

Walsall Better Mental Health Fund Local Evaluation

EVALUATION REPORT

July 2022

**Institute for Community Research & Development
and
BVSC Research**

Dr James Rees, Dr Rachel Hopley, Susannah Wilson, Sophie Wilson

Contents

Contents	ii
1. Introduction and Context	1
2. Evaluation Approach and Methodology	3
3. Individual Project Reviews.....	4
3.1 The ‘Thrive’ Mobile Unit (Let’s Chat Bus)	4
3.1 No Wrong Door	8
3.2 Mental Wellbeing Training (IPRS).....	11
3.3 Walsall bereavement support	14
3.5 Summary	19
4. Grant Funded Projects – Client Impact.....	20
4.1 Frank F Harrison Community Association – New Invention Friends Together	20
4.2 The MindKind Projects CIC - Community Wellbeing Garden.....	24
4.3 Walsall Black Sisters Collective - Mental Wellbeing Walsall	28
4.4 Walsall Carers Centre – Walsall Carers Wellbeing.....	32
4.5 Walsall Creative Factory - Creative Factory Well Being	36
4.6 Women Outreach Workers Walsall – Let’s Get Moving	39
4.7 Summary – key themes across grant receiving organisations	42
5. Quantitative Data on individual level outcomes.....	44
5.1 Project Reach	44
5.2 Wellbeing	46
5.3 Summary	47
6. Summary Findings	48
7. Recommendations	50
Appendix	53

1. Introduction and Context

Walsall Public Health secured £368,000 from OHID Better Mental Health Fund (BMHF). The aim of the programme is to improve mental wellbeing of Walsall residents and tackle population mental wellbeing disparities.

The initiatives funded met the priorities of the Walsall Multi-agency Mental Wellbeing Strategy. The themes are as follows:

- Improve Knowledge & Understanding and Wellbeing
- Economic & Housing Challenges
- Thrive Intervention Unemployment & Employment
- Community Connections - Peer Social Support
- Bereavement Support & Talking Therapies
- Physical Health & Activity for Wellbeing

The Better Mental Health commissioned projects in Walsall are:

- The Thrive Mobile Unit, which includes financial guidance debt support and benefits maximisation
- 'No Wrong Door' Coordination
- Mental Wellbeing Training for leaders, managers and supervisors (IPRS)
- Community bereavement support
- Community counselling and talking therapies
- Physical activity in green spaces
- Peer mentorship
- Mental Wellbeing awareness raising and improvement activities

Due to delays in the commencement of some of the projects the focus of the local evaluation is on The Thrive Wellbeing Mobile Unit (Let's Chat Bus), 'No Wrong Door' Coordination initiative, Mental Wellbeing Training, and Bereavement Counselling.

Additionally, the evaluation focuses on understanding the experience of practitioners and participants in the additional grant funded projects (and to an extent the perspective of the commissioners at Walsall Council who provided further context to the evaluators). It includes the evaluation of projects funded through a programme of grants to support innovative initiatives to improve wellbeing. The six grant recipient organisations are:

- Frank F Harrison Community Association
- Mindkind Projects CIC
- Walsall Black Sisters Collective
- Walsall Carers Centre
- Walsall Creative Factory
- Women Outreach Workers Walsall

Walsall Public Health commissioned a provider to conduct the local evaluation, a partnership between ICRD and BVSC. This report sets out the context of the Walsall BMHF, explores early impact and learning, includes case studies of the project delivery including the 'voice' and perspective of project participants; finally, it also provides (limited) analysis of the quantitative data on individual participant outcomes. This was not conducted in a way that

compares the performance of different projects, as they have different aims and objectives, but rather considers participant outcomes at an aggregate level. Furthermore, many of the projects are delivering after the initial nationally defined timescales and therefore the qualitative and quantitative outcomes set out here reflect the data at the time of the evaluation.

Acknowledgements

We would like to acknowledge the multiagency partners involved in the coproduction, development and the delivery of this programme including the clients, family members and the other key stakeholders.

We would like to thank all the clients, family members, organisations and wider stakeholders who have given their time to contribute to this evaluation and to Walsall Council's Public Health Senior Commissioning Manager, Angela Aitken for her ongoing involvement and support throughout the evaluation.

2. Evaluation Approach and Methodology

Phase 1 of the evaluation provided a general mapping and scoping of the Walsall programme, and involved further consultation with Walsall Public Health, including:

- Identifying key stakeholders
- Understanding the thematic areas and mapping these to interventions
- Understanding the process to date and conducting a preliminary assessment of descriptive data

Phase 2 consists of three main components:

A) Process evaluations exploring early impact and learning of the four main programmes:

- The 'Thrive' Mobile Unit (Let's Chat Bus)
- No Wrong Door coordination
- Mental wellbeing training (IPRS)
- Bereavement support

The focus of the process evaluations is on staff and stakeholder perspectives. Approximately 15 qualitative semi-structured interviews have been conducted with key staff, project partners and other local stakeholders.

B) Case Studies and Citizen Voice

Six case studies of the grant funded projects were completed. The focus of these case studies is on participant/client experiences and individual-level impact. Semi-structured interviews with lead staff from the organisations delivering grant funded activity, and interviews and focus groups were conducted involving a total of approximately 40 participants.

A thematic analysis was undertaken of the findings from the interviews conducted. This qualitative data analysis method involves reading through transcripts from the interviews or focus groups, and then identifying common patterns across the data to determine what themes emerge from the data.

C) Data on individual level outcomes

Programme output data were collated, and descriptive analysis of beneficiary reach was conducted. In summary we conducted:

- Descriptive analysis of beneficiary reach, including the reach into groups with protected characteristics and comparison with local population estimates
- Analysis of the wellbeing measures collected by the projects
- Considerations and recommendations for future evaluations.

Ethical clearance

Ethical clearance for the evaluation was gained from the University of Wolverhampton FABSS ethics committee.

3. Individual Project Reviews

In the following section we present the findings from our interviews with staff and stakeholders involved with the four workstream activities. These are summarised under four sub-headings of project set up and delivery challenges, impact, keys to success, and key learning and early reflections.

The projects involved in these reviews are detailed in the table below and are mapped across the following three themes of mental well-being promotion, mental illness prevention and early intervention.

Name	Theme
'Thrive' Mobile Unit	Mental illness prevention
Mental wellbeing training (IPRS)	Mental wellbeing promotion
Walsall bereavement support	Early intervention
No Wrong Door	Mental wellbeing promotion

3.1 The 'Thrive' Mobile Unit (Let's Chat Bus)



Project summary

The Thrive mobile unit is a fully equipped and resourced minibus which delivers services five days per week. The unit parks in different locations across Walsall, predominantly in communities within Decile 1 to Decile 3 areas. On board, there are three paid members of staff (Navigators), who deliver intervention to improve mental wellbeing and address wider issues which impact on individuals' mental health. This pilot project is provided by a partnership of four established voluntary sector organisations:

- Bloxwich Community Partnership
- Citizens Advice Sandwell and Walsall
- Manor Farm Community Association
- Walsall Community Transport

Establishing this project required flexibility, local knowledge and experience to set up at pace whilst integrating any emerging learning.

The mobile unit coordinates support with a range of additional partners working to address challenges Walsall residents are experiencing. These challenges include growing financial and cost of living concerns, employment, and debt, personal finances, and benefits. The unit hosts the Black Country emotional support helpline number to encourage access to mental health and wellbeing support.



Navigators complete an '8 Steps to wellbeing' plan with the individuals they support, signpost to additional services as appropriate and where possible conduct a follow up review.

We interviewed three members of staff and one staff member from a partner organisation who works closely with the project, providing specialist debt advice.

Project Set-up and delivery challenges

The providers were awarded the contracts to deliver the mobile unit following a tender exercise. The project mobilisation period was short in order to achieve implementation and delivery in line with the national time scales. One staff member commented that the project was established with "*no lead time at all*", meaning that the project had to be rapidly developed and rolled out. It was felt that providers rose to this challenge, supporting over 1200 Walsall residents living within the most deprived neighbourhoods within a 5 month period. Interviewees were proud of what had been achieved.

Another notable feature of the project is that it brought together multi-agency voluntary sector partners with a range of expertise, within the restricted timescale. This is a significant achievement, reflecting the preparatory work by commissioners and project staff in supporting partners to work together. For instance, the involvement of Citizens Advice was invaluable. Between February 2022 and July 2022 this element of the project reported supporting over 300 people, achieving debt reduction/income maximisation worth over £502,000 to Walsall residents.

Delivery challenges and solutions

The key challenges stemming from the rapidity of the set-up of the project were:

- The practicalities of ensuring the mobile unit was fit for purpose. The unit had previously been used as a Covid testing bus, and therefore wasn't branded appropriately. It is felt that this may have been a barrier to community members accessing the support. However, staff and partners felt any initial difficulties had been overcome. To build relationships, staff members actively **walked around the community and talked to community members**. Key to this success were pre-existing relationships and experience and knowledge of Walsall. In addition, as a result of the impact the pandemic had had on voluntary sector organisations, the providers mapped local existing community activities, which was felt to be beneficial. The branding of the unit made a significant difference to reaching the population. One stakeholder said *"Now we're branded, the bus talks for itself, it says on the side what we do."*
- To foster **experimentation and flexibility**, staff members recognised the project was a pilot, deciding to take a very flexible project development approach: *"We'd see what works and what doesn't work and ultimately you know it is about supporting people's wellbeing in the community"*.
- There was a **steep learning curve** in terms of how to run the service effectively. For instance, the initial expectation was that people would come onto the bus and develop deeper relationships with staff, but this was found not to be practically possible because the space within the bus itself is relatively small and doesn't offer sufficient privacy to talk about sensitive issues. Instead, people have been signposted to other services:

"It's amazing for engagement, confidence building and exploring those issues but then we should be passing on to specialist services".

Used this way, they have exceeded their expectations of numbers accessing the service.

The provider adapted well to the challenges and worked well with the commissioner to adapt within the constraints of extremely short time scales and limited capacity.

Impact

We discussed the impact of the service with staff and stakeholders and the impact was felt to include:

- Much **deeper reach into communities**, particularly the more deprived neighbourhoods of Walsall. The providers stated that this 'one stop shop' approach contrasts strongly with traditional community buildings or statutory services that people don't access so freely. The mobile unit removes the barrier of travelling across Walsall. Instead, it is *"on the doorstep, friendly...a point of contact...to turn to that's local."*
- **Increased accessibility of mental health and wellbeing advice**: by parking the mobile unit in popular, accessible spaces near schools, foodbanks, and supermarkets in the most deprived neighbourhoods across Walsall.

- **Reducing the stigma associated with accessing help** is a priority for Walsall. It is felt that there is less stigma attached to going onto the bus, and that the staff are friendly and accessible. The impact on individuals is perceived to include a greater awareness of mental health and increased knowledge about the availability of support services. The unit enables people in the community to see the possibility of feeling less isolated and becoming more engaged within the community.

Staff and stakeholders all commented that **greater impact** could be achieved through longer-term sustainable funding. They believe the mobile unit is already having a local impact, particularly through partnership working, but has a lot of potential to be scaled up, and mainstreamed. It was felt that due to short term funding there was a real risk that the staff team, which had made considerable progress, could be lost without secure funding. It was also felt that greater continuity of service would contribute to longer-term engagement and impact. It was suggested that greater impact could be achieved through increased capacity in the wider mental health referral pathways. For instance, the 'Rethink hub' was mentioned, but bus staff feel this may be already oversubscribed. This service, not previously mentioned in the report, is the Walsall Sanctuary Hub, a physical building and 'drop in', located in Walsall town centre.

Contributions to success

Having **strong existing multi-agency partnership working**, including with the local authority has been key to achieving these early wins. In summary, success was achieved by:

- Being locally based and deploying local knowledge, which informed where to locate the mobile unit. For example, *"People visiting the foodbank may have additional needs, so we're able to support alongside the foodbank"*
- Being accessible, inclusive, welcoming, and offering a 'cuppa' and non-judgmental approach' which encouraged people to access the unit
- Being flexible and adaptable in setting up the service, including adopting a 'fluid model' that responded to the changed Covid-19 context and new developments
- Having an excellent staff team in place, and providing them with significant training and learning in a short timeframe. A staff member said *"You've got to be the type of person that can think on your feet,"* and *"You need to be someone who can talk to absolutely everyone."*

Key learning and early reflections

- A major learning point was that the space within the bus does not allow privacy for sustained engagement. It does however enable an approach where residents are initially supported for their complex circumstances and are signposted to other appropriate services: *"that initial conversation to engage with services is brilliant"*
- The mobile unit facilitates much greater reach into communities and encourages engagement in ways traditional buildings often do not

- There are still barriers to access in some neighbourhoods, particularly in the South of the Borough, because of cultural and linguistic differences: “*There are a lot of barriers to communication in some of the areas we work in...It is about being non-judgmental [and] just being able to talk to people.*” Overcoming this takes time.

3.2 No Wrong Door

Project summary

Together the **No Wrong Door (NWD)** and the **Single Point of Access (SPOA)** approach enable citizens to access timely appropriate level support when required. The No Wrong Door is a network of organisations coordinated by Rethink.



The network works together to simultaneously provide individuals with access to the support they require. No Wrong Door partners aim to improve the health and wellbeing of the people they support by preventing people falling into gaps between services. It seeks to:

- Establish an open network of quality assured members who are committed to continuous improvement
- Break down silo working between organisations and individuals
- Improve the way agencies communicate with individuals and with each other.

The NWD approach is intended “*to make it simpler for people who are in crisis...Rather than going from A to B and back to B again and C and then all around the ring road*”. If a member of a partner organisation identifies a citizen as having support needs, they sit down with the service user to complete and send a referral form to the NWD coordinator. Within 24 hours, the NWD team triages the referral to partner organisations deemed most able to support. Recipient organisations have three days to respond and contact the individual.

The 24-hour Single Point of Access (SPOA) is a 24/7 hour emotional mental health helpline. This team decides whether an individual requires a referral into statutory services. One of the NWD partners said: “*The 24 hour service helps us massively...[it has given our admin] who isn't a trained counsellor the confidence to be able to offer support...a lot [of people] want support in the evening so fantastic it's 24/7*”.

Project set-up and delivery challenges

The key challenges relating to the project set up and delivery identified by NWD staff were:

- **The loss of a project coordinator** who they had envisaged would be involved in developing the project, set the project back slightly. This challenge was overcome by reallocating existing staff to the project.
- **The need to encourage partner organisations involved** to become more self-reliant in setting up meetings. The Project manager, for example, would like to move to a situation where there are regular monthly meetings where the staff could come together, to talk through any challenges, and discuss clients and their needs, but the resources are insufficient to deliver this.
- **Bringing together partners** that had relatively little experience of collaborating. For example, some felt concern that their organisation might lose clients to other services.

