

# Developing a Theory of Change for the SLaM ‘Wheel of Wellbeing’

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## Wheel of Well-being

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# Introduction and Methodology

## Background to the SLaM Wheel of Wellbeing

Since 2009, the Mental Health Promotion Team (MHPT) at South London and Maudsley NHS Foundation Trust (SLaM) has been developing and delivering a range of mental health promotion initiatives that use a framework called the Wheel of Wellbeing (WoW) to improve people's understanding of mental health and wellbeing. The Wheel of Wellbeing is a visual framework made up of six universal themes that underpin mental (and physical) health and wellbeing: body; mind; spirit; people; place; planet. Based on the principles of positive psychology, it is a simple approach to promoting positive mental health and wellbeing. It is based on research that shows how certain practices can improve mood, reduce the risk of depression, strengthen relationships, keep people healthy and even add seven years to the lifespan.

Although the concept of 'wellbeing' is frequently contested, one frequently cited World Health Organization definition describes it as '*a state of complete physical and social wellbeing and not merely the absence of mental disease or infirmity*'.<sup>1</sup> The Wheel of Wellbeing, and the delivery of the thematic messages, functions as a social marketing strategy that aims to bring about behaviour change by articulating the idea that mental health can be a 'positive asset' that can be generated and enhanced by both individual and collective action.

Both the Wheel of Wellbeing, and the first wave of promotion activities (a series of eight workshops known as "DIY Happiness Programme") were initially developed in 2009 as part of the Well London Programme, a city-wide health improvement programme. Since then, there have been a number of further commissions of the DIY Happiness Programme, as well as a wide range of other approaches to implementing the WoW framework – SLaM MHPT continue to be commissioned to deliver WoW projects, but the resources have also been made publically available via a website ([www.wheelofwellbeing.org](http://www.wheelofwellbeing.org)), and have been implemented by a range of organisations within and beyond the UK in various guises. The current WoW 'offer' includes one day workshops, strategic consultation work for interested commissioners and partners, and the option for adapting the WoW to structure broader organisational and culture change activity. This approach has worked well, inasmuch as it has allowed the framework and activities to be piloted, refined and improved – however, it also entails challenges, as observed in this report.

## The need for an evaluation framework

Many of the WoW programmes, notably the eight week and one day workshops delivered by the MHPT, have been collecting data to better understand the process and impact of the WoW. However, to date, this process and outcomes data collection has not been systematic – not least because of the range and scope of WoW activity. It was recognised that there was a need for a clearer understanding of the theory and evidence base behind the Wheel of Wellbeing and the associated mental health promotion activities. It was felt that a more consistent, theory-based approach to evaluating the programmes could help increase the reach of the framework, secure further commissions, and

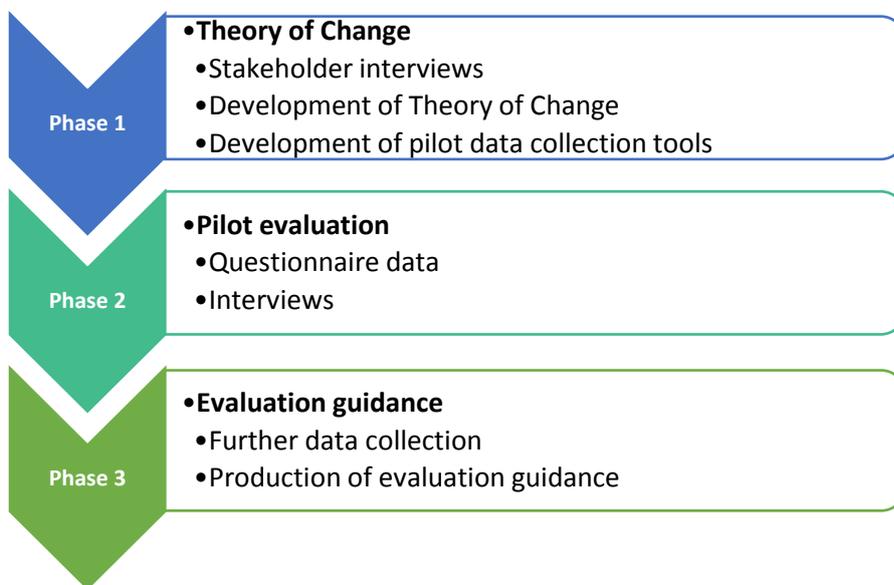
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<sup>1</sup> World Health Organization. (2001) Basic Documents. 43<sup>rd</sup> Edition. Geneva: WHO.

improve WoW-based mental health promotion programmes. This would help both WoW developers and commissioners better understand the implementation process, as well as, crucially, the outcomes and impact of the interventions.

