Be Well Programme: Pilot Evaluation Framework – Year Zero

March 2023

1. Introduction

1.1 Overview

This is the evaluation framework for the evaluation of the Be Well pilot programme. The evaluation is being delivered by South London and Maudsley NHS Foundation Trust. The pilot evaluation will take place between January 2022 and October 2023 and involves three core elements:

- Building research and evaluation capacity for the programme
- An outcomes evaluation of the pilot programme
- A developmental evaluation to assess the readiness of the programme for scale-up and continuation.

1.2 About the Be Well Programme

The Be Well Programme is a pilot intervention to address loneliness and isolation that was exacerbated by the COVID-19 pandemic. The impact on well-being from people at risk of loneliness is likely to be compounded by other economic and social impacts experienced by the same people, such as those experiencing job losses and health anxieties. The intervention was developed as part of the South London Listens Programme, where communities asked us to develop and invest in a Mental Health Champions programme.

The Be Well Programme is about getting people connected to each other and to the right services. This means strengthening both the relationships in existing community institutions themselves as well as the relationship between these places and their local statutory health services and local government.

Be Well Hubs are community organisations that commit to doing three things:

1. Build relationships and provide a place for community members to talk to one another – combating the stigma surrounding mental health.
2. Offer practical support and signposting to members.
3. Taking action with the wider community to reduce the causes of mental ill health.

We co-produced the role with Citizens UK and community leaders from across South London. As a result, we launched the programme in January 2022 through delivering mental health training and community organising training. Champions were then provided support to develop an action plan and launch hubs. The first hubs launched in June 2022.

The programme includes seven core elements, but it does not prescribe a particular way in which these elements should be achieved to ensure that approach is adapted to the needs and context of each community organisation and champion. This includes:
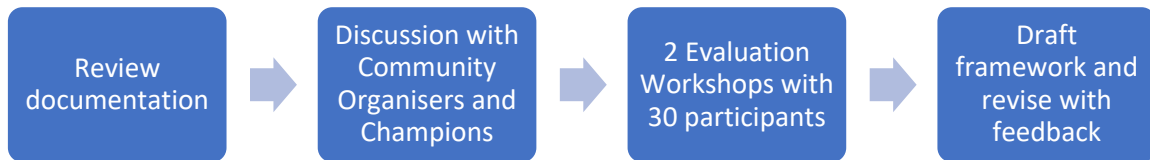
- A co-produced programme with skilled community leaders centring lived expertise
- Training, support and supervisions for members as Be Well Champions
- Provide information, resources and signposting to mental health support
- Activities and conversations for community members
- Regular listening through community organising
- Invitations for local authorities and mental health trusts to visit and listen to Hubs
- Embedded reflection and learning throughout the programme

The pilot is currently funded by the South East London and South West London ICBS until March 2024.

1.3 Methodology for developing the framework

This evaluation framework was co-produced by Be Well Champions, South London Listens staff and community organisers from Citizens UK. Additionally, we sought guidance and feedback from the South London Listens Academic Advisory Board. The work to develop this framework took place between September 2022 and January 2022. Figure 1 summarises the approach taken.

FIGURE 1 SUMMARY OF APPROACH TO DEVELOPING THE EVALUATION FRAMEWORK

| Review documentation | → | Discussion with Community Organisers and Champions | → | 2 Evaluation Workshops with 30 participants | → | Draft framework and revise with feedback |

1.4 Key audiences for the evaluation

During the scoping phase, we established a shared understanding of the purpose and key audiences of this evaluation. These audiences inform the methodology and approach to the evaluation. They will also inform how we report and disseminate findings. Figure 3 outlines these key audiences.

