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Step Up: An asset based approach to transitions

Evaluation report

Prepared for **Rethink Mental Illness**

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The Tavistock Institute of Human Relations



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1. Executive Summary

This is the executive summary of the final evaluation report for Step Up: An asset based approach to transitions (Step Up) project. Step Up was funded through the Big Lottery Fund's Reaching Communities programme and delivered by Rethink Mental Illness between September 2015 and August 2018. It aimed to enable young people aged 16-25 years to better plan for, manage and cope with periods of major age related transitions. Co-delivered by Rethink with a group of young Champion volunteers, interventions varied from one-off 1-hour sessions through to 6-session projects. They were delivered across London boroughs, primarily within secondary schools. Step Up provided practical support, information provision and skills development, giving participants tips and tools for coping during future transitions. Activities included sharing:

- Examples of mental health issues/diagnoses;
- Personal experiences from facilitators around mental health and coping strategies;
- Tools and interactive exercises for managing and maintaining mental health;
- A booklet with a range of resources for young people, with signposting to additional support.

A process and outcomes evaluation of Step Up was co-produced by the Tavistock Institute of Human Relations, working with Rethink staff and Step Up champions. It began with the co-creation of a project Theory of Change and Mental Wellbeing Impact Assessment, which informed the co-design of participant surveys, a number of Action Learning Sets and evaluation meetings with champions and staff, interviews with Rethink staff and champions, and an evaluation film.¹ Although follow-up evaluation activity with participants, including interviews and focus groups, had been designed, these did not take place due to challenges with setting these up.

Over 580 young people took part in 35 interventions, of which 561 completed surveys.² There were between 2 and 53 participants per intervention and 21 partner organisations were involved in total. Analysis of survey data collected demonstrated that the majority of funded outcomes were achieved, including 90% or more participants reporting:

- improved knowledge of mental health services and other local support networks;
- a clearer understanding of the process of transition (e.g. to university);
- new skills or tools for managing health and wellbeing during a period of change.

¹ Available to see here: <http://www.tavistock.org/news/step-up-final-evaluation-report-and-film/>

² Most surveys were completed at the end of one-off sessions. A small number (18) were completed pre- and post-activity. Not all participants responded to every survey statement or question.

Over 80% said that they felt more able to cope with and adapt to a major change after taking part in Step Up.

The majority of participants (over 75%) reported enjoying sessions and were particularly positive about champions, with lived experience of mental ill-health, being involved in Step Up's design and delivery. The lack of longitudinal data following participation meant that it was not possible to say whether or not Step Up was of benefit to young people through transitions or with subsequent mental health difficulties. Additionally, a number of factors prevented the project from being able to demonstrate the effects of interventions on participants' resilience levels. However, participant responses became increasingly positive over the three years, suggesting that activities were improved in response to earlier feedback. For instance, in Year 1, 49% of survey respondents agreed that sessions helped them make sense of their current situation. By Year 3, 78% agreed that this was the case.

Additionally, data analysis identified that participants who reported having previously used mental health services were more likely to agree that sessions helped them make sense of their current situation (50% strongly agreed) and that session content was relevant to them (48% strongly agreed), in contrast to participants reporting no previous mental health service use (23% and 25% strongly agreed respectively). However, social, emotional, knowledge and skills-based benefits from Step Up seemed most apparent for the champions who helped co-produce the project.

A whole range of benefits were reported by champions including new networks and friendships, pride and increased confidence, employability skills including teamwork, presentation and communication skills. Most champions interviewed connected their involvement in Step Up with further volunteering and employment opportunities. Indications from the data were that the champion experience could be beneficial to a young person's mental health and ongoing resilience. Some individual champion testimonies can be seen in the Step Up Evaluation Film. Despite the overwhelmingly positive results though, Step Up did also experience challenges.

