

# Community Embedded Worker Pilot: Evaluation Framework – Year Zero

March 2023

## 1. Introduction

### 1.1 Overview

This is the evaluation framework for the developmental evaluation of the Community Embedded Worker Pilot. The evaluation is being delivered by South London and Maudsley NHS Foundation Trust. The pilot evaluation will take place between 2022 and 2023 and involves three core elements:

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

### 1.2 About the Community embedded worker (CEW) programme

The Community Embedded Worker Programme is a pilot intervention to improve the access to mental health services for migrants, refugees, and diaspora communities. The intervention was developed as part of the South London Listens Programme, where communities asked NHS Trusts to invest in mental health practitioners embedded in community organisations in order to build trust and provide services for refugee, migrant and diaspora communities.

CEW fills in the gap in support for people who are struggling to access mental health services, particularly those from Black, African, Caribbean, and mixed heritage communities, and migrants, refugees, and diaspora groups who currently face barriers to access due to discrimination, disadvantage and lack of trust in the system.

By placing a clinical mental health practitioner in an organisation that local communities already trust, the programme aims to provide support for those who fall between primary and secondary mental health services, break the cycle of people ‘bouncing’ around the systems, and provide earlier help for those who fail to get support until their mental health needs have escalated to crisis point.

We co-produced the role with five community organisations and leaders involved in the pilot. As a result, three community embedded workers were recruited in May/June 2022 from local mental health teams in a one-day a week role to provide support in these community organisations.

The programme includes six core elements that should be considered by each Community Embedded Worker, 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. This includes:

- A co-produced programme with skilled community leaders centring lived expertise
- 1-2-1 support sessions with community embedded workers
- Group support sessions catered to community need
- Training for community organisation staff and volunteers on mental health and services

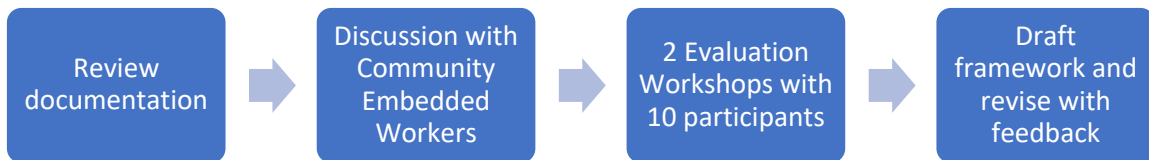
- A network of key agencies and statutory stakeholders to share learning from the programme and address barriers to access in services
- Embedded reflection and learning opportunities to constantly improve the programme.

The pilot is currently funded by the South London and Maudsley NHS Foundation Trust until March 2024.

### 1.3 Methodology for developing the framework

This evaluation framework was co-produced by South London Listens staff, the Community Embedded Workers, community leaders who are involved in the pilot, 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**



### 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
<ul style="list-style-type: none"> <li>•SLL Taskforce</li> <li>•High Level Advisory Board</li> <li>•Future accountability Assemblies</li> </ul>	<ul style="list-style-type: none"> <li>•Commissioners (e.g. Clinical commissioners, ICB and ICS, local authorities and NHS trusts)</li> <li>•People involved in planning, delivering and developing mental health services</li> </ul>	<ul style="list-style-type: none"> <li>•Potential future partners who are not currently engaged in the programme</li> </ul>	<ul style="list-style-type: none"> <li>•Community leaders involved with CEW</li> <li>•Local communities involved with South London Listens</li> <li>•The general public</li> </ul>

## 2. Theory of Change

Table 1 presents a theory of change for the Community Embedded Worker Programme. This was created 6 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 community leaders, organisers and CEWs who have designed and delivered the pilot so far
- Utilised existing evidence on addressing barriers to access for migrant, refugee, and diaspora groups.