South London Listens Governance and Accountability	Local Decisionmakers	Potential partners	Local communities
• SLL Taskforce • High Level Advisory Board • Future accountability Assemblies	• Commissioners (e.g. Clinical commissioners, ICB and ICS, local authorities and NHS trusts) • People involved in planning, delivering and developing mental health services	• Potential future partners who are not currently engaged in the programme	• Community leaders involved with CEW • Local communities involved with South London Listens • The general public

2. Theory of Change

Table 1 presents a theory of change for the Be Well Programme. This was created 11 months after the start of the programme once the co-produced role and the structure of the programme became clearer. To develop our theory of change, we:

- Co-produced a shared understanding of the programme, its over-arching aims and the core elements that emerged in the first stage of delivering the pilot
- Drew on the knowledge and expertise of Be Well Champions, community organisers and South London Listens staff who have designed and delivered the pilot so far
- Utilised existing evidence on addressing social isolation and loneliness, as well as strengthening community power

The theory of change reflects our shared understanding of the programme at this time. As the pilot develops and adapts, we will be able to test our assumptions and adapt the programme in order to contribute to the outcomes and goals identified. In our theory of change, we recognise that the outcomes and goals will be achieved at different rates relating to different parts of the system. In addition, we have ensured learning, reflection and adaptation is embedded in our theory of change to drive improvement and development of the pilot and assess the readiness of scale up.

3. Evaluation questions

The evaluation will seek to answer a number of key questions about the Be Well pilot programme and the work done to develop it in Year Zero. The questions are linked to our theory of change and aim to address the aims and outcomes of interest to our key audiences. They are determined by the data which is likely to be available for evaluation at this stage, and the types of questions this will realistically enable us to answer. At this stage we are focusing on intermediate outcomes. As the pilot progresses, we will look to scale-up our evaluation to be able to measure the impact of the programme on longer-term aims and outcomes framed in our theory of change.

Our evaluation questions are as follows:

3.1 Outcome questions
1. What outcomes have been achieved on the programme?
2. How and why have they been achieved?
3. What are the reasons for any outcomes not being achieved?
4. Are there any unexpected consequences of the programme? If so, what are these consequences and what factors contribute to them?

3.2 Process questions
5. How has the programme been rolled out and implemented?
6. How well has the process worked? Were any changes made?
7. What learning is there for others that are looking to adopt or expand the programme?

TABLE 1 BE WELL PROGRAMME THEORY OF CHANGE

The situation…			Activities	Outputs	Intermediate outcomes	Outcomes	Long-term aims		Our assumptions	Evidence to support our assumptions
People in South London	*But*	*With us,*	*To do this, we deliver*	*Through these activities, our programme*	*This progress means*	*Which means*	*So that..*	*Which will mean…*	*We do this because..*	*We are confident this will work because...*
Are already part of a community	Since the pandemic, many continue to feel isolated, lonely and powerless	There are trusted and safe physical spaces for people to turn to when they feel their mental health is low or to feel more connected with their local community	A co-produced programme with community leaders centring lived expertise

Training, support and supervisions for members as Be Well Champions | Builds an activated and diverse social network of Champions and Hubs in every borough

Increases capacity, knowledge and skills of community members to support each other's mental health | Stronger social connectedness and support within and between communities

Community leaders are confidently able to support themselves and others in their community | It is easier for people to talk about and get help with their mental health when and where they need it

The social causes of mental ill-health are addressed | Everyone is working together to support and prevent mental ill-health

The mental health system is re-designed around the needs of communities and people | Nobody is more than 10 minutes away from being connected to someone who can help them with their mental health | Strong social connections and reciprocity can enable people to share their experiences and be more open about their mental health | Cacioppo and Patrick 2009

Graham and Rutherford, 2016,

Pollard et al, 2021 |
| Find mutual support and care everywhere | Many still find it difficult to have conversations about their mental health and wellbeing without the fear of stigma | There is a new narrative that frames mental health around social connection, compassionate conversations, and agency | Provide information, resources and signposting to mental health support | | Communities successfully organise and act on structural and systemic inequalities and injustices that impact their mental health | Communities are more resilient, empowered and engaged in developing

and shaping solutions | Reduced pressure, demand and cost on the NHS for unplanned and crisis mental health care and services | A truly equitable, safe and kinder mental health system, where everyone works effectively together to reduce and prevent mental-ill health | Strengthening social capital can bolster health and well-being at individual and community levels | Holt-Lunstad et al 2010

