"We talk, we support, we share."

Evaluation Report

Recovery & Support Service:
April 2014 – March 2016

Enriched Consulting Ltd & School for Social Entrepreneurs

Healthy Minds
Resource Centre
Hall Street
Halifax
HX1 5AY
01422 345154
www.healthymindscalderdale.co.uk
Company Number: 6828871
Charity Number: 1132316

Contents

Section	Title	Page
1.	Executive Summary	3
2.	Introduction	4
3.	Impact Evaluation	5
4.	Methodology	6
5.	Service User Consultations	8
6.	External Stakeholder Consultations	19
7.	Staff Consultations	22
8.	Conclusions and Reflections	24

Appendices

1. Logic Model
2. Outcomes – before and after
3. Impact Map
4. Proxy Values and Sources
5. Full Staff Survey Results

1. Executive Summary

This report provides an evaluation of the social impact of the Recovery and Support Service, delivered by Healthy Minds.

Healthy Minds is the only independent mental healthy charity in Calderdale. They were awarded funding by Calderdale Clinical Commissioning Group in December 2013 to:

- Enhance the capacity of Healthy Minds to develop community-focused support that promotes resilience and social connectivity;
- Enhance capability of Healthy Minds to generate a viable 3rd sector market from which Calderdale CCG can commission high-quality and safer services in the future.

To achieve these aims Healthy Minds used this funding to develop workshops, recovery courses and support groups for people with self-identified mental health issues.

This report demonstrates the understanding of the impact created from the perspective of the stakeholders. The outcomes identified from them are measured and valued, and recorded on an Impact Map. All findings, planned and unplanned are taken into account along with the amount of change that might have happened anyway or is attributed to others.

These positive changes demonstrate the success of the Recovery and Support Service in helping people to improve, amongst other things, their level of contentment, their confidence and their resilience, as well as helping to reduce their loneliness and their reliance on statutory services.

The following extracts are statements from participants of the programme to display how they reported to be feeling:

- *"Healthy Minds brought me out of being totally unable to meet people, I now have some confidence to meet new people."*

- *"They helped me to be stronger, they're not pushy. They keep you in a straight line, if going off course, ask how you are or ring you later to ask how you are"*

- *"Healthy Minds offer a wealth of information and guidance to all people - it is a place where individuals can find support in trusting environment."*

- *"I can cope now a bit better thanks to Healthy Minds."*

- *"This is Healthy Minds. They are unique angels"*

It is evident through the full scope of the research undertaken that Healthy Minds is making a difference to individuals lives, as well as being recognised by statutory service providers as a viable support option for people with mental health issues, therefore achieving the aims of the CCG funding. The analysis estimates that for every £1 invested in the Recovery and Support Service, the social value created is £7.28.

2. Introduction

Healthy Minds is a user-led organisation working across the Calderdale area to promote positive mental health and recovery for people affected by mental distress. Healthy Minds is a registered charity and was founded in 2007 by a few like-minded people who felt there was a need for an alternative to statutory, bio-medical models of mental health treatment.

From small beginnings, Healthy Minds has grown in size and reputation; today they are a trusted voluntary organisation offering a genuine alternative to statutory mental health services.

They believe that a person is not defined by their mental health problems; rather, they are one aspect of a person's life and Healthy Minds help people to identify their own strengths to address behaviours, triggers and factors that affect them.

Healthy Minds is a registered charity, currently with 13 staff delivering a range of programmes. From the outset, the driving principles behind Healthy Minds have been peer support and recovery: upwards of 80% of their Trustees, volunteers and staff have personal experience of mental distress. An important guiding principle for Health Minds is that service development is directed by need rather than funding opportunities. In recognition that only 25-35% of people with mental health problems access treatment, Healthy Minds offers a service to anyone who identifies as having a mental health need.

Healthy Minds was awarded a two-year grant from Calderdale Clinical Commissioning Group (CCG) in December 2013 with the following aims:

- Enhance the capacity of Healthy Minds to develop community-focused support that promotes resilience and social connectivity;
- Enhance capability of Healthy Minds to generate a viable 3rd sector market from which Calderdale CCG can commission high-quality and safer services in the future.

To achieve these aims Healthy Minds used this funding to employ 4 staff (2.9 FTE) to develop workshops, recovery courses and support groups for people with self-identified mental health issues. Over the 2 year period they supported 211 people, delivered 20 workshops, ran 12 recovery courses and facilitated 13 support groups. 42 volunteers were involved across the project during this period.

Healthy Minds commissioned an impact evaluation of the service to understand and evidence the outcomes that had been experienced by people accessing their services, the social impact of the service and the social return for every pound invested in the service. The evaluation was carried out in partnership with Enriched Consulting Ltd and the School for Social Entrepreneurs.

The scope of the evaluation included all those people that engaged in the Recovery and Support Service from April 2014 to March 2016. Initially only the CCG funding element of the Recovery and Support services was included in the evaluation. However it became clear through the consultations that people engaged in so many different services with Healthy Minds; that are supported by a range of funding streams. For this evaluation it was felt also appropriate to include the funding from the Henry Smith Fund, as this provides an additional 14% of the funding for the Recovery and Support Service.

We would like to thank all the staff, service users and external stakeholders who engaged in the evaluation process and took time to contribute to the consultation exercise.

3. Impact Evaluation

Over recent years there has been an increase in demand for organisations to provide more information about their social and environmental impact. Impact evaluation assesses the changes that can be attributed to a particular intervention, such as a programme or project, and will clearly show the intended changes as well as ideally the unintended ones.

Impact measurement and the results produced provide a powerful tool for communicating what organisations do and how effective they are at their work. Transparent reporting promotes trust and confidence among stakeholders, and allows organisations to talk to funders and bid for contracts with tangible evidence of outcomes. Also in a broader context, being able to articulate impact enables organisations to inform the public about their work - raising awareness not only of the issues that concern them, but also of the outcomes they have achieved.

The qualities of clarity and transparency can equally be of value to beneficiaries. Where appropriate, impact measurement can help beneficiaries understand the services, processes and outcomes organisations offer, and to see the real benefits that accompany them.

4. Methodology

Impact evaluations should be initiated by identifying the purpose of the project, service or programme and what the intended, or planned, outcomes are. In this instance a Logic Model approach was used to apply a structure to the initial discussion with staff. All the key stakeholders that are impacted by the work were also identified. The Logic Model is attached as Appendix 1.

A variety of consultation methods have been used with the aim of achieving feedback most reflective of the changes that have been experienced by people and to ascertain the opinions of stakeholders. A simple process was followed to ensure that we were able to collate as much feedback as possible in a structured way. This process included the following steps:

- Engagement with staff team to identify planned outcomes for the service and understand who the stakeholders were
- Engaging people who had accessed services through workshops and one to one interviews
- Developing postal survey based on the "planned outcomes" that Healthy Minds wanted to test to send to people who had accessed services
- Engaging with external stakeholders through email surveys and telephone consultations
- Further engagement with staff through email surveys.

Staff members were invited to participate in an initial focus group to help inform the evaluation and to ensure that the evaluators had sufficient knowledge of the services to design effective evaluation tools and processes.

Staff were taken through part of a Logic Model exercise to develop clarity around the purpose of Healthy Minds (rationale), what they saw as Healthy Minds' long term impact and what the outcomes were that indicated that they were on the journey to achieving the desired impact. This in turn informed what outcomes would be tested through postal surveys with people who had accessed services. Table 1 provides detail of the different methodologies used, population sizes and response rate.

Where possible a Likert scale was used to track the "distance travelled" since the service user engaged with Healthy Minds. A Likert Scale is a psychometric scale used in many questionnaires to measure outcomes. This is an ordered, one-dimensional scale from which respondents choose one option that best aligns with their view. In this instance a 0-10 scale was used to represent the extremes of each outcome experienced to allow scoring.

The evaluation incorporates the principles Social Return on Investment (SROI) with questioning techniques used to enable a greater understanding of the journey of change for people who had accessed services and the impact created for them. All change that has been experienced is recognised. However, only those customers who reported experiencing "significant" change have been considered when applying the quantities and values that support the SROI calculation. Significant change has been considered a self-reported change on the Likert Scale of 6 or below prior to engaging with Healthy Minds, to 7 or above after engaging with Healthy Minds.

The findings of these consultations are presented in sections 5-7. Some case studies and customer comments have also been included throughout the report to fairly represent the views on which the analysis has been drawn and to truly reflect the journey of change that people have experienced.

Table 1 - Consultations

Method of Consultation	Population size	No. of Beneficiaries Consulted	% of Population Consulted with	Methodology
Staff Focus Group - 1	13	12	92%	Logic Model
Staff Email Surveys		9	69%	Email survey – one off consultation regarding Healthy Minds objectives and general questions regarding working at Healthy Minds
Service User Focus Group - 2	106 per year	13	12.3%	Structured questions and Likert Scale to measure self-identified outcomes.
Service User Postal Surveys		19	18%	Likert Scale to measure planned outcomes and open questions
Service User One to Ones - 7		7	7%	Structured interviews and Likert Scale used for self identified outcomes
External Stakeholder Email Surveys	18	10	56%	Email survey – one off consultation regarding Healthy Minds objectives and effectiveness as a partner and service deliverer.
External Stakeholder Telephone Interviews - 3	3	3	100%	Structured interviews

5. Service User Consultations

5.1 Consultations

Consultations were carried out with people through focus groups, postal surveys and one to one interviews. Postal surveys were used to test some of the planned outcomes that were identified in the staff logic model session, but we also asked people open questions to find out more about what had changed. In the focus group session's people were asked to talk about their feelings and experiences before and after engaging with Healthy Minds. From this we were then able to identify a variety of outcomes that had been led by the individual, some of which also aligned with the planned outcomes that were tested in the postal survey.

During one to one interviews with people we also asked them to talk about life before and after engaging with Healthy Minds. However as these were one to one discussions, it enabled us to go into more depth about their circumstances and experiences. During the one to one interview people were also asked to identify some key outcomes that they felt they had experienced.

The outcomes that were directly tested through the postal surveys were:

- People have more support and information
- People are more resilient
- People have improved relationships
- People are less lonely
- People have more confidence
- People are more content
- People visit their GP's less for mental health issues
- People access the Community Mental Health Team (CMHT) less

A broad section of people were selected to participate in the evaluation to ensure that a range of views and opinions were gathered. An individual only participated in one format of the consultations to prevent any duplication.

People were asked how they found out about Healthy Minds and how long they had been engaging with the services. Some had been engaging for up to 4 years with the shortest timescale being 8 months. People found out about Healthy Minds in a variety of ways, including: word of mouth, leaflets, counsellors, GP's, Facebook or internet searches for mental health services in the area.

5.2 Outcomes

During the workshops one of the key tasks that participants were asked to do was to write in their own words what life was like and how they felt before engaging with Healthy Minds. Below is a word cloud of the words that people used:

People were then asked to write down in their own words what life is like and how they feel now, after engaging with Healthy Minds. These words are shown below in the word cloud:

There is a stark difference between the tone and content of the words used during this exercise, evidently showing that people have been on a positive journey. From this, some key outcomes were drawn out, these were then applied to a 0-10 scale and people were asked to rate themselves as to how they felt before and after engaging with Healthy Minds. These outcomes and findings were combined into the overall analysis and included with the other outcomes that were measured through the postal survey and during the one to one interviews.

Charts 1 and 2 below includes all the outcomes that were measured through the postal surveys and all outcomes identified and measured during the workshops and one to one interviews. The charts show the average score before and after people engaged with Healthy Minds, as well as the average

percentage change. The planned outcomes are highlighted in the blue box in Chart 1 and are also included in Chart 2. This data is also included in Appendix 2.

