South London Listens Programme: Pilot Evaluation Framework – Year Zero

March 2023

1. Introduction

1.1 Overview

This is the evaluation framework for the evaluation of the South London Listens partnership 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 continuation.

1.2 About the South London Programme

Recognising the psychological fallout of the pandemic, South London Listens has been developed as an urgent mental ill-health prevention response. By working together, we can prevent people's lives being affected by mental ill-health. South London Listens is a collaboration of three NHS mental health trusts, local authorities, the Integrated Care Systems across south east and south west London, local Healthwatch organisations, Citizens UK, and community organisations including schools, colleges, universities, faith organisations and small charities. Following an extensive listening exercise involving 6000 people, an action plan was co-produced with support from statutory, voluntary and community organisations to address four key priority areas.

Between November 2021 – November 2023, the programme committed to deliver these actions and pledges as a partnership, helping to create a new blueprint for working together to build community resilience and improve mental health across south London.

The partnership aims to use community listening and organising to build a bridge between the mental health system and communities, committing to doing three things:

1. Building and growing relationships, trust and sharing power
2. Using community listening and organising to develop, test and scale up innovations and interventions
3. Addressing the social and economic injustices that are exacerbating mental ill health in South London.
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Our partnership approach uses community organising as a model to drive systemic change in the mental health system. This includes four core elements:

- Using on-going community listening to build and grow long-term relationships, and understand the issues affecting communities

- Empowering communities by capacity building and strengthening community leaders and organisations to shift the balance of power
- Taking action together to tackle the root causes of mental ill-health
- Co-produce and test innovative solutions with communities with lived experience as experts.

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 community leaders, 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 2023. Figure 1 summarises the approach taken.

FIGURE 1 SUMMARY OF APPROACH TO DEVELOPING THE EVALUATION FRAMEWORK

Review documentation → Discussions with Community Organisers and SLL staff → 3 Evaluation Workshops with 29 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.

FIGURE 2 KEY AUDIENCES

South London Listens Governance and Accountability
- SLL Taskforce
- High Level Advisory Board
- Future accountability Assemblies

Local Decisionmakers
- Commissioners (e.g. Clinical commissioners, ICB and ICS, local authorities and NHS trusts)
- People involved in planning, delivering and developing mental health services

Potential partners
- Potential future partners who are not currently engaged in the programme

Local communities
- 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 South London Listens Partnership Programme. This was created 12 months after the launch of the action plan, once 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 action plan
- Drew on the knowledge and expertise of community leaders, community organisers and South London Listens staff who have designed and delivered the pilot so far
- Utilised existing evidence on addressing strengthening community power and multi-sector partnerships to improve mental health systems.

The theory of change reflects our shared understanding of the programme at this time. As the programme develops, 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 model.

3. Evaluation questions

The evaluation will seek to answer a number of key questions about the programme and the work delivered against the action plan. 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 and in particular our Be Well pilot programme that encapsulates all core elements of the model. As the programme progresses into a five-year action plan, 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 SOUTH LONDON LISTENS PARTNERSHIP 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 trusted community	Find the NHS and statutory services hard to reach	Everyone comes together to redesign the mental health system around people and communities	Long-term relationships and cross-sector partnerships with existing communities of trust	Creates a co-produced partnership model centred on community organising and lived experience	Communities feel listened to, validated, and empowered to improve mental health and well-being	It is easier for people to talk about and get help with their mental health when and where they need it	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	Successful place-based and systems transformation requires cross-sector leadership, partnership, and collaboration	Innovation Unit, 2020; Pollard et al, 2021; King's Fund, 2021
Find mutual support and care everywhere	Struggle with getting mental health support until need escalates to crisis-point	There is a new public health narrative around mental health that challenges stigma and strengthens early-intervention and prevention	Training, support, and development of community leaders and VCOs	Builds and grows an activated and diverse network of VCOs, local authorities and NHS as equal partners	Stronger relationships and social capital within and between communities	The social and economic causes of mental ill-health are addressed	Reduced levels of mental and emotional distress	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
Come from a vibrant collection of cultural, racial, ethnic and faith backgrounds	Feel unheard by decision makers and powerless in shaping solutions	The balance of power is shifted so that communities are regularly listened to, they have an equivalent voice and meaningfully participate in co-producing solutions	Regular listening and organising campaigns	Increases capacity, knowledge, and skills of community leaders	More trusting and equitable relationships are built between communities, the NHS, and local authorities	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		Community power can boost institutional trust	Pollard et al, 2021, Hothi et al, 2008; The Young Foundation, 2021
			Co-produced solutions with communities	Uses community listening and organising to understand the issues	We successfully take action together on structural and systemic inequalities and injustices that impact mental health	Power is shared between decision-makers and communities	Systemic mental health inequalities are tackled			
	Experience barriers to access, structural inequalities, and discrimination in traditional	There is systemic and cultural change to tackle inequalities and the root-causes of mental ill-health	Collaborative pilots and innovations				Everyone is working together to support early-intervention and prevent mental		Community power has real, tangible impact for the health	Topazian et al, 2022, Pollard et al, 2021, People's Health
			Opportunities for local authorities and the NHS to act with communities	Uses community listening and organising to understand the issues impacting communities Delivers on campaign	We create cost-effective model and interventions for strengthening communities and preventing mental ill- health	South London Listens is scaled up and used as a model of good practice for prevention and early-intervention	ill-health		and wellbeing of people and communities	Trust, 2020, Public Health England, 2015

