NIHR | Applied Research Collaboration South West Peninsula

Torbay Wellbeing Engagement Project Evaluation

Rebecca Hardwick, Simon Shebersky, Rachel Hayes, Georgie Jenkins, June 2022

Executive Summary

The Better Mental Health Fund (BMHF) was initiated in response to a recognition of the negative impacts of the pandemic on population mental health, and its role in exacerbating health inequalities, including mental health inequalities. BMHF forms part of the Government's response Mental Health Recovery Action Plan 2021/22 (HM Government, 2021). As part of this Plan, £15 million was allocated to preventing mental ill health and promoting good mental health in the most deprived upper tier local authorities in England. Torbay Local Authority was eligible to submit an Expression of Interest to receive funding subject to appropriate approvals and on 10th June 2021, £270,765 of grant funding was approved, with £20,000 approx. after the initial fund was awarded for administration and evaluation.

Consultation with local voluntary and community sector (VCSE) organisations prior to the Expression of Interest being submitted had centred on the potential for addressing mental health needs via food banks, children's centres and other 'Places of Welcome' in the Bay. The aim would be to deliver a project (Torbay Wellbeing Engagement Project) that could work at a community level, reaching out to and delivering interventions that would prevent poor mental health and improve wellbeing locally. Torbay Community Development Trust brought together local organisations who submitted a bid for the funding to Torbay Council which was successful and funding was awarded in August 2021.

The Torbay Wellbeing Engagement Project outcomes were to:

- *Prevent and improve mental ill health and promote wellbeing by addressing the presenting needs of residents who access local food support and children's centres*

- *Pilot and evaluate an enhanced model of social prescribing, optimising, and adding to pre-existing community and statutory sector assets.*

- *Galvanise whole system working, optimising community, voluntary and social enterprise (CVSE) and statutory assets for the benefit of the wider system, individual organisations, and the public.*[1]

Torbay Wellbeing Engagement Project provides a low level mental health support intervention for people accessing foodbank hubs and children's centres, with a focus on mental wellbeing and links into the wider ecosystem of mental health support through Torbay Community Development Trust's community helpline. Outcomes were measured using the Edinburgh Warwick scale and the Family Outcomes Star.

The aim of the evaluation was to assess whether the project had achieved its outcomes and to use learning from TWEP to support future commissioning activity.

PenARC worked with Torbay Community Development Trust and the Project Commissioner at Torbay Public Health Team, to agree the following key evaluation questions (KEQs):

1. Does TWEP improve mental health and wellbeing outcomes for individuals and/or families?

2. What are the intended and unintended impacts of the work, at the individual, service and wider community level, and how these have come about?

[1] Torbay Wellbeing Engagement Project Part 2 Specification, (2021) p10

3. How has the project been implemented across the five partner organisations (South West Family Values (Children's Centre); Brixham Youth Enquiry Service; Paignton Community Larder; The Pad (community kitchen) Ellacombe Community Partnership)?

Key Findings

Outcomes

The data we analysed showed that TWEP has some promise in improving people's mental health and preventing deterioration[2]. We collected positive stories about the experiences that people have had being connected in to TWEP support, and how it has made a real difference to their lives for the better. However, data capture using tools like SWEMWBMS was inconsistent across the providers.

Recommendations

1. If an organisations underlying philosophy has an impact on how it prefers to demonstrate outcomes and collect data, then understanding their stance and practice before working collaboratively is important.
2. SWEMWBS, which was used by most of the partners, does not have a visual element like Family Star Plus, and this visual element was reported valuable to people who used it, so it may be helpful to take this into account in the future, when finding a more suitable quantitative measurement.
3. Including additional ways to demonstrate outcomes in contracts might be one way to ensure that all organisations are able to contribute.
4. There was insufficient data collected on the ethnicity of people that TWEP worked with and so future programmes of this kind need to consider how to support organisations more actively to do this. In addition, how organisations are supported to promote projects like these and connect with minoritised people would also benefit from further consideration. Relying on one person to provide support was potentially insufficient for a programme of this size and complexity. Voluntary Sector wide initiatives to improve inclusivity and diversity could also be considered as a way to address this.

Impact

The wider impacts of TWEP have been positive: some people who were helped by TWEP received support that has had far reaching impacts in their lives, improving where they live, increasing their income and widening their support networks. For some providers involved, TWEP has opened up their services into supporting people's wider mental health and wellbeing needs, beyond what they were doing before, which will be positive for the current and future people they work with. The impact on local relationships has been to create a partnership of organisations who are working collaboratively, applying for funding for other projects, and working much more broadly across the voluntary and community sector landscape in Torbay. TWEP has provided reasons for organisations to meet and learn about each other, and this has led to those organisations continuing to work together now the funding has finished.

[2] A total of 21 participants contributed to the analysis of SWEMWBMS scores (out of a possible 66) which showed a statistically significant difference in mean scores between the two groups ($z = 3.919$, $p = 0.0001$).

Recommendations

1. The providers who were involved in TWEP could be used in the future to deliver similar programmes: they have already established working relationships with each other and despite the short time scales, they created referral routes, and shared resources (such as activity days) in ways which opened up the wider partnership to the people they were working with.
2. The REM workshop approach was invaluable in eliciting these wider impacts, and should be used in the future for similar community based interventions or programmes.
3. The Public Health Commissioner and the provider organisations may like to consider how using a Human Learning Systems approach to partnership working may be more suitable in the future.

Implementation

All providers successfully implemented TWEP in terms of identifying staff who would fulfil the Wellbeing Coordinator role, building relationships with people, giving one to one support and signposting to other TWEP partners and external agencies. The use of the therapeutic budget varied between organisations, which may be partially attributed to changes in staffing during the project lifetime, but when it was used it did enable people to access services or support that would otherwise have been beyond their reach. Most providers used the funding to augment and increase existing activities. The Project Coordinator fulfilled a vital function in building relationships between TWEP providers, as well as with external organisations, and in supporting providers to achieve the aims of the project.

Several challenges were identified with implementing TWEP: the short time-scale of the programme which impacted on staff recruitment and training and organising referral and partnership working arrangements. The short time scale was also thought to undermine the purpose of TWEP, as mental health issues can take time to resolve. In addition, programme management was challenging for various reasons.

Recommendations

1. Several factors were identified that explained how providers went about building relationships with people: how time was used, being positive and non-judgemental, and acknowledge reciprocity. Future commissioning activity could consider how these individual and organisational values might become part of the assessment process. Indeed, understanding where providers sit on such values are potentially cornerstone elements of developing Human Learning Systems approaches to meeting community needs (see 4.6 for further discussion of Human Learning Systems approaches)
2. The therapeutic budget allowed a lot of creativity in meeting people's needs: future projects should aim to include a discretionary budget for providers to use as staff see fit, based on the needs presented.
3. TWEP benefitted from having a Project coordinator who was free to work creatively and flexibly. It was helpful that they did not have line management responsibilities or additional organisational duties because this enabled them to be focussed 100% on coordinating a complex programme of work.

4. The problems experienced in appointing a Project Coordinator to TWEP are understandable, however future short term programmes like TWEP do need to ensure clear and active Programme Management from the start, potentially more so because they are short term.
5. Time must be built into contracting and programme commencement that allows for embedding processes and approaches for partnership projects like TWEP before project activity is meant to start. TWEP partners achieved a lot in a short space of time, but the experience was frantic and difficult, and should not be accepted as the 'norm'.
6. When selecting organisations to participate in initiatives which have specific requirements for data capture, it is important to ensure that all parties understand the nature of those requirements and are supported in the activity as much as possible.
7. Future evaluation activity in this field would do well to be co-designed with the providers, and the people they are working with so that the questions and outcomes which matter most to them can be captured and understood. In addition, running several REM workshops with several month intervals would have yielded a richer data set to work with.
8. Different modalities should be used to ensure that partner organisations are aware of what they are expected to do, and how that will be measured: using meetings, conversations, visits are important in ensuring that there is a shared understanding of these.

Acknowledgements

This evaluation was commissioned by the Torbay Community Development Trust with funding from the Torbay Public Health Team, Torbay Council.

The evaluation team, from the National Institute for Health and Care Research, South West Peninsula (PenARC), comprised Dr Rebecca Hardwick, Dr Rachel Hayes, and Miss Georgia Jenkins with Mr Simon Shebersky from Torbay Community Development Trust.

We would like to thank all the people that participated in data collection for the evaluation, and PenPEG for their time in reviewing project documentation.

This report is independent research supported by the National Institute for Health and Care Research Applied Research Collaboration South West Peninsula. The views expressed in this publication are those of the author(s) and not necessarily those of the National Institute for Health and Care Research or the Department of Health and Social Care.

Glossary, acronyms and abbreviations

BAME	Black and Minority Ethnic
BMHF	Better Mental Health Fund
BY	Brixham Yes
ECP	Ellacombe Community Partnership
ETF	Eat That Frog
HLS	Human Learning Systems
Minoritised; Minoritised groups;	People who are defined as minorities by a dominant group.
OHID	Office of Health Improvement and Disparities
PCL	Paignton Community Larder
PHE	Public Health England
REM	Ripple Effects Mapping
SWFV	South West Family Values
SWEMWBMS	Short Warwick–Edinburgh Mental Wellbeing Scale
TCDT	Torbay Community Development Trust
TWEP	Torbay Wellbeing Engagement Project
VCSE	Voluntary, Community and Social Enterprise

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1 Background

The Better Mental Health Fund (BMHF) was initiated in response to a recognition of the negative impacts of the pandemic on population mental health, and its role in exacerbating health inequalities, including mental health inequalities. BMHF forms part of the Government's response Mental Health Recovery Action Plan 2021/22 (HM Government, 2021). As part of this Plan, £15 million was allocated to preventing mental ill health and promoting good mental health in the most deprived upper tier local authorities in England. Torbay Local Authority was eligible to submit an Expression of Interest to receive funding subject to appropriate approvals and on 10th June 2021, £270,765 of grant funding was approved, with £20,000 approx. after the initial fund was awarded for administration and evaluation.

Consultation with local voluntary and community sector (VCSE) organisations prior to the Expression of Interest being submitted had centred on the potential for addressing mental health needs via food banks, children's centres and other 'Places of Welcome' in the Bay. The aim would be to deliver a project (Torbay Wellbeing Engagement Project) that could work at a community level, reaching out to and delivering interventions that would prevent poor mental health and improve wellbeing locally. Torbay Community Development Trust brought together local organisations who submitted a bid for the funding to Torbay Council which was successful and funding was awarded in August 2021.

The Torbay Wellbeing Engagement Project outcomes were to:

- *Prevent and improve mental ill health and promote wellbeing by addressing the presenting needs of residents who access local food support and children's centres*

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- *Galvanise whole system working, optimising community, voluntary and social enterprise (CVSE) and statutory assets for the benefit of the wider system, individual organisations, and the public.*[3]

Torbay Wellbeing Engagement Project provides a low level mental health support intervention for people accessing foodbank hubs and children's centres, with a focus on mental wellbeing and links into the wider ecosystem of mental health support through Torbay Community Development Trust's community helpline. Outcomes were measured using the Edinburgh Warwick scale and the Family Outcomes Star.

1.1 The Communities of Torbay

Torbay is the collective name for the towns of Torquay, Paignton and Brixham and their surrounding suburbs and villages. The local population experiences high levels of mental health need, and wider disadvantages, being the lowest GVA (Gross Value Added) and most deprived upper-tier authority in

[3] Torbay Wellbeing Engagement Project Part 2 Specification, (2021) p10

the South West of England[4]. The most recent Director of Public Health Annual Report (2021[5]) focussed on mental health, emphasising the challenge that Torbay faces in meeting the needs of the local population. Poverty, unemployment, low-wages, and a low-skilled economy need a multi-faceted approach which works at a community level to improve the outcomes and life chances for the most disadvantaged. Existing difficulties and problems were exacerbated throughout 2020, 2021 and into 2022 due to the COVID-19 pandemic, and according to the Torbay Mental Health and Suicide Prevention Alliance and the Torbay Food Alliance, an increasing demand on community based services, in particular foodbanks and children's support services.

1.2 The TWEP Partnership: Places of Welcome

'Places of Welcome' was the name given to community spaces, cafes, shops or other 'bumping into' places during a previous Torbay Community Development Trust project 'Ageing Well Torbay'[6]. In TWEP, Places of Welcome refers to the five partner organisations, each chosen to target particular parts of the population which were the intended recipients of TWEP support: people using foodbanks and similar food poverty related support services; and families, through children's centres. These organisations were: Paignton Community Larder, Ellacombe Community Partnership, South West Family Values[7], Brixham YES, Eat That Frog; with Torbay Community Development Trust, a local infrastructure organisation, providing programme management. TWEP builds upon existing networks in the Torbay, including the 0-19 partnership, Torbay Foodbank Alliance, Torbay Community Helpline and the Torbay Mental Health and Suicide Prevention Alliance.

