# Evaluation of the Delivering Differently Programme

Final report to

Fife Voluntary Action

June 2019

# Contents

*Appendices are presented in a separate document which is available from Fife Voluntary Action on request.*

![rco consulting logo]

## 1. Introduction

The Delivering Differently programme was funded by the Scottish Government Employability Integration and Innovation Fund. It has run for 18 months from October 2017 to March 2019, with a budget for Fife Voluntary Action of £205,972 which funded a part-time strategic co-ordinator, a part-time project officer and a part-time administrator.[1] This budget included funds of £130,000 for a Pilot Fund to implement short-life (6 month) pilot projects focused on improving support for people in Fife who are experiencing mental health issues.[2]

Delivering Differently has used an 'integrated systems approach'[3] to identify the current challenges with regard to mental health and employment services, the challenges faced, stakeholder needs, and the solutions required to improve support. The goal of the programme has been to more than double the number of people with mental health problems who are supported into healthy, sustainable employment in Fife by March 2020. At the time of commissioning the programme, five outcomes were identified for the project[4]:

1. Design (and commission) a person-centred and co-ordinated pathway to employability for people affected by mental health conditions

2. Improve clarity on definition(s) of mental health across partners, including establishing a baseline for those progressing into employment

3. Promote an empowering approach with people affected by mental health difficulties to increase self-management around employability choices

4. IT systems are outcome focused, person-centred and quality-assured[5]

5. Employers have a good understanding of mental health difficulties and increased confidence to create healthy working environments

These outcomes would be achieved through:

- The creation of a project team to oversee the programme with input from all key stakeholders

---

[1] Delivering Differently Invitation to Tender, November 2017.
[2] Pilot Fund background paper, May 2018
[3] Delivering Differently Phase 1 report, January 2018.
[4] Delivering Differently Invitation to Tender, November 2017.
[5] As work evolved with the Delivering Differently project team, IT systems were identified as an ongoing issue but were not identified as a priority outcome for evaluation. That said, both Phase 1 and Phase 2 Delivering Differently reports make recommendations with regard to improving the data systems and data collection around mental health and employability, which in themselves will create more person-centred pathways.

- Desk-based research and data-mapping of existing provision;[6]
- A short-term report with recommendations to influence existing delivery for 2018/19;
- recruiting and training a small team of volunteers with lived experience of mental health problems and using services;
- Cross-sectoral staff/service-user workshops and consultation;
- Revising data systems and paperwork to improve quality assurance monitoring;
- Identifying, piloting and testing new, innovative delivery models;
- Cross-sectoral staff-training programme;
- Working with colleagues in employer engagement and education to build specific strategies in these areas;
- Desk-based analysis of areas of good practice in Scotland, UK and beyond; and
- The development of a longer-term report with recommendations for further service re-structure across wider partners from 2019.[7]

In March 2018, Fife Voluntary Action commissioned RCO Consulting to undertake the evaluation of the Delivering Differently programme. It was agreed with Fife Voluntary Action in contract that RCO Consulting would:

- develop the Delivering Differently evaluation framework (in consultation with Fife Voluntary Action)
- develop the Delivering Differently data gathering plan (in consultation with Fife Voluntary Action)
- conduct a rapid review of measures of value for money
- provide a critical review of Fife Voluntary Action's analysis of their own data
- run a stakeholder survey in the final year of Delivering Differently
- run reflective interviews in the final year with the three Delivering Differently staff
- support each pilot site to gather, analyse and evaluate their own outcomes and impacts[8]

---

[6] During the programme plans to produce a desk-based analysis of existing provision were superseded by the development of bibliography of all the research/documents that have informed the development of the Delivering Differently programme. This bibliography was produced by Fife Voluntary Action and was launched at the Joint Mental Health & Employability Forum, on 15th May 2019.
[7] Delivering Differently Invitation to Tender, November 2017
[8] RCO Consulting Delivering Differently Work Outline, March 2018

![rco consulting logo](rco consulting)

## 2. Context and background

### a. The strategic context

The policy context and evidence for investing in employment support for people with mental health problems and mental illness is well established. The Delivering Differently programme supports several key local strategies:

- The Plan 4 Fife 2017-27[9] commits to the idea that 'physical and mental health issues are no barrier to achieving positive employment outcomes'. It also commits to Opportunities for All and Community Led Services. Both of these themes are inherent to the Delivering Differently programme.

- Fife's Economic Strategy 2017[10] aims to double the number of positive outcomes for people claiming benefits due to mental health issues.

- Fife Health and Social Care Partnership's Strategic Plan 2016-19[11] highlights mental health service redesign as a key priority. The redesign aims to rebalance care informed by those who use and deliver services. Fife's local mental health strategy is being refreshed in light of feedback given and recognition of the importance of taking into account national recommendations[12] to:
  - Work with employers on how they can act to protect and improve mental health and support employees experiencing poor mental health
  - Explore innovative ways of connecting mental health, disability and employment support in Scotland.

- Nationally, the Delivering Differently programme supports the Scottish Government Good Work, Good Health *and* Fair Work agendas, the Mental Health Strategy 2017-27[13], the employability review No-one Left Behind[14] and the Action Plan for Halving

---

[9] Plan for Fife Local Improvement Plan 2017-2027. Available from: http://publications.fifedirect.org.uk/c64_Plan_for_Fife_FPB_21nov17.pdf

[10] Fife's Economic Strategy 2017-2027. Available from: https://wordpress.fifedirect.org.uk/fifeeconomypartnership/wp-content/uploads/sites/10/2016/10/Fifes-Economic-Strategy-2017-27.pdf

[11] Fife Health and Social Care Partnership's Strategic Plan 2016-2019. Available from: https://wordpress.fifedirect.org.uk/fhsc/wp-content/uploads/sites/12/2017/11/HSCP_Approved_Strategic_Plan_2016_incl_Appendices.pdf

[12] The Scottish Government. Mental Health Strategy 2017-2027. Available from: https://www.gov.scot/publications/mental-health-strategy-2017-2027/

[13] The Scottish Government. Mental Health Strategy 2017-2027. Available from: https://www.gov.scot/publications/mental-health-strategy-2017-2027/

[14] The Scottish Government. No-one Left Behind Employability Review (2018). Available from: https://www.gov.scot/publications/one-left-behind-next-steps-integration-alignment-employability-support-scotland/

the Disability Employment Gap.[15] The programme also supports the NHS Health Scotland Good Work for All agenda and nine national health and wellbeing outcomes as set out in the National Health and Wellbeing Framework.

## b. Background to Delivering Differently

Nationally it is estimated that mental health problems in Scotland cost £10.7 billion taking account of social and care costs, economic outputs and human costs.[16] A recent report by Scottish Association for Mental Health (SAMH) and the Centre for Mental Health breakdown this cost further, as shown on page 6.[17] These diagrams demonstrate the huge financial cost related to mental health problems across Scotland. With Fife being the third largest local authority area in Scotland a large proportion of this financial strain will sit with the Fife area. The report identifies that evidence-based programmes aimed at reducing the scale and cost of worklessness among those with mental health problems fall into three main headings:

- Job retention
- Employment-related support for workless people with severe mental illness
- Support for those with less serious mental health problems

The Delivering Differently programme identified recommendations relevant to each of these categories.

Extrapolating from national NOMIS data, the Delivering Differently Phase 1 Report[18] suggests that over 40% of people claiming benefits in Fife will be doing so due to mental health problems or behavioural disorders. Anecdotal evidence suggests the figure is far higher. Yet under 10% of local employability spend is targeted at this group.
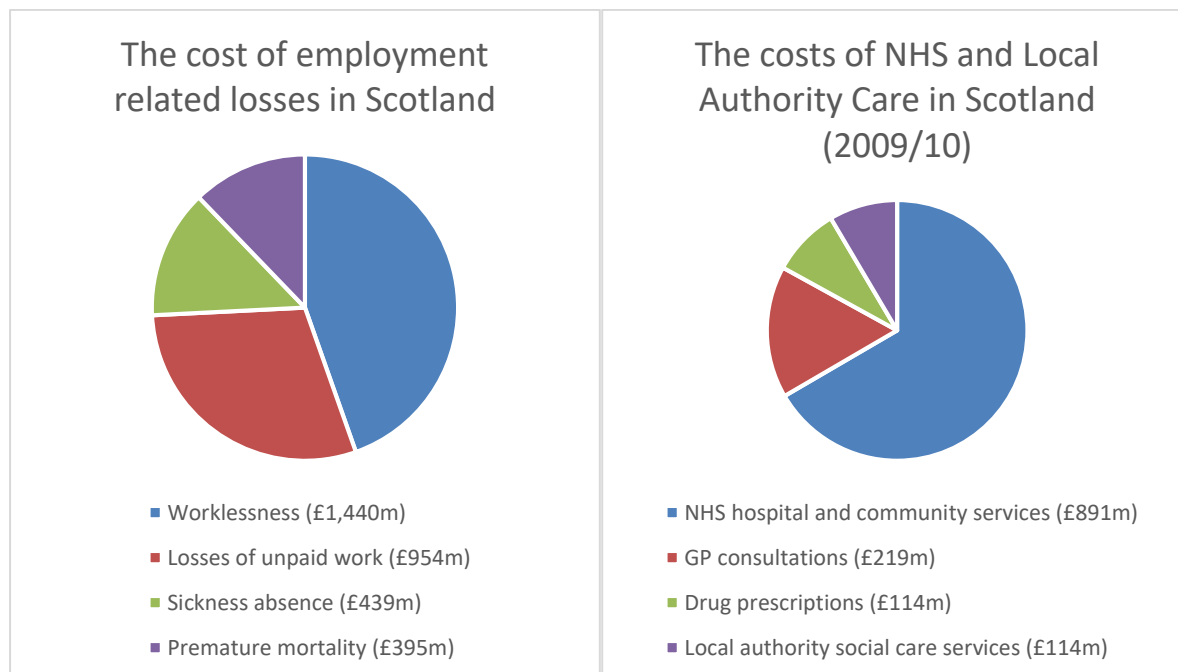
---

[15] The Scottish Government. A Fairer Scotland for Disabled People: Employment Action Plan (2018). Available from: https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/12/fairer-scotland-disabled-people-employment-action-plan/documents/fairer-scotland-disabled-people-employment-action-plan/fairer-scotland-disabled-people-employment-action-plan/govscot%3Adocument

[16] NHS Health Scotland. Good Mental Health for All (2015). Available from: http://www.healthscotland.scot/media/1805/good-mental-health-for-all-feb-2016.pdf

[17] SAMH and the Centre for Mental Health London. What's it Worth Now? The Social and Economic Costs of Mental Health Problems in Scotland (2011). Available from: https://www.researchgate.net/publication/308340025_What's_it_worth_now_The_social_and_economic_costs_of_mental_health_problems_in_Scotland

[18] Delivering Differently Phase 2 report, January 2018.

**Figures 1 and 2: Related costs resulting from mental health conditions in Scotland**



The cost of employment related losses in Scotland

- Worklessness (£1,440m)
- Losses of unpaid work (£954m)
- Sickness absence (£439m)
- Premature mortality (£395m)

The costs of NHS and Local Authority Care in Scotland (2009/10)

- NHS hospital and community services (£891m)
- GP consultations (£219m)
- Drug prescriptions (£114m)
- Local authority social care services (£114m)

There are clear correlations between areas with a high incidence of mental health problems and high unemployment. In Fife these statistics map out as follows:

**Table 1: Localities by mental health and unemployment statistics[19]**

| Area | % of population claiming Job Seekers Allowance (Nov 2017) | % of population with a self reported long-term mental illness | % of the population SIMD employment deprived 2016 | % of the population SIMD income deprived 2016 |
|---|---|---|---|---|
| Levenmouth | 2.5 | 4.9 | 17.1 | 19.0 |
| Kirkcaldy | 2.2 | 4.2 | 13.0 | 15.3 |
| Cowdenbeath | 1.9 | 5.2 | 15.8 | 17.3 |
| Dunfermline | 1.2 | 3.7 | 9.3 | 9.6 |
| Glenrothes | 1.1 | 4.4 | 12.3 | 14.6 |
| South West Fife | 1 | 3.4 | 8.8 | 8.8 |
| North East Fife | 0.6 | 3.6 | 5.7 | 6.7 |

The three Areas in Fife with the highest correlation of long-term mental illness and employment deprivation are: Levenmouth, Cowdenbeath and Kirkcaldy.[20] Through the pilot

---

[19] NOMIS, Fife Health and Social Care Locality and Cluster Planning Profiles, KnowFife Dataset.
[20] Delivering Differently Phase 1 report, January 2019

fund, the Delivering Differently programme tested new ways of working, including in these areas of greatest need.

## c. Governance and implementation structure of Delivering Differently

The following structures were involved in the governance, oversight and delivery of Delivering Differently:

- Delivering Differently Joint Oversight Board – with representation from OFP Board and Fife Health & Social Care Partnership – met every 6 months
- Opportunities Fife Partnership (OFP) Board and Executive – received updates as required
- Health and Social Care Partnership Mental Health-Strategic Implementation Group (MH-SIG) – received updates as required
- Delivering Differently Project Team – met monthly and latterly bi-monthly
- Delivering Differently Working Groups - met as required to develop key themes of activity
- Delivering Differently Evaluation Steering Group – met three times over the 18 month period.

The remit for and membership of each group are outlined in Appendices 1 and 2.

## 3. Evaluation approach, methods and activities

### a. Evaluation approach taken

The evaluation approach was twofold: *formative*, to inform the implementation of the programme, and *summative*, to assess the efficacy of the programme at its conclusion.

i. Evaluating the relationships between Delivering Differently programme activities and the changes that the programme wants to make

The approach centred on articulating the theory of change of the Delivering Differently programme, in conjunction with the Steering Group, and then from this the evaluation framework and tools were developed. (See Section 2c for further detail on this process.)

A theory of change approach is particularly relevant for formative evaluations as it is designed to inform ongoing programme implementation by providing feedback on the links between programme activities and change. There are several benefits associated with this approach. Articulating the theory of change of a programme provides a clear hypothesis about how programme activities contribute to desired change, the change you want to see, and how you expect that change to come about. It can also:

- help to achieve a shared understanding of the programme and its aims[21]
- strengthen the clarity, effectiveness and focus of the programme[22]
- provide a framework for monitoring, evaluation and learning throughout the programme cycle[2]
- improve partnership-working by identifying strategic partners and supporting open conversations[2]

ii. Support for development of self-evaluation capacity

The Delivering Differently evaluation approach was also about building capacity; supporting the Delivering Differently programme team and the pilot project sites to develop their capacity for self-evaluation, with light touch external critical friendship to review/validate self-evaluation findings. This approach took account of the budget available for the evaluation[23] which provided limited scope for the evaluation team to directly engage with evaluation activities. It also took account of the capacity of programme stakeholders to demonstrate outcomes to support future sustainability of the programme.