Chart 1 – Outcomes – Average score before and after, with average percentage change

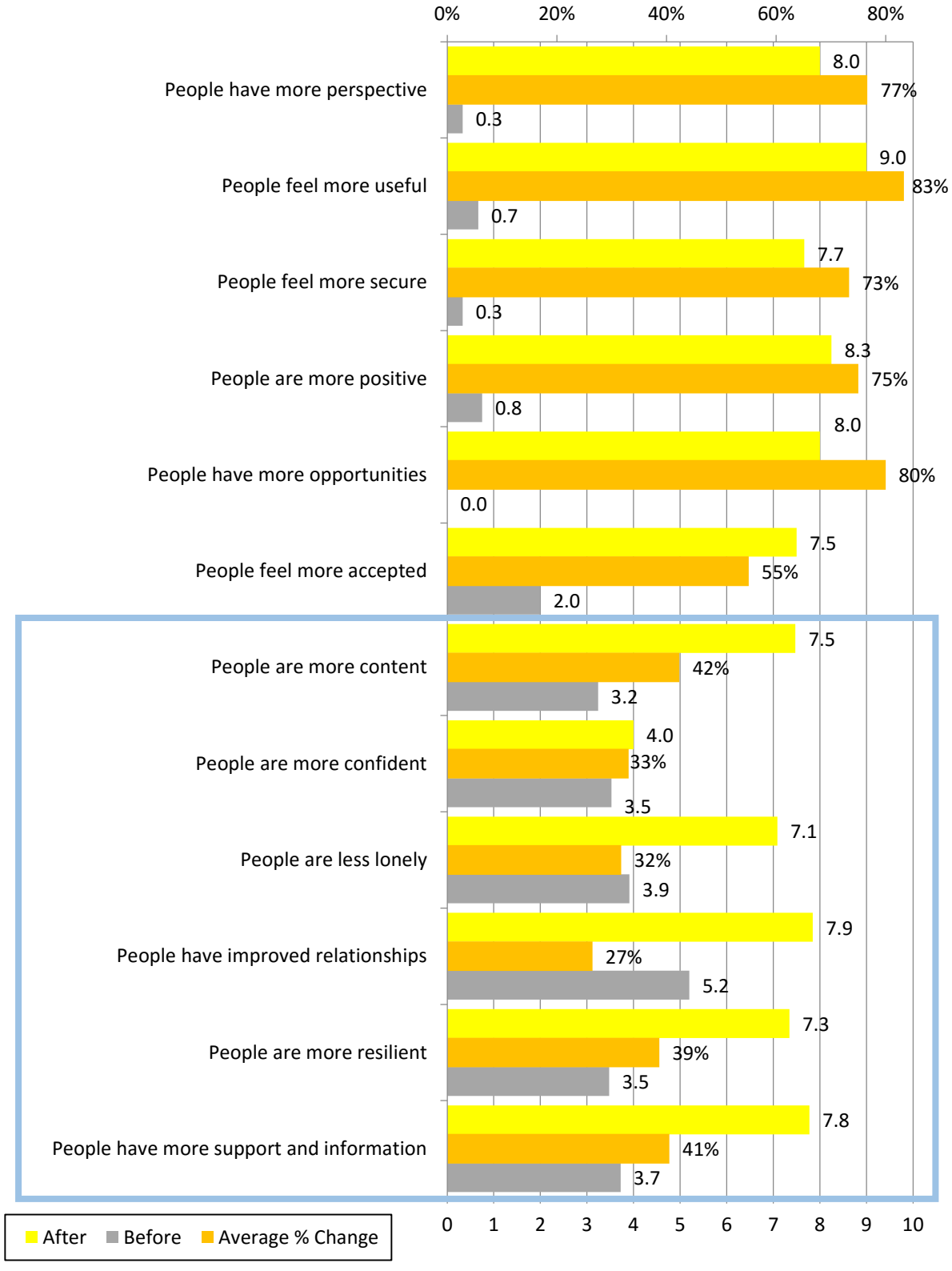
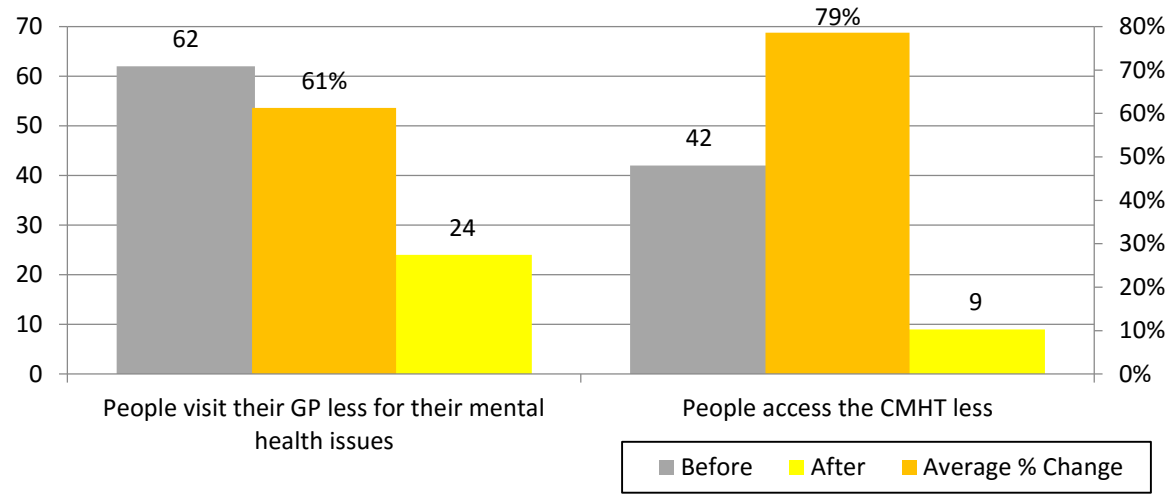


Chart 2 – Outcomes – Average score before and after, with average percentage change



Overall, all outcomes saw a positive change with the lowest average starting point being 0 for "People have more opportunities" and the highest average end point was 9 for "People feel more useful". The latter outcome also saw the greatest overall average change of 83%. Other outcomes that saw the greatest average change were:

- People have more opportunities – 80%
- People access the Community Mental Health Team less – 79%
- People have more perspective - 77%
- People are more positive – 75%

The outcomes which saw the least average change were:

- People have improved relationships – 29%
- People are less lonely – 32%
- People are more confident – 33%
- People are more resilient – 39%

The outcomes which saw the greatest change are the outcomes which were self-identified by individuals, either through the workshops or the one to one interviews. This indicates that these are the outcomes that are most important to the individuals. There was a clear difference between the changes experienced by those people who completed the postal surveys and those who participated in the workshops and one to one interviews, with those completing the postal surveys showing less of a change on the 0-10 scale from before and after engaging with Healthy Minds. This could be due to the different environments in which people are reflecting on the changes that they have experienced. Completing a survey in isolation in your own home is quite different to participating in a group discussion and reflecting on what life was like before.

It is good to remember that although some outcomes aren't seeing as much of a change as others, people are still experiencing them and the change is still happening in a person's life.

It was clear from the workshops and one to one discussions that people think very positively about Healthy Minds and the work that they do. Some of the comments people made include:

"Healthy Minds brought me out of being totally unable to meet people, I now have some confidence to meet new people."

"Problems seem easier with someone to share them with."

"They helped me to be stronger, they're not pushy. They keep you in a straight line, if going off course, ask how you are or ring you later to ask how you are"

"Healthy Minds offer a wealth of information and guidance to all people - it is a place where individuals can find support in trusting environment."

"Made new friends with similar interests."

"We talk, we support, we share"

"I can cope now a bit better thanks to Healthy Minds."

"Life feels like it can get better now. I have always had difficulty asking for help. With H/M the help is there without judgement or agenda, which is a revelation to me."

"This is Healthy Minds. They are unique angels"

"There are things I can do now. I feel now that the world is more inviting. There are more opportunities, more out there than I imagined."

"The staff are always there and are not going to judge you…… They are very supportive, non judgmental"

Some of the postal survey results showed either no change or a negative change a couple of outcomes, particularly the outcomes which saw the least amount of average change. These were:

- People have improved relationships – 29%
- People are less lonely – 32%

Some of the comments received in relation to no change or the negative scores were:

"I now attend less group meetings and see much less of familiar faces."

"I have a lot of support from friends and family."

"I have family who was there to help. Also the group is very good and they listen to each other".

"I live alone so it was good to get out of the house to meet new faces at the group."

"Rushed off my feet most of the time."

Comments seem to suggest that people have answered in the way they have for these outcomes because they have disengaged with the groups, they're busy with other things or they have good family support, therefore improving their relationships or reducing their loneliness wasn't an issue for them.

Case Study - Nicola

Nicola moved to the area in the last few years to be with her partner. She had always suffered from generalised ***anxiety*** *and also experienced* ***depressive*** *phases. Nicola had attended* ***counselling*** *on and off since childhood, into her teens and early 20's.*

When Nicola moved to the area she ***didn't have any friends*** *locally, only had her partner and his family and* ***didn't have a proper job****. Struggling with this, Nicola went to her GP who* ***offered her medication*** *which she refused and also referred her to* ***counselling****. After waiting for some time for the counselling through the NHS, Nicola accessed paid for counselling services herself.*

One *day Nicola saw a poster for Healthy Minds in the* ***Citizens Advice Bureau*** *where she was* ***volunteering****. She thought that going along to the session might help.*

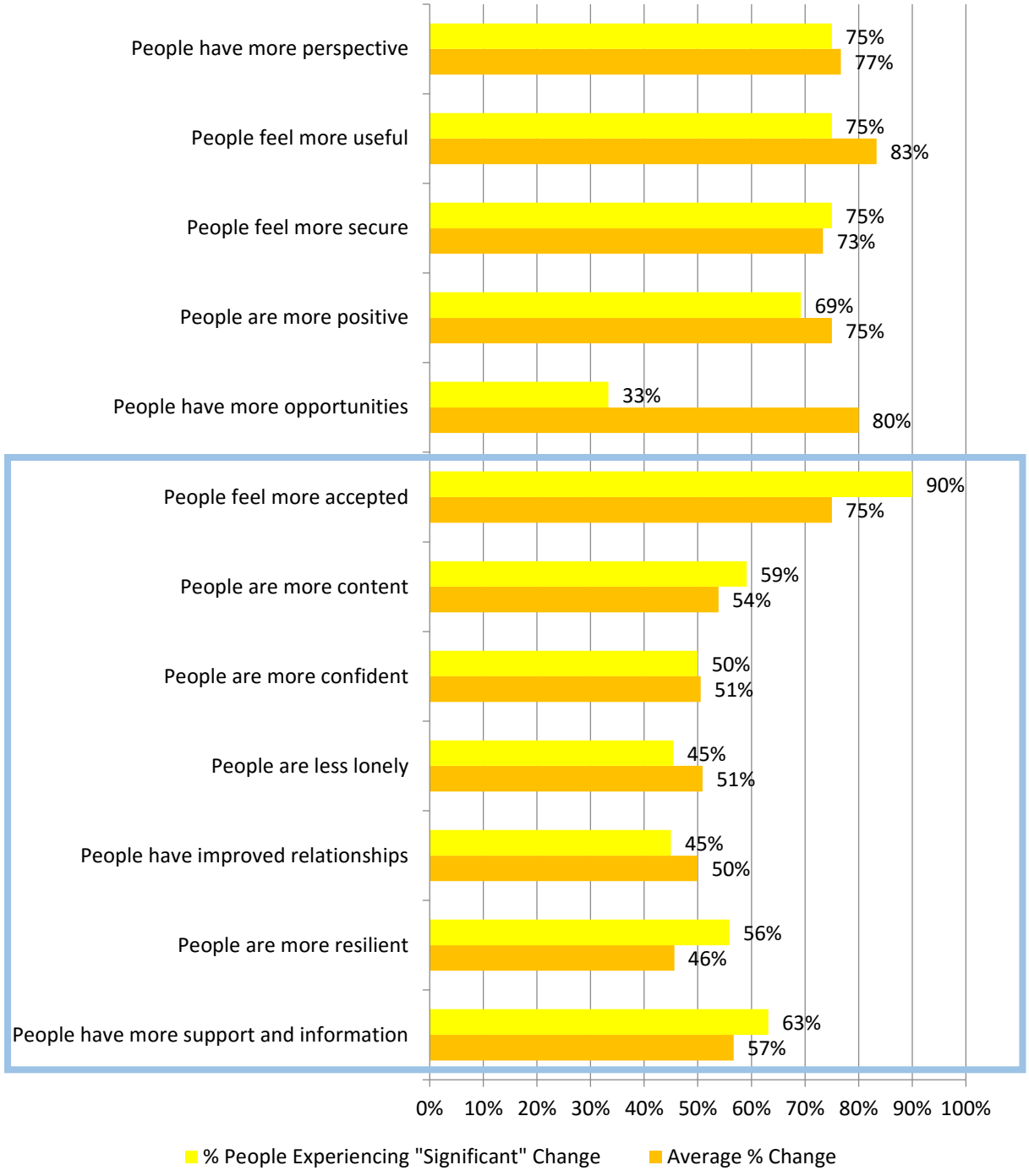
Nicola feels that Healthy Minds gives her an ***opportunity to talk*** *about how she feels, about her experiences. Group members offer suggestions for helping. A lot has changed; she didn't have friends before – she has now* ***made a really good friend*** *and is also friends with other group members. It has generally* ***helped her anxiety*** *as she sees it as a form of talking therapy; its* ***confidential****,* ***non-judgmental****, a* ***free space*** *to speak. Nicola has also built her* ***self-confidence****; she can talk to strangers in groups now, she's* ***met new people*** *and now gets involved in things like the walking group and other Healthy Minds social activities****. "You're never on your own, there's always someone there for you".***

5.3 Significant Change

Significant change is defined as a change that is considerable, and demonstrates a major shift from baseline to exit. It is important to note that significant change may not always be positive, as sometimes people's situations change for the worse for one reason or another. In this instance when using a Likert Scale to track a person's journey, significant change has been considered as any score of 6 or below rising to 7 or above.