What has the impact been?

The NWD has had a major impact in a short time. The NWD network was launched in February following a rapid implementation period. The idea of the network was instantly attractive to many of the partners: *“I always wanted to be involved from the moment I heard about it.”* Over forty partners expressed an interest in being involved, although not all ultimately joined the network.

A measure of success is that the NWD network has created partnerships and strengthened relationships. Relationships improved as partners became more trusting and began to work more closely together. Regular initial meetings were used to overcome any initial fears and to smooth over any doubts, and to reassure partners. Partners now see the benefit of collaboration for their service users, who now benefit from access to wider range of services.

Reliability and effectiveness of partners.

Partners who received referrals acted quickly to contact clients. This has given a positive impression of the individual service to the client and has led to quicker engagement with services. It was felt that with appropriate services quickly addressing challenges the client is facing, better mental health outcomes would be achieved. Partners also noted that being part of the network has helped them to tighten up their own internal administration systems, which has led to a better experience for service users.

Wider impact on public services

The Mental Health Trust has been supportive of the No Wrong Door partnership and signed up to it immediately. NWD is working to cement partners' commitment to the process. Statutory services are very impressed by the approach. They now have an array of voluntary sector organisations who deliver good support, who can support them in their work. As one commented: *“Wow. We can focus on our role. I've not been able to focus on the mental health recovery work because I'm dealing with this, this and this. And actually now we're able to focus on our role.”*

Potential for longer-term impact

There were areas identified by interviewees that if acted upon, could increase the effectiveness of the No Wrong Door approach.

Publicity and reach: One interviewee felt that NWD could be better publicised. *“Perhaps organisations that are not currently involved would like to be involved and that would increase the impact.”* When it was first launched partnerships were quite limited, but now more organisations are coming on board. However, it would be useful to assess the extent to which organisations are taking part and consider whether the network could be broadened further.

“If every voluntary sector organisation in Walsall was engaged with NWD, it would help even more people. There will be charities who have no idea about NWD, who will be passing people in different directions all the time. It would be great if capacity was increased.”

Co-location: One of the partner organisations felt that a way to really build on the success of the NWD would be for the organisations to be based in one place, perhaps in a ‘No Wrong Door’ building. Service users could *“come in, tell us what they need and could access every organisation they need in one go”*. It was suggested that such a building could provide some office space for organisations to co-locate.

Funding: To continue to make further impact, it was commented that it was important to increase funding or allow the current funding to continue. Rethink firmly believe in the project and the way it works and would like to incorporate this approach into their ongoing work. They believe that they will have more organisations who will want to join in the future but may struggle to coordinate or develop this without extra funding support to finance a coordinator.

What has been key to success?

Communication: This is regarded as the biggest key to success by staff and partners; clear communication between staff, clients and organisations, where updates and concerns have been highlighted and solutions found. Regular newsletters have been issued, giving organisations a sense of belonging to a network. This has been strengthened by the feedback emails sent by the NWD administrator, updating referring partners on the progress of the referral. The option to give clients the SPOA ‘phone number has been beneficial to network members who feel happy to be able to offer 24-hour support to those who may need it, when their service is closed.

Building trust and strong relationships between partners: This has been achieved through regular meetings and ongoing communication. Partner organisations feel being part of a network gives them the chance to understand the local landscape much better. It also helps them to understand what’s available for clients. Network stakeholders have appreciated having one point of contact which has made partnership working easier.

Shared knowledge of clients: Partners have found it very useful to understand a client’s situation in order to work sensitively with them. For instance, some clients *“don’t want to reveal everything, but it’s useful to us to know about financial difficulties, so we can then try to accommodate them in a location in the community that’s easier for them. Or we can allocate them to a drop in where there’s a free car park.”*

Contractual obligation. The other voluntary sector organisations involved in this commissioned work needed to be part of NWD as part of their contract. This meant that

there was a way for them to work together easily, and information about other services was easily shareable. This also ensured that statutory partners were aware of these services, increasing referrals to a wider range of support for citizens that may have otherwise been difficult to find.

Key learning and early reflections

NWD provides appropriate training and guidance to all partners, to ensure all client information is included on the referral form, so that clients only have to tell their story once. It is very important that the first organisation that speaks to the client captures as much detail as possible. The NWD process allows the individual to *“offload and explore what support they need [to access a] full range of options. This process is very person centred [it] allows the person to think about the whole plethora of services that we can provide and how they work”*.

One interviewee suggested that it would be helpful to have a six-month progress report which would, for example, note information such as the number of referrals in the preceding period. This would help organisations to understand what is and isn't working, in order to engage better with the project, and to make it even more successful.

3.3 Mental Wellbeing Training (IPRS)



Project Summary

IPRS Health delivered mental health and wellbeing training to managers, leaders and supervisors in local businesses and business-facing staff in other organisations. The original proposal to PHE was for 200 people to be trained. At the time of interview 140 people had been trained, with additional work developing to achieve a greater reach.

The overarching aims of the training were to support employers in Walsall to:

- understand how they can embed mental health and wellbeing support into their organisation
- empower participants to develop their mental health and wellbeing organisation policies and practices.

We spoke to a member of staff from IPRS and two trainee participants: one from a local college and one from a private sector organisation. Both individuals we spoke to have responsibility for health and wellbeing initiatives and work-force training across their respective organisations.

Project Set-Up and Delivery Challenges

The key challenges relating to the project set up and delivery identified by IPRS staff were:

- It was initially envisaged that the training would be delivered in-person. This had to be changed to entirely virtual sessions due to the Covid-19 pandemic.

- IPRS are not located in Walsall and were initially reliant on an individual within Walsall Council who had excellent links with local businesses in the area. Unfortunately, this individual left the council a couple of weeks into the project, and so IPRS became reliant on utilising a database of small and medium sized enterprises (SMEs) and social media to attract people to the training. This had an impact on the numbers of people who attended the training.
- To address the challenges in attracting participants, IPRS tested different approaches to the delivery of the training, changing from one-day training to two half-day sessions. It was however found that the one-day session was preferred. Working with organisations to deliver a dedicated training session for their staff was also effective.
- Offering 'free training' to leaders was seen as a double-edged sword. Whilst this was an attractive offer to organisations (and was highlighted as a positive aspect by the two participants we spoke to), staff from IPRS felt that it may have led to high levels of drop out as people were not as invested in attending.

Why people attended the training

We asked participants what had prompted them to attend the training in the first instance. One highlighted an increased prevalence of mental health concerns within the workforce, following the Covid-19 pandemic. The other felt that whilst mental health had been a priority area for his team prior to the pandemic, it had dropped off the agenda and the team did not have the in-house capacity to deliver mental health training. Both participants were focused on the need to upskill managers in their ability and confidence to have pro-active work-place conversations about mental health.

What has the impact been?

We spoke to participants about what short term impact the training had had on them as individuals and the long-term impact they felt it could have on their organisations' approach to supporting people with mental health issues. The common themes that emerged were:

Short term impact on the individual

- **Increased confidence**, building on pre-existing knowledge, giving participants the confidence to have workplace conversations about mental health
- **Increased awareness** of how poor mental health can present and the links between physical and mental ill-health
- **Increased understanding** of person-centred strategies to support people struggling with their mental health and the practical ways to effectively implement policies to support this approach

Longer term impact for their organisation

We asked participants to reflect on whether anything had changed within their organisation as a result of the training. Whilst it was clearly 'early days', participants were able to point to areas in which change was beginning to take place:

- **Policy Change:** As a result of the training, one of the participants is in the process of reviewing policies and procedures relating to the management of staff experiencing poor mental health.

- **Culture Change:** Both participants spoke about a changing narrative in relation to mental health. People (management and HR) were beginning to use language about 'supporting' rather than 'managing out' people who were presenting with poor performance as a result of poor mental health. This was, she hoped, indicative of a changing culture within the organisation.

"Everybody is starting to turn the terminology into a support mechanism, so it's 'we need to support our staff members'. We don't manage them out, we support them, we help them. So whenever a staff member in the past had...mental health issues, you see it straight away and it just gets progressively worse and worse or if [its a] mental health issue and then it was all about 'managing them out' and it has been that terminology, managing them out...Now they're actually going, 'but if they were really good and then they're going through something then we should be supporting them to get back to what they're actually capable of."

- **Structural change:** Following the training, one participant was intending to set up a Mental Health 'task force', similar to existing groups exploring diversity and equality in the workplace. The group would take the lead on developing structures (i.e., awareness sessions, information and communication) to promote and support mental health awareness. The other participant talked about the development of Engagement Champions, drawn from teams across the country, putting on mental health awareness days and developing strategic relationships with charities and support organisations.
- **Improved Practice:** Raising awareness about mental health, through training of the type delivered by IPRS, would lead to better management practice which in turn would lead to a reduction in short term and long-term sickness absence. This would improve return to work processes after periods of absence, and reduced staff churn.

When asked about the challenges they foresaw to achieving longer-term impact, the following issues were highlighted:

- **Senior Management 'buy-in':** Critical to the achievement of cultural change was seen to be the active engagement and 'buy-in' by senior managers. This, it was noted, is often not the case and therefore real change can be difficult to achieve.
- **Organisational investment:** A lack of organisational investment in training and development is seen as a barrier to achieving longer-term outcomes and making the most of the training they had received.

What has been key to success?

Ease of access to training: Both participants highlighted the ease with which they were able to access the training.

Being a free opportunity: Both participants welcomed the fact that the training was delivered for free, with both commenting on resource constraints within their own organisation. Interestingly, one of the organisations had approached IPRS to provide future training, but they did not proceed because they (IPRS) were more expensive than another training organisation.

Relevance and depth of training materials: Both participants already had a basic knowledge and understanding of mental health. However, both commented that the

expertise of the trainer, as well as the depth and breadth of the information provided through the training had substantially enhanced and developed their knowledge. It was also noted that the information provided in the training was up to date, using recent data and statistics that participants found informative.

“And I think when you’ve got somebody that knows what it is that they’re talking about and can really go into depth on those subjects and it doesn’t matter what questions you ask, they answer it, that’s when you know you’ve got the right person delivering the content to you.”

Knowledge and delivery style of trainer: The trainer was clearly engaging, with both participants commenting on her style of training, which was said to be ‘very down to earth’. Her subject knowledge was also evident, giving participants great confidence in what was being delivered.

“I literally walked away, and I said to the HR director, I said if you could take the person that delivered that training and pop them in here, I would get them to deliver tomorrow.... Because they were really, really good. They were really down to earth. They really engaged and they helped us to understand what mental health and well-being was.”

This was echoed by the staff member we interviewed from IPRS, who noted the very positive feedback he had received (via the training evaluation forms) about the trainers’ approach to delivery.

Key learning and early reflections

- The quality of training, in both material and delivery, was evidently high with participants able to identify positive impact at both a personal and organisational level
- Largely because of a lack of local knowledge and links with local businesses, at the time of interviews the project did not achieve its targets. However, an attempt to address this was made by stepping up the social media and marketing campaign.
- Whilst it was initially planned that the sessions would be face-to-face, the training appears to have translated well into a virtual environment, which in many ways makes training more accessible to people and offers opportunities for low-cost delivery of mental health awareness.
- A further session is planned to follow up the training with all delegates to help them to think about developing their mental wellbeing action plans within their organisations, and this should help to enhance the longer-term impact of the training.
- The relationship between IPRS and the commissioning team from Walsall Council was very positive and the passion of the Council staff in relation to improving health and wellbeing of people working in the area was highlighted.

3.4 Walsall bereavement support



Project Summary

The Community Bereavement support project, funded by the Walsall Mental Wellbeing programme is delivered by Walsall Bereavement Support Services (WBSS). A key aim of the project is to increase capacity, reach people who find accessing bereavement support in the main WBSS centre difficult, and those from geographically deprived and ethnically diverse communities. There are three key elements of delivery:

- The delivery of face-to-face counselling support both at a central venue and in four community locations across the borough
- The delivery of two targeted support groups (one aimed at people experiencing complex loss, and the other aimed at parents who have lost a child/adult under the age of 35)
- The development of a series of drop-in sessions, across three locations.

We spoke to three members of staff from WBSS. We also spoke to two partner organisations who have referred people to WBSS and who host co-located staff from the WBSS team on a weekly basis. One was a small charity which offers a range of community-based provision including a community café, a foodbank, befriending and activities for people with physical and mental health difficulties. The second is a mental health charity.

Project Set-Up and Delivery Challenges

The key challenges identified were:

- The **volume of people needing support, and the urgency of those support needs**. Prior to the new project, the service on average received around 25 referrals per month, and by March 2022 this had increased to 67 and is now averaging at around 40 per month. This meant that there was a need to increase the pool of available volunteers from 20 to 30 in a short period of time. To address this the recruitment process was shortened by asking for volunteers with pre-existing Level 4 qualifications, which removed the need for training. The new service is therefore predominantly delivered by students on placement.
- The **level of complexity** amongst referrals has increased significantly, which was felt to be a by-product of increasing need resulting from the pandemic and wider system pressures.
- **Managing the speed of set up**, combined with the level of demand, was a logistical challenge. Staff described the first month as “*manic, networking, doing research, finding venues, visiting venues, setting up contracts*”. This involved ensuring that venues were suitable (particularly in relation to ensuring confidentiality) and accessibility.
- **Space** was highlighted as something of a premium at the WBSS central office. This was alleviated by working with partner organisations to co-locate services. Staff reflected that a less frantic set up would have allowed for additional partnership building and further potential co-working (i.e., with GPs and social prescribers).
- **Lack of language skills**: The service was acutely aware that, prior to set up, they had limited numbers of volunteer and paid counsellors with diverse language skills. A recruitment drive, targeting students from colleges and universities has increased

people with South Asian language skills. However, Eastern European languages remains a gap.

- Whilst areas of higher deprivation have been targeted, the **service has been less successful at engaging with people from Black, Asian and minority ethnic communities**. It was felt that more work was needed to reduce stigma around mental health, and in increasing the staff and volunteer teams' capacity in respect of language skills (as above) and cultural competency.
- Setting up the regular **drop-in sessions (element 3)** has been a particular challenge and at the time of our interviews these had been scheduled but had not yet commenced. The key challenges were around securing venues within partner organisations at appropriate times, and ensuring that they had counsellors available to attend sessions.
- Whilst the restrictions imposed as a result of **the Covid-19** pandemic have now been removed, **the staff and volunteer levels** have continued to be impacted by people being off sick. This has also had an impact on people not attending sessions when they have caught Covid-19. According to WBSS non-attendance has increased by 1-2%, to around 16%.