---

[21] Creating your theory of change: NPC's practical guide.
https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=2ahUKEwj0x ZPc39PeAhUCKMAKHT9NBskQFjAAegQIARAB&url=https%3A%2F%2Fwww.thinknpc.org%2Fresource-hub%2Fcreating-your-theory-of-change-npcs-practical-guide%2F&usg=AOvVaw1I0imHErlZlKJtu9i_N2eA

[22] Theory of change review. A report commissioned by Comic Relief (2013).
https://www.theoryofchange.org/wp-content/uploads/toco_library/pdf/James_ToC.pdf

[23] £10, 000 i.e 5% of the overall programme budget

This included providing advice and guidance on evaluation forms for DD training and workshops and the staff and client Mental Health and Work Indicator surveys.

## b. Consideration of a value for money approach

### Rapid review of measures of value for money

As part of the evaluation approach, a rapid review of measures of value for money was conducted to ascertain whether it would be feasible to evidence value for money savings and efficiencies associated with the Delivering Differently programme. The rapid review (see separate paper - Annex 1) demonstrated that value for money approaches were not best suited to evaluation of the Delivering Differently programme, for the following reasons:

1. Organisations using value for money approaches must articulate explicitly what value means to them. A key challenge for the Delivering Differently programme was articulating a shared understanding of 'mental health'. Articulating explicitly what 'value' meant in addition to this was beyond the scope of the programme.
2. It was difficult to apply a value for money approach to the Delivering Differently programme, because it focussed on strategic and systems change.

## c. Development of the evaluation framework and data gathering plan

Developing the evaluation framework involved defining long-term goals and identifying the short-term (immediate) and intermediate preconditions required to reach the end goals. The evaluation team worked with the programme team to identify how best to evidence each element of the evaluation framework, identifying existing data sources available to evidence impacts and outcomes and data gaps that would need to be addressed by collecting new data. It was agreed that RCO Consulting would review and report on the Delivering Differently programme teams' analysis of their monitoring and management data too in relation to relevant evaluation criteria. The evaluation framework and data gathering plan is presented in Appendix 3.

## d. Evaluation methods

All evaluation materials were developed through iterative engagement and final agreement with the Delivering Differently steering group and/or the programme coordinator and were structured through the evaluation framework.

### i. Programme level stakeholder analysis

The evaluation team supported the Delivering Differently programme team to compile a reach record – a simple Excel spreadsheet. This record was for ongoing programme implementation and management purposes, and it was used to evidence the extent to which the programme reached its intended audience and any people/groups that were harder to reach.

### ii. Development of project-level data gathering plans

Nine Delivering Differently pilot projects were funded by the programme in July 2018. In August 2018, the evaluation team hosted a springboard workshop with pilot project staff to learn more about each project in relation to the overall programme, and to outline the approach to data gathering. The evaluation team worked with pilot project staff to identify information/data being gathered that would evidence programme level evaluation criteria.[24] Figure 3 (see Appendix 4) provides an amalgamation of pilot projects and programme data gathering plans, which assisted in identifying gaps in data gathering.

### iii. Project-level reach records

The evaluation team supported each project to compile an Excel reach record to document key stakeholders and how they were reached/engaged. In combination with the programme-level reach record (see page 9), these records helped to establish the extent to which the programme as a whole reached its target stakeholders.

Given the diversity of the pilot projects, Fife Voluntary Action developed guidance (see Appendix 5) in conjunction with the evaluation team to clarify the core data-gathering requirements relating to programme monitoring/management and project evaluation. To retain client anonymity, unique identifier codes were generated outwith FORT by RCO Consulting for projects not using FORT (see Table 2). These projects also collected basic client data within their reach spreadsheets.

Table 2: Breakdown of pilot fund projects by FORT recording requirements

| Project type | FORT recording requirements | Number of projects funded |
| --- | --- | --- |
| Employer engagement | FORT not relevant | 1 |
| Cafés/drop ins | Required to use FORT on a case by case basis (i.e if a client engaged in activity above and beyond attending drop-in sessions) | 3 |
| Service provision with referrals | Required to use FORT to record client data | 5 |

### iv. Critical review of analysis of FORT data

Advice Infrastructure[25] agreed to combine unique identifier codes with FORT data to show individual client journeys where possible. Advice Infrastructure also agreed to provide the evaluation team with analysis of FORT data in relation to relevant evaluation criteria, as outlined in the data gathering plan (see Appendix 3).

---

[25] Advice Infrastructure provides FORT system support to Fife Council.

Advice Infrastructure also agreed to make a number of adaptations to FORT to enable the pilot projects to record and analyse their pilot project. These adaptations included:

- Providing pilot project staff with access to the full OFP Client Record Management (CRM) system
- Enabling pilot project staff to register clients using a version of the ESiF (European Structural and Investment Funds) registration form, which could be adapted and developed with the funded projects if required
- Enabling pilot project staff to extract their client data to facilitate tracking over time
- Enabling pilot project staff to see the referral relationships with other services on the CRM system

Fife Voluntary Action and Advice Infrastructure also agreed to offer some basic FORT training for those funded projects which were new to using it.

### v. Reflective evaluation workshops

Three reflective workshops were held on 2nd April 2019 – one with pilot fund project representatives, one with the Delivering Differently project team, and one with Team Experience. Each workshop gathered participants' views on the strengths and weaknesses of the Delivering Differently programme, and identified improvements that could be made were a similar programme to run in the future. Workshop materials are presented in Appendices 6-8.

### vi. Stakeholder survey

The online survey was disseminated from 25th February 2019 until 29th March 2019. The Delivering Differently steering group distributed the online survey to all stakeholders listed on the programme reach record (N=443), and RCO Consulting distributed it to all stakeholders listed in the pilot project reach record spreadsheets (N=175). To ensure a high response rate, the invitation to take part in the survey was followed up where relevant. One hundred and two survey responses were received, generating a 17% response rate, which is higher than the average response rate for online stakeholder surveys of between 10-15%.

### vii. Stakeholder interviews

Eight telephone interviews were conducted with key stakeholders during March/April 2019. The list of stakeholders was agreed in conjunction with the Delivering Differently steering group. Stakeholder interview questions are presented in Appendix 9.

### viii. Pilot fund participant questionnaire

All pilot projects were enabled by the evaluation team to support clients to complete a two-page anonymous questionnaire (see Appendix 10). Completed questionnaires were returned to RCO Consulting via Freepost envelopes. The pilot fund participant survey was

completed between November 2018 and March 2019. Seven of the nine projects used the survey with their clients, and sixty-four clients took part. The questionnaire was completed by 27% of all people with lived experience that the projects engaged with (N=233).

## e. Data limitations

The evaluation team worked closely with the Delivering Differently programme staff and pilot fund project staff to try to develop a synchronised and coordinated plan for monitoring and evaluation. However, there were identified issues that limited the extent to which this was effective.

- One third (9/27) of the agreed evaluation criteria had limited data sources associated with them, as Figure 3 (see Appendix 4 – amalgamated data) demonstrates. This was raised in the evaluation team's interim evaluation report (December 2018) and discussed with the Delivering Differently Steering Group at that time. It was agreed that planned data collection to evidence each evaluation criteria was sufficient, as there were no additional data sources that could be used to fill any gaps.

- Four of the nine funded pilot projects gathered data that wasn't appropriate for recording on FORT. Of these four projects, one focused on employers rather than clients, and three ran informal drop in sessions/cafes, or stand-alone sessions. Recording outcomes on FORT proved more difficult for some of the other projects than anticipated. This resulted in no standardised, centrally recorded outcomes using the system. This meant that it wasn't possible to show individual client journeys. It also limited the evaluation team's ability to evidence client outcomes.

- The programme and pilot fund project reach records contained incomplete information. The evaluation team were unable, for example, to conduct stakeholder reach analyses for the programme and pilot fund projects by job role (i.e. reach to senior managers, peer supporters, volunteers, project workers etc) as the reach spreadsheet contained only partial data on job titles. These analyses would have provided an indication of the extent to which the programme reached stakeholders at operational and strategic levels, which remains uncertain.

- The programme reach record did not ask the project to record information related to local/national remits, which meant that it wasn't possible to run an analysis of geographical reach. This would have assisted in establishing the extent to which the programme reached priority areas in relation to other localities in Fife.

- The programme reach record did not ask the project to record information related to whether stakeholders were already connected with the programme manager/programme staff, or whether they were new contacts. This means it was not possible to establish how many *new* stakeholders were reached through the Delivering Differently programme on this basis.

- The pilot project data gathering plans were difficult to complete in conjunction with each project. At the time of initial development (September 2018) most of the projects were still developing their plans for data collection and found it difficult to say with certainty which evaluation criteria their project could assist in evidencing. Data collection plans were still fluid in November 2018, when follow up phone calls were arranged to finalise project data gathering plans. Figure 3 (Appendix 4) provides an amalgamation of pilot projects and programme data gathering plans, which was developed to identify gaps in data gathering in relation to the evaluation.

## 4. Delivering Differently activities and outputs[26]

### a. Use of the integrated systems approach

The Delivering Differently programme took an integrated systems approach to improving employment outcomes for people with lived experience of mental health conditions. This approach joins up the many influences on employability and mental health that promote transformative, coordinated action across multiple sectors to bring about change. The integrated systems approach is also centred on people, their needs, their capabilities/assets and ultimately their role in understanding, designing, delivering and maintaining success.

### b. Development of the Problem Tree

The project team, working in groups, used a 'problem tree' model which acted as a first step in understanding the causes that lead to low employment outcomes. This showed the 'problem' working at three different levels and identified some of the main drivers behind these issues:

1. Individual: low self-belief contributing to low aspiration
2. Services: lack of specialist services and inconsistent delivery/systems between services
3. Employers: lack awareness of how to support mental wellbeing in the workplace

---

[26] FVA coordinated and ran several other events/activities over the 18-month duration of the programme – these are the ones that were discussed between FVA and RCO Consulting in relation to evidencing changes for the external evaluation. A summary of all events/activities undertaken is included in the Delivering Differently final report (March 2019).

The team then refined the Problem Tree (see Appendix 11) over the course of the following 12 months of interviews and workshops so that the final version captured as accurately as possible the main drivers affecting low employment outcomes for people with mental health problems in Fife.

### c. Team Experience

Delivering Differently funded FEAT to recruit and support a small group of people with lived experience of mental illness to participate as equal partners in the Delivering Differently Project Team.[27] The responsibility for supporting the Team Experience group shifted from FEAT to Fife Voluntary Action in April 2018. The team experience group played an important role supporting delivery of key elements of the programme.

### d. Delivering Differently workshops

The Delivering Differently project team worked with Scottish Recovery Network to facilitate 10 workshops across Fife in March 2018. These were co-designed and co-delivered with people with lived experience of mental health conditions, and were designed to inform the Delivering Differently pilot fund criteria and staff training programme. The workshops brought together staff, service users and their carers to explore what good support looks like and what could work better in terms of the employability journey for people with lived experience of mental health conditions in Fife. The workshops focused improvement ideas on the three key themes of: individual, services and workplace. One hundred and twenty stakeholders (i.e. not including Delivering Differently programme staff) participated in the workshops in total, from 74 different agencies and including approximately 40% with lived experience of mental health problems. The Delivering Differently Workshop Findings Report informed the recommendations in the Delivering Differently Phase 2 Report and the Delivering Differently Pilot Fund Criteria.

### b. Development of the Mental Health and Wellbeing Indicator (MHWI)

The MHWI was designed to be used as part of an employability organisation's existing client interview/assessment process. Its purpose is to:

- Help frontline employability staff have an appropriate (and supportive) conversation with people about how much their mental health might impact on their journey to work
- Ensure people who have more complex mental health conditions are identified as early as possible and are signposted to appropriate support
- Provide data on the extent to which mental health conditions affect people on the employability pathway in Fife.

---

[27] Delivering Differently Phase 1 report, January 2018.

The MHWI was developed by the Mental Health Occupational Therapy team with input from Delivering Differently project team and people who have lived experience of mental ill health. The MHWI comprises a set of four questions that can be used in any standard employability interview or assessment process at an appropriate point and which can be asked by frontline staff. The MHWI is used in conjunction with a MHWI form on FORT, to be completed when registering any new employability services client. This could then be updated or repeated at any point during a client's time accessing employability services or returning to services should their circumstances change. It was not designed as a tool to measure distance travelled, but to capture a moment in time.

## c. MHWI training

The Delivering Differently team delivered 7 training sessions on the MHWI, held in different localities of Fife (Glenrothes x 5, Valleyfield x 1, Kirkcaldy x 1). Targeted invitations were sent out to frontline staff and managers of all OFP funded employability provision. Ninety percent (N=73) of invited stakeholders participated in MHWI training.

The training was delivered by two trained Occupational Therapists with support from Team Experience as volunteers to help people practice using the tool. The training included a large element of basic mental health awareness and also involved taking people on a journey to feel confident to talk about mental health if this was something they were not comfortable doing.

The Delivering Differently team also attended 2 additional team meetings with services who had concerns around implementing the tool to answer questions and help them feel confident to use it.

## d. Co-design workshops (May 2018)

The Delivering Differently team delivered three co-design workshops, held in different localities of Fife (Kirkcaldy, Lochgelly and Leven). The workshops were structured to help people work with other potential partners, including service users, to develop proposals for the Delivering Differently Pilot Fund. Invitations were sent to all participants at the Delivering Differently workshops and promoted through the FVA employability and health and social care bulletins. Thirty three stakeholders attended the workshops.

## e. Pilot fund projects

The Delivering Differently pilot fund criteria were developed by a small working group from the Delivering Differently Project Team and built on the findings of the Delivering Differently workshops (i.e. that they should be as much about the journey *towards* work as about getting people into work, and that the service user-voice should be embedded in both design and delivery).

The guidelines and criteria were approved by the OFP Executive prior to launch and once final were circulated to all participants at the Delivering Differently workshops and through the FVA employability and health and social care bulletins. The fund information was also sent to the Health and Social Care Partnership Mental Health Strategic Implementation Group (MH-SIG), locality planning groups and other key stakeholders in health and social care services.

All bids were asked to show evidence of, and were scored against:

- Their approach to improving the journey *towards* employment outcomes for people with mental health problems
- Demonstrating connection with existing services
- Consultation and engagement with people with lived experience of mental health problems in the design, development and delivery of the bids
- Value for money
- Geographic area covered, and
- How learning from the pilot will be embedded in wider provision once the 6 months has been completed.[28]

Applicants were also encouraged to develop bids in partnership with other organisations through the co-design workshops held (May 2018). Twenty-one applications were received for pilot project funds, and 43% (N=9) of applicants were successful in obtaining pilot project funding (see Table 3).

Applications were assessed against the publicised criteria by a panel with representation from DWP, Fife H&SCP and Fife Council Criminal Justice Social Work. Written feedback was also provided by a member of Team Experience and the local area Community Learning & Development lead officers from each of the three priority localities: Cowdenbeath, Kirkcaldy and Glenrothes.

A summary of the funded pilot projects is provided in Appendix 12.

---

[28] Delivering Differently Pilot Fund - Background Paper (2018).