Chart 3 below includes the outcomes that were measured through the postal surveys and all outcomes identified and measured during the workshops and one to one interviews, where significant change could be measured. The chart shows the average percentage change for those experiencing significant change and the percentage of people experiencing significant change. The planned outcomes are highlighted in the blue box. This data is also included in Appendix 2.

Chart 3 – Outcomes - Average Percentage Significant Change and Percentage of People experiencing significant change



Across the board, all outcomes saw an element of significant change. The outcomes which saw the greatest significant change were:

- People feel more accepted – 90% of people experienced an average change of 75%
- People feel more useful – 75% of people experienced an average change of 83%
- People have more perspective - 75% of people experienced an average change of 77%
- People feel more secure – 75% of people experienced an average change of 73%

The two outcomes which saw the least significant change are:

- People have improved relationships – 45% of people experienced an average change of 50%
- People are less lonely – 45% of people experienced an average change of 51%

In addition to the outcomes that were measured, a number of other outcomes were also expressed during the consultations, these included:

- Increased self-awareness
- Reduced Alcohol consumption
- Having more opportunities
- Increased self-esteem
- More people volunteer

Case Study - Joseph

Joseph came to the UK in 1978 with the original intention to just spend a few years here, then go back to his country of origin, but he ended up staying. Joseph was married in 1983 and had 4 children. He started working for a company that did business overseas in Italy and Turkey. As the business progressed, he did very well, however, the business started to take its toll. Joseph was ***working too much*** *and by 2000 he was very over worked. The business was so successful and demanding that he was often away from home, this was a big factor in the end of his marriage and he divorced in 2005.*

At this point, things went downhill, Joseph found that he ***couldn't concentrate*** *properly and this was when his* ***mental health issues*** *started to kick in. The first loss was the business in Italy, and then the overall business lost a lot of money and he had to sell his properties. His job became so overwhelming, his* ***anxiety*** *and* ***stress*** *affected him physically - he wasn't able to eat, he had a complete loss of appetite.* ***He lost interest in everything*** *- he stopped smoking, drinking, eating.*

One day Joseph became physically ***lost****; he left his car somewhere and just couldn't find it. Joseph can't remember how but his daughter found out he was lost looking for his car and came to find him. The police helped him to find his car. The police and his daughter took him to hospital to see a psychologist. By now Joseph was frequently* ***hallucinating****, convinced someone was hiding in the room upstairs. He was really poorly. When he was admitted to hospital they were unable to identify what was wrong. He was also unable to go to the toilet and the hospital identified if he kept going like that he would probably* ***die in 2 weeks****.*

He had lost his home, he was living between his daughters' homes although identified himself as homeless. Joseph's daughters took turns to bringing him to Healthy Minds and in the end he also managed to get accommodation in Halifax. Healthy Minds has helped Joseph a lot - it has given him a real ***opportunity*** *to* ***talk*** *and* ***listen*** *to his peers. Joseph has said that it allows him to feel* ***connected*** *again - he feels good when he walks out of those groups - not that he is happy to have heard how others are suffering, but to know he is* ***not alone****.*

Joseph is currently ***volunteering*** *with another charity and has been going to college as he hopes to go into care work. Volunteering makes Joseph* ***happy****, he knows the charity needs help and as he has received help, he wants to help them.*

Healthy Minds has helped Joseph to feel ***comfortable*** *and* ***safe****. He has* ***opened up*** *and knows that he is not going to have anything thrown at him,* ***no judgment*** *made, no one calling him stupid,* ***"those who fully understand the illness are the most supportive".***

5.4 Valuing Outcomes

In order to calculate social value, we need to identify suitable proxy values relevant to the outcome that has been experienced. At times this can be a straightforward process, for example, if a cost saving is identified. However, other outcomes are more subjective. When identifying proxies it is important to remember that it is not about money actually changing hands, it also doesn't matter whether or not the stakeholders in question could afford to buy something. It is about the value that an individual would place on experiencing a particular outcome.

The process of valuing outcomes is often referred to as monetisation because we assign a monetary value to things that do not have a market price. All the prices that we use in our day-to-day lives are approximations (proxies) for the value that the buyer and the seller gain and lose in the transaction. The value that we get will be different for different people in different situations.

Although all change is recognised, only those customers who reported experiencing "significant change" have been included when applying the quantities and values. Significant change has been considered a self-reported change on the Likert Scale of 6 or below prior to engaging with Healthy Minds, to 7 or above after engaging with Healthy Minds. This approach is taken to reflect a change in state for each outcome. If a person is scoring themselves quite low on the scale they're considered to be in a "negative" state, whereas if they score quite high, they're considered to be in a "positive" state. By only valuing a move from a negative to a positive we're reducing the potential for over claiming the social value that the service creates.

The outcome with the greatest impact value is "people are more content" at £888,402.12. The dictionary definition of contentment is "a state of happiness and satisfaction". Contentment links to overall feelings of good mental health and wellbeing. The UK Council for Psychotherapy has valued relief from depression and anxiety as £44,237; which is the proxy used to represent this outcome. This is calculated based on life satisfaction and the equivalent impact that £44,237 extra income that would be needed to return you to the same level of life satisfaction if you did not suffer from anxiety and depression. This is recognised as such a fundamental element of living a healthy and content life that this proxy is over £40,000 more than the next highest proxy of £3,753; for the outcome "people feel more accepted".

Throughout the consultation people said that they were accessing their GP and the CMHT less as a result of engaging with Healthy Minds. Services by the GP and CMHT have a real time cost attached to them which is the cost of delivering their services. The impact value of this reduction is £1,184.04 for GP services and £9,835.88 for the CMHT. Although this cannot be classed as a saving to these services as the services continued to be delivered; it is a *redistribution* of costs within the health system. This means that the services were more available to other people who needed them, as the people who had engaged with Healthy Minds were no longer accessing the services as much.

Chart 4 below shows the social impact generated for each outcome. Appendices 3 and 4 show the full Impact Map for valuing the outcomes and the proxy sources and values. Some of the outcomes that were previously measured have not been valued, as it was felt that it could be classed as double counting when identifying the proxies.

Chart 4 – Social Impact per outcome

In undertaking this evaluation and calculating these values the principles of Social Return on Investment (SROI) have been considered in order to account for the value of the Recovery and Support Service in the most authentic way. To ensure that impact was not over-claimed a range of external factors were considered:

Deadweight:
This is a measure of the amount of outcome that would have happened even if the activity had not taken place. It is calculated as a percentage. In the absence of a control group or benchmark, deadweight is calculated as an estimate taking into account what people have said during the consultations. This has been estimated to be between 10% and 15% depending on the outcome.

Displacement:
This is an assessment of how much the outcomes from this service could have displaced other outcomes that might have arisen in the absence of it. Throughout the consultations people didn't give an indication that they might have changed or stopped doing something if it wasn't for Healthy Minds, therefore in the absence of further information displacement has been estimated at 5%.

Attribution:
In many cases outcomes that occur are not due to a single activity, but can be the result of another service or participation in other activities. To avoid over-claiming, attribution analysis is used to

estimate how much other people or activities are perceived to have contributed to the identified outcomes. It was very clear through discussion and through asking people, who else had contributed to the outcomes they had experienced, that although Healthy Minds was credited very highly, other services had also played a big part. Also because Healthy Minds provides such a holistic service it is difficult to extract which of their services has been the key factor in achieving the outcomes. When asked to express the contribution of other services and factors to the outcomes people had experienced as a percentage, this ranged from 90% to 10%. The average percentage based on the responses was 75%; therefore attribution was set at 75%.

Drop off:
The outcome amount is likely to lessen or to be influenced by other factors as each year goes by. Therefore, attribution to the service is lower. The outcomes experienced have been conservatively estimated as lasting for 2 years, with an estimated drop off at 20% each year.

Calculating the SROI:
To calculate the Social Return on Investment, the financial proxy is multiplied by the quantity of outcomes, less any deadweight, attribution or displacement, divided by the total value of inputs. The Recovery and Support Service receives its funding from the CCG and the Henry Smith Fund. This equates to £332,664 over the 2 years of the project, or £166,332 per year. The overall value of the outcomes, minus the deadweight, attribution and displacement is £1,211,658.64. Therefore the SROI calculation for the Recovery and Support Service is:

Social Impact: £1,211,658.64 = £7.28
Total Input: £166,332.00

This shows a social return of £7.28 for every £1 invested.

6. External Stakeholder Consultations

In this instance, external stakeholders are defined as those organisations that Healthy Minds have a relationship with that supports service delivery. This can include strategic or operational partners and funders.

In the staff focus group over 30 stakeholders were identified as playing a key role in the work of Healthy Minds. For the purpose of carrying out consultations this list was reduced to 18 stakeholders, representing a cross section of those initially identified.

The aim of the consultation was to gather the stakeholder's views on the effectiveness of Healthy Minds' partnerships and their effectiveness as a service deliverer, including testing the principles which Healthy Minds operate under:

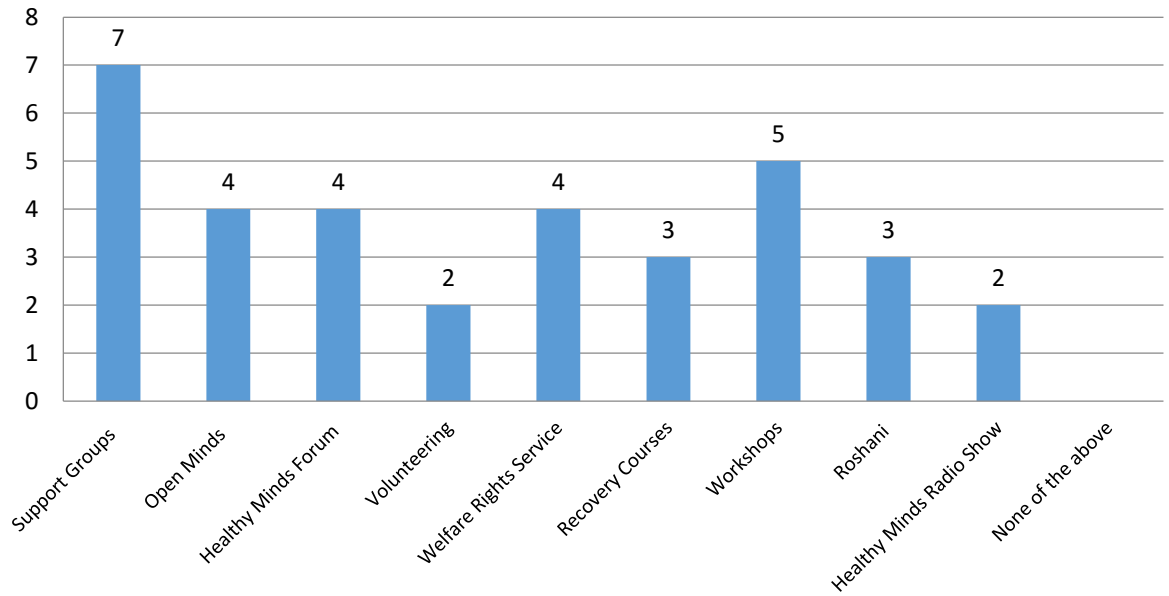
- Healthy Minds offers a service to anyone who identifies as having mental health need.
- Healthy Minds is directed by need rather than funding opportunities.