1.2.1 Paignton Community Larder

Paignton Community Larder (PCL) is a referral based foodbank which works out of Southfield Christian Centre in Paignton. It was founded in 2017, partially in response to the closure of the main foodbank, Anode, in Torquay. Some staff and volunteers from Anode moved to PCL when it started up. They are open four days a week, from 12 until 2pm. Referrals for food parcels can be given by approximately 70 different organisations locally, including health and social care professionals, or through contacting the Torbay Community Helpline. In October 2021, there were two paid members of staff, of whom one left in early December and had not been replaced during the period of this evaluation in May 2022. The period of time that PCL was involved in TWEP saw the greatest increase in demand for food parcels the organisation had known, with an increase from 4000 parcels a month to 10,000 by March 2022. They are a member of the Torbay Food Alliance.

1.2.2 Ellacombe Community Partnership

Ellacombe Community Partnership (ECP) is a community development charity in Torquay which provides a Community Café and Help Hub offering advice and guidance to the residents of Ellacombe along with social activities and programmes for young people and adults. It was registered as a Charitable Incorporated Organisation in 2016. In terms of food support, Ellacombe provide crisis food

[4] http://www.southdevonandtorbay.info/media/1278/2020-2021-torbay-jsna.pdf
[5] https://www.torbay.gov.uk/council/policies/health/public-health-annual-report/#C2
[6] https://resources.depaul.edu/abcd-institute/publications/Documents/Workbooks/Community%20Building%20-%20Summary%20PDF.pdf
[7] Unfortunately, at the time the original children centre partner was unable to recruit and so South West Family Values were included as a partner instead.

help only, but they also work with local people to address the underlying causes of their food poverty. They are a member of the Torbay Food Alliance.

1.2.3 South West Family Values

South West Family Values (SWFV) is a Community Interest Company and was established in 2013 by four people who were formerly part of Torbay Children's Services. Their mission is to provide Family Support Workers to families in Torbay to help solve problems. SWFV use evidence based interventions to do this, running parenting programmes, as well as offering individually tailored support to families. Family Support Workers carry a case load and work with parents and their children on issues which matter to them. SWFV also run a range of other programmes for families (Sea and Forest School, Family Cooking, Holiday Activity Picnics), and are part of the South West Children and Young Peoples IAPT (Improving Access to Psychological Therapies) Collaborative with the University of Exeter. They were included in the Torbay Wellbeing Engagement Project when the previous provider identified to support reaching families was unable to recruit a worker.

1.2.4 Brixham YES

Brixham Yes (BY) is a community development charity and was registered as a charitable company in 1998 and incorporated as a Company Limited by Guarantee in 2014. They provide a range of programmes and projects to the local community in Brixham, including a music project; yoga; 'MeetCookEat'; Gaming and a drop in centre where anyone can come for help and advice. They grew out of the Youth Enquiry Service Pilot in the 1990's, and also own and manage a small stock of housing in the town which they rent out at affordable rates to local people. Most of their activities are run from The Edge, a large building near the centre of Brixham. They provide a cooking club and food to local people through MeetCookEat, a weekly get together where staff, volunteers and people who have dropped in can cook and then eat together. Any surplus is frozen and provided to other people who come in during the week. They are a member of the Torbay Food Alliance.

1.2.5 Eat That Frog

Eat That Frog (ETF) is a Community Interest Company that started in 2011. They provide programmes and activities to enable people to achieve their goals, with a particular focus on education and employment. They provide a bespoke educational offer to young people who have special educational needs, and operate out of 6 sites in Devon and Wiltshire, including Paignton. At 'The Pad', the centre in Paignton, they also operate a Community Fridge, where local people can come without a referral to get fresh produce. The Fridge is also a way for the organisation to achieve its environmental aims of reducing food waste going to land fill.

1.3 Purposes of this evaluation and key evaluation questions

The project specification outlined the need for a mixed methods evaluation of the project, and in March 2022 PenARC contracted with Torbay Community Development Trust to provide an independent evaluation. The aim of the evaluation was to assess whether the project had achieved its outcomes and to use learning from TWEP to support future commissioning activity.

PenARC worked with Torbay Community Development Trust and the Project Commissioner at Torbay Public Health Team, to agree the following key evaluation questions (KEQs):

1. Does TWEP improve mental health and wellbeing outcomes for individuals and/or families?

2. What are the intended and unintended impacts of the work, at the individual, service and wider community level, and how these have come about?

3. How has the project been implemented across the five partner organisations (South West Family Values (Children's Centre); Brixham Youth Enquiry Service; Paignton Community Larder; The Pad (community kitchen) Ellacombe Community Partnership)?

1.4 Patient and Public Involvement and Engagement

A key consideration for the evaluation team was ensuring that Participant Information Sheets and consent forms were easy to read by people with potentially low literacy levels and so GJ shared them with PenARC's Public Engagement Group (PenPEG) for comment and amendments were made. Copies are available in Appendix 1.

Methods

The evaluation used several methods to collect data: Ripple Effect Mapping (REM) workshops, documentary analysis, interviews with key stakeholders, quantitative analysis of Warwick Edinburgh Wellbeing Scale and Family Outcomes Star Plus data held by TCDT and participant observation at two of the partner organisations. Qualitative data was collected between April 2022 and May 2022 and all data was analysed from May-June 2022.

Ripple Effects Mapping

REM is form of developmental evaluation, capturing both intended and unintended impact via a series of Appreciative Inquiry workshops, mapping the ripple effects, codifying and analysing the full impact and the level of significance. An online REM workshop was held with South West Family Values; and a face to face workshop was held with Paignton Community Larder and Eat That Frog (both Paignton based partners). (A copy of the PCL and ETF map is included in Appendix 2 for info). An adapted REM workshop was held with Ellacombe Community Partnership, and no formal REM workshop was held with YES Brixham due to staffing organisation, but questions on intended and unintended impacts were included in the interviews with staff at YES Brixham (see below).

Three follow-up REM interviews were held with staff from TCDT, SWFV and Ellacombe Community Partnership.

Documentary analysis

Staff at TCDT and the partner organisations sent relevant information to the evaluation team during the period of data collection (April 2022-May 2022). Information included case studies, spreadsheets of information about local VCSE and community groups, service level agreements, and service contract. This information was useful in providing contextual detail for the programme and the evaluation.

Key Stakeholder interviews

Semi-structured interviews were carried out with selected staff from the provider organisations and other persons relevant to the evaluation (13 interviews with 16 staff in total) in order to provide a deeper understanding of the implementation and outcomes of the project. A copy of the topic guide is included in Appendix 3.

Participant observation

In addition to the methods above, two of the PenARC Team (RH and GJ) spent regular periods of time at Eat That Frog and Brixham Yes. GJ volunteered at Eat That Frog, and RH spent time talking informally with people at Brixham Yes. Data was collected in the form of field notes written up after the visits, detailing what had happened, who they had spoken with and what they were learning in relation to the evaluation questions.

Data analysis and synthesis

A thematic analysis was carried out using a simple form of Framework Analysis where data are tabulated by salient themes onto a series of charts. Initial familiarisation with the transcripts and audio files led to the identification of a number of themes for tabulation. The interview transcripts were read and relevant material was extracted and paraphrased onto three charts. This enabled the views of individual participants and particular practices to be logged by themes and structured as follows: Chart 1 concerned the Implementation of TWEP, Chart 2 the Outcomes and Chart 3 the Impact of TWEP.

Two REM analysis workshops were held with the whole evaluation team, where ripples were discussed and expanded based on the follow-up REM interviews and knowledge from the participant observation, key stakeholder interviews and documentary analysis. The outputs from these workshops were refined Maps, which were synthesised into the write up of the findings in this report.

Quantitative analysis

PenARC worked with TCDT on several analyses which are presented in Chapter 3, to understand what changes may have been found in individual's scores. There were some limitations to the quantitative data which are discussed in the chapter on Outcomes.

Limitations

Although Ripple Effects Mapping is thought to be effective in gathering information on the consequences of activity from a wide range of stakeholders in community settings, we consider that there were some limitations to the approach in the circumstances of this evaluation.

REM relies on workshops with people who have been involved in, or benefitted from a project. In our case we had low numbers of participants from provider organisations (apart from SWFV who sent 7 staff to participate). This meant that the approach had to be adapted for two of the three workshops, in terms of it following more of a focus group discussion than a REM methodology which starts with Appreciate Inquiry Interviews in pairs and moves on to mapping out stories. We were still able to map out stories from those present, but there was not the same sense of interaction that we had anticipated.

The low numbers in attendance was attributed to how busy people were, and that at 2.5 hours to complete, a REM workshop was a significant period out of an organisation's working day or week. Due to the way that some providers were set up, releasing all staff that were involved in TWEP at the same time was logistically not possible if their service was to continue running that day. Many of the providers have some kind of 'drop-in' space, and also run regular activities during the week both of which needed staffing. The implication is that we may have discovered more connections and 'ripples' had more staff been able to attend. Indeed, the evaluation team were only available to work with TWEP from March 2020, and potentially earlier involvement may have allowed several REM workshops to be held which could have given richer accounts of how TWEP was evolving over time.

We interviewed people who worked for all provider organisations, but we were only able to speak to a few beneficiaries of TWEP. Ideally we would have spoken to those who also completed the outcome measurement tools, so that we could develop further knowledge around what it was about TWEP that made it useful to them (or not). We did incorporate some of the case study reports which partner staff wrote up for project monitoring in this evaluation, however we are conscious that these case studies only reported on people who had a positive experience of TWEP.

If a provider had incorporated TWEP into their usual working practice or if they saw TWEP as funding for the work which they already did, then it was difficult to extrapolate what would have been the case had TWEP not occurred. To address this, the evaluator shared this problem with interviewees who were invited to speculate on what things would have been like without TWEP and what other ways could we have used to understand the impact of TWEP.

Recommendations

Future evaluation activity in this field would do well to be co-designed with the providers, and the people they are working with so that the questions and outcomes which matter most to them can be

captured and understood. In addition, running several REM workshops with several month intervals would have yielded a richer data set to work with.

Overview of the report

The remainder of the report is set out as follows:

Chapter 2 explores how the project was implemented across the five partner organisations (South West Family Values (Children's Centre); Brixham Youth Enquiry Service; Paignton Community Larder; The Pad (community kitchen) Ellacombe Community Partnership) (KEQ3)

Chapter 3 looks at whether TWEP improved mental health and wellbeing outcomes for individuals and/or families. (KEQ1)

Chapter 4 then examines the intended and unintended impacts of the work, at the individual, service and wider community level, and how these have come about? (KEQ2)

Chapter 5 gives the conclusions from the evaluation and references are in Chapter 6.

2 How has the project been implemented across the five partner organisations?

2.1 Introduction

In this chapter we examine several aspects of the implementation of TWEP, including the components of TWEP: wellbeing coordinators; relationship building; one to one support and signposting; therapeutic support; the approach that organisations took to implementation, project coordination and the challenges to implementation in terms of time scale and programme management.

2.2 Components of TWEP: wellbeing coordinators; relationship building; one to one support and signposting; therapeutic support

To our knowledge, no formal programme theory as to how TWEP would achieve its outcomes was developed, however, documentary analysis and interviews with those involved in commissioning and providing TWEP generated a common understanding that through people accessing food or family support from one of the providers, they would build relationship with the providers' 'Wellbeing Coordinator(s)'. As trust grew between the person and the Wellbeing Coordinator, the person would open up about any wellbeing or mental health difficulties they were also experiencing and the Wellbeing Coordinators would then provide people with enhanced social prescribing. The enhanced social prescribing could take different forms, depending on the organisation and the individual person in need of support, but could include 1-2-1 support and listening, signposting and connecting people to community assets to support their mental health and wellbeing, or in some cases, using the 'therapeutic intervention' budget, allocated to each partner, to purchase more dedicated support, such as counselling or therapy.

The idea was that as local people built relationships with the Wellbeing Coordinators, they would be linked in to other support opportunities, and in doing so increase their wellbeing and resilience, and where necessary get specific support for their needs. (Outcomes from TWEP were to be measured using SWBMWEBS and the Family Star Plus.)

The following components of TWEP were identified as being relevant for implementation of the project objectives:

- Wellbeing Coordinators
- Building Relationships
- One to One support and Signposting activity
- Therapeutic support offer.

2.2.1 Wellbeing Coordinators

All organisations used some of their funding to cover staff hours; where an organisation did not already have a mental health focus, they created distinct new roles (SWFV, ETF, PCL), whilst the others blended the funding to enable their staff to increase and extend their existing activities aimed at meeting people's wellbeing needs (BY, ECP). No organisations employed people who were unknown to them: at PCL and ETF, it enabled volunteers to become paid members of staff; at SWFV it enabled the organisation to keep on three staff who had been through the Children and Young People's IAPT training and who were already showing promise in working with families. At BY existing staff were

used, and at ECP it allowed an increase in the hours and duration of an existing member of staff's contract.