In August 2016, the McPin Foundation, a specialist mental health research and evaluation charity, was approached as a partner organisation to support the MHPT with the development of an evaluation framework for the WoW, building on the previous evaluation work carried out internally by the MHPT. It was decided that the first stage of this process should involve the development of a Theory of Change for the WoW and associated mental health promotion activities. This Theory of Change would therefore need to encompass a range of activities, including the DIY Happiness programme, the one day workshops, and the integration of WoW into organisational wellbeing strategies. The subsequent stages of the evaluation will involve developing data collection tools based on the Theory of Change, piloting these, and eventually producing evaluation guidance on how to evaluate the WoW that will be made publically available, and sit within the ‘WoW offer’.

### Evaluation phases



### Theory of Change approach

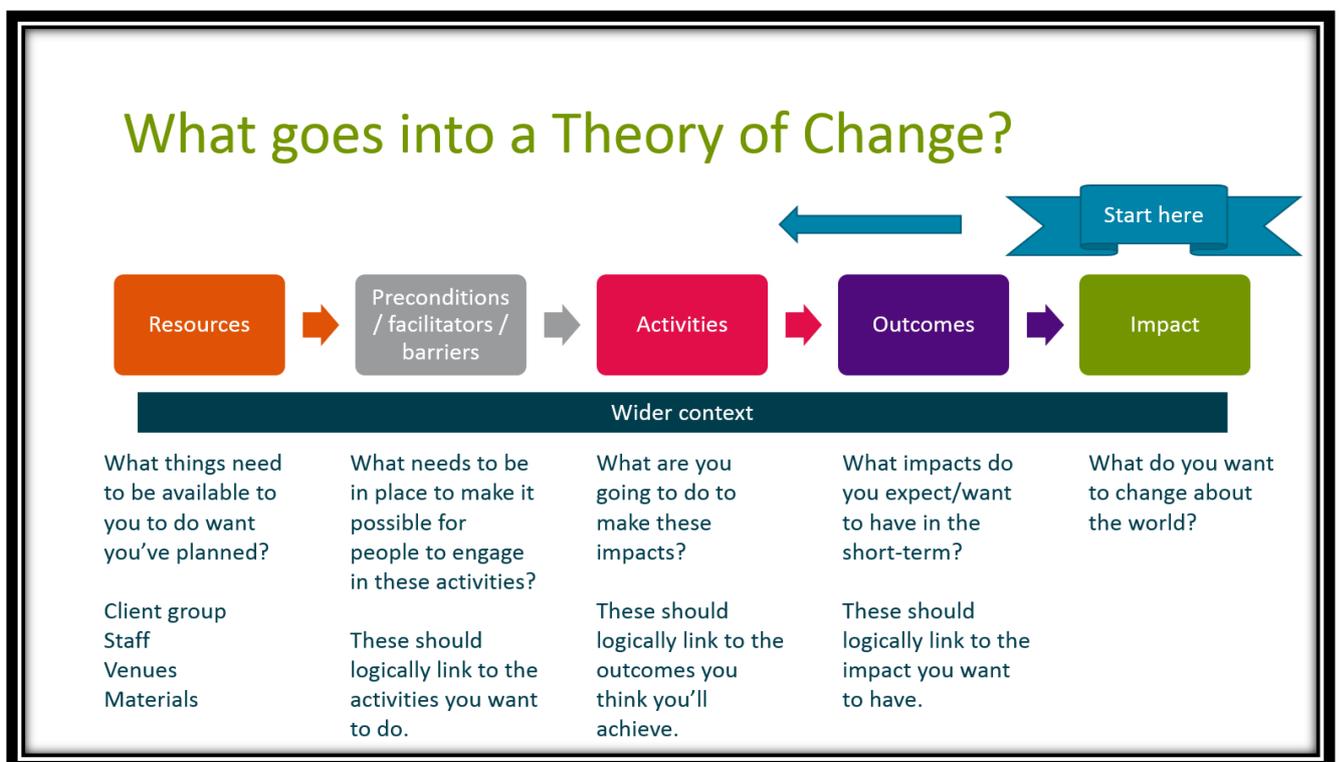
A Theory of Change is a model that helps a programme, or an intervention, clearly articulate its aims for bringing about change, and how it intends to achieve these. It is an approach recommended by New Philanthropy Capital (NPC)<sup>2</sup> and is increasingly being used by healthcare evaluators. It helps a programme identify desired impacts and outcomes, allowing for these to be tested, and thereby informing a subsequent evaluation of a programme’s success. Moreover, it makes the links between activities and outcomes explicit, which means it can serve as a decision-making tool for programme activity – ensuring that the right steps are taken to achieve the desired outcomes, and helping with forward planning. A Theory of Change is primarily a visual output (similar to the simpler, and more widely known ‘logic model’), but may also be accompanied by written narrative.