What has the impact been?

The service offers counselling support to people who have experienced bereavement. People are prioritised based on need and severity and are generally seen within 4-6 weeks of referral. On average, people referred to the one-to-one bereavement support service receive between 6-8 sessions with a paid or volunteer counsellor (paid staff will tend to work with people who present with more complex needs).

The impact on individuals accessing the support included improvements in their mental health and well-being and observed improvements in self-care (hygiene etc). The broader impact of the service was discussed at length with participants. The key areas of impact identified were:

- The hugely positive impact of having a service delivered in the local community, with the knowledge, skills and expertise of the WBSS team.

"I think it's amazing I really do. The service should be in the community and more accessible. They become a face of our organisation and (offer) a service that we can't deliver. Their skill at forming a relationship and filling in the forms with the clients is brilliant." (Partner)

- The added value to existing community provision, linking members of a community into bereavement support in a way that is accessible and, in many ways, holistic. One of the partners described the way in which one of their clients had gone on to become a volunteer after the bereavement support had finished. The other talked about the ways they, as an organisation, were able to pick up the client after their sessions had finished to ensure that they had ongoing support.
- The bereavement service was seen as a way of supporting people in a journey to better well-being; acknowledging and dealing with their grief but also having access

to wider support that gives people the opportunity to go on to live an 'adjusted life' beyond grief.

"An elderly gentleman springs to mind who was quite lonely and had lost his wife. He was having sessions here and we explained some of the social groups that we provide to prevent social isolation. [we told him] you know if after you finish, if you wanted to come and access some of the groups, we have some here, we have some in the local cafes."
(Partner)

- Partner organisations highlighted the way in which the service was providing something that was desperately needed within communities. The levels of grief (exacerbated through the Covid-19 pandemic) are acute and having access to a service devoid of long waiting lists has been particularly welcomed.
- The funding has significantly raised the profile of both the bereavement service, and of issues surrounding bereavement and mental health; encouraging those conversations to take place in communities and begin to tackle the stigma that can be attached to poor mental health.

What has been key to success?

Key areas of success identified were:

- **The delivery of the service in community locations**, fostering of trust and helping people to build relationships with the service. People from the local community feel safe and comfortable in the environment and do not feel judged or stigmatised; services can be provided in a discreet manner.

"It's getting people comfortable which helps breakdown the stigma around mental health"
(Partner)

- **Having services 'on the doorstep'**: All our interviewees acknowledged how important it was that support was convenient and accessible for people from deprived areas and felt that the travel costs (into Walsall town centre) had previously been a significant barrier. This was also felt to reduce the number of cancellations, as people were more inclined to attend something that was within walking distance. It was noted that centrally based support was also offered if this was a preferred option.

"I know there's people in our locality that have accessed it, that would have more than likely cancelled and not engaged with the support if they've got to travel. I know it's only a 15-minute bus ride, but for this community it's really difficult for some people to access that."

- **The skills, knowledge and expertise of the WBSS staff and volunteers** delivering the service was highlighted by both of the partners that we spoke to, *"they're the experts, I look up to them"*. This also included the team's ability to 'fit in' with the wider services in that location and work collaboratively with partner organisations.
- The **responsiveness, flexibility and consistency of support**, with one partner organisation describing a two-week turnaround from referral to assessment (although the average is between 4-6 weeks). There are no restrictions placed on the time since an individual has had a bereavement, nor the nature of the relationship they

are bereaved by. Flexibility in the duration of the sessions was also pragmatically applied, with paid staff taking on cases of people with complex needs and extending the provision from 6-8 sessions to between 10-15 sessions if needed. Similarly, whilst most sessions are now back to being delivered face to face (post Covid-19), remote sessions (via platforms such as Zoom or Teams) are still offered to those who are vulnerable or anxious about the continued high levels of infection.

- **Communication** between the bereavement service and the partner organisations. *“I think it’s just the communication pathways that they have with us and the support that they provide. You know what I think, it’s fantastic.”*
- The development of support groups (element 2) was driven by members of the community who had experienced a gap in provision. For example, the parent support group was the idea of an individual who had experienced the loss of his daughter when she was relatively young. This ‘ownership’ by the community, and the willingness of WBSS to respond to the voice of people with this lived experience, was felt to be a particular highlight.

Key learning and early reflections

The people we spoke to all highlighted the high levels of need in the community, particularly in relation to social isolation, poor mental health, poverty and debt. They also noted that whilst there are areas of affluence, there are also a great number of areas of high deprivation. Getting services out to those areas was critical in terms of breaking the generational cycle of deprivation. It was widely welcomed that the bereavement service had targeted these areas.

Nonetheless, there remains a need to engage people from different social backgrounds and encourage them to take up bereavement services and recognise that the support is there for them. Referrals have come in from a variety of different routes: schools, GPs, self-referrals and through the No-Wrong Door Network. Perhaps targeting other potential partner organisations who are explicitly working with particular ethnic communities would be helpful.

The strength of the partnership working was very evident and the way in which the funding has fostered new networks and new collaborations was clear. The role of the No-Wrong Door Network was highlighted by all participants. The significant potential of further partnership work was noted, with stated ambitions to work with other organisations (such as Walsall Black Sisters and an LGBTQ organisation) as the drop-in service develops.

The short-term nature of the funding was, unsurprisingly, noted by everyone that we interviewed. It was universally believed that the service was needed and was filling a gap in support. There are already ideas afoot as to how the service could be extended (i.e., more locations, a further targeted support group working with mothers who have lost children in pregnancy or shortly afterwards). Extending funding would allow for increased capacity and further reduce waiting times; particularly in relation to support provided to children and young people. This would help to combat long waiting lists (reportedly more than 18 months) to access the local CAMHS service.

The service has clearly enjoyed significant early success, particularly in relation to the locality-based provision. The staff felt that the only limitation is capacity and room space

which could easily be resolved with further investment. If the service is to remain, there should be a focus on increasing the location footprint across the borough, with a continued focus on areas of high deprivation. Further development of capacity to respond to specific language needs and cultural competency and continuation to increase referrals including exploring the opportunities to co-locate with GP service would be beneficial.

Further funding could also support a strategy to promote 'talking about' bereavement in communities where high levels of stigma are attached to poor mental health. Finally, there could be scope to build on the service-user involvement which is apparent in the development of the targeted support groups, further enhancing citizen involvement in the design of future services.

"We want them to stay, because it's a wonderful service. I'm sure there's a huge waiting list. If the money was there to have them in our centre more often, I think they'd be full" (Partner)

3.5 Summary

As we have seen, the BMHF funded programme was initiated at speed and as a result all of the projects experienced pressure to set up rapidly. Nevertheless projects 'pulled out the stops' in taking up the challenge to get projects up and running, with a common experience being: *"We just worked frantically to get it done"*. Due to the speed of set up there wasn't always the opportunity to gain buy in to allow for wider publicity and involvement.

However, organisations and stakeholders talked about how funding across the workstreams seems to have facilitated collaboration and partnership work, with a key example being the No Wrong Door approach. In addition, there were positive examples of staff being co-located in different organisations and there was real appetite for this enhanced collaboration as providers were keen to work together to support clients most effectively.

This opportunity created locally based support, accessible to participants, that hasn't always featured in the locality previously. This local delivery was key to that success and could in fact be described as 'hyperlocal'. However, it needs to be recognised that there is still a sense that larger services are not reaching as many citizens from Black, Asian and other ethnic minority communities as they might. Furthermore, where possible more lead-in time, and careful targeting could create opportunities and build on what for many felt like very positive 'pilot' projects. It is important to remember that projects felt that complex cultural and linguistic differences can take time to overcome (for example in relation to the Bereavement service and Thrive mobile unit).

It was noted across all projects that the provision of services served to highlight levels of need, particularly in the context of recovery from Covid-19. The numbers approaching the services are evidence of this need, but the ease of referrals likely amplified this finding. It is clear that services have benefited from deep existing local knowledge. Rationales for future targeting might include deprivation, need and underserved communities, etc.

Similarly, the design of the overall programme has been sensible as projects fit together in a coherent programme. However, there is an argument for further analysis to consider unmet need. All projects have been delivered to a high standard based on the feedback.

Positive feedback was received about Walsall Council and the commissioning team specifically how supportive, flexible and compassionate they have been. It is important to recognise however the importance of contextual factors including the difficulty in accessing statutory services (particularly GP consultations), the cost-of-living crisis and widespread social isolation, in influencing mental wellbeing and mental health. More time for project set up, it was felt, could have facilitated greater dialogue with key statutory services, including referrals of clients.

Finally, staff and volunteer retention were a challenge across the board, partly due to the short-term nature of the funding. Staff moved on because they didn't know the future of the projects and the time taken matching need with the volunteer pool makes the argument for longer term funding security.

4. Grant Funded Projects – Client Impact

The Grant Funded element of the programme provided grants of between £500 - £5000 to support small innovative projects to improve mental wellbeing. Projects commenced between September 2021 and February 2022. The majority of the projects were still ongoing at the time of the evaluation, indeed some will continue until October/ November 2022

The projects focussed on the following:

- A. Targeted physical activity
- B. Befriending
- C. Mental wellbeing campaigning and awareness raising
- D. Peer mental wellbeing mentorship and buddying

Six small community and voluntary sector providers were grant funded to deliver a range of different projects, through a proposal and application process. For this evaluation the impact was measured by undertaking interviews with project leads and participants. Participants were interviewed either individually by telephone or online, or in person in focus groups arranged by project leads.

4.1 Frank F Harrison Community Association – New Invention Friends Together



The project runs fortnightly sessions in one of the organisation's centres. These sessions are described as "early intervention" and focus on getting people out of the house, to try new activities and reduce loneliness and isolation. This in turn helps to combat any escalation of

mental health issues. Anyone with a clinical diagnosis needing more specialist support is signposted to other services. One of the groups gives an opportunity to have a 'cuppa and chat' with other citizens, and the other is centred around crafting activities.

The project hopes to develop gardening activities on the roof terrace of the building over the summer. Participants attend when they can, and there is a drop-in feel to the sessions. Some participants attend the chat sessions and others the craft sessions, and some attend both. *"One man said that he didn't want to come to the craft because 'it is all the women doing their knitting' but we have a new activity now that is a large picture that everyone can contribute to."* – Group facilitator

The groups evolved from existing and established drop-in services run by Frank F Harrison Community Association - previously a community library, community organisation and school uniform shop, which became a hub. People access the centre at different times, but meeting regularly, and by providing activities and a 'cuppa', the New Inventions Friendship Group has enabled people to build friendships. It organically grew out of work Frank F Harrison were already doing and responded to what residents said they wanted.

There is now a group of 20 members, of which 12-15 attend regularly. Staff believe that the key element to successful delivery is building trust, which gives the participants the knowledge that they are in a 'safe space'. It enables people to open up, as there is someone they can talk to. Some of the people who come to the sessions live alone, some are lonely and some attend as couples. There are two veterans who were in the forces, and they have bonded over their experiences. Another attendee has family she doesn't see very much. She feels that the project has given her a reason to get up, and now wants to volunteer.

The friendships have resulted in improved mental wellbeing and have given many participants a new lease of life. *"It does what it says on the tin, it's a friendship group and that's what happens, they make friends"* Group facilitator. The safe space created has meant that people feel they can bring their concerns and worries to the group. *"It's a bit like family I suppose."* Group Facilitator.

Facilitators have noticed a real growth in confidence, where people who were initially quiet have come out of their shell, now join in, have a laugh, and feel comfortable. One woman was initially brought to the project by her daughter, who was worried about her mother being lonely. She now comes to many of the activities by herself. For those who feel the group isn't for them, they are informed about other activities happening within the organisation.

The project is situated in an area described by facilitators as deprived. Therefore, many attendees have continual issues about money and utility bills. As Frank F Harrison has links to other organisations, participants can be referred to specialist support services. Facilitators said that participants *"might feel better when they are with us, but we can't give them more money, so they have less money worries. It is good that they know we are here though, and they know we can direct them to other services if they need them"*.

The project links in with the Thrive mobile unit, which gives access to other services, who are invited to talk to the group if there is a request or a need identified. For example, the local police were invited to talk to the group about personal safety after a woman had her purse stolen and the fire service were invited to talk about fire safety.

Challenges leading to successes

Bringing new people into established groups can be difficult, especially where strong relationships have already been built, and dominant characters are present. It was noted by facilitators that some of the older men in the group had very ingrained attitudes to mental health - "just getting on with it" and not opening up about their problems. As a result, facilitators introduced a buddy scheme where one of the longer standing participants looks after the new ones. This has helped to make new members feel more involved, and longer standing members feel valued.

To measure outcomes, a level of trust needs to be built over time, in order to get to know the people attending and to measure outcomes. Frank F Harrison have adapted the feedback form provided by Walsall Council, as they felt it didn't fit well with the way they ran their sessions and was too complicated for participants. This new form shows instant feedback after the sessions by collecting information about how they were feeling when they arrive and then when they leave. Walsall Council have provided positive feedback in regard to the way the data is being collected. This flexibility shows an understanding by Walsall Council that the group leaders understand their participants best, but which makes quantitative data more difficult to interpret and compare.

The centre re-opened after covid lockdowns. There were concerns that people might be worried about attending an enclosed space. Facilitators made sure there was plenty of space, and didn't put any pressure on participants or on themselves. People have settled in now and having the testing and vaccination bus close-by helped with any queries or concerns.

Frank F Harrison were pleased to have been successful in their bid for funding a year's activity, which ends in September. They would like to continue the groups in some form after that date. The pandemic also highlighted a need for befriending services which were very popular during the lockdowns. When these befriending services ended, some people were still unable to return the centre, which revealed a need for a service that was not required before the pandemic. Frank F Harrison would like to re-establish this befriending service.

Participant focus group

A focus group was convened of people engaging with the project. There were eight people in attendance, six women and two men, ranging from 69 – 89 years old. Seven of the attendees were retired, and one was still employed. They all lived locally to the project, in Willenhall or Short Heath.

The group has grown organically. *"We came up to use the library on a Monday morning and Tracey asked if we were there for the friendship group. We didn't know anything about it, but that was it!"* Another said, *"I was the same, came here for something and ended up in the group"*, and a third commented, *"I persuaded you to join in!"* Some group members previously only knew one other member, and some hadn't known any of the others beforehand.

