

Improving Mental Wellbeing in Kent: Evaluation of Kent County Council's Mental Wellbeing Programme

Prepared for Kent County Council Public Health
by Agnes Hann and Laura Hemming

July 2016



Funded by



Contents

Executive Summary	1
About The McPin Foundation	5
Introduction and Methodology	6
Primary Care Link Workers	8
Kent Sheds	18
Mental Health First Aid	26
Six Ways to Wellbeing Campaign	34
Library Wellbeing Zones	42
Creative Arts Partnerships	50
Happier@Work Workplace Wellbeing Pilot	58
Conclusions	63

Executive Summary

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 Kent County Council Public Health's Mental Wellbeing Programme.

Primary Care Link Workers: A county-wide service providing individually tailored, one-to-one and time-limited support to individuals with low-level mental health or related needs; giving targeted, practical help and sign-posting to other organisations that encourage healthy behaviours and wellbeing.

Kent Sheds: The provision of grants and support for groups – particularly, though not exclusively, targeting older men and ex-service personnel – tackling isolation by encouraging an engagement in practical activities in an informal, supportive, community-based setting. This was an asset based approach to improving wellbeing with a population who are at greater risk of suicide and experiencing poor mental health.

Mental Health First Aid: Provision of mental health training aimed at a wide range of individuals and organisations through the nationally recognised Mental Health First Aid courses, including a two-day session aimed at adult mental health, a two-day session focused on mental health in young people, and a half-day taster session, with a view to skilling people up to help others with poor mental health.

Suicide
prevention



Early
intervention



Mental health
promotion

Six Ways to Wellbeing Campaign: A public-facing campaign aimed at improving wellbeing and encouraging participation in wellbeing activities, framed by the Six Ways to Wellbeing – Be Active; Connect; Keep Learning; Give; Take Notice; and Care for the Planet – delivered through the Live It Well website, social media, local media and communications (including via the Creative Arts Partnerships), and seminars.

Library Wellbeing Hubs: dedicated wellbeing zones established in eight libraries across Kent, providing space to meet with wellbeing-related organisations as well as books, resources and Internet access to promote mental health literacy and wellbeing levels in areas with high levels of deprivation.

Creative Arts Partnerships: Sessions for young people to improve their wellbeing through engagement in creative arts and cultural activities, and also to explore the Six Ways to Wellbeing and improve their wellbeing. Activities included performance, film, music, dance, poetry and sculpture, along with public events and festivals aimed at raising awareness of the Six Ways to Wellbeing among the wider community.

Happier@Work Workplace Wellbeing Pilot: A pilot aimed at implementing changes in the workplace to support wellbeing for teams within Kent County Council in line with broader strategic aims, by supporting staff to carry out a Mental Wellbeing Impact Assessment of their work environment and develop an Action Plan to bring about change.



Evaluation methodology

The evaluation of the Mental Wellbeing Programme started in November 2014 and used a mixed methods approach to assess the impact of the projects. The evaluation was conducted in two phases:

- **Phase 1: Developing a Theory of Change for the interventions:** During this phase, we undertook detailed Theory of Change / Concept Mapping work based primarily on interviews with project leads and key stakeholders. The key output from this work was a public-facing report (Hann et al., 2015¹).
- **Phase 2: Evaluating the reach, process and impact of each project:** This phase consisted of detailed analysis of all project-collected KPI and outcomes data, as well as primary data collection for each individual intervention, including interviews, observations and survey data.

Findings

Following the development of a Theory of Change for each of the projects, a range of quantitative and qualitative data capture sought to demonstrate the reach, process and impact of each. As the Programme developed, some of the projects diverged from their original design as they evolved and responded to the needs of their audiences or clients, and, on occasion, due to practical constraints. Many of the projects were conceived of as innovative but experimental 'pilots' in public mental health commissioning. In some cases this was explicit, such as the Creative Arts Partnerships or the Happier@Work Workplace Wellbeing Pilot, which was commissioned to support broader strategic aims within KCC; in others it was implicit, with a view to potential continued funding if successful, such as the Kent Sheds project or the Primary Care Link Workers service. The diversity and the flexibility of the individual projects have been crucial to the success of the Mental Wellbeing Programme as a whole.

One of the outcomes measures used across a number of the projects was the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which demonstrated the impact of the Mental Wellbeing Programme. This was especially notable for the Primary Care Link Workers (PCLW) service, where WEMWBS scores were found to increase by 8.1 points, and the Kent Sheds project where scores increased by 6 points. These measures were reinforced with qualitative insights into the mechanisms that bring about improvements in service users' wellbeing, and revealed how the Mental Wellbeing Programme both improved personal wellbeing for individuals, but also improved wellbeing at a community level.

Capturing the impact on the wider community is always challenging because of the distance between intervention and outcome. Nonetheless, this evaluation has demonstrated that public health interventions are able to achieve these outcomes, and our qualitative data in particular bears witness to these successes. Whilst the Primary Care Link Workers and the Sheds project were targeted at specific populations (people with low-level mental health problems and people facing social isolation who are at greater risk of suicide), other projects were focused on the general public. The social marketing Six Ways to Wellbeing Campaign, the Creative Arts Partnerships, and the Library Wellbeing Zones all sought to raise awareness of the Six Ways to Wellbeing, and of mental health more generally, thereby improving the people's response to their own and others' mental health needs. The focus on the Six Ways to Wellbeing also encouraged people to participate in activities for which there is a strong evidence base – the framework is based directly on the Wheel of Wellbeing developed by the Mental Health Promotion Team at South London and Maudsley NHS Foundation Trust (SLaM).² It also encouraged people to become more engaged with their communities, through volunteering or community development work, including a focus on the physical environment.

1. Hann et al. (2015). *Kent Mental Wellbeing Programme: Concept Mapping Report*. McPin Foundation
 2. www.wheelofwellbeing.org

The evaluation found that a framework such as the Six Ways to Wellbeing can be both a help and a hindrance when it comes to raising awareness and changing attitudes and behaviour. In some instances, the tool was perceived as a useful mechanism for understanding and reflecting on wellbeing. In other cases, the 'teaching' of wellbeing in this way was not always well received by the target audience, or not perceived as necessary by project leads. In many instances, we found that some or all of the Six Ways underpinned the activities of the project, without being explicitly shared with participants.

The evaluation found widespread evidence of strong and successful partnership working between a range of organisations and agencies, which is central to the forging of healthy, resilient communities. This indicates a continued need for community-focused public health engagement that raises awareness of mental health and wellbeing, and also encourages the development of community assets. However, the success of the PCLW project demonstrates that more targeted interventions that may be more resource and cost-intensive provide much-needed support to more marginalised sections of the population.

Findings

- Meaningful improvements in wellbeing, measured using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) were found for the Primary Care Link Worker project (8.1 points), Kent Sheds (6 points) and the Six Ways to Wellbeing seminars (3 points).
- 85% of Primary Care Link Worker service users evaluated said that their wellbeing had improved following engagement with the service, and 82% had an increase in WEMWBS scores after service use.
- Almost 80% of Primary Care Link Worker service users who felt they needed GP support had visited their GP less following engagement with the service.
- 91% of Sheddars who responded to our survey felt that the Shed had improved their wellbeing.
- The reach of the Six Ways to Wellbeing Campaign was broad, with 397 people attending the seminars, an estimated 143,400 hits of the Liveitwell website, and 246,255 reached through Twitter impressions.
- The Creative Arts Partnership project had a wide reach with over 900 children and young people taking part in targeted interventions, and over 17,000 members of the public reached through broader events such as festivals.
- The programme successfully engaged a range of target audiences, including people with mild to moderate mental health problems, people at risk of isolation, professionals working in a range of roles, and the general public. This was supported by the variation in baseline WEMWBS scores – evidencing varying levels of wellbeing prior to engagement.
- There was evidence of a cascade effect for the Mental Health First Aid, Six Ways to Wellbeing project, Kent Sheds and Library Wellbeing Zones, where attendees passed on key messages to others.
- There was evidence of successful partnership working across a range of organisations across the statutory and voluntary sectors to reach targeted populations. This appears to be an effective mechanism for delivering Public Health campaigns with a range of targeted components.

About the McPin Foundation

We are a charity dedicated to improving the quality of mental health research by increasing involvement of people with lived experience of mental health problems. Set up in 2007, the charity expanded in 2013 to create a research unit staffed by people committed to:

- developing collaborative and user-focused mental health research with individuals, families and carers who have experience of mental health problems
- encouraging and supporting individuals, families and carers who have experience of mental health problems to get involved in research
- partnering with organisations to deliver public and patient involvement in research studies
- collaborating widely with individuals and organisations to ensure our work benefits everyone affected by mental health problems particularly delivering practical resources based upon research insights

Why is placing the voice of lived experience at the heart of research activities important in mental health and other health research? The evidence base for our approach is developing but the case for support is strong and reflected by the requirement from most UK health research funding bodies for applicants to provide evidence of stakeholder (including lived experience) participation in the shaping of research ideas and increasingly the delivery of projects.

Mental health problems impact on the lives 10% of the population across the world and high quality research is required to improve treatment and support. Investment in mental health research is small compared to other health areas, in the UK spend is 5.5% of health research budget compared to 12% health burden, which makes it even more important that it is good quality.

We believe:

- The best quality research and services will emerge from combining high quality research expertise with insight developed through first-hand experience of the subject being researched.
- People who access services should have the right to help shape the research that impacts on the treatments they receive.
- An effective mental health system should be user-focused, based on knowledge and science that intrinsically includes the voices and expertise of people affected by mental health problems.
- Involving people with mental health problems and their families in research can improve the quality of research by:
 - ensuring that research addresses relevant questions, those that have the greatest impact on people's lives;
 - helping researchers engage positively and ethically with participants;
 - challenging researchers' assumptions in their study design and data interpretation;
 - making study findings accessible and engaging for a wider variety of audiences;
 - empowering people with mental health problems to use their expertise to make a difference;
 - challenging stigma around perceptions of the ability of those with mental health problems to engage with and help shape research.

Introduction and Methodology

This report presents the findings from the McPin Foundation's mixed methods evaluation of Kent County Council (KCC) Public Health's Mental Wellbeing Programme, which encompassed seven different interventions and projects aimed at improving the mental wellbeing of the population across Kent. The Mental Wellbeing Programme began in late 2013 and formally finished at the end of 2015, although the various projects started and finished at different times, with some continuing into 2016.

The Wellbeing Programme in Kent was one of the first of its kind among local authorities to focus primarily on prevention. It was ambitious in scope and encompassed a wide range of different approaches to improving wellbeing, targeting different sections of the population. The interventions were connected by the Six Ways to Wellbeing³ – a framework which emphasises the small changes that people can make to improve their wellbeing (see www.liveitwell.org.uk) – as well as an asset-based approach to building resilience in communities.

The Kent Mental Wellbeing Programme was unusual in terms of both the level of investment in preventative interventions, but also the scope and depth of the evaluation of the projects commissioned.

The McPin Foundation's approach to evaluating these seven projects consisted of two strands:

1. Developing a Theory of Change for the interventions

2. Evaluating the reach, process and impact of each project using a range of qualitative and quantitative data collection methods, with data collected by both the project and evaluation teams

1. The first phase of the evaluation is detailed in our concept mapping report (Hann et al, 2015⁴). This phase of the evaluation sought to achieve a detailed understanding of the aims and models employed by each of the interventions using a Theory of Change approach. A Theory of Change breaks down a programme or intervention into its different components, and shows how these are linked to the outcomes it is intended to achieve. The outputs of this phase were a series of 'concept maps' – also known as 'logic models' – that provided a clear visual overview of the different activities that made up the interventions, and how these linked to the intended outcomes.

A Theory of Change approach, and the development of concept maps, helps identify the 'active ingredients' of a programme which can inform future design and implementation, as well as improvements within the programme itself. Crucially, this work also informs the detail of an evaluation by making links between activities and outcomes explicit and allowing these to be tested through reach and outcomes data collected as part of the evaluation.

3. The Six Ways to Wellbeing are directly based on the Wheel of Wellbeing developed by SLAM (www.wheelofwellbeing.org)

4. Hann et al. (2015). *Kent Mental Wellbeing Programme: Concept Mapping Report*. McPin Foundation.

In order to develop the concept maps for the interventions, semi-structured interviews were conducted with between two and four project leads and key stakeholders in each project – those with a primary role in designing, commissioning and / or delivering the project. The interview data, alongside a range of other sources such as provider bids, monitoring and reporting returns, and reviews of the relevant literature, were used to develop the concept maps.

2. For each intervention, we sought to assess:

a) Reach – the numbers of people who went through the programmes, as well as key demographics, and whether this matched the intended audience / target population

b) Process – the actual implementation of the programmes, and whether this differed from intended delivery

c) Impact – The effect that the programmes had on participants and other people, organisations or wider systems, and whether intended outcomes were achieved

The methods for evaluating the reach, process and impact of each intervention varied across the projects, and are described in detail in the project chapters of this report. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), a widely used measure of wellbeing, was employed across a number of the programmes to measure outcomes for those taking part.

The WEMWBS⁵ is a validated 14-item scale which covers subjective wellbeing, happiness and psychological wellbeing (Tennant et al, 2007⁶). There is also a shorter version of the scale – SWEMWBS. The responses to these items, numbered 1 to 5, are aggregated to form a total score, which can range from 14 (those who answer 'None of the time' on every statement) to 70 (those who answer 'All of the time' to all statements). A higher score on the WEMWBS scales reflects a higher measure of wellbeing in an individual.

The population mean from the 2011 Health Survey for England was recorded as 51.6; the county mean score for Kent is 51.3. In order to use the WEMWBS to measure impact, scores must be recorded at least two time points – normally before, and after taking part in a programme or using a service. A difference of between 3 – 8 points is considered meaningful by the developers of the WEMWBS.

5. For more detail please see www2.warwick.ac.uk/fac/med/research/platform/wemwbs/

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

support provided?



Stage 1

GP or another agency professional makes a referral



Stage 2

Community Link Worker meets with you at GP Surgery, your home or at a place of your choice in the community to talk about the difficulties you are facing.



Stage 3

You and the Link Worker work together to set some goals and actions to move forward. You choose what we can help 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 email or post and we will let your GP know you have been in touch.

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 _____



Primary Care Link Workers

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.