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 Community Embedded Worker 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 COMMUNITY EMBEDDED WORKER THEORY OF CHANGE**

The situation...			Activities	Outputs	Intermediate outcomes	Outcomes	Long-term aims	
<i>Our service users</i>	<i>But our service users</i>	<i>With us, our service users</i>	<i>To do this, we deliver</i>	<i>Through these activities, our programme</i>	<i>This progress means</i>	<i>Which means</i>	<i>So that..</i>	<i>Which will mean...</i>
Are already part of a community	Lose trust NHS services because they are difficult to understand and hard to reach	Have NHS clinicians who come to them	A co-produced programme with skilled community leaders centring lived expertise	Reaches our target group with timely access to the support they need	More people from BME and migrant backgrounds get the right help, at the right time and in the right place	Improved access to mental health services for ethnic minority, migrant diaspora groups	Effective, holistic help and support for mental health when and where people need it	A truly accessible, integrated and kinder mental health system, where everyone works effectively together to reduce and prevent mental-ill health
Receive care from people and community organisations they trust	Face difficult and challenging social conditions every day that impacts their mental health	Receive holistic and integrated support that understands their personal circumstances	1-2-1 sessions with community embedded workers	Develops a partnership model between VCOs, statutory and NHS services	Learning from programme is used to take action and address structural barriers to increase levels of access to services	Professionals and services are part of an integrated ecology of support.	The mental health system is re-designed around the needs of communities and people	
Come from rich cultural, racial and ethnic communities	Experience barriers, discrimination and are often misunderstood by traditional NHS services	Get support from someone who can challenge the system and address structural barriers and inequalities	Group sessions catered to community need	Capacity builds VCOs involved in the wider mental health care pathway to support mental health and signpost to services	Strong, trusted and equitable relationships are built between the NHS and communities	There is a 'side by side' learning culture, and the skills and knowledge of all actors (including VCOs) are recognised and combined to achieve the best outcomes.	Reduced demand and cost on the NHS for unplanned and crisis mental health care and services	
Want to be healthy and thrive	Have complex mental health needs and have experienced trauma	Experience person-centred care	Train VCO staff and volunteers on mental health and services	Pathways, guidance and services are created for those who fall between thresholds/services, especially those needing trauma-focused support				
Are well supported by skilled volunteers and staff in voluntary, charity community organisations	Struggle with getting help until their mental health need escalates to crisis-point	Get information and support earlier	Embedded reflection and learning to improve the programme		VCO staff and volunteers have a better understanding of mental health and services	Care is delivered faster and at a lower cost	Reduction in mental health ethnic inequalities	
Try to get help	Fall between thresholds, primary and secondary services and are bounced around the system for a long time.	Receive more timely access to the right support, without the lengthy waiting times that people experience in some other services	A network of agencies and stakeholders to share learning and address structural barriers					

#### 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	Frequency
More people from BME and migrant backgrounds get the right help, at the right time and in the right place	1-4	<ul style="list-style-type: none"> <li>• There is evidence that CEWs are reaching and engaging refugee, migrant and diaspora groups</li> <li>• People who have been supported are able to get access to support more easily and faster than would have been the case without the CEW programme and can provide examples of this e.g., average wait time</li> <li>• People who have been supported report getting access to the right help or service and can provide examples of this</li> <li>• People who have been supported report that the way support was delivered resulted in a more positive experience of support than would have been the case without the CEW and can provide examples of this. <ul style="list-style-type: none"> <li>○ Trusted relationships with people supporting them.</li> <li>○ Feeling listened to, respected and self-empowered.</li> <li>○ Feeling that support was tailored to them.</li> <li>○ Reduced waiting time for the support they need</li> </ul> </li> </ul>	<p>CEW Reporting Tracker</p> <p>CEW staff team meetings</p> <p>Learning and reflection workshops</p> <p>Client interviews/focus groups</p> <p>Summary of outputs</p>	<p>Reporting tool completed quarterly</p> <p>Bi-monthly</p> <p>Annually</p> <p>Annually</p> <p>Annually</p>
Learning from programme is used to take action and address structural barriers to increase levels of access to services	1-4	<ul style="list-style-type: none"> <li>• CEWs have opportunities to meet and discuss learning and good practice with other services and multi-agency groups, and CEW team can provide examples of this (e.g. events, meetings, workshops or groups set up)</li> <li>• Dedicated resource and support to share and implement learning e.g., improved or new services and pathways, more integrated working locally</li> <li>• CEW programme team report actions and relevant commissioning plans that demonstrate implementing system change</li> </ul>	<p>CEW staff team meetings</p> <p>Learning and reflection workshops</p> <p>Summary of outputs</p>	<p>Bi-monthly</p> <p>Annually</p> <p>Annually</p>
Strong, trusted, and equitable relationships are built between the NHS and communities	1-4, 5-7	<ul style="list-style-type: none"> <li>• Community leaders and experts by experience collaborate and co-produce in the design, development and delivery</li> <li>• Examples how knowledge, skills and views of community leaders have impacted on the development and delivery of the programme</li> <li>• Community leaders and VCO staff report that the way in which the programme was delivered resulted in a more positive experience of working with the NHS and can provide examples of this: <ul style="list-style-type: none"> <li>○ Trusted relationships</li> <li>○ Feeling listened to, respected and empowered.</li> <li>○ Feeling that they had the autonomy to shape the programme</li> <li>○ Feeling that the NHS is willing to implement and take action on systemic barriers</li> </ul> </li> </ul>	<p>Learning and reflection workshops</p> <p>Interviews with community leaders and VCO staff</p> <p>Summary of outputs</p>	<p>Annually</p> <p>Annually</p> <p>Annually</p>