For the participants, being able to access the sessions twice a week, has made an enormous difference to their mental wellbeing: *"It's made my life. Before, there was nothing. I look forward to coming"*. Another participant said that she felt that she was *"going a bit doo-lally and I don't like it. I can catch up with my brain when I come here."* One participant said she felt that the group had made a *"massive difference. I lost my husband, got diagnosed with cancer and then lockdown happened. I thought, I can't sit here waiting to die, I need to*

go out and annoy somebody, so these people were the lucky ones!” Another felt that the friendly atmosphere was infectious – “You can’t feel miserable here, can you?!”

Participants also drop in at other points in the week when they are passing, and they like being able to do this. The fact that the group is hosted locally is key, *“It’s convenient, some places you can’t get to if you haven’t got a car, but I can get here on the bus, it’s on a bus route. I wouldn’t go if it was in the centre of Walsall. I tried to go to one in Bentley, but it was two buses and a lot of walking to get there.”*

People felt that being part of the group after Covid-19 lockdowns had made all the difference to their re-entry into the world: *“The lockdown nearly drove me insane; this was the saviour. I was a totally different person before Covid. I’m back to normal now, because I’m here. It’s somewhere safe to go to, to gain friendship.”*

Certainly, giving people a reason to go out has felt very beneficial. *“If you never go anywhere else you don’t get the chance to put anything decent on, nice clothes on, and you can do that if you come here or if we go out somewhere.”*

Indeed, giving the participants the motivation to get up and out since the lockdowns has been a really positive effect of the group.

“It’s helped my confidence. When you’re in lockdown you don’t want to go out, you’re afraid to go out, it’s a fear. It used to be a bit of lippy and perfume and off you go. Now it’s a mask, hand sanitiser, it’s a completely different way of life. And we have to stick to that way of life due to our age.” “All that time on our own was so depressing. I hated not letting my family in to see me. That makes you upset and makes you miserable. This has really lifted me up.”

Participants enjoyed the various activities available, including knitting, drinking tea, eating biscuits, diamond painting, jigsaw puzzles, trips out and arranged talks. The staff have also put on one-off events. One participant said, *“We had a lovely tea party for the Jubilee and a Christmas party. We had dancing and everything. Singing and everything. It’s years since I’ve done anything like that, it boosts you up a lot that does.”*

Participants also share stories and lean on each other for support: *“You can talk openly about your problems and share things. And if you’ve got something you’ve got a problem with then people can help you. If you’ve got trouble with phones, boilers etc, another group member helps. We help each other out, we’re here for each other.”*

However, it seems that the friendship and camaraderie is the thing that was highlighted as the biggest benefit. *“The friendship is the most important part. The people.”* There was also high praise for the staff who run the project. *“We’re trying to stop Tracey taking holidays, when they do shut it, I’m lost, I don’t know what to do with myself.”* Another said, *“without Tracey it just wouldn’t be good. She and Mandy keep us going, keep us under control!”*

Participants talked about things they felt would benefit their mental health further. They agreed that being able to access the Let’s Chat Bus had been really useful and that one of their team had helped a participant fill in a lengthy form: *“I sat from 10am to 3.40 with a man who was an expert and helped me fill in the 32-page form. Since then, cancer support have been in touch and it’s been totally different.”*

Participants felt strongly that this service should continue. They also felt that they would like to know if there are other groups such as this, as they felt others could really benefit.

Another said that they felt more public green spaces would really help support positive mental health in the area.

4.2 The MindKind Projects CIC - Community Wellbeing Garden



MindKind Projects CIC were funded to provide three projects to support three groups:

General diverse communities

This project supports residents to think about their connection to nature and the benefits to their mental wellbeing. It aims to help people upskill, in order to grow plants themselves at home. An outdoor garden has been developed including the building of three fully accessible raised beds. The project provides workshops that encourage people to take notice of their environment.

Young people

This project is funded to support young people between the ages of 16 years and 39 years to become MindKind peer champions. These champions are trained in Mental Health First Aid and receive support and disseminate wellbeing information into communities. They promote nature-based solutions i.e., gardening club and guided walks and have developed wellbeing podcasts. Mentors work with local schools and families to encourage young people to attend their community garden.

Men's project

Weekly sessions are hosted by a wellbeing expert and a gardening facilitator who enable the men to develop skills whilst having space to think and talk about their wellbeing. This project is focused on supporting more mentally vulnerable people including people diagnosed with a mental illness. The project includes 4 workshops which took place over 8 weeks with camping trips for 42 young men (between 16–35 years old).

Interviews were conducted in respect of the gardening sessions, covering the general diverse communities and men's project grants.

The projects

The project facilitates gardening sessions and upskills participants to grow plants at home for their wellbeing. The key aims of the project are to engage service users to improve their mental health and wellbeing. The project gives participants an opportunity to come together to talk about mental health with a practitioner and to take part in nature-based activities. Participants are issued with a wellbeing plan to use at home. It is a safe environment; everyone is there for the same thing. There are opportunities to ask questions, gain knowledge, learn a new skill. The project focusses on mental wellbeing and as such is not promoted as just a social activity.

Before this grant was awarded, MindKind were already delivering a co-designed project for men and nature, so they were aware of their audience. This helped the project to run smoothly from the start and to secure engagement. 60% were known to the service, either through a social group or they had just finished a group, so 40% were completely new to the service through this project. In addition, 40% of participants were socially prescribed by their GP or Walsall Housing Group.

There are also 12 people who self-referred who weren't involved in any other service. The co-designed element is key to the project, as MindKind feel that it opens doors for participants, so at regular intervals there is a sense check with individuals. MindKind also feel that by talking about mental wellbeing, networking with statutory services and providing hot desk opportunities for social workers for example, people feel they are part of things and are more willing to engage. *"There is a power in the local community when they feel a sense of ownership"* - MindKind. This is one of the reasons why they feel that they have been able to engage such a diverse and good number of participants.

In general, the people supported have low level mental health issues, are on a low income and do not typically access nature-based solutions. The group is diverse, and MindKind noticed that for some participants this was the first time that they have spent time with other nationalities. This led to conversation about tea in different cultures, and so a tea group was born! A five to ten-minute walk from their hub there is a nature reserve and people are encouraged to access it, but some have been subject to racist comments when doing so. This means that the access to nature within this project is even more important.

Those attending the project felt that their mental health and wellbeing had improved and that they had learnt something they could use outside of the project. They understand that nature can help with their wellbeing, and they are aware of services they can access. There was a visible increase in confidence, and it provided a first step into the outside world after the pandemic as it was outside, which felt safer to participants. The one-to-one element gave individuals a safe space.

Some of the people who have been through the project are now mental health first aid trained. People who come from what are recognised as deprived areas have learnt that they can grow things in a very small space, for example living in a flat and growing food on a windowsill. The project has also helped beneficiaries to learn about other services available not only through MindKind but with other organisations. *"Our service is different, it's circular, people come in at a point that is suitable for them and leave at a point when they are ready, mostly they don't leave, they move onto social groups or volunteering."* – MindKind

One person attending as a service user went on to become a volunteer and is now about to start a paid role. As a Ghanaian, her presence and success has really helped to encourage other Ghanaian people to become involved. There was also a single parent dad who was a gamer and very isolated, the relationship with his son was not the best. He came along to group and now he brings his son along. *"They now have a better relationship because both of them have improved their wellbeing"* – MindKind. Another man who has an old sporting injury and had become inactive now feels that this project has given him an opportunity to take part in physical activity that's manageable.

Challenges and successes

MindKind initially wanted to work with smaller groups but had to change this in order to meet the grant makers criteria. Therefore, they had to reduce the number of sessions delivered to

each group. They would really have liked for the project to have been longer term as they felt that if it had run for at least 12 months, they would have achieved much more and grown more. *“If this project is good, then keep funding it. If funding is available, we shouldn’t have to reinvent the wheel.” – MindKind.*

MindKind feel that more flexibility from funders would really help, short termism being replaced by sustainable projects, which could themselves be standalone organisations. However, due to the excellent feedback and the good will of the team, they have managed to set up more workshops through other funding.

The group faced problems with the weather, covid restrictions and delays to help with their hub building. MindKind overcame these issues by using their networks, for, example, Green Acres, to help them meet demand. MindKind also found that the dynamics of the group needed to be managed carefully as more serious mental health issues have presented since the pandemic. To that end, they added in a process to safeguard participants in the form of a mental health social worker in the team who provides a triage service. Indeed, 50% of the people accessing the groups had to have a one to one session at home before they attended because they were too scared to leave the house. This was an added cost for MindKind as it was unexpected. Due to language barriers, staff or volunteers who could translate were needed. By pulling resources from other areas of their service, they didn’t have to turn anyone away.

Other challenges included stigma around mental health in the Asian community as there is no word for mental health in the vocabulary. It was felt that there is a mistrust of statutory services, engagement is low and *“there is a feeling there are no good resources for people who look like them” – MindKind.* There is also a lack of local assets within walking distance which makes signposting more challenging.

MindKind were not anticipating that participants would sign up for more nature-based activities when they completed the sessions but now, they have a community garden that is long term. They have secured fence paint as well as support from other community gardens for equipment and seeds. Volunteers are coordinated by the part time staff member who will be responsible for the growth of the community garden. They are cautious not to exclude anyone from a session because they have already attended a previous workshop, and therefore a weekly gardening club has naturally been established through the project and will continue to run indefinitely.

Participant interviews

Researchers spoke to four male participants of mixed ethnicities, between the ages of 29 and 40, living in Pelsall, Chuckery and towards Cannock. Three were employed, and one was a full time Carer for his son.

For the participants spoken to, their mental wellbeing is something they struggle with daily: *“I suffer with stress related depression and anxiety, on my bad days my biggest achievement is having a shower and other days are better”.* Another said, *“when things are too stressful, when emotional stuff is going on...due to my diagnosis I can’t cope with stress, I bottle things up until it explodes.”* To that end, taking part in the MindKind project has been very beneficial. Their attitude to their mental health in all cases was *“about understanding your condition and being able to get the right help when you need it”*, and it seems that in MindKind they have found some of that support.

Participants talked about the activities they had taken part in with the project: *“Recently we went to London, and I’d never been to London before. The next thing is Snowdon, a camping trip, so there are things that I didn’t get to do as a kid that I am doing now.”* Another said: *“We have been to London for a day trip, I went with my new friends. We do walks around the Arboretum and I have been able to take my son there too. It’s great.”* There is also a WhatsApp group for members to take part in, which they enjoy, even if they don’t feel able to participate. *“We have a WhatsApp group and even if I don’t contribute, I can see that other people being positive and see what they are up to and that keeps me positive”.*

Another said:

“Lots of guys who share their experience in the WhatsApp group and how they have helped themselves and I check that out and then I do the things other people are doing. Things like an NHS website for dealing with loneliness and I read the whole article and it really helped me. I always thought I was socially awkward, and the article told me to get out of my comfort zone and talk to people so I do try to do that now.”

The difference that the MindKind project has made to the lives of the people we spoke to is clear. One participant said:

“I’m more confident in myself, I am meeting new people and making friends. I’m not as negative as I used to be. I’m not going to call myself a victim because I’m a survivor of domestic abuse and sexual assault and it has been hard getting the right support. The praise from Nick (MindKind) makes a massive difference. He looks at your strengths and without them I think I would be in a box to be honest. As I say, other organisations have turned me away but the first time I met Nick we went for a walk, and he told me about the group and what happens and that was it.”

The group’s ability to support also helped a participant get back on his feet: *“The group is amazing; I have other people to talk to and I’m not ashamed to talk about it. When I joined the group, I was in a very dark place, they really helped me and brought me from rock bottom”.*

Another participant also had praise for MindKind staff: *“The people who run MindKind they are really supportive, they don’t have an agenda, they are here for you. Even when I was going through a little situation myself and I hadn’t attended for a while they were on the phone checking to see that I was ok and asking me what I was doing with myself.”*

Being in a group and sharing experiences has been a part of the group that has been really valued. *“I think because everybody goes through the same problems everyone comes from a sensitive place and is kind to each other.”* Another said that the most important thing to him was *“The warmth of the group. It’s a beating heart.”* One participant felt that the connections he had made were hugely important: *“I have moved areas before because I didn’t know anyone, but this time I am not going to move because I am making friends”.* It was also significant to participants that the group was specifically for men: *“There are not enough groups like Mind Kind and there needs to be more of it, particularly for men because men have all the additional macho stuff and men, we are not good at talking about it.”*

However, two of the participants also said that as gay men they’d like to see a group specifically for LGBTQ+ people. They felt they’d have been more confident to open up.

All of the participants showed a marked improvement in their mental wellbeing scores as a result of taking part in the project. *“I want them to know what a difference they have made in my life.”*

4.3 Walsall Black Sisters Collective - Mental Wellbeing Walsall



Project staff had noticed that women accessing Walsall Black Sisters were struggling with the isolation caused by the pandemic. They felt that a support project for women was needed, to offer mental wellbeing support. As a result of the grants, drop in coffee mornings, befriending, healthy cooking and eating (a six-week session at a hired location), walking for health and counselling support were offered.

The key aims and objectives of the projects are to focus on women in Black, Asian and ethnic minority communities and the challenges they face. *“We do have a few white British [participants], they’re not excluded. Not many come to coffee mornings, but it was our aim to serve [the] BAME community as a priority.”* The challenges focussed on were identified by project workers as lack of confidence, lack of access to services, lack of ways to express themselves. They also wanted to reach single parents who were struggling to access support, and to counter the effects of the pandemic, isolation, anxiety and fear, and domestic violence. They wanted to offer somewhere where the women could access efficient support, feel safe and get what they needed.

There were some women who were attending Walsall Black Sisters anyway, who joined in with project activities, but as the project developed, the social media presence developed and word spread, people just walked in. The projects have also been promoted to partners such as local organisations and GP surgeries, and many referrals have been received. The response has been overwhelming at times.

Being able to offer six weeks of counselling free of charge has been the most successful part of the project in the project leader’s eyes. It’s also been possible to extend the six weeks by offering extra sessions at a reduced rate, so if women can afford to, they can continue. Project staff really wanted to be able to offer more free sessions but funding this wasn’t possible. This was of concern to the project leader as good rapport is built between the client and counsellor, and the client then doesn’t want to see anyone else. The waiting list is growing.