Surveys were sent to 18 external stakeholders via email using on-line survey tools. A three week deadline was given to complete the survey. This deadline was extended and another email sent to stakeholders encouraging them to complete the survey to ensure that a higher return rate was achieved. In total 10 people responded to the survey giving a response rate of 56%.

Services

Firstly, stakeholders were asked which of Healthy Minds services they were most familiar with. Responses were quite evenly spread across all services with Support Groups being the most well know. No stakeholders responded saying they weren't familiar with any of the services. Responses are represented in Chart 5 below.

Chart 5 – Which services are stakeholders most aware of?



Principles

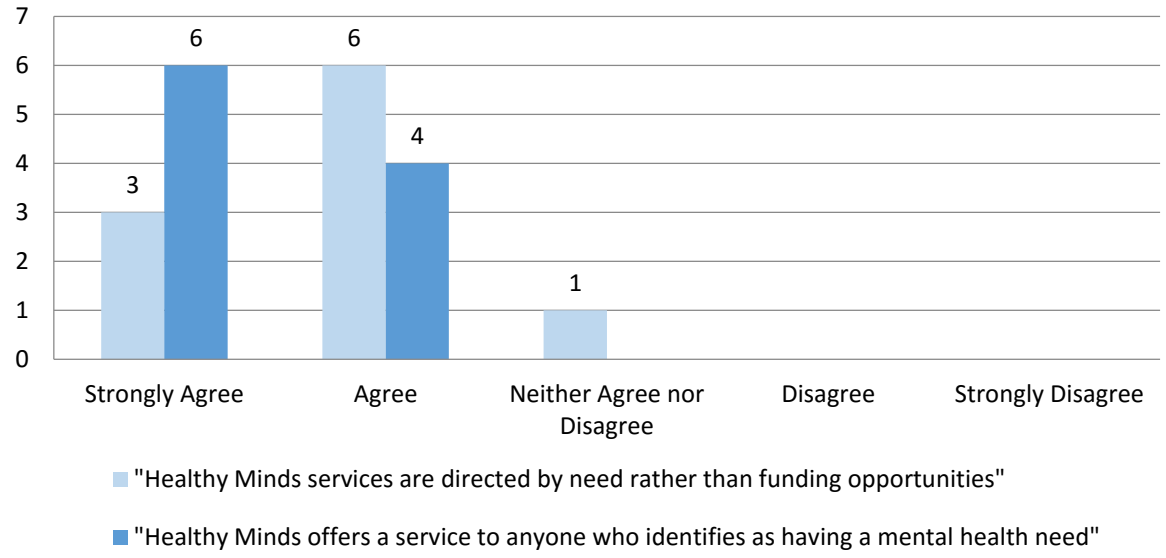
Stakeholders were asked to rate the following statements on a scale from Strongly Agree to Strongly Disagree:

- Healthy Minds offers a service to anyone who identifies as having mental health need.

- Healthy Minds is directed by need rather than funding opportunities.

The majority of Stakeholders either “Strongly Agreed” or “Agreed” with these statements, with only one stakeholder saying that they “Neither Agreed nor Disagreed”. Unfortunately this response was not qualified with an explanation.

Chart 6 – To what extent do people agree with the statements

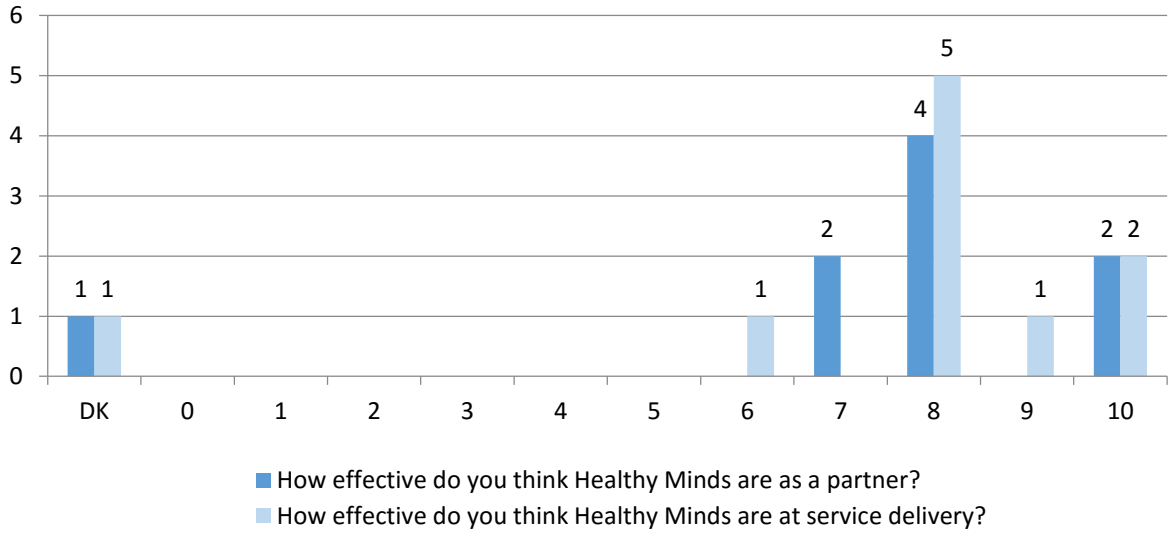


Partnerships and Service Delivery

Stakeholders were then asked to rate Healthy Minds on a scale of 0-10, how effective they thought they were as a partner and how effective they were at service delivery, with 0 being not effective and 10 being very effective. The responses are detailed in Chart 7 below.

Most stakeholders consider Healthy Minds to be an effective partner and service deliverer; however one stakeholder didn’t respond to this question and one answered “Don’t Know”. This was qualified with the comment: *“It's not a partnership exactly - we're a funder - this is one of many user-led mental health organisations which we fund and learn from”.*

Chart 7 - Partnerships and Service Delivery



Impact

Stakeholders were asked to describe the work of Healthy Minds and the impact Healthy Minds had on its service users, comments included:

"Founded on principles of recovery and co-production"

"Positive, empowering, educational, therapeutic"

"High quality work that is focused on being peer led. The feedback from the support groups is excellent in terms of the impact on improved quality of life reported by members."

"Very empowering. Often Life changing"

Success and Areas for Improvement

Stakeholders were asked what they thought Healthy Minds did well and what they could do better.

Do Well…	Could do better…
• *Raising the voice of mental health users* • *Engagement, co-production, workshop delivery* • *Working on the ground and engaging with people with mental health issues* • *Engagement* • *Relationship between the two CEOs*	• *The frequency of services for our Centre Users* • *Work strategically with partners* • *Publicising its services more widely* • *Robust use of evidence-based approaches* • *Have a more diverse board*

Some stakeholders said they "didn't know" or "couldn't comment" due to the nature of their relationship with Healthy Minds.

Three stakeholders were randomly selected to be followed up with through telephone interviews to expand on the answers that they had provided. Key messages from all of the conversations were that stakeholders considered Healthy Minds to be very user led with "co-production at the heart of their values". Healthy Minds is very visible in the Calderdale area, is considered to be raising the profile of mental health and is recognised for its work by professional statutory bodies.

All feedback was generally positive. Suggestions as to what Healthy Minds could do better included promoting their services more widely, extending their services and using more evidence based approaches. This shows that stakeholders think Healthy Minds need to tell people more about what they do and expand the work they're doing. It was suggested that they could be more strategic in their approach when identifying new opportunities, but their size and limited resource is recognised. Their appetite to grow and develop is acknowledged, however there was a concern that this should be done in small stages in order to maintain the uniqueness of their approach.

7. Staff Consultations

As part of the evaluation a staff survey was carried out via an anonymous email survey. The purpose of this was to ascertain their views of Healthy Minds generally. Charts 8 and 9 below are the staff members' responses to the same questions asked of external stakeholders, about the principles behind Healthy Minds:

- Healthy Minds offers a service to anyone who identifies as having a mental health need.
- Healthy Minds is directed by need rather than funding opportunities.

The findings from both staff and stakeholders are very much mirrored, where predominantly, all parties agree with these principles. This demonstrates that Healthy Minds is portrayed consistently both within the organisation and to external stakeholders.

Results generally showed a positive trend in all areas of the survey; however there were a couple of respondents that answered "Neither agree nor disagree" to a lot of the questions which could be a sign of individual staff members not being engaged in the team. Full survey results can be found in Appendix 5.

Chart 8 - Healthy Minds offers a service to anyone who identifies as having a mental health need

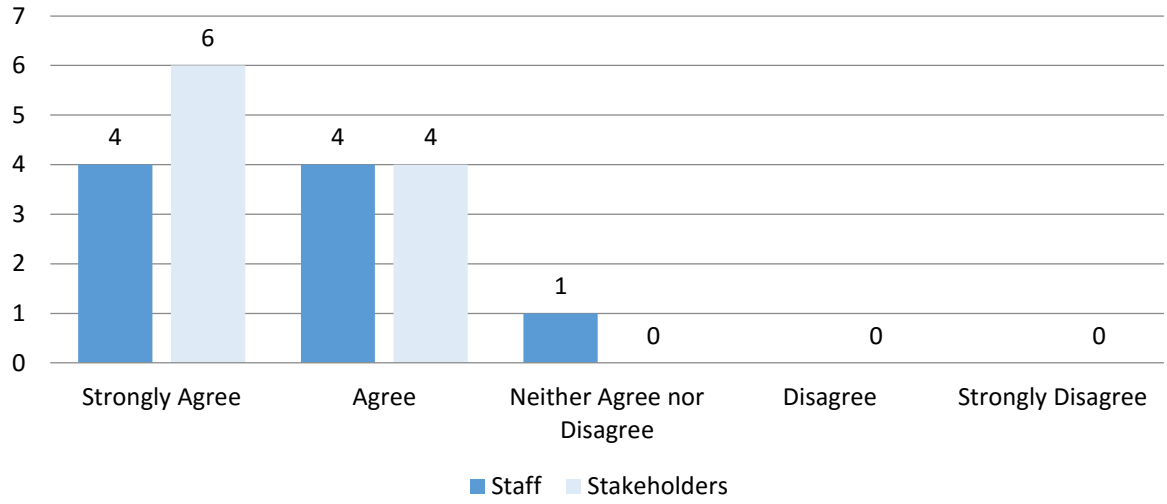
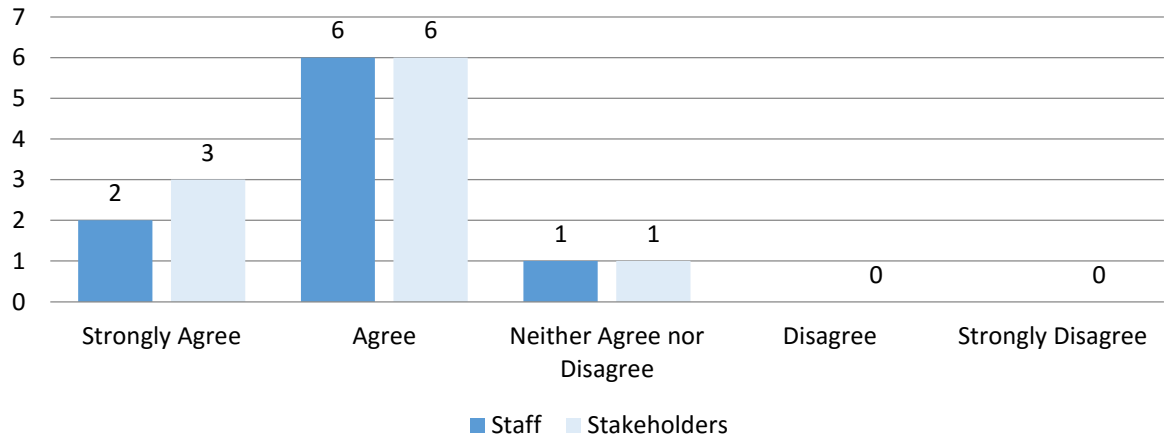


Chart 9 - Healthy Minds services are directed by need rather than funding opportunities



Some comments from staff about what they enjoy about working at Healthy Minds included:

"Everyone seems to genuinely care about what we do."