Table 3: Agencies which submitted pilot fund bids, and those which were successful

| | Agency (s) | Title of Bid |
|---|---|---|
| **SUCCESSFUL BIDS** | FEAT | Brief Solution Focused Counselling |
| | FEAT | Peer 2 Peer |
| | FEAT | Falling UP |
| | FEAT and Clued Up | Employ your Mind |
| | Fife Alcohol Support Service | Curnie Clubs |
| | Fife Council Supported Employment Service | Wellness into Work |
| | Kirkcaldy Welfare Reform & Anti-Poverty – Mental Health Sub-Group | The Value of the Talking Cafe |
| | Link Living | Better for Work |
| | The Richmond Fellowship Scotland | Wellness and Empowering People |
| **UNSUCCESSFUL BIDS** | Brag Enterprises and CLEAR Buckhaven | Nurturing Changes |
| | Castle Enterprise Scotland Ltd | Supported Employability Placement Programme |
| | Falkland Stewardship Trust (in partnership with FEAT) | Simple Shelters |
| | FEAT | Pole to Pole |
| | FEAT | Practical Applications |
| | FEAT | Wellbeing Knowledge & Information Tour (Wellbeing KIT) |
| | FEAT Trading CIC | The Silverburn Parkies |
| | Fife Council Supported Employment Service | Active and Well for Employment programme (AWE) |
| | Fife Council Supported Employment Service | Innov8 (Clients) |
| | Fife Council Supported Employment Service | Innov8 (Staff) |
| | Organic Community Network | Calabash |
| | Re-Employ | Coach and Connect |

## e. Development of a hope-based leaflet

Initially it was envisaged that the Delivering Differently programme would incorporate the development of a self-management toolkit for people with lived experience of mental health conditions. However, following discussion with Team Experience, the Differently workshops and initial research into self-management tools in relation to mental health and employment, it became clear that that there is already a great deal of information and resources available, though it can be hard to navigate. ALLIANCE Scotland was progressing work on self-management tools for all disability groups on a national level, and locally Access Therapies Fife[29] was about to launch. There was however an identified gap in easy to access information on the range of support services on offer at point of diagnosis.

---

[29] Access Therapies Fife is an NHS service which is part of Fife's Health and Social Care Partnership's Psychology Service. It offers a range of free psychological therapies to adults in Fife. Further information on the service is available from: https://www.accesstherapiesfife.scot.nhs.uk/

On this basis, it was agreed to focus the Delivering Differently activity on developing a 'hope-based' leaflet – targeted at people at point of mental health diagnosis – with information on these websites, local support and self-management tools. This work was coordinated and developed by Team Experience with support from the Delivering Differently project team.

### f. Fife Work and Well-being Strategy Launch

In March 2019, the Delivering Differently programme launched the Fife Work and Wellbeing Action Plan 2019-20, which was developed in partnership with the OFP Employer Engagement Delivery Group. In addition they launched the just: Ask, Listen, Talk (j:ALT) toolkit which was created in partnership between the Fife H&SCP Health Promotion Workplace Team and Fife Council's Supported Employment Service through the Delivering Differently pilot-funded Wellness in Work project.

### g. Completion of three key reports and the Work & Wellbeing Action Plan

During the project lifetime Delivering Differently produced four reports:

- The Delivering Differently Phase One Report and recommendations focused on the role of employability services & data
- The Delivering Differently Phase Two Report and recommendations focused on addressing self-belief, Health and Social Care Partnership and third sector mental health services and data

In total the above reports contained 36 recommendations, of which only three had no actions taken against them by March 2019 (see recommendation trackers – Appendices 13 and 14).

- The Delivering Differently Workshop report summarised the key findings of the joint staff and service-user workshops
- The Fife Workforce Wellbeing Action Plan focused on raising awareness with employers alongside the pilot funded j:ALT: a toolkit to help small and medium sized employers to address mental health in the workplace.

## 5. Findings: Reach

### a. Delivering Differently Programme Reach

The Delivering Differently programme engaged 443 stakeholders.[30] This figure only represents stakeholders documented on the reach record as engaging with the programme. The record also lists 19 events at which the team presented to multiple participants and

---

[30] Note that the reach analysis does not include Delivering Differently programme staff.

therefore we can safely estimate the project reached significantly more than 443 external stakeholders overall.

## i. Delivering Differently programme stakeholders by sector

Nearly half (42%) of all stakeholders that the Delivering Differently programme reached were from the third sector, and one third (32%) were from the public sector. Almost one in five (17%) of stakeholders were people with lived experience of mental health conditions, and a small percentage of stakeholders engaged were from the private sector:

Table 4: Delivering Differently programme stakeholders by sector

| Sector | # | % |
|---|---|---|
| People with lived experience of mental health conditions | 76 | 17% |
| Private | 37 | 8% |
| Public | 143 | 32% |
| Third sector | 187 | 42% |
| **Total** | **443** | |

*Data source: RCO analysis of Delivering Differently programme reach record*

## ii. Delivering Differently programme stakeholders by remit

Thirty four percent (N=126) of stakeholders were from an agency with an employability remit; 17% (N=62) were from an agency with a mental health remit, and 14% (N=53) were from an agency with a remit for employability and mental health. Thirty three percent (N=122) of stakeholders were from an agency with an 'other' remit, and just 1% (N=4) of stakeholder agency remits were not specified in the reach record.

Table 5: Delivering Differently programme stakeholders by agency remit

| Agency remit | # | % |
|---|---|---|
| Employability | 126 | 34% |
| Mental health | 62 | 17% |
| Employability and mental health | 53 | 14% |
| Other | 122 | 33% |
| Not known | 4 | 1% |
| **Total** | **367** | |

*Data source: RCO analysis of Delivering Differently programme reach record*

There are known to be over 30 different third sector mental health support services in Fife and over 27 employability organisations.[31] The Delivering Differently programme reached 16 third sector agencies with a mental health remit, 22 third sector agencies with an employability remit, and 10 third sector agencies with an employability and mental health

---

[31] Delivering Differently Phase 2 report, January 2019.

remit. However, given additional meetings/events at which the team presented to Fife Employability Forum, the OFP Adult Delivery Group, Third Sector Employability Conversations and FVA Health and Social Care Forums, we can safely estimate the project reached an even greater number of local third sector employability mental health agencies.

One third (33%) of all stakeholders reached were from agencies with a remit other than employability and/or mental health. As the reach record did not record precise details of 'other' remits, it is not possible to provide a thorough analysis of this subgroup of stakeholders. However, the details that have been provided suggest this group includes agencies with education, criminal justice, and community engagement remits.

Stakeholder interviewees who voiced opinions on (N=7) programme reach thought that the programme had reached, or had reached to some extent, decision makers in employability and health and social care, but that engagement with education and criminal justice was limited because of time constraints. Interviewees explained that Delivering Differently had worked collaboratively with many partners at strategic and operational levels, including people with lived experience, and with staff in employability, education and social care. They suggested that although there had been good support at high levels in health and education, it would take longer to penetrate down into operational levels, given the number of agencies and bodies involved. It is not possible to verify these suggestions using the reach record, as details of job titles were only partially recorded.

### iii. Stakeholders involvement in governance groups

Nine per cent (N=41) of stakeholders were involved in the governance of Delivering Differently, and 91% (N=402) were operational stakeholders.

Of the 41 stakeholders involved in governance:

- 5% (N=2) were from the private sector
- 29% (N=12) were from the third sector
- 10% (N=4) were individuals with lived experience of mental health conditions
- 56% (N=23) were from the public sector

- 22% (N=9) were from agencies with a mental health remit
- 34% (N=14) were from agencies with an employability remit
- 17% (N=7) were from agencies with an employability and mental health remit
- 17% (N=7) were from agencies with 'other' remits.

Given the focus of the programme on employability and mental health this is to be expected.

These findings suggest that the public sector was more strongly represented in the governance of Delivering Differently than the third and private sectors, and people with lived experience of mental health conditions.

*Stakeholder survey findings regarding governance*
The stakeholder survey findings triangulate well with/corroborate the analysis of engagement in Delivering Differently governance groups. Stakeholder survey responses support the suggestion that the programme had a reasonably wide reach, with 89% of respondents (N=91) having heard about Delivering Differently. Of the respondents who had heard of Delivering Differently, almost one third (32%) were involved in the project team, and 7% were involved in the Joint Oversight Board. A quarter or respondents (25%) were involved in supporting the delivery of Delivering Differently training or workshops. Eight respondents had been involved with Delivering Differently Team Experience. Of the 30% (17) of respondents who had been involved in other Delivering Differently work, 5 had attended workshops/training, and 6 were involved with a pilot project.

Table 6: Stakeholder involvement in the Delivering Differently programme

Please tell us if you have been involved in any of the following (tick all that apply)

| | # | % answered this question | % heard of Delivering Differently |
|---|---|---|---|
| The Delivering Differently Joint Oversight Board | 4 | 7.1% | 4.3% |
| The Delivering Differently Project Team | 18 | 32.1% | 19.4% |
| The Delivering Differently Team Experience | 6 | 10.7% | 6.5% |
| The Delivering Differently Employer Engagement Working Group | 8 | 14.3% | 8.6% |
| The Delivering Differently Mental Health & Work Indicator Working Group | 10 | 17.9% | 10.8% |
| The Delivering Differently Training Working Group | 4 | 7.1% | 4.3% |
| Supporting delivery of Delivering Differently Workshops or Training | 14 | 25.0% | 15.1% |
| Being interviewed by the Delivering Differently team | 6 | 10.7% | 6.5% |
| Other Delivering Differently groups/work etc. (please specify) | 17 | 30.4% | 18.3% |
| | 87 | 100.0% | 60.2% |

N=56; Total number of responses is more than number of respondents to this question because respondents invited to 'tick all that apply'

## iv. Programme reach by events/workshops/meetings

Analysis of engagement in larger DD events (where 20 or more people attended) was conducted, for programme workshops (x10), Mental Health and Wellbeing Indicator training sessions (x7), and the Fife Work and Wellbeing launch held in March 2019[32]. A full description of these events is outlined in Section 4.

Figures 4 and 5 show the reach for each event/set of events by sector and agency remit:

Figure 4: Reach for each event/set of events by sector



---
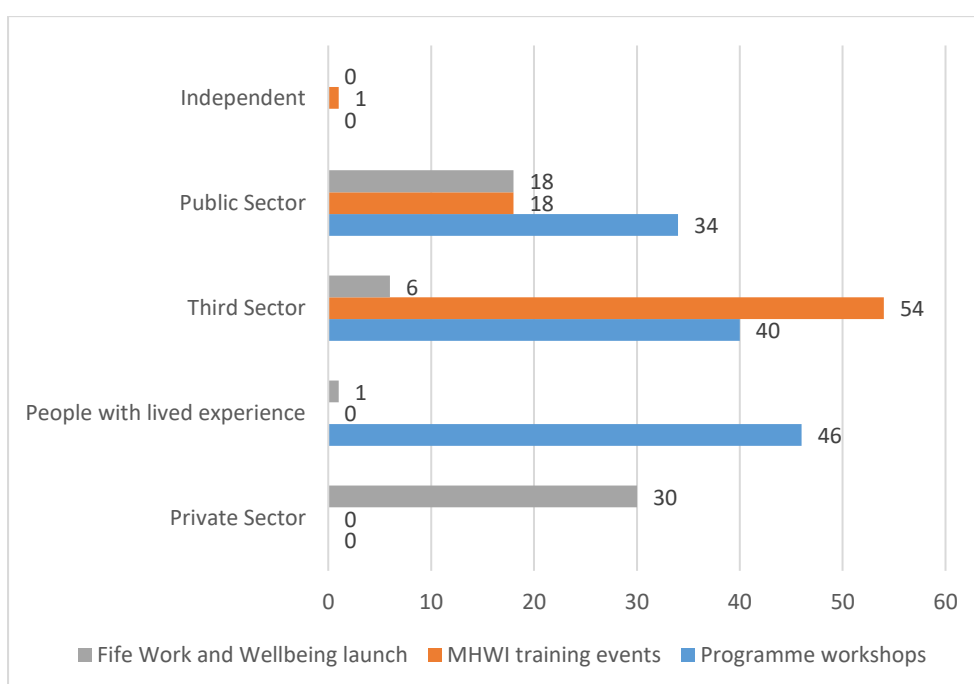
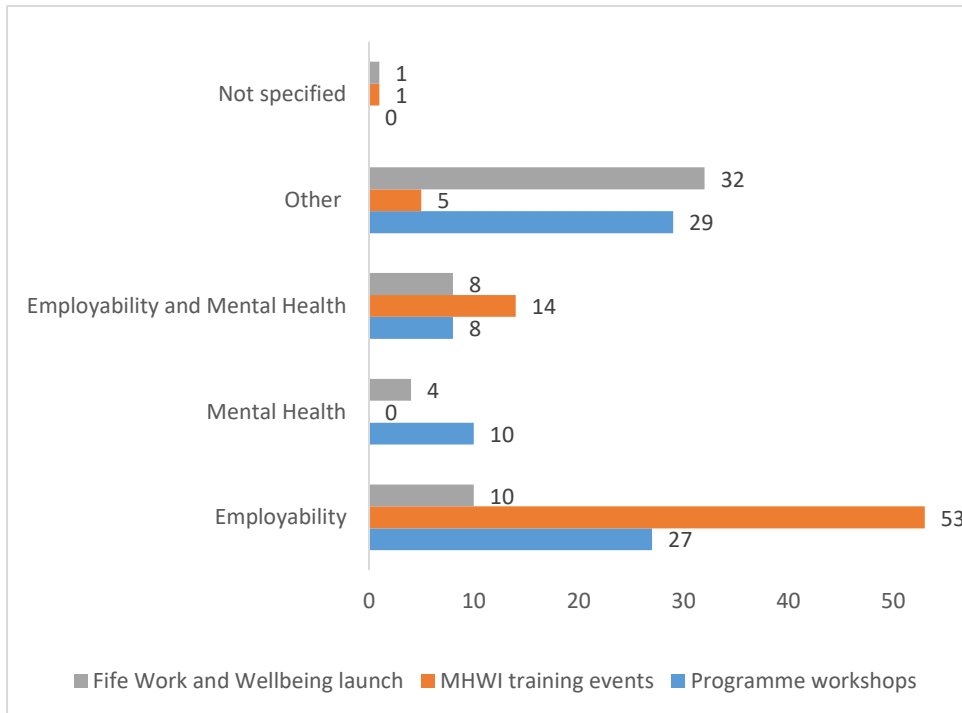Figure 5: Reach for each event/set of events by agency remit



*Data source: RCO Consulting analysis of Delivering Differently programme reach record*

The reach analysis suggests that these larger events succeeded in reaching their target audiences. For example:

- There was a good level of engagement by persons with lived experience of mental health conditions in the programme workshops (38% of all attendees, N=46), which they were specifically invited to participate in.
- There was a good level of engagement by private sector stakeholders in the Fife Work and Wellbeing launch (55% of attendees, N=30), which they were specifically invited to attend.
- There was a very high level of engagement by stakeholders from agencies with an employability or employability/mental remit in the MHWI training sessions (92% of all attendees, N=67), which suggests that the training sessions reached the target audience.
- There was a good level of engagement by stakeholders from agencies with a mental health remit in the programme workshops (14% of all attendees, N=17), which they were specifically invited to participate in.
- There was a good level of engagement by stakeholders from agencies with other remits in the Fife Work and Wellbeing launch (60%, N=32), which reflects the purpose of the launch to engage with attendees who worked in settings beyond employability and mental health.