Project staff feel that the key is that clients see friendly, welcoming staff when they arrive. *“Without this, the project wouldn’t be successful. People have come to a safe place. Some come for counselling and also leave with a bag of food – we have a holistic approach”.* The projects are designed to target the needs of the individuals presented, and the project lead agreed that other aspects may be identified in the future which will need to be accommodated.

The project lead felt that some clients don't feel Walsall caters for their cultural and religious needs, that services are not appropriate or sensitive to them.

"If you live somewhere, you don't feel part of, the culture of town or city you live in. Lots of people feel dispersed and marginalised as they're not getting the support they need. We understand Afro-Caribbean issues and how they feel. We are the right place for their support."

Some of the other services that are being offered by the projects are support with advice on bills and benefits and immigration status. There is also food parcel support, and support for families. One single parent has been given support in accessing developmental support for her young child. All of these aspects are added to what the project was initially doing *"but these are what you deal with that have come out of supporting an individual"*.

The project lead felt that having accessed the counselling, clients have more confidence, and their self-esteem has risen. Previously they would've been unable to progress because of how they see themselves, but *"they're seeing themselves in a different light. Counselling has helped them change perspective."* Clients have appeared to be *"happier, confident, more engaging, more interactive, more loving, they can embrace you...friendships have been forged, they now feel they can do things for themselves."* Some will access the counselling or a coffee morning and then not return. *"(They) needed a push, support, nurture and guidance. Some have started college, some have gone into work, as a result of the counselling."*

The project lead wasn't expecting the project to be so successful and support so many people. They felt that the project meets their clients' needs: *"cultural needs, financial needs, inclusion needs, psychological needs, physical needs. The project has been a great success."*

Challenges

The project lead did not expect that there would be so many referrals for counselling and were surprised by the volume. The project lead noted that women were confronting many challenges and highlighted the lack of available wider support. It was also difficult for the non-counselling support staff to deal with the issues that were being presented. Staff need to be able to reassure and provide support there and then, but the support staff are not trained counsellors, so this is quite challenging. *"We give best advice and show them love but that's all we can do."*

Walsall Black Sisters is a small organisation that is always looking for funding to be able to offer different services. *"We are small we need money to exist and provide a service, that [is] one thing that would keep us going."* The lack of continuity in the funding offered is difficult and they feel the pressure to keep money coming in, so that they don't set their clients up to fail when a service disappears. There is quite often not enough money or staff resources, leaders do everything, *"from supporting staff to washing up, cleaning and multi-tasking because we can't afford to hire people to do jobs"*. This limits what Walsall Black Sisters can offer. They appreciate that the local authority has a lot to deliver and feel that in theory they should be providing this service themselves. However, the expertise of Walsall Black Sisters cannot be underestimated, so they feel that this service needs to be appropriately funded to continue.

Offering services in as many community languages as are presenting is not easy. Walsall Black Sisters are not always able to communicate with everyone. Potential clients may have trepidation if their needs cannot be understood or if they cannot be helped fully. There is sometimes a need to pay for interpreters, which is an added cost. Leaders would like to be able to access training on different cultures for themselves and staff, *“those skills would help us to help more people.”*

Participant focus group

“We don’t know what goes on behind closed doors, but we can come in and just talk, it really helps. I really love coming here.”

A focus group was convened of six women engaging with the project, accompanied by four staff from the project. Although the project workers did contribute to the focus group, the views expressed here are exclusively from the participants. There was a mix of ages in the participant group; one aged 24, one aged 42, two aged 50, one aged 63 and one of 73. Two of the women were Black British, two were Bangladeshi and two described themselves as of Asian Heritage. Two were on long term sick, one was employed, one was retired and the other two were currently unemployed.

The women all agreed that having others around them with a positive outlook really helped their mental wellbeing. *“Having good people around you makes a difference. I don’t like negative people, we all have problems now and then, it doesn’t matter colour or caste. But when you get older, having good friends really helps.”* For some, that comes in the form of family. *“Work can get stressful but when you come home to your family, that’s my safe space when I can relax. Then my mental wellbeing is at its best.”* However, it was recognised that this isn’t the same for everyone – *“Some people are not happy at home, they don’t want to go home – it should be the best place to be, but it isn’t. So, groups like this really help. You’re not on your own, there are other people you can talk to and relate to. We all deserve happiness.”*

Several of the participants particularly mentioned a growth in confidence as a result of the group. One person on long term sick said:

“it’s boosted my confidence. I like the fact that we have conversations about anything and everything. There’s no judgement – if you want to say something you can say it. It just boosts me when I’m away from here too. I’d lost it a little bit but I’m feeling it coming back, because I’ve got lovely people around me. Sometimes making choices has a risk factor, but here you can choose”.

Another said that after going into a refuge due to domestic violence, she was:

“a totally different person. I had been a professor, but I didn’t have any confidence anymore – totally shattered, stammering. (There was) Women’s training at the refuge from black sisters and that was the time, within an hour of that training I felt now I CAN do it, I can do new things. Then they started the coffee mornings – talking therapy helps and it has helped. I moved from the refuge but never left [the] black sisters. The other day, the lady at CAB said, “you’re confident” and I was so pleased to hear this. I’m getting it back.”

The project has really helped participants to see things differently: *“My perspective has changed, it’s not the same. I feel there are other things in life I can try.”*

The activities that take place at the centre have been welcomed. *“We did an exercise and a healthy eating session. My mum joined for those sessions, and we went home and did some of the exercises together. It wasn’t too intense, something doable, something you can add to your daily routine.”* Another said, *“I really enjoyed the exercise class, helps you to relax, eases your stress, along with the counselling sessions I’ve been having.”* Others feel they have really benefitted from the walking sessions.

“We do walks on a Tuesday at the arboretum. I’ve been going regularly. It’s something I’ve never even contemplated. The only time I’d ever walk is to go shopping, so actually getting out there and putting your trainers on, it’s really relaxing and it’s great for my wellbeing – you’re taking in the air, it refreshes your mind, you can just let your mind drift, it’s so tranquil. Without this group, I’d never have been able to do something like that. I think more people should come along and join in, they will find it fun. You can go at your own pace, there are places to sit down. It’s just a lovely atmosphere, away from town, you can lose your mind in there.” Participant

Others enjoyed the craft classes. However, it was the camaraderie, friendships made, and openness encouraged that seemed to lead to the biggest improvement seen in participants wellbeing. *“Meeting other people and talking is the most important aspect. Getting things off your chest. We’re all different age groups and we all get on, we can lean on each other. Our own community sometimes it can be judgemental. If you go to your own family, they can be very judgemental. Some of my friends still don’t know I’m divorced. No one here is going to judge you or say, “you shouldn’t have done that”. It’s a more relaxed environment.”* Participant

Several participants said that they felt more publicity for the group would be good. *“We need to let people know we’re here and that people can come in and embrace what we as individuals have to offer...I live 5 mins away and I didn’t know about it, so was going to a different group where I needed to get a lift. We need more information out there.”*

The women were asked questions about how much of a difference the project had made to their lives, on a scale of 0 (not a lot of difference) to 10 (a lot of difference). The women said that the effect on their general health was between 7 and 10. For their mental health and wellbeing, it was between 7 and 10. Their social life, feelings of isolation and confidence had also seen a dramatic difference of 10 (social life), 10 (feelings of isolation) and 10 (confidence). Their independence had also increased to 10. And they felt their standard of living had improved to between 7 and 9. Most felt that without the project these aspects would have been worse, or worse but manageable, with confidence, standard of living and isolation being unanimously worse.

As the group is run by Walsall Black Sisters, the interviewer asked if the fact that the real and perceived ethnic minority focus made the group more attractive to the attendees. Most agreed that *“It’s about women, not who they are – it’s about women coming together”*. *“We need to see each other as human beings, it’s so important”*. *“White people should come generally”*. However, they also agreed that *“It’s nice having somewhere where you know it’ll be mixed.”* *“You can talk about your culture, how it’s affected you being Black or Asian, maybe you wouldn’t have felt so comfortable in a more ‘white’ environment. People I’ve met are from different races and cultures and that’s fantastic.”*

Having a more diverse mix of cultures than in other groups the women had attended, made them feel more comfortable to speak out and more ‘heard’. Several of the women felt that more community events celebrating everyone’s different cultures would really help with

community cohesion and understanding, *“then everyone can see what our culture is like, cultural clothes. Even if I’m wearing a headscarf people still ask what religion I am when I’m visibly a Muslim.”*

Participants were quick to suggest different activities or services that would be beneficial to them in the local area:

“More exercise groups for mature people. I know a couple of ladies who don’t go out or do anything and I know their physical health suffers more. I know myself I’m feeling better, doing some walking, keeps me going. You need that little push to get up and go... On my own I’m lazy but with a group is better, and with a trainer telling you what you need”. – participant

Others mentioned that they’d like to see Zumba classes and specific ladies’ swimming. *“Dietary classes would be good, we’d like to have more of those”*. Others would like to see more opportunities to take part in craft activities, drawing and flower arranging. They all agreed that they’d love to see more day trips for women.

The support offered by the counselling service was acknowledged as being invaluable. All participants agreed that more affordable counselling support would be beneficial. *“You get a lot here, but after six sessions it costs. If it was more affordable that would be great, there’s a great need. It’s a needed service”*. Another said:

“We’ve got groups which are fantastic, but we also need individual sessions for people with individual problems, a free or minimal cost service so they can be empowered to take control of the difficulties they have. This is one of the paramount activities needed in the borough. If I didn’t come here and didn’t find out about it, my life would be going on a downwards slope and there are so many out there who need this support.”

One of the participants feels the group has helped her to reassess her life, so much so that she would like to offer her help. *“I’m trying not to stress too much after having my illness, but I’m enjoying myself so much here that I’ve filled in the form to volunteer. I need to do something different with my life.”*

4.4 Walsall Carers Centre – Walsall Carers Wellbeing



The stress of looking after someone with an illness or disability for 24 hours every day can often lead to the carer having health issues. The loss of income into the household caused by the reduction or loss of employed hours brings with it the financial stress. Lower income can lead to poorer choices in respect of healthy eating, a reduction of physical activity or time spent on hobbies and interests which can impact a person’s wellbeing. Walsall Carers Centre were funded to deliver projects to reduce the effect of these challenges. Projects and activities were delivered on a weekly basis to meet participant needs. These projects were:

- **Young Carers** - a group of young people between the ages of 8-18 who have caring responsibilities within their families.
- **Women's Empowering Group** - a group of women aged 30-50 who are younger than the ladies in most of the other groups and who had recently struggled with confidence.
- **Male Carer Support Project** – This project focuses on the needs of male carers.

The interviews focus on the Male Carer Support Project.

The Male Carer Support Project meets once a fortnight and is run by Walsall Carers staff. This group is for 30–50-year-olds who are looking after their mother or their partner, and is an ethnically diverse group of men. The delivery is informal, and they talk about mental wellbeing as part of their conversations. They discuss many different topics, including music and cricket but not the caring role: the idea is to not talk about that aspect but about life away from it. This social aspect gives them some time of their own. They can have a chat with someone in their own age group who has similar interests.

The group's aim is about focusing on individuals and what they want to do or talk about. It is a small group which makes having discussions easier. The group are immediately welcoming to newcomers too. Male carers are not always acknowledged and can find it challenging doing domestic tasks or not being the breadwinner. The support enabled by this group helps with some of those issues.

Many of the participants have a lot on their plate, so the sessions give them time to talk, and new friendships forged also contribute to increased wellbeing. *"They feel part of a group, it's social, they were isolated and now they have a group. You see a change in personality, they are happier and there is an improvement in their wellbeing which is really the whole point of it"* – Group facilitator. The location of the group is also seen to be positive. Being in the town centre means that participants get out of their local area and have a change of scenery.

There are several men who play musical instruments, and those participants immediately struck up a friendship and they now talk about the things you can do on YouTube. Members of the group who have been at home, caring for relatives, not working and who are socially isolated, have started to attend and take part in conversations and suggest trips out for the group. Members are encouraged to think of three things that would improve their life and by achieving even one of these things helps them to feel they've accomplished something.

It had been noted that some other organisations expect carers to run sessions, but the organisers felt that that puts pressure on people to come every week and they didn't want that pressure for participants. Albeit, when staff are on holiday, the group meet anyway as they value it so much. This sense of ownership is also evident as participants feel comfortable enough to help themselves to tea and toast during sessions.

One of the key success factors is that the group offers someone to talk to, and it's immediate. Facilitators felt that in other services attendees had to wait 28 days, or sometimes six months. They felt that their ability to respond to people quickly was crucial.

"We are taking stress off one of the family members, so say they ring the council, and nobody answers the phone. This causes more stress; we know the system a bit so we can help. Mental health is being talked about, it's on the TV and everything but our aim is to get people before they get to crisis point." – Group facilitator

Challenges and successes

The feedback form used is simple and not too onerous for the participants to complete. However, the facilitators felt that the form could be more in depth in order for them to gain more meaningful feedback. They don't ask for the groups to fill in the form every time they meet as this feels like it takes too much time out of the session, so this is done once a month. Participants have a personal mental wellbeing plan to complete, which facilitators feel is valuable. Completing the case study proforma took facilitators time to understand how best to approach it. However, when people did fill it in, it gave them the opportunity to write a short story and facilitators have found it really rewarding to hear the positive comments, even from those who just wrote a sentence of two.

The facilitator felt that the initial monitoring form was complicated and that it took the majority of the first session to fill it in. After consultation with Walsall Council on this issue, Walsall Carers received some good support on this process which has eased the pressure. Facilitators found it frustrating that the project had a slow start due to missing the first month, and would have liked a little longer to get up and running. The project started in November and the money had to be spent by March, which Walsall Carers felt was too short. They felt that they could have helped more people if they had more time. Although an extension to the project was given, it was felt that an initial nine to twelve-month project would have been better.

The group was, of course, never going to suit everyone. There were people who were invited, who didn't turn up or only came once or twice, which could have been an issue of social skills or not gelling with the others in the group. Some people also would have preferred a bigger group, so they didn't stand out too much. One person had got in touch and was told about the group, but he wanted to talk about being a carer and that isn't the focus of the group. *"I think everybody has a mental health state, we all have stress and challenges, and some manage better than others, but we can talk about it in this group just as part of the normal conversation."* – Group facilitator

Participant focus group

A focus group was convened of carers engaging with the project, and an extra interview was conducted by a carer unable to attend the focus group. The Walsall Carers Centre supports carers from age 8 years old to 90 years old, however the people spoken to were all in their 50s. There were 8 people in attendance, 6 women and 2 men, 7 were white British and one was of Asian Heritage.