People's Health Trust, 2020 Cacioppo and Patrick 2009, Foot, 2012, Pollard et al, 2021 |
| | Struggle with getting mental health support until need escalates to crisis-point | Get information and support earlier | Activities and conversations for community members | Provides safe spaces for people to socially connect and talk about their mental health | Communities are effectively connected into the NHS and place-based decision makers to address key challenges | Be Well is scaled up and used as a model of good practice | Systematic mental health inequalities are tackled | | Volunteering is beneficial for well-being and can reduce isolation, exclusion and loneliness | Mundle et al 2013

Farrell and Bryant 2009; Sevigny et al 2010; Ryan-Collins et al 2008 |
| Come from rich cultural, racial, ethnic and faith backgrounds | Experience barriers to access, structural inequalities and discrimination in traditional | They supported to organise and take action on injustices and inequalities to prevent mental ill-health | Regular listening | Launches actions and campaigns | | | | | Community power has real, tangible impact for the health and wellbeing of people and communities | Topazian et al, 2022, Pollard et al, 2021, People's Health Trust, 2020, Public Health England, 2015 |

	mental health services		through community organising		We create a cost-effective model for strengthening communities and promoting mental health				
Want to be healthy and thrive	Face difficult and challenging social and economic conditions every day that impact their mental health		Invitations for local authorities and mental health trusts to visit and listen to Hubs	Hubs have relationships with and are recognised by local mental health trusts and local authorities				Community power can generate financial savings for public services and alleviate pressure on the NHS	Hex and Tatlock, 2011, Pollard et al, 2021; Naylor and Wellings, 2019; Duffy, 2017
Are a deep well of committed, kind volunteers who are ready to help in an ocean of need	Don't have the knowledge, skills or resources to get started	They are trained and supported to become mental health champions and provide practical and emotional support	Embedded reflection and learning throughout the programme	Uses learning, reflection and best practice to constantly improve the programme				Community-led approaches can reduce health inequalities	Foot, 2012 People's Health Trust, 2020, Bennett et al, 2018
								Community power can boost trust	Pollard et al, 2021, Hothi et al, 2008

4. Evaluation framework

Figure 5 outlines a framework to guide the evaluation and data collection. This is currently centred on the intermediate outcomes and impacts defined in the theory of change. For each outcome, we outline:

- The indicators which would demonstrate that the outcome has been achieved
- The evaluation questions which relate to the outcome impact
- The evaluation questions which relate to the outcome/impact
- The methods which will be used to capture the evidence
- The frequency with which the methods will be used.

Outcome	Evaluation questions	Indicators	Methods/sources of data	Frequency

Stronger social connectedness and support within and between communities	1-4, 5-7	• There is evidence that champions and hubs are building social connectedness through regular activities in their hubs and can provide examples of this
		• There is evidence that champions and hubs are engaging and regularly providing support to members of their hubs
		• There is evidence that there is a diverse network of
		• There is evidence that champions have developed new relationships with other hubs or champions locally or as part of a wider Be Well Network
		• People who have been supported by a Be Well Champion or engaged in regular hub activities report that they feel
		    o More socially connected
		    o Listened to, respected and self-empowered.
			Champions Training Tracker
			
			Hubs Tracker
			
			Network events
			
			Champions interviews
			
			Qualitative feedback from attendees at hubs
			
			Summary of outputs
				Reporting tool completed and analysed monthly
				
				Annually
				
				Annually
				
				Annually
				
				Annually
				
				Quarterly

Community leaders are confidently able to support themselves and others in their community	1-4	• Using the Kirkpatrick Model of evaluation, there is evidence that through training and support, champions have:
		    o Improved knowledge and understanding of mental health and wellbeing
		    o Improved understanding of how to provide support and signpost
		    o Improved confidence in supporting themselves and others
		    o Improved confidence in challenging mental health stigma
		    o Implemented learning as practice
			Champions training survey
			