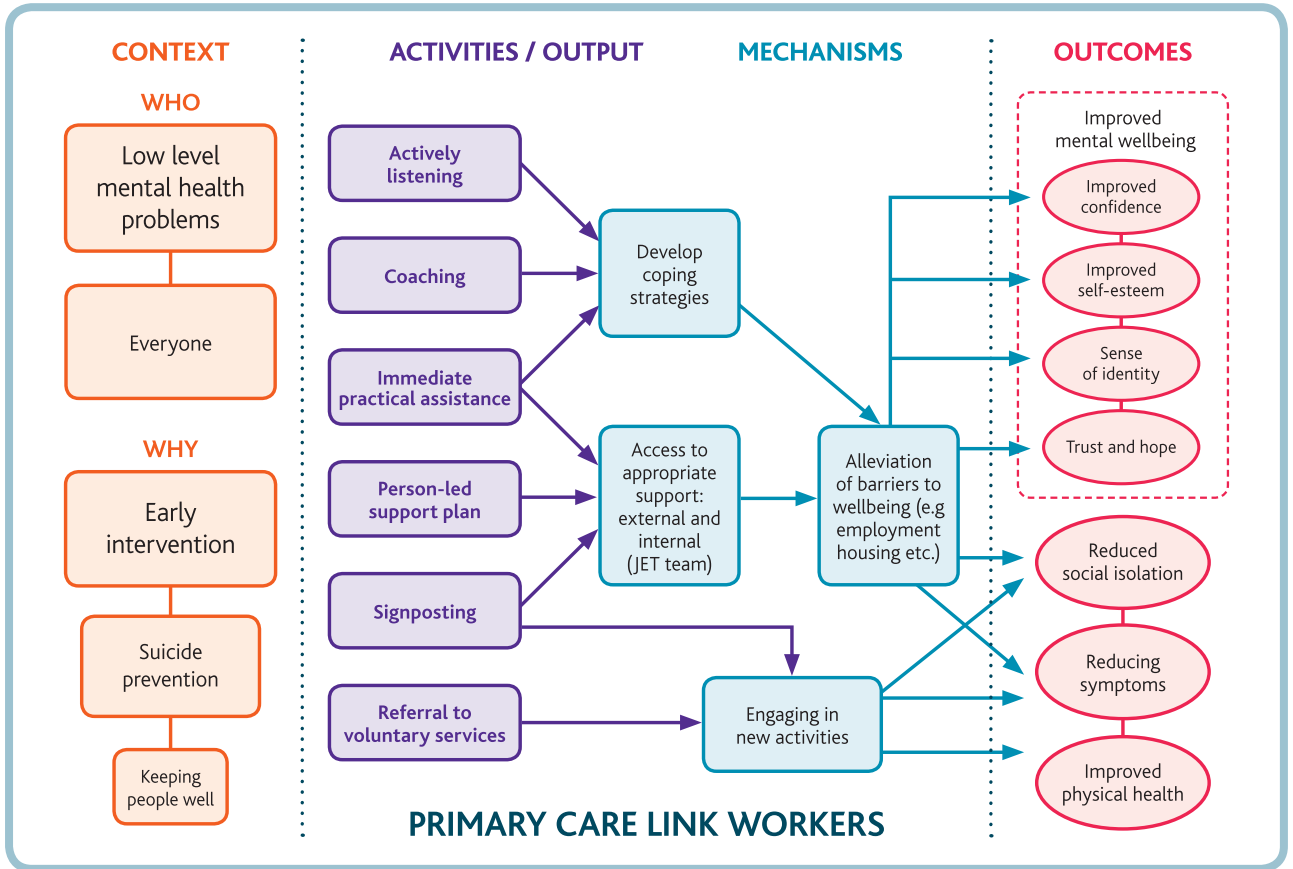
Method

Our 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

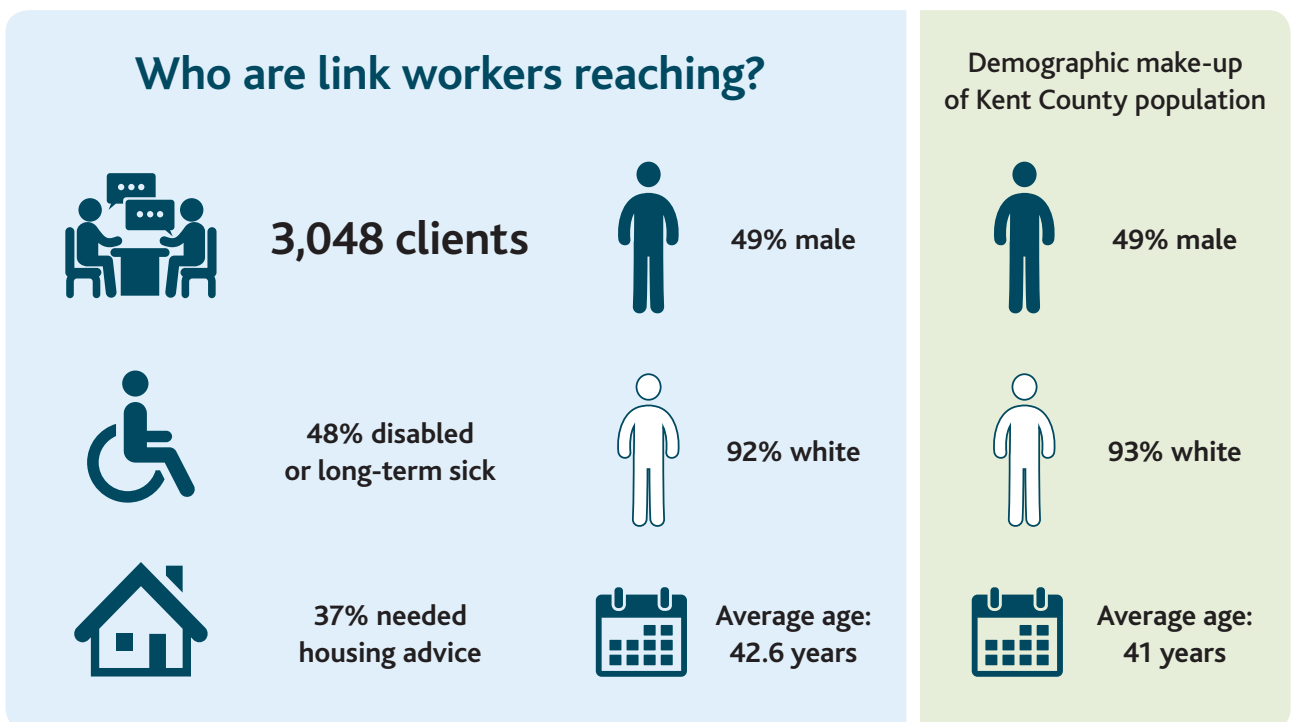
"One of the good things about the [link workers] is that it's just very easy to get into, it's very accessible. So all someone needs to say is 'I need some help'" Project Lead

Theory of Change



Findings

Reach – Who?



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.

Reason for contact with the service

	N ⁷	%
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%
Total	3048	100%

Process

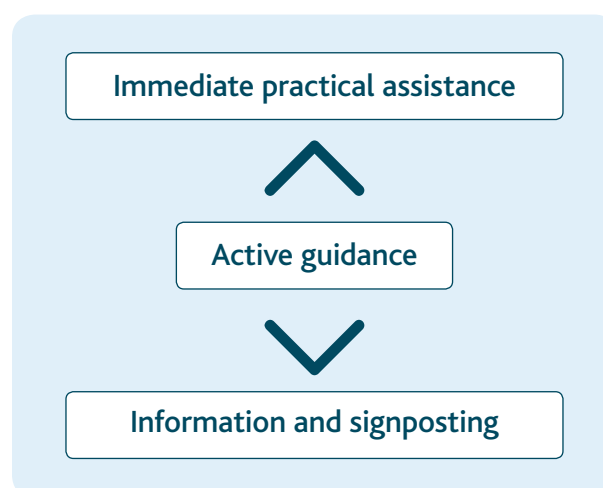
Qualities of the link worker

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.

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

"It's one of the things with Porchlight, they can help you out, but you've got to do your bit as well. And if you don't, it's like anything, it's not really going to help you." Service User

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.



Impact

As explained in the introduction, 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.**⁸ 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

PCLW mean WEMWBS scores⁹

	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%
Total	263	100%	50	100%

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

9. 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)

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.

"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 source¹⁰ 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.

10. www.pssru.ac.uk/project-pages/unit-costs/ (page 57)

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.

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 £65¹¹. 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.

11. www.pssru.ac.uk/project-pages/unit-costs/ (page 177)

Conclusions and recommendations

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.

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).





Kent Sheds

Background

Kent Sheds is based on an international model known as 'Men's Sheds'. The idea behind the Men's Sheds movement is that men – especially those who are retired or middle-aged – are less likely to benefit from conventional approaches to improving mental wellbeing, e.g. counselling, or talking therapy. They are especially likely to be socially isolated, and at greater risk of suicide and experiencing poor mental health. Instead, they are more likely to thrive in informal spaces, in the company of their peers, and through engaging in practical activities, sharing and learning skills, and helping the community.

As part of its Mental Wellbeing Programme, Kent County Council Public Health provided funding to set up Sheds across the county. Importantly, the Sheds were not limited to men, but open to everyone, although in practice so-called 'Shedders' were more likely to be older men. The Kent Sheds project gave Shedders opportunities to socialise, engage in a wide range of practical activities such as gardening and carpentry, build their social and employment-related skills, and give back to their communities.

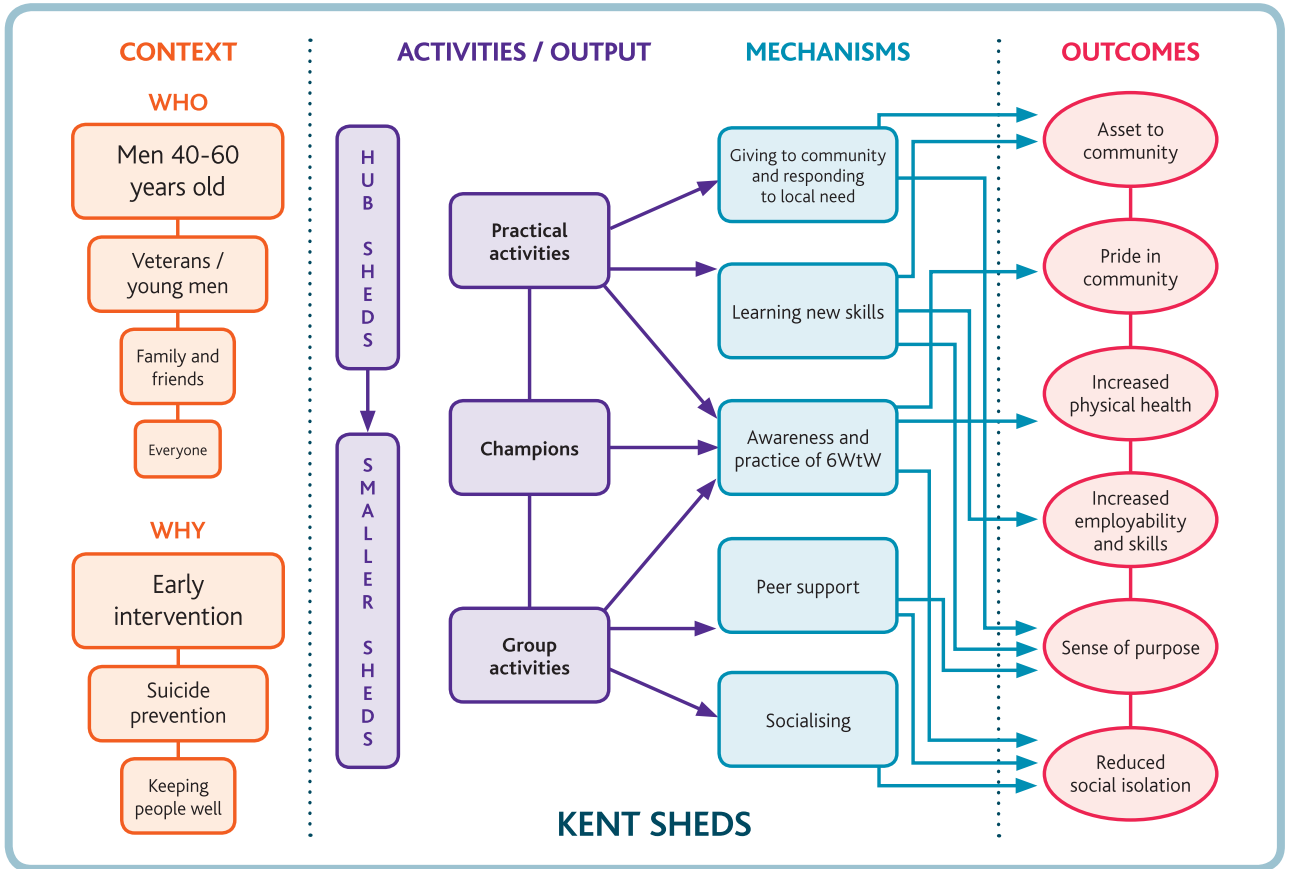
Method

Our approach to evaluating the Kent Sheds programme comprised a number of different strands and types of data. These were as follows:

- Theory of Change work (3 x interviews with project leads)
- Key Performance Indicator (KPI) data collected by the Kent Sheds, including quarterly number of Shedders and Sheds set up, from April 2014 until December 2015
- Four observations of Kent Sheds, as well as attendance at networking events
- Interviews with Shedders and Lead Shedders in 4 Kent Sheds
- Shedders' Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), collected approximately every three months by the individual Sheds
- Shedders' Survey, with 57 respondents (approx. one quarter of total number of Shedders)

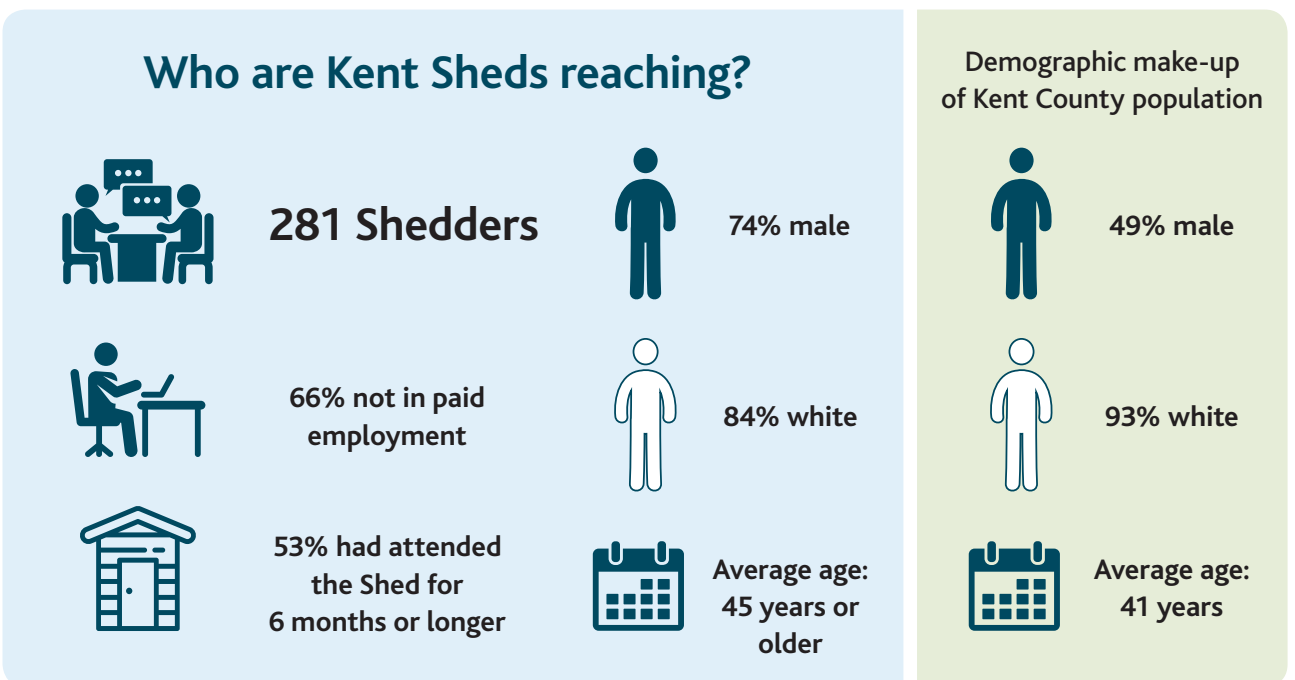


Theory of Change



Findings

Reach



Although all Sheds were open to 'everybody', some Sheds worked a lot with particular groups or communities. This data is taken from our survey sample (N=57) as demographic data was not collected consistently across the project as a whole.