During the course of Step Up, there were a number of changes, including in the project's staffing and some of the project delivery. During Year 2, pauses in delivery, the change of project manager and changes to some of the project management procedures and session content were experienced negatively by most champions interviewed. For instance, the project moved from being run primarily by one key member of staff, working with champions, to being delivered by a staff team, with champions. This seemed appropriate in relation to addressing the potential pressures and expectations around staff roles and capacity on a co-production project. It improved support for the staff team, clarified boundaries and operational processes for staff and champions. However, it also led to some feelings of disappointment and disillusionment for champions who had been involved since the beginning of Step Up. Whilst a difficult experience for those involved at the time, the learning from this can inform the planning of future co-production projects and address expectations from the start.

A number of recommendations were developed as a result of the process and outcomes evaluation. Some of these have already been implemented in the design of future Step Up activities, which have been fundraised for or which are in the process of being developed. Recommendations are summarised as follows:

- Ensure a structure is built around co-production projects, including more than one staff contact, a project steering group with staff, partners and champions represented, clear guidelines for those involved, and ongoing training and support;
- Consider a reduction of participation targets, to enable focused, longer-term projects to take place with smaller groups;
- Research the potential for some targeted work with possibly under-served groups such as young men, young people from BAME communities, and young people accessing mental health services;
- Embed training / introductory work with staff from partner organisations to support interventions with young people;
- Review and update the project Theory of Change in the light of what has so far been learnt from Step Up;
- Explore ways of cascading out the champion / peer leadership model to more organisations and young people, with in-depth longitudinal evaluation of outcomes for champions;
- Embed follow-up evaluation activity with participants and partners to understand what the project's longer term outcomes are, and to better understand what works best, what is and what is not helpful for different groups of young people;
- Consider developing specific 'peer researcher' roles for champions, to build capacity for evaluation activity on projects.

In conclusion, evaluation results have shown that Step Up worked successfully to deliver co-produced interventions that raised young people's general mental health awareness and offered tips and tools for managing mental health at times of change. In particular, participants valued the involvement of champions with lived experience in the project design and delivery. Champions reported a range of social, emotional and work-related benefits from being involved and the project over-achieved against most of its funded outcome targets. However, it was not possible to evidence longer-term outcomes from participation. Future iterations of Step Up could seek to understand better the longer-term benefits and potential harms of such activities as well as explore in more depth the mental health outcomes, such as increased resilience, for those undertaking the champion role. Overall, it seems that projects like Step Up do fulfil a need in supporting young people at times of increased stress, but more research is needed to find out what in particular works well and how projects like Step Up can support longer-term mental health outcomes for young people.

2. Introduction to this report

2.1. Introduction

This is the final evaluation report for the Step Up: An asset based approach to transitions (Step Up) project, which ran from September 2015 to August 2018. It follows on from the Interim Evaluation report, which was produced in June 2017 and incorporates findings from the interim report, together with results from ongoing evaluation since then. Starting with the background and overall funded outcomes of Step Up, the report goes on to describe the evaluation design and activities. The main content of the report is then structured around the following four key functions:

- Telling the story of the Step Up Project: It's design and project delivery structure; champion recruitment and delivery content; the changes that took place along the way and some of the feedback and learnings from this experience;
- Reporting on outcomes achieved from Step Up: As captured primarily through the quantitative evaluation data gathered from participants and qualitative data captured through interviews with Step Up champions. This section relates more specifically to the project outcomes, as funded by Big Lottery Fund;
- Reporting on learning about what worked well, and lessons learnt, based on quantitative and qualitative responses from Step Up participants, champions and project staff. This includes learning from working in partnership and the role and challenges of co-production;
- Summarising key conclusions as a result of the evaluation and learning from Step Up, with recommendations for future work.

2.2. Background to Step Up

Rethink Mental Illness (Rethink) is a national charity, directly supporting over 60,000 people each year, alongside its policy and campaigning work to improve attitudes and services for people living with mental illness. Step Up follows on from previous Rethink programmes such as **Uthink** (2007-10), which delivered a series of interventions to support young people's recovery and **Coproduction in Mental Health** (2012-16), which involved young people in designing mental health commissioning.