"I have a broad range of work which is challenging (in a good way) interesting and thought provoking. I feel able to develop skills and abilities, I have a balance between people work and project development work and scope to contribute to organizational development."

"Having professional autonomy and working within a relaxed environment."

"My colleagues, the friendly caring environment. Work can be challenging but enjoyable and rewarding. Your work and contribution is recognised."

"Autonomy over my role. The capacity to do things that don't necessarily come under my job description but keep the work varied."

8. Conclusion and reflections

It is clear from the consultations that people think very highly of Healthy Minds and the work of the Recovery and Support Service. The change that people experience in relation to their mental health, anxiety and general self-worth is evident when talking to the people that use the services. People very much attribute this to the supportive approach that Healthy Minds takes.

One of the key difficulties in evaluating the Recovery and Support Service as a standalone project is how much people link into other services that Healthy Minds provides. Healthy Minds approach appears to be very holistic with people accessing a range of options that support them. An SROI ratio of £1:£7.28 is very positive for this service, however I would predict a greater social value to input ratio, if all Healthy Minds services were evaluated as a whole.

The results from the different consultations were quite interesting. There was a clear difference between the changes experienced by those people who completed the postal surveys and those who participated in the workshops and one to one interviews. Individuals who completed the postal surveys described less of a change on the 0-10 scale from before and after engaging with Healthy Minds, than those in the workshops and one to one interviews. During the workshops it was evident that people had been on their own personal journey and they really were experiencing the outcomes that we were discussing. The difference could be put down to the different environments in which people are reflecting on the changes that they have experienced. When completing a survey in isolation in your own home, it is quite different to participating in a group discussion and reflecting collectively on what life was like before.

It is evident from the surveys and the telephone conversations with external stakeholders that Healthy Minds has a good standing as a partner and service deliverer. They are considered to be quite high profile within the statutory sector organisations and have a reputation for being user lead, with co-production being at the heart of the organisation.

When the staff members were asked the same questions as external stakeholders around the principles of the organisation, the responses very much reflected what the external stakeholders had said. This shows that Healthy Minds portrays a consistent image inside and out. In the staff survey questions about the wider organisation and working environment, staff were generally quite positive showing a well engaged workforce. Although there were one or two people responding “Neither Agree nor Disagree” to a lot of the questions, which could suggest that they’re disengaged. Some of the main comments from staff were about how busy they were.

It is evident through the full scope of the research undertaken that Healthy Minds is making a difference to individuals lives, as well as being recognised by statutory service providers as a viable support option for people with mental health issues, therefore achieving the aims of the CCG funding to:

- Enhance the capacity of Healthy Minds to develop community-focused support that promotes resilience and social connectivity;
- Enhance capability of Healthy Minds to generate a viable 3rd sector market from which Calderdale CCG can commission high-quality and safer services in the future.

Appendix 1 - Logic Model

Logic Model - Calderdale Healthy Minds					
Rationale >	**Input >**	**Activities >**	**Output >**	**Outcomes >**	**Impact >**
• Non-medical model of support • Peer support • Alternative to mainstream services • Empowerment • User lead services – statutory services not meeting their needs • Providing what people want • Creating community • Challenge stigma around mental health • Reduce isolation • Increasing understanding • Getting people out of prison • Research show these sorts of services improve mental health – peer support works • Personal experiences • Remove pressure and misunderstanding • Anecdotal knowledge of discrimination of people with mental health issues in statutory services and generally • 62% of service users have been in statutory services • Only 10% of people with mental health issues reach statutory services • If people feel they have a need, they can access services at CHM • Wider awareness/involvement				• Wider communities have an increased understanding of mental health issues • People have increased opportunities • People have increased understanding and self-awareness/insight of their mental health • People have increased resilience • People have increased access to the resources they need when they need it **OR** Barriers to resources are reduced • People are more socially included • People have improved confidence • People have improved self-esteem • People have more information about choices • People have increased independence • People have more choices • People have an increased sense of personal responsibility • People have increased self-determination • People have access to "safe spaces" • People have reduced reliance on medication • Less people access crisis care for mental health issues • Less people are hospitalised for mental health issues • Less people access their GP's for mental health issues • Less people access the mental health team • More people volunteer • People access employment • People maintain their wellness • More people recognise their mental health needs *(who wouldn't normally access statutory services)*	• *Discrimination on the grounds of mental health is eliminated* • *Poor mental health is eliminated* • Opportunities are limitless • Everyone is resilient **OR** Everyone has the personal resources they need • Supportive communities – engagement across the board • Everyone socially included – inclusive society • People recognise their own strengths and resources • People are content • Calderdale…then the world! • Expertise is acknowledged due to lived experience

Appendix 2 – Outcomes – before and after, average percentage change

	All Change		
	Before	**After**	**Average % Change**
People have more support and information	3.7	7.8	41%
People are more resilient	3.5	7.3	39%
People have improved relationships	5.2	7.9	27%
People are less lonely	3.9	7.1	32%
People are more confident	3.5	4.0	33%
People are more content	3.2	7.5	42%
People feel more accepted	2.0	7.5	55%
People have more opportunities	0.0	8.0	80%
People are more optimistic, positive and hopeful	0.8	8.3	75%
People feel more secure	0.3	7.7	73%
People feel more useful	0.7	9.0	83%
People have more perspective	0.3	8.0	77%
People visit their GP less for their mental health issues	62	24	61%
People access the CMHT less	42	9	79%

	Significant Change	
	Average % Change	**% People Experiencing "Significant" Change**
People have more support and information	57%	63%
People are more resilient	46%	56%
People have improved relationships	50%	45%
People are less lonely	51%	45%
People are more confident	51%	50%
People are more content	54%	59%
People feel more accepted	75%	90%
People have more opportunities	80%	33%
People are more positive	75%	69%
People feel more secure	73%	75%
People feel more useful	83%	75%
People have more perspective	77%	75%

Appendix 3 - Impact Map

Stage 1		Stage 2			Stage 3								Stage 4					Stage 5				
Stakeholders	**Intended/unintended changes**	**Inputs**		**Outputs**	**The Outcomes (what changes)**								**Deadweight %**	**Displacement %**	**Attribution %**	**Drop off %**	**Impact**	**Calculating Social Return**				
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers	Description	Indicator	Source	Quantity	Duration	Financial Proxy	Value £	Source	What would have happened without the activity?	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution	Discount rate		0.0%		
					How would we describe the change?	How would we measure it?	Where did we get the information from?	How much change will there be?	How long will it last?	What proxy did we use to value the change?	What is the value of the change?	Where did we get the information from?						Year 1 (after activity)	Year 2	Year 3	Year 4	Year 5
People who access the service	People will have greater levels of information available to them about the choices they can make in their lives, giving them improved ability to make informed decisions about their lives, and their mental health and wellbeing will improve	Time	£0.0	106 people engaged in the programme on average each year	People have more support and information	The number of people reporting they have more support and information as a result of the service	Retrospective postal surveys and workshops	67	2	HACT Social Value Bank - Peole are able to obtain advice locally	£2,457.00	HACT Social Value Bank	15%	5%	75%	20%	£33,206.36	£33,206.36	£26,565.08	£0.00	£0.00	£0.00
					People are more resilient	The number of people reporting they are more resilient as a result of the service	Retrospective postal surveys and workshops	59	2	A course of CBT to build psychological resilience and self esteem costs £1,240 for 20 sessions -	£1,240.00	http://www.pssru.ac.uk/project-pages/unit-costs/2010/index.php	15%	5%	75%	20%	£14,828.08	£14,828.08	£11,862.46	£0.00	£0.00	£0.00
					People have improved relationships	The number of people reporting they have improved relationships as a result of the service	Retrospective postal surveys and workshops	48	2	HACT Wellbeing Valuations - Can rely on family	£1,850.00	HACT Wellbeing valuations	15%	5%	75%	20%	£17,814.46	£17,814.46	£14,251.57	£0.00	£0.00	£0.00
					People are less lonely	The number of people reporting they are less lonely as a result of the service	Retrospective postal surveys and workshops	48	2	HACT Wellbeing Valuations - Member of a social group	£1,850.00	HACT Wellbeing valuations	15%	5%	75%	20%	£17,994.40	£17,994.40	£14,395.52	£0.00	£0.00	£0.00
					People are more confident	The number of people reporting they are more confident as a result of the service	Retrospective postal surveys and workshops	53	2	the cost of confidence training is estimated at £1195 -	£1,195.00	http://www.emagister.co.uk/self_confidence_and_assertiveness_courses-ec170022955.htm	15%	5%	75%	20%	£12,785.75	£12,785.75	£10,228.60	£0.00	£0.00	£0.00
					People are more content	The number of people reporting they are more content as a result of the service	Retrospective postal surveys and workshops	63	2	Valuing Mental Health -	£44,237.00	http://www.psychotherapy.org.uk/UKCP_Documents/Reports/ValuingMentalHealth_web.pdf	25%	5%	75%	20%	£493,556.73	£493,556.73	£394,845.39	£0.00	£0.00	£0.00
					People feel more accepted	The number of people reporting they feel more accepted as a result of the service	Workshops utilising Likert Scales	95	2	HACT Wellbeing valuation - Feel belonging to a neighbourhood	£3,753.00	HACT Wellbeing valuations	15%	5%	75%	20%	£72,278.56	£72,278.56	£57,822.85	£0.00	£0.00	£0.00
					People have more opportunities	The number of people reporting they have more opportunities as a result of the service	Workshops utilising Likert Scales	35	2	Global Value exchange - Support to find suitable employment	£220.90	Global Value Exchange	10%	5%	75%	20%	£1,668.35	£1,668.35	£1,334.68	£0.00	£0.00	£0.00
					People are more positive	The number of people reporting they have more support and information as a result of the service	Workshops utilising Likert Scales	73	2	Global Value Exchange - Cost of Positive Psychology Short Course, module Hope, Optimism and Resilience (University of East London)	£195.00	Global Value Exchange	15%	5%	75%	20%	£2,888.83	£2,888.83	£2,311.07	£0.00	£0.00	£0.00
NHS (CCG)	People will require less treatments for mental health and wellbeing issues	Funding for delivery of the service	£143,832		People visit their GP less for their mental health issues	The number of people reporting that they visit the GP less as a result of the service	Sureys asking about change in GP visits.	65	2	GP costs £125 per hour, GP appt's are 12 mins each - Unit Costs of Health & Social Care 2013 (Curtis, 2013), p.191	£50.00	Unit Costs of Health & Social Care 2013 (Curtis, 2013), p.191	10%	10%	75%	20%	£657.80	£657.80	£526.24	£0.00	£0.00	£0.00
					People access the CMHT less	The number of people reporting that they access the CMHT less as a result of the service	Surveys asking bout change in accessing CMHT	83	2	National Schedule of Reference Costs 2011-12 for NHS trusts and NHS foundation trusts ('MHCOMM' worksheet, currency codes MHCOM01-MHCOM09)	£324.00	National Schedule of Reference Costs 2011-12 for NHS trusts and NHS foundation trusts ('MHCOMM' worksheet, currency codes MHCOM01-MHCOM09)	10%	10%	75%	20%	£5,464.38	£5,464.38	£4,371.50	£0.00	£0.00	£0.00
Henry Smith Fund		Funding for delivery of the service	£22,500																			
Total			£166,332														£667,021.52	£673,143.69	£538,514.95	£0.00	£0.00	£0.00