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<sup>2</sup> Harries, E., Hodgson, L., & Noble, J. (2014). *Creating your theory of change: NPC’s practical guide*. New Philanthropy Capital.

Although there is no universally established method for developing a Theory of Change, the main output is a diagram that provides a visual overview of a programme’s activity areas, and how these will lead to short-term, measurable outcomes, and longer-term impact, or change. A range of different stakeholders may be consulted in its development, including programme developers, beneficiaries and funders. A Theory of Change may be developed *before* a programme or service is implemented or delivered, or *after* it is underway. The point at which the exercise is undertaken, along with the stakeholders consulted in its development, will determine whether its content reflects a programme’s *intended* or *actual* impact, outcomes and activities – and in some cases, it may be a combination of the two. This means that a Theory of Change is almost always a ‘working document’ that may be revised as a programme evolves, as new activities or aims become apparent, or if the links between activities and outcomes do not prove to hold true in practice following evaluation.

Generally, a Theory of Change begins by identifying the long term ‘change in the world’, or ‘impact’, that stakeholders would like the programme to achieve. In the next step, the focus shifts to the more immediate ‘outcomes’ – that are concrete and measurable – that are prerequisites for this impact. This is followed by the identification of ‘activities’, or ‘inputs’ that the programme carries out that will lead to these outcomes, and any associated preconditions (assumptions), facilitators and barriers to success. In some cases, it is helpful to identify the ‘mechanisms’ that link programme activity to intended outcomes – reflecting on *how* outcomes are achieved. Finally, a Theory of Change may outline the resources that are required by a programme for its implementation. With each step, the logical links must be carefully considered and debated, which is why it is often helpful to consult with a range of stakeholders.



## Methodology

As noted above, there is no single established method for developing a Theory of Change. For this project, it was decided that the main methodological component would consist of interviewing key stakeholders and commissioners of Wheel of Wellbeing programmes in order to ensure that a wide range of WoW activities were captured and reflected in the Theory of Change. The final sample was agreed with the MHPT, and included commissioners of the eight week DIY Happiness programme, commissioners of one-off workshops, and others who had sought strategic input from SLaM, or used the WoW as an organising framework for their own mental health promotion activity. In total, the McPin Foundation conducted eight telephone interviews, which were audio recorded and transcribed. Verbal consent for participation was obtained from all participants. The interviews sought to explore participants' understanding of the programme rationale, as well as their experiences and perspectives on delivery and impact. The interview schedule used is provided in the Appendix to this report.