This is somewhat different from the demographics of Kent County population – and confirms that the Sheds are more likely to be used by older men, as well as people from minority ethnic groups:

- 49% Male
- 93% White
- 45% 45 years or older

Process

Practical activities

Through interviews and observations, we learnt that Shedders were most interested in learning or practicing skills, or in sharing or teaching these skills to others. Shedders emphasised that they felt comfortable learning and sharing skills in a relaxed environment, and commented that they were able to “have a go without any pressure”.

“I think we try our hand at anything, really. So the woodwork – I’ve never really done that before. I’m giving it a go, as is everyone else. I’ll try anything, and that’s a good thing.” Shedder

“I want to teach other people if they don’t know how to knit and how to sew, that’s the type of thing I want to teach to all my friends.” Shedder

In addition to wanting to share their skills with other Shedders, Shedders also took great pride in working together to benefit their local communities. This often took the form of community improvement projects such as gardening in public spaces. In one instance, a group of Shedders organised a fundraising initiative for relatives affected by a disaster in their country of origin, demonstrating that a ‘community’ could extend beyond Kent.

“Selfless acts are the key to your wellbeing.”
Shedder

Social aspects

Another key aspect of the Kent Sheds project was the way in which the Sheds gave their members opportunities to socialise. **Over half of respondents to the McPin Foundation’s survey (N=57) cited social aspects as one of the things they liked most about the Shed.**

Through the interviews and observations, we identified two different kinds of ‘socialising’: ‘structured’, or ‘active’ socialising – i.e. talking and listening to others while at the Shed; and ‘informal’ socialising – simply being around other people. Active socialising: Shedders valued being given the opportunity to meet new people and engage in conversations. Some enjoyed socialising with “like-

Case study

John first started attending his local Shed after struggling with drug and alcohol issues. He felt that two of his main risks for returning to drugs and alcohol were anxiety, and also boredom. A keen gardener, John heard about his local Shed through a friend, and began attending in an effort to keep himself busy.

Since being a Shedder, John has worked on a number of projects, including improving community gardens. John has also tried his hand at woodworks, and claims that the atmosphere in the Shed makes him feel as though he is able to give anything a go without too much pressure.

John feels that his confidence has grown as a result of attending his local Shed, due to his sense of purpose and accomplishment in finishing his practical projects. In addition to this, he feels that the relaxed environment of the Shed has really helped to reduce his anxiety. He feels that he is able to give anything a go without feeling too much pressure. Most importantly, John remains sober and feels he is leading a fulfilled and happy life.

minded people”, whether of the same age, gender or indeed interest groups, whereas others liked meeting people from different backgrounds.

“I’ve met a lot of people I didn’t know before, because you have different people from different backgrounds.... It’s nice to have something to do and then interact with other people.” Shedder

Informal socialising: Some Sheddors liked being in a social environment, even when this did not involve active socialising. This ‘informal’, more passive socialising was very important for some Sheddors, including some who were described by their peers as ‘shy’, or lacking confidence. They enjoyed being in the company of others, but did not necessarily want to talk a lot with other people.

“I just love being here, amongst these people. They keep my spirits up, they really do.” Shedder

Impact

The impact data collected during the evaluation shows that the Kent Sheds had a very positive impact on Sheddors’ wellbeing. The McPin Foundation’s survey (N=57) found that **91% of respondents felt that the Shed had improved their wellbeing**. In addition to this, average WEMWBS scores – which were taken approximately every three months¹² for all Sheddors available at that time – showed an increase over time (see table below).

For the 54 people who completed WEMWBS at both Time 1 and Time 2, we conducted a T-test to find out whether the difference in scores was statistically significant. The table below shows that the mean WEMWBS score for this cohort at Time 1 was 42.5 and the mean WEMWBS score at Time 2 was 48.5. This difference of 6 WEMWBS points is considered meaningful by the scale’s developers and is also statistically significant.

Kent Sheds mean WEMWBS scores

	Mean WEMWBS score	Number of participants	Min	Max	National mean	Kent mean
Time 1	47.6	127	25	69	51.6	51.3
Time 2	48.4	54	20	67		
Time 3	50.8	16	28	67		

Changes in WEMWBS scores between Time 1 and Time 2

	Mean WEMWBS score	Number of participants
Time 1	42.5	54
Time 2	48.5	54

At an individual level, 85% of Shedders' WEMWBS scores (N=54) either improved or stayed the same between Time 1 and Time 2. Fifteen percent of individuals' WEMWBS scores decreased between Time 1 and Time 2.

Increased employability and skills

Many Shedders felt able to build skills that they felt would help them find paid work in the future. As a direct result of the practical activities on offer in the Sheds, several Shedders found employment, for instance by working with community development organisations, or through selling the products they had made in the Shed.

"My wife and son kept praising [what I had made] all the time, and I thought, I'll advertise it and see if I can sell it, see if I can start something. Who knows?..." Shedder

Increased social connections and reduced social isolation

A consequence of the social functions of the Sheds was that Shedders felt they had made valued social connections, which in turn went hand in hand with reduced social isolation. This was particularly important for older men who had retired.

"I think it is more than the having something to do. I think it is a lot to do with feeling valued, being part of a team, and not feeling so isolated." Shedder

Sense of purpose and accomplishment

A combination of the practical activities as well as the social aspects of the Sheds often led to Shedders feeling a sense of purpose and accomplishment. Having somewhere to go on a regular basis helped Shedders to feel a sense of purpose in their lives. Shedders also spoke about a sense of accomplishment, mainly in relation to the physical skills they had learnt or artefacts they had crafted at the Shed.

"When you're not working, when you're retired, meaningful time filling is not an easy thing. You can do routine, but it's not very meaningful. But when you want something that is a bit more enhanced you've got to be joining things, you've got to be with other people, you've got to be sharing your experience, you've got to be listening. And this is where the Sheds can be very important." Lead Shedder

Costs

On average, the Kent Sheds project cost an average of £4,575.11 per regular Shed, and £16,441.43 per larger ('hub') Shed. As more Sheds became funded, the amount of funding made available for both regular and hub Sheds was decreased. The Sheds were set up with grants payments from KCC, that were staggered to help the Sheds manage their finances, with the idea that they would eventually become sustainable and not require further funding over the long term. They were also supported to be able to fundraise if necessary and become financially viable where appropriate (e.g. where Shedders were making craft items that could be sold to generate income for the Shed). For this reason, cost per Shedder is not reported on, as the Kent Sheds are continuing to operate and attract members, meaning that the cost per head is continually decreasing.

However, with a total spend of £249,431 and 281 Shedders, the cost of increasing a Shedder's WEMWBS score by one point was £147.94, and the cost of increasing it by three points (the threshold for a meaningful increase in wellbeing) is £443.82. Given that Kent Sheds aims to target older men who may be experiencing low level mental health difficulties such as depression and anxiety, and who are less likely to seek conventional support such as talking therapies, the cost per head of going through the Sheds programme is compared with the cost of a six session course of Improving Accessing to Psychological Therapy (IAPT).

12. We have only included three time points due to the sample size at later time points being too small. It is also important to note that the time between individual Shedders' WEMWBS measures varies; although scores were recorded approximately every 3 months by the Shed, the flexible nature of the Sheds meant that not all Shedders were available at each time-point.

One source¹³ indicates that six sessions of IAPT costs the NHS £630 per person. Based on these figures, Shed use leading to a meaningful increase in wellbeing amounts to a saving of £186.18 per head than an IAPT course.

It is also worth noting that Shedders were likely to share positive wellbeing messages based on the Six Ways to Wellbeing with other people. Based on responses from 54 Shedders, 63% of whom said they shared wellbeing messages with at least one other person, we can estimate that the total number of people reached as a result of the Shed project was at least 458 people. Thus it is worth highlighting that in addition to the number of people reached directly, a much larger number of people are likely to have benefitted from the project indirectly.



13. www.pssru.ac.uk/project-pages/unit-costs/ (page 45)

Conclusions and recommendations

The main conclusions from our evaluation of Kent Sheds are as follows:

- In line with the Kent Sheds aims, the Sheds particularly focused on the upskilling of Shedders, increasing employability, but also on reducing social isolation. The combination of the 'social' and 'practical' aspects of the Sheds often led to Shedders feeling a sense of purpose or accomplishment from taking part in Shed activities. These are not just short-term outcomes but enable Shedders to improve their wellbeing in the long term, through the honing of skills and creation of social networks.
- Attendance at the Sheds was found to have an impact on wellbeing. WEMWBS scores increased by 6 points from Time 1 to Time 2, which was both statistically significant as well as meaningful according to the curators of WEMWBS. Further to this, our survey indicated that 91% of Shedders agreed that the Shed had improved their wellbeing in some way.

Recommendations

1. Sheds should continue to be supported to become more sustainable following seed funding – through partnership working, help with securing premises, and support with grant-writing. This will also support with extending Shed operations, enabling them to be open longer and attract a greater number of members.
2. Associated with this, an evaluation framework to monitor the impact of the Sheds in the long term could be developed. This should include ensuring that anonymous identifiers are provided to Shedders in order to be able to accurately monitor progress in wellbeing and other outcomes. Further to this, the evaluation framework should aim to include routine collection of demographic information in order to assess more accurately the reach of the Sheds.



Mental Health First Aid

Background

Mental Health First Aid (MHFA) is a nationally recognised educational training course that teaches people how to identify, understand and help a person who may be developing a mental health condition. The MHFA training is accessible to a wide cross-section of the population, including members of the public and people with a professional interest. The training spans the whole spectrum of mental health, including promoting wellbeing, intervening early for mental health problems, and supporting those with more severe mental health problems who are most likely to be at risk of suicide. It aims to improve attendees' knowledge, attitudes and behaviours surrounding mental health.

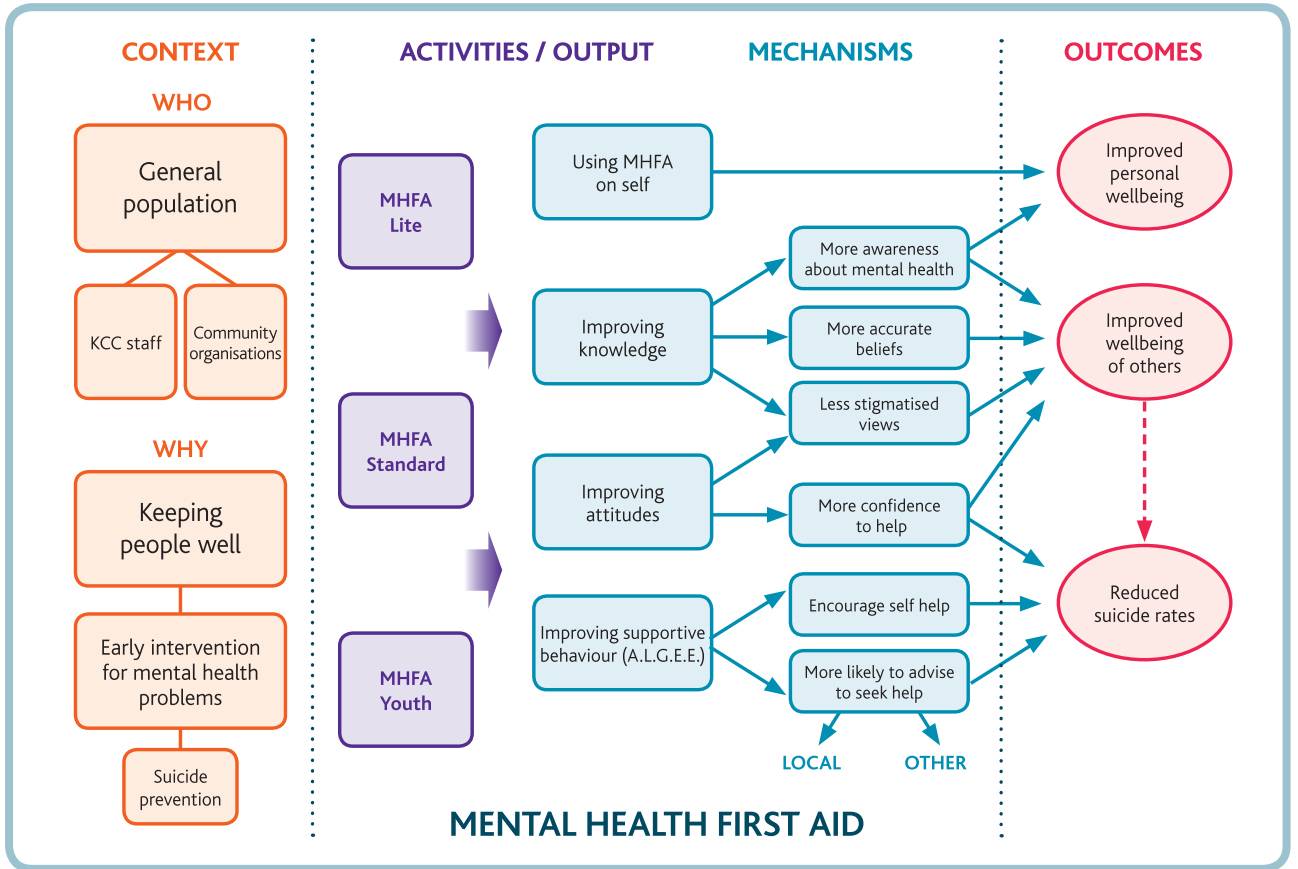
The training is available in three formats: MHFA standard – a two day course aimed primarily at adults in a position to support others; MHFA Lite – a half day introductory course for those who have little or no prior knowledge of mental health; and MHFA Youth for those who may be in a position to support children and young people with their mental health and wellbeing. As part of its Mental Wellbeing Programme, Kent County Council commissioned all three types of MHFA course, held in a range of locations across the county in 2014 and 2015.

Method

Our approach to evaluating Mental Health First Aid comprised a number of different strands and types of data. These were as follows:

- Theory of Change work (2 x interviews with project leads)
- Key Performance Indicator (KPI) data collected by MHFA, including course attendee numbers and evaluation summaries based on data collected by the MHFA delivery team after each training
- Interviews with 10 MHFA attendees
- Survey of MHFA attendees (N=367)
- Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) data, collected within 1 week before, and 6 months after training for MHFA attendees
- Observational data of one MHFA Lite training

Theory of Change

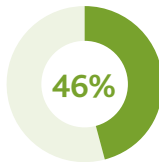


Findings

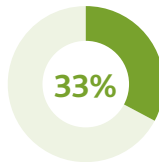
Reach

Between October 2014 and December 2015, 35 Standard MHFA courses, 16 Youth courses and 17 Lite courses took place

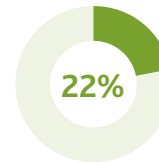
A total of 1,102 people completed a training course, with...



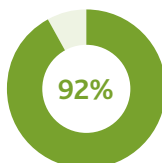
attending a Standard course



attending a Lite course



attending a Youth course



On average, 92% of those who had signed up for a MHFA training course went on to complete the course.