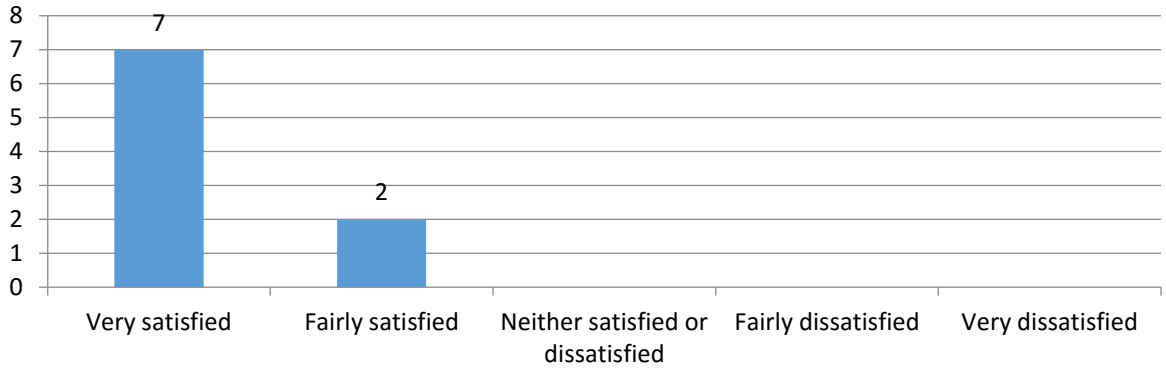
Total Present Value (PV)	£1,211,658.64
Net Present Value (PV minus the investment)	£1,045,326.64
Social Return £ per £	7.28

Appendix 4 – Proxy Values and Sources

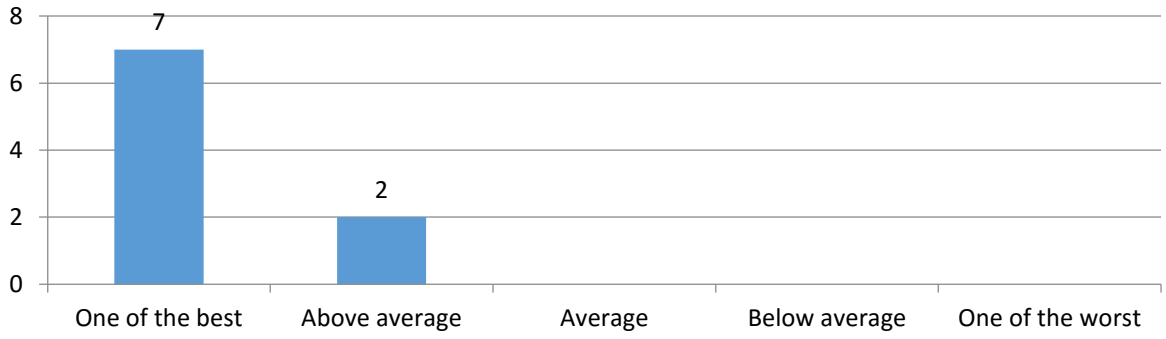
Outcome	Proxy Value	Proxy Source
People have more support and information	£2,457	HACT Social Value Bank - People are able to obtain advice locally
People are more resilient	£1,240	A course of CBT to build psychological resilience and self esteem costs £1,240 for 20 sessions - http://www.pssru.ac.uk/project-pages/unit-costs/2010/index.php
People have improved relationships	£1,850	HACT Wellbeing Valuations - Can rely on family
People are less lonely	£1,850	HACT Wellbeing Valuations - Member of a social group
People have more confidence	£1,195	The cost of confidence training is estimated at £1195 - www.emagister.co.uk/self_confidence_and_assertiveness_courses-ec170022955.htm
People are more contentment	£44,237	Valuing Mental Health - www.psychotherapy.org.uk/UKCP_Documents/Reports/ValuingMentalHealth_web.pdf
People visit their GP less for their mental health issues	£50	GP costs £125 per hour, GP appt's are 12 mins each - Unit Costs of Health & Social Care 2013 (Curtis, 2013). Proxy multiplied by 2 to give annual figure.
People access CMHT less	£324	National Schedule of Reference Costs 2011-12 for NHS trusts and NHS foundation trusts. Proxy multiplied by 2 to give annual figure.
People feel more accepted	£3,753	HACT Wellbeing valuation - Feel belonging to a neighbourhood
People have more opportunities	£220	Global Value exchange - Support to find suitable employment
People are more optimistic, positive and hopeful	£195	Global Value Exchange - Cost of Positive Psychology Short Course, module Hope, Optimism and Resilience (University of East London)
People feel more secure	Proxy for “contentment” used – considered to be double counting to include additional proxies	
People feel more useful	Proxy for “resilience” used – considered to be double counting to include additional proxies	
People have more perspective		

Appendix 5 – Full Staff Survey Results

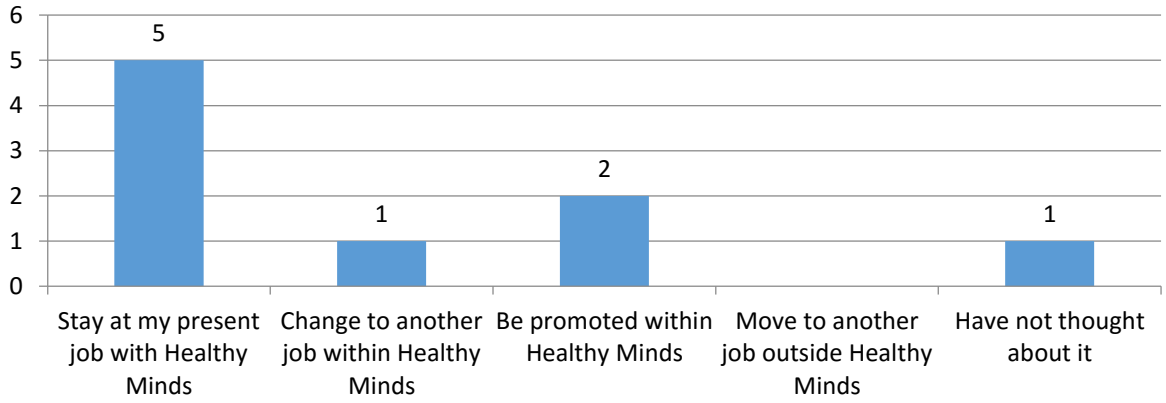
On the whole how satisfied are you with your present job?



How would you rate Healthy Minds as a place to work compared to other companies you have heard about or for whom you have previously worked?



In the next 12-18 months which of the options below best reflects your thinking?



What do you most like about working for Healthy Minds?

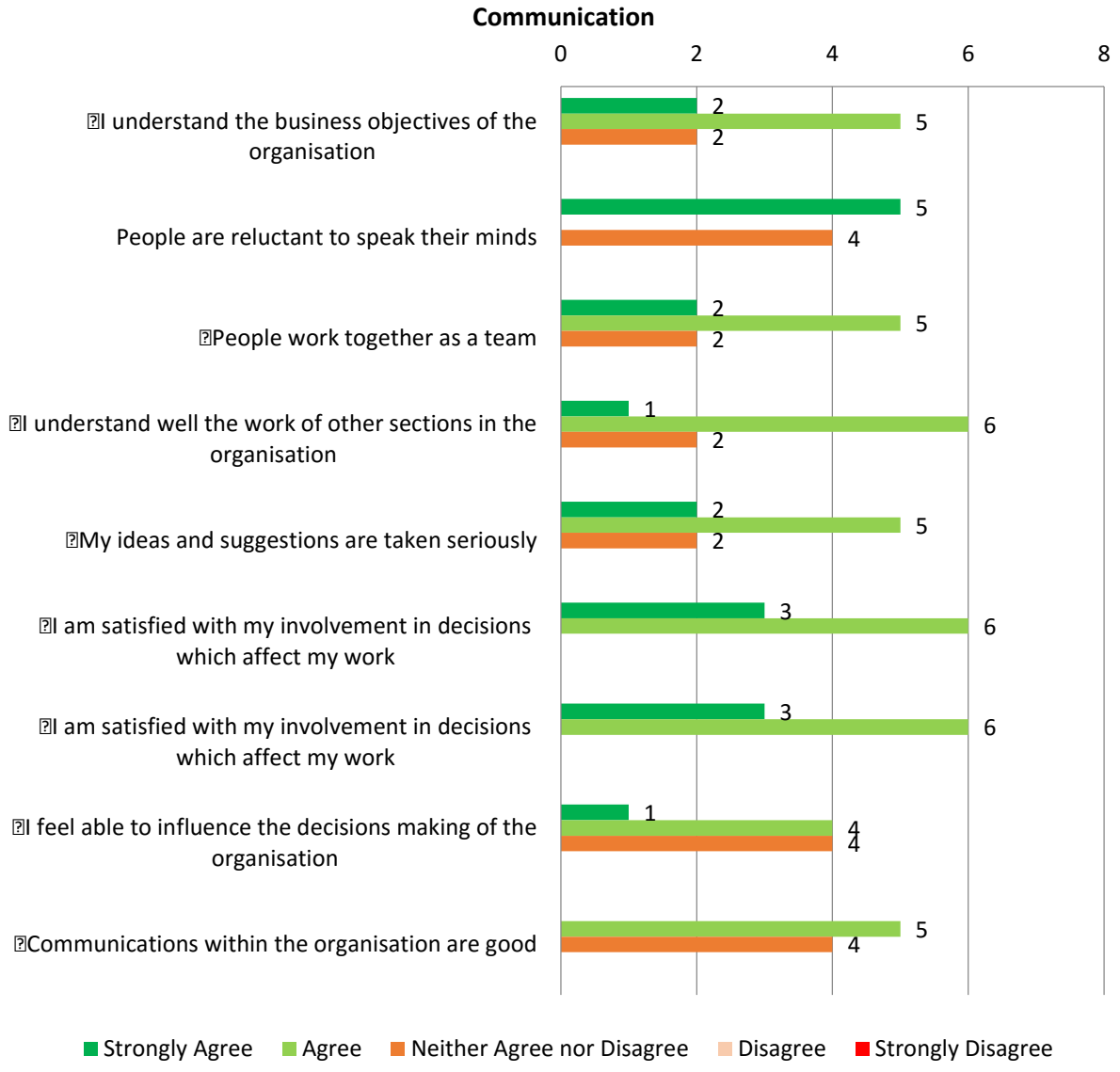
- *"Everyone seems to genuinely care about what we do."*
- *"I have a broad range of work which is challenging (in a good way) interesting and thought provoking. I feel able to develop skills and abilities, I have a balance between people work and project development work and scope to contribute to organizational development. Generally the*

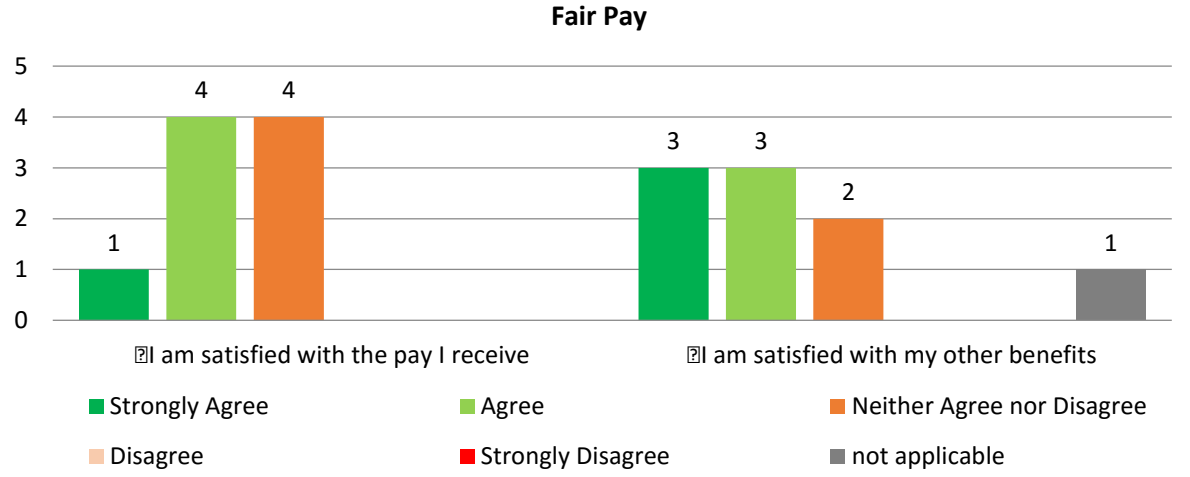
staff team works pretty well together, so it's mostly a harmonious working environment and it feels that people are more or less on the same page."