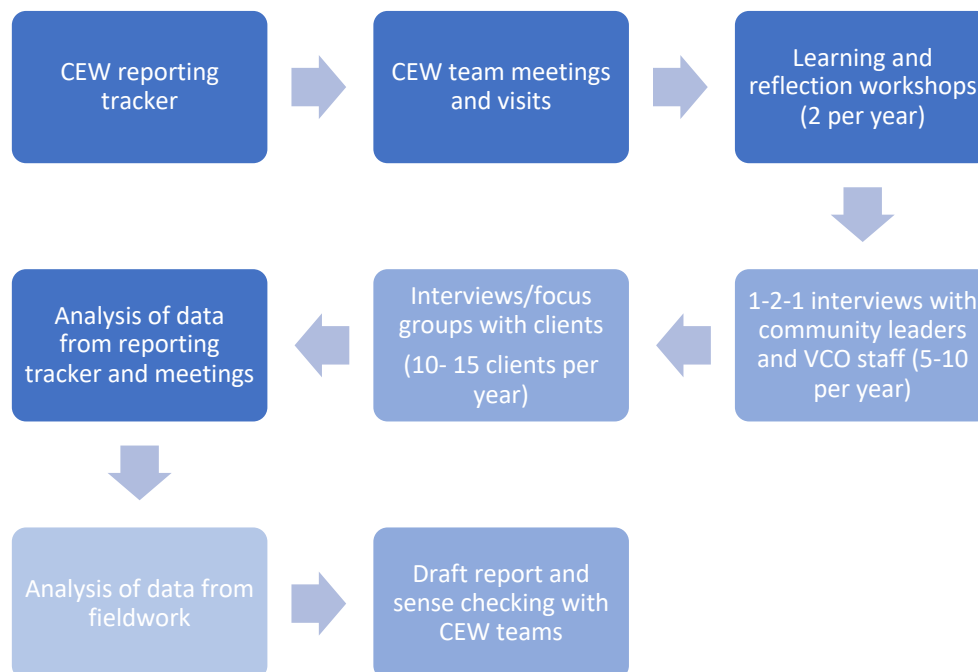
VCO staff and volunteers have a better understanding of mental health and services	1-4	<ul style="list-style-type: none"> <li>• Staff and volunteers in host community organisations have received training and support from CEWs and can provide examples of this e.g.             <ul style="list-style-type: none"> <li>○ Number of training sessions delivered</li> <li>○ Number of people engaged in training</li> <li>○ Any feedback CEWs have collected</li> </ul> </li> <li>• Staff and volunteers who have received training or worked closely with CEWs report improved understanding of mental health and services and can provide examples e.g.             <ul style="list-style-type: none"> <li>○ Improved knowledge and awareness of mental health and well-being</li> <li>○ Improved confidence to sign-post to services and support</li> <li>○ Improved understanding of the local mental health system</li> <li>○ Examples of implementing learning</li> </ul> </li> </ul>	CEW Reporting Tracker CEW staff team meetings Community leader/staff interviews	Bi-monthly Bi-monthly
<b>Output</b>	<b>Evaluation questions</b>	<b>Indicators</b>	<b>Methods</b>	<b>Frequency</b>
Embedded reflection and learning to improve the programme	5-7	<ul style="list-style-type: none"> <li>• There are regular opportunities for reflection and learning embedded in the programme and can provide examples of this</li> <li>• CEW 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</li> </ul>	CEW staff team meetings Learning and reflection sessions Community leader/staff interviews	Bi-monthly Anually 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
CEW Reporting tracker	x							x	x	
Meetings with CEWs	x	x	x	x	x	x	x	x	x	x
Learning and reflection workshops	x	x	x	x	x	x	x		x	x
Community leader/VCO staff interviews	x	x	x	x	x	x	x		x	
Client interviews/focus groups	x	x	x	x	x		x	x	x	