Most of those attending had a professional interest in mental health.

Process

Overall satisfaction with MHFA training

People were overwhelmingly satisfied with the MHFA training they had attended. Amongst those that had attended either a Standard or Youth course, evaluation data collected by the MHFA team indicate that **99% of attendees felt that overall the training was either 'very good' or 'good'**. In addition to this, the McPin Foundation's survey data (N=367) found that **96% of participants would recommend the training to others**.

Training on specific mental health issues

During our interviews with participants, we learnt that people were impressed with the detailed knowledge of individual mental health conditions that was relayed in the training.

"It was very informative, I think it covered lots of things that we deal with on a day to day basis and perhaps don't even really know we are. It clarified different types of mental illnesses, what to do with different situations. So yes, it was good."

MHFA Attendee

Activities and resources

Interview participants were particularly positive about the inclusion of activities in the training and felt that these had been very useful. This is supported by evaluation data collected by MHFA, in which **95% of attendees rated the learning exercises as either 'good' or 'very good'**.

"The activities were really helpful. Like learning, explaining symptoms and getting together in a group, all the case studies that we did together as a group."

MHFA Attendee

Participants valued the resources given at the training and felt that they helped them retain the large amount of information provided during the training course.

"I've got some good resources, and also the other good thing is they point you to other resources as well. So I now know where to look if I'm stuck on issues. I was giving a talk on mental health and I wanted to check a few things, so I used it for that."

MHFA Attendee

Networking

Participants were positive about the reflexive and discursive nature of the training. For instance, many felt that the opportunity to network and to hear other people's experiences was particularly valuable.

"It was a good session because we had a mix of people from Social Services, from school teachers to teaching assistants, to people like myself. It was a good mix of people participating and adding value to the course."

MHFA Attendee

Mental Health First Aid facilitators

Attendees were very positive about the trainers who had led the MHFA courses. Evaluation data collected by the MHFA team shows that **98% of attendees felt that their instructor was either good or very good**.

During interviews, some participants mentioned the lived experience that both trainers and other attendees brought to the sessions. Opinion on how helpful this was varied. Whilst some felt that it was inspiring and aided understanding, others felt that it hindered their ability to learn about the 'facts' of mental health.

"She was so inspiring, the lady that ran the course. Talking about her own life and what she has gone through herself."

MHFA Attendee

"I don't want to criticise the person who did it, because he did a really good job. But I felt that he harped on his experiences, which [is] fine, because personal experiences are really good. But the problem with that was everybody then opened up. 'Oh, I've had this, I've had that, I've done this, I've seen this, I've seen that'. So that was, for me, the downside of it...It was almost like he was sort of 'therapying'..."

MHFA Attendee

Impact

Improving knowledge

92% of survey respondents agreed or strongly agreed that the training had helped to improve their knowledge of mental health problems.

This finding was backed up by our interview data. Interview participants said that the following aspects of the training helped them improve their knowledge of mental health problems:

- Being given detailed facts about individual mental health conditions
- Examining case studies of people with mental health issues
- Interactive group exercises
- Hearing personal stories from the trainer which “stick with you more” and improve self-awareness and understanding
- Being provided a clear process to follow (A.L.G.E.E.¹⁴)

Attendees were asked to rate their level of knowledge of mental health before and after attending training by the MHFA organisers. Analysis of this data revealed that on average, knowledge scores increased from 4.9 before training to 8.4 post training (out of a maximum of 10), suggesting that attendees’ knowledge of mental health had increased following attendance.

Improving attitudes

Some participants felt that the training improved their attitudes towards mental health problems, both in relation to themselves and others.

“In society we tend to think, you just get over it, shake it off, you’ll be fine. [The training] made me realise that mental health is a real illness, people do suffer it. It isn’t a weakness.” MHFA Attendee

We also looked at people’s confidence to help somebody presenting with a mental health problem. Data on this was captured before, immediately after and 6 months after attending the MHFA training. Self-rated measures of confidence to help somebody with mental health problems improved from 5.1 pre-training to 8.2 post-training (of a maximum of 10; data captured from evaluation summaries; N=1014). Data from the McPin Foundation survey (N=366) found that 6 months after having attended the training, personal ratings of confidence had dropped to 7.6 – which is still considerably higher than pre-training scores. However, the data indicates a potential need for a refresher course that might aid with retaining the MHFA training learning’s.

Improving supportive behaviour

Data from the McPin Foundation survey (N=333) found that **89% of participants felt that the training had improved their ability to help people with mental health problems.**

More specifically, **almost three quarters of respondents said they had used their MHFA training to advise or support somebody since completing the training.** This was often, though not always, in a professional capacity (see table below).

Who participants used their MHFA training to help (N=333)

	N	%
Client / customer through work	177	69%
Friend	71	28%
Family member	62	24%
Colleague	55	22%
Yourself	33	13%
Stranger	14	6%
Other	10	4%
Neighbour / acquaintance	9	4%
Total	333	100%

14. ALGEE is an acronym for a tool that helps people remember how to respond to somebody presenting with mental health difficulties. It stands for: **A**ssess for risk of suicide or harm; **L**isten non-judgmentally; **G**ive reassurance and information; **E**ncourage appropriate professional help; **E**ncourage self-help and other support strategies.

Case study

Sam works on the front desk in a police station, where she comes into contact with a wide range of people, many of whom are experiencing mental health difficulties. She attended a Standard MHFA course to gain insight into mental health so she could better help people in this situation. Sam felt that the training had a positive impact on her knowledge of mental health. She especially liked the group discussions and the activities that focussed on case studies of different types of mental health problems.

Since attending the training, Sam had experienced a situation at work where a 10 year old boy had approached her and told her that he wanted to be put into care and wanted to kill himself. Sam recognised that the young boy was experiencing mental health problems due to what she had learned about depression and other disorders during the training. The boy made an attempt to harm himself in front of Sam, but she was able to sit with him and engage him in a conversation about football. She was able to gain his trust and help him open up – another tool she learnt on the training.

Sam feels that she managed to prevent the young boy from seriously harming himself. Later, Sam accessed the Liveitwell website and printed off a list of resources for families and children to give to the boy's mother. Sam has since received a letter of gratitude from the boy's mother, explaining that her son was finally being properly supported due to Sam's efforts. Sam has also received an award of recognition for her good work.

"If I had not been on the MHFA course, I would not have known how to speak to him, or how to approach him. I might have panicked a bit. But I felt a lot more confident in how I needed to speak to him. Even though he was ten, I knew what he was saying. I knew how he felt."

The case study above provides an example of how one attendee had used their training in a professional capacity since attending a MHFA standard course.

Improving personal wellbeing

Finally, it is worth highlighting that in addition to helping others, the MHFA training also impacted positively on attendees' own wellbeing. **13% of respondents to the McPin Foundation's survey (N=333) stated that they had used the MHFA training on themselves.** Participants explained how the training had improved their awareness of their own mental health, enabling them to recognise early symptoms and find support.

"I found it really valuable because it also taught me about my own personal resilience to stress and stress management and anxiety. But I didn't expect to get that." MHFA Attendee

We also collected WEMWBS measures for MHFA attendees before and after training. There was a very slight increase in average WEMWBS scores of 1.3 points before and after training. This is lower than the 3 points deemed meaningful by WEMWBS's developers, but because we were not able to link individuals' scores, we could not test for statistical significance.

MHFA mean WEMWBS scores

	Mean score	N	National mean	Kent mean
Before MHFA training	51.0	139	51.6	51.3
6 months after MHFA training	52.3	237		

Costs

Cost per head figures across the service as a whole were calculated. With a total spend of £75,744 and 1102 attendees, they are as follows:

- Total spend = £68.73 per head

It is worth noting that although the cost per head is £68.73, survey results suggested that 74% of attendees had used the training to help or advise somebody since attending the course. If 74% of the 333 attendees who completed our survey shared their learning with at least one other person, this would mean that the number of people reached as a result of the MHFA training courses was 1,912.

Thus it is worth highlighting that in addition to the number of people reached directly, a much larger number of people are likely to have benefitted from the project indirectly.

In addition to these cost-per-head calculations, it is worth noting that one of the aims of the KCC funding of MHFA in Kent was that individuals who attend in a professional capacity would then encourage their employers to fund the training for other staff within their organisation. Although it is not conclusive evidence, data obtained from MHFA England suggests that the number of MHFA commissions in Kent almost doubled between 2014 and 2015.¹⁵



15. There was no data available for MHFA Lite for 2014. It is important to note that a) this includes multiple commissions from the same organisation / agency, b) KCC appears as a listed organisation and has been included in the figures provided, as it is not clear which departments were involved, and c) organisations may not be included here, as MHFA were only able to search for commissions where the word 'Kent' appeared in the organisational name.

Conclusions and recommendations

The main conclusions from our evaluation of Mental Health First Aid training are as follows:

- A total of 1,102 people attended the various courses; mainly professionals who have some prior knowledge and experience of mental health problems, rather than the general public.
- MHFA training impacted on people's knowledge of mental health issues, with 92% of survey respondents agreed or strongly agreed that the training had helped to improve their knowledge of mental health problems.
- The training improved supportive behaviour: 89% of participants felt that the training had improved their ability to help people with mental health problems, and almost three quarters of said they had used their MHFA training to advise or support somebody since completing the training .
- More specifically, almost three quarters of respondents said they had used their MHFA training to advise or support somebody since completing the training
- MHFA attendees' WEMWBS scores improved on average from 51 points before training to 52.3 points after training.
- There appears to have been an increase in Kent-based commissions of MHFA following the introduction of the KCC-funded initiative.

Recommendations

1. The structure of the Standard training could be improved by having a shorter training, followed by a follow-up or 'booster' session. This could be done electronically, for instance by sending out an activity for attendees' to complete to aid them in refreshing their knowledge.
2. MHFA instructors should be aware of the impact that personal disclosure can have on people and aim to be mindful of this when conducting training.
3. There should be more promotion of the course amongst the general public so that MHFA becomes 'mainstreamed' beyond professionals who work with vulnerable people.
4. An evaluation framework to monitor attendees' personal wellbeing before and after attending training could be developed. This would involve assigning anonymous identifiers to all attendees in order to be able to track individual improvements in wellbeing.

Wheel of Well-being



Six Ways to Wellbeing Campaign

Background

The Six Ways to Wellbeing campaign run by Kent County Council Public Health was an exercise in social marketing using different media forms. It sought to encourage people in Kent to make small changes in their day-to-day actions to improve their mental wellbeing. The campaign built directly on the extensive research undertaken by the Mental Health Promotion Team at South London and Maudsley NHS Foundation Trust (SLaM) and their 'Wheel of Wellbeing' (WoW).

The Wheel of Wellbeing consists of six segments which represent: body, mind, spirit, people, place and planet. Each segment has a related 'action': be active (body), keep learning (mind), give (spirit), connect (people), take notice (place) and care (planet).

The Six Ways to Wellbeing campaign comprised three main strands. The first consisted of wellbeing seminars run by SLaM (based on the Wheel of Wellbeing framework) and later the KCC Public Health team. A second component of the Campaign consisted of a communications strategy including press releases and a series of short films about Kent residents engaging in the Six Ways to Wellbeing. This communications element was supported by the Liveitwell website (www.liveitwell.org.uk), a pre-existing website developed by KCC to publicise the Six Ways messages further, and give people the opportunity to register for the seminars. The website also contains a comprehensive searchable directory of health and wellbeing resources in Kent that was regularly updated as well as hosting details of meeting minutes and updates from mental health action groups. Cutting across all three of these elements was the use of social media tools, primarily Twitter, Facebook and YouTube, to promote the messages, the seminar series, and the films, as well as link to other health and wellbeing news, activity or partners.

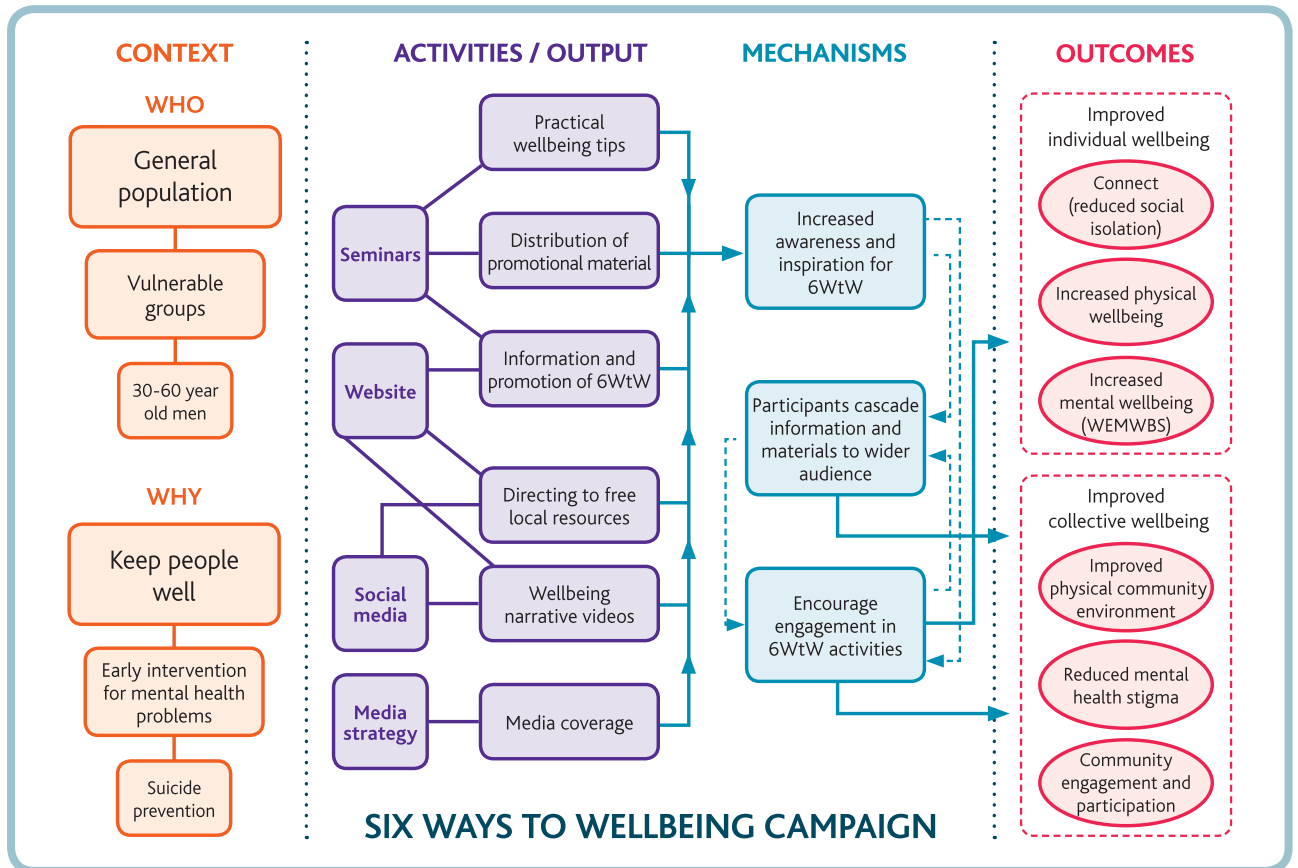
Finally, the campaign invested in the production of a range of resources to help promote the Six Ways to Wellbeing, e.g. Z-cards with the key messages on them, pens, badges, stickers, and other promotional items. These were available for members of the public to order via the Liveitwell website, and were also distributed at the seminars, as well as at a range of other events and through partner organisations (e.g. in the Library Wellbeing Zones) for the duration of the Campaign.