However, there were a few staffing challenges during the project: difficulties in recruiting to the Project Coordinator post at TCDT meant in the initial phases there was not a clear steer as to what organisations should or could be doing. Being a short term project meant some staff left before it finished to secure longer term employment. One of the organisations involved had a key member of staff leave two months into the project which coincided with a huge increase in demand for food parcels, leaving the organisation short staffed and unable to develop the full range of TWEP activities.

2.2.2 Building Relationships

Key to TWEP is the ability of staff that work in organisations to build meaningful, trusting relationships with people from their local communities. A crucial idea in TWEP is that it is through such relationships that people will open up and seek support. In the evaluation we learnt about the importance of time; being positive, non-judgemental and tenacious; and of reciprocity.

2.2.2.1 Time

During the data analysis the theme of 'time' was developed considerably. Although on the face of it, it seems obvious that time is important in building relationships, we learnt about *how* time built relationships and also *why* it was so important. Some providers said that whilst people who are attending Places of Welcome are more than likely to be in need of support, opening up about their wider concerns can be very difficult to do. Even for organisations where a referral for support was involved (and therefore a degree of acknowledgement that someone was struggling), they knew that people were not necessarily ready to trust staff due to previous experiences of inconsistent support or judgement. Time was needed to build relationships, for people to get to know staff and others.

If the underlying causes of someone needing support take a long time to resolve, then relationships will develop organically over time.

> Once they do come to us it will be over a period of time, and that period of time could be a month, it could be three months, it could be a couple of years. So you end up building up a relationship just by the mere fact that their financials situations take a long time to turn around, especially in terms of food provision.

Furthermore, if issues do take a long time to resolve, then being there for someone long term and consistently is also really important in preventing their mental health deteriorating.

> It's not just going to go away just because you've had a chat, it's consistent. Consistency is key because once you drop off that they are back to stage one, aren't they?

A few interviewees developed this by explaining that being 'around' for the long-haul was important because brief interventions (like TWEP) do not increase local people's trust in organisations or their staff.

> We never start something up just because we've got some funding and stop it again afterwards. Because when you're trying to get people to participate in anything you often get that thing of you say, "Why didn't you come along to this or that? It's lovely", "Oh yeah, I used to go and do one of those down at the Catholic church, and it lasted for 18 months and then it stopped and I can't be bothered anymore". It really does taint.

Alongside the need to give people time, was a need to act quickly when necessary. Several times, we heard a similar justification: if it takes a lot of courage to open up about difficult things, then you need someone to act quickly to help you once you have, as you might not do it again if nothing happens. Acting quickly once someone has asked for help was also highlighted as being an important way to build trusting relationships.

> So [Wellbeing Coordinator] produced a weekly poster that's up in our centres now […] not just like you've got the Crisis Team, but you've also got Andy's Wellbeing Club. Loads of different provision and so it's really quite clear. So if you are talking to somebody you've immediately got the information to hand and that builds trust in people doesn't it?

> […] we've been able to help people immediately by picking up the phone and talking to each other and seeing what's there right then so that we can say to the person I can't help you but so-and-so's on the phone, they're waiting for you in such and such, and it's only down the road. So that's been happening and that's been brilliant.

2.2.2.2 Being positive, non-judgemental and tenacious

Being non-judgemental was based on personal experience of what had helped them when they needed support in the past, and for others they drew on their professional background and training to guide their approach. A non-judgemental attitude was crucial for Places of Welcome because the people who may be coming along will not necessarily have experienced that before. People who felt shame over mental health issues, or children's behavioural issues, addictions, or poverty needed warmth, understanding and as one interviewee put it 'fellow-feeling'. Being positive with people was not to deny the difficulties they might be experiencing, but more an attitude that everyone has something to offer and that people can turn their lives around.

> […] it's a case of meeting people where they're at. It's making people feel safe. And it's creating that positive atmosphere that people can feed into, tap into, and to give them a different view of maybe the circumstances that they have been in previously. Because I think when people struggle with mental health, depression, anxiety, that time with loneliness people resort to drink or drugs, which leads to the chaotic lifestyle. But to be somewhere where you can be yourself and safe around positive people, I think that is one of the things that will give you hope that there's a different alternative to how you've managed your life before.

> […] a positive place, not a place where you're judged, not a place where you can only go when things are right in your life, but somewhere that's okay all the time.

Alongside these warm characteristics, we also learnt through the Ripple Effects Mapping workshops of the tenacity of staff in getting people the support they needed.

2.2.2.3 Reciprocity

Although other organisations had volunteers, Brixham Yes fundamentally viewed all the people who visited The Edge as people who could contribute. They saw their role as an organisation as providing space for people to come together to make everyone's lives better, and did not privilege themselves as staff as having any kind of special status. Staff at Brixham Yes were also very clear on explaining how the way they work is aligned to their organisational value and missions, that everyone has a part to play, and brings something. In this way they saw people not primarily as 'needy', but as 'potential contributors'. Several examples were cited about how they supported people to volunteer and get involved in different activities.

> We try to be completely open for everyone, where every person that comes in, we don't look at the problems, we look at what is within them that they can actually then use to make their lives a lot better and move forward with their lives. And actually they give back to us as much as we give them.
>
> … we also believe that every, everyone, every single person's got something to offer.

2.2.3 One to one support and Signposting activity

Staff from each organisation gave examples of how they had provided one to one support to people, or signposted someone on to another organisation for support. One to one support could be structured (as at SWFV, ETF and ECP), where regular meetings were held, and the person action planned with a member of staff what they wanted to get out of the meetings. At other places, one to one support was more informal, with people dipping in and out for support as needed. Some of the case studies written during the project demonstrate how valuable one to one support was for people.

> XX first came into Temperance Street in May 2021[8]. On her first appointment XX explained that she was lost in her grief for her long-term partner who had died 6 months previously. Having no one to turn to XX filled her days with work and alcohol, XX would drink at least a bottle of wine a night and would often accompany this with spirits. XX had suicidal feelings and had planned this on several occasions before, in her words 'she would come to her senses'.
>
> In our first conversation, XX explained that she felt cold, empty and numb. She said, 'I can't eat or sleep and I feel the heavy weight of guilt on my chest, as though it is stopping me from breathing when I lie down at night.' XX agreed to meet me on a weekly basis; the first few meetings comprised of gathering what XX wanted to obtain from our meetings. I introduced XX to some tools/models of grief … these models can be easily accessed on the internet, and I felt it gave XX something to help her understand her feelings of grief; I explained the process of the Dual Processing Model and that how if we get 'stuck' in either of the orientations for long periods of time, we are either letting our feelings absorb us or not allowing ourselves to feel at all.
>
> Throughout our journey XX would refer to these models of grief on a regular basis, however after just 2 session XX said that her mood had significantly improved, she was finding that gaining knowledge of her emotional state and being aware of her negative thought patterns was impactful immediately.

> In April 2022 XX had accomplished so much in the eleven months that I'd known her. She had stopped drinking, her mental wellbeing had improved greatly and she was having a positive impact on many other lives through her voluntary work within my peer support bereavement group and with the voluntary work through the church.
>
> *ECP Case Study Mental Health peer support 07/04/2022*

In this example, the worker had already been working with the person prior to the TWEP funding coming to their organisation. This was common across examples that staff shared to demonstrate the outcomes the project was achieving. As discussed previously, as many organisations used the funding to extend or increase hours for existing staff, the staff were then enabled to continue to work with people over a longer period of time. In this example XX eventually ended up supporting other people who are bereaved through a support group which the ECP worker established.

The way that signposting was done was not just giving someone information, but included calling up the other organisation whilst the person was sitting with them, explaining the situation and asking the other organisation to help, and sometimes even going to the other organisation with the person. It was not a 'hand-off', or trying to move someone on because of lack of capacity to help them: it was genuine and meaningful.

> Yes, but they have realised that something so close to them is exactly what they need or what they were missing or where they can even just share ideas and just pick up the phone and say "oh, I've got this person, they've come in with this, have you had this before", and they'll go "oh, yes, I'll pop in, or actually I'm nearby", the likelihood is this person's physically close so they can just pop in and deal with that person, rather than signpost/ refer. Although those terms and actions are important, sometimes it's really frustrating if you're coming in to use the service and we just go "signpost/refer". [it makes you think] Are we getting fobbed off? How long are we going to wait for?

Signposting for housing advice and welfare benefits was popular, along with signposting to organisations that could provide someone with social support. ECP hosted a debt advisor who was used by others in the partnership, and staff at BY ran sessions for people needing help with their Personal Independence Payment. Signposting happened between the partners and to external organisations too, depending on what people needed. The Project Coordinator developed a database of information about local groups and organisations which people could link others into, and along with local networks, the Helpline and Community Connectors, there was a lot of information available to enable staff to link people in to support.

2.2.4 Therapeutic support offer

Each partner also had a dedicated 'therapeutic interventions' budget, to enable access to more specialised support. In the service level agreements which the partner organisations signed with TCDT, this budget was designated for *resourcing additional therapeutic support commissioned by the project based on needs coming from people the partnership work (with) using the intervention budget where appropriate.* (p3). The intention was not only would people be able to benefit from the partners, and the wider TWEP partnership, but also, where needed, additional support could be bought to meet needs. Examples of how partners used the Intervention Budget include block buying Counselling sessions (BY); accessing equine therapy (SWFV); hosting recreational activities for families (ECP). At the time of the evaluation PCL were just starting to spend theirs, and ETF reported that they

were notified of their budget just as their Wellbeing Coordinator left the service (at the end of March 2022.)

During the Ripple Effects Mapping workshop with SWFV an example of how the therapeutic support budget had really supported a young person was shared. A referral for support from SWFV had come from the Special Educational Needs and Disabilities Information Advice and Support Services (SENDIASS). The young person was in year 10 but had not been to school since September 2021; they had been bullied at school previously and the school's response had not resolved the situation for the person. The person's mum had approached the GP for an assessment for autism and mental health issues (anxiety mainly), but this would take some time, so the FSW used the SWEMWBS and Family Star Plus with the mum. The FSW was also trying to understand what kind of support could be put in place to help the person continue in their education, but the available offer was insufficient and seemed uncaring, considering the difficulties the young person was facing. The person had been to CheckPoint for therapy previously but had found that kind of one to one support intimidating.

During their conversations the FSW learnt that the young person did like horses, and so they used that as a hook to get the young person to engage. The costs of equine assisted therapy were great however, so through their own networks, it looked like the Donkey Sanctuary would be able to offer some donkey related therapy, but as this was not horses it was not something the young person wanted to do. The FSW went back to their line manager to share the problem and it was decided to use the therapeutic interventions budget to enable the young person to access some support. The support was put in place, and the young person attended several sessions of equine assisted therapy. From this, the young person then agreed to consider attending an open day at Bicton College, a local Further Education college, to look at course options for working with horses.

This example demonstrates both the tenacity of the staff member involved, as well as the importance of having a discretionary budget which could be called upon to cover the costs of something which otherwise would have been out of the individual's reach.

2.3 Organisation approach to implementation: starting up and activities

2.3.1 Starting up

The funding for activities was received by Torbay Community Development Trust in August 2021, and divided between the 5 partner provider organisations through individual service level agreements dated at the start of September 2021. In keeping with a strengths based philosophy, and the short timescales to get the project running, a TWEP Project Coordinator was located through local networks rather than through a formal recruitment process which it was anticipated could take months. Unfortunately the candidate turned down the opportunity at the last minute, and further networking was undertaken which resulted in a successful recruitment of a Project Coordinator, who started in December 2021. In the interim, three members of staff from TCDT took on coordinating the TWEP project start-up during September, October and November. The Project Co-ordinator remained in post until the project finished in May 2022.

2.3.2 Activities

PCL used the TWEP funding to increase capacity by employing another member of staff to work at the Larder, and across the wellbeing project. Relationships with other organisations locally were developed, with help from the TWEP Project Coordinator, and going forward, PCL will be working in partnership with more local organisations to further increase the available support offer. An example of this is the 'Dip, Walk, Lunch' activity. Healthscape, a local community interest company who provide opportunities for people to meet and connect to reduce isolation and loneliness have a regular morning swim at Preston Beach ('Dip'). The PCL worker would then meet everyone and they would

walk up through the town to Southfield ('Walk'), passing through the gardens at Victoria Park with views over the Bay, finally arriving for 'Lunch' at the Community Larder.

ECP used some of the funding to employ a member of staff to work within the Community Café, with the people that visited, running an arts and craft group and other social activities. Alongside this the member of staff also developed the Youth Programme, a series of outreach activities aimed at improving the wellbeing of children, young people, and their families locally. In addition, ECP used TWEP funding to support therapeutic activities, enabling families to access experiences which they would not have been able to do otherwise, such as fishing trips, visits to the zoo, equine therapy and more. They also opened up these family activities to South West Family Values staff, to provide a non-stigmatising context within which families could get to know SWFV and learn about the kind of support they could offer.

