)  
or contact the worker for your area:  
(Monday – Friday 9-5pm)  
Name: \_\_\_\_\_  
Mobile / Text: \_\_\_\_\_

**Support is provided?**  
It is provided in a range of areas including:  
Money  
Housing  
Education, training and volunteering  
Community involvement  
Mental health  
Substance Use & Alcohol

## Case study

Kevin was referred to Porchlight whilst attempting to find support for drug and alcohol problems. At this time he was experiencing extreme anxiety and was very socially isolated. Most importantly, he was worried about money – he had been absent from his workplace for a long period of time and the company did not offer any long term sick pay.

Kevin's link worker was able to help with several of these practical issues. Kevin met his link worker at his own home which he found very helpful as he was very socially isolated. The link worker helped him to make a phone call to put in a claim for Employment and Support Allowance. At this time Kevin found it difficult to even comprehend making a phone call, so having somebody there to help do this was a huge help. His link worker also suggested that he attended some drop in's at the local Mind, but Kevin did not feel able to attend these alone. His link worker suggested that they went to the drop in together; something else that he felt was hugely helpful. On top of helping with many practical issues, Kevin also felt that he benefitted from having a link worker who he felt able to talk with freely. Kevin felt supported, and like there was somebody there to back him up, and was pleased that the link worker was very down to earth and not pushy.

Since using the PCLW service, Kevin feels that he has made several improvements in his life, and notes that his friends often comment that they can't believe how much he has achieved in such a short space of time. Kevin is now sober, and is receiving ESA so his anxiety levels have reduced somewhat due to having a stable income. Kevin also now feels that he has a better quality of life, more confidence and now feels able to pick up the telephone and make phone calls by himself. Kevin feels that the PCLW service provided him with exactly the right help at the right time.

## Overall experience

We asked our service user interviewees to pick three words to describe their experience of the PCLW service. Using a word cloud generator, we visualised these words, with frequency proportional to size.

Due to the small sample size, many words were only mentioned once, but 'helpful' was the clear winner with 15 mentions (of 18 interviews), with 'positive', 'good', 'empathetic' and 'supportive' also receiving multiple mentions.



The PCLW service was evaluated using the WEMWBS measure – a common measure of wellbeing. The table below shows the WEMWBS scores and number of participants from before and after using the PCLW service, as well as at 3 and 6 months post service use.

**As we can see, the mean score between Time 1 (pre-intervention) and Time 2 (post-intervention) increased by 8.1 points. This is considered meaningful by the scale developers, and was also a statistically significant difference.**<sup>2</sup> It is worth noting that even post-intervention, service users' wellbeing remained significantly lower than the national average, reflecting the existing mental health problems of the population the PCLW service worked with.

Further analysis of the data revealed that, for all participants who completed WEMWBS at Time 1 and Time 2, 82% had improved scores, 7% had scores that remained the same, and 11% had scores that decreased.

For people who completed WEMWBS at Time 1 and Time 3, 78% had increased scores and 22% had scores that had decreased (see Table 25). This suggests that the effects of the project are largely sustained over a six-month period.

Our interviews revealed a range of outcomes for service users following engagement with the PCLW service. These included practical outcomes around housing or benefits, with service users, link workers and referrers providing accounts of individuals and families being re-housed. In some cases, this had been a direct consequence of the link worker activity, but in others, the outcome was described as something that had been achieved by the individual because they had been supported to develop the skills they needed to do it themselves ('active guidance'). In a similar vein, we heard accounts of benefits issues being resolved, and people feeling more in control of their finances.

2. Further details on tests of significance can be found in our full report available on request.

PCLW mean WEMWBS scores<sup>3</sup>

	Number of participants	Mean N	Min	Max	National mean	Kent mean
Time 1 – pre intervention	288	32.9	14	70	51.6	51.3
Time 2 – post intervention	264	41.0	15	68		
Time 3 – 3 month follow up	50	39.0	14	62		
Time 4 – 6 month follow up	14	40.5	21	57		

## Changes in WEMWBS scores between Time 1 – Time 2 and Time 1 – Time 3

	Time 1 – Time 2		Time 1 – Time 3	
	N	%	N	%
Increased	216	82%	39	78%
Same	18	7%	0	0%
Decreased	29	11%	11	22%
<b>Total</b>	<b>263</b>	<b>100%</b>	<b>50</b>	<b>100%</b>

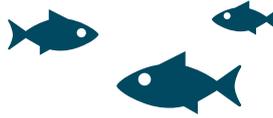
3. Throughout this report, national and Kent means taken by data provided by NatCen Social Research based on analysis of data from Health Survey for – England (2010-2013) and Understanding Society, Wave 4 (2012-2013).