Method

Our approach to evaluating the Six Ways to Wellbeing Campaign comprised a number of different strands and types of data. These were as follows:

- Theory of Change work (4 x interviews with project leads)
- Seminar Key Performance Indicator (KPI) data, including number of seminars from February 2014 – December 2015, and number of attendees
- Liveitwell website KPI data, including number of hits, number of new visitors etc. over time
- Social media and media data including data from Twitter, Facebook, YouTube and media stories
- Seminar feedback (N= 284)
- Four seminar observations
- Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), collected at the seminar, and approximately 3 and 6 months post attendance
- Six Ways to Wellbeing survey (N=32), administered 6 months after seminar attendance to attendees

Theory of Change



Findings

Reach

Seminars

A total of 397 people attended the Six Ways to Wellbeing seminars. Although the seminars were accessible to members of the Kent public, in practice, those who attended had a pre-existing involvement or interest in mental health and wellbeing (see also Hann et al. 2015¹⁶).

Social media – Twitter

We analysed a range of metrics via Twitter's analytics function. This included the number of tweets, engagement with tweets¹⁷, impressions of tweets¹⁸, retweets and likes. The table below provides an overview of these statistics for Liveitwell on Twitter from January 2014 until December 2015. **On average, the Liveitwell Twitter account attracted 32 new followers per month.**

	N
Tweets	2,563
Followers	965
Tweet likes	440
Retweets	1,231
Engagements	3,978
Impressions	246,255

Social media – Facebook

We looked at the number of Facebook 'likes' that the Liveitwell page received. There was an increase from 246 likes in February 2014 to 758 likes in January 2016, with a consistent increase over time. **On average, the Liveitwell Facebook page attracted 22.2 'likes' per month.**

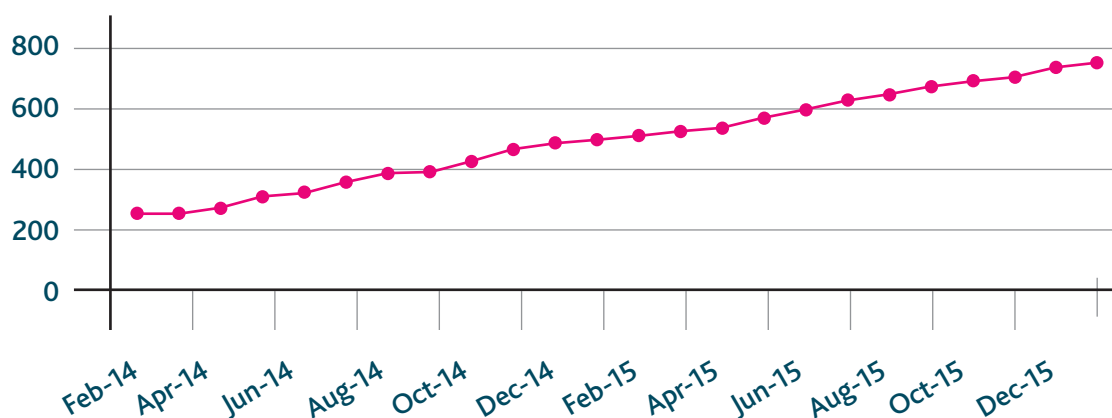
16. Hann et al. (2015). *Kent Mental Wellbeing Programme: Concept Mapping Report*. McPin Foundation

17. Engagements are defined as the total sum of replies, retweets, mentions and likes

18. Impressions are defined as a Tweet being viewed by a Twitter user

Increase in Facebook likes from Feb 2014 – Jan 2016

Number of Facebook likes



Social media – YouTube

YouTube was used to promote a series of films around the Six Ways to Wellbeing that were commissioned by the Public Health Team bespoke for the Campaign. There were 21 videos in total on the channel – the commissioned videos as well as some related videos about the Wheel of Wellbeing and the Creative Arts Partnerships project. In December 2015, the Liveitwell channel had 60 subscribers. The most viewed video on the channel was SLaM's Wheel of Wellbeing video, with 11,993 views, 36 likes and 100 shares. 57% of viewers of this video were female, and 43% male.

The table below shows the top 5 most viewed videos on the Liveitwell YouTube channel, with the number of views of each. Excluding SLaM's WoW video, the average number of views per video was 91.6, with a range of 2 – 180 views.

YouTube views

SLaM Wheel of Wellbeing video	11,993 views
Keep learning	180 views
Creative arts video	171 views
Be active	161 views
Keep learning	132 views

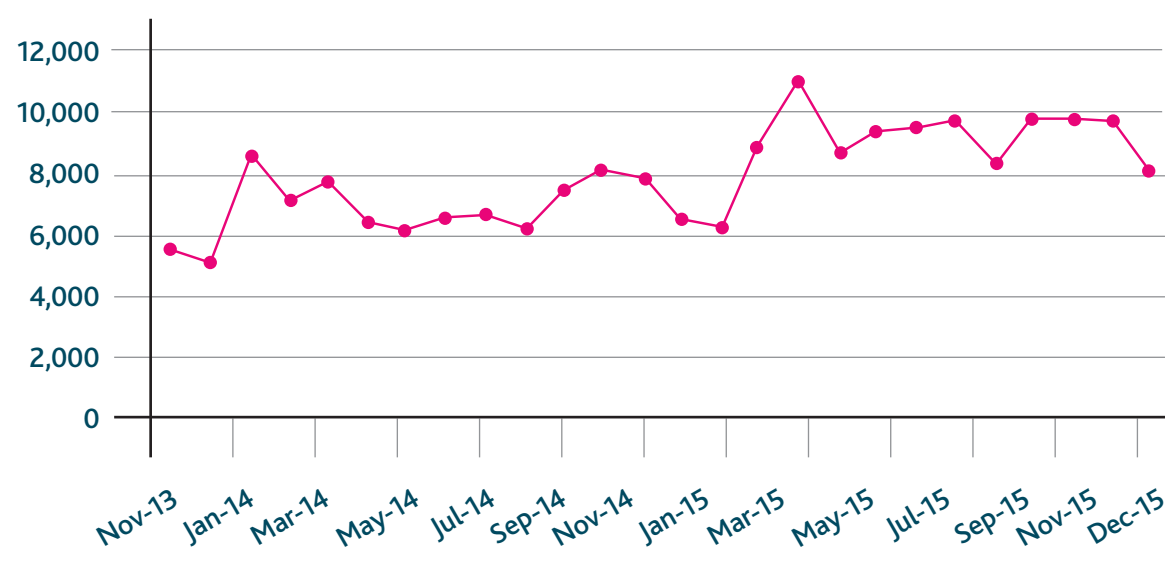
Liveitwell website

The Liveitwell website received 260,181 hits between November 2013 and December 2015. Of these, around 70% were by new visitors to the website each month. The graph below shows the breakdown of website users by month.

The number of monthly email subscribers wishing to be kept updated about the Campaign increased over the course of the campaign from 146 subscribers in November 2013 to 343 subscribers in January 2016.

Number of visits to the Liveitwell website from Nov 2013 – Dec 2015

Number of visits to Liveitwell website



Process

Seminar

Seminar attendees were overwhelmingly positive about the extent to which the seminars had helped them achieve a range of aims. Attendees (N=284) indicated through structured evaluation feedback that the seminar had helped them to:

Seminar outcomes (N=284)

	Not achieved	Partially achieved	Achieved
Understand theory about the Six Ways campaign	0%	6%	94%
Understand what the Campaign is doing in Kent	1%	12%	87%
Learn what resources are available to access	1%	12%	87%
Learn how to communicate the Six Ways messages to communities	1%	17%	82%

For each aim, at least 80% of attendees agreed that it had been achieved, with 1% or less feeling that it had not been achieved.

Impact

Seminar

The impact of the Six Ways to Wellbeing Campaign was mainly assessed by looking at the WEMWBS scores of seminar attendees, as well as data from our own Six Ways to Wellbeing survey, administered to attendees 6 months post-attendance. It is important to note that improved individual wellbeing was only one of the aims of the seminars – another important aim was the ‘cascading’ or ‘contagion’ of the Six Ways messages to others by attendees in both a personal and professional capacity.

The table below provides an overview of aggregate WEMWBS scores at Times 1 and 2 for all attendees. The average score increased by 1.9 points between Time 1 and Time 2.

Seminar mean WEMWBS scores

	Mean score	N	Min	Max	National mean	Kent mean
Time 1 (at seminar)	49.8	242	23	70	51.6	51.3
Time 2 (3 months post)	51.7	55	30	67		

For those people that completed a WEMWBS at Time 1 and Time 2, we conducted a T-test to find out whether the difference in scores was statistically significant. **The mean WEMWBS score for this cohort at Time 1 was 50.1 and the mean WEMWBS score at Time 2 was 53.1, with a difference of 3 points. This is considered meaningful by the scale’s developers and was also a statistically significant difference.**

Changes in WEMWBS scores between Time 1 and Time 2

	Mean WEMWBS score	N
Time 1	50.1	41
Time 2	53.1	41

Follow-up survey

We administered a survey to seminar attendees approximately 6 months after seminar attendance. This survey sought to identify the impact that seminar attendance had on participants' own wellbeing, and their levels of knowledge and awareness around mental health in general, and the Six Ways to Wellbeing in particular. Although the response rate was low (N = 32), the survey found that:

- 69% agreed or strongly agreed that attending the seminar had been good for their own wellbeing.

"I use the 6 ways to wellbeing personally and have been working to incorporate it into policy and practice at work. It is a system that shows you that you have control over the way you react and feel."
Seminar Attendee (survey comment)

- Over 90% stated that they had practiced each of the Six Ways to Wellbeing either a little or a lot since attending the seminar. Over 50% said they had practiced each of the Six Ways 'a lot', except for 'care for the planet', where only 41% stated they had practiced it 'a lot'.
- 88% said that they had shared the Six Ways messages with others since the seminar.
- 87% agreed or strongly agreed that attending the seminar had improved their knowledge of help and resources available in Kent.
- 41% agreed or strongly agreed that attending the seminar had changed their attitudes towards people with mental health problems. 34% neither agreed nor disagreed with this statement, and 25% felt that they had already achieved this prior to attending the seminar – perhaps reflecting the fact that the seminar mainly attracted professionals who had a pre-existing professional interest in mental health.

Costs

For seminars, there was a total spend of £11,012.78 and 397 attendees. This means the figures are as follows:

- Total spend = £27.74 per head

Based on these figures, it can be calculated that the cost of increasing an attendee's WEMWBS score by one point was £9.25.

It is worth noting that although the cost per head is £27.74, survey results suggested that people were likely to share the Six Ways to Wellbeing messages with other people. Based on 32 responses, we found that on average people shared the Six Ways to Wellbeing messages with an additional 3.6 people. It can therefore be estimated that the total number of people reached as a result of the Six Ways to Wellbeing campaigns was at least 1,826 people. Given that the main aim of the campaign was to raise awareness about the Six Ways to Wellbeing messages, the cost per head of the seminars based on this larger cohort can be recalculated. This new cost per head figure comes to £6.03 per person reached by the Six Ways to Wellbeing message directly or indirectly as a result of the seminars.

For the Liveitwell website, there was a total spend of £57,634 and 143,100 visits to the website. Based on these figures, the cost per visit to the Liveitwell website was £0.40 taking into account bounce figures.

For YouTube, there was a total spend of £5,300 and a total of 1,575 views of the YouTube videos. Based on these figures, the cost per view of the YouTube videos – determined by the costs involved in filming and editing the films – was £3.37.

We have looked at the cost figures for the three separate strands of the Six Ways to Wellbeing campaign separately. It is worth highlighting that the Six Ways to Wellbeing seminars appear to be the most cost effective way to reach people with the Six Ways to Wellbeing message. Although the website is cheaper overall, it is likely that the impact of having attended a seminar or heard about the message through a seminar attendee would be greater than visiting the Liveitwell website.

Conclusions and recommendations

The main conclusions from our evaluation of the Six Ways to Wellbeing Campaign are as follows:

- The Campaign's reach was broad, with 397 people attending the seminars (the majority having a pre-existing professional interest in mental health), an estimated 143,400 hits of the Liveitwell website, and 246,255 reached through Twitter impressions.
- The social media campaign was successful, and saw steady increases in the number of Twitter followers and Facebook likes.
- Evaluation feedback data (N = 284) suggests that people were overwhelmingly satisfied with most aspects of the seminars; at least 80% felt that it helped them understand the theory behind and practical activities of the Campaign, learn about resources available, and learn how to communicate the Six Ways messages further ('cascade' / 'contagion' effect) respectively.
- The WEMWBS impact data revealed a significant and meaningful increase in WEMWBS scores of 3 points (N = 41). The Six Ways to Wellbeing Survey data (N = 32) showed that 69% agreed or strongly agreed with the statement that attending a seminar had been good for their own wellbeing.

Recommendations

1. If continued, there should be increased targeting of the seminars at members of the public, in addition to third sector / public sector workers.
2. If continued, the Campaign could benefit from linking more closely with other projects within a wellbeing programme / service.
3. The Six Ways to Wellbeing seminars are a cost-effective way of reaching people with the Six Ways to Wellbeing messages and should receive the most investment in a social marketing / behaviour change campaign in the future.
4. There is a need for a structured evaluation approach, especially if wellbeing measures are to be collected, including a system for assigning unique identifiers.

be active
keep learning
give
connect
take notice
care for the planet

wellbeing zone

liveitwell.org.uk

Customer Excellence

Kent County Council

wellbeing zone

be active
keep learning
give
connect
take notice
care for the planet

The World of Wellbeing is used with kind permission of B&M

Items from this collection are for loan



Library Wellbeing Zones

Background

The Library Wellbeing Zones were established in eight Kent libraries and were aimed at the general population in areas with the greatest health inequalities. The idea for the intervention stemmed in part from a needs assessment that showed that there was a demand for easily accessible, non-judgmental places to meet and access support and reliable information to improve health and quality of life. In addition, Kent County Council (KCC) Public Health had been working for some time to strengthen the link between libraries and mental health, and a formal partnership between the relevant libraries and Public Health teams, working collaboratively to achieve similar outcomes, was a natural progression in making this vision a reality.

The Wellbeing Zones continue to exist in their host libraries, and stock a range of book collections related to different aspects of mental and physical health and wellbeing. In addition to the books, each Zone contains health and wellbeing advice and information, as well as stock and promotional items that support the Six Ways to Wellbeing Campaign. The Zones are a means of promoting the Six Ways to Wellbeing messages, raising awareness and inspiring behaviour change. Finally, the libraries offer free access to the Wellbeing Zones to local partner organisations and agencies with a health and wellbeing or social focus, who can use it to meet with clients or run groups.