	mental health services			pledges and actions					
Want to be healthy and thrive	Face difficult and challenging social and economic conditions every day that impact and exacerbate their mental health		Embedded reflection and learning throughout the programme	Develops and tests innovations and interventions with communities				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 and passionate community leaders and volunteers ready to act		They are empowered to organise and take action on injustices and inequalities to prevent mental ill-health		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

4. Evaluation framework

Table 2 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.

TABLE 2 EVALUATION FRAMEWORK

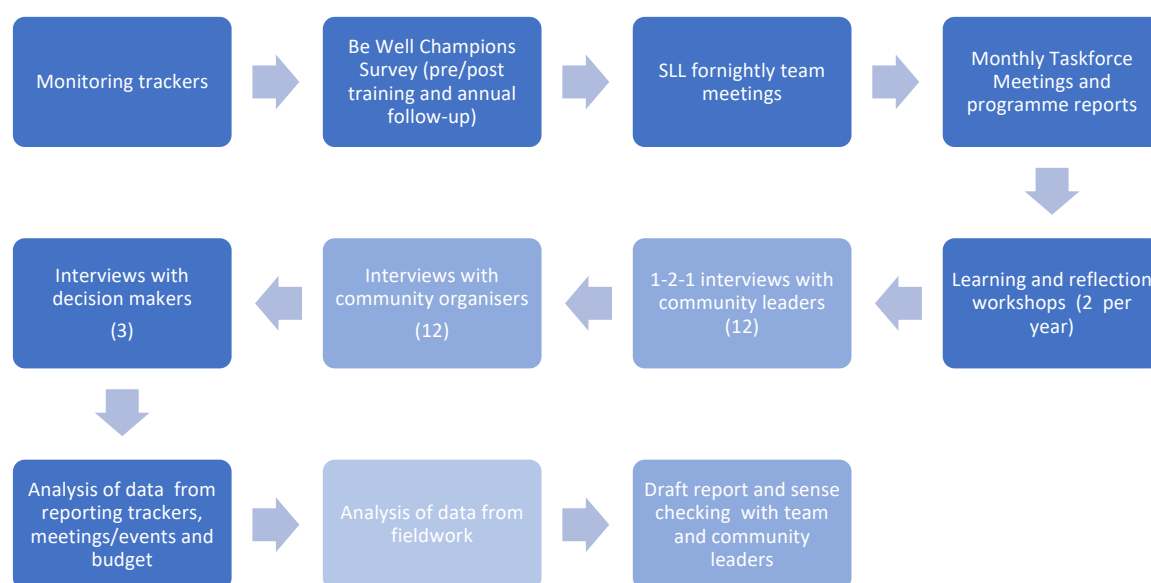| Outcome	Evaluation questions	Indicators	Methods/sources of data	Frequency

Stronger relationships and social capital within and between communities	1-4	• There is evidence that there is a diverse network of community leaders involved in South London Listens
		• There is evidence that communities are working successfully together and can provide examples of this
		   o Events, campaigns or activities organised and delivered together
		• Community leaders feel that as a result of the programme they have stronger relationships and can provide examples of this:
		   o Bonding capital – deepening relationships they already have in their community e.g. building core teams and wider engagement in their organisations
		   o Bridging capital – creating and strengthening relationships with other communities and leaders e.g. collaborating or working with other community leaders
			Champions Training Tracker
			Champions Evaluation Survey
			Community leader interviews
			Summary of outputs and activities
				Annually
				Annually
				Annually

Communities feel listened to, validated, and empowered to improve mental health and well-being	1-4	• Communities feel listened to and validated and can provide examples of
		   o Co-production and meaningful involvement in the programme e.g. problem to issue workshops
		   o Successful community listening campaigns
		   o Engagement with decision makers
		• Community leaders have received community organising training and support and can provide examples of how the programme has developed their leadership skills
		   o Number of community leaders trained in community organising
		   o Knowledge and experiences of community leadership
		• Community leaders feel empowered and can provide examples of this
		   o Motivations to continue working with South London Listens
		   o Examples of successful organising and action
		• Summary of listening campaigns
			Champions training survey
			Community leader interviews
			Summary of outputs
				Annually
				Annually
				Annually