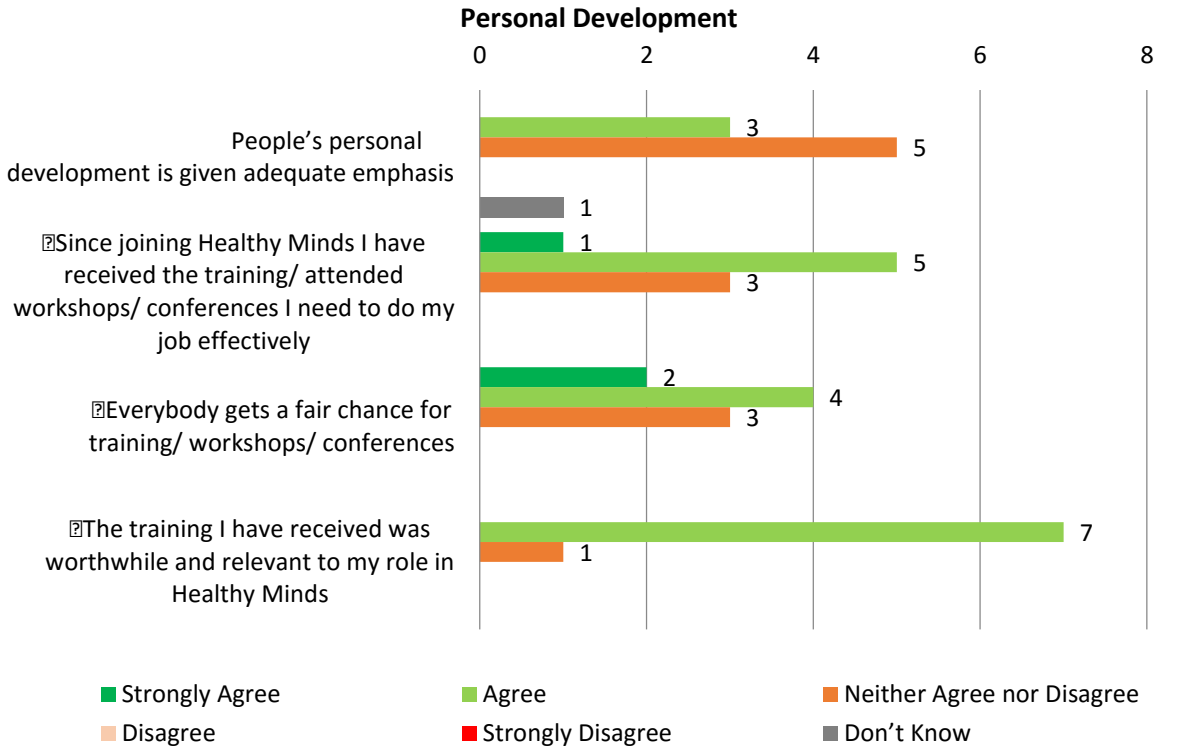
- *"Having professional autonomy and working within a relaxed environment."*
- *"My colleagues, the friendly caring environment. Work can be challenging but enjoyable and rewarding. Your work and contribution is recognised."*
- *"Ethos, ideology, understanding of my condition and flexibility, management, colleagues, the work itself."*
- *"Autonomy over my role. The capacity to do things that don't necessarily come under my job description but keep the work varied."*
- *"The working environment is supportive, person-centred and flexible."*
- *"Staff care about the work they do and make efforts to support each other."*
- *"Ethos. Management leave me to get on with it but there/available if I need them."*

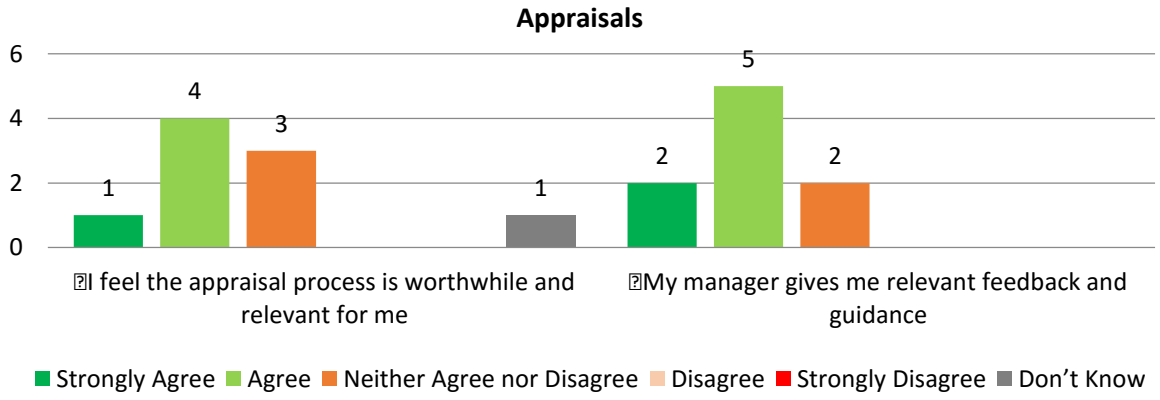
What do you least like about working for Healthy Minds?

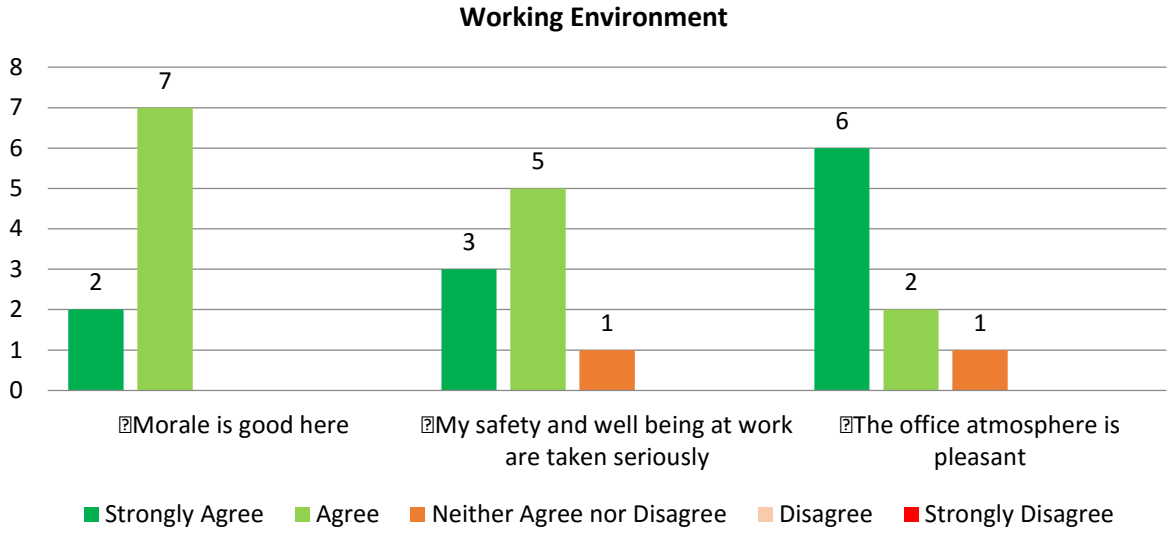
- *"Things can get very busy (too busy!)"*
- *"There isn't enough time and space to look at the bigger picture and put in place general organizational systems. It can feel as if we are often on catch up. Lot s of part-time staff on different projects can sometimes mean that there isn't an overall awareness of projects and sometimes people seem to feel out of the loop - but I think there is an awareness of this and willingness to do something about it."*
- *"At times too relaxed - we have lots of ideas which rarely materialise into anything or get followed up. It can be at times be challenging communicating with some staff members as they can appear to lack focus and initiative, which in turn, is an added responsibility to other members who have to take the lead in organising and delegating tasks."*
- *"Want to help more with developing the organisation but my time is limited"*
- *"Too much on at present - think this is for everyone ... and it could present a problem for staff welfare. "*
- *"Not enough time to do everything you'd like to do, and do it properly."*
- *"Nothing really"*
- *"Sometimes feeling a bit too busy and over-stretched."*
- *"Sometimes we don't deal with issues as they arise."*
- *"Don't always know what's going on as I am part-time."*

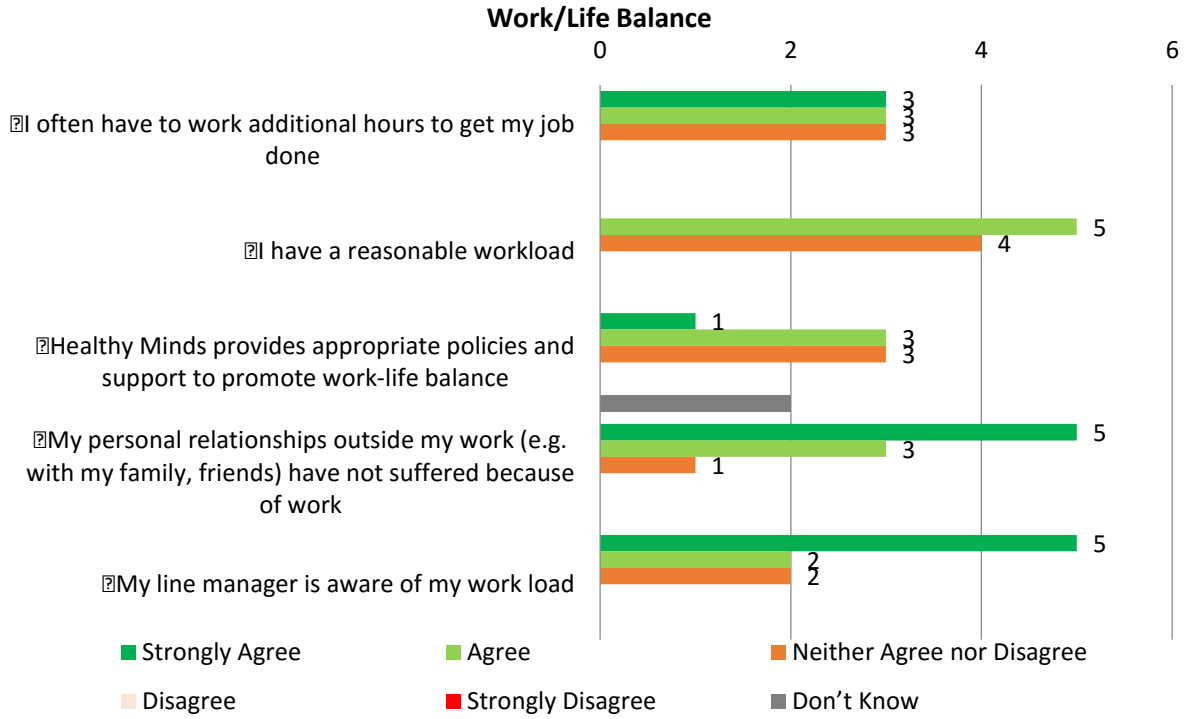

Communication
0
2
4
6
8
I understand the business objectives of the organisation
People are reluctant to speak their minds
People work together as a team
I understand well the work of other sections in the organisation
My ideas and suggestions are taken seriously
I am satisfied with my involvement in decisions which affect my work
I am satisfied with my involvement in decisions which affect my work
I feel able to influence the decisions making of the organisation
Communications within the organisation are good
2
5
2
5
4
2
5
2
1
6
2
2
5
2
3
6
3
6
1
4
4
5
4
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