## What impact are link workers having on wellbeing?

85% felt  
their wellbeing  
had improved



90% moved into  
independent housing



93% optimised  
independence



93% improved confidence  
and self-esteem



86% increased  
physical activity



93% felt less  
isolated



80% had fewer GP  
visits (self-reported)

*"I still couldn't believe it. Signing contracts, and I remember going back to [Town] to mum; I said, mum, I've got the place... If it wasn't for Porchlight I would not have got this place, I know that for a fact."* Service User

We also heard about the less tangible but equally important impacts on service users' wellbeing, including reports of increased confidence and skills to manage independently, taking up physical exercise and other new activities, and feeling less isolated, livelier or more energetic.

*"A lot of my clients, when I first meet them, they'll just sit there and cry and cry and cry. You know, you'll be with them for an hour and they will just cry for the whole hour. Now she's smiling, she's laughing, she's telling me of the things that she's doing. She's making plans, she has aspirations, she's looking for work. That's not this woman who wouldn't sign a consent form for me."* Link Worker

## Costs

We calculated cost per head figures across the service as a whole. With a total spend of £1,125,000 (which included £580,250 from KCC-PH and £544,750 from CCGs and social care) and 3048 clients, they are as follows:

- Total spend = £369.09 per client
- Total cost to KCC = £190.37 per client

Based on these figures, we calculated that the cost of increasing a client's WEMWBS score by one point was £45.57, and the cost of increasing it by three points (the threshold for a meaningful increase in wellbeing) is £136.71.

We attempted to compare some of these figures with some basic health and social care unit costs. The benefits, debt and finance focus of the service means that it is useful to compare cost per client with costs to health and social service use caused by debt related mental health difficulties.

One source<sup>4</sup> indicates that the annual cost of health and social service use of each case of debt related mental ill health amounts to £1,645. This means that if a PCLW client is able to resolve debt issues even for half a year following the intervention, a saving of over £450 across the system as a whole can be made.

It is worth noting that the cost-benefit analysis originally proposed, which involved accessing patient record data concerning number of appointments prior to and following engagement with the service was not feasible as there was no record-sharing agreement in place between the service and GP surgeries.

However, self-reported change in frequency of GP visit rates following engagement with the service showed that almost 80% of service users (N = 752) who felt this was a support need had visited their GP less following engagement with the PCLW service.

Although it is not known how often people were visiting their GPs before engaging with the PCLW service, the following calculation is based on the average GP appointment costing £65<sup>5</sup>. A client who visits their GP on average once a month and reduces their visits by half following a one off PCLW intervention would equate to a saving of £20 per client for the first year following intervention and £390 for each subsequent year.



4. [www.pssru.ac.uk/project-pages/unit-costs/](http://www.pssru.ac.uk/project-pages/unit-costs/) (page 57)

5. [www.pssru.ac.uk/project-pages/unit-costs/](http://www.pssru.ac.uk/project-pages/unit-costs/) (page 177)

## Case study

When Jenny got in contact with Porchlight, she had a number of issues in her life that she needed help with. Most notably, she had become homeless after losing her partner, and the whole experience had led to a decline in her mental health. After ending up in hospital, some relatives suggested that she get in contact with Porchlight.

When Jenny met her link worker, she felt relieved that there was somebody out there that was able to listen to her and to help guide her in the right direction. She felt that she was able to talk to her link worker about anything, and even cried in front of her, which she did not feel comfortable doing in front of other people. Jenny feels that her link worker did not undermine her, or put her down and she felt very relaxed with her. She also likened her more to a friend that she had known for years, and somebody that she could have a laugh with too if she needed to. Besides providing this emotional support, Jenny's link worker also helped her to fill out a number of forms, which she had struggled with alone.