Step Up was a project designed to work with people aged 16-25 to be ready for the changes they face, improving their ability to plan for, manage and cope with periods of major age related transitions. Co-designed by Rethink and a group of young 'Champion' volunteers, Step Up was initially based across three London boroughs. It aimed to provide co-delivered practical support based on information provision and skills development, through session based programmes, for young people. Participants were referred to the project through schools and organisations they were already engaged with. Support was tailored to young people's needs and co-produced with attendees based on Rethink's previous 'Championing Co-production in Mental Health' work.

The rationale for Step Up was based on research that identified transitions as a time of high risk in terms of mental health for young people, with little information and

support available, and postcode variations in availability and quality of services.³ Through consultation with young people, the Step Up programme was designed in order to help fill the gap in information and guidance for young people prior to transitions (e.g. moving to university and/or adult mental health services). It was designed to support young people to build the coping skills and tools that help them better navigate future transitions, thereby preventing poorer mental health outcomes as a result. Rather than address core mental health services re-design, Step Up was created to complement existing provision on offer for young people.

Three-year funding for Step Up was awarded to Rethink by the Big Lottery Fund in 2015, in order to deliver the following outcomes:

- **Outcome 1:** Young people with mental illness will have improved knowledge around transitions and how they may impact on their mental health and wellbeing;
- **Outcome 2:** Young people with mental illness will have the tools and improved skill level to enable them to take action, seek support, and better negotiate their transition;
- **Outcome 3:** Young people with mental illness will show improved resilience as a result of participation in activities.

3. The Step Up Evaluation

3.1. Evaluation aims and activities

The external evaluation team at the Tavistock Institute of Human Relations (TIHR) began working with Rethink to design and deliver a co-produced process and outcomes evaluation in January 2016. The evaluation was designed to:

- Be co-designed and led in partnership with champions, ensuring young people with lived experience of mental health distress were at the heart of the process;
- Be disseminated in written report form and through a creative medium, ensuring the widest reach and accessibility possible, sharing best practice and creating networks of learning;
- Establish an action learning model for implementation of learnings and future monitoring and evaluation activities; and,
- Ensure best value in utilising the evaluation budget over three years, through training and supporting peer evaluators and staff to undertake data capturing and recording, with TIHR expertise directed towards set-up, training and support, analysis and reporting.

This report is the culmination of evaluation activities undertaken by TIHR, Rethink staff and Step Up champions. Table 1 provides an overview and update of evaluation activities. In summary, evaluation activities undertaken over the course of Step Up were:

³ See Rethink's Final 2(Revised) Reaching Communities Stage 2 Application, 7th January 2015.

- Initial surveys (titled Rethink Surveys – see Appendix 1: Rethink Survey) designed by the original project manager for use whilst the external evaluation team were being commissioned and co-design activities took place.

Evaluation Co-design – This phase involved the co-design of overall evaluation and the development of the necessary research tools. This included:

- Theory of Change mapping with Rethink staff and champions – creation of a project Theory of Change and Champion Theory of Change (see Appendix 2 2; Champion ToC);
- Mental Wellbeing Impact Assessment (MCWIA, Appendix 3: Mental Wellbeing Impact Assessment indicators);
- Development of one-off surveys (Appendix 4: Co-designed surveys: Pre- and post-Surveys; One-off Survey);
- Development of pre- and post-surveys, including psychometric scales, for 6-session interventions (Appendix 4: Co-designed surveys: Pre- and post-Surveys; One-off Survey);
- Development of topic guides for participant and champion interviews and participant focus groups (Appendix 5: Topic guides: Participant focus groups and interviews; champion interviews; staff interviews);
- Providing training to champions in running focus group activities and undertaking interviews.

Additional evaluation activities:

- A topic guide for staff interviews was designed by the external evaluation team during Year 2, so as to capture staff feedback through the remainder of the project (Appendix 5: Topic guides: Participant focus groups and interviews; champion interviews; staff interviews);
- An excel database was provided to Rethink staff and champions for them to collate survey data;
- Action learning sets, evaluation meetings and reflective sessions were facilitated with staff and champions;
- Co-productive recruitment of the film-maker for the evaluation film;
- Overseeing and supporting creation of the evaluation film;
- Interim and final evaluation reporting.