			Reflective practice/supervision sessions
			
			Champions interviews
			
			Summary of outputs
				Annually
				
				Monthly
				
				Annually
				
				Annually

Communities successfully organise and act on structural and systemic inequalities and injustices that impact their mental health	1-4	• Champions have received community organising training and can provide examples of how this training has developed their leadership skills • Champions have conducted community listening and can provide examples of this • Champions have successfully developed campaigns and taken action and can provide examples of this • Outcomes of successful action	Champions training tracker Champions training survey Hub's tracker Champions and community organiser interviews Summary of outputs	Annually Annually Annually Annually Annually

| Output	Evaluation questions	Indicators	Methods	Frequency

Communities are effectively connected into the NHS and place-based decision makers to address key challenges	1-4	• Champions and hubs have built relationships with NHS or place-based decision makers and can provide examples of this e.g.
		  o Attendance of decision makers at Hub events
		  o Hub attendance with NHS or LA meetings or groups
		  o Outcomes or impact of relationships built e.g., policy or strategy
			Hubs tracker
			
			Champions and community organiser interviews
			
			Be Well team meetings
				Bi-monthly
				
				Annually
				
				Monthly

We create a cost-effective model for strengthening communities and promoting mental health	1-4, 5	This indicator will be developed further with support from our academic advisors. In the first instance, we will aim to estimate the true value and cost of the programme with support in-kind e.g. voluntary time and resources of champions and hubs	Budget Champions survey	Annually Annually
Output	**Evaluation questions**	**Indicators**	**Methods**	**Frequency**
Embedded reflection and learning to improve the programme	5-7	• There are regular opportunities for reflection and learning embedded in the programme and can provide examples of this • The Be Well team identify lessons learned through the pilot and can provide examples of how approaches or the programme has been adapted in response to this learning	Be Well Network calls Be Well team meetings Learning and reflection sessions Champions and community organiser interviews	Bi-monthly Monthly Annually Annually

5. Delivering the evaluation

5.1 Proposed methodology

Figure 2 summarises the planned approach to the pilot evaluation. As the evaluation scales up, we will welcome involvement from community researchers with lived experience in more aspects of the evaluation. The boxes shaded in light blue represent the elements we believe the evaluation would most benefit from their involvement at this stage and are working with partners to undertake this.

FIGURE 2 SUMMARY OF PILOT EVALUATION APPROACH
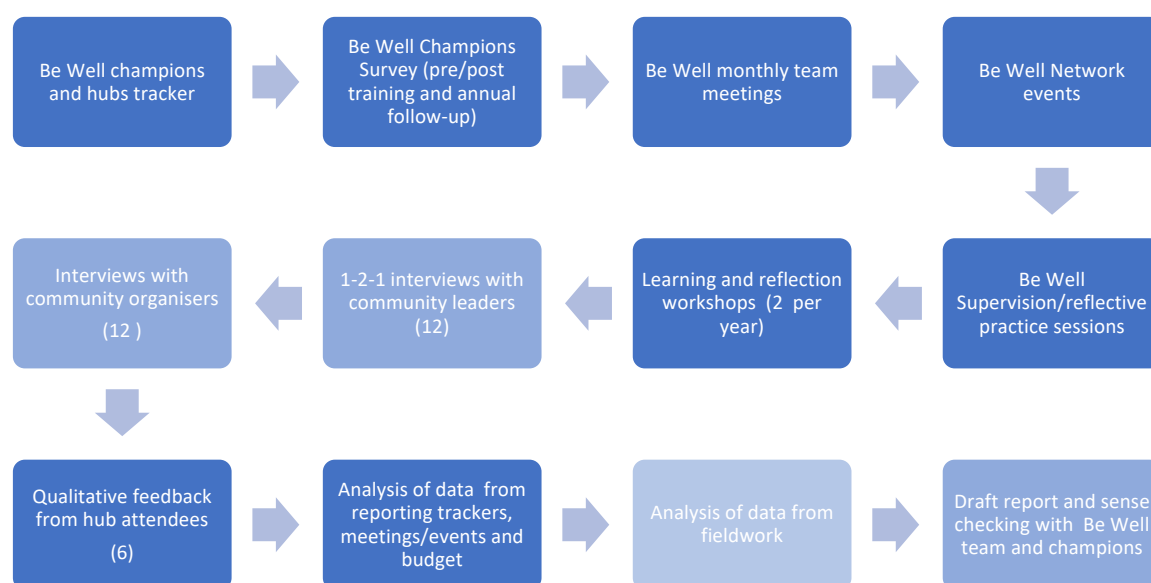
5.2 How the methodology addresses the evaluation questions and core components