*Stakeholder survey findings regarding reach by events/meetings/workshops*

The stakeholder survey findings triangulate well with/corroborate the analysis of engagement in Delivering Differently events/meetings/workshops. Of the respondents who had heard of Delivering Differently, 44 (47%) said that they had attended Delivering Differently events. Of these, almost one third (30%) had attended a benefits and mental health workshop and/or one of the MHWI training sessions. Further details regarding stakeholder survey respondents are provided in Appendix 15.

## v. Programme reach by geographical area

The evaluation team were unable to conduct a stakeholder reach analysis for the programme by geographical area as the reach spreadsheet didn't request data related of local/national stakeholder remits. This analysis would have provided an indication of the extent to which the programme reached stakeholders in the three areas identified as being in greatest need of the programme (Levenmouth, Cowdenbeath and Kirkcaldy), which remains uncertain.

## vi. Programme reach: People with lived experience of mental health conditions

In total, 76 people with lived experience of mental health conditions engaged in the Delivering Differently programme – 17% of all stakeholders engaged at programme level. They were engaged in most elements of the Delivering Differently programme, including:

- Delivering Differently project team (N=4)
- As a pilot fund project partner (N=2)
- Workshop planning meetings (N=2)
- Training plan working group (N=2)
- Governance groups (N=4)
- Programme workshops (69 invited/46 attended)
- Co-design workshops (7 invited/6 attended)
- Education transitions meetings (2 attended)
- MHWI subgroup meetings (3 attended)
- Pilot fund assessment panel (1 inputted by email)

The Delivering Differently programme reach record documents that 12 people with lived experience of mental health conditions were invited to participate in the Team Experience group. A range of Team Experience meetings were held – 17 in total. Fifty per cent (N=6) of invited people attended the Team Experience introductory session; however, for all other meetings between 1 and 3 (10-25%) of people attended. There were 3 people (25% of those invited) who attended between 9-11 meetings each, and 4 people (33% of those invited) who did not attend meetings. This suggests that a small number of people (N=3) engaged well with Team Experience, and a larger proportion engaged sporadically, or did not engage at all.

## b. Delivering Differently pilot project reach

The pilot fund projects engaged a total of 175 external stakeholders. However, this figure only represents stakeholders that have been documented as engaging with the pilots, and so it is possible that more than 175 stakeholders engaged overall. Note that this figure does not include the people with lived experienced who engaged with the projects as clients.

### i. Engaged stakeholders by sector

More than half (54%) of all stakeholders that the pilot projects engaged were from the third sector, with nearly half (49%) from the public sector. Only 2% of stakeholders were from the private sector, and sector data was unspecified for 3% of stakeholders.

Table 7: Engaged pilot fund stakeholders by sector

| Sector | # | % |
|---|---|---|
| Third | 95 | 54% |
| Public | 71 | 49% |
| Private | 4 | 2% |
| Other/Not recorded | 5 | 3% |
| Total | 175 | |

*Data source: RCO analysis of Delivering Differently pilot fund project reach records*

### ii. Engaged pilot fund project stakeholders by agency remit

Eighteen per cent (N=31) of stakeholders were from an organisation or department with an employability remit, 18% (N=31) were from an agency with a mental health remit. Sixteen per cent (N=27) were from an agency with a dual remit for employability and mental health. Thirty-three per cent (N=57) of stakeholders were from an agency with a remit outwith mental health and employability. There was insufficient data on 'other' remits to run a full analysis; however, the records available include social work, community development, policy, housing and psychology. Nine per cent (N=16) of stakeholders did not have data recorded relating to agency remit.

Table 8: Engaged pilot fund project stakeholders

| Speciality/interest | # | % |
|---|---|---|
| Employability | 31 | 18% |
| Mental health | 31 | 18% |
| Employability and mental health | 27 | 16% |
| Education Provider | 13 | 7% |
| Other | 57 | 33% |
| Not recorded | 16 | 9% |
| Total | 175 | |

### iii. Pilot fund projects: Geographical reach

All pilot fund project applicants were asked to specify which of the seven locality planning areas in Fife their proposed project would reach people in, or whether their project was Fife wide. The geographical reach of the funded pilot projects is outlined in Table 9:

Table 9: Pilot fund projects: Geographical reach

| | Cowdenbeath | Dunfermline | Glenrothes | Kirkcaldy | Levenmouth | North East Fife | South West Fife | Fife wide |
|---|---|---|---|---|---|---|---|---|
| Better for Work | | | | X | X | | | |
| BSFC | X | | X | X | X | | | |
| Curnie Clubs | X | | | | | | | |
| Employ your Mind | | | | X | | | | |
| Falling UP | | | | | X | | | |
| Peer 2 Peer | | | | | | | | X |
| Talking Café | | | | X | | | | |
| Wellness in Work | | | | | | | | X |
| Wellness and Empowering People | | | | | | | | X |
| **TOTAL** | **2** | **0** | **1** | **4** | **3** | **0** | **0** | **3** |

*Data source: RCO Consulting analysis of Delivering Differently pilot fund project applications*

Three of the 9 funded projects ran Fife wide. A further 4 projects covered the Kirkcaldy area, 3 covered the Levenmouth area, 2 covered Cowdenbeath and 1 covered Glenrothes. None of the funded projects specifically targeted Dunfermline, North East Fife or South West Fife, although 3 of the projects were Fife-wide so may have included work within these areas. It is not possible to analyse the extent to which this was the case, as the majority of projects did not record client data on FORT (see page 12). However, it is clear that the three priority areas identified at the start of the programme by the project team – Cowdenbeath, Kirkcaldy and Levenmouth – were represented in the projects that funded.

### c. Conclusions: Reach

The programme and pilot fund projects reached a broad and extensive range of relevant stakeholders, targeting different sectors as required for different phases of the programme. One third of programme and pilot fund project stakeholders worked for agencies with an

'other' remit. Pilot fund project data specified a minority of 'other' remits including education, psychology, social work, criminal justice, education, community development, policy and housing. However, as the reach records did not specifically ask for details aside from 'other', the specific nature of reach in relation to these wider remits remains unclear.

With insufficient data to run analyses, the extent to which the programme and pilot fund projects reached relevant operational staff, in comparison to strategic staff, remains uncertain, although responses to the stakeholder survey suggest both groups were reached. Thirty-two (68%) respondents who had engaged with Delivering Differently through their work provided their job titles – 62% were managers (N=20) and 35% (12) were practitioners (see Appendix 15). It is also difficult to determine, without further detail of this data, whether the programme and pilot fund projects reached the 'right people' in each agency.

The programme effectively reached people with lived experience of mental health conditions, but it was less effective in engaging a range of people in Team Experience across the duration of the work. A small number of people engaged well with Team Experience, and a larger proportion engaged sporadically, or did not engage at all. However, we acknowledge that engagement with individuals with lived experience of mental health conditions can be sporadic and in some cases challenging to maintain, especially over a prolonged period of time. We also acknowledge the specific enablers that were put in place to overcome these potential challenges, for example enabling individuals with lived experience to contribute their views during meetings (one-to-one and group) by email, and/or by telephone.

The stakeholders involved in programme governance were from agencies with remits for mental health, employability, employability and mental health, and 'other' remits, showing a broad reaching range and focus of engagement. The public sector was more strongly represented on governance groups than third and private sectors.

The programme reached stakeholders at events effectively, especially through targeted invitations. However, the programme and pilot fund projects could have been better publicised with a dedicated website, which would have further increased reach.

There was a good geographical spread of pilot projects, especially relating to the three priority areas (Cowdenbeath, Kirkcaldy and Levenmouth).

## 6. Findings: Short term (immediate) outcomes

The Delivering Differently Steering Group defined the short-term changes as those that would be achieved by September 2018. All evaluation criteria developed to evidence short term outcomes are presented in Appendix 3.

### a. Effective dispersal of the pilot fund

Stakeholder survey findings showed that of the 98% of respondents who had heard of Delivering Differently almost one quarter (23%) had applied for pilot project funding.

Table 10: Proportion of stakeholder survey respondents applying for pilot project funding
Did you/your agency apply for Delivering Differently pilot project funding?

|  | # | % answered this question | % heard of Delivering Differently |
|---|---|---|---|
| Yes | 17 | 23.3% | 18.3% |
| No | 47 | 64.4% | 50.5% |
| Don't know | 9 | 12.3% | 9.7% |
|  | 73 | 100.0% | 78.5% |

Respondents generally considered that it was easy to apply for pilot project funding and that the selection criteria were clear. This was also agreed by participants at the pilot project workshop discussions held in April 2019. Survey respondents agreed – although slightly less strongly – that decision making about how the pilot fund was used was transparent (see Figure 5).

Figure 5: Stakeholder survey findings (1)
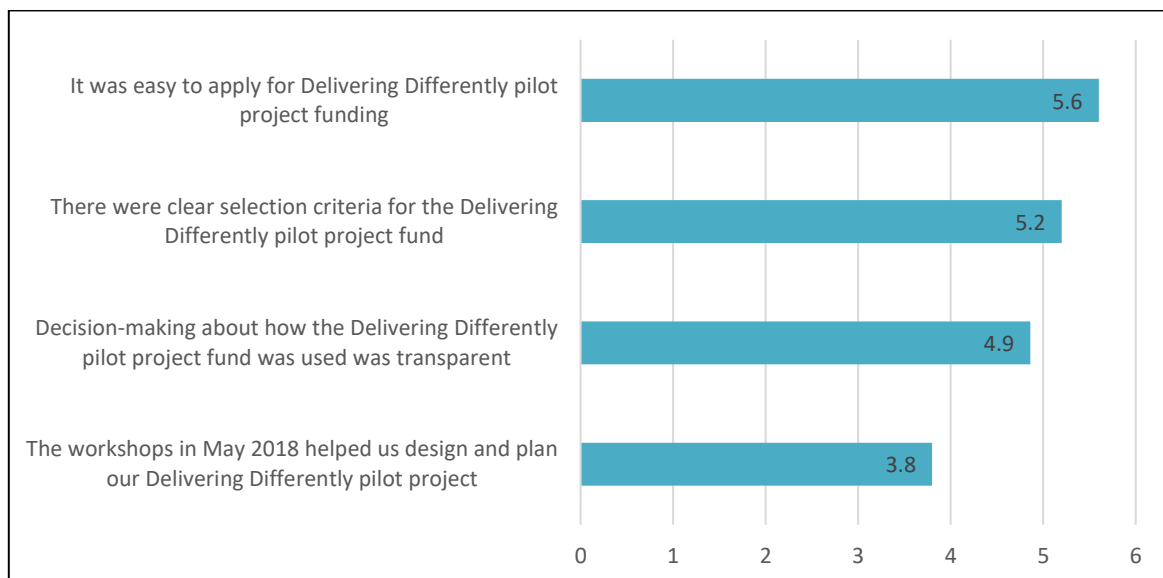


N=14
0 = strongly disagree; 6 = strongly agree

Survey respondents were least convinced that the co-design workshops (May 2018) had helped them to design and plan their pilot project. This finding is supported by analysis of the programme reach record - only 9% (N=3) of the 33 people who attended these workshops went on to become funded pilot project leads. Project team evaluation workshop participants (April 2019) also noted that:

> *'There was an early attempt to get partners to try and do joint bids – that would have needed more time.'*

Stakeholder survey respondents were generally confident that the Delivering Differently pilot project fund had reached the right people and agencies/services (see Figure 6, p.29), as were participants at the pilot project, Team Experience and project team workshops (April 2019). Pilot fund focus group participants felt there was a good spread of projects funded, and they welcomed the opportunity to apply for funding that would enable them to try new, novel ways of delivering services. This view was echoed by project team workshop participants:

> *'This was a great opportunity for letting people try something out that perhaps they wouldn't otherwise get the chance to do.'*

Team Experience evaluation workshop participants (i.e. people with lived experience) felt that the variety of the projects funded, including grassroots projects, was a strength of the overall programme. Project team evaluation workshop participants considered that the pilot fund had helped to re-balance development work to address the needs of those with more complex needs related to mental health conditions.

Figure 6: Stakeholder survey findings (2)
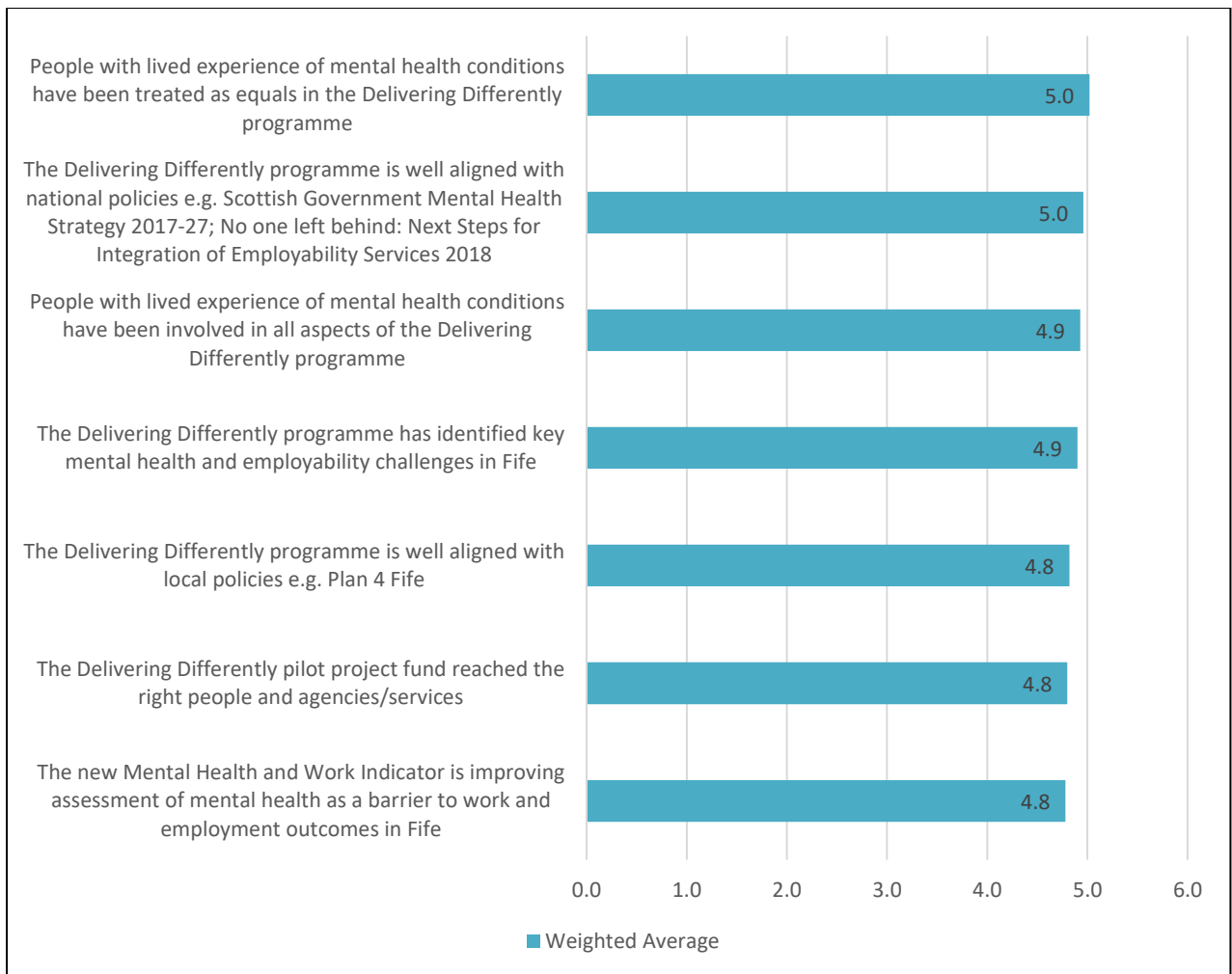