Table 1: Evaluation activities planned and final evaluation activity update

Evaluation activity planned	Final report on evaluation activity
Undertake Theory of Change (ToC) mapping, establishing the reasons for the intervention and the key outcomes and impacts expected	Two ToC maps were created with staff and champions: 1 for the whole project; 1 for the champions' experience. The ToCs were revised and the project ToC updated in summer 2017.
Carry out a Mental Wellbeing Impact Assessment (MWIA), developing further indicators for monitoring and evaluation.	MWIA undertaken, screening report completed and protective factors within Step Up identified. Potential positive and negative impacts of delivery were identified,

	contributing to survey and focus group designs, as well as intervention designs (e.g. delivery of young men-specific work).
Evaluation activity planned	Final report on evaluation activity
Reviewing the psychometric measures suggested in the funding application and where appropriate, suggesting others to meet the project's needs	During evaluation co-design workshops, it was agreed to use the Generalised Self-Efficacy (GSE) Scale as part of pre- and post-surveys distributed to participants in 6-session interventions. Distribution and collection of surveys was sporadic. Due to these interventions stopping, it was no longer possible to collect these surveys.
Co designing impact and experience surveys for participants, with data capturing and recording undertaken by the Step Up delivery team.	One-off, pre- and post-surveys were co-designed with champions and staff, comprising the GSE scale, MWIA and ToC indicators and satisfaction questions. One-off surveys were updated in Summer 2017 to include the option for participants to say yes to follow-up interviews, and also to broaden gender categories in demographic section of the survey, following champion feedback.
Establishing and facilitating an Action Learning Set (3 per year), comprised of stakeholders, to support ongoing learning from the evaluation and potentially acting as a model for implementing recommendations, the action plan of the MWIA and future evaluations of project impacts.	It was incredibly difficult to set up consistent Action Learning Sets during Step Up. In Year 1, 2 ALS meetings took place – one with champions, Rethink staff and 1 partner organisation and another with champions. The ALS allocations were instead used for evaluation meetings, including some reflections and reviews of activities. Some of this time was also re-directed towards supporting the evaluation film creation, and members of the external evaluation team undertaking additional qualitative evaluation tasks.
Capturing of champions' learning through the keeping of reflective diaries, which will be reviewed in order to identify key themes and experiences that have emerged.	During co-design, champions fed back that reflective diaries would not work for them as a method. Instead, a topic guide for champion interviews was co-designed, and champions were interviewed by the external evaluation team, some at two time points six months apart.

Evaluation activity planned	Final report on evaluation activity
Providing training in focus group facilitation for the champions.	Training was delivered in Year 1, but availability of evaluation champions, stretched staff capacity and difficulties with setting these focus groups up with partners meant these did not take place. Eventually, participants were asked if they were happy to be contacted for a follow-up interview via the surveys.
Analysis of survey and focus group/interview data	<p>Survey data collected has been analysed and is reported on in Section 5.</p> <p>Approximately 20 participants were contacted, only 1 agreed to be and was interviewed.</p> <p>7 Champions were interviewed, 2 had follow up interviews six months later.</p>
Creating an additional dissemination output, within budget constraints, utilising alternative media e.g. sound piece podcast; animation; blogging; film etc., to enable accessible dissemination of the findings. This will provide an additional route for young people to contribute to evaluation activities.	Film created and will be shared alongside this report.
Producing an Interim and Final Report	Interim report submitted in June 2017; this is the final report.

4. The story of the Step Up project

This section describes the overall project design of Step Up, how champions were recruited and why they got involved. This is then followed by a description and examples of actual Step Up delivery. The section completes by discussing what changed during the life of the project, the feedback received about these changes, particularly from champions and some reflections about the learning from this experience.