### **5.3 CEW Reporting Tracker**

We will conduct an analysis of the Reporting Tracker, which is a tool completed bi-monthly by CEWs. This will enable us to:

- Review whether the programme is reaching our target group
- Review how many people have been supported by the programme
- Understand what support is provided and whether clients have gained access to services.

### **5.4 Meetings with CEWs**

We will meet with CEWs, community leaders and core staff bi-monthly. This will be completed in a number of ways including:

- 1-to-1 or group meetings with CEWs
- Visits to CEWs. Which may be combined with observation of activities that are part of the programme.

Meetings will focus on:

- Experiences of delivering the programme
- Discussing delivery of components of the programme and any relevant outcomes
- 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 community organisation and CEW.

### **5.5 Learning and reflection workshops**

We will host bi-annual learning and reflection workshops with the core team responsible for delivering the programme (CEWs, community leaders, South London Listens team and Citizens UK organisers). These will be delivered in person and online.

Workshops will focus on:

- Experiences of delivering the programme
- Sharing learning and good practice between CEWs
- Discussing delivery of components of the programme and any relevant outcomes
- 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 community organisation and CEW.

### **Community leader/VCO staff interviews**

We would like to undertake semi-structured 1-to-1 interviews with community leaders and VCO staff or volunteers who have received training or support from a CEW. These interviews will be conducted face-to-face or online. We will aim to interview at 1-2 people in each community organisation. Interviews will focus on:

- Experiences of involvement, collaboration, and expertise in designing and developing the programme
- Understanding the impact of CEWs on core elements of work, including any training for staff
- Capturing learning and adaptation of the programme as it develops for each community organisation and CEW.

### **5.6 Client interviews/focus groups**

We would like to undertake 1-to-1 interviews or focus groups with people who have been supported by a Community Embedded Worker. These interviews or focus groups will be face-to-face and jointly conducted by trained community facilitators from Creating Ground with lived experience of being a refugee, migrant or from a diaspora group and South London Listens researchers. 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 Data Protection and Impact Assessment 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. This included an information notice for participants.

### **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 November 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 workshops/interviews with Creating Ground and community leaders						x	x			
Develop research tools	x	x	x	x	x					
CEW reporting tracker										
Develop and test CEW reporting tracker	x		x		x		x		x	
Meetings and visits										
Conduct bi-monthly meeting and visits	x		x		x		x			
Learning and reflection workshops										
Design and plan workshop							x			
Deliver workshop								x	x	
Community leader/staff interviews										
Arrange interviews						x				
Conduct interviews							x			
Client interviews/focus groups										
Arrange interviews/focus groups						x				
Conduct interviews/focus groups							x	x		

Analysis and reporting										
Quarterly reporting	x			x			x			x
Analysis of data								x	x	
Draft final report								x	x	x
Sense check with stakeholders and finalise report										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).