The different methods are each intended to gather data in relation to the key evaluation questions and to contribute to the evaluation of the core components and outcomes of the programmes. Figure 3 indicates how the methods relate to the questions and core elements.

FIGURE 3 QUESTIONS AND COMPONENTS ADDRESSED BY EVALUATION METHODS

Method	Evaluation questions							Core components		
	1	2	3	4	5	6	7	Outputs	Outcomes	Process
Be Well Champions Tracker	x							x	x	
Be Well Hubs Tracker	x							x	x	
Champions survey	x							x	x	
Supervision/reflective practice sessions	x			x	x	x	x	x	
Be Well team meetings	x	x	x	x	x	x	x	x	x	x
Learning and reflection workshops					x	x	x		x	x

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Champion interviews	x	x	x	x	x	x	x	x	x	x
Community organiser interviews	x	x	x	x	x	x	x	x	x	x
Be Well Network events	x	x	x	x	x	x	x	x	x	x
Qualitative feedback from hub attendees	x	x	x	x					x	

5.3 Be Well Champions Tracker

We will conduct an analysis of the Reporting Tracker, which is a tool completed monthly by the Be Well core programme team. This will enable us to:

- Monitor how many people have received training
- Monitor what training people have received
- Monitor training by borough.

5.4 Hub Reporting Tracker

We will conduct an analysis of the Reporting Tracker, which is a tool completed monthly by the Be Well core programme team and community organisers. This will enable us to:

- Monitor how many hubs have been accredited and are in the process of accreditation
- Monitor what activities hubs are delivering
- Monitor estimates of monthly engagement with hub activities
- Monitor listening and action campaigns underway
- Identify what themes or issues are arising from listening campaigns
- Monitor hubs by borough.

5.5 Champions survey

We will conduct a quantitative statistical analysis of the pre- and post-training surveys completed by champions. This will include analysis of four surveys completed by champions: pre-training, two post surveys completed after each mental health module, and a follow-up survey in June 2022. The surveys follow Kirkpartick's training evaluation model (1993) to evaluate at four levels: reaction, learning, behaviour, and results. We will aim to conduct t-tests of paired pre- and post-training surveys to evaluate changes over time.

Pre- and post-training surveys will enable us to conduct:

- A descriptive analysis of survey participants' demographic background
- A descriptive analysis of reaction to training
- A cross-sectional analysis of survey participants' pre- and post-training learning outcomes such as improved knowledge, understanding and confidence
- A paired t-test analysis to identify statistically significant changes in learning outcomes for those who have completed all surveys
- A qualitative analysis goals to implement practice and training feedback.

A follow-up survey at the end of the first year of the pilot will enable us to conduct:

- A descriptive analysis of survey participants' demographic background
- A cross-sectional analysis of learning, practice and development outcomes, including community organising leadership development

- A paired t-test analysis to identify statistically significant changes in learning outcomes for mental health training for those who have completed all surveys.

A full methodology for quantitative analysis will be available separately.