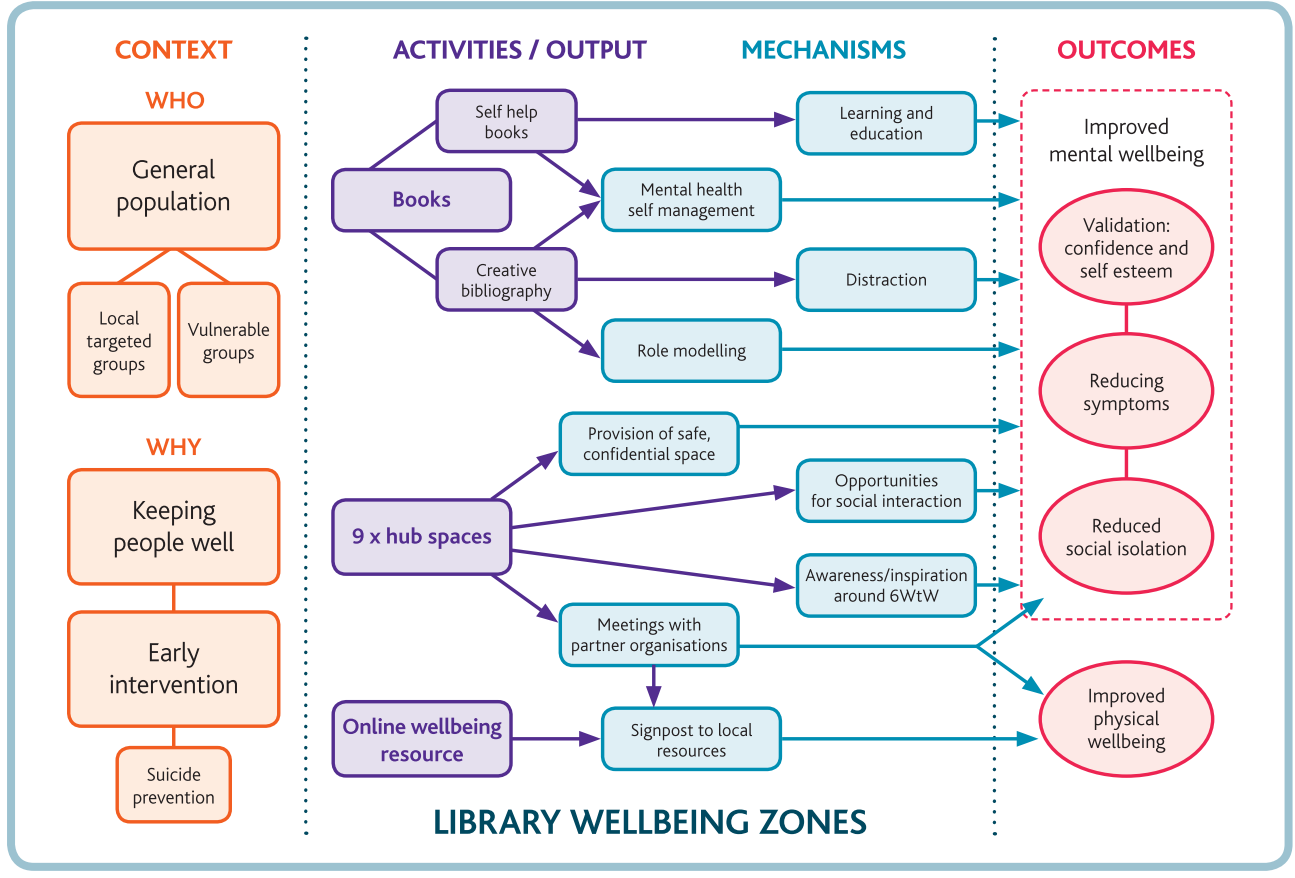
Method

Our approach to evaluating the Library Wellbeing Zones 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 the Libraries team, including book issue numbers and number of partner-led sessions in zones
- Demographic data on library and Wellbeing Zone users
- Interviews with staff in 8 libraries
- Interviews with 5 partner organisations using the Wellbeing Zone
- Visits to all 8 Wellbeing Zones
- Survey of Wellbeing Zone users (N=33)



Theory of Change



Findings

Reach

We looked at demographic data for people who had borrowed a book from the Wellbeing Zone, the local population of library users, and also the local catchment area of the library. 67% of those who borrowed a book from the Wellbeing Zone were female, but only 56% of library users were female. The percentage of females in the local catchment area was 50%. **This suggests that not only do libraries appeal more to females, the Wellbeing Zones specifically attracted more females than males.**

36% of those who borrowed a book from the Wellbeing Zone were aged over 65 years, but only 25% of library users were over 65 years of age. The percentage of people aged 65 or over in the local catchment area was 15%. **This again suggests that not only do libraries attracted older people, but the Wellbeing Zones in particular attracted people aged over 65 years.**

94% of those who had borrowed a book from the Wellbeing Zone were White, which is similar to the Kent County population demographics which indicate that 93% of the population classify themselves as White.²⁰

	Borrowed a book from the wellbeing zone	Active library user ¹⁹	Library local catchment area
Female	67%	56%	50%
65+ years	36%	25%	15%

Process

Location of the Wellbeing Zones

Our interviews and visits to the Wellbeing Zones revealed a tension between the need for the Zones to be prominent, accessible and awareness-raising, and at the same time private and confidential so that health partners could discuss potentially sensitive issues with clients. Both library staff and partner organisations noted that in their current form, the Wellbeing Zones aim to be both – but that these two functions are quite distinct and perhaps incompatible. An area that is designed to be easily noticeable to library users, with the aim of drawing them in to learn more about health and wellbeing books, information and support, does not easily double as a discreet space where health partners can meet with clients and discuss potentially sensitive issues.

"I think, given the preference, people want to have a private space to discuss things with clients, rather than in a public space. When I've been to a group, a local [Charity] group to promote the book schemes on the Zone, one comment was, 'Why would I sit in that area? It then just stigmatises me.'" Librarian

Despite the concerns around privacy, partner organisations acknowledged that it was good to have a space where they could promote their work more widely. Staff and health partners were positive about the Zone being in a library setting – a safe, accessible, community-based space encouraging a holistic approach to wellbeing.

"I think the drop-in side of it, in terms of organisations trying to promote awareness of things, would be more suitable, than a confidential meeting really." Librarian

Use of the Wellbeing Zones

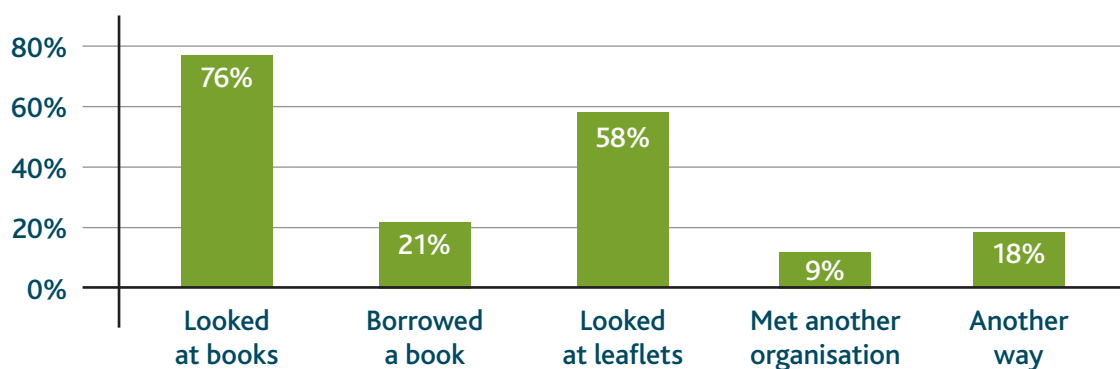
In addition to the various advantages of an integrated health and wellbeing space within libraries, there was also a tacit acknowledgment that in some instances, the sofa space rather than the information was the attraction.

"I think people have been sitting there and using the sofas, but not necessarily for the purpose that it was put there for." Librarian

Despite these anecdotal accounts, results from the McPin Foundation's survey show that the Wellbeing Zones are being used in a variety of ways, including those originally intended (see below) – although these findings may not be representative of Wellbeing Zone users overall.

Use of the Wellbeing Zone (N=33)

Which of the following have you done in the Wellbeing Zone?



19. An active user is defined as anybody who has borrowed a book, used a PC, or registered at the library within the past two years.

20. There was no reliable library user data available for ethnicity as most people declined to provide this information to the library.

Issue Figures

The Wellbeing Zones hold three separate collections of books: i) Read Yourself Well books ii) Mood Boosting books and iii) Six Ways to Wellbeing books. The graph below outlines the quarterly number of book issues, both for the Six Ways to Wellbeing collections, and also the Read Yourself Well and Mood Boosting collections.

It should be noted that there are two separate collections within the Read Yourself Well and Mood Boosting book collections, which may account for the higher number of book issues for these collections. The books were available within the libraries from the start of the Programme in early 2014, although the Zones were only set up in early to mid 2015.



Case study

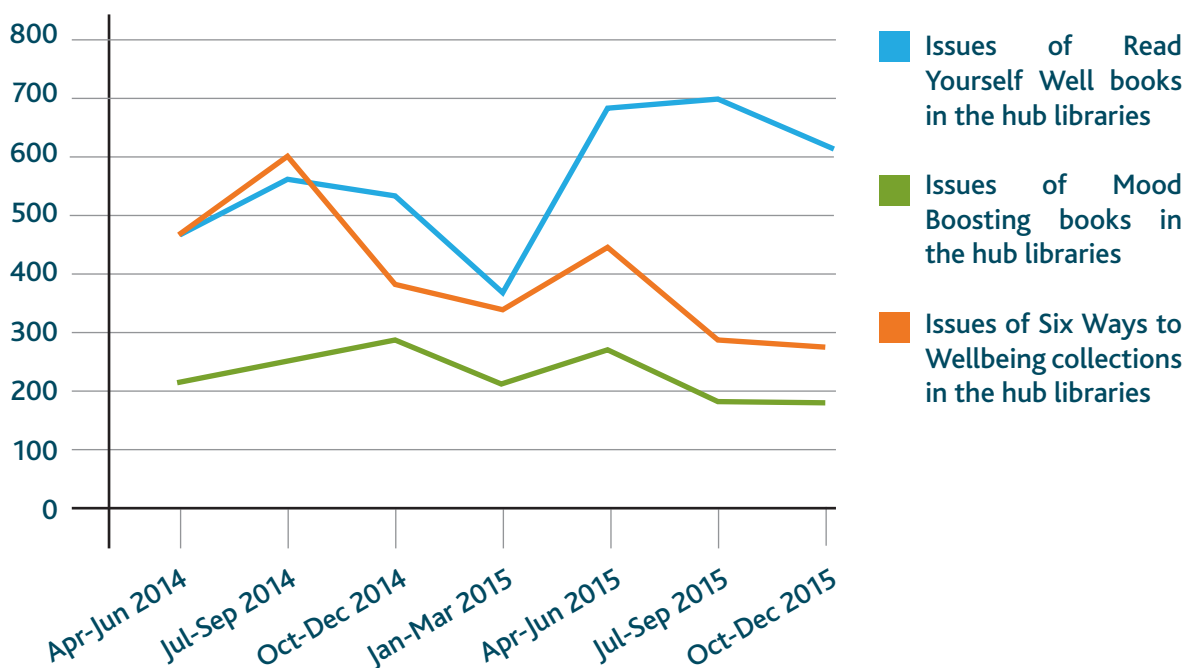
The area surrounding Library X is generally viewed as one of deprivation, with several key issues such as obesity, mental health and unemployment. Prior to the Wellbeing Zone being created in Library X, the library was mainly used for computer access, with people who lacked access at home using the computers to find jobs. In terms of health promotion, there had previously been a few one off promotions by health organisations held in the library, but there was no continuous health promotion.

At the time of creating the Wellbeing Zone, Library X was undergoing a full refurbishment which allowed staff to think carefully about where to place the Zone. In the end, it was placed in the reference area of the library, which was strategic as it allowed for easy access to computers if necessary.

Library staff commented that they had often seen the Zone being used by library members who used the space to sit and enjoy books from other parts of the library. At the time of the evaluation, some health organisations had started dropping off leaflets in the Zone and engaging in health promotion activity. Ultimately, staff felt that the Zone lent itself more as a space for organisations to host drop-ins than for organisations to use as a confidential meeting space, due to lack of privacy, and it was decided that this would be the main partner activity in the Zone moving forward.

Wellbeing Zone book issue figures (April 2014-December 2015)

Library Wellbeing Zone book issues



Impact

The set-up of this project meant that it was not possible to attain measures of wellbeing from those who had used the Wellbeing Zone. The McPin Foundation's survey asked about the impact that using the Wellbeing Zone had on people. Of the 33 library users that responded to our survey, **73% agreed or strongly agreed that the Wellbeing Zone had been good for their wellbeing.**

Further to this, of the 20 participants that had heard of the Six Ways to Wellbeing, 80% agreed that using the Wellbeing Zone had helped them to: learn about the Six Ways to Wellbeing; to use the Six Ways to Wellbeing in their own life; and to talk about the Six Ways to Wellbeing with family and friends.

Costs

Based on the total cost of book stock, it was calculated that the cost per book issue up until December 2015 amounted to £1.62. As with the Kent Sheds project, it is important to note that the cost per book issue, and per client engagement with health partners, will continue to decrease over time, as the Zones have been set up to be sustainable over the long term.



Conclusions and recommendations

The main conclusions from our evaluation of the Library Wellbeing Zones are as follows:

- The Library Wellbeing Zones appear to be reaching more women than men, and a greater proportion of older people than younger people.
- Our interview data revealed a number of potential benefits and disadvantages to the Zones in their current form. Most importantly, we suggest that the Zones have two distinct functions that are not compatible – raising awareness about health and wellbeing, and providing accessible information, on the one hand, and offering a more discreet private space for partner organisations to meet with clients on the other. Most interview participants felt that the second function was compromised by the physical location of the Zone and suggested that the Zone should pursue the first aim of providing an accessible hub of health and wellbeing information.
- We were unable to obtain a robust measure of the impact of the Zones, but asked our interviewees about their views on potential future impact. Although there was some scepticism regarding the potential impact of the Zones amongst, others were more hopeful. Almost three quarters of people who responded to our survey (N = 33) felt that the Wellbeing Zone had been good for their wellbeing and approximately 80% felt that it had helped them engage with and share the Six Ways to Wellbeing messages.

Recommendations

1. Encourage the development of the Zones into visible, accessible 'health and wellbeing hubs' with books, resources, promotion and awareness of services and the Six Ways to Wellbeing, information about local events, and awareness raising campaigns. In some cases, this may necessitate re-location of the Zone into a more prominent area of the library as well as a greater investment into advertising of the zone to members of the public.
2. Instead of offering partner organisation led sessions in the Zone itself, Wellbeing Zones could link with a private community room, either within the library, or a nearby location. They could continue to link members of the public up with health partners via the information boards etc., and support the health partners with finding a suitable space for client meetings if required.
3. Develop an evaluation framework to monitor the impact of the Zones over the long-term. This could include the collection of survey data over an extended period of time, as well as in-depth qualitative (including observational) work with library and Zone users once the Zones are better established.

It is worth noting that the Library Wellbeing Zones should, in principle, be sustainable over the long-term, as they only required an initial one-off investment, with minimal input from staff to keep them running. Recommendations 1 and 2 should not require significant additional resources to implement.