SWFV used the TWEP funding for Wellbeing Coordinator/Family Support Worker staff, in recognition of the interconnected nature of the roles, and ensuring an emphasis on Wellbeing as part of the role. Staff worked with families on a one to one basis, as well as running family activities, such as museum visits. SWFV staff used the Family Outcomes Star Plus as a way to plan their support, and it was reported that this enabled staff to open up the conversation into looking at broader social issues which people were facing, and action plan to address those needs.

TWEP funding enabled Brixham Yes to build on existing activities through changing how staff hours were allocated, block purchasing sessions from a Counsellor that they used, and also buying kitchen equipment to be able to "ramp up" food based activities at their Centre (The Edge). Brixham Yes had a clear idea of how their organisation supports the community, and how difficult it is for people to talk about their mental health, so they also bought recreational resources (musical instruments and board games) which were used to build connections with people and open up conversations.

Eat That Frog employed a specific Mental Health and Wellbeing Coordinator to work out of the Fridge, supporting people who visited with one to one support, and signposting onto other organisations and support agencies. The Coordinator had been volunteering at the Fridge prior to TWEP starting, and had already built relationships with individuals that were visiting. They built on these relationships by offering one to one support sessions on a regular basis, which were designed to be a space in somebody's week where they could share what was going on in their lives, be listened to, and be supported to get further help and support as necessary. The Coordinator developed a range of networks and relationships with other organisations and publicised the opportunities at the Pad.

BY and ECP both used some of the funding to purchase resources needed to provide enhanced support to people at The Edge, and Community Café respectively. These resources included arts and crafts materials, and board games and jigsaws, musical instruments and kitchen equipment. The purpose behind acquiring these resources was to enable the organisations to deliver creative routes into building trusting relationships with people, held to be the basis from which deeper conversations about mental health and wellbeing would flow. Both BY and ECP are long established organisations with a deep understanding of community development and engagement, and they knew from experience that this was a key way to support people.

> We know that everybody that comes through the door has a reason for coming through that door. And so what, we use these different tools so we, and we also have things like jigsaws so they can sit *and* do that. […] I think when your hands are occupied, it does free up your mind, and the repetition, I think its things that are repetitive, knitting, doing the jig-, that

> sort of thing, the Rubik's Cube, they're all repetitive, and that connects in your brain and it calms you. And I think we always try to have that around, so that it isn't something we just bring out and put on the table. It's actually there, so it is used and it is part of what we do.

2.4 Project Coordinator

The Project Coordinator role fulfilled three main functions: building relationships between the TWEP partners, building relationships with external organisations, and providing more intensive support and advice to partner organisations as and when the need arose. An ancillary function for the project coordinator was to also make sure that provider organisations understood and did what they had signed up to do. They provided a light-touch programme management role, organising regular meetings for the partners to collaborate, troubleshooting with organisations when there were problems, and clarifying expectations of the programme.

Although the organisations that were involved in TWEP may have known of some of the other organisations involved prior to being part of TWEP, they had not necessarily worked closely together. We heard that the Project Coordinator worked to create a 'smooth working team', which they were largely successful in achieving during the timescale of the project. By the end of the project, all organisations reported they knew the other organisations involved better, they were working collaboratively with them (sharing activities and opportunities), and some were even planning to bid for funding together. More about this is reported in section 4.4.

In addition to developing relationships across partners, the Project Coordinator also built relationships with external organisations. This was to create a wide network of opportunities for the people that the providers were working with: as individual organisations, and even collectively, the providers could not offer what the broader voluntary sector and civil society organisations could. The Project Coordinator didn't just compile a list of other organisations which the providers might find useful to connect with: instead they were proactive, calling up these organisations, meeting them, getting to know them, explaining what TWEP was all about and looking at ways to get them linked in with what the providers were doing. In this way they also influenced others outside the TWEP partnerships into supporting the aims of TWEP and increasing the 'reach' of the project. Due to their diligent persistence, the Coordinator connected many organisations in, for example, South Devon College Psychology Students, Rising Moments, HealthScape. They created a network which providers then knew they could access by just picking up a phone.

We also heard that the Project Coordinator was good at opening up the provider organisations to considering other ways that they could support people.

> Sort of trying [to] actually use each other in a way that benefits more people or uses the expertise of things that already exist, so that's been really helpful. I think it's a challenge, it can be a challenge for me I guess, I can be a little bit blinkered […], there's people that automatically come to mind in terms of referral routes and other people wouldn't naturally come to mind. But it's really good to be going, "Oh, okay maybe I need to go back and have a look at what [project coordinator] said and maybe these are people that I could refer to."

The Project Coordinator also made sure that the provider organisations understood what they were meant to be doing: beyond the words of the Service Level Agreements, what the practical activities of the TWEP involved. This was vital because the very short timescales within which the project had

been set up (see section 2.5.1) coupled with staffing changes for some organisations meant that there was not always a clear understanding of what was meant to be happening.

R: So we only learnt about a lot of the things that they wanted us to do on Apricot a lot later in the game than was expected, so like doing session logs for everybody and putting up case studies for everyone and things like that. I had no idea I was supposed to do it until mid to late January.

Int: Do you know why that was?

R: I think it was because [project coordinator], once [project coordinator] had gotten on board, things started to get ironed out. […] It was fantastic. But before then we didn't have any project supervision.

Some staff were not aware of the full scope of what their organisation had signed up to, or lacked capacity at the time to really get the partnerships with external organisations going. To address this, the Project Coordinator spent dedicated time with individuals to support them in meeting the expectations and requirements of the project and connecting them into other support.

We heard from a few interviewees that when the Project Coordinator came into post some of the difficulties organisations had experienced were addressed.

> (Project Coordinator) came in and she's amazing, she's great at networking and getting groups together. The walk lunch dip thing, that was her bringing in (name) from Healthscape, and that was borne out of one conversation. […] And that project is going to be something that probably runs for the next at least 12 months, and who knows what's going to come out of that.
>
> Appointing a project manager to this was a good idea as well because I think without [name] involved nobody would have done anything. They would probably have gone to a couple of meetings but she was quite good at cracking the whip and making sure that everyone turned up for a weekly meeting and actually achieved the outcomes.

The Project Coordinator recognised their key function in supporting networking and building relationships between TWEP partners, as well as with external groups and organisations. Indeed, we heard from a lot of people that the Project Coordinator was invaluable in doing this because at times all organisations were stretched – the nature of their work meant that time to do networking and outreach were sometimes secondary to the 'person in front of you'. They also brought clarity to organisations that were unclear on what the expectations were of them and how to make use of the therapeutic support budget. It seems valueable then that the Project Coordinator did not have any line management responsibilities, but could instead focus on building the relationships and creating that 'smooth working team'.

2.5 Challenges to implementation.

2.5.1 Short time scale

The short time scales of the project have been criticised by many of the people that we spoke to during the evaluation. Indeed, one interviewee described them as 'ridiculous'. The criticisms related to the practical difficulties at start-up in recruiting, inducting and training staff in a short space of time,

coupled with the reliance of TWEP on cross-partner relationships which were still in development and referral processes with external organisations not being fully established.

> You can't plan in advance to have staff on standby just in case you get the funding. So therefore you have to start from day one on the back foot. So you haven't had a chance to kind of get a word out that you have got capacity for referrals. You haven't had a chance to design systems to record everything and evaluate everything. You haven't had a chance to train people in the things needed to do the role […] To get referrals in and even with working really fast we're still two or three months behind the curve on it.

Several people explained how the short time scales of the project (September 2021 to early May 2022) undermined the aim of TWEP: if TWEP was there to build trust and support people's mental wellbeing via community based organisations, then short term projects run counter to this.

> I think the timeframe would be interesting and also because it's mental health. Mental health isn't a quick fix. There's no quick fix with mental health. It's the longer-term intervention isn't it? It's not just going to go away just because you've had a chat, it's consistent. Consistency is key because once you drop off that they are back to stage one, aren't they?
>
> If you're working in a community you are dealing with people whose problems, for want of a better word, are not fixable, so everything is long-form, everything becomes about entrenched community engagement which you can't put exit points on.

We were told that at the start of the project, cross-organisational relationships and processes were not well developed, and for some of the organisations, organisational pressures, staff sickness due to COVID and a rising demand for support meant they were not well placed to spend time developing new relationships, or increasing their knowledge of what wellbeing support might be available locally.

However, some organisations were not frustrated by the short time scales because of familiarity (or resignation) with how funding cycles sometimes work and in some instances, as TWEP was aiming to do something they already did , it was 'business as usual' for them. When funding was used to extend the hours or duration of existing staff contracts, effectively enabling them to do more for longer, then the organisation did not report feeling they were trying to catch up.

A further criticism of the short term nature of the funding was also what would happen as TWEP concluded. Each organisation had used the funding slightly differently, and had different approaches to how they operate projects like this, which influenced the extent to which TWEP was incorporated into their ongoing offer. For example, Eat That Frog and South West Family Values recruited dedicated workers to the roles, rather than repurposing staff; however, ETF felt they are left with a gap in service delivery now the funding for a Wellbeing Coordinator has finished, and are actively seeking to fill that gap, whereas SWFV have been able to keep their Wellbeing staff on into the autumn and winter. The sustainability of TWEP is discussed further in Chapter 4.

2.5.2 Programme Management

TWEP was a short-term, complex project, with a range of intended outcomes, a variety of partners, working at a community level with people whose needs were variable during a period of time that had people pivoting to living with COVID, and a war breaking out in Europe. New staff needed induction and training in the Client Management System for TWEP, and where necessary to become familiar with the way that outcomes were to be measured. There was a need for clear and strong programme

management from the start, and project coordination that enabled and supported organisations to deliver. In our conversations with interviewees, several interlinked factors were highlighted which show where programme management could be strengthened for the future: clarity of programme outcomes and processes; approach to data capture and returns and managing performance across the partnership.

The approach that Torbay Community Development Trust took to developing the partnership that would deliver the Torbay Wellbeing Engagement Partnership was described by one interviewee as strengths based; that is working in such a way that each organisation in each local setting would be able to play to its strengths in how the project would be delivered in their locality. The implication being that the different providers may develop TWEP in whatever way they saw fit, adapting what it looked like to suit their people, staff, places and local 'know how'. This approach was motivated partly by the very short timescale within which a response to the tender was needed (2 weeks) and partly because of a deeper desire to build on the existing capacity of organisations, rather than starting again from scratch.

Whilst this is a sound approach (indeed it could be argued, the only approach) to take when working with independent organisations on a time-limited project, it may have had unintended consequences. During the evaluation, in interviews and other conversations we learnt that the relationships between TCDT and the partner organisation had at times been difficult to manage.

A particular point of difference between expectation and practice concerns the measuring of outcomes using the tools. When the original funding was announced, the Office for Health Improvement and Disparities (then Public Health England) were very clear that they expected SWEMWBS to be used with the Family Star Plus a requirement from Torbay Council so that the project aligned to outcome measures being used with 0-19 commissioning. Some organisations did use the tools (results are reported in the next chapter), and several reported that it was 'incredibly easy', and useful for structuring conversations and action planning. Indeed for one organisation it has helped them redesign how they support people because now they can ask about a range of issues which are relevant to the individual, whereas before, they felt they were perhaps being a bit blinkered in terms of what they would focus on.

However, several organisations did not use the outcome measurement tools much, if at all. During an interview, the question of outcome measurement brought up an interesting discussion about the nature of such tools in the context of mutual helping relationships. The reasons for this were to do with how the organisation conceptualised what it did as an organisation, and an almost philosophical opposition to quantifying people. When asked what alternatives could be used to assess change over time, they felt that case studies were better at capturing this kind of information. These points are developed in the following chapter, under 3.5.

Several interviewees shared that they did not think there was even a really coherent understanding of what the data collection requirements were for TWEP, or more fundamentally what the project was all about; it may be that in the future, different approaches need to be tailored to ensure that people are fully aware of the aims of projects, and are able to respond to the expectations for data capture.

2.6 Discussion

All providers successfully implemented TWEP in terms of identifying staff who would fulfil the Wellbeing Coordinator role, building relationships with people, giving one to one support and signposting to other TWEP partners and external agencies. The use of the therapeutic budget varied

between organisations, which may be partially attributed to changes in staffing during the project lifetime, but when it was used it did enable people to access services or support that would otherwise have been beyond their reach. The Project Coordinator fulfilled a vital function in building relationships between TWEP providers, as well as with external organisations, and in supporting providers to achieve the aims of the project.

There were staffing challenges during start up and throughout the programme, including difficulties TCDT experienced in recruiting to the Project Coordinator post: although TCDT staff were nominated to cover the role until someone came into post, and held regular meetings, interviewees reported that things really stepped up a gear when the Project Coordinator came into post. The regular meetings were seen as vital by interviewees for supporting cross-TWEP working and building a sense of 'team' amongst staff from different organisations. In addition, two of the providers had key staff changes during the lifetime of this short project: to some extent that is unavoidable, but it did leave both organisations with challenges in terms of achieving the full aims of TWEP whilst also delivering on other organisational activities.