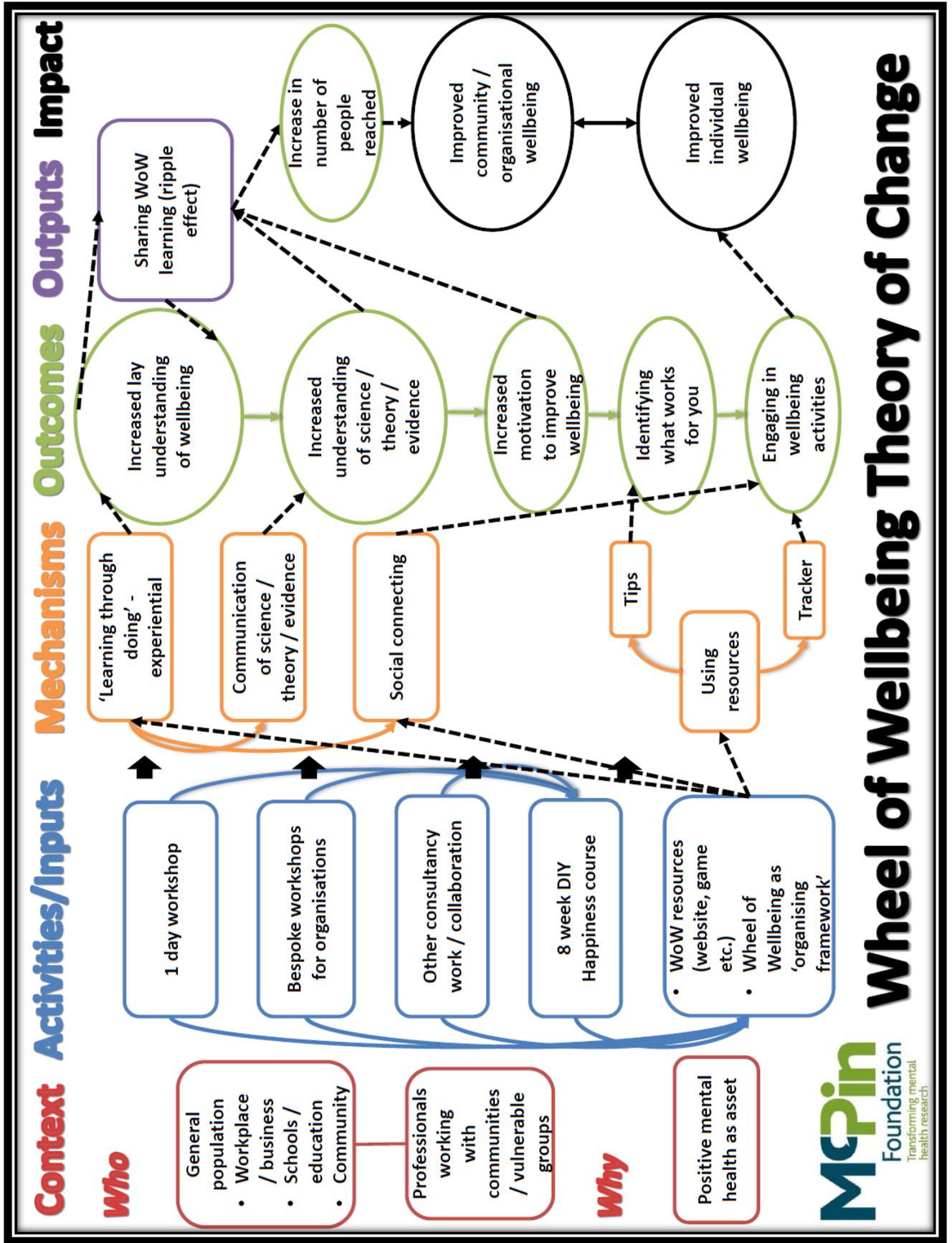
In addition to these interviews, the McPin Foundation was able to draw on interviews carried out internally by the MHPT. Some of these interviews were also with commissioners and key stakeholders, while others were with people who had taken part in recent WoW programmes, such as the 2016 DIY Happiness course. These interviews sought to capture the experience and impact of taking part (or commissioner perceptions of this), and there was therefore overlap with the Theory of Change interviews. Notes from these interviews were shared by the MHPT with the McPin Foundation.

Finally, background documentation, such as previous reports and summaries of WoW programmes, along with the WoW website, were also reviewed by the research team and drawn on in the process of developing the Theory of Change.

The typed up interview transcripts and notes, as well as the background documentation, formed the basis of the first draft of the Theory of Change. To analyse the transcripts, two McPin Foundation researchers read each of the transcripts, identifying mentions of 'impact' (long-term change), 'outcomes' (shorter-term, measurable change) and specific WoW 'activities' and then simplified and grouped these together. The next part of the process involved identifying the logical connections between the different steps, as well as the mechanisms which enable the outcomes to be achieved.