N=63 (68% respondents)

## b. Relevant agencies use the MHWI

Registration data from FORT (11 April 19) provides a baseline measure of clients across all agencies using FORT (i.e. not only the pilot projects) who had rated their mental health as a barrier to employment. By this date, 1133 clients were registered on FORT with accompanying MHWI baseline data, by 72 different staff members from 17 different organisations. The organisations using the MHWI, and its usage over time, are presented in Table 11 and Figure 7:

Table 11: Organisations using the MHWI

| Organisations | Number of clients registered with an MHWI rating (no barrier, low, medium or high barrier) |
|---|---|
| 16+ Learning Choices | 93 |
| Apex AYE | 25 |
| BRAG | 56 |
| Capability Scotland | 92 |
| Clued up Project | 40 |
| DEAP Ltd | 87 |
| FVA – Supported Volunteers | 5 |
| FVA – Volunteering | 62 |
| Fife – ETC | 75 |
| Fife Council Key Worker and Job Brokerage | 9 |
| Fife Employment Access Trust | 58 |
| Fife IPS | 18 |
| Fife Voluntary Action | 1 |
| Fife Works | 308 |
| Making it Work | 66 |
| Making it Work for Families | 9 |
| West Fife Enterprise Ltd | 129 |
| **Total** | **1133** |

Figure 7: MHWI usage over time (Mar 18-Apr 19)
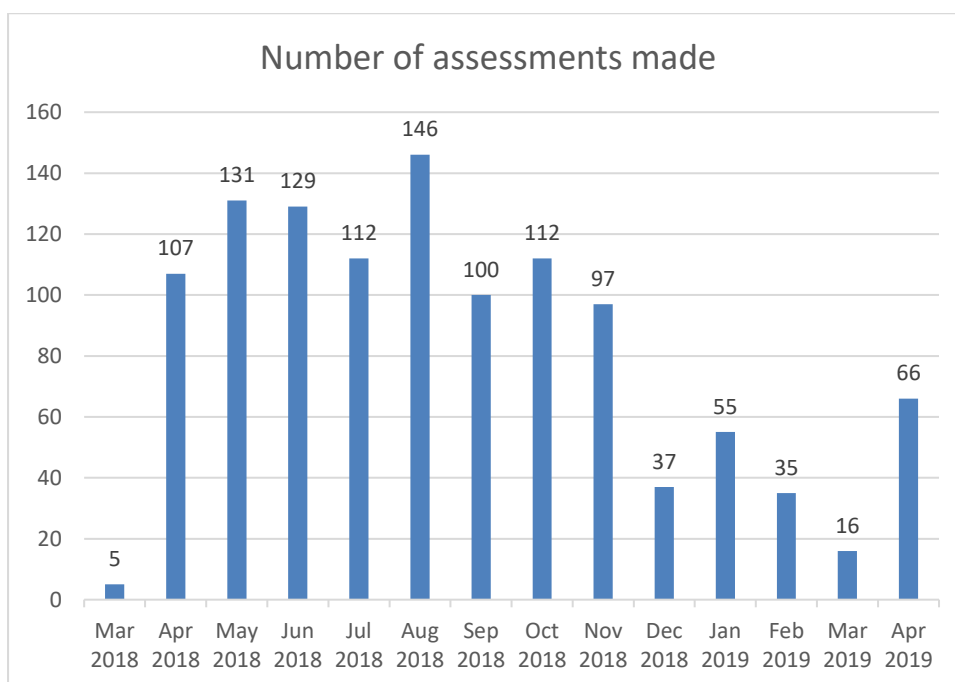


*Note: April 2019 figures represent assessments made only up until 11th April inclusive.*

Figure 7 shows a peak in use of the MHWI registrations during May and June 2018 (the MHWI training was conducted between March and June 2018) and during August 2018. Figure 7 also shows a significant decline in MHWI use from December 2018 to March 2019, which may reflect the coming to an end of the programme, and a decline in registrations overall for the pathway. It will be important for FVA to track this short-term decline in use, especially given the Delivering Differently programme has reached the end of its current phase.

Stakeholder survey respondents (N=63, 68% of respondents; see Figure 6, p.30) were confident that the MHWI was improving assessment of mental health as a barrier to work and employment outcomes in Fife. However, only a small proportion of stakeholder survey respondents (14%, N=9) had used the MHWI themselves (see Table 12):

Table 12: Proportion of stakeholder survey respondents using the MHWI
Have you used the Delivering Differently Mental Health & Work Indicator?

|  | # | % answered this question | % heard of DD |
|---|---|---|---|
| Yes | 9 | 14.3% | 9.7% |
| No | 47 | 74.6% | 50.5% |
| Don't know | 7 | 11.1% | 7.5% |
|  | 63 | 100.0% | 67.7% |

The nine respondents who had used the MHWI generally found it easy to use (see Figure 8, p.33). However, there was no clear agreement that the MHWI had helped them to refer a client to a different provision or adjust their service delivery. Neither was there clear agreement that the MHWI Indicator had provided the respondents with greater confidence in understanding how mental health barriers might be affecting someone's journey to employability:

Figure 8: Stakeholder survey findings (3)
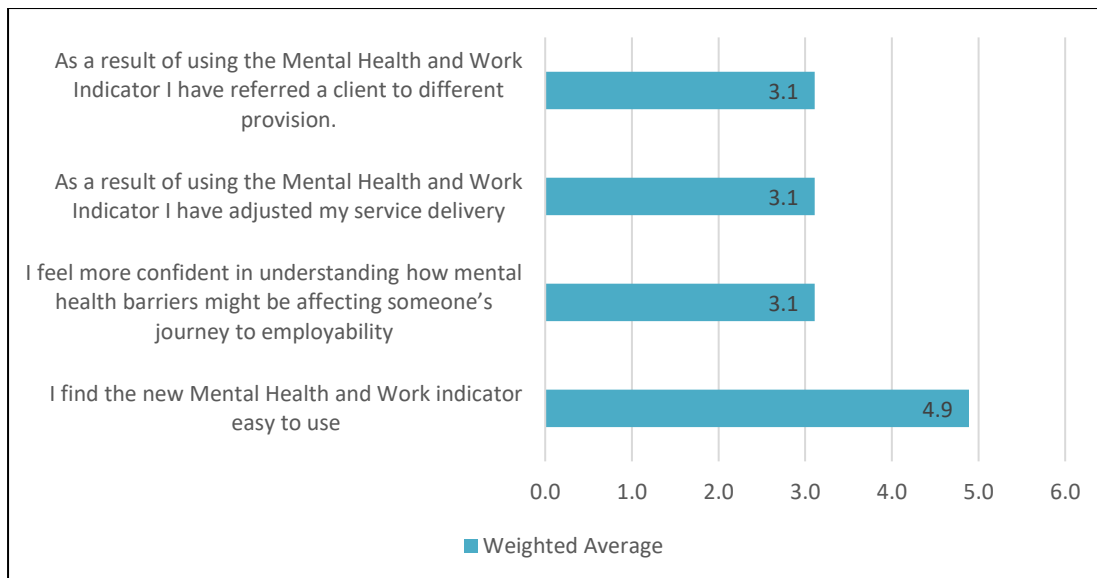


N=9

0 = strongly disagree; 6 = strongly agree

Additional insights on MHWI use come from an FVA survey reported in October 2018, which was sent to all staff who had participated in the MHWI training or who were using the tool. Twenty-eight people responded to the survey, from a range of public sector and third sector organisations. The survey found that:

- Ninety-six per cent of respondents (N=27) felt moderately or highly confident in speaking to their clients about their mental health prior to attending the MHWI training and using the tool.
- Fifty per cent (N=14) of respondents said that the MHWI enhanced the conversations that they do have with clients about their mental health, and the other 50% said it had made no difference (N=13), or that using the MHWI made it worse than before (N=1).
- 82% (N=23) stated that the MHWI had not changed how they or their service provided support to someone; 18% (N=5) responded that it had, by facilitating discussions on mental health issues, and enabling staff to tailor support given to the individual
- Survey data also indicated that 20 clients had been re-referred to more appropriate services by staff using the tool.

Collectively this data presents a mixed picture on the MHWI – some professionals felt it was improving assessment of mental health as a barrier to work and employment outcomes in Fife, whilst others felt it was not changing the way that their service provided support to people. Survey respondents were well experienced in having discussions with their clients about mental health issues before the MHWI was introduced, suggesting that professionals with less established experience in having these conversations with clients may not have completed the survey. Continued use of the MHWI will generate important follow-up data for evidencing longer term outcomes associated with the Delivering Differently programme beyond completion of its current phase.

a. Treating people with lived experience of mental health conditions as equals and involving them in all aspects of the programme

Sixty-eight per cent (N=63) of stakeholder survey respondents were confident that people with lived experience of mental health conditions had been treated as equals in the Delivering Differently programme and were involved in all aspects of the programme (see Figure 6, page 30). As already outlined in the reach analysis, people with lived experience were engaged in almost all aspects of the Delivering Differently programme. A small number of people engaged well with Team Experience.

The 11 stakeholder survey respondents who worked in an agency which had successfully applied for Delivering Differently pilot project funding strongly agreed that people with mental health conditions had been involved in the design, development and delivery of their Delivering Differently pilot project (see Figure 6. p30), and that they developed confidence through the Delivering Differently pilot project.

Participants in the evaluation focus group for people with lived experience (N=4) perceived that the involvement of people with lived experience was a key component of the programme, suggesting it enabled professionals to better appreciate the realities of living with mental health conditions in relation to employability. Team Experience was seen as *'part of enabling people to gain their voice'* and members welcomed the opportunities to contribute to meetings in their own way and depending on their circumstances (i.e. in groups, or by having one to one meetings, and through email correspondence).

Participants also spoke of some challenges related to engagement through Team Experience, and noted that the meetings evolved over the course of the programme:

> *'I didn't come back after the first couple of meetings – they weren't relevant for me – things were going over my head. But I persevered and I'm still here, because I want to contribute to make anybody else's journey better than mine.'*

*'Over time the atmosphere and vibe of the meetings has changed. They were very serious but are now more user-friendly.'*

Participants made suggestions for enhancing the involvement of people with lived experience in similar programmes in the future. Most suggestions related to more clearly defining the role of Team Experience, and the provision of different types of support to enable people to be involved in the group:

*'Be clear about the role of team experience…involvement should be voluntary and there should be a definite skillset for the role'*

*'We need training in what's expected of us, the same way that Trustees are trained to take on Trustee roles'*

*'Train people to be comfortable dealing with meetings'*

*'Support people before, during and after meetings…at the end of the meeting, engage people who have been quiet and not spoken. Encourage them to leave feeling lighter and wanting to come back next time'.*

It was also suggested that Team Experience could be:
*'used as a test base – it would be good to get a chance of employment at the end of team experience, an extension for people who are willing to put the time in.'*

It is worth noting that three of the four most active Team Experience volunteers moved into employment during the course of the 18 month programme.

These suggestions were echoed by the project team workshop participants, who felt that in the future it would be important to review support available to Team Experience members, and the nature of the meetings they are involved in, to ensure that they adequately supported in their role and equal in their involvement:

*'I think they could have been better supported. This sits within the broader picture of how we involve people…their involvement and expertise is key, but we also need to acknowledge that their expertise is different.'*

## d. Aligning the Delivering Differently programme with local and national policies

Sixty eight per cent (N=63) of stakeholder survey respondents were confident that the Delivering Differently programme was well aligned with national policies, and confident – but slightly less so – that it was well aligned with local policies (see Figure 6, page 30).

Stakeholder interviewees (N=6) agreed that the programme had started to influence national policy, providing several examples including:

- Inclusion of the programme as a case study in the Scottish Government's Disability Action Plan, as an example of a joined-up approach between employability and health: *'This is a terrific example of demonstrating a successful joined-up approach between employability and mental health for other local authorities'*.

- *We managed to secure the Minister for Business, Fair Work and Skills to attend and speak at the launch of the Action Plan on 20th March. It shows the extent to which the Scottish Government is learning from Delivering Differently – they recognise that we're testing models and have the strength of partnership.*

- Securing additional funding through See Me, which will extend aspects of this programme beyond what the Scottish Government has paid for: *'See Me has recognised that this is an interesting way to go'*.

Stakeholder interviewees (N=5) agreed that the programme had also influenced local policies, providing several examples including:

- Influencing the commissioning of employability services – '*Opportunities Fife has commissioned additional services for people with mental health barriers and shifted how they commission generalist services on the basis of our findings.*'

- Influencing the content of Fife's Mental Health strategy, inclusion in the new Fife Council Business Charter, Fife's Economic Strategy (2017-2027), and the Fife Local Outcome Improvement Plan (Plan4Fife)

- Buy-in from the Health and Social Care Partnership: '*our senior leadership team are on board – the influence is going right 'across the board'. It's certainly made a name for itself.*'

## e. Identifying and addressing key mental health and employability challenges in Fife.

Sixty eight per cent (N=63) of stakeholder survey respondents (see Figure 6, page 30) considered that Delivering Differently had identified key mental health and employability challenges in Fife. Stakeholder interviewees (N=8) agreed with this view, and highlighted some of the programme components that were key to identifying these challenges, including the involvement of Team Experience in meetings and through peer support training, the development of the MHWI, and other outputs developed by the programme at its outset:

*'The use of Team Experience alongside sector professionals and businesses helped to identify and settle upon the key challenges requiring early action from stakeholders.'*

*'Part of the funding was applied to peer support training – there's very much a recognition that there needs to be a stronger voice of people with lived experience, for people to be "led through the door" by someone who has lived it.'*

*"The initial tools and products developed through Delivering Differently showed that there is a collective appetite to work together on streamlining the process for referral and in-work support.*

*''The development of the MHWI has helped with this – helping to identify whether a persons' mental health is a significant barrier, a medium barrier or a low barrier. That way we can tailor support and develop a programme of activities that better meets their individual needs.'*

Interviewees (N=6) also gave views on the extent to which the Delivering Differently programme was addressing identified key mental health and employability challenges in Fife.  They felt that Delivering Differently had started to address the challenges, but two respondents suggested it was too early to comment on demonstrated, lasting outcomes:

*'We're changing how we deliver our services to reflect the recommendations of the DD programme.'*

*'There are building blocks in place for every one of the challenges we identified.'*

*'Lots of things have aligned at the same time in this area of work, including Delivering Differently. Peer support and the toolkit are a legacy from the project, and that will keep going. Everybody's looking at the pathways now too.'*

*We are possibly at too early a stage to be able to demonstrate key and lasting outcomes for the programme. However, anecdotal responses and survey feedback from the Your Workforce is Your Wealth event suggests a demand from employers to engage with this area of work.'*

## f. Conclusions: Short-term outcomes

The Delivering Differently pilot fund was dispersed effectively. The application process was user-friendly, and the decision making about how the pilot fund was used was transparent. The co-design workshops were successful to a lesser extent. The fund reached the right people and agencies/services, resulting in a diverse range of projects piloting different

approaches with people with complex needs as a result of lived experience of mental health conditions.