Most providers used the funding to augment and increase existing activities: ECP's youth programme; BY's food programme; SWFV's families received support that extended into the wider social aspects of their lives. ETF and PCL used the funding to establish a new aspect to their services: providing a more holistic, wellbeing based support service, along with food support to local people.

Several challenges were identified with implementing TWEP: the short time-scale of the programme which impacted on staff recruitment and training and organising referral and partnership working arrangements. The short time scale was also thought to undermine the purpose of TWEP, as mental health issues can take time to resolve.

2.7 Implications/Recommendations:

Several factors were identified that explained how providers went about building relationships with people: how time was used, being positive and non-judgemental, and acknowledge reciprocity. Future commissioning activity could consider how these individual and organisational values might become part of the assessment process. Indeed, understanding where providers sit on such values are potentially cornerstone elements of developing Human Learning Systems approaches to meeting community needs (see 4.6 for further discussion of Human Learning Systems approaches).

The therapeutic budget allowed a lot of creativity in meeting people's needs: future projects should aim to include a discretionary budget for providers to use as staff see fit, based on the needs presented.

TWEP benefitted from having a Project Coordinator who was free to work creatively and flexibly. It was helpful that they did not have line management responsibilities or additional organisational duties because this enabled them to be focussed 100% on coordinating a complex programme of work.

The problems experienced in appointing a Project Coordinator to TWEP are understandable, however future short term programmes like TWEP do need to ensure clear and active Programme Management from the start, potentially more so because they are short term.

Time must be built into contracting and programme commencement that allows for embedding processes and approaches for partnership projects like TWEP before project activity is meant to start.

TWEP partners achieved a lot in a short space of time, but the experience was frantic and difficult, and should not be accepted as the 'norm'.

When selecting organisations to participate in initiatives which have specific requirements for data capture, it is important to ensure that all parties understand the nature of those requirements and are supported in the activity as much as possible.

Different modalities should be used to ensure that partner organisations are aware of what they are expected to do, and how that will be measured: using meetings, conversations, visits are important in ensuring that there is a shared understanding of these.

3 Outcomes: Does TWEP prevent and improve mental ill health and promote wellbeing for individuals and families?

3.1 Introduction

In this chapter we explore whether TWEP achieved two outcomes outlined in the service contract:

- Prevent and improve mental ill health and promote wellbeing by addressing the presenting needs of residents who access local food support and children's centres
- Pilot and evaluate an enhanced model of social prescribing, optimising, and adding to pre-existing community and statutory sector assets.[9]

We begin with the results of the SWEMWBS and Family Star Plus scales, and from there we discuss prevention outcomes. We conclude by examining some of the ways that outcomes monitoring could be improved in the future, including defining success or progress; working in community settings vs 'services'; and finally reflections on some of the limitations of the data and data collection and to what extent the aims of TWEP were met.

Use of SWEMWBS was stipulated in the original Better Mental Health Fund guidance from the Office for Health Improvement and Disparities. In our discussions with staff from OHID and the local public health team, the understanding was that once some kind of interpersonal relationship was established with someone, then the tools would be introduced as a way to explore progress and to action plan.

3.2 Improving mental health and wellbeing outcomes

3.2.1 Short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS) outcomes

The SWEMWBS is a short version of the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS). The WEMWBS was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. The SWEMWBS uses seven of the WEMWBS's 14 statements about thoughts and feelings, which relate more to functioning than feelings and so offer a slightly different perspective on mental wellbeing. The seven statements are positively worded with five response categories from 'none of the time' to 'all of the time'. Although the WEMWBS was not designed to monitor mental wellbeing at an individual level, research (in adults) suggests that the WEMWBS could detect clinically meaningful change (Collins et al., 2012; Maheswaran et al., 2012). The SWEMWBS has been validated for populations of young people aged 15 -21 (McKay & Andretta, 2017; Ringdal et al., 2018) and the general population (Ng Fat et al., 2017).

The SWEMWBS is scored by first summing the scores for each of the seven items, which are scored from 1 to 5. The total raw scores are then transformed into metric scores using the SWEMWBS conversion table which can be found here (*Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWS)*, n.d.), with higher scores indicating higher levels of mental wellbeing. Benchmarked

[9] *Signed sealed Torbay CDT_Torbay Wellbeing Engagement Project_Sh F Service Contract p*.35-*36*

against other validated measures of depression and anxiety in a clinical population, SWEMWBS scores of between 18-20 on SWEMWBS correspond to possible depression or anxiety; scores of 18 or less correspond to probable depression or anxiety; and scores of >20 correspond to scores in well groups (Shah et al., 2018, 2021).

3.2.2 Family Star Plus

The Family Star Plus is increasingly used as part of an outcomes-based accountability approach to the delivery of family support services (MacKeith, 2011). The Family Star Plus measures progress towards effective parenting and results in a visual star shape that maps out particular areas of strength and difficulties in the way a parent is managing their family life. Family Star Plus asks parents to consider the following ten specific areas of their life in turn, discussing them with a key worker and giving each area a score from one to ten indicating how much difficulty each area is currently causing the parent and their family, with higher scores indicating less difficulty.

1. Physical health
2. Your well-being
3. Meeting emotional needs
4. Keeping your children safe
5. Social networks
6. Education and learning
7. Boundaries and behaviour
8. Family routine
9. Home and money
10. Progress to work

Each area has detailed descriptors that enable parents to score each domain in one of five categories of effective parenting; i) Stuck (1-2), ii) Accepting help (3-4), iii) Trying (5-6), iv) Finding what works (7-8) and Effective parenting (9-10). There are structured examples for each domain that indicate which is the most appropriate score for each of the 10 domains. Across all domains a score of 1 or 2 indicates there are significant concerns about the parent's children, a score of 3 indicates that the parent is beginning to accept help to address these concerns. A score of 5 indicates that there has been an internal shift in the parent to start to take responsibility for changes. A score of 8 indicates that the parent's children's needs are being well met with support, whilst a score of 10 indicates that the parent can learn and improve without support from any specialist family support service. The Family Star Plus scale is designed to be used with parents over several time points to enable parents to see their "Journey of Change".

3.2.3 Results

The five providers reported supporting a total of 311 people as part of the project, the breakdown of how many people were supported by each provider and any demographic information recorded is detailed in table 1 below. As demonstrated in table 1, TWEP supported slightly more females than males with the majority being of white British or Irish ethnicity, 36% identified as having a disability and the majority of people supported were adults. There are several differences in the amount of data being reported by each provider, most notably the number of SWEMWBS being completed and the amount of unknown demographic information. Both Brixham YES and Ellacombe Community Partnership have a large amount of missing data relating to ethnicity and age; and South West Family

values had a large amount of missing data around disability. It is important to note that this missing data only indicates that it was not recorded on the Apricot CMS (Client Management System) in use by TWEP, not that these providers did not know or take account of this information whilst supporting individuals.

Table 1: Information about people supported by TWEP reported by each provider.

		Paignton Community Larder	Eat That Frog	Brixham YES	Ellacombe Community Partnership	South West Family Values	All Providers Combined
Number of people supported		30	26	80	70	105	**311**
Gender	Male	16 (53%)	13 (50%)	38 (48%)	6 (9%)	34 (32%)	**107 (34%)**
	Female	14 (47%)	13 (50%)	38 (48%)	9 (13%)	64 (44%)	**138 (44%)**
	Unknown	0	0	4 (5%)	55 (79%)	7 (7%)	**66 (21%)**
Ethnicity	White British and Irish	30 (100%)	26 (100%)	69 (86%)	8 (11%)	94 (90%)	**227 (73%)**
	Other White	0	0	1 (1%)	0	3 (3%)	**4 (1%)**
	Black Caribbean	0	0	0	1 (1%)	0	**1 (0%)**
	Mixed	0	0	0	1 (1%)	1 (1%)	**2 (1%)**
	Unknown	0	0	10 (13%)	60 (86%)	7 (7%)	**77 (25%)**
Age	0-4	0	0	0	0	9 (9%)	**9 (3%)**
	5-17	0	2 (8%)	1 (1%)	0	34 (32%)	**37 (12%)**
	18-25	0	5 (19%)	15 (19%)	0	2 (2%)	**22 (7%)**
	26-64	27 (90%)	18 (69%)	32 (40%)	7 (10%)	53 (50%)	**137 (44%)**
	65+	3 (10%)	1 (4%)	5 (6%)	5 (7%)	0	**14 (5%)**
	Unknown	0	0	27 (34%)	58 (83%)	7 (7%)	**92 (30%)**
Does the person have a disability?	Yes	0	22 (85%)	28 (35%)	5 (7%)	58 (55%)	**113 (36%)**
	No	29 (97%)	4 (15%)	52 (65%)	4 (6%)	29 (28%)	**118 (28%)**
	Unknown	1 (3%)	0	0	61 (87%)	18 (17%)	**80 (26%)**
Number of SWEMWBS completed	Start	2 (7%)	14 (54%)	0	1 (1%)	49 (47%)	**66 (21%)**
	End	0	3 (12%)	0	0	18 (17%)	**21 (7%)**
Family Star Plus completed	Start	N/A	N/A	N/A	N/A	54 (51%)	**54 (51%)**
	End	N/A	N/A	N/A	N/A	25 (24%)	**25 (24%)**

3.2.3.1 SWEMWBS

Due to the low numbers of completed SWEMWBS it was not possible to conduct an analysis for each provider organisation, and instead, data was pooled across all providers. A total of 66 participants completed a SWEMWBS at the start of their TWEP support, however, 2 participants did not complete all 7 items and their data has therefore been removed from the analysis reported. From the 64 participants who fully completed a SWEMWBS at the start, 21 also completed one at the end. A further 2 completed an additional SWEMWBS between their start and end entries and the mean total at each time point are presented in table 2 below. The average number of days between the first and last SWEMWBS was 71.8 days (standard deviation 40.0) with a range of 7-159 days.

A Wilcoxon Signed Rank Test was performed to determine if there was a statistically significant difference in the mean metric score before and after the participant's involvement in TWEP. A total of 21 participants contributed to this analysis. The test revealed that there was a statistically significant difference in mean scores between the two groups ($z = 3.919$, $p = 0.0001$) indicating that wellbeing scores were significantly higher after involvement in TWEP. It should be noted that due to the low numbers of SWEMWBS completed this analysis did not account for any clustering at the provider level.

3.2.3.2 Family Star Plus

A total of 53 parents completed a Family Star Plus at the start of their TWEP support, with 25 also completing one at the end of their journey. A further 4 completed an additional Family Star Plus between their start and end entries and the mean scores for each domain at each time point are presented in table 3 below. The average number of days between the first and last Family Star Plus being completed was 75.7 days (stand deviation 33.1) with a range of 7-145 days.

For the 25 parents who completed the Family Star Plus at both the start and end of their TWEP journey a Wilcoxon Signed Rank test was performed to determine if there was a statistically significant difference between their starting and ending scores, these results are presented in table 3. These results indicate that 8 domains, Good or Improved Physical Health, Positive Adult Wellbeing, Meeting Children's Emotional Needs, Keeping Children Safe, Positive and Supportive Social Networks, Positive and Appropriate Education and Learning, Boundaries and Behaviour and Positive Family Routines all showed significant improvements in their scores after parents engaged with TWEP. Only the domains Positive Experiences with Home and Money and Achieving Progress to Work did not show a significant pre/post difference, however, both of these domains moved in the direction of parents feeling they have less difficulties at the end of TWEP. It is not surprising that these were the domains that showed the least movement since change in these domains requires more external factors to alter whilst the other 8 domains are more easily controlled by the parents themselves.