4.1. Step Up – The Design

The design of Step Up was developed to ensure the involvement of ‘champions’, with lived experience of mental ill health (and those who understood the issues and wished to volunteer), in working with Rethink project staff to co-produce the content and delivery of Step Up during its lifetime. Therefore the project included the following aspects:

- Training for champions;
- A co-productive design phase in the early months of the programme, with continuous ongoing project development;
- Ongoing planning meetings with champions, to plan and review specific interventions, throughout the programme’s life.

4.2. Step Up - Delivery Structure

Step Up was split up into three years of delivery:

Year 1: September 2015 – August 2016

Year 2: September 2016 – August 2017

Year 3: September 2017 – August 2018

Interventions were planned to be co-delivered to 16-25 year old participants in two different formats:

- One-day training sessions (6 hour sessions); and,
- Six sessions delivered over three months (four hour sessions)

These interventions were designed to be delivered in partnership with Children and Adolescent Mental Health Services (CAMHS), public health teams and schools based in Camden and Islington, Hammersmith and Fulham, and Lambeth – the three local authority (and NHS Foundation Trust/CCG) areas chosen for project delivery. Project activities and indicators for achieving the programme aims are detailed in Table 2 and had a focus on supporting young people before a major transition. It was anticipated that the major changes to be addressed would be the move to University, or from CAMHS to Adult Mental Health Services (AMHS), although this was left open, in order to respond to different needs. Key indicators by which the

project were to be measured for funding purposes were the outcomes delivered, rather than the number of champions recruited or number of activities delivered.⁴

Step Up was initially based within Rethink’s Directorate of Human Resources and Learning, with the Mental Health Promotion Manager holding overall responsibility for Step Up (equivalent to 0.1 FTE allocation), and a 0.8 FTE project manager undertaking day-to-day project management and delivery, working with champions. A steering group made up of both of these staff, alongside business and project development managers was set up and met in the project’s early stages. Allocation had been made for bank staff to be contracted with to support project delivery.

Once the Step Up project manager was recruited in September 2015, delivery began relatively quickly with the first cohort of champions recruited and activities starting in November 2015.

Table 2: Participation Targets

Participation targets				
	By end of Year 1	By end of Year 2	By end of Year 3	Whole project targets
Numbers of champions recruited to Step Up	5	4	4	13
Number of six session projects delivered	4	5	6	15
One day activity participants	100	80	80	260
Six session project participants	56	70	84	210
Outcomes targets				
Young people report improved knowledge of mental health services and support networks in their local community		200		200
Young people report having a clearer understanding of the process of their transition	125	125	125	375
Young people report having used the knowledge they gained through the project to positive effect in their transition			50	50
				0
Young People with mental illness report feeling more confident about how to plan for change		200		200
Young people report they have new skills or tools to manage health and wellbeing during a period of change	125	125	125	375
Young people report that they have positively managed their transition			50	50
				0
Young people feel they would be more able to cope with and adapt to a major change	90	90	90	270
Young people report an improvement in their resilience as a result of attending training			150	150

4.3. Step Up - Champion recruitment and involvement

⁴ There were no specific targets for numbers of one day sessions to be delivered during Step Up.

As Table 6 in Section 5 shows, the numbers of champions recruited far exceeded the target numbers of champions expected, with 31 champions being recruited in Years 1 and 2 alone. It proved to be a very popular role and so the evaluation explored what it was that attracted champions to get involved and what they hoped to gain from involvement. Section 5 discusses the outcomes achieved for champions.

Finding out about the champion role

Champions reported multiple routes to learning about Step Up. The most common route was through word-of-mouth. Some of the champions interviewed said that they became aware of the project through recommendations by friends who knew about their lived experience of mental health problems and felt they might be interested. Others came across online material while searching for volunteering opportunities. University College London and the London School of Economics had posted an advert for champions on their internal student forums, which resulted in 15 young people applying to be champions. One champion said they read an article by a Step Up champion that caught their attention. Others reported hearing about Step Up through existing volunteering work. One said that she was already volunteering with Rethink on a different project and met the Step Up project manager who invited her to join.