Creative Arts Partnerships

Background

The Creative Arts Partnerships commission was a collaboration between Kent County Council (KCC) Public Health, KCC Arts and Culture Service, and the Bridge organisations Royal Opera House and Artsworld South East. From a Public Health perspective, the Creative Arts Partnerships sought to improve mental wellbeing through an engagement with the arts in community settings – with a particular focus on young people. However, it was also a commissioning learning pilot for small arts organisations and commissioners, with a view to identifying how small providers might be best supported to become 'commission-ready' to respond to public sector tenders.²¹ This aspect of the pilot led to the production of a toolkit, and also supported KCC to be successfully selected as part of a cultural commissioning national programme.²² The Creative Arts Partnerships commission resulted in six individual contracts being awarded to a range of creative arts providers working in partnership with other organisations, including Healthy Living Centres and libraries.

Each of the interventions had two key strands; targeted interventions and public events. The targeted interventions were aimed at young people between the ages of 13 and 19 and primarily took the form of arts related workshops or sessions. The public events were aimed at the general population, and often consisted of performances or festivals which showcased the young people's arts skills. Both strands aimed to engage their audiences with the Six Ways to Wellbeing and ultimately to incite positive behaviour change.

Method

Our approach to evaluating the Creative Arts Partnerships comprised a number of different strands and types of data. These were as follows:

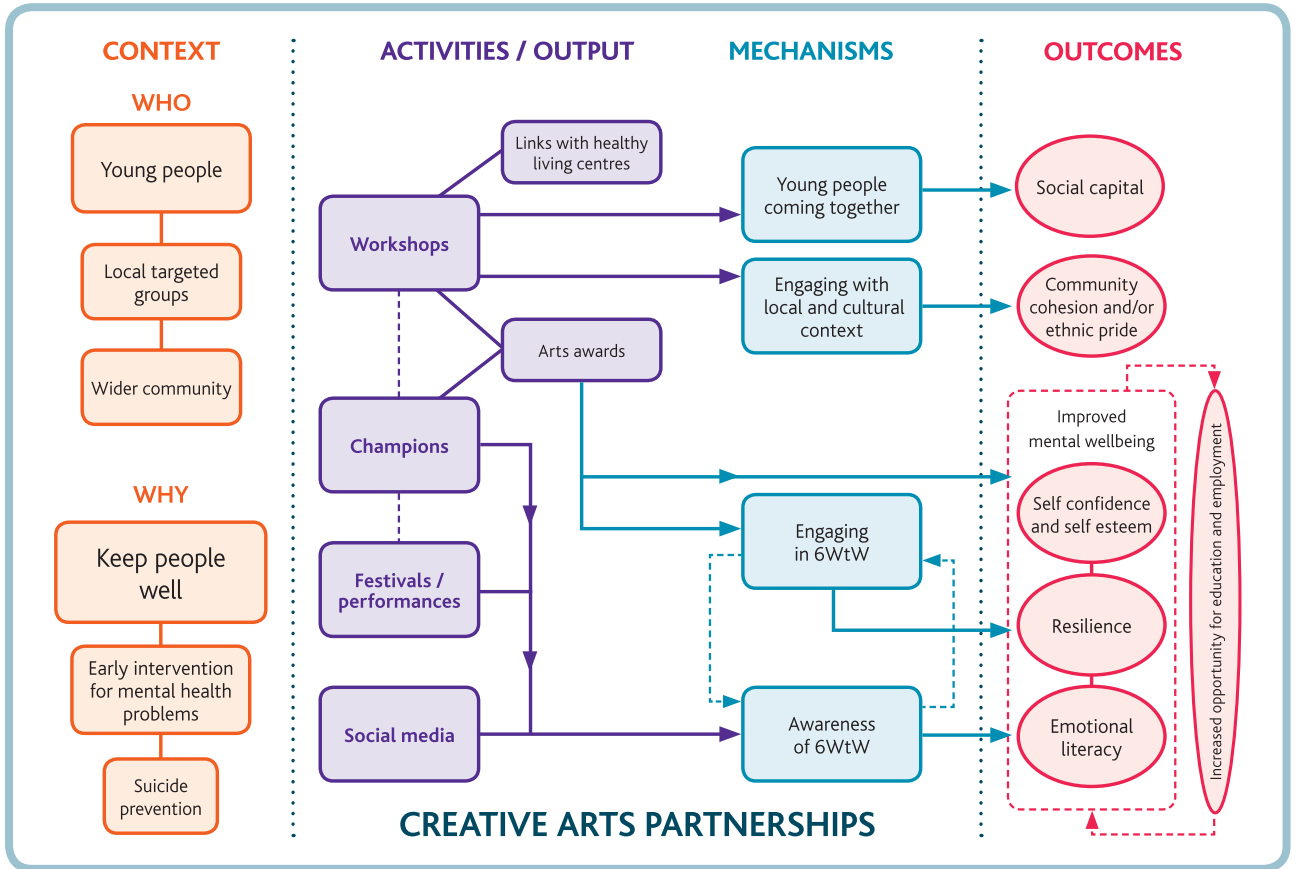
- Theory of Change work (5 x interviews with project leads)
- Key Performance Indicator (KPI) data collected by the Creative Arts Partnerships, including number of events / workshops held and number of attendees
- Observations at events
- Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) data for young people taking part
- Six Ways to Wellbeing survey



21. A separate evaluation was undertaken to assess the success of the project as a commissioning learning pilot, and includes a full process evaluation as well as cost-benefit analysis of the project. MB Associates (2015). Arts at the Heart of New Public Services. Evaluation of a pilot arts commission in Kent using the Six Ways to Wellbeing.

22. See: www.ncvo.org.uk/practical-support/public-services/cultural-commissioning-programme/partner-pilots

Theory of Change



Findings

Reach

- 900 children and young people took part in targeted interventions
- Up to 17,000 members of the public were reached through broader events such as festivals

Creative Arts Partnerships attendees / sessions

Creative Arts Partnership	Number sessions and public events/ festivals held	Number of individual participants in workshops	Number of attendees at festivals or performances
Rhythmix	4 projects with multiple workshops; 9 events	66	2,000 at events
Ideas Test	24 workshop sessions; 5 events	111 (of which 81 were aged 13-19)	3,250 across 5 events
Icon Theatre	12 workshops; 1 summer school (2.5 weeks)	360 (of which 83 took part in the summer school)	567 at Festival; 370 at performance 1 157 at performance 2
Dover Arts Development	11 workshops	158	–
Turner Contemporary	5 workshops; 1 event	124 (of which 95 were aged 13-19)	1500
LV21 Ltd	42 workshop sessions; 6 events	100	10,000 at festivals and events
Total	120 distinct workshops / sessions / events	919	17,844 across all events

In order to assess the reach of the Partnerships further, we looked at the providers' Twitter activity during the programme, as all had been instructed to use social media both to publicise the individual interventions, as well as the Six Ways to Wellbeing messages in general. As can be seen in the table below, Rhythmix tweeted the most using the #sixwaystowellbeing hashtag. However, it appears that Ideas Test had the most interaction with their tweets with 117 retweets and 53 favourites. Each of the six providers had varying numbers of followers which is likely to impact on the number of people reached.

Creative Arts Partnerships Twitter analytics

Creative Arts Partnership	Total no. tweets using #sixwaystowellbeing	Total no. retweets	Total no. favourites	Total no. followers
Rhythmix	66	46	27	3,147
Ideas Test	43	117	53	1,531
Icon Theatre	25	36	22	866
DADs	20	24	14	1,238
Turner Contemporary	11	16	3	207
LV21 Ltd	8	24	8	1,690
Total	173	263	127	8,679

Process

Promoting wellbeing and the Six Ways to Wellbeing messages

The project leads we spoke with felt that the arts and improved mental wellbeing were well aligned and that there was a natural fit between the two. All reported that they found it easy to ensure that the Six Ways to Wellbeing were integrated into project delivery. In particular, 'keep learning' (trying something new), 'connect' (by coming together with other young people) and 'be active' (primarily for movement-based activities such as dance) were mentioned as easily practicable. However, making the Six Ways explicit in the delivery of the projects proved to be more challenging, as some experienced reluctance from the young people to be 'taught' about the Six Ways, and believed that this felt 'too much like school'.

There was a general sense that the teaching of the Six Ways needed to be young person-led, rather than practitioner-led, and should be woven into the project design rather than be overly explicit. The integration of so-called 'Wellbeing Champions' – young people who were especially engaged – into the project design was one way of promoting young people's sense of ownership of the programme, which was

designed to support both a legacy from the project and to encourage the young people to share the Six Ways with others in their peer group.

"Young people have to take responsibility for their own wellbeing; we wanted them to feel ownership over it." Creative Arts Project Lead



Case study

Creative Arts Provider X is a very small establishment. This meant that they initially felt unable to tender for the Creative Arts Project without a partner. After a first round of tenders, the commissioners held an event for providers who had either unsuccessfully tendered or expressed an interest in tendering. It was here that through facilitated networking, Creative Arts Provider X created an established partnership with another community organisation.

Creative Arts Provider X worked with young people across three streams of work, each of which was young person led. They worked with schools to deliver wellbeing interventions based around the Six Ways to Wellbeing. Secondly, they worked with a local dance organisation to provide free dance lessons for children from a deprived background. Finally, they worked in collaboration with their local Healthy Living Centre to provide arts based support at suicide prevention meetings. Alongside each of these three streams of work were a series of festivals, some of which were attended by over 3,000 people. It was at one of these early festivals that local illustrators and artists worked with young people to create the Six Ways to Wellbeing superheroes. These replaced the use of the Wheel of Wellbeing throughout the project, as they felt more relatable to children and young people.

Staff at Creative Arts Provider X feel that their work helps to improve the wellbeing of children and young people in several areas. It was noted that the creative arts project helped the young people to raise aspirations, make new social circles, including cross youth group interaction, and to increase their knowledge about educational and other opportunities available to them.

Impact

The table below shows the mean WEMWBS scores for everyone available at each time-point, from Time 1 (pre-intervention) through to Time 4 (6 months post-intervention). WEMWBS scores can be seen to steadily increase throughout this time, although it should be noted that there are significantly fewer participants at Times 3 and 4.

Creative Arts Partnerships mean WEMWBS scores

	Mean WEMWBS score	Number of participants	Min	Max	National mean	Kent mean
Time 1 – pre intervention	49.5	425	14	70	51.6	51.3
Time 2 – post intervention	50.8	186	15	70		
Time 3 – 3 month follow up	51.5	45	39	69		
Time 4 – 6 month follow up	51.3	10	38	61		

For those people that completed a WEMWBS at Time 1 and Time 2, we conducted a T-test to find out whether the difference in scores was statistically significant. The table below shows that the mean WEMWBS score for this cohort at Time 1 was 48.4 and the mean WEMWBS score at Time 2 was 50.8, which is a statistically significant difference but is not large enough to be considered meaningful by the scale's developers.

Changes in WEMWBS scores between Time 1 and Time 2

	Mean WEMWBS score	Number of participants
Time 1	48.4	186
Time 2	50.8	186

For those who completed a WEMWBS at both Time 1 and Time 2 or at Time 1 and Time 3, around 60% were found to have increased WEMWBS scores. However, around 30% saw a decrease in their WEMWBS scores.

Changes in WEMWBS scores between Time 1 and Time 2

	Time 1 – Time 2		Time 1 – Time 3	
	N	%	N	%
Increased	121	66%	27	61%
Same	9	4%	4	8%
Decreased	56	30%	14	31%
Total	186	100%	45	100%

We also sought to assess the impact of the Creative Arts Partnerships through a follow-up survey six months after project completion (N = 28). The survey data suggests that Creative Arts participants were more engaged with the Six Ways to Wellbeing after having attended an event or workshop. **Over 95% of those surveyed agreed that attending the workshops had helped them to learn about the Six Ways to Wellbeing, whilst over 85% agreed that attending the workshops had inspired them to use the Six Ways to Wellbeing to improve their own wellbeing.** In addition, the data revealed that the young people had shared the Six Ways to Wellbeing messages further since taking part in the programme.

The table below shows the percentage of participants who had spoken about each of the Six Ways to Wellbeing with others. These figures suggest that it may be easier to discuss some ways to wellbeing such as 'keep learning' and 'care', whilst others may be more difficult to approach in conversation, such as 'connect' or 'be active'.

Sharing of the Six Ways messages since taking part in the Creative Arts programme (N = 28)

	Number	%
Be active	18	64%
Keep learning	24	86%
Give	22	79%
Connect	16	57%
Take notice	21	75%
Care	24	86%

Conclusions and recommendations

The main conclusions from our evaluation of the Creative Arts Partnerships are as follows:

- The Creative Arts Partnership project had a wide reach with over 900 children and young people taking part in targeted interventions, and over 17,000 members of the public reached through broader events such as festivals.
- There was a statistically significant increase in WEMWBS scores of 2.4 points between Time 1 and Time 2 (N = 186), however this falls below the recommended number of points change of between 3 and 8 points as meaningful.
- 95% of respondents to the McPin Foundation's survey (N=28) felt that attending the Creative Arts Partnerships workshops had helped them to learn about the Six Ways to Wellbeing. Further to this, 85% felt that attending the workshops had inspired them to use the Six Ways to Wellbeing to improve their own wellbeing. At least half of those surveyed stated that they had shared each Six Ways message further since taking part in the programme.

Recommendations

1. More flexibility and clarity around targets for small-scale providers, especially at pilot-scale.
2. Providers should be encouraged to integrate the Six Ways to Wellbeing actions into their projects without being required to formally teach the messages.
3. Development of a robust evaluation framework to monitor the impact of Creative Arts Partnerships on wellbeing. This should include:
 - Assigning anonymous identifiers to each participant in order to be able to accurately monitor progress in wellbeing.
 - Ensuring routine collection of demographic data in order to accurately assess the reach of the project.
 - Ensuring that the most appropriate tool is used to capture wellbeing. WEMWBS in this instance was not always appropriate to many interventions being shorter than 2 weeks, participants being younger than 13 years, and children and young people not always being able to understand the items.



Happier@Work Workplace Wellbeing Pilot

Background

Happier@Work was a workplace wellbeing intervention that Kent County Council (KCC) Public Health offered to other teams within KCC, initially as a pilot. The rationale for this was the knowledge that happiness at work is closely connected to better mental and physical health and a more productive workforce. There was a recognition that the wellbeing of KCC staff was core to the wellbeing of the broader population, and that it is important to 'practice what you preach'. KCC therefore sought to lead by example and pilot an approach for learning that could be rolled out within other workplaces. It also enabled the training up of KCC staff within HR, so that learning's could be shared with other teams within KCC if found to be beneficial.

Happier@Work was developed and piloted by the Mental Health Promotion team at South London and Maudsley NHS Foundation Trust (SLaM) together with King's Health Partners from 2011 onwards. It aims to identify and promote factors that lead to positive mental wellbeing in the workplace, and address the issues that lead to stress, absenteeism and negative wellbeing (King's Health Partners, 2014²⁴). The toolkit used for this process is the Mental Wellbeing Impact Assessment (MWIA), a framework for improving wellbeing that focuses on improving a policy or project to ensure it is having a positive impact on the mental wellbeing of all those it effects. The MWIA consists of an initial meeting, a screening meeting to identify key issues, a workshop with involvement of staff and stakeholders at all levels, and the creation of an Action Plan produced collaboratively by team members with a view to improving staff wellbeing within a team or a workplace.