Table 2: Mean scores across each time point

	Score at Start				Score During				Score at End			
	N[a]	Mean[b]	SD[c]	Range[d]	N[a]	Mean[b]	SD[c]	Range[d]	N[a]	Mean[b]	SD[c]	Range[d]
Family Star Plus Domain												
Good or Improved Physical Health	54	7.6	1.6	4-10	4	9.5	0.6	9-10	25	8.4	1.0	7-10
Positive Adult Wellbeing	54	5.9	2.2	1-10	4	7.3	3.0	3-10	25	7.5	2.1	3-10
Meeting Children's Emotional Needs	54	6.5	2.0	1-10	4	8.8	1.3	7-10	25	8.0	1.5	5-10
Keeping Children Safe	54	8.7	1.4	5-10	4	9.8	0.5	9-10	25	9.0	1.2	7-10
Positive and Supportive Social Networks	54	6.6	2.8	1-10	4	9.3	0.5	9-10	25	7.9	2.1	4-10
Positive and Appropriate Education and learning	54	7.0	2.0	2-10	4	8.5	0.6	8-9	25	7.6	1.5	4-10
Boundaries and Behaviour	54	5.9	2.1	1-10	4	8.5	1.7	6-10	25	7.5	1.8	4-10
Positive Family Routines	54	7.1	2.2	2-10	4	9.5	1.0	8-10	25	8.2	1.4	6-10
Positive Experiences with Home and Money	54	6.9	2.6	1-10	4	8.8	2.5	5-10	25	7.9	2.0	3-10
Achieving Progress to Work	47	8.0	2.9	1-10	4	8	4	2-10	20	7.8	2.9	2-10
Short Warwick–Edinburgh Mental Wellbeing Scale Total												
Total Score	64	19.9	4.7	11.25-35	2	29.1	8.3	23.21-35	21	24.4	4.9	17.98-35

[a] Number of participants who completed this outcome at this time point

[b] Mean score considering all entries at this time point

[c] Standard Deviation

[d] Range of scores

Table 3: A table showing the average change score from the start and end for each Family Star Plus domain

Domain	Difference between Start and End Scores			Wilcoxon signed-rank test
	N[a]	Mean[b]	95% CI[c]	
Good or Improved Physical Health	25	0.24	0.02 to 0.46	z = 2.23, p = 0.026*
Positive Adult Wellbeing	25	1.08	0.37 to 1.80	z = 3.03, p=0.002*
Meeting Children's Emotional Needs	25	1.16	0.54 to 1.78	z = 3.54, p=0.0004**
Keeping Children Safe	25	0.16	0.01 to 0.31	z = 2.00, p=0.046*
Positive and Supportive Social Networks	25	0.84	0.20 to 1.48	z = 2.98, p=0.004*
Positive and Appropriate Education and Learning	25	0.72	0.05 to 1.39	z = 2.48, p=0.013*
Boundaries and Behaviour	25	1.48	0.92 to 2.04	z = 4.07, p<0.001**
Positive Family Routines	25	0.52	0.16 to 0.88	z = 2.99, p=0.003*
Positive Experiences with Home and Money	25	0.36	-0.13 to 0.85	z = 1.44, p=0.15
Achieving Progress to Work	20	0.35	-0.28 to 0.98	z = 1.41, p=0.157

[a] Number of parents who completed this domain at both the start and end timepoints

[b] Mean difference score, where positive numbers indicate the parent reported less difficulty managing this domain at the end of their involvement in TWEP compared to the beginning

[c] 95% Confidence Interval

*p value is less than 0.05

**p value is less than 0.001

The Family Star Plus has been validated as an acceptable tool for assessing need with good internal reliability (Good & MacKeith, 2021; Sweet et al., 2020), however there are conflicting reports on its internal validity and how suitable it is for use as an outcome measurement (Good & MacKeith, 2021; Sweet et al., 2020). Given these concerns and the small number of participants in this evaluation, it is recommended that caution is used in interpreting the significance of the impact TWEP had in changing the way parents managed their family life. It should also be noted that there may be some bias in reporting since this tool is completed with the parent's key worker's help and there may be some unconscious desire for these support workers to demonstrate the value of their practice.

The percentage of completed SWEMWBS is very low for all providers, the Family Star Plus was only intended to be used by South West Family Values. It is therefore difficult to draw firm conclusions about the overall effectiveness of TWEP from the quantitative outcomes collected since we do not know what the scores for the majority of participants would look like.

3.3 Prevention Outcomes

In addition to the numerical data collected through SWEMWBS and Family Star Plus, providers also wrote out case studies, and were asked about outcomes during interviews and the REM workshops. We were interested in learning about how TWEP had improved mental health, and prevented mental health from deteriorating (Outcome 3.1.1 in the specification). Our thinking here was informed by the Mental Health Foundation's description of prevention in mental health[10]:

- Primary Prevention: stopping mental health problems before they start
- Secondary Prevention: supporting those at higher risk of mental health problems
- Tertiary Prevention: helping people living with mental health problems to stay well

These types are not mutually exclusive, and what we found was that the majority of outcome stories combined one or more of these: for example supporting those who, because they were seeking help for food poverty were implicitly at higher risk, through providing food support and access to help with welfare benefits advice whilst also promoting better mental health through connecting them in to support groups and activities run by other partners.

Some interviewees said that people's needs don't just vanish because there is no service to support them, and recognised the role they played in preventing people from needing to step up into more formal, expensive support.

> And the families that we've worked with that were helped would not have been helped. They probably would have been passed around from post to pillar and ended up possibly at Children's Services door with escalating issues or referral to CAMHS with their children anyway.

> We are very interested in the whole concept of early help, and not early help not just in the family 0-19, 0-25 context, we mean early help for anyone at any stage in their lives […] we believe that a cup of tea, maybe going up the maker space and doing some sewing or felting, talking to other people, sorting some shirts out at the charity shop, whatever, that's much better than just leaving something for three years and then them needing acute intervention from anyone. Because that's going to cost a lot more than a cup of tea and a bit of old felt.

Whether the people who were being helped also had a mental health problem (Tertiary Prevention) was not clear due to information on this not being routinely collected, however several interviewees said they recognised their function in keeping people level through providing food support, and a regular consistent point of contact during the week whilst they sought for statutory support, or mainstream support for their challenges (which may have included accessing mental health services).

> But it's keeping them stable, and they aren't falling under or falling out of the system or through a crack. You're keeping them where they're at.

[10] Prevention and mental health | Mental Health Foundation

Maintaining someone at their current 'level' of wellbeing was seen as an important feat, but was not thought to be recognised as a gain by commissioners,

> […] And there's a whole group of people that we see each week who we keep on the level. They might not get what would be classed as a tick box "yes, they're better" but they stop people falling into something that's going to ultimately be a cost to that person, family, NHS, Torbay Council, whoever.

Alongside this, the role of food banks in particular was understood in terms of how what they do prevents situations from deteriorating for people.

> Everything that we'd want to provide you would hope that by providing it, by having this network of support, by engaging with referral agents however that is, whether it's structured or it's ad-hoc, you hope that it's going to help people not fall into the trap of abject poverty or desperate situations, hardship. Because even if a school then happens to catch a family early, "Hey, these guys are struggling, let's give them some food support", maybe that saves them £30 a week now, and it gives somewhere for the mum to go and have a chat and a coffee and have a bit of wellbeing support once a week in a different environment. That £30 a week mounting up, maybe that's enough that they don't fall down a bigger hole in six months' time because they've had that early support before they got to a point where things got really desperate, they'd fallen more into debt, they had taken on a dodgy loan to cover some short-term crisis, which could have been managed if they had been saving £30 a week with regular food support.

TWEP partners understood their role in prevention well: even though foodbanks are seen by many as the 'last line of defence', we heard from those that work in them that they can also be 'early help', can be there to support people before circumstances get too bad, and that sometimes it can be even harder for people who do not seem to 'need' food support to be able to access it, even though doing so might prevent situations getting worse.

> But that's far more reliant on the referral agents, the other services, appreciating that demand. Because a lot of people will say, "Oh, I don't feel as if I deserve a food parcel", or they're embarrassed about having a food parcel. They don't feel that their circumstances are maybe that desperate. But then if it stops them from getting worse, then that is just as important as someone who hasn't eaten for five days and in that real desperate situation. The trouble is, that desperate situation is far more memorable to everybody, whether that's myself or the volunteers or that person involved, that desperate situation is what stays in your head longer.

Therefore there was complexity in how 'prevention' was achieved in TWEP, what type and at what level. When we spoke to people as part of the evaluation they did not identify which 'kind' of prevention they were doing, rather that they saw they had a role in 'stopping things getting worse' and 'making things better' for people. It was acknowledge though that it is difficult to capture this kind of outcomes data: preventing an outcome (deterioration) from happening.

The second outcome in the service contract concerned delivering an enhanced model of social prescribing to optimise and add to existing community assets. In TWEP this was achieved through the use of the therapeutic budget (see section 4.2.4) as well as the cross-organisational referral work (see section 6.3).

3.4 Outcomes for minoritised people

It was not possible to conduct a meaningful analysis on outcomes for Black and Minority Ethnic people with the data on Apricot. Two organisations had visitors who were only of majority ethnicity for people (ETF and PCL). Whilst BY and ECP did report that some of the people they worked with were from minoritised communities, there were not complete SWEMWBS before and after measures taken. SWFV did see people from minoritised groups, and had also some complete SWEMWBS and Family Star Plus, however, the numbers are too small to have statistical worth.

In terms of qualitative information about outcomes for minoritised people, during the time that we were collecting data for the evaluation, some of the organisations we were working with started supporting people arriving from Ukraine. This was not a distinct TWEP activity, but did demonstrate the way that the organisations rose to meet needs as they emerged.

All organisations were clear that TWEP was there for the whole community, and in the service contract, TCDT explain that the organisation providing the suicide prevention training would also provide 'support and mentoring for working with BAME' (p55). Unfortunately we learnt that due to personal circumstances, this was not possible for the organisation. It was not clear whether alternative support and mentoring for staff working with people from minoritised groups was provided.

3.5 Discussion

The data we analysed showed that TWEP has some promise in improving people's mental health and preventing deterioration. We collected positive stories about the experiences that people have had being connected in to TWEP support, and how it has made a real difference to their lives for the better. However, as was noted earlier in this chapter, data capture using tools like SWEMWBMS was inconsistent across the providers, and so in this section we discuss that in more detail, aiming to understand why that may have been the case and what might be done differently in the future. To do this, we explore two issues which arose during the evaluation which are important to consider for projects like this going forward: how success or progress are defined and the reality of working in community settings vs service settings.

3.5.1 Defining and measuring success or progress;

As we learnt quite early on that there had been some differences of opinion about the usefulness of the quantitative data tools, we were interested in understanding more about this. Interviewees were asked questions about their experiences of the tools, and invited to suggest how else we should measure success and progress. It is important to stress that the following views were not shared across the partnership, but were comments made by individuals.

We learnt that reducing success to numbers on a page was not thought to capture the 'ineffable' way that community based organisations work. The organisations involved had a sophisticated knowledge of why such tools were necessary, but they also had views about how well such tools would be accepted by their communities.

> […] nobody wants to be presented with the fact that they have a problem perhaps beyond the one that they're asking for immediate help with. All the ancillary problems are ones that only show themselves with building a trustful relationship. If you're saying to somebody, "Hello, I would like to quantify you please", it's only going to be detrimental to building that kind of trusting back and forth relationship.
>
> Any sign of a clipboard or a lanyard or a tick sheet or anything like that, they might as well go to one of the statutory services. Who wouldn't be able to see them anyway because...

The reasons that staff gave for this distrust were based on their knowledge of the communities they serve, and a view that harm can (inadvertently) be done to people through quantifying them. Higher thresholds of need in order to access support are common place now, and we were told by staff how humiliating it can be for someone to have to write out, in excruciating detail, why they are in need, and how they are 'failing'. This runs counter to the ethos and culture of some of the provider organisations, and tools like SWEMWBS were seen as symbolic of an alien culture and therefore not something to be adopted.

> One lady, "I actually said something nice to myself today" and I was like, "That is brilliant" because that to me and to her is the most amazing thing that we could have achieved together. But if I say that, "Oh well somebody said something nice to themselves", that doesn't impact you and doesn't make you want to give me funding! But to them, and it all comes back down to it, doesn't it? Let's not have a white elephant in the room, that's what it comes down to. I need to prove what work we can do so I can get some money to carry on doing that work. I need to fill forms out that don't serve my client because actually I need to prove this.

When asked about how else then outcomes should be measured, interviewees shared stories of capturing feedback on video, or through informal conversations, or through writing up case studies. The preference for more qualitative data was clear and when asked about this it was because of the ability to add in contextual data and features. What success looks like for one person can be different to another, and so change over time may look different too. It was felt to be important to recognise these individual differences still as 'progress' or 'successes'.

In contrast, several provider partners did not experience any philosophical difficulties in using the tools, saying they found they gave structure to their conversations, and that the Family Star Plus in particular was able to visually show someone the progress they had made towards their goals. The power of seeing how things have changed over time should not be underestimated: if a key issue for people in need of support for their family, or food support is helplessness, being able to actually evidence to them that according to themselves, things have improved over time can be transformational. We even heard in one workshop that a mother texted a photo of her new 'star' to her mum and friend, just to show them what progress she was making. She was proud of her achievements. SWEMWBS, which was used by most of the partners, does not have a similar visual element so it may be helpful to take this into account in the future, when finding a more suitable quantitative measurement.

3.5.2 User experience of Apricot and working in community settings

The percentage of completed SWEMWBS is very low for all providers, the Family Star Plus was only intended to be used by South West Family Values. It is therefore difficult to draw firm conclusions about the overall effectiveness of TWEP from the quantitative outcomes collected since we do not

know what the scores for the majority of participants would look like. We identified two contextual factors which may explain the variation in completeness of the outcome monitoring tools: user experience of Apricot and working in community settings.

When we consider both the informal conversations and the qualitative interviews completed with the five providers many of them expressed how difficult they found Apricot to use. The providers mentioned both that the system was difficult to navigate and also was a perceived barrier to communication with clients. Most providers said they felt it would be inappropriate to be sitting with a laptop whilst someone, often in crisis, detailed the reasons why they have sought support that day. Often providers would write notes on paper whilst with the person and then transcribe these onto Apricot at a later date. Due to limited time this often meant that not all the information obtained was being transferred to Apricot. It is therefore quite likely that there are other people who have been helped by TWEP that have either not been entered onto the Apricot system or whose notes are not up to date.