When asked to consider what mental wellbeing meant to them the group felt it was about: *'Feeling good in yourself', 'a state of mind in which I feel happy and secure', 'being confident', 'not bottling things up', 'having a happy disposition', 'having others to talk to', 'being able to speak your truth' and 'being able to share your experiences with others'*. The group shared their thoughts around negative impacts on mental health which included stress, loneliness, isolation as a carer (exacerbated by the pandemic), not being able to access the right support, increased living costs coupled with a lack of information about benefit entitlements and feeling anxious.

When asked about things that positively affected their wellbeing, participants had to be prompted slightly more but were able to find various things, including *'walking and being out*

in nature. One person said that they enjoyed *'the health and wellbeing course...it really helped me to improve, and I even eat better now, and I have my [wellbeing plan] from it I can look at.'* Being appreciated by others outside of the caring role and meeting others and sharing experiences was seen to be significantly impactful in making carers feel valued. Indeed, the two men particularly had become friends outside of the group and act as support for each other; speaking on the telephone and meeting up. *"As a direct result of the Carers meetings I have made a particularly good friend. We both text each other to see how things are and if each other needs help. This friendship is different to a "normal" friendship because the other person understands your situation."*

When asked how valuable the Carer centre activities are, all participants agreed they were very important. *'Oh, they make a massive difference', 'This is something just for me', 'I wouldn't really go out if it weren't for this', 'Everyone is lovely, we have made lovely friends', 'We're bonded to each other aren't we'.* It was not only the activities, as one participant pointed out, *'you can drop into the office, they look after you'*. There was a feeling from the participants that the carers centre had a significant impact on their wellbeing and that whilst the activities were welcomed and felt to be positive, it is the camaraderie amongst the participants and the support they give to each other through their shared experiences and understanding that positively affects their wellbeing. Participants described that it is hard for their family to understand, so the support of those who have similar experiences is important to their wellbeing.

The Carers Centre offers a variety of activities and participants take part in different things such as Tai Chi, going on trips to places like the Botanical Gardens, and to a Mosque. *"I found it very interesting and would probably have never visited if on my own"*, another person enjoyed going out for meals and the health and wellbeing course. One participant mentioned how beneficial it was to be provided with breakfast, *"it's a bonus as you do not have to prepare it yourself"*. Participants also described what seemed to be small parties where entertainment is brought in. One described that when he first started attending the group, he was very shy but he now brings his flute to the parties and plays for everyone; his confidence has grown significantly. Another described the atmosphere of the carers centre as being *'therapeutic'*.

Participants spoke about the difference that attending the groups has made to their lives: *'I take something away with me every time I come here; I learn something new', 'I'm able to pursue hobbies, have time to myself to reflect and make sense of what is happening around me'* and *'Yes, it's a learning experience'*. Participants described *'Getting out more', 'I do things for myself now', 'I relax', 'It relieves stress for me', 'Before I started coming here, I had nothing for myself and now I am learning I can have time for myself', 'I'm more confident now, so that helps me in life generally'*. Another spoke about how beneficial it was to have something just for her. *"See, there are a lot of groups for the person being cared for, depending on their disability, and you can go with them, but that's not for you, this is for you."*

All participants agreed that the groups had made a *'significant'* difference to their general health, mental health and wellbeing, social life, confidence, independence, and feelings of isolation. *'If you are negative, you are powerless, but if you are positive, you have power, and these groups make you feel positive.'* Another felt that the social aspect was an added bonus – *'This personally "makes" me socialise, something I would not normally do due to time constraints'*. Many felt a sense of release when attending the groups and enjoyed the sense of independence they give them.

The participants did not feel attending the groups had impacted on their standard of living, as there is no cost to the activities. Participants also found the benefits advice received useful. All participants felt their situation would be worse without the groups. *'I think if they stopped these groups tomorrow then you would just gradually deteriorate.'* However, the participants were very quiet around this issue, although some looked pensive; the feeling that the facilitator had was they did not want to dwell on the idea of the groups not being available.

Participants were quick to suggest different activities or services that would be beneficial to them in the local area: *'Yoga', 'Exercise group', 'Walking group'*, opportunities to try different types of exercise and musical instruments, *'Training for things to do with the caring role, y'know, things like how to use the hoist and things like that'*, trips out, and speakers giving talks.

The participants were keen to stress that they wanted the groups to continue, and that funding was made available for this. They also said that it was important to recognise the savings made to the council by unpaid carers. They mentioned funding that used to be available via the council so carers could have a holiday, which was beneficial but is no longer available. Carers would like to see this return.

4.5 Walsall Creative Factory - Creative Factory Well Being



"We have seen people's behaviour change and their social life has changed; what happens here goes out into the community" – Group Facilitator.

The project works with 36 identified individuals already working with Creative Factory who have been recognised as having additional wellbeing needs. The project uses the arts, walks and social meet ups to help these individuals improve their wellbeing. Participants are buddied up with workers or volunteers who are recruited to provide support. Participants are put into small groupings of people with similar conditions, such as strokes, neurological issues and fibromyalgia.

Creative Factory were already doing targeted work with the 100 or so people attending their service with the local Public Health team. This project enhanced this work and gave extra support to the 36 identified people at that point. Many of these are dealing with crises in their lives, are carers, are lonely or all three. This project aims to catch people before they get to a critical stage in terms of their mental health. They connect people with others in the same situation but with support, *"so it is like a problem shared but has also connected them to the community too"* – Group facilitator.

The aim is to provide a calm, supportive environment, giving participants the opportunity for interaction with others, so that they leave feeling less isolated and stressed. Some attending are on waiting lists for services, so Creative Factory feel that they are giving some respite for those participants whilst they wait for more specialist support.

The approach is organic. Participants sit in the centre with their buddy and have a 'cuppa' or do some crafting or make cakes in a group. The buddy may organise a trip that a small group have an interest in, i.e., visit the community garden. The project lead is keen that people can do things in their own time, and to their own standard. Participants have commented that at other places they have felt judged when doing crafting, but at the Creative Factory there has been no pressure. There is also no pressure to stick to particular appointments. Buddies keep a note in their diaries of who they're supporting and when they've seen each other, but there are no set times. It is very much about checking in with people, and then deciding if there is anything additional that can be provided. Linking people up with each other enables the value of lived experience to be felt by participants.

One of the keys to success are the buddies who are matched with individuals. The buddies need empathy and understanding, and cultural awareness. The buddies also need to be supported, to ensure they are not negatively affected by hearing an accumulation of emotionally challenging stories.

The buddies use their imaginations to create positive experiences for their participants. One, who is supporting a mother of small children, is arranging playdates outside with her own granddaughter, so that she can introduce the participant to other places, like the community garden. For a young man in his 40s who used to take photographs of gigs, and has suffered a stroke, the facilitator organised for him and the other two in his group to go to Symphony Hall. He was able to walk around in a calm environment with his camera and share his experience with others who had empathy for it. Another member of this small group wanted to use a bicycle again, and the photographer is a cyclist so is going to help with this.

"We have to hear their story, give support and empower them to be helpful to others. It's not a set plan but it is a natural progression." – Group Facilitator.

For others, someone sitting with them whilst they make 'phone calls to services, or encouraging them to answer the 'phone, can be just as beneficial. Creative Factory say that they notice when people start to feel more confident and happier because they begin to demand more, they are self-determined and have agency.

Challenges

One of the biggest challenges Creative Factory has found is the amount of monitoring required for the amount of money awarded, and the time the facilitator had assigned to the project. It took a while to enrol people to the project due to the paperwork needed, so the project started a month later than intended. Group facilitators also felt that longer term funding would be more beneficial as it is difficult to continue the work whilst you are looking for further funding.

Creative Factory would like to be more involved in the No Wrong Door Network, but due to the demands on the organiser's time (she is freelance), they have been unable to attend any meetings. They are also aware that they don't have the time to fill in the forms that are needed for referral into the network and would have liked additional support or funding (coordination fee) to coordinate this work. However, they do engage with the Let's Chat bus when it is in the area, so they are able to signpost to each other.

There are participants who have not returned to the sessions for various reasons. Creative Factory check in with them by sending text messages so people know they can return if they wish. For those working with the project, Creative Factory are starting to think about moving

people into more group activity and encouraging them to make their own arrangements. Creative Factory believe that many of those who engage with them are “*afraid of officialdom – they engage with us, and they wouldn’t engage with other services.*” Therefore, there is potentially a role here for other services to collaborate with Creative Factory, to try to bridge this gap.

Participant focus group

Researchers attended Creative Factory and spoke to nine of the project’s participants. This group was made up of women primarily from Pakistani and Indian heritage, although they said that sometimes a small number of women from the Polish and Kurdish community attend the project. The age range was between 25 – 70 years. None of the women were employed outside of the home and are the primary carers for their children who are aged between 7 weeks and teenagers.

The women talked about the pandemic. Not being allowed to go outside and to see family members from other households had impacted their mental wellbeing negatively and one particularly who has underlying health conditions became fearful about leaving the house. Being able to get out and meet others post lockdown has been positive. All of the women felt attending the centre made them happy and improved their confidence. Opportunities to learn together and undertake activities together also made the women happy and feel part of a community.

The women all talked about financial issues being a worry, particularly more recently as utility costs and the price of food increase. Isolation was another key theme with several of the women describing being at home on their own with perhaps three or four children to look after. One described it as ‘*I forgot myself, I thought I am just here for the children*’. She explained that attending the centre had allowed her space for herself, to increase her confidence and to have a social life.

Another of the women described moving to Walsall two years ago. When she first arrived, she didn’t know anyone except her family and having suffered a number of bereavements she felt very anxious and depressed. The companionship offered by the group has made a significant impact on her life, it is a safe space that has a warmth.

Each session the women have tea and toast in the morning and a bring and share lunch at the end. Activities that the women had been involved in included an embroidery project. All of the women contributed embroidered squares to make a tablecloth. There were visits to the local art gallery and local cafes, candle decorating, jewellery making, pattern making, crochet, ESOL support, mehndi, and work with clay. There has been a toddler’s group (teenage children come to specific events), and there will be stalls for the Jubilee. There were also shopping trips, for example the women were going shopping the next day to buy new outfits for the Jubilee.

All of the women agreed attending the group had improved their confidence, allowed them to learn new skills and create new bonds with women they may have seen at school or in the community but did not know. Having these bonds also makes the women feel more engaged in the community. The member of staff explained that initially when they went out to local cafes the women would hang back and wait for her to order and to deal with the bill, but this is no longer the case. At the art gallery, the women initially felt it was not for them and that they would not be made welcome, but this is no longer the case.

The worker described a local councillor visiting the centre and the women holding him to account about changes that had been promised but had not happened. They were confident in voicing their opinions. Some of the women also talked about the impact on their children too, that coming to the centre has made them more confident. One particularly talked about her daughter who has global delay, initially being very clingy but now is able to mix with the other children and take part in activities.

Some of the women described that they would just be at home on their own doing housework after the children had gone to school. They described still having time to do their jobs at home even though they come to the group. They have learnt time management and feel more confident to speak up for themselves and their children, to try new activities and visit new places. All of the women agreed that coming together and seeing everyone was particularly important, as well as learning there is more to life than staying at home; their needs can be a priority too.

The women were asked questions about how much of a difference the project had made to their lives, on a scale of 0 (not a lot of difference) to 10 (a lot of difference). The women said that the effect on their general health was between 8 and 10. For their mental health and wellbeing, it was between 7 and 10. Their social life and confidence had also seen a dramatic difference of 9 (social life) and between 8 and 10 (confidence). The women felt that their standard of living had improved between 7 and 8.

One of the volunteers also mentioned that having become isolated after her children went to school, she started volunteering at a different project before coming to this centre. She describes it as giving her a purpose and improving her confidence. She has recently registered with an agency and has started to invigilate at school exams.

All of the women agreed that without the Creative Factory project, things for them would be worse but still manageable. The main priority for the women was to have funding so they could take part in more subsidised activities that would engage them in their community.

4.6 Women Outreach Workers Walsall – Let's Get Moving



The project worked with an existing women's group which was set up in 2014 initially as a church group looking at issues affecting women in Walsall. The grant funded project started in October, with the idea that it would support women to re-engage with swimming – something they had done before lockdown. The funding fitted in well with the group's ambitions in terms of wellbeing, and the swimming fitted with common ailments: arthritis, blood pressure, stiff bones, diabetes.

Some of the older ladies had a fear of the water, so it was felt it would help with this too. Unfortunately, the swimming idea didn't end up working out. By the time the funding was awarded, the slot at the swimming pool was lost. They were offered a slot after 9pm, but people didn't want to come out at that time, as it was too late and dark. So, the group re-focused onto a wider mental wellbeing programme of fitness activities and reducing isolation, which was one of the things that members requested.

Initially the groups were for women but have been reshaped so that men can also attend (at the time of the interview there was limited take up from male participants). The activities are online instructor-led exercise sessions. Activities include Zumba, chair-based exercise and general fitness, as well as time to share and discuss wellbeing. Where instructors are not available for fitness sessions, online resources are used. The online chair-based exercise class surprised people who thought they would not benefit from it. It successfully led to it becoming an eight-week chair-based exercise class called 'just get active'. This follows a model used by One You Walsall which the project has replicated.

The classes and approach are adapted to fit with people's lifestyles. Sessions change days to accommodate those who work shifts or have family commitments. However, dark evenings are off-putting for people, even when transport is offered. Attendance for face to face sessions vary. However, those who are unable to attend undertake the activity at home. Each individual has developed a wellbeing plan. The building used for in-person sessions was closed during the pandemic but has now re-opened and has become a focal point for participants.

The main benefits of the project for individuals are social (reducing isolation) and increased physical wellbeing. Socialising and trying something new gives the participants a sense of achievement. The opportunity to talk to others has helped those who have felt lonely after successive lockdowns. This has particularly helped those who normally travel to the Caribbean to see family, or who are missing grandchildren. The wellbeing plan has helped participants to think about changes they can make to their daily lives such as drinking more water, going for a walk, or accessing fitness programmes online. Feedback is also collected through case studies, and after each activity, which participants rate these from 0-10 and add comments which are also recorded.

The project facilitator noted that we know the project is successful when *"at the end of a session, we have happy, chatty people, who can't wait to come back next week and people who are willing to tell their friends"*. Working with people who have been lonely, living with chronic illness or unable to access support, has given those people the opportunity to talk to other adults. One person said, *"she said that she hadn't laughed so much for ages."* – Group facilitator.