The MHWI was considered easy to use. The extent to which professionals with less-established experience have engaged with the tool remains uncertain. The decline in use of the tool from December 2018 – March 2019 should be tracked by FVA, as continued use will generate important follow-up data for evidencing longer term outcomes associated with the Delivering Differently programme.

The involvement of people with lived experience in the Delivering Differently programme, and their inclusion through Team Experience in particular, was central to programme development and delivery. Tailored involvement according to individual circumstances was welcomed. In the future, expectations regarding role and required skill-sets should be clearly defined, and training should be made available to better support people grow into their Team Experience role.

The Delivering Differently programme was well aligned with national policies, and had started to influence relevant local and national policy development, demonstrating the relevance and influence of the programme at local and national levels.

The programme successfully identified key mental health and employability challenges in Fife, and the involvement of Team Experience in meetings and through peer support training, the development of the MHWI and other outputs developed by the programme at its outset were considered key to this. The programme had started to address key challenges identified, although at time of evaluation, it was too early to demonstrate concrete outcomes.

## 7. Findings: Medium term (intermediate) changes
The Delivering Differently Steering Group defined the medium-term changes as those that would be achieved by March 2019.

### a. Perceived changes related to employability services
Stakeholder survey respondents (see Figure 9, p.39) were positive – but not strongly positive – that Delivering Differently had:
- Better placed generalist employability services to support those with low to medium mental health barriers to work
- Enabled employability services in Fife to more effectively support people with mental health conditions
- Their confidence that there will be an increase in commissioned specialist employability services for people with mental health conditions.

Figure 9: Stakeholder survey findings (4)

As a result of DD generalist employability services are better placed to support those with low to medium mental health barriers to work — 4.7

As a result of DD client pathways through mental health and employability services in Fife are more person-centred — 4.7

As a result of DD employability services in Fife are better placed to effectively support people with mental health conditions — 4.7

As a result of DD there is a growing clear and shared understanding of mental health in Fife — 4.6

As a result of DD Mental Health services are more aware of the role employability plays in someone's journey to recovery — 4.6

As a result of DD people with mental health conditions in Fife are/will be better able to manage their own health and wellbeing — 4.5

As a result of DD employability and mental health services in Fife are better able to recognise the interrelations between their services — 4.4

As a result of DD support at education transitions for students with mental health conditions has improved — 4.4

I feel confident that as a result of DD there will be an increase in commissioned specialist employability services for people with mental health conditions — 4.3

As a result of DD I am more confident to refer clients between mental health and employability services in Fife. — 4.2

As a result of DD I am more aware of client pathways between mental health and employability services in Fife — 4.1

■ Weighted Average

N=52 (56% respondents)
0 = strongly disagree; 6 = strongly agree

Only fifteen percent (N=14) of stakeholder survey respondents who had heard of Delivering Differently were employers. Half (50%) provided an employability service, and almost a half (43%) provided a mental health service (see Figure 10, p.40).

Figure 10: Stakeholder survey findings (5)

Please tell us what sort of service you provide[33]

|  | # | % employers (N=14) |
|---|---|---|
| An employability service | 7 | 50.0% |
| A mental health service | 6 | 42.9% |
| Other (please specify) | 1 | 7.14% |
|  | 14 |  |

The survey respondents who were employers were confident in supporting and employing people with mental health conditions. They were also confident – but slightly less so – in knowing where to refer staff for specialist mental health support and in creating a mentally healthy workplace.

Figure 11: Stakeholder survey findings (6)



N=14
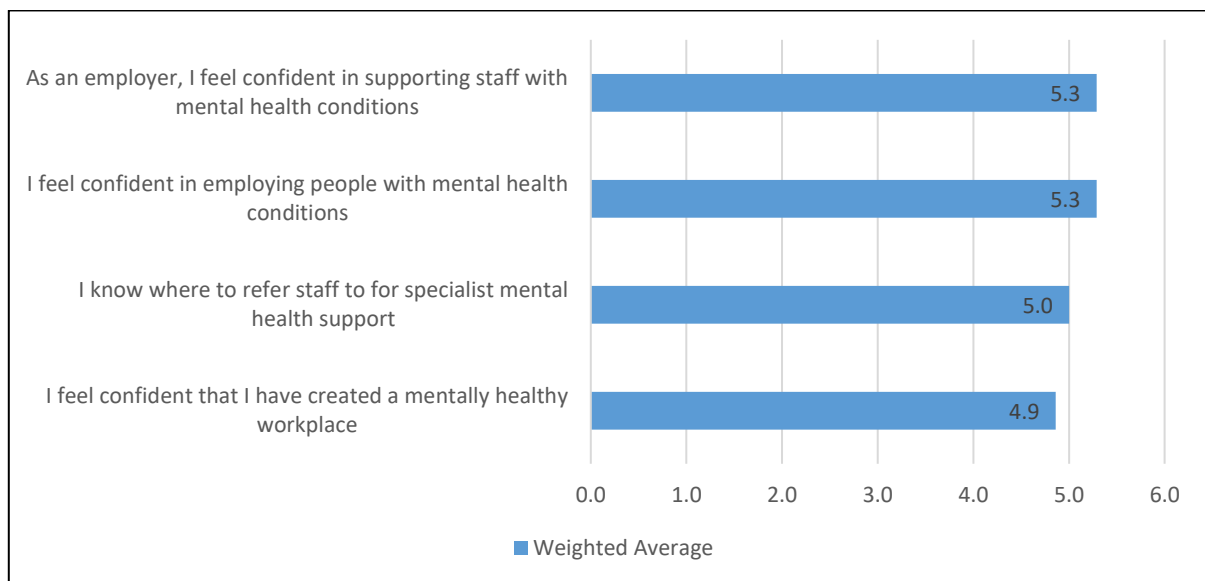
0 = strongly disagree; 6 = strongly agree

It is worth noting that the employers who responded to the Delivering Differently evaluation survey were already aware of/engaged with the programme. The real challenges are in reaching and engaging employers who are not engaged with Delivering Differently and/or related initiatives, and sustaining engagement with employers in the future. On this basis,

---

[33] Total number of responses is more than number of respondents to this question because respondents were invited to 'tick all that apply'

the same four questions were asked at the Fife Work and Wellbeing Launch (March 19), with responses as follows:

Table 13: Perceived changes related to employability services by Fife Work and Wellbeing Launch attendees

| | Strongly agree | Agree | Disagree | Strongly disagree |
|---|---|---|---|---|
| As an employer, I feel more confident in supporting staff with mental health conditions | 18 | 21 | 0 | 0 |
| I feel more confident that I have created/know how to create a mentally healthy workplace | 16 | 23 | 0 | 0 |
| I feel more confident in employing people with mental health conditions | 13 | 24 | 1 | 0 |
| I know where to refer staff to for specialist mental health support | 23 | 16 | 1 | 0 |

These findings add support to the suggestion that Delivering Differently has contributed to perceived changes related to employability services and their confidence in supporting individuals with lived experience of mental health conditions.

There is also evidence of an increase in commissioned specialist employability services for people with mental health conditions, as outlined in the Delivering Differently final report[34] (pages 32-33).  Delivering Differently (phase 1) research identified that specialist employability provision for people with health problems or disabilities in Fife had good outcomes (44-55%) but very limited spaces and waiting lists of up to five months. Meanwhile 24% of participants in non-specialist provision identified as having issues with their mental health, but these people were only achieving a 22% job outcome rate.

The Delivering Differently team has worked with others to inform the OFP commitment for increased specialist mental health employability provision for 2019-22. This has now been commissioned and started delivery on 01 April 2019. Target registrations and employment outcomes are presented in Table 14.

---

[34] Delivering Differently Final Report, March 2019.

Table 14: - OFP target registrations and employment outcomes for 2019-2022

| Theme | Programme | 2019-20 | 2020-21 | 2021-22 | Total Registrations | 2019-20 | 2020-21 | 2021-22 | Total Going into Employment |
|---|---|---|---|---|---|---|---|---|---|
| Health and Disabilities | FEAT – *Journey to Work* | 335 | 287 | 275 | **897** | 49 | 76 | 99 | **224** |
| | FC SES – *Positive Pathways* | 330 | 330 | 300 | **960** | 140 | 150 | 160 | **450** |

These targets are subject to change in years 2 and 3 based on performance. For comparison purposes, overall targets from 2018/19 were 240 for total registrations, and 116 for total going into employment.

## b. Establishing client pathways through mental health and employability services

Stakeholder survey respondents (N=52, 56% of respondents, see Figure 11, p.40) were generally positive – but not strongly positive – that Delivering Differently had:

- Enhanced the awareness of Mental Health services of the role employability plays in someone's journey to recovery
- Enabled employability and mental health services in Fife to better recognise the interrelations between their services
- Enhanced awareness of client pathways through mental health and employability services in Fife
- Increased their confidence to refer clients between mental health and employability services in Fife

Initially it was anticipated that FORT would provide data which would track client pathways through mental health and employability services. However further work is required in adapting FORT to enable this.

The use of effective, person-centred IT systems was initially one of the five long term outcomes for the Delivering Differently programme; however, the programme team felt that this was not an achievable outcome in the timeframe of the project given existing data systems in Fife. Recommendations for improvements in both employability and H&SCP data gathering and customer management systems were made in both Phase One and Phase

Two reports and these have been taken on board by the relevant strategic partners.[35] Data systems are critical to ensuring that programmes such as Delivering Differently are able to evidence their intended outcomes. In the future, information systems will need to enable effective tracking of client pathways between services.

In the absence of FORT data, there is some qualitative evidence of person-centred pre-employability pathways emerging as a result of the pilot fund projects. Respondents to the pilot fund project participant survey (i.e. clients) were asked whether they had been given support to access other services/projects as a result of taking part. More than half of the respondents (58%, N=37) said yes, just over one-quarter of participants (28%, N=18) said no, and 9 survey participants (N=14%) provided no response. Twenty-four respondents provided the following additional details of the services/projects they have been supported to access, and some also mentioned opportunities that had arisen for them as a result of taking part:

- volunteering opportunities (N=3)
- access to other third sector services/projects (N=14)
- access to training/education providers (N=2)
- access to community-based groups/clubs (N=3)

Two participants could not remember which services/projects/opportunities they had been supported to access.

## c. Improved support for students with mental health conditions

Stakeholder survey respondents (N=52, 56% of respondents, see Figure 9, p.39) were generally positive – but not strongly positive – that Delivering Differently had improved support at education transitions for students with mental health conditions. One stakeholder interviewee shared how involvement in the Delivering Differently programme had enhanced their understanding of the support available to student during transition times:

> *'Our involvement allowed us to share our perspective of how mental health affects people entering and leaving college, as well as information about the support the college provides to students, including at times of transition…It was good for me to be involved and I gained an understanding of the support that's available outwith the college.'*

There is no additional evaluation data available to evidence this change, and therefore the suggestion of improved support for students with mental health conditions remains tentative.

---

[35] Delivering Differently Phase 2 report, January 2019.

### d. Developing a clear and shared definition of mental health

The Delivering Differently programme built on the approach taken in Our Minds Matter and adapted the following World Health Organisation (WHO) definition of mental health and well-being in Fife:

> "A state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community." (WHO 2014). In Fife, we work on the understanding that this state of wellbeing can occur in the presence or absence of a diagnosis of mental illness or a mental health condition.

Stakeholder survey respondents (N=52, 56% of overall respondents, see Figure 9, p.39) were generally positive – but not strongly positive – that as a result of Delivering Differently there was a growing clear and shared understanding of mental health in Fife. Two stakeholder interviewees noted that use of the WHO definition helps to challenge stigma:

> *'I strongly agree with that statement, particularly in terms of the addition of "absence of a diagnosis of mental illness or a mental health condition"'*

> *'You don't need a diagnosis to be suffering from a mental health issue, and this (definition) helps to challenge stigma.'*

Stakeholders recognised that the WHO definition is commonly used, and that it '*allows a broader interpretation of mental health and well-being.*'

### e. Increasing the employment rate for people with lived experience of mental health conditions

The Delivering Differently team captured baseline data using FORT over a two year timeframe (Apr 2015-Mar 2017) against which to measure whether or not employment rates doubled, as per the Delivering Differently vision. Whilst employment is the main destination for most people accessing employment services for some the right next step is education or accessing further training. There is a correlation between low levels of education, qualifications, multiple barriers and employment outcomes.[36] Therefore the baseline data looked at positive outcomes[37] as well as employment.

The Delivering Differently team worked with the OFP to secure a commitment from service providers to improve both registrations and outcomes for people with mental health

---

[36] Connections, Fife-ETC & Fife Health Inequalities Strategy, Joan Riddell 2017
[37] In addition to part-time and full-time employment positive outcomes include: moving into college or further education, accessing a government training scheme or improved labour market situation (i.e. a better job).

problems from the 2015/17 baseline, and to do this within existing budgets. Providers improved registration rates for people with mental health barriers from 25% to 34% and improved the employment outcome rate from 26% to 30% across all elements of the OFP employability pathway (see Table 15):

Table 15: Improvement in OFP pathway registrations and employment outcomes for people with mental health as a barrier to employment[38]

| 2015-17 (baseline) | | | | 2018-19 | | | |
|---|---|---|---|---|---|---|---|
| **Number (2yrs)** | | **%** | | **MHWI assessment** | | **Number (1yr)** | **%** |
| **Registrations with mental health barrier** | 1488 | **Registration rate** | 25% of total[39] | **Registrations by MHWI assessment** | Low | 385 | 19% |
| | | | | | Med | 236 | 11% |
| | | | | | High | 72 | 3% |
| | | | | | **Total** | **693** | **34%[40]** |
| **Employment outcomes with mental health barrier** | 391 | **Outcome rate** | 26% | **Employment outcomes by MHWI assessment** | Low | 149 | 38% |
| | | | | | Med | 50 | 21% |
| | | | | | High | 15 | 20% |
| | | | | | **Total** | **214** | **30%** |
| | | | | Additional employment outcomes for those registered with MH barrier in 2017/18[41] | | 84 | **N/A** |
| | | | | **TOTAL employment outcomes** | | **298** | |

As Table 15 demonstrates, the MHWI tool provides a detailed means of tracking the extent to which mental health is impacting on a person accessing the pathway. For example, in 2018/19 people with a low mental health barrier form a much larger part of the pathway (as would be expected) and are much more likely to move into work within 12 months with an employment outcome rate of 38%. The OFP Board can now see if the Fife Employability Pathway is improving employment outcomes for everyone across the full spectrum of mental health barriers.