We successfully take action together on structural and systemic inequalities and injustices that impact mental health	1-4, 5-7	• Community leaders feel South London Listens has successfully supported campaigns and taken action and can provide examples of this • Delivery of 2 year action plan • Outcomes of listening and recent organising • Decision makers involved in South London Listens feel motivated and able to address systemic inequalities and drive systems change	Community leader interviews Community organiser interviews Decision maker interviews Summary of outputs	Annually Annually Annually Annually

	Evaluation questions	Indicators	Methods	Frequency

More trusting and equitable relationships are built between communities, the NHS, and local authorities	1-4, 5-7	• Community leaders express that South London Listens has successfully and more equitably brought together communities and decision makers and can provide examples of this
		   o Examples of and involvement in shared power (e.g. co-production, decision making, accountability, funding, activities)
		• Community leaders feel they trust the NHS more
		• Community leaders have built relationships with NHS or place-based decision makers and can provide examples of this e.g.
		   o Attendance of decision makers at events
		   o Attendance with NHS or LA meetings or groups
		   o Outcomes or impact of relationships built e.g., policy or strategy
		• Decision makers feel they have built more meaningful relationships and can provide examples of this
		• There is evidence of strong accountability and transparency
			Community leader interviews
			Community organiser interviews
			Decisionmaker interviews
			Taskforce meetings
				Annually
				Annually
				Annually
				Annually

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	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 South London Listens 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	SLL Team meetings Learning and reflection sessions Community leader interviews Community organiser interviews	Fortnightly Monthly Annually Annually
Delivers on campaign pledges and actions	1-4	• There is evidence that campaign pledges and actions have been delivered • There is evidence of impact of delivery against priority areas	SLL Team meetings Taskforce meetings Reports from programmes	Fortnightly Monthly Annually

5. Delivering the evaluation

5.1 Proposed methodology

Figure 3 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 3 SUMMARY OF PILOT EVALUATION APPROACH

Monitoring trackers	→	Be Well Champions Survey (pre/post training and annual follow-up)	→	SLL fornightly team meetings	→	Monthly Taskforce Meetings and programme reports

Interviews with decision makers (3)	←	Interviews with community organisers (12)	←	1-2-1 interviews with community leaders (12)	←	Learning and reflection workshops (2 per year)

Analysis of data from reporting trackers, meetings/events and budget	→	Analysis of data from fieldwork	→	Draft report and sense checking with team and community leaders

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.

TABLE 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	
Monthly Task force meetings and programme updates	x				x	x	x	x	x	
SLL fortnightly team meetings	x	x	x	x	x	x	x	x	x	x

Learning and reflection workshops					x	x	x		x		x
Community leader interviews	x	x	x	x	x	x	x	x	x		x
Community organiser interviews	x	x	x	x	x	x	x	x	x		x
Decisionmaker interviews	x	x	x	x	x	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 SLL Fortnightly team meetings
SLL core programme staff meet fortnightly 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 any adaptation.

5.8 Learning and reflection workshops
We will host bi-annual learning and reflection workshops with community leaders, 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.

5.9 Community leader 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.

5.10 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.

5.11 Decisionmaker interviews
We would like to undertake semi-structured 1-to-1 interviews with decisionmakers who have been involved in South London Listens. These interviews will be conducted face-to-face or online and be between 30 – 45 minutes. 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 in the programme
- Experiences of building relationships with communities
- Understanding the impact of the programme on decision-making
- Capturing learning and adaptation of the programme.

5.11 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.

5.12 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.

5.13 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.

5.14 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.

5.15 Evaluation timetable

Table 2 presents a provisional timeline for the pilot evaluation.

TABLE 4 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 peer research activities and recruit peer researchers	x	x	x							
Develop research tools	x	x	x							
Develop scale-up and year 1 evaluation								x	x	x
Programme monitoring										
Develop and test champions and hub trackers	x									
Conduct fortnightly meetings with core team	x	x	x	x	x	x	x	x	x	x
Attend monthly Taskforce meetings and collate monthly programme updates	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					

Deliver workshop			x						
Community leader interviews									
Arrange interviews and visits			x	x					
Conduct interviews			x	x		x			
Community organiser interviews									
Arrange interviews				x		x			
Conduct interviews				x	x	x	x		
Decisionmaker interviews									
Arrange interviews			x						
Conduct interviews			x	x	x				
Analysis and reporting									
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 with input from our partners (e.g. community leaders and safeguarding processes used in their organisation).