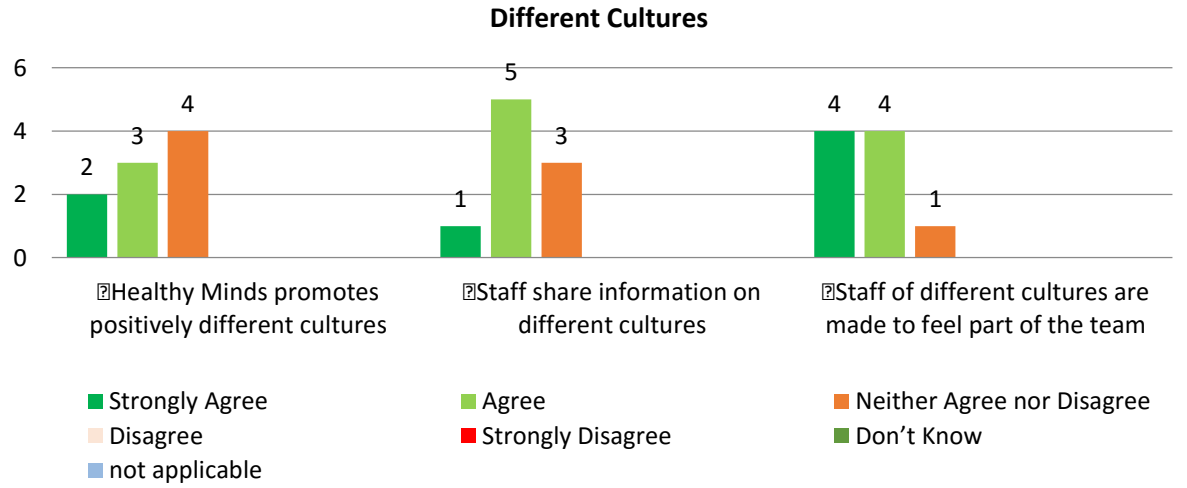

Fair Pay
5
4
3
2
1
0
1
4
4
3
3
2
1
I am satisfied with the pay I receive
I am satisfied with my other benefits
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree
not applicable


Personal Development
0
2
4
6
8
People's personal development is given adequate emphasis
Since joining Healthy Minds I have received the training/ attended workshops/ conferences I need to do my job effectively
Everybody gets a fair chance for training/ workshops/ conferences
The training I have received was worthwhile and relevant to my role in Healthy Minds
3
5
1
1
5
3
2
4
3
7
1
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree
Don't Know


Appraisals
6
4
2
0
1
4
3
1
2
5
2
I feel the appraisal process is worthwhile and relevant for me
My manager gives me relevant feedback and guidance
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree
Don't Know


Working Environment
8
7
6
5
4
3
2
1
0
2
7
3
5
1
6
2
1
Morale is good here
My safety and well being at work are taken seriously
The office atmosphere is pleasant
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree





Comments:

- *"I think we are positive and inclusive but can do more"*

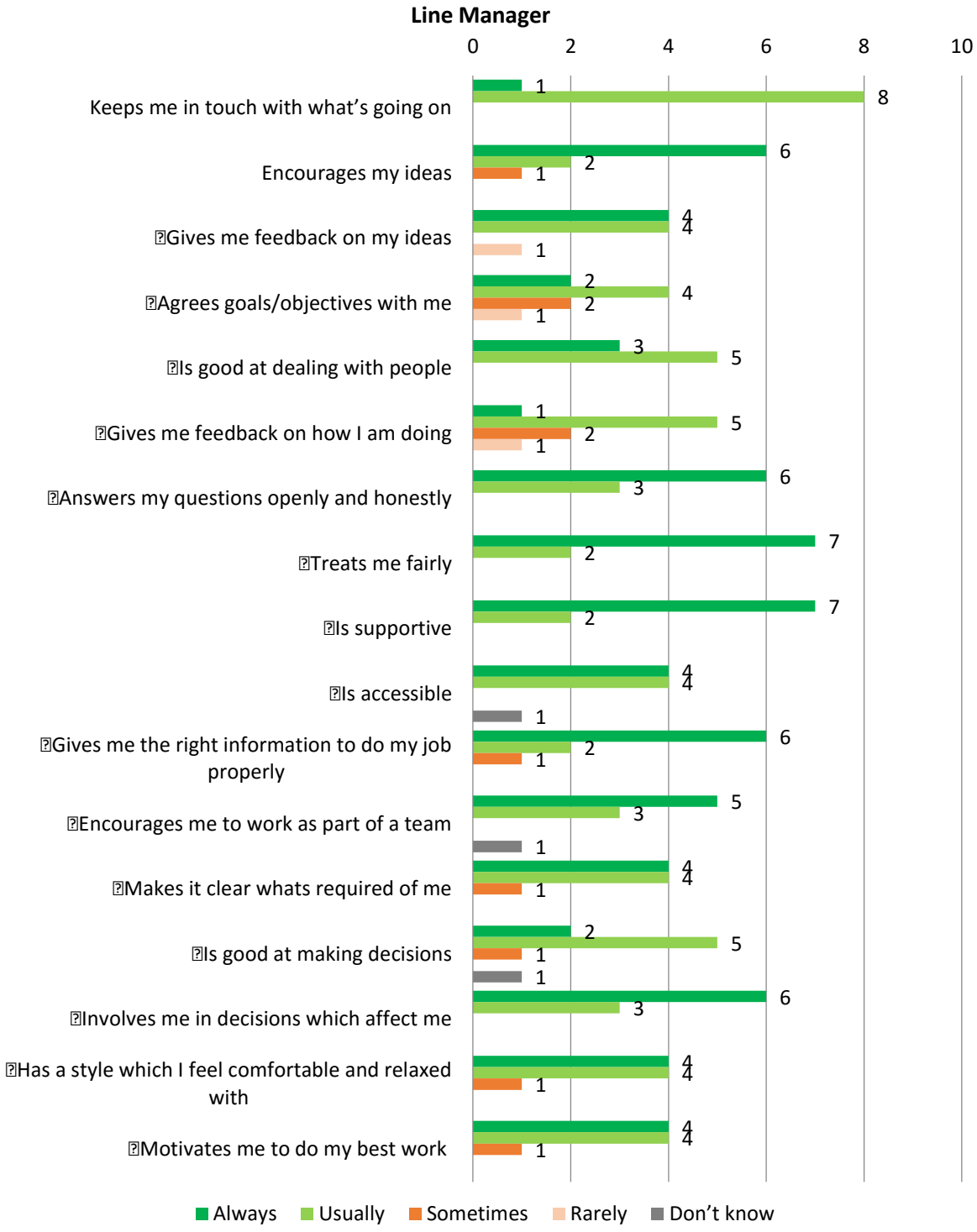
- *"I think that there is an awareness across the organization that we could do better around cultural difference and I think there is some commitment to do this."*

- *"Although we do work with the BME community, I have always felt there isn't a diverse cultural demographic whom use and volunteer with our service. I think we could do more to work with 'hard to reach' groups. We have attempted but didn't explore and work out the reasons why we failed. It was left as something that just didn't work. I'm aware that time is probably an issue and possibly lack of awareness of hard to reach communities within the team itself."*

- *"Some training is worthwhile, but not necessarily relevant to my individual role within healthy minds"*

- *"I have mental-health issues myself and could really do with more regular support / management - I feel managers have so much on that some things can get left out of the equation. I do feel it could be better but managers are trying their utmost in the face of many pressures and a lot of work. And this place is far & away the best place I've ever worked, and a good place to work, offering good services to people. We do need to pay attention to communications within the team and always ensure that there's regular opportunities to voice our feelings about things at work and that the atmosphere is one that naturally allows frank and open discussion."*

- *"There is scope for more emphasis on personal and professional development in the organisation. But overall I love my job!"*

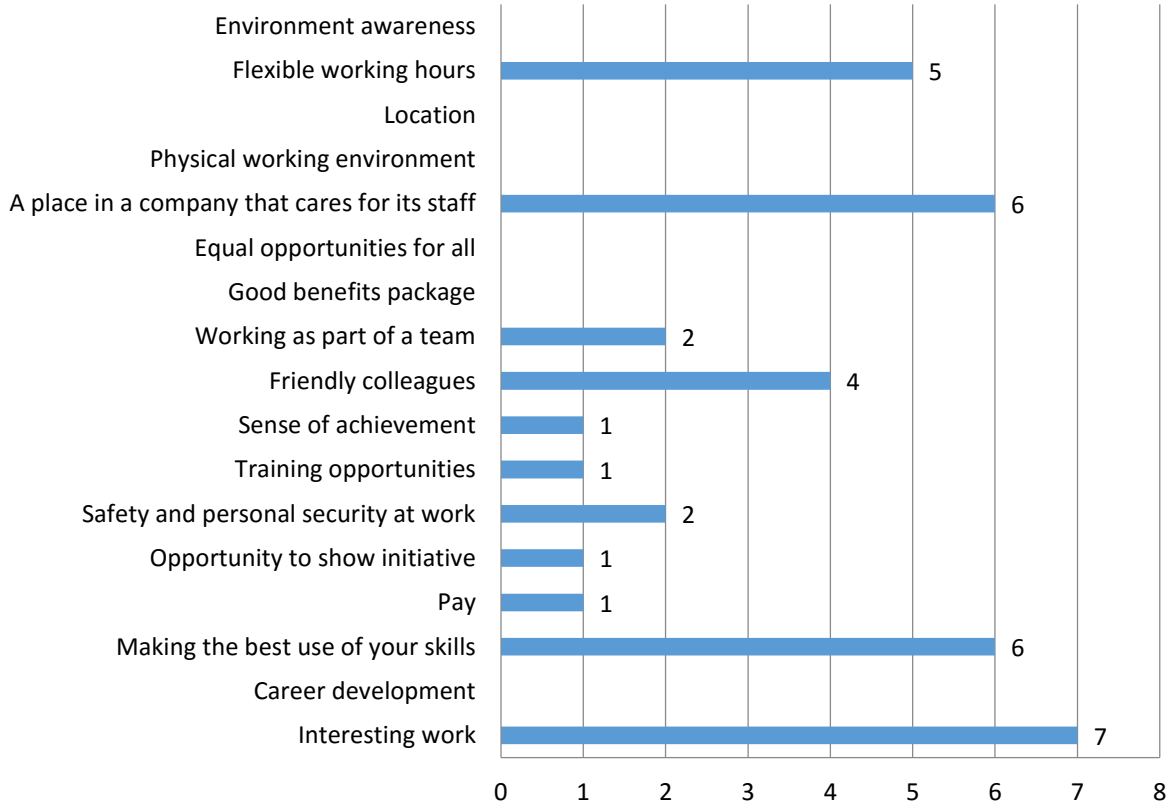


Comments:

- *"Jonny is a fab manager but not perfect! Sometimes I feel he is maybe too kind towards me - he bends over backwards to accommodate me and my ways but maybe needs to be "stricter" at times. I overwhelmingly like the way he manages his work and our team, and he works sooooo hard. Maybe he doesn't always tell me what he's thinking or feeling about me and my work ... I don't feel I'm always doing my best but he is even-handed and tolerant."*

- *"Jonny is very approachable and always responds to my questions or concerns. Occasionally I would value more feedback."*

The 4 things that are most important to you from an employer



Would you add anything to the list above? If so, what would this be?

- *"Sort of all the above rolled into one"*

- *"I need good employment support as I'm claiming ESA within the work-related activity group ... this isn't the remit of the organisation I work for as it entails detailed continuing support which HM couldn't find the resources for, but I'd like management and maybe trustees to have more training in this area anyway."*