The diverse age groups also bring a mix of experiences which benefits the group dynamic. Older members have been happy to share how they look after their mental wellbeing, so for mental wellbeing week, the project will make a document with top tips for adults and children, using the ideas shared during the sessions. The group plan to invite a medical professional to attend the end of the project, to undertake health checks and provide information on other available support.

Challenges and ways they have been addressed

Project facilitators and participants were disappointed and frustrated that they could not run the swimming activities as planned. A range of factors including a lack of available slots, delays to the funding award, cost of insurance and a lack of available lifeguards made it impossible to follow through with the plan. However, the fitness activities have been welcomed and this quick change of focus has worked well.

Project facilitators would really like to see more of the local community joining in. There are many who use the foodbank opposite the building, so the project has applied to have a

board outside their building to advertise groups in community languages, and do leaflet drops too.

There have been participants who have been uncertain about leaving their houses, due to the pandemic and underlying health conditions, and the fact that the classes take place in an indoor space. Facilitators have befriended them on the 'phone and checked in regularly. Some women have needed to bring children, and they have had to be included in the work. This could have been an issue but as the facilitator is DBS checked, they are covered.

Facilitators believe that they have managed to promote greater awareness of mental wellbeing in participants. In terms of improving access to services, they have made participants aware of other organisations offering activities and will provide a signposting pack at the end of the project. However, they feel that some of the older ladies will want someone to accompany them, which may be a barrier.

Citizen interviews

Two citizens were interviewed by researchers about the Let's Get Moving project. Both were Black Caribbean females between 48 and 52, living in the Palfrey and Chuckery areas of Walsall.

Both participants said that being happy, comfortable and feeling healthy, physically and mentally, were the most important aspects to them in terms of positive mental health. One said that they felt it was important to *"be able to sustain a life that helps you survive in your community with others. And to be happy and content in whatever you do."* Another said that it was really important to *"feel like you're living, basically. And not just existing."* Things that had made positive mental health more challenging for them were more varied. One had found isolation from their family very challenging – *"Family support can really make or break my mental health. I'm the only person in England and have no close family here. I've been through things in the last couple of months that have made me wish I could just go home"*. The other participant said that feeling overweight was affecting her mental health negatively.

The project has made a huge difference to both women in terms of dealing with the issues they have been facing. One participant said:

"It let me know that I wasn't alone. They spoke about how they came over in the 60s or 70s, and any advice from people older than you is good advice. And they'd tell you how to be content in the environment. How to adjust to the environment you find yourself in and help yourself to cope."

The other interviewee said that the physical activities that had been provided had felt positive for her. *"It made me feel a lot more energised and helped me lose weight. I've also got more mobility. I'm eating a lot better and I've lost a few pounds. I've also joined the gym (although I haven't been yet). I'm walking a bit more and doing stuff with friends."* As a result of being involved in the project, participant (W1) had also made some changes to their life. *"I've stopped beating myself up over the decisions I've made to be here. I have a daughter and I try to make time to be with her and away from work or the church. The meetings helped to ground me."*

When asked what the most important part of the project was, both participants said "laughing"! *"It's the camaraderie and getting together and chatting. During covid everything was done on Zoom, but now we're coming out and laughing and we can see each other's faces. Getting out the house to somewhere you don't need to dress up was also great."*

Have a chat and a laugh.” The other participant echoed this statement – “Laughing. Not feeling like you’re being judged in any way shape or form. The camaraderie is key as well. Having fun. Having somewhere to go where you feel OK. [there are] so many backgrounds and shapes and sizes in the group too.” There was also praise for the group organiser: Maureen has done an excellent job.”

The women were asked questions about how much of a difference the project had made to their lives, on a scale of 0 (not a lot of difference) to 10 (a lot of difference). Both women said that the effect on their general health was 10. For their mental health and wellbeing, it was between 8 and 9. Their social life and confidence had also seen a dramatic difference of 7 and 9 (social life) and between 7 and 8 (confidence). And they felt their standard of living had improved between 6 and 8. Both women felt that the project had helped to increase their feelings of independence by 7 and 9, and their feelings of isolation could be measured at 5.

Both participants felt that without the project, their mental health would have been either significantly worse, or worse but manageable. They both felt that their standard of living would have been worse, but manageable. When thinking about their own wellbeing, they felt that it would be helpful for there to be “*something for children and young people. Somewhere to play games and hang out*”. They also felt that having “*a consistent venue that’s local [would be beneficial]. Walsall Council took back the building that we were meeting [in] previously. We’re now using the church, but it can be difficult to get someone to open up for us. Getting the swimming started would also be great!*”

4.7 Summary – key themes across grant receiving organisations

All six of the organisations who received grants have demonstrated that they have played a large part in citizens feeling less isolated, which has had a significant knock-on effect on positive mental health. Communities, whether they are communities of place or interest, have felt a coherence. A sense of belonging has been fostered, which has made people feel included.

Participants have also gained an increased confidence to interact with society. This has helped them want to get involved in their local community, either by volunteering, or simply by taking part in activities. This growth in confidence has also led to an ability to self-advocate when dealing with the local authority, government bodies or health officials. Participants have felt more empowered, due to the positive experiences they have had when meeting new people and engaging in new activities.

All participants noted a general difficulty in accessing services and long ‘phone queues when trying to speak to statutory agencies, which fuelled anxiety. However, the support gained from the groups they attended, either from staff or from other participants, meant that they felt more assertive in dealing with these situations, which not only is hugely positive for those participants but also takes pressure off support services who no longer need to provide as much support.

The fact that the organisations were already established in the communities meant that they had a knowledge of potential participants. However, all of the organisations attracted new participants, as what they were able to offer was very much a draw.

Several organisations felt that they needed to adapt the paperwork provided to them by Walsall Council, in order to monitor their particular project more effectively. This was done in

liaison with the Council and organisations very much appreciated flexibility they discovered. However, it should be noted that this flexibility led to a lack of uniformity in data. As projects are different it was difficult to compare. However the qualitative data collected was invaluable in undertaking the evaluation.

The projects highlighted a need for befriending, especially for those worried about leaving home, or who had spent many of the lockdowns in isolation. The connections that people had made with each other were hugely valuable. The support provided by peers, and the shared experiences discussed, made people feel much less alone.

Participants in every group interviewed felt they had benefitted from Walsall's green spaces, and the arboretum in particular. This resource is highly prized by residents, who all felt that visiting it, in whatever format, really promoted positive mental wellbeing.

5. Quantitative data on individual level outcomes

This section considers the programme output data collected and consists of:

- Descriptive analysis of beneficiary reach, including the reach into groups with protected characteristics and comparison with local population estimates
- Analysis of the wellbeing measures collected by the projects
- Considerations and recommendations for future evaluations

The analysis included in this section, is limited to the data that has been collected at an individual level by the projects. Data is provided from 14 different organisations commissioned by Walsall Public Health through the Better Mental Health Fund. Projects have also collected additional data that includes the number of attendances, number of hours delivered, and/or qualitative feedback from participants about their experiences, some of which is captured in sections 3 and 4 of the report.

5.1 Project Reach

Individual level data has been collated and shared with the evaluation team for a combined total of 1910 beneficiaries across all the commissioned projects. The actual reach of the projects is likely to be greater than this figure, particularly considering the ongoing delivery and wider awareness raising activity taking place. However, the nature of the contact may not have lent itself to collecting demographic data at the individual level which could be included in these analyses. For instance, at the time of the evaluation, the Mobile Unit had reached 1249 people, but individual level data was only available for 926 of these. Further to this, it is important to recognise that not all the required demographic information was collected for each beneficiary. Whilst the Mobile Unit reached a large number of beneficiaries they did not capture all of the required demographic data for each individual which represents a large proportion of the missing data. The demographic characteristics are shown in Table 1, together with the corresponding Walsall population level data for comparison.

The projects varied in reach, generally ranging from 24 to 300 beneficiaries. The variance in reach between the projects is understandable given their different aims and approaches. For instance, some commissioned projects saw individuals on a one-off occasion to provide advice and signposting, whilst others have engaged with them on a weekly basis for a number of months.

The Better Mental Health funded projects in Walsall have successfully reached the most deprived neighbourhoods in Walsall, with 50% of beneficiaries from the 10% most deprived LSOAs, and 81% from the 30% most deprived LSOAs. In addition, these projects have engaged well with ethnic minority groups.

Table 1: Demographic breakdown of beneficiaries (n = 1910)

Demographic		Project n	Project %	Walsall % ¹
Gender	Female	1209	64%	51%
	Male	674	36%	49%
	Other	3		
	<i>Unknown</i>	24		
Age	5 to 17 years	25	3%	21.7%
	18 to 25 years	59	6%	}60.8%
	26 to 64 years	706	77%	
	65+ years	129	14%	17.5%
	<i>Unknown</i>	991		
Ethnicity	Asian	300	18%	15.2%
	Black	151	9%	2.4%
	Mixed	42	3%	2.7%
	White	1163	70%	76.9%
	Other	13	1%	0.8%
	<i>Unknown</i>	241		
Disability*	With a disability	245	27%	
	Without a disability	651	73%	
	<i>Unknown</i>	1014		
IMD Rank	1	617	49%	26%
	2	296	24%	23%
	3	85	7%	}50%
	4 to 10	252	20%	
	<i>Unknown</i>	660		

Project percentages are provided for the data available. Due to large proportions of unknown data for some variables shown in the Table these are not included in the percentage calculations.

¹ Walsall population data is taken from [Walsall Insight](#). Accessed 29th June 2022.

5.2 Wellbeing

The projects were all asked to measure the change in wellbeing of beneficiaries as a direct result of the project initiative. They were asked to use the ONS Personal Wellbeing measure (Hicks et al., 2013²). The four items (life satisfaction, worthwhile, happiness and anxiety) are each scored on an 11-point scale from 'not at all' to 'completely'. Other scales that have been used by organisations to monitor changes in wellbeing over the course of their project include WEMWBS by MindKind, and General Anxiety Depression (GAD7) Score and PHQ9 by the Counselling projects.

What became clear when reviewing the data provided and speaking to providers was that there was variation in how the projects have utilised the ONS questions. Some projects have asked one question that summarises all four domains into one score out of 10. Another only recorded the answers to the first three questions due to the question on anxiety being scored differently. With the support that was delivered particularly around debt advice on a one-off occasion, the provider felt it was not appropriate to collect repeat measures of wellbeing.

There were also issues of translation into other languages which resulted in fewer questions being completed. In some instances, the ONS questions were asked at the start and end of every session, and in this case the scores have been averaged for the purpose of this analysis. As a result, we opted to present the scores as a positive or negative change. A total of 184 pre- and post- wellbeing measures have been completed. A breakdown of who this data is available for is provided in Figure 1 and a summary of the change in wellbeing scores is shown in Table 2. Overall, for where wellbeing change scores are available it shows a very positive picture regarding the impact of the funded projects. A further 69 individuals have completed a baseline measure of wellbeing but follow up has either not been possible or not yet completed as the projects are ongoing.

Figure 1: Sample for whom wellbeing scores are available

² Hicks, S., Tinkler, L., & Allin, P. (2013). Measuring subjective well-being and its potential role in policy: Perspectives from the UK office for national statistics. *Social Indicators Research*, 114, 73-86.

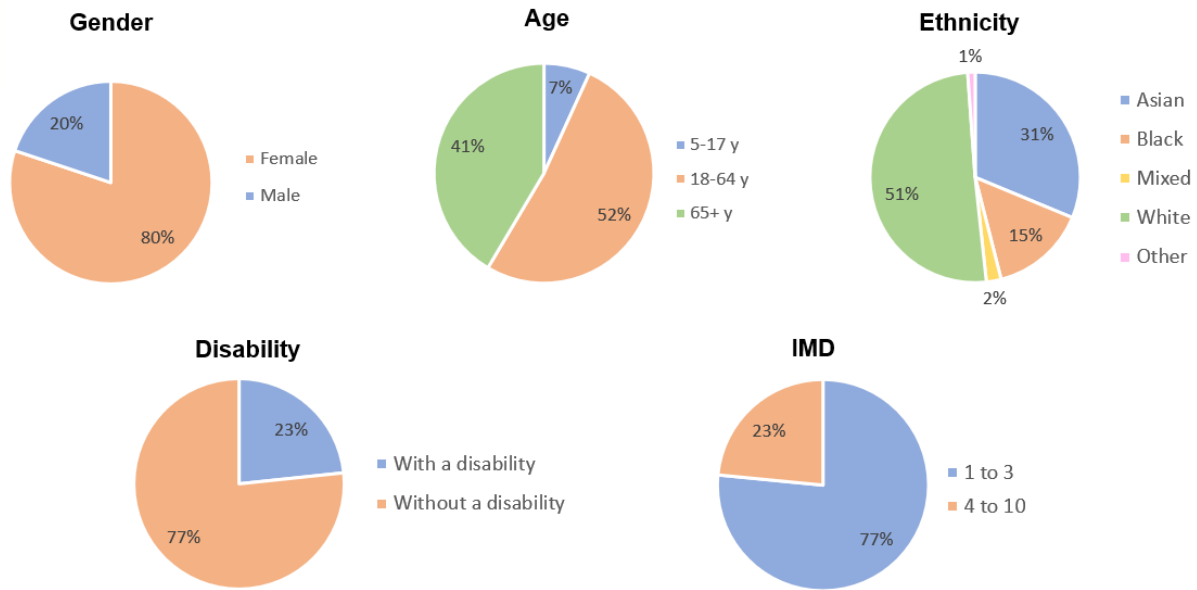


Table 2: Wellbeing Scores

ONS Personal Wellbeing Score	N	%
Positive change	171	93%
No change	10	5%
Negative change	3	2%

Note: The three individuals with a negative change in score are only by one point, which would not typically indicate a meaningful reduction in wellbeing.

5.3 Summary

Overall, it would appear that the commissioned projects have reached the intended communities, particularly those living in the most deprived areas of Walsall, and a wide range of ethnic groups and ages. The data for wellbeing that is available indicates the projects are resulting in improved levels of wellbeing, but as discussed, the varied nature of how this has been collected limits the analyses we have been able to complete. If the recommendations above are factored into the collection of monitoring data, going forward additional analyses would be possible to explore the impact on wellbeing using inferential statistics (i.e., paired samples t-test) and allow normative comparisons to national data and to investigate any differential impact on wellbeing by protected characteristics.