5.6 Supervision/reflective practice sessions and Be Well Network Events
We will collect fieldnotes from supervision/reflective practice sessions and Be Well Network events where possible. These activities enable champions to share learning and develop good practice. These will be delivered in person and online.

Our fieldnotes will include:

- Experiences of delivering the programme
- Identifying of practice to support case studies
- Understanding what is progressing well
- Understanding challenges and how they are being addressed
- Capturing learning and adaptation of the programme as it develops for each champion.

5.7 Be Well team meetings
Be Well core programme staff meet monthly to monitor the progress of the programme and develop plans to support it. We will collect notes from these meetings to identify learning, new activity, emerging outcomes and adaptation.

5.8 Learning and reflection workshops
We will host bi-annual learning and reflection workshops with Champions, South London Listens team, and Citizens UK staff and community organisers. These will be delivered in person and online.

Workshops will focus on:

- Experiences of delivering the programme
- Sharing learning and good practice
- Discussing delivery of components of the programme and any relevant emerging outcomes
- Understanding what is progressing well
- Understanding challenges and how they are being addressed
- Capturing adaptation of the programme as it develops.

Champions interviews
We would like to undertake semi-structured 1-to-1 interviews with Champions. These interviews will be conducted face-to-face or online and be between 30 – 45 minutes. Interviews will be recorded and transcribed. We will aim to interview approximately 12 champions, identifying 1 Champion in each borough. These interviews will be conducted by a peer research team, who will co-produce the interview guide, and the Senior Research Associate for South London Listens. Interviews will focus on:

- Experiences of involvement, collaboration, and expertise in designing and developing the programme
- Experiences of becoming a champion and launching hubs
- Understanding the impact of core elements of the programme such as training, leading hubs and community organising
- Capturing learning and adaptation of the programme as it develops for each Champion.

Community organiser interviews
We would like to undertake semi-structured 1-to-1 interviews with Champions. These interviews will be conducted face-to-face or online and be between 30 – 45 minutes. We will aim to interview all Citizens UK community organisers involved in the programme. These interviews will be conducted by

a peer research team, who will co-produce the interview guide, and the Senior Research Associate for South London Listens. Interviews will focus on:

- Experiences of involvement, collaboration, and expertise in designing and developing the programme
- Experiences of recruiting and supporting Champions and hubs
- Understanding the impact of core elements of the programme such as training, leading hubs and community organising
- Capturing learning and adaptation of the programme as it develops in each borough.

5.6 Qualitative feedback from hub attendees

We would like to capture the feedback of people engaging with hub activities and Champions. We will work with Creating Ground and community leaders to co-produce a participatory method that will help participants tell their stories in a sensitive and empowering way. They will focus on people's experience of the support they have received, as well as any changes that the support helped them to achieve. We aim to conduct interviews or focus groups with each organisation involved in the pilot (approximately 20 people) who have expressed interest in taking part. Stories ideally will highlight what has been going well as well as experiences where support could be improved in the future.

5.7 Informed Consent

It is important that all clients and participants in interviews provide consent for their data to be collected and shared with South London Listens. It is the responsibility of the Senior Research Associate to collect informed consent prior to conducting interviews and focus groups. We will develop an information sheet and informed consent form to be used for this purpose, with feedback and guidance from the Centre for Society and Mental Health, King's College London. Alongside this, researchers or facilitators conducting interviews/focus groups with clients will be supported to manage any safeguarding or ethical concerns that arise through the research.

5.8 Data Protection and Storage

A 'Project Proposal Form (PPF) for Clinical Audit, Service Evaluation, and other Quality Improvement Projects, was completed at the start of the project with the South London and Maudsley NHS Trust Foundation. As the Data Controller to ensure that data protection privacy risks are minimised and addressed, we include an information notice for participants outlining how their data will be collected, stored and processed.