---

[38] Data extracted from FORT on 11 April 2019
[39] Total registrations in 2015-17 were 5867
[40] Total registrations for 2018-19 were 2038
[41] These are clients who registered on the pathway before April 2018 and therefore do not have a MHWI assessment. Data extracted from FORT on 18 April 2019

At first it might appear that those with a medium or high mental health barrier are achieving a lower employment outcome rate (21% and 20% and respectively) however this does not take into account the longer timeframe (around 2 years) usually required to support this client group. This data provides an important baseline against which future changes can be measured, and continued tracking will allow for a more in-depth analysis and understanding of this.

FORT records also enable analysis of the number of positive outcomes (including college and further training as well as employment) by MHWI rating, by locality planning area:

Table 16: Baseline data on the number of positive outcomes by MHWI rating, by locality planning area

| Locality | High MHWI | Med MHWI | Low MHWI | Total |
|---|---|---|---|---|
| Dunfermline | 5 | 9 | 25 | 38 |
| Cowdenbeath | 4 | 19 | 42 | 65 |
| Glenrothes | 4 | 15 | 27 | 46 |
| Kirkcaldy | 9 | 20 | 46 | 75 |
| Levenmouth | - | 23 | 64 | 87 |
| North East Fife | 3 | 12 | 20 | 35 |
| South West Fife | 3 | 10 | 8 | 21 |
| **Total:** | **28** | **108** | **233** | **368** |

Levenmouth, Kirkcaldy and Cowdenbeath – the three priority areas identified by the Delivering Differently programme – currently have the highest number of people with MHWI registrations moving into positive employment outcomes.  This baseline data provides a benchmark against which to compare progress in the future.

## f. All services and people who use them grow in confidence to manage own health & wellbeing

Almost two-thirds (62%, N=58) of stakeholder respondents answered the question asking the extent to which they had 'a better understanding of the importance of managing my own health and wellbeing' as a result of engaging with Delivering Differently. The average agreement with this definition on a scale of 0-6, where 0 = strongly disagree and 6 = strongly agree, was 2.86, indicating general disagreement that Delivering Differently had had an impact on survey respondents understanding of the importance of managing their own health and wellbeing. This may be because they considered that they already had a good understanding of the importance of this.

More than one fifth (22%) of stakeholder survey respondents said that they had attended mental health-related training inspired by their engagement with Delivering Differently.

![rco consulting logo]

Table 17: Stakeholder engagement in training inspired by Delivering Differently

Have you attended any mental health related training inspired by your engagement with Delivering Differently?

|  | # | % answered this question | % heard of Delivering Differently |
|---|---|---|---|
| Yes | 14 | 21.9% | 15.1% |
| No | 50 | 78.1% | 53.8% |
|  | 64 | 100.0% | 68.8% |

Thirteen out of the 14 respondents who said that they had been inspired to attend training related to mental health provided details of the training they had attended. More than half (54%, N=7) respondents had attended Scotland's Mental Health First Aid training and almost one third (31%) had attended the Mentally Healthy Workplace training for managers.

Table 18: Types of training attended by stakeholders

Please tell us what training you have attended

|  | # | % answered this question | % inspired by DD to do mental health training | % heard of DD or not sure if heard of DD |
|---|---|---|---|---|
| Scotland's Mental Health First Aid | 7 | 53.8% | 50.0% | 7.5% |
| Mentally Healthy Workplace training for managers | 4 | 30.8% | 28.6% | 4.3% |
| ASIST | 1 | 7.7% | 7.1% | 1.1% |
| Steps for Stress | 0 | 0.0% | 0.0% | 0.0% |
| SafeTALK | 0 | 0.0% | 0.0% | 0.0% |
| Other (please specify) | 4 | 30.8% | 28.6% | 4.3% |
|  | 13 | 100.0% | 92.9% | 14.0% |

N=13

Total number of responses is more than number of respondents to this question because respondents invited to 'tick all that apply'

Other training relating to mental health inspired by engagement with Delivering Differently attended by respondents included Keeping Trauma in Mind.

## g. Changes to service delivery as a result of engaging with Delivering Differently

Stakeholder survey respondents held mixed views on whether they had had made any changes to how they deliver their service as a result of engaging with Delivering Differently. It may be too early to evidence this change, although 47% said that they had made changes as a result of the programme. One third (34%) were clear that they had not made any changes as a result of engaging with Delivering Differently, and almost one fifth (19%) did

not know. It is worth noting that it may not be appropriate for stakeholders to make changes to the way they deliver their service in some cases.

Table 19: Stakeholder's perceived changes to service delivery
Have you or your agency/organisation made any changes to how you deliver your service as a result of engaging with Delivering Differently?

|  | # | % answered this question | % heard of Delivering Differently |
|---|---|---|---|
| Yes | 29 | 46.8% | 31.2% |
| No | 21 | 33.9% | 22.6% |
| Don't know | 12 | 19.4% | 12.9% |
|  | 62 | 100.0% | 66.7% |

Twenty-three survey respondents described the changes that they had made to how they deliver their service. These related mainly to support for further related service development, greater inclusion of people with lived experience of mental health conditions, job-role development, and increased partnership/inter-agency working:

> '*We now routinely incorporate mental health provision into all our delivery.*'

> '*People with lived experience of mental health are now Board members.*'
> '*All staff are now trained within mental health and have the necessary skills to deliver enhanced support.*'

> '*As a result of being part of the Benefit Working Group, connections have been made to ease access to appropriate support for those that have significant mental health issues.*'

## g. Conclusions: Medium term changes

Employability services may now be better placed to support people with lived experience of mental health conditions as a result of Delivering Differently. Similarly, the extent to which there is better support available for students at transition points remains unclear due to limited data available to the evaluation team.

Some stakeholders recognise that changes have already been made to their services as a result of Delivering Differently. Whilst there is evidence of positive change, the real challenges are in building on, and sustaining change beyond the life of the Delivering Differently programme.

Evidencing the existence of person-centred, effective client pathways through mental health and employability services requires a commitment to further developing IT systems, and ensuring that relevant staff have the support and training required to be able to use them effectively. This should be considered a short term priority, as effective data systems are critical to ensuring that programmes such as Delivering Differently are able to evidence their intended outcomes.

There is now a consensus definition of mental health and well-being in Fife as a result of the Delivering Differently programme. This has good buy-in from stakeholders and fits well with the ethos of the programme in challenging stigma associated with mental health conditions.

Data now exists on FORT detailing the number of people with MHWI ratings (high, med and low) who achieved positive employment outcomes during 2018-19. Positive employment outcomes are highest in Levenmouth, Kirkcaldy and Cowdenbeath – the three priority areas identified by the Delivering Differently programme. Whilst these outcomes cannot be directly attributed to the Delivering Differently programme, it does provide a useful baseline against which to measure change in the future.


## 8. Pilot project outcomes, experiences and learning

### a. Pilot project outcomes
A summary of pilot project outcomes is presented in Appendix 16.

Findings from the pilot fund project client survey provide evidence regarding improved mental health outcomes for people engaged in the pilot fund projects. Of the 64 respondents who completed the paper survey:

- 97% (N=62) either strongly agreed or agreed that they feel more confident as a result of taking part in Delivering Differently.

- 95% (N=61) said that they felt less lonely as a result of taking part in a Delivering Differently pilot project. Two participants offered additional comments, saying *'Talking to people helps'* and *'I sometimes still feel lonely but lots of the time I'm not'*.

- 92% percent (N=59) of participants felt more able to cope with day to day living as a result of taking part in a Delivering Differently pilot fund project. Respondents who offered additional comments said: *'It has definitely made me feel that I am capable'*, *'I am now willing to try new things'*, and *'It gives me a reason to stay clean so I'm able to take part'*.

- 98% (63) of participants stated that they felt more listened to as a result of taking part.

Clients were also asked whether taking part in a pilot project had made any other differences to them. Fifty-eight percent (58%, N=37) responded yes, 28% (N=18) responded no, and 14% (N=9) responded that they did not know if taking part had made any other difference to them. Forty respondents provided additional descriptions, which related most to increased confidence, learning new skills, increased social engagement and increased motivation:

*'The project has made a vast difference to my life. The sessions have helped me a great deal and changed the way I thought about myself as I had no self worth or confidence when I was referred by my GP. I have met some lovely new friends who make me feel worthy and appreciated.'*

*'It has given me the confidence to step forward. I have a part time job in a shop so very people oriented which I feel [project name] has helped me with.'*

*'It was good to learn how to do a CVs, application forms, and meet new people.'*

*'I have made new friends, I have thoughts of going back to work part time, possibly at [global company].'*
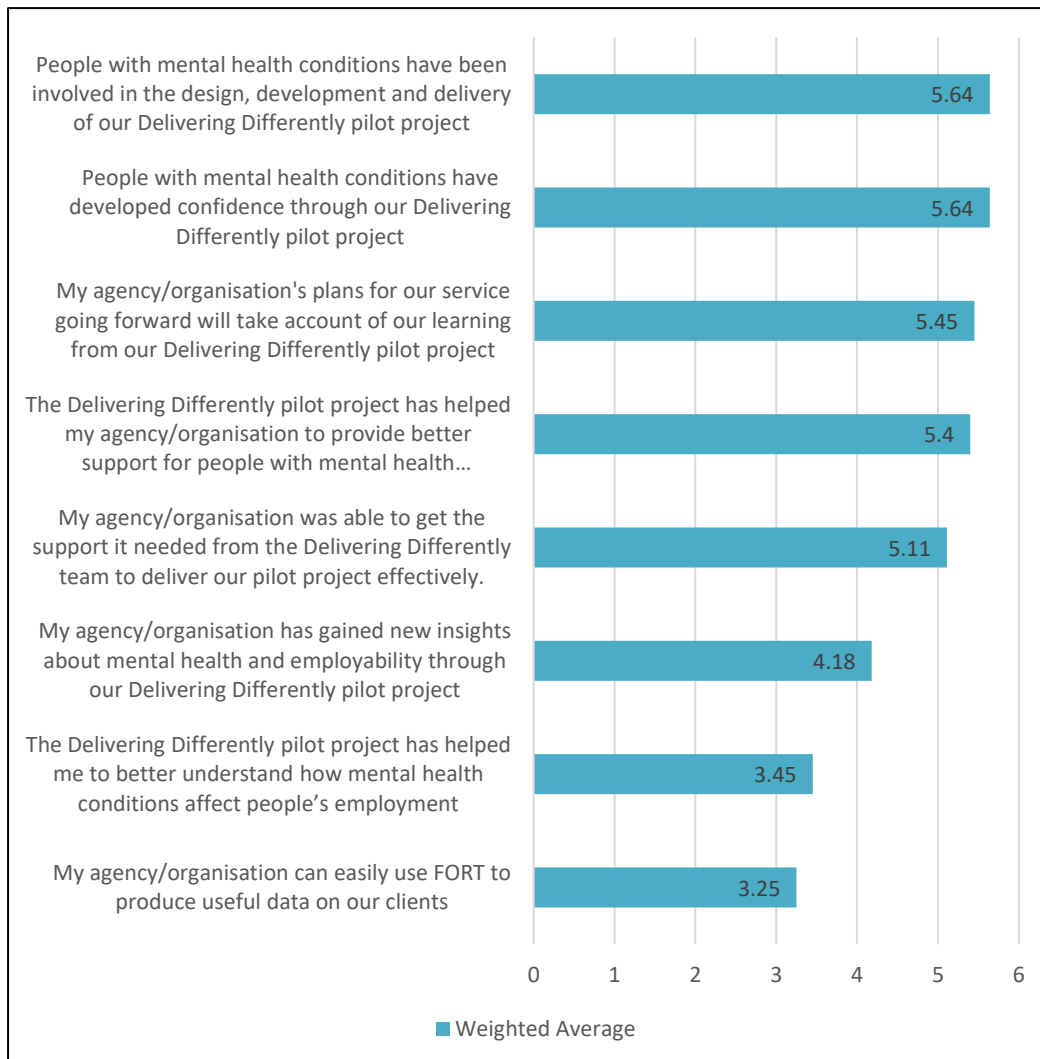
*'I don't know where I would be if it wasn't for [project name]. It made a big difference. I know where to get help if needed.'*

These participants experienced significant short-term benefits from engaging with a pilot project, including increased confidence, reduced loneliness, increased ability to cope with day to day living, the acquisition of new skills, increased social interactions and increased motivation. The longer-term benefits of taking part remain unknown as, given the 6 month duration of projects, there was no scope to follow up with clients.

## b. Pilot project experiences – support from the Delivering Differently team

Stakeholder survey respondents who had successfully applied for pilot project funding (N=11) were happy that they were getting the support that they needed from the Delivering Differently team to deliver their pilot project effectively. However, some were not convinced that they could easily use FORT to produce useful data on their clients (see Figure 12, p.51).

Figure 12: Stakeholder survey findings (7)



People with mental health conditions have been involved in the design, development and delivery of our Delivering Differently pilot project — 5.64

People with mental health conditions have developed confidence through our Delivering Differently pilot project — 5.64

My agency/organisation's plans for our service going forward will take account of our learning from our Delivering Differently pilot project — 5.45

The Delivering Differently pilot project has helped my agency/organisation to provide better support for people with mental health… — 5.4

My agency/organisation was able to get the support it needed from the Delivering Differently team to deliver our pilot project effectively. — 5.11

My agency/organisation has gained new insights about mental health and employability through our Delivering Differently pilot project — 4.18

The Delivering Differently pilot project has helped me to better understand how mental health conditions affect people's employment — 3.45

My agency/organisation can easily use FORT to produce useful data on our clients — 3.25

■ Weighted Average

0    = strongly disagree; 6 = strongly agree

During the pilot fund evaluation workshop discussions (April 2019), successful applicants discussed strengths and weakness related to programme support, specifically in relation to communications and support to use FORT.

## i. Communications

Participants generally felt that communications from the Delivering Differently team to the pilot projects could have been improved with fewer and more timely emails that included project workers as well as project leads as recipients. They also felt that networking opportunities between projects had been limited, and that it would have been helpful to share project challenges and successes earlier on in the process. Despite the team hosting a joint workshop in August for projects to share their proposed activity they felt they had not been given enough information about the nature of the other pilot projects, and some felt

that if the programme were to run again, the programme team should help to facilitate communications between projects from the outset:

> *'I didn't know before today about the diversity of the other projects'*

> *'In the future…they could help us to network with each other'*

> *'We needed more informal conversations with the other projects. This would have been helpful also to hear about the challenges other projects have shared today.'*

> *'There could be better signposting of clients across and between the projects, as there is a real complementarity across the projects. The Delivering Differently programme could have much better supported the development of awareness of each other's services to support this.'*

One discussion group felt that having only 6 months to run the projects contributed a lack of signposting between projects as well:

> *'There was no signposting between projects…we need more time for that so we can get to know each other first'.*

Some workshop participants also felt that programme and pilot fund project websites would have assisted with reach more generally:

> *'The programme could have been better publicised as a whole. And the projects too – have a separate website for them so that potential participants can find the best fit for them rather than being told about one project and going along to it.'*

Participants noted the complementarity across projects and suggested that the Delivering Differently programme could have better supported the development of awareness of each other's services to support this. One respondent also felt that networking with external stakeholders could have been better facilitated through the programme. On this basis, if the programme were to run again, participants suggested that additional support for networking among projects would be key.