In addition, we noticed that if the support being offered was in an informal 'open space' place, like a community café, where there was no referral for support and people could just walk in off the street, then by their nature they are open to anyone, at all times, and with no expectations that people will return on a regular basis to check in on their progress. As such, it may have appeared futile to try and conduct SWEMWBS with people, as the likelihood of them returning, or indeed, in some instances because the range of their needs was so great, seeing any improvement would be very hard or near impossible, then this may explain why SWEMWBS was not completed as often as in places which had more formal relationships with people.

3.6 Implications / Recommendations

If an organisations underlying philosophy has an impact on how it prefers to demonstrate outcomes and collect 'data', then understanding their stance and practice before working collaboratively is important.

SWEMWBS, which was used by most of the partners, does not have a visual element like Family Star Plus, and this visual element was reported valuable to people who used it, so it may be helpful to take this into account in the future, when finding a more suitable quantitative measurement.

Including additional ways to demonstrate outcomes in contracts might be one way to ensure that all organisations are able to contribute.

There was insufficient data collected on the ethnicity of people that TWEP worked with and so future programmes of this kind need to consider how to support organisations more actively to do this. In addition, how organisations are supported to promote projects like these and connect with minoritised people would also benefit from further consideration. Relying on one person to provide support was potentially insufficient for a programme of this size and complexity. Voluntary Sector wide initiatives to improve inclusivity and diversity could also be considered as a way to address this.

4 What are the intended and unintended impacts of the work, at the individual, service and wider community level, and how these have come about?

4.1 Introduction

In evaluation, impact can refer to the outcomes which a programme has produced or to the ongoing changes which may not have been foreseen at the start of a programme. In this report, we define outcomes as the more immediate difference that a programme has made, and impact as the ongoing changes which occurred as a result of the programme. Therefore in this chapter we look in more detail at what the wider impact of TWEP has been in Torbay, covering; impact TWEP has had on individual people, the provider organisations; and local relationships.

Everyone that we spoke to across the whole of TWEP was positive about their involvement in the project, and really pleased they participated. Whilst there were at times difficulties in understanding what was required, and who should be collecting what data from whom, people were unanimous in their enthusiasm for what they had achieved, and felt it had a very positive impact on themselves, their organisations and the wider Torbay communities and organisations.

4.2 Impact on individuals

We did not formally interview people who had used TWEP services, but we did have informal conversations with them, making sure they knew these would be anonymised. There was someone who was attending one of the Places of Welcome for food support, and they were invited to become a volunteer, and from this they supported others that came needing support and a listening ear. Prior to his volunteering, this person was not able to manage face to face meetings as they lacked confidence, but since having a role to play in TWEP, they have learnt a lot about what support is available locally, and sharing this with people that come to the centre has really built their self-confidence. We also met two other volunteers, both of whom helped to prepare food for the lunch club at one of the Places of Welcome. They talked about how having the Places of Welcome to attend was a 'life-saver', how it kept them occupied, and how accessing advice and support meant that they had managed to improve their housing situation, and in one case, even get their dog back off an ex-partner. Two other people explained how they had got involved in a local peer support group for people who had experienced similar challenges, and through that group had become firm friends, and who now went with each other to see the GP, to make sure the other got the care they needed. Those two are now being invited into setting up additional peer support groups so that more people can benefit from having strong friendships.

Some of the wider impacts on individuals were serendipitous rather than intentional, like the parents who overheard other parents talking about SWFV at a museum learning and education day, and who started talking about some of the difficulties they were experiencing with debt and domestic issues, which led to the other parent telling them all about the help they had received from SWFV.

We heard of a referral to a FSW from a school, which led to a referral on to a parenting group at SWFV, but alongside this, the worker also identified that the person and their children were living in a single room at her friend's house and so they contacted the early help team and were supported to access support for a deposit and the person moved into a house in Brixham. The house was unfurnished, so they contacted Torbay Clearance Services, whom they had heard about from a colleague, who provided furniture for the family. In addition to this, the FSW worked with the person to help them understand that their own mental health mattered, and encouraged them to access local self-help groups, as well as speak to her GP. From this they were prescribed medication, and said they would access the self-help groups once the rest of the factors in their life were a bit more settled. So from this example, through an initial contact for parenting support, the person got a better, furnished place to live, was taking steps to look after their own mental health as well as getting help for their parenting issue. Starting with the most pressing needs for the person was important, recognising that other issues will be addressed once the person is more secure. A potential difficulty with this may be that for some of the families SWFV worked with, the parents put their own mental health and wellbeing needs last. Staff were sensitive to this, and did gently encourage parents to return to considering their own mental health needs more directly. However, it was clear to the staff team that addressing wider determinants of health (such as housing, or finances) did have an impact on mental health too.

We mapped out similar stories which showed how the initial conversation with a Wellbeing Coordinator opened up a range of possibilities and options for the person. There were young people who were not going to school that engaged with a TWEP worker, who encouraged them into horse therapy, and from there, the young person wants to reengage in education to work with horses, and is planning on attending an open day at the local agricultural college. Wellbeing coordinators told us that they really valued the ability to work creatively to help people find solutions to their issues, and that at the start of a conversation with someone, you might not necessarily know how that relationship would develop, or what differences it might make for that person, but having the flexibility to do what was needed was really appreciated.

4.3 Impact on provider organisations

All interviewees spoke positively of the impact that TWEP had on their organisations. For one it brought together the different strands of their organisation into a more coherent offer and it also highlighted the wider needs in the community and enabled them to find out and learn about the different kinds of support that are available. For another it enabled them to look at people more holistically: instead of just focussing on the presenting need, it provided a framework for staff to explore different areas of a person's life, all of which would contribute towards their wellbeing but which may not have been areas that would have been examined before. TWEP provided a reason and a tool for doing this kind of holistic work.

> In essence, it was asking people to carry on doing more of what they're doing, and I felt that was quite helpful. But what it did do, is it offered us an opportunity to look at wellbeing and mental health, from a slightly different angle. Slightly more holistic angle, rather than the kind of clinical, pathologising kind of way.

4.4 Impact on Local Relationships

The COVID 19 pandemic is the background context to the Torbay Wellbeing Engagement Project. Early on in the pandemic, Torbay Community Development Trust brought together a range of different help and support organisations into one 'offer' for the local community: a helpline which anyone could call to get help with practically anything. Initially it provided food parcels and friendship to people who were in need of support, but has since continued to grow in the range of support offered. During the COVID 19 pandemic, voluntary and community organisations across the bay self-organised to meet the needs of communities, and throughout this evaluation, we have learnt of how those relationships have continued. Pre-pandemic, voluntary and community organisations would often find themselves competing against each other to win contracts from local statutory organisations, something which worked against collaboration and joined up working. The pandemic changed that as organisations came together, with a purpose more urgent than individual organisational success.

You could argue that the VCSE was born to respond in a pandemic; their connections and embeddedness in the communities they serve, their ability to be flexible and dynamic, quickly responsive to need in ways which are innovative was invaluable for helping their communities navigate through the unknown waters of COVID 19. One of the expected outcomes for TWEP was to 'Galvanise whole system working, optimising community, voluntary and social enterprise (CVSE) and statutory assets for the benefit of the wider system'. As communities adapt to living with COVID, for the organisations we have spoken to in this evaluation this hasn't seen a return to old competitive behaviours in the VCSE. Instead, we have heard how the Torbay Wellbeing Engagement Project provided an opportunity to further solidify collaborative working.

4.4.1 Working with other groups and organisations

Most partners reported that they had developed new relationships with other organisations locally. For example, for one organisation, people attending their food service highlighted that there was a need for men and women to have groups to go along to that could support people's emotional needs. So they linked in with two different local organisations, Andy's Men's Club and Ladies Lounge, so that people that visited their Place of Welcome had additional places of welcome to visit. We heard that from these additional connections, people also went on to other supportive services locally.

> But actually this project enabled us, and also I think key at the moment is if anyone comes into our fridge we are now quite quickly able to signpost the provision that we know is there. Not just give somebody, 'Oh just phone them or just do this'. Saying, 'This is what happens. Link in with this, we've got that knowledge'. […] And it's established relationships with other community organisations that I think we didn't have before.

Other organisations also spoke about how they were now working with more organisations because of TWEP, such as PCL working with Healthscape (see p20) and also with St Boniface Church. For some organisations, they felt they were already well embedded in their local community networks, and that COVID had broken down barriers between organisations as organisations had to focus on playing to their strengths. Being part of TWEP did not add much to their feelings of connectedness to other groups and organisations. However, from their experiences, they confirmed what others were finding about how good it is when organisations work together for the good of the community.

> It's the barriers, and we put those barriers up every year. […] We've been very precious about our work, that's what we do, and don't come near that because that's what we do.

> And I think that had to go and it [COVID} was a way of it going. […] Well I think you realise the worth of it. After you've tried it and done it, then you realise, actually that is a better way of working.

4.4.2 Cross-TWEP working

The benefits of working collaboratively for a collective goal, rather than an individual organisational one were also echoed when interviewees were asked about working across the partnership. Being part of a partnership of organisations working towards the same goals was valuable for many we spoke to; it added capacity, enabled closer working, increased feelings of connectedness between organisations, and as in the quote above, moved organisations away from competing with each other.

Individually, not all of the Places of Welcome had the same capacity, in terms of services or specialist skills, but collectively they covered many of the needs which were identified. In fact, needing to reach out to others was identified as an important part of TWEP.

> But there was a drawback in that I was alone; I was working alone, so there was only so much support I could provide before needing to signpost out and needing to get further support from other organisations. But that was great, because it meant that I got to chat and know and signpost to other people within the network that were a part of the project.

TWEP also gave organisations the ability to work much more closely around people; ECP said they were already talking about food with some of the other Places of Welcome through the Torbay Food Alliance, but TWEP allowed them to talk about clients, resources and how to support people better. Being able to call up others in the partnership, explain the situation and then send the person to them was very valuable. They added that previously their connections had only been about food, whereas because of TWEP these conversations included a much wider range of issues and needs which someone might have, as well as action planning to support people more holistically: in the example below, ECP describe how linking in with SWFV has increased the support ECP are able to offer to families who were new to their offer.

> When we organised our Easter programme of activities for kids […] what I did was I opened that up to the other partners. So the partners in Paignton and Brixham could refer people in as well. So South West Family Values started having that conversation with me, so I now know them all which is great, because I know much more about what they're doing. And they sent families onto our project, so they all went off on the Dartmoor coach and they went BMX biking and things. So we now have relationships with those families in Torquay who are now engaging directly with our youth project. And that would never have happened without this funding.

Being part of TWEP also initiated feels that organisations were part of a wider team, and we were told that this feeling was facilitated by the meetings which the project coordinator held every week, an opportunity for people to come together and find out what the other providers were doing and develop joint activities.

> I suppose one of the things about meeting regularly, was that someone had something new – like those activities that Sarah was talking about, you can just go straight to us, and we

> could have that kind of conversation straightaway, rather than hearing about it after it had happened, or too late or whatever.

Other organisations reported feeling part of a community too, and hoped that old competitive behaviours might be a thing of the past. They saw that the funding had brought them all together, making them work more collaboratively and they felt this would increase their chances of securing funding in the future. They felt that TCDT had been very instrumental in bringing about this change.

> I think just having a bit of joint funding has been really positive because it's meant that we've had to interact with each other more than we did. […] We were in a kind of, it felt as if we were in a competitive situation sometimes with other agencies which is really unhelpful. One of the things that his has proved is that if we work together we are more likely to get funding not less likely. Whereas the culture before was that it felt like it we didn't fight our corner we were going to lose out. So it was almost like a dog-eat-dog sort of situation and I think this has kind of helped get rid of that culture a little bit. So I hope that continues.

4.5 Discussion

The wider impacts of TWEP have been positive: some people who were helped by TWEP received support that has had far reaching impacts in their lives, improving where they live, increasing their income and widening their support networks. For some providers involved, TWEP has opened up their services into supporting people's wider mental health and wellbeing needs, beyond what they were doing before, which will be positive for the current and future people they work with. The impact on local relationships has been to create a partnership of organisations who are working collaboratively, applying for funding for other projects, and working much more broadly across the voluntary and community sector landscape in Torbay. We heard that TWEP has provided reasons for organisations to meet and learn about each other, and this has led to those organisations continuing to work together now the funding has finished.

4.6 Implications / Recommendations

The providers who were involved in TWEP could be used in the future to deliver similar programmes: they have already established working relationships with each other and despite the short time scales, they created referral routes, and shared resources (such as activity days) in ways which opened up the wider partnership to the people they were working with.

The REM workshop approach was invaluable in eliciting these wider impacts, and should be used in the future for similar community based interventions or programmes.