5.9 Planned Analysis

We will use quantitative data from the tracker to provide descriptive demographic data alongside data relating to outcomes and service use. All qualitative data collected will be analysed to produce a summary of outputs and use a thematic analysis approach to answer outcome and process research questions.

5.10 Reporting timetable for evaluation

We will produce interim progress reports on a quarterly basis for South London Listen to capture outputs, emerging outcomes, and learning from implementation. A final evaluation report will be produced in October 2023.

5.11 Evaluation timetable

Table 2 presents a provisional timeline for the pilot evaluation.

TABLE 2 EVALUATION TIMETABLE

Activity	Mar-23	Apr-23	May-23	Jun-23	July-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Evaluation preparation										
Finalise evaluation framework based on feedback from stakeholders	x									
Develop participatory hub activity with Creating Ground and community leaders	x	x	x							
Develop research tools	x	x	x							
Recruit and train peer researchers			x	x						
Develop scale-up and year 1 evaluation				x				x	x	x
Programme monitoring										
Develop and test champions and hub trackers	x									
Conduct monthly meetings with core team	x	x	x	x	x	x	x	x	x	x
Attend Be Well Supervision and Network events	x	x	x	x						
Champions survey										
Design end of year follow-up survey	x									
Launch survey and collect data			x	x						
Analyse pilot survey results					x	x				
Adapt and update surveys for year 1			x	x	x					
Learning and reflection workshops										
Design and plan workshop					x					

Task										
Deliver workshop					x					
Community leader interviews										
Arrange interviews and visits			x	x						
Conduct interviews with peer researchers			x	x			x			
Community organiser interviews										
Arrange interviews				x		x				
Conduct interviews				x	x		x	x		
Qualitative feedback from hub attendees										
Deliver co-production workshops			x							
Pilot activity and collect stories			x	x	x					
Collect feedback and launch in toolkit for year 1					x	x				
Analysis and reporting										
Quarterly reporting		x			x			x		
Analysis of data					x	x				
Draft final report						x	x			
Sense check with stakeholders and finalise report							x	x		

6. Key considerations in developing the methodology

In developing the methodology, we have tried to reflect the views and feedback shared by people who participated in co-designing the evaluation and our academic advisory board. Two important considerations were raised at this stage:

1. Ensuring the evaluation design and activities are co-produced with community leaders and experts wherever possible
2. Ensuring that approaches are ethical and take into consideration the experiences and needs of people with lived experience, particularly those from refugee and migrant backgrounds
3. Minimising the burden of evaluation activities on participants' time.

We hope to do this through:

- Designing and delivering the evaluation with community leaders and where relevant, researchers or facilitators with lived experience
- Taking action to ensure that learning from those with lived expertise is fed back on to the programme and evaluation
- Implementing safeguarding processes and managing ethical concerns that may arise through the research
- Co-producing topic guides and evaluation tools, considering the use of other languages where possible
- Testing out and refining initial findings.

6.1 Feasibility and practicality

We have sought to maximise evaluation activity within the budget and resourcing capacity. We aim to use a range of data to evaluate the impact and implementation of the pilot.

We have chosen methods which we believe from experience will capture the data required and be practical to implement. We have also sought to limit the time and input required from staff and community leaders by ensuring that tools are as concise as possible, building in flexibility to conduct evaluation activities, and making adjustments to ensure that people feel comfortable and safe to share their knowledge, views and experiences.

6.2 Ethics and confidentiality

We aim to ensure that all the research that we conduct is ethical and conducted in line with Data Protection regulations. Although this is considered a programme evaluation and not research activity, we adopt an ethical approach utilised by academic institutions and our advisory board. This is underpinned by:

- Adopting relevant social research methods
- Obtaining informed consent for participation
- Protection and confidentiality and data security through an approved Data Protection and Privacy Impact Assessment
- Avoidance of personal and social harm
- Safeguarding.

In the event we identify safeguarding concerns during evaluation activities, we will follow safeguarding policy at SLaM with input from our partners (e.g. community leaders and safeguarding processes used in their organisation).