Method

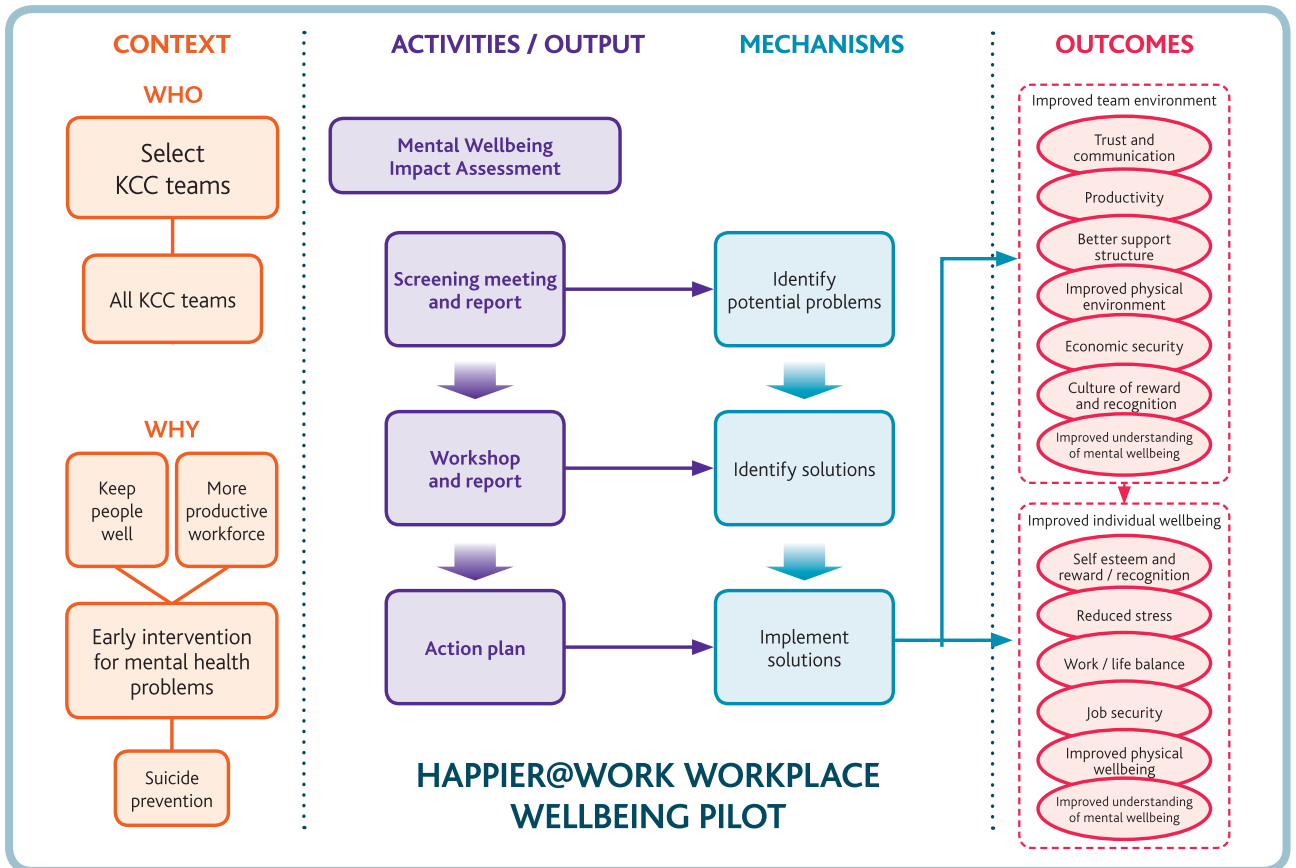
Our approach to evaluating the Happier@Work Workplace Wellbeing Pilot comprised a number of different strands and types of data. These were as follows:

- Theory of Change work (3 x interviews with project leads)
- Key Performance Indicator (KPI) data collected by project leads
- Reports and action plans (screening reports, MWIA reports and summaries, thematic reports)
- Follow-up interviews with 3 staff members who took part in the pilots (conducted by project leads)



24. King's Health Partners (2014). Happier@Work end of project briefing note. Available from www.wheelofwellbeing.org/community/wondering-how-wow-workplace [Accessed July 2016].

Theory of Change



Findings

Reach

A small number of teams working within KCC were identified to take part in the pilot with the support of KCC HR management staff. Crucially, all teams had an engaged and enthusiastic management team who were interested in promoting staff wellbeing. The teams that were selected were also recognised to be facing a range of current or future challenges to staff wellbeing that senior management were keen to understand and respond to. These included issues around restructuring and outsourcing, as well as more general workload and wellbeing issues.

The six teams that took part in the pilot were as follows:

- Customer Services
- Swale Family Support Team
- Employment Strategy Groups (HR Assistants)
- Libraries, Registration and Archives middle management staff
- Thanet Assessment and Early Intervention Team (took part in the screening, but did not proceed to workshop)
- Consultation and Engagement service (took part in the screening, but did not proceed to workshop)

Across the six teams, 34 people took part in the initial meetings, 36 were engaged in the screening and 39 in the MWIA workshops – however, there may have been overlap between the groups. The total number of engagements with the programme (rather than individuals participating) came to 109.

Overview of Happier@Work participants

	Initial Meeting	Screening	Workshop	Total
Customer Services	8	10	11	29
Swale Family Support Team	1	5	8	14
Employment Strategy Groups (HR Assistants)	6	5	7	18
Libraries, Registration and Archives middle management staff	1	5	13	19
Thanet Assessment and Early Intervention Team	6	5	n/a	11
Consultation and Engagement Service	12	6	n/a	18
Total	34	36	39	109

Process

Our interviews with project leads revealed that all of the teams were keen to progress to the MWIA workshop phase of the intervention. The follow-up interviews revealed that although there was some scepticism amongst staff around whether the workshops would be of use, many participants found the exercises and activities helpful, and valued the fact that the workshops were externally run and held in a neutral, safe location.

Following the completed workshops, the Happier@Work team produced detailed reports for each of the four teams, as well as a shorter summary of each report. When teams were asked to comment on the report, it was suggested that the process of creating the reports took longer than expected, and there was a sense that perhaps the reports were too detailed for staff to be able to engage with properly.

"It took ages. Even though they were really committed to the process, it took a long time for them to come back with comments and for us to amend it and get it back again. So you were in danger of losing momentum on it." Happier@Work Project Lead

Following the finalisation of the reports, the four teams were asked to develop Action Plans with clear next steps, which were expected to include offers such as mindfulness courses or Six Ways to Wellbeing Seminars, as well as structural policy changes. Some of the Action Plans were produced with the support of the Happier@Work team, whereas other teams created theirs internally.

Two of the four teams that completed the MWIA workshops produced Action Plans that were shared with the McPin team. These Action Plans contained a detailed list of issues identified through the MWIA, a list of things that workshop participants said would help and a space to indicate what has / will be done in relation to each of these. In both cases, this final column was not completed. The broad areas identified within each of the Action Plans were as follows:

Action Plan Team 1

- Wider determinants of health: economic security; physical environment; access to education
- Control: a sense of control; opportunities to influence decisions, express views and be heard; belief in own abilities and self determination
- Increasing resilience and community assets:

emotional wellbeing / emotional support/ trust and safety; social networks and relationships / ability to understand, think clearly and function socially

- Participation and inclusion: conflict resolution; having a valued role; belonging / feeling involved / bringing people together

Action Plan Team 2

- Wider determinants of health: economic security; physical environment; access to leisure / work-life balance
- Control: workplace control; knowledge, skills and abilities to make healthy choices; belief in own skills and abilities
- Increasing resilience and community assets: trust and safety; emotional wellbeing / support and social networks; healthy lifestyles
- Participation and inclusion: conflict resolution; sense of belonging; having a valued role

Impact

Interview data gives some indication as to whether the Action Plans had been implemented. Two of the people that were interviewed roughly one year after their MWIA workshop stated that almost all the points in their Action Plans had been achieved, with some minor exceptions such as redecorating the office. They emphasised the positive impact that taking part in the process had had on team members, and felt that these changes would not have taken place without the MWIA.

However, the third interviewee was not aware that an Action Plan had been drafted, or that any actions had been taken since the MWIA. This was attributed to the fact that a Manager who had been instrumental in making the MWIA happen had left – suggesting that, in this instance, the Action Plan may have been the responsibility of a senior individual, rather than the team as a whole.

Conclusions and recommendations

The main conclusions from our evaluation of the Happier@Work Wellbeing Pilot are as follows:

- The evaluation team was limited in its ability to capture both process and impact of this intervention for a number of reasons; however, the pilot appeared to be well-received by participants, who valued the opportunity to discuss issues in a safe environment with a neutral facilitator.
- Two of the four teams produced Action Plans that were implemented to a high standard.

Recommendations

1. The MWIA process could be simplified so that less time is spent producing detailed reports, as some of the momentum appeared to be lost during the back and forth of producing the documentation.
2. Workplace teams going through the project should continue to be supported and followed up more regularly once their Action Plans have been drafted. Again, there is a risk that momentum is lost once the Action Plan is drafted, or that responsibility for it is tied to one member of the team. Sustained follow-up is also desirable from an evaluation perspective.

Conclusions

The Kent County Council (KCC) Public Health Mental Wellbeing Programme was an innovative and experimental 'pilot' in public mental health commissioning, with the diversity and the flexibility of the individual projects commissioned crucial to the success of the Programme as a whole.

A key outcome measure that was used across a number of the projects was the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which demonstrated the impact of the Mental Wellbeing Programme. **This was especially notable for the Primary Care Link Workers (PCLW) service, where WEMWBS scores were found to increase by 8.1 points and the Kent Sheds project where scores increased by 6 points.** These findings were reinforced with qualitative insights into the mechanisms that bring about improvements in service users' wellbeing, and revealed how the Mental Wellbeing Programme both improved personal wellbeing for individuals, but also improved wellbeing at a community level.

Capturing the impact on the wider community is always challenging because of the distance between intervention and outcome. Nonetheless, this evaluation has demonstrated that public health interventions are able to achieve these outcomes, and our qualitative data in particular bears witness to these successes. Whilst the Primary Care Link Workers and the Sheds projects were targeted at specific populations (people with low-level mental health problems and people facing social isolation), other projects were focused on the general public. The social marketing Six Ways to Wellbeing Campaign, the Creative Arts Partnerships, and the Library Wellbeing Zones all sought to raise awareness of the Six Ways to Wellbeing, and of mental health more generally, thereby improving people's response to their own and others' mental health needs. **The focus on the Six Ways also encourages people to be more engaged with their communities, through volunteering or community development work, including a focus on the physical environment.** Success in reaching

their targeted populations are demonstrated by the variation in the baseline WEMWBS scores (mean PCLW = 32.9; mean Sheds = 42.5; Creative Arts = 48.4; Six Ways to Wellbeing seminars = 50.1; Kent population = 51.6).

The evaluation found that a framework such as the Six Ways to Wellbeing can be both a help and a hindrance when it comes to raising awareness and changing attitudes and behaviour. In some instances, the tool was perceived as a **useful mechanism for understanding and reflecting on wellbeing.** In other cases, the 'teaching' of wellbeing in this way was not always well received by the target audience, or not perceived as necessary by project leads. In many instances, we found that some or all of the Six Ways underpinned the activities of the project, without being explicitly shared with participants.

The evaluation found **widespread evidence of strong and successful partnership working between a range of organisations and agencies, which is central to the forging of healthy, resilient communities.** This indicates a continued need for community focused public health engagement that raises awareness of mental health and wellbeing, and also encourages the development of community assets. However, the success of the PCLW project demonstrates that **more targeted interventions that may be more resource and cost-intensive provide much-needed support more marginalised sections of the population.**

Summary of WEMWBS variation for each project

Project	Baseline WEMWBS	Mean change in WEMWBS
Primary Care Link Workers	32.9	+8.1 (at 3 months)
Kent Sheds	42.5	+6.0 (at 3 months)
Mental Health First Aid	51.0	+1.3 (at 6 months)
Six Ways to Wellbeing Campaign	50.1	+3.0 (at 3 months)
Creative Arts Partnership	48.4	+2.4 (immediate post-intervention)

What next?

Primary Care Link workers

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 learning's 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.

Kent Sheds

Kent County Council Public Health has continued to invest in the Kent Sheds Programme, with the positive evaluation findings a justification for this ongoing investment. To date there are 26 sheds funded; the aim is to fund a further 20 within the next year. In line with the evaluation recommendations, the Sheds will continue to be supported to become sustainable and generate income – through selling products, grant bids, charging for membership or negotiating pepper corn rents. It is hoped that strong partnership working and leadership roles for Shed 'Champions' will encourage sharing and support to ensure there is a long-term legacy.

Mental Health First Aid

The pump priming of MHFA has enabled a wide range of organisations and individuals to improve their mental health knowledge and it is hoped they will continue to use the learning in their work, for instance by employing the A.L.G.E.E. procedure, and sharing it further. The widespread interest in the training meant that it has been invested in by a range of organisations that recognise its value to staff. The evaluation has helped the delivery team to source external funding, which has enabled them to subsidise some programmes.

The Six Ways to Wellbeing Campaign

The resources from the campaign remain available for public use, and a number of providers continue to use the Six Ways to Wellbeing to help promote the importance of good mental health. The new *Live Well Kent* service will continue to use the Six Ways to Wellbeing and is looking to continue ongoing work with a partner which builds on the learning from the seminars.

The evaluation findings will also be of interest to the Mental Health Promotion team at South London and Maudsley NHS Foundation Trust as they look to develop a consistent evaluation framework for Wheel of Wellbeing approaches to mental health promotion.

Library Wellbeing Zones

The Library Wellbeing Zones continue to remain in place across the Kent Libraries, providing a host of information and resources, as well as a space for health partners to meet with clients and hold drop-in sessions.

Creative Arts Partnerships

The Creative Arts Partnerships pilots have led to the development of a toolkit to support the creative sector in understanding the commissioning process so they can bid for public sector contracts.²⁵ The toolkit has been well received by a range of partners, and it is hoped that this will help the sector's sustainability, opening up new opportunities for a sector that historically relies on grants.

The programme has also inspired individual creative providers to undertake projects in partnership with other organisations, and to incorporate a health and wellbeing focus into their work. In many cases, the partnerships and relationships with young people have continued well beyond the project duration.

This work helped to act as a springboard for a bid to a national cultural commissioning pilot where Kent was one of two successful sites. The aim is to see a more diverse range of providers delivering outcomes focused contracts for children around mental health and hopes to secure additional funding for the sector, e.g. by Waste Contractors using social value as a lever. The learning of this has been shared in a report called 'the Art of Commissioning'.²⁶

Happier@Work Workplace Wellbeing Pilot

The pilot attracted interest from other teams within KCC, and there has been talk of a Human Resources investment in the intervention in the future.

25. www.artskommissioningtoolkit.com/

26. New Economics Foundation (2016) *The Art of Commissioning*. www.ncvo.org.uk/images/documents/practical_support/public_services/cultural-commissioning/the-art-of-commissioning-April-2016.pdf

This evaluation has been commissioned and funded by Kent County Council.

www.liveitwell.org.uk

We would also like to acknowledge the Mental Health Promotion team at South London and Maudsley NHS Foundation Trust who developed the Wheel of Well-being.

Wheel of Well-being



Funded by