This first draft Theory of Change diagram was reviewed by the MHPT, and a second draft was presented at a workshop with commissioners and stakeholders – including some who had participated in interviews – in November 2016. Commissioners were asked both to 'fact check' the detail of the Theory of Change based on their knowledge and experience of the WoW, but also consider how it might fit in with a broader strategy to promote and make the business case for the WoW. Following the workshop, the Theory of Change was revised slightly, with the current version presented below.

# Theory of Change



## Context: Who and Why?

The Theory of Change diagram includes a brief description of the context and rationale for the Wheel of Wellbeing programmes. As a public mental health promotion initiative, its target population is the general public, with a particular focus on workplace, educational and community settings. This means that individuals targeted by the existing WoW activities are often professionals working in these settings. As one of the core aims of the WoW is the 'ripple', or 'domino' effect – whereby the learnings are taken forward by individuals once they have learnt the principles – this focused activity is an effective way of maximising the spread of the WoW. However, some WoW activity has been directly targeted at the general public – and indeed, as described above, the WoW and DIY Happiness were originally developed through work with London communities.

As described above, the WoW approach is based on the principles of positive psychology, and a shift away from mental ill health to a focus on positive mental health, or wellbeing, as something that can be an asset for all.

## Activities (Inputs)

This section of the Theory of Change was challenging to develop, because the Wheel of Wellbeing is not in itself an 'intervention' with associated activities. One of the strengths of the WoW is that it has developed organically and is intended to be used in a flexible way, rather than being limited to a particular 'intervention', or set of interventions. The Theory of Change diagram outlines the range of ways in which the WoW has been implemented to date, based on our conversations with the Mental Health Promotion Team, and the interviews conducted. These include the one-day taster workshops, the full DIY Happiness programme, workshops developed bespoke for particular organisations, as well as other consultancy work or collaboration. However, it is important to note that this is not a conclusive or exhaustive set of WoW activities, but rather those documented to date. It is hoped and envisaged that the WoW will be taken forward in a range of creative ways to respond to particular organisational and community needs, and there is some evidence to suggest that this has already occurred (see 'Outputs' for more on the 'ripple effect')

An important set of WoW activities covers the use of the WoW as an organising framework, or principle, for mental health promotion activity, where it underpins, or links in, with a range of other initiatives. The interviews found that this approach has been particularly successful at Wollongong University in Australia, as well as in the context of a public mental wellbeing programme in Kent. A key part of this relies on the visual imagery of the WoW – the logo and branding – as well as the range of resources available via the website, such as the tips and tracker.

## Mechanisms

The Theory of Change identified a number of mechanisms that occur during or from the activities to bring about the outcomes identified. In the formal training, a key mechanism to achieving the intended outcomes is experiential learning, or 'learning through doing' – whereby participants try out a range of practical activities and reflect on the experience and how it has made them feel. This is then enhanced with an exploration of the science and theory – the evidence base – that explains why it has had this impact. This two stage process is part of all of the training courses, but it is more in-depth in

the DIY Happiness programme than in the shorter workshops. These two mechanisms are less likely to occur without targeted training. However, even when the WoW operates only as an organising framework, it is possible that people will be directed to the resources such as the tips and the tracker, and learn about the basic principles of the WoW. This can then still lead to an increased engagement in wellbeing activities (see 'Outcomes' below). Finally, almost all exposure to the WoW involves connecting with others socially, whether at trainings, wellbeing events etc. – which in turn directly links to engaging in an activity that positively impacts on wellbeing.

## Individual-level outcomes

The Theory of Change identified a number of core individual-level outcomes that follow logically from one another:

1. Increased lay understanding of wellbeing
2. Increased understanding of the science / theory / evidence base for wellbeing
3. Increased motivation to improve your personal wellbeing
4. Identifying the activities that work for you personally to improve wellbeing
5. Engaging in the activities that will improve your wellbeing

Crucially, all of these outcomes are measurable, and as such form the basis of the pilot evaluation data collection currently underway (see 'Reflections and Next Steps' below).