## ii. Support to use FORT

Pilot project workshop discussions (April 2019) highlighted challenges accessing the training that Advice Infrastructure and FVA had agreed to provide so that projects could register client data on FORT. Only one member of pilot project staff had received the agreed training. One other had received informal training from another pilot project as they had not been able to access direct support from Advice Infrastructure. One pilot project staff member said, '*there was no support for FORT.*'

Two pilot project staff described that whilst they had been told that Delivering Differently was visible on FORT, the Delivering Differently Project Involvement Log (PIL) which shows the start and end data for each person's engagement in a project was not visible to projects. In this and one other case, pilot project staff had sought additional support from Advice Infrastructure in order to use FORT and had not been able to engage with them.

There was general agreement from workshop participants that FORT would have been viable for project staff to use if they had prior experience of using it. However, with no prior experience, using FORT required training. Recording outcomes on FORT proved to be more difficult for most projects than anticipated, resulting in no standardised, centrally-recorded outcomes using the system. This had clear implications for monitoring and management from FVA's perspective, and limited the evaluation team's ability to evidence outcomes too.

## c. Embedding the learning from pilot projects

The pilot project evaluation workshop participants (N=10) agreed that the 6-month duration for the projects was insufficient for evidencing outcomes. On this basis, they noted several learning points for the future, if a programme like this were to run again. For all organisations involved in delivering pilot projects, this involved large-scale time commitments, over a short 6-month time span, and some questioned whether this approach was cost effective and sustainable:

> *'It helps if you can piggy-back the work on other work, but you often can't just slide it in to what you already do – it's so much work.'*

> *'We had 6 months, from August 18-Mar 19, but that includes the end of the summer holidays and the run up to Christmas/New Year, when everything is quieter and it's hard to recruit. In reality we probably had about 4 months when you take this into account – not enough time to recruit and train staff, deliver a service and produce reports!'*

When asked what they would change in the future, workshop participants suggested projects should run for longer than 6 months – *'between 1-2 years is more realistic.'*

One of the assessment criteria for all pilot fund project applications, given the short-term funding available, related to planned exit strategies near each project end. At the time of the pilot fund workshop, participants shared concerns for staff that had been appointed and/or trained up specifically for the 6-month duration of the project. Participants noted, for example, that peer support mentors had worked well in engaging and supporting clients, and that guidance on how to manage projects ending for peer supporters would be welcomed. Project team workshop discussions touched on this too. Participants raised

concerns about the people with lived experience who had been trained up as peer supporters, and participants on the other projects too, with one saying:

> *'What happens to people who have been successful as a participant on the projects now? There needs to be some kind of 'soft landing' for them when projects end. It's a responsibility that we should have.'*

A parallel concern was also raised by project team member related to the programme ending, saying:

> *'How do we keep developing the good staff without it just ending now? It's not just about end products – it's what you do with them now.'*

## d. Conclusions: Pilot project outcomes, experiences and learning

Pilot fund project clients experienced significant short-term benefits from engaging with a pilot project, including increased confidence, reduced loneliness, increased ability to cope with day to day living, the acquisition of new skills, increased social interactions and increased motivation. The longer-term benefits of taking part remain unknown as given the 6-month duration of projects there was no scope to follow up with clients. The ability to follow up with clients to evidence medium term outcomes would be a benefit of funding projects over a longer duration in the future. Similarly, a longer duration for projects may assist with planning strategies for project endings, which could better support people with lived experience, and staff, who are involved in the delivery of projects

In the future, increasing networking opportunities and general communications between projects would better enable them to learn about each other's projects. This could, in turn, result in signposting between projects.

Recording outcomes on FORT proved to be challenging for most projects, resulting in no standardised, centrally-recorded outcomes using the system. This has clear implications for monitoring and management from FVA's perspective, and limited the evaluation team's ability to evidence outcomes too. If a similar programme were to run in the future, additional time and support should be invested to ensure that outcomes can be evidenced effectively.

## 9. Longer term impacts and achievements

Longer term impacts and achievements were defined as the outcomes that the programme is aiming to contribute to in the longer term, outwith the duration of the programme. The short- and medium-term changes that Delivering Differently has established now serve as building blocks to the following anticipated longer-term impacts[42]:

---

[42] These longer term impacts were agreed by the Delivering Differently Steering Group

- An increase in healthy sustained employment outcomes for people with lived experience of mental health conditions

Delivering Differently has established the means of evidencing progress towards this longer-term impact, through baseline employment outcomes data, and new data on positive employment outcomes by MHWI rating, which provides an important baseline against which future changes can be measured. Data from the stakeholder survey (see Figure 6, page 30) and the stakeholder interviews highlighted that Delivering Differently had already identified key mental health and employability challenges in Fife, and was beginning to address them. Given the OFP commitment for increased specialist mental health employability provision for 2019-22, the foundations are in place to build towards achieving this longer-term impact.

- Improved mental health outcomes for people using all services

Findings from the pilot fund project client survey provide evidence regarding improved mental health outcomes for people engaged in the pilot fund projects, including increased confidence, feeling less lonely, feeling more able to cope with day to day living, and feeling more listened to as a result of taking part. Whilst these outcomes relate specifically to the pilot projects, and not services more generally, Fife Voluntary Action will be working with See Me to continue to develop progress towards this longer-term outcome[43]. The focus of their work will shift to improving personal outcomes for people who experience mental health problems, for example through promoting learning from Delivering Differently and the pilot funded projects locally and nationally, with a particular emphasis on the impact of raising the voice of lived experience in strategic planning, service design and service delivery.

- Employers value emotional well-being in the workplace and are more confident in employing people with lived experience of mental health conditions

The stakeholder survey respondents who were employers were confident in supporting and employing people with mental health conditions. They were also confident in knowing where to refer staff for specialist mental health support and in creating a mentally healthy workplace, as were employers who attended the Fife Work and Wellbeing Launch (March 19). These findings suggest that Delivering Differently has contributed to perceived changes related to employability services and their confidence in supporting individuals with lived experience of mental health conditions. The key challenge moving forward will be to build on and sustain this in the longer term.

---

[43] Delivering Differently final report, March 2019.

- A reduced negative impact of education transitions for young people with mental health conditions

Stakeholder survey respondents were generally positive that Delivering Differently had improved support at education transitions for students with mental health conditions. As there is no additional evaluation data available to evidence this change, the suggestion of improved support for students with mental health conditions remains tentative, and this is an area that will need additional evidence moving forward, to demonstrate progress towards longer-term change.  This will be a focus of future work funded through See Me.

- People will have greater ownership of their journey: They are part of the solution rather than the cause of 'a problem' and their voice is heard

Raising the voice and visibility of lived experience was identified as a key issue in the Delivering Differently problem tree analysis and through the Delivering Differently workshops.[44] The lack of visibility of people who have experienced mental health problems in service planning and design, staff training and importantly delivery has a crucial impact on the relevance of services commissioned, staff skills and abilities, people's confidence and hope and most importantly in challenging mental health related stigma. Several building blocks are now in place that will assist in evidencing this longer-term outcome:

- Fife Health and Social Care Partnership Mental Health Focus Group, which meets monthly, now has representation on the Mental Health Strategic Implementation Group
- Fife Health and Social Care Partnership Mental Health Engagement event in May 2018 and subsequent workshops brought together staff and people with lived experience of mental health problems to inform the draft Mental Health Strategy for Fife 2019-23
- Team Experience (which will be grown through See Me funding) will empower people with lived experience to influence change, to inform policy and practice and to be active in improving personal outcomes in Fife.
- The development of a Peer Support Network for Fife is developing from Peer 2 Peer training
- The 'Help is at Hand' leaflet has been developed, which raises the voice of those with lived experience at the point of diagnosis.

Moving forward, Fife Voluntary Action is also investing in further supporting Team Experience.

---

[44] Delivering Differently final report, March 2019.

## 10. Lessons learned regarding the approach to programme development

### a. Use of the integrated systems approach

Stakeholder interviewees provided views on use of the integrated systems approach which underpinned the development and delivery of the programme. All respondents (N=8) said that this had been right approach to take; it had enabled the programme to identify the areas it needed to focus on as well as the wider stakeholders that it needed to engage.

> *"I was really impressed with it and thought it was a good way to go about things. It gave the project team and stakeholders an understanding of why we were moving in a certain direction. It is quite complex – we already had a strong understanding that mental health was a key focus area for us, but there wasn't really a mechanism to change what we needed to change."*

There was a recognition that the whole systems approach is complicated and that some people did not understand it at the outset. However, the programme delivery team had gained a better understanding of it through a Skype training webinar. Stakeholder interviewees provided examples of the strengths of using this approach, including that:

> *'It allowed us to identify all the stakeholders we needed to engage…including who the services were, what role they have in supporting people and in helping them achieve the outcomes that are important to them.'*

> *'Everybody is involved – there is a mandate from people who've got lived experience, and their families and carers. It's inclusive for all, and this makes a stronger case for any recommendations that come out of the programme.'*

While interviewees thought it had been the right approach to take, they also felt that the approach had some weaknesses (and potential weaknesses), including:

> *'Having to progress on multiple levels – each area of work hasn't got the fullest of attention.'*

> *'With the limited time and budget we were not going to reach all the solutions. If we had more time and resource, we could've got into more process-mapping of services.'*

> *'It's a large-scale approach to manage, with a lot of opinions and a lot to things to be considered, and difficult to monitor closely.'*

Interviewees were asked to what extent they thought the integrated systems approach could be used as a model for working on other change programmes in the future. All interviewees thought that the approach, or some aspects of it, could be applied to other

strategic areas of work. The transferrable aspects of the approach included the problem/solutions tree and involving wide-ranging stakeholders. Interviewees also said that for the approach to be effective, it would need to be led by a project team that shares the same goals, enthusiasm and commitment. Also, there would need to be a lot of buy-in from local partners, which one stakeholder described as *'the right people from the right organisations.'*

## b. The key elements required to 'Deliver Differently'

Interviewees were asked to identify up to five key elements required to successfully 'Deliver Differently' if a similar approach were to be used in other programmes of work in the future. They identified the following recommendations:

| Key Stakeholder Recommendations for Development | Key Stakeholder Recommendations for Delivery |
|---|---|
| • Apply the integrated approach as defined by Engineering Better Care[45] <br><br> • Ensure sufficient staff resource to be able to move at pace <br><br> • Use the problem tree as an iterative process for refining your understanding of the problem <br><br> • Align with local and national priorities <br><br> • Establish a cross partnership project team that involves the voice of lived experience, and support their involvement as equal partners <br><br> • Emphasise workforce development and capacity building <br><br> • Obtain buy-in and commitment from local partners and stakeholders <br><br> • Develop an effective governance structure | • Identify what is working and build on that <br><br> • Provide funding to develop concepts and to pilot and trial new activity, including projects, workshops and training <br><br> • Develop strategic partnerships and collaborative working <br><br> • Foster a sense of partnership between services and people <br><br> • Engage communities – involve families and carers of people with lived experience, and people who are accessing services <br><br> • Help others (services) to understand that this is the first part of a change process and may result in them spending existing money in different ways <br><br> • Have a vision – share it, and encourage others to share it too |

---

[45] https://www.infectiousdisease.cam.ac.uk/news/engineering-better-care-a-systems-approach-to-health-and-care- design-and-continuous-improvement

# 11. Recommendations

1. The decline in use of the MHWI from December 2018 should be tracked by FVA, especially given that baseline MHWI data associated with the Delivering Differently programme has now been established.

2. Continued use of the MHWI would generate important follow-up data for evidencing longer term outcomes associated with the Delivering Differently programme beyond completion of its current phase, including in relation to employment outcomes in the three priority areas (Levenmouth, Kirkcaldy and Cowdenbeath).

3. The extent to which professionals with less established experience in having conversations with clients about mental health as a barrier to employment are engaged with the MHWI tool remains unknown. Additional work may be required to engage this group, as they may benefit the most from using the MHWI with clients.

4. Data systems are critical to ensuring that programmes such as Delivering Differently are able to evidence their intended outcomes. There should be a commitment in the short-term to further developing FORT and ensuring that the relevant staff have the support and training required to be able to use FORT effectively.

5. All health and social care service staff and employability staff should use the same data recording system in the future, to enable the effective development of a person-centred mental health and employability pathway.

There are numerous potential programmes that could be developed in the future, that could benefit from utilising the Delivering Differently approach to try and harness systems change. For example, a stepped change approach could be used to look at the ways in which housing, criminal justice and/or education impacts on mental health and employability. The following recommendations are based on the learning from the Delivering Differently programme, with a view to developing similar programmes in the future:

6. A dedicated website to publicise the programme and associated projects would assist in further increasing reach. A dedicated website would also assist with maintaining the legacy of any future programme beyond its endpoint.

7. Mapping desired stakeholders at the start of the programme provides a means of analysing the extent to which the programme and associated projects reach the people that they should be reaching.

8. Involving people with lived experience in all aspects of programme and pilot project development and delivery through Team Experience is key. This should continue to be done in ways that feel inclusive, supported and tailored to the specific circumstances of each person involved.

9. Consideration should be given to the types of support and training that people with lived experience might need to grow into their Team Experience role. Comprehensive support and clarity regarding roles may assist in better engaging people with lived experience consistently in Team Experience in the future.

10. The programme should run for a minimum of two years, with the potential for projects to run beyond this time. The ability to follow up with clients to evidence medium term outcomes would be beneficial, and a longer duration for projects would also assist with planning strategies for project endings. This could better support people with lived experience (including peer supporters) and staff, who are involved in the delivery of projects.

11. Additional time should be allocated to the development phase of pilot fund project work, to enable a greater number of agencies/services to develop applications based on partnership work.

12. Staggered start-times should be considered for projects in the future, to minimise the likelihood that projects are trying to recruit the same people to their projects.

13. A pilot fund project website should be developed so that people with lived experience of mental health conditions can see the variety of projects being undertaken and select themselves which project might best suit their needs.

14. Ongoing monitoring and support of pilot fund projects is key, alongside strategic development, and the use of the integrated systems approach requires considerable staff time and resources on both fronts. However, this approach is recommended as given its focus on people, their needs, their capabilities/assets and ultimately their role in understanding, designing, delivering and maintaining success.

15. Increased networking opportunities and general communications between projects in the future would facilitate enhanced learning about each other's work, which could in turn result in signposting between projects.

16. Reporting programme findings as they become available (for example through phased reports), rather than waiting until the end of the programme, serves to build momentum as the work progresses, evidence change and increase stakeholder buy in.

17. The development of a team experience group should be considered as a key potential element of any future programme. Training and support may be required to help people grow into their role and achieve sustained engagement.