Since using the link worker service, Jenny feels much more positive about her future and feels that she has regained a lot of her confidence. She notes that relatives now comment that she is livelier, has more energy and is generally full of life. Jenny is currently living in sheltered accommodation and is responsible for her own finances and self-care, including taking care of shopping, cooking and washing. These are things that she feels she was unable to cope with before using the link worker service, but notes that now she is successful at managing money, paying bills, and ensuring that she eats well and takes care of her personal hygiene.

# Conclusions

The main conclusions from our evaluation of the Primary Care Link Workers service are as follows:

- 3048 people used the PCLW service up until the end of December 2015, with variation across CCG areas, a 50% gender split, and an average age of 42.6. Almost half of service users were adults of working age who were long term sick and / or disabled, and the main reasons for contact were around housing and benefits.
- The majority of service users had a positive experience of the service. Our interview data revealed that the personal and professional qualities of the link worker were central to this, as was Porchlight's ability to deliver a person-centred service that offered a range of signposting, active guidance and advocacy support depending on the needs and circumstances of the client.
- The PCLW impact data revealed a significant and meaningful increase in WEMWBS scores of 8.1 points, from 32.9 to 41 pre and post intervention, with an increase amongst 82% of the sample for whom data was available. Recovery Star scores also increased by 7.2 points from 57.9 to 65.1, with an increase amongst 93% of the sample for whom data was available.
- 85% of PCLW service users evaluated said that their wellbeing had improved following their engagement with the service, and almost 80% of those who felt that they needed GP support reported that they had visited their GP less following service use.

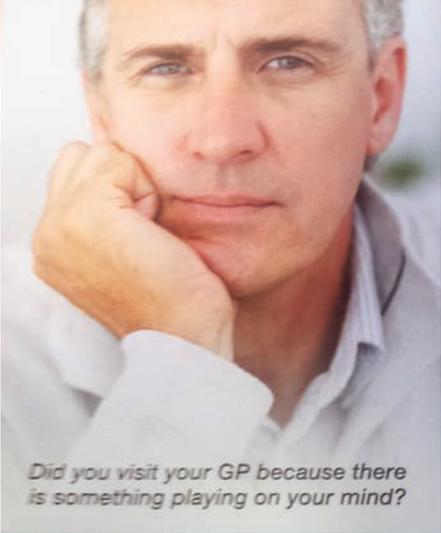
## Recommendations

1. Continued roll-out of the service as an integral component of the new Community Wellbeing Service.
2. Improved joint working with CCGs to facilitate the promotion of the service with GP surgeries.
3. Improved promotion of the service at a community level.
4. Refinement of the evaluation framework for the service in order to simplify data collection and minimise burden on service users and link workers (this could include removing collection of outcomes that are not deemed to be central to service delivery, such as engagement in cultural activities and volunteering for example).

# Next Steps

Following the Mental Wellbeing Programme evaluation, the Primary Care Link workers have been included in a new Community Mental Health and Wellbeing Service which is jointly funded by Kent County Council Public Health, Adult Social Care and the Kent Clinical Commissioning Groups. The new service, *Live Well Kent*, was launched on the 1st April 2016 and will be in place for 5 to 7 years.

The link workers are one of the specified services within an outcome based contract, recognising the valuable preventative role they provide in improving wellbeing for people with low level mental wellbeing needs. Key learnings from the Mental Wellbeing Programme have been embedded into the new contract and service, and the two Strategic Leads for the programme will build on this to further improve delivery.



*Did you visit your GP because there is something playing on your mind?*

**Primary Care  
Community Link Service**



**Porchlight**  
Changing attitudes • Changing lives



# About the McPin Foundation

The McPin Foundation is a specialist mental health research charity based in London but working across England. We exist to transform mental health research by placing lived experience at the heart of research activities and the research agenda.

Our work includes:

- Guidance and expert support on public and patient involvement in mental health research
- Collaborative research studies in partnership with organisations interested in user focused mental health research
- Campaign and policy work to raise the profile of mental health research and improve access to evidenced based information

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[www.liveitwell.org.uk](http://www.liveitwell.org.uk)