6. Summary Findings

6.1 Achieving the over-arching aims of the BMHF programme

A key aim of the BMHF programme in Walsall was to **enhance the ability of local services and stakeholders to work together cohesively as a system to improve community mental wellbeing resilience and enhance the ability of community networks to improve population mental wellbeing.**

The evaluation found **evidence of strengthened collaborative and partnership working** between and within organisations. The No Wrong Door approach was particularly highlighted as being central to improved cohesiveness across the funded projects. Organisations have been brought together in a way that encourages working together to achieve the same goals and a shared vision. This has been facilitated by a developed network, regular meetings and enhanced communications.

Notwithstanding the rapidity with which the programme – and the various workstreams – has been established, an impressive **thematic cohesiveness** has been achieved. Projects have focused on **bringing people and organisations together** to create shared experience and to support each other's mental health and wellbeing which is seen as particularly important in the post Covid-19 situation. The way in which organisations have worked together was evident, as was an increased awareness of what is available for citizens, and how these can be accessed, across the partnership.

One notable success of the programme was thus the way in which it fostered partnership working, with many of the people we spoke to referring to newly established links with organisations delivering services across the various work-streams and grant funded activities. This, it is hoped, will lead to further partnership work (i.e., co-location of services, continued development of the NWD network) that generates added value across the system.

A second key aim was to **implement interventions that raise awareness of mental wellbeing and prevent and enable the early detection of mental wellbeing challenges.** Awareness raising is embedded in the approach of all projects, but we particularly commend the approach of the mental wellbeing training (IPRS) project which has been a useful tool in raising awareness amongst employers. There was a good variety of participation in the first round which shows the impact that could be further achieved should the funding be extended. The Thrive Mobile Unit was also seen as an excellent way to raise awareness, and potentially reduce stigma of mental well-being by taking the conversation into communities. Furthermore, different elements of the work-stream activities were found to offer complimentary support and address relevant mental health challenges for different demographics.

Bringing services to citizens, rather than the other way around, has been identified as critical to not only the success of the programme in numerical (output) terms but also the outcomes for the participants. This local approach is identified as key to raising awareness of mental wellbeing and providing early detection of mental wellbeing challenges. This approach was particularly evident across the grant-funded activity, the Thrive Mobile Bus and the Bereavement Service which were all focused on taking services to the hyper-local level.

We found that the programme as a whole highlighted the degree of previously unmet (and emerging) needs in communities. Project staff involved in delivery observed that much of the lower-level needs of citizens, many of which had been exacerbated by contextual factors

such as a general lack of easy access to statutory mental health support and the growing cost of living crisis, were simply not being met. Projects have been able to tackle this through their delivery, offering accessible and timely support. For example, waiting times for the bereavement service project were impressive (averaging 4 weeks from referral) compared to statutory services.

In addition, participants across the work streams and grant funded activity were reported to have gained confidence in accessing statutory services by being given support to do so.

On the whole, the commissioned projects were found to have successfully reached the most deprived communities across Walsall and a diverse range of ethnic groups. Nevertheless, we did find potential disparities in accessing mental health support for BAME communities and also under-represented communities (LGBTQ, disabilities), often due to cultural and language barriers or access to specialist support.

Regular mobilisation and development meetings took place between commissioners and providers, in which providers were supported with project development. These meetings were used to encourage providers to collect data and stress the importance of evidence of impact. However, capacity and timescale were a challenge, priority was given to the commencement of delivery and there was a general view that the data measures were not appropriate for service users. Flexibility was therefore necessary given the tight timescales the local programmes were working with, the variety and breadth of projects delivering at the same time and what was perceived as inappropriateness of measures.

Where wellbeing data is available, 93% of participants reported improved wellbeing between the start and end of the sessions attended. However, there is considerable variation in the use and reporting of wellbeing through the ONS Personal Wellbeing Scale by different organisations which has limited the analyses that could be conducted.

6.2 Overall Reflections

The short-term funding and tight national timescales resulted in the requirement to set up at pace. As a result, the speed with which the programme was established caused some difficulties, but overall, project stakeholders felt these had been overcome through hard work and the support where needed, of Walsall Council. This evaluation does not focus on the experience of the local authority i.e., securing this short-term funding or developing such a wide-ranging programme at pace to meet local need and changing national timescales.

The initial guidance that projects must be delivered by April and must be contracted impacted the speed projects were developed and the way in which the programme developed. The changing timescales from PHE were helpful in that this enabled projects additional time to deliver but would have been more beneficial if this flexibility was available at the outset. Despite these challenges, with limited capacity the programme delivered a wide range of successful initiatives within an incredibly short period of time and achieved positive outcomes for Walsall residents.

Whilst the vast majority of those we have spoken to responded positively to the challenge, everyone remained mindful of the short-term nature of the programme and the relative lack of security and long-term sustainability. It was felt that this was an important message to feed back to commissioners and policy makers. The grant funded projects are an important complement to the commissioned workstreams, with the former more focused on supporting some vulnerable individuals with particular support needs. Some evidence is beginning to emerge that the existence of both creates potential beneficial linkages (though it is early

days), for example with referral pathways developing between the more 'generic' community-wide offer and the localised and specialised grant-funded provision. This could provide a platform for a more detailed understanding of their complementarity and synergies in future provision.

Although not the focus of this evaluation, a number of participants noted the importance of green spaces to mental wellness. There was a general appreciation of Walsall Arboretum. The importance of addressing social isolation, particularly through access to befriending services was highlighted and the general importance of supporting people can be seen through the enthusiasm around partnering and collaboration within the projects and grants.

Feedback on the Council's role was generally positive, and they were seen as flexible and responsive, demonstrating that they trusted providers to deliver, and were willing to learn from them as implementation progressed. A continuation of this working relationship will be important to future success.

However, we have also highlighted the extent to which many projects struggled to fully capture monitoring data in a systematic manner that was embedded in project management from the outset. For future projects more time is required in order to build in in-depth training with the providers on data collection, prior to the commence of such a programme. This will better enable the capture of more consistent quantitative data collection for more meaningful future analyses.

7. Recommendations

Based on the evaluation and the findings relayed above we make a small number of targeted recommendations:

For delivery partners

- Despite a relatively optimistic picture, there is still room for improvement in the extent of collaboration between organisations, and knowledge of relevant other services available in the area: continuing to promote collaboration is key
- Make more use of developed systems and pathways such as the NWD
- Some providers engaged 'less diverse' populations. For those projects more focus is required to reach more diverse populations.

For Walsall Council

- Retain the 'mixed economy' of larger work streams and the smaller more localised grants. As these smaller grants are hyperlocal to the communities it will help target the community groups. Future planning could potentially identify specific grant opportunities in close proximity to those harder to reach groups, for example that might include men, as projects have not always engaged them as successfully
- Continuing to target interventions in relation to harder to reach neighbourhoods and communities is required

- The varied way that monitoring data has been collected limits quantitative analyses that can be completed. Taking into account the rapid turn around of the programme, and limited capacity it was not possible for this programme. However, for the future it is recommended that when working with larger longer term funding, more time is built into working with providers to capture set data. This will allow a more sophisticated analysis of differential impacts on wellbeing at the individual level
- Although heavily constrained by national timescales in the case of BMHF, a general reflection is for commissioners and others to factor in sufficient time to allow project planning, set-up and initiation phases
- Consider that the No Wrong Door approach is embedded in any future local mental health and wellbeing service system, through enhanced collaborative working

For Office for Health Improvement and Disparities

- Sufficient lead-in time should be built into any programme development: acknowledging that a longer lead in time can support more effective delivery
- Make clear what resources are available at the outset and the actual timescales are provided at the outset to enhance the experience of local commissioners and providers. This will give local areas adequate time to plan from the outset i.e., from the application/ commissioning phase
- Longer term funding rather than 'short termism' which hampers the creation of sustainable projects, which could themselves be standalone organisations
- The flexibility of the choice of data capture from PHE was shared and replicated by different projects. We would recommend the directive of measures to be specified from PHE from the outset.

For future data collection and evaluation

- Guidance should be offered to providers that shows how to collect data using the ONS questions, as this would lead to greater consistency between projects. This should include the recommended frequency of collecting repeat data – (for instance where there is a programme of sessions we suggest collecting before the first session and at the start of the last session, rather than before and after each session).
- Guidance and support should be offered to providers to set up an appropriate data collection spreadsheet for their project. This would help when collating the data for evaluation purposes as in some instances a separate spreadsheet has been collected for each month.
- Ensure ward level data can be mapped as well as the index of multiple deprivation.
- For comparison to national data the scores should be collated and shared individually for each of the four domains (satisfaction, worthwhile, happy, anxious). For reference the current average scores of personal wellbeing for Walsall in March 2021³ are:
 - Life satisfaction - 7.3

³ Personal well-being in the UK: April 2020 to March 2022: Accessed 29th June 2022: [Personal well-being in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

- Worthwhile - 7.7
 - Happiness - 7.3
 - Anxiety - 3.4
- Continue to collect case studies from the projects as a large proportion of the impact that was discussed was captured qualitatively.
 - In most instances, providers felt the amount of data requested was appropriate to the funding offered, but as a result did not have the resource to capture any additional quantitative monitoring data.

Appendix

Brief project descriptions

Thrive Wellbeing Mobile Unit (Let's Chat Bus) *

Project timescale: October 2021-May 2022

The mobile unit is a fully equipped, resourced vehicle available to deliver the service 5 days per week in flexible locations in Walsall. It has three Navigators in place to deliver this programme. The four partner organisations providing this service are voluntary sector organisations with a good grasp of the Walsall landscape and were able to deliver quickly.

The No Wrong Door name*

Project timescale: October 2021-April 2022

The No Wrong Door name is exactly what it says. There should be No Wrong Door for people who access one of the partner organisations for support. The aim is that this service will appropriately divert people away from primary care to other services who are equipped to address need and will improve service user experience of engagement.

The aim is to make it easier for people in need to navigate through their social economic and environmental circumstances. This approach provides wellbeing support to those at risk of mental wellbeing deterioration across Walsall communities, in particular those who are within our most disadvantaged communities.

No Wrong Door is a network of organisations that work together to provide individuals with access to all of the support they require simultaneously. With better communication, coordination and an agreed set of standards, No Wrong Door partners aim to prevent people falling through the gaps between services.

Mental Wellbeing Training (IPRS)**

Project timescale: January 2022-August 2022

The programme delivers mental health training to managers, leaders and supervisors in local businesses and business-facing staff in other organisations.

The training is a half-day experience for up to 200 people. Due to the pandemic, all training has been delivered online. To date 140 people have been trained online. Whilst it is anticipated that some training may occur online. Online summary training will be recorded as a legacy of this programme to reach more participants and workplaces.

Bereavement Support*

Project timescale: February 2022-August 2022

The aim of the programme is to provide bereavement support to reach a diverse range of clients in a range of community locations across Walsall. This approach hopes to increase the number of diverse communities accessing bereavement services, and to raise awareness amongst those communities of the service. The project is collating learning and feedback to contribute toward the future development of services.

Mental wellbeing campaigns and activities

Mental wellbeing campaigns have been delivered across all programmes and by social media. This has been through campaigns at key points over the period, using social media, which is estimated to have reached well over 20,000 people.

Grant Funded Projects (Mental Wellbeing Grant Fund)

This is an intervention which provides grants of between £500-£5000 to support small innovative projects to improve mental wellbeing. Some voluntary sector organisations delivered on more than one project. In some cases, organisations were awarded more than one grant: MindKind is delivering three, Black Sisters has two, and Walsall Carers has two. Creative Factory has two.

Frank F Harrison Community Association – New Invention Friends Together**

Project timescale: November 2021-October 2022

Providing sessions two mornings a week offering a range of activities and information sharing with partner organisations. It provides a “safe, comfortable and sociable environment” for people to get together as the community moves out of isolation and stay at home restrictions. The overall aim is to reduce social isolation, partly through giving people a reason “to get up and get dressed”.

The MindKind Projects CIC - Community Wellbeing Garden**

Project timescale: November 2021-August 2022

As noted, MindKind received three grants: for a young men’s project; young people’s project; and a gardening project. The latter project facilitates gardening sessions to support people with wellbeing and upskill them to grow plants at home for their wellbeing. The projects gave participants an opportunity for beneficiaries to come together to talk about mental health with a practitioner, and also take part in nature-based activities. Beneficiaries have a wellbeing plan to use at home. It is a safe environment; everyone is there for the same thing. There are opportunities to ask questions, gain knowledge, and learn new skill and the knowledge.

Walsall Black Sisters Collective - Mental Wellbeing Walsall**

Project timescale: November 2021-September 2022

As noted above, Black Sisters received two grants: coffee morning and healthy activity walks, and community counselling. The former is a wellbeing project which includes coffee mornings, walking, cooking and pampering activities. The aim of the community counselling is to develop a space that encourages delivery of a range of different projects including one-to-one counselling. The targeted approach is intended to address health inequalities in specific communities, particularly in Black, Asian and ethnic minority communities. It aims to be a ‘One stop service’.

Walsall Carers Centre – Walsall Carers Wellbeing**

Project timescale: November 2021-September 2022

As noted above, there are two informal projects: one for male carers, and a second group for women and young carers. In the case of the former, the Male Carer Support Project meets once a fortnight. This group is for 30–50-year-olds who are looking after their mother or their partner and is an ethnically diverse group of men. Carers they talk about mental wellbeing as part of the conversation. They discuss many different topics, including music and cricket but not the caring role. The idea is to not talk about that aspect but about life away from it and this social aspect gives them some valuable time of their own.

Walsall Creative Factory – Creative Factory Well Being**

Project timescale: November 2021-December 2022

The project works with identified individuals already working with Creative Factory who have been recognised as having additional wellbeing needs. The project uses the arts, walks and social meet ups to help these individuals improve their wellbeing. Participants are buddied up with workers or volunteers who are recruited to provide support. Participants are put into small groupings of people with similar conditions. This project received additional grant funding to deliver interventions to another cohort of service users.

Women Outreach Workers Walsall – Let’s Get Moving**

Project timescale: November 2021-June 2022

The project works with an existing women’s group which was set up in 2014, initially as a church group looking at issues affecting women in Walsall, around both mental and physical ill-health. At the beginning the groups were for women but have been reshaped so that men can also attend. The activities are group-based: online activities, Zumba, chair-based exercise, instructor-led exercise sessions, general fitness, as well as time to share and discuss wellbeing. Instructors have been sourced for the fitness sessions, and where this isn’t possible, online resources are used.

Note:

*Sustainability of the programme has been planned for: the success of some of these projects has resulted in planned longer-term delivery.

**Projects received additional resource and or extended time to deliver.