It is also worth highlighting that this set of individual-level outcomes can be mapped against the model of individual behaviour change that the Mental Health Promotion Team used to frame their delivery of the WoW trainings:



The Theory of Change shows that it may be possible to achieve the final outcome – engaging in wellbeing activities – without going through any of the focused trainings – for example by being exposed to the WoW in the context of a public health campaign, or seeing WoW promotional materials

at work, on campus, or in a community setting. However, it is not clear whether the *level* of engagement in wellbeing activities would be the same in this case as it would be for an individual who has attended a full DIY Happiness programme, for example, and has gone through an in-depth process of experiential and theory-based learning. One of the questions that subsequent evaluations should collectively and comparatively explore is the extent to which different types of engagement with the WoW – and varying levels of ‘wellbeing literacy’ – lead to different levels of engagement with wellbeing activities (and associated measures of subjective wellbeing).

## Outputs and collective-level outcome

The Theory of Change identified a crucial ‘output’ of engagement with the WoW, namely the ‘ripple’, ‘domino’ or ‘cascade’ effect, whereby learnings are taken forward by individuals who have been exposed to the WoW principles following a ‘train the trainer’ approach – in community, workplace and educational settings. As noted above, this focused activity is an effective way of maximising the spread of the WoW, increasing the numbers of people it reaches – a secondary outcome in the Theory of Change. The number of individuals reached by the WoW is a collective-level outcome that, as with the individual level outcomes discussed above, is measurable, at least in principle. For example, one way of measuring this would be by monitoring the number of people accessing the WoW website, or those using the tracker. Future evaluation of the WoW will pay particular attention to documenting the ripple effect, as understanding the range of ways in which the WoW is adapted to be used in diverse settings will be crucial to understanding its impact.

## Impact

There was a strong consensus that that the overall impact – or ‘change in the world’ – that the Wheel of Wellbeing seeks to achieve is an improvement in individual and collective wellbeing. As noted in the Introduction to this report, the concept of ‘wellbeing’ is frequently contested and not straightforward to define and measure. There are, however, some widely agreed on fundamentals – in the broadest sense, wellbeing is about how well a person’s life is going and what matters to them. Despite the definitional challenges, validated measures of wellbeing have been developed. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a validated 14-item scale which covers subjective wellbeing, happiness and psychological wellbeing.<sup>3</sup> This scale has been used to measure the impact on wellbeing for past WoW programmes, and continues to be one of the key measures to be used in future evaluations of the WoW.

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<sup>3</sup> Tennant R, Hiller L, Fishwick R, Platt S, Joseph S, Weich S, et al. The Warwick-Edinburgh mental well-being scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*. 2007;5(1):63.

## Reflections and Next Steps

The Theory of Change for the Wheel of Wellbeing was commissioned as the first stage in the development of a consistent, systematic approach to evaluating the WoW. As observed above, one of the advantages to a framework such as the WoW is its flexibility, and ability to be incorporated into a wide range of mental health promotion activities – this is evidenced in the range of ways the model has been formally delivered to date, and also through emerging anecdotal data on the ‘ripple’, or ‘domino’ effect that has resulted from some of the more recent initiatives. The ability and potential for the spread of the WoW, and the associated increase in numbers of people reached, is partly facilitated by the accessibility and cost-effectiveness of the model, with the website and other resources (promotional materials, tracker etc.) available for public use at no cost. As noted above, however, this flexibility and accessibility also presents a challenge to the systematic evaluation of the WoW. The development of an evaluation framework, and the production of the Theory of Change as a first step in that process, seeks to address this challenge.

The next stage will be developing and piloting data capture tools linked to the outcomes identified in the Theory of Change, to test whether the activities delivered are leading to the outcomes anticipated. This pilot is currently taking place, and will report on quantitative data captured from two eight week DIY Happiness programmes that took place in London between October and December 2016. As part of this process, the evaluation team is also undertaking qualitative work with DIY Happiness participants in order to capture the ripple effect in a more systematic way. Follow-up interviews three months after completion of the course (due to take place in March 2017) will explore not only the individual impact of having participated, but also the ways in which participants have taken forward the learnings within their organisations or communities.

Finally, it is hoped that the development and piloting of quantitative and qualitative data capture tools, as well as an exploration of the range of ways in which the WoW is adapted to different contexts, will ultimately lead to the production of a publically available evaluation guide for individuals and organisations who are using or adapting the WoW in a range of contexts, and who wish to be able to demonstrate the impact of the WoW. The guide will include: a full set of data capture tools; guidance on how these should be implemented, as well as how they can be adapted or simplified to a range of contexts beyond DIY Happiness – such as one-off workshops, or as an organising framework for a mental health promotion strategy. The guide will be accessible to a range of audiences, including commissioners, professionals, and members of the public and communities, and will also include guidance on qualitative data capture. It is hoped that the production of this guide will lead to a more systematic approach to the evaluation of the WoW, even as it is adapted and modified for use in a range of contexts in the UK and internationally, and often without directly linking with the SLaM Mental Health Promotion Team.