5 Conclusions

The Better Mental Health Fund was released as part of the Governments' action plan to ameliorate the effects of the COVID-19 pandemic. It was a short term fund, designed to build an evidence base and galvanise local systems into more collaborative working. It was not recurring funding, and was largely spent within the year that it was released. Colleagues at the Office of Health Improvement and Disparities needed to act rapidly and get the funding out to the most deprived communities in England, and local Public Health Teams were then tasked with finding a way to make it work locally. As a consequence, the VCSE worked fast to respond to the opportunity. In Torbay TCDT developed a partnership of five provider organisations across Brixham, Paignton and Torbay who would be able to provide enhanced social prescribing support via 'Places of Welcome', and through the work of Family Support Workers.

The Torbay Wellbeing Engagement Project achieved its objective: people who used food banks and children's centres were offered an enhanced model of social prescribing to connect them in to wider support within Torbay, as well as receiving listening support and signposting to additional organisations. This support had a positive influence on their lives, and contributed towards improved mental health and wellbeing.

The contract set out an expectation that any progress made would become sustainable through seeking funding from additional sources, as we concluded our data collection, no such funding had been secured. However, there is reason to hope: the Community Mental Health Transformation Framework[11], sets out a new vision for mental health services which bears many of the hallmarks of TWEP: no wrong door to support; neighbourhood based care; choice and control for the person; partnership working with the VCSE. In addition, TCDT spent considerable time and energy during TWEP influencing local decision makers about the future of neighbourhood level support.

Now that the programme has formally come to an end, it is possible to reflect and think about the relationship that the VCSE has with the public sector more broadly when it comes to service delivery, and to reflect that BMHF is only the last in a long line of short-term funding opportunities which when they finish don't leave a gap in provision by 'sheer luck' as one interviewee put it. Funding for Wellbeing Coordinators beyond the end of the project has been possible for some providers who have multiple funding streams which cover this kind of work, but for others, TWEP funding finishing has left a gap in their provision. There is a question therefore as to who is responsible now for finding funding to continue this kind of work. Whilst the intention in the contract was that TCDT would aim to secure further funding, some may argue it is also the responsibility of the providers to do so, or the Local Public Health team or other statutory body. This way of thinking is a consequence of a commissioner/provider split, a legacy of new public management and sits at odds with new ways of thinking and working in health and care management.

One antidote to this way of working is the emerging paradigm of Human Learning Systems[12]. HLS focusses on the intrinsic motivations that individuals have to do 'a good job', how understanding differential performance can be a learning process which drives improvement, how horizontal accountability (we're all in this together) also supports improvement. Working in a HLS way means that context really matters insofar as it helps us explain both why we may observe differential activities

[11] https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf

[12] https://www.humanlearning.systems/uploads/A%20Whole%20New%20World%2C%20Funding%20and%20Commissioning%20in%20Complexity.pdf

and performance, and why this is actually a good thing. In addition, outcomes are understood in their broadest sense as 'that which matters to people', and are jointly negotiated bringing in the expertise of the funder and the provider. Interdependencies and the impact of changes in one part of the system on other parts of the system is acknowledged.

In this evaluation, we have seen evidence of some of these ways of working: we learnt that actually TCDT and the Local Public Health Team *had both* been pushing for local continued funding in meetings, as a potential way to help manage waiting lists for mental health services. We also observed an openness between different providers, TCDT and the public health team about the complexity of what TWEP was aiming to achieve, recognition that in the 'real world' the expectations set out in a contract may not quite go to plan, and that all those involved are aiming to do their best for the people and places of Torbay. In our interviews, informal conversations and time spent with some of the organisations involved in TWEP, we did not observe negative attitudes towards others involved. There was a lot of sympathy for some of the challenges different organisations faced in setting up and running TWEP. Based on these observations, we think that there is a real opportunity the next time a programme like TWEP needs commissioning, to adopt a Human Learning Systems approach more formally, and to test and learn from it.

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7 Appendix 1

7.1 Participant information sheet: Interview v2 200422

Hello!

We want to learn about the Torbay Wellbeing Engagement Project so that other people can be helped. The Torbay Wellbeing Engagement Project offers mental health and wellbeing support to people who use food banks or children centres. Support can be a lot of different things. It could be advice on how to deal with a problem, a helpful chat, or even being introduced to other groups who are able to offer help.

We want to learn what you thought about the project, if it helped you, if it worked well, and if it didn't work well too. We are asking for your views because you have had something to do with the project, either as a member of staff, a volunteer, or someone that has been to the project for help.

We would like to meet with you to talk about your experiences with Torbay Wellbeing Engagement Project. During the meeting, we would like to ask you questions about your experiences to help us understand what has been happening at the Torbay Wellbeing Engagement Project. The meeting will last up to an hour. We would like to record the meeting to help us remember what you said. We will look after the information that you share with us, and keep it safe too, so that only the people doing the research know about it.

You do not have to take part and you can leave the meeting at any time. You can ask to have what you said removed from what we learn if you change your mind. You can still use Torbay Wellbeing Engagement Project even if you don't take part, or decide you want to leave the meeting.

After the meeting we will use what you said to help us understand and learn what is working well and not so well about the Torbay Wellbeing Engagement Project. We will write a report based on what people say and what we learn. We will not put your name in that report unless you want us to. We will make sure that all personal information is removed from the report.

If you want to find out more or ask any questions, please contact one of the research team:

Becky Hardwick on 07549690648 Or

Georgie Jenkins on g.jenkins@exeter.ac.uk

If you want to make a complaint, please contact Stuart.Logan@exeter.ac.uk or Richard.Byng@plymouth.ac.uk

7.2 Participant information sheet: Workshop v2 200422

Hello!

We want to learn about the Torbay Wellbeing Engagement Project so that more people can be helped. The Torbay Wellbeing Engagement Project offers mental health and wellbeing support to people who use food banks or children centres. Support can be a lot of different things. It could be advice on how to deal with a problem, a helpful chat, or even being introduced to other groups who are able to offer help.

We want to learn what you thought about the project, if it helped you, if it worked well, and if it didn't work well too. We are asking for your views because you have had something to do with the project, either as a member of staff, a volunteer, or someone that has been to the project for help.

We would like you to join a workshop so that we can learn from each other what has been happening at the Torbay Wellbeing Engagement Project. A workshop is a type of meeting where a group of people come together to talk and share their experiences. The workshop will take place at your local community centre and will last up to 2.5 hours. At the workshop, we would like to write down some of the things you say and keep these to help us learn about the Torbay Wellbeing Engagement Project. We will look after the information that you share with us, and keep it safe too, so that only the people doing the research can read it.

You do not have to take part and you can leave the workshop at any time. You can ask to have what you said removed from what we learn if you change your mind. You can still use Torbay Wellbeing Engagement Project even if you don't take part, or decide you want to leave the workshop.

After the workshop we will use what people that took part said to help us understand and learn what is working well and not so well about the Torbay Wellbeing Engagement Project. We will write a report based on what people say and what we learn. We will not put your name in that report unless you want us to. We will make sure that all personal information is removed from the report. By being part of the group you agree to keep what is said to yourself, so that everyone can feel safe to talk together.

If you want to find out more or ask any questions, please contact one of the evaluation team:

Becky Hardwick on 07549 690 648 or Georgie Jenkins on g.jenkins@exeter.ac.uk

If you want to make a complaint, please contact Stuart.Logan@exeter.ac.uk or Richard.Byng@plymouth.ac.uk

7.3 Consent Form version 2. 20 April 2022

I understand what this project is about. I have had a chance to ask questions and I am comfortable with the answers. I know that I can ask more questions whenever I like.

I agree to participate. I made up my own mind to participate and nobody is making me do it. I don't have to answer any questions I don't like. I can stop whenever I want to. I can ask for my information not to be used.

I have read the information sheet and this form, or someone has read it to me in a language I understand. I agree with it.

I have read and understand the information sheet dated 20 April 2022 and have had the opportunity to ask questions.

Name

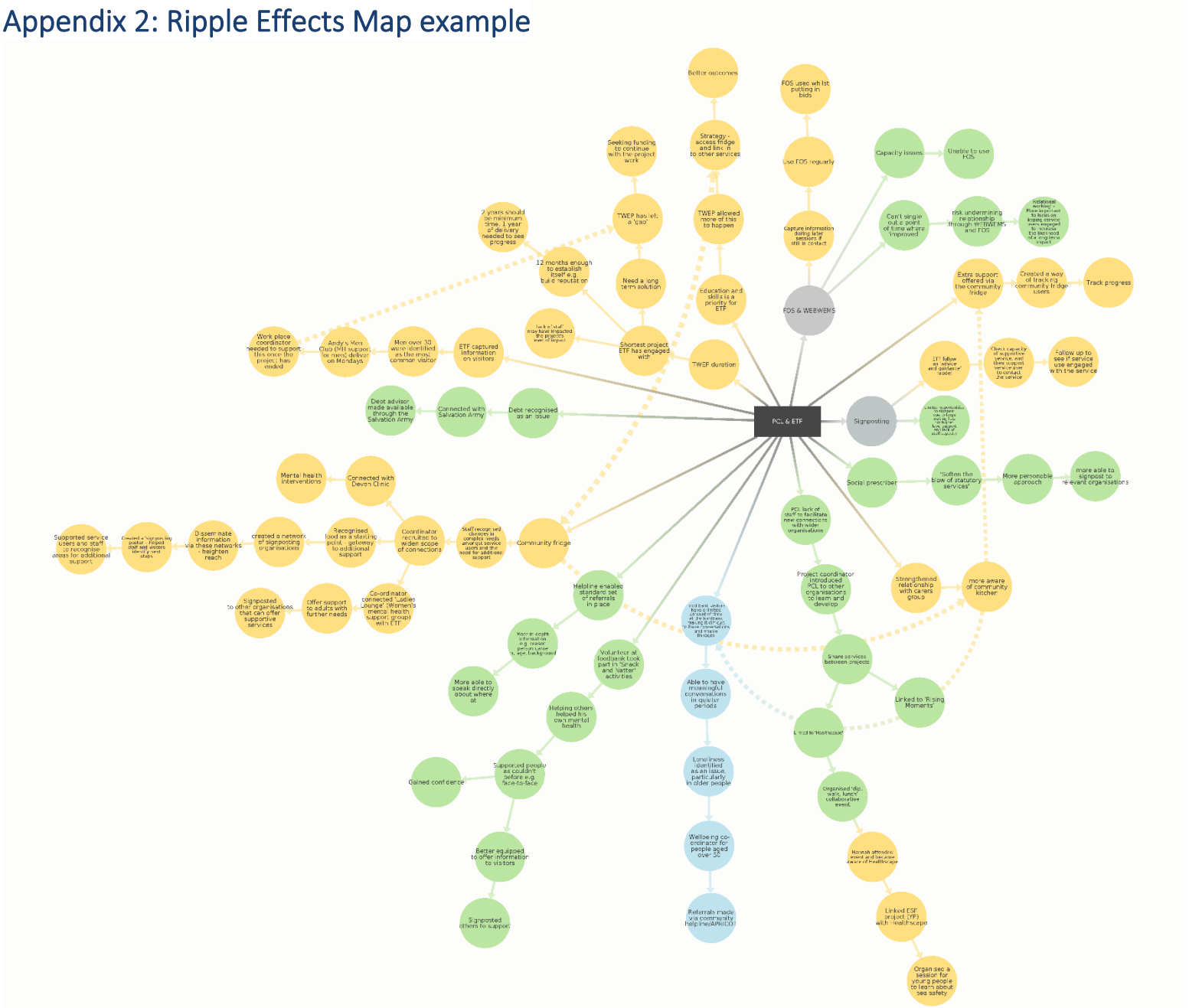
Date

Evaluation staff: I have explained the project to person named above and I believe that they understand and agree

Name

Date

Appendix 2: Ripple Effects Map example



8 Appendix 3: Sample Interview Questions: staff and project volunteers v1 180322

Introduction

Introduce self and research study

Discuss interview process, recording, confidentiality and consent. CONSENT FORM

Turn recorder on

About you and your organisation

Can you tell us a bit about your role – what do you do? What does it involve?

What is your background? How did you come to be here?

How would you describe your organisation to someone who knew nothing about it?

About TWEP

Tell me a story about the Torbay Wellbeing Engagement Project? Is there anything you are proud to share? What has been harder? Where hasn't it worked so well?

How did you start off doing this work? (Probe: who helped you, how did you work out what to do, what happened first, were there any problems, how were they dealt with?)

Outcomes of TWEP

Has the Torbay Wellbeing Engagement Project improved people's mental health? How do you know? Can you give an example?

And when has the TWEP not improved people's mental health? Do you know why? Can you give an example?

What difference apart from to do with mental health has TWEP made – to you personally, to your organisation, to the people you work with?

What is still left to do? (Probe: where has there been no progress, where have things got stuck, what are the problems or difficulties)

Collaborative working and TWEP

Was your organisation well connected to other organisations locally before TWEP?

How has that changed through being involved in TWEP? (Probe: doing other projects together (or not).