# Appendix: Interview schedule

## SLAM WHEEL OF WELLBEING: THEORY OF CHANGE INTERVIEW SCHEDULE

### Background & Objectives

The SLaM Mental Health Promotion Team have commissioned the McPin Foundation to develop a Theory of Change for their Wheel of Wellbeing mental health promotion activities. The Theory of Change will show what the Wheel of Wellbeing activities are intending to achieve, and the steps involved in getting there. It will ensure that any future evaluation work measures the right outcomes – which will help the Mental Health Promotion Team and other stakeholders assess whether their Wheel of Wellbeing interventions are working as intended, and how they might be improved.

The interviews with WoW developers, commissioners and other key stakeholders seek to understand:

- The overarching objectives of the WoW interventions – what kind of change are they aiming to achieve, and why?
- The population needs being addressed
- The outcomes that will lead to this change, and the links between different outcomes
- The different ‘building blocks’ or activities the interventions are made up of
- The links between activities and outcomes – how the activities will bring about stated goals
- Any assumptions that are being used to explain how change will occur
- Ideas about how success could be measured

### **1. Can you tell me a bit about your role, and how you came to hear about the Wheel of Wellbeing work carried out by the Mental Health Promotion Team at SLaM?**

- Job title?
- Who they work for?
- How long involved?
- How would they describe their expertise?
- How did they first hear about the Wheel of Wellbeing?

### **2. How have you used the Wheel of Wellbeing? [for commissioners & other stakeholders]**

- Probe: DIY Happiness (eight week programme); one day workshop; strategy consultancy?
- Why was this what they opted for?

- Probe: awareness of other WoW offers

**3. In your own words, how would you describe what the [Wheel of Wellbeing intervention] is trying to achieve?**

- Probe for detail and clarity
- Population; outcomes; outputs
- Why these particular groups / problems / outcomes?
- What does success look like to you?

**4. How did you think [Wheel of Wellbeing intervention] would work to help meet that goal? Probe for details and steps – ‘x leads to y’ statements**

- What parameters influenced their thinking? (Probe: budgets, time & resource availability, local needs; other structures and work taking place)
- Short-term and long-term goals

**5. Looking back at how it has worked in practice, can you describe:**

- What the sessions looked like in practice? What happens?
- Staff delivering the intervention? What kinds of skills did they have?
- Atmosphere and group dynamics? Is it interactive?
- WoW resources made available as part of the intervention (both during and after)?

**6. Looking back at how it has worked in practice, how similar do you think that is to what you initially thought?**

- Have there been any key moments / milestones in its implementation?
- If applicable: in what order have different activities / events taken place?
- How easy / difficult do you think the process has been?
  - What have been the biggest successes along the way? What are the aspects of the project that have worked best?
  - What have been the biggest challenges along the way?
- Are there some people it worked for better than others? Who and why?
- Are there unintended consequences you didn't expect?
- Are there barriers that have made it difficult to achieve what you wanted to achieve?

- How did you find working with WoW developers / other stakeholders?
- How easy was it to engage participants?
- Were there any challenges associated with the local context / population?
- Did you have adequate resources and capacity to achieve what you hoped to achieve? [Probe: support from SLAM?]
- Did you have the right skills and staff to deliver the project?
- Any other challenges?
- Is the project having the impact you expected?

**7. What kind of data has been collected to help show the impact of the intervention?**

- Looking back, how good do you think this data will be for showing the impact?
- What things, if any, do you wish you had collected looking back?

**8. Are there other lessons you think you've learned from your experience of [Wheel of Wellbeing intervention]?**

- What would you do differently if you were starting again?
- Looking to the future, what are the next steps (if any)?
  - To what extent do you think you'll do something similar in the future?
  - Are there things you're hoping to improve?
  - Do you foresee any challenges or risks to the future of the project?



## 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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