Reasons for becoming involved

The champions interviewed outlined a range of reasons for choosing to become involved in the project. These motivations tended to fall into one of four categories. The majority of champions interviewed indicated that one reason for participating was to gain work experience. The age range of champions meant that many were at the later stages of studying, starting to make decisions about future career paths, in the early stages of employment or considering an early change in career direction. A number of the champions interviewed had academic backgrounds in psychology or mental health and reported either intending to, or exploring the possibility of, working in the youth or mental health sectors. The focus on mental health and the young target group of Step Up were both seen as attractive to champions seeking to boost employability in either or both of these fields. Being able to present relevant volunteering experience was felt to strengthen their CVs.

As part of improving their employability some of the champions indicated wishing to get experience of, or develop skills around, aspects of the programme. Most commonly mentioned were developing skills in public speaking, working with young people and gaining greater knowledge about mental health and strategies to manage or cope with issues. A further significant pull of Step Up, from the perspective of the champions, was the opportunity to meet new people with whom they shared interests and experiences.

The emphasis on the role of champions in co-producing Step Up and champions' lived experience of mental health problems was seen as likely to attract people with a shared ethos and therefore created a supportive atmosphere. There was recognition from the champions interviewed that the project attracted a certain '*kind of person*' and that many of the champions had been involved in similar projects before or had had previous volunteering roles:

'To an extent most young people who do these kind of things: 'Time to Change' etc. generally, it attracts people who are that kind of person, who have that spirit about them.' (Champion)

Underlying a number of champions' decisions to get involved was the desire to provide support to young people around their mental health. This motive derived in part from champions' own lived experiences and empathy with young people experiencing similar things. As one champion explained:

'I guess personal experiences. I wish when I was at school someone would have told me about these things: 'this is where to get help' and so on.' (Champion)

A number of champions also mentioned the role of the project manager in encouraging them to join the team. Champions reported that the project manager was welcoming and enthusiastic and that this helped allay anxieties about joining the group.

'When I initially came [the first project manager] was the coordinator at the time. Her energy was electric. When I met her that put me at ease.' (Champion)

Practical factors were also seen as important in encouraging champions to participate. A number of those interviewed suggested that the flexibility of the project allowed them to take part. Particularly for those balancing volunteering with paid employment or studies, the ability to join at times that suited was seen as vital. One champion compared this to a similar programme.

'The only thing was the time commitment and, when I joined, it was quite a flexible thing. With some volunteering you feel quite obligated. I was doing paid work alongside. I was [a] recent graduate and the work I got was part time, sessional youth work.' (Champion)

Frequent meetings were set up in the early project phase so that champions could work with the project manager to plan and design the different activities that would form the basis of intervention content. The design drew from the champions' own mental health difficulties and experiences of transitions to ensure that Step Up was informed by their lived experience and personal expertise.

4.4. Step Up intervention content

Table 3 details Step Up activities delivered between November 2015 and May 2018, divided by year of project. This highlights the different types and lengths of interventions, as well as the different partners involved. Once partnerships were agreed with organisations in the chosen London borough, or who served young people in one or more of these boroughs (e.g. BADA, Evolve and Arsenal FC), project partners focused on recruiting participants for interventions and provided the venue, whilst Rethink provided the delivery and necessary materials. In January 2016, an intervention was delivered by Rethink at its base, and without a delivery partner. It was set up to see if young people who were not perhaps attached to a specific organisation, might want to attend an activity independently. However, this

struggled to recruit enough participants and although activity did run with the two attendees, it was decided to focus in future purely on partnership delivery. This would hopefully make best use of project resources and ensure that participants could be supported by a partner organisation, in recognition of the limited ability of the Step Up project to continue support beyond session delivery.

A lot of interest was received from potential partners as they became aware of Step Up. Session delivery plans were developed on the basis of learning from previous interventions, input from both champions and project staff, and specific conversations with each partner about their and participants' needs, to ensure activity was appropriately focused. This meant that each intervention would differ in approach and content, using a mix of interactive exercises, as well as some core activities. For instance, sometimes subject matter was more focused within sessions e.g. around exam stress, going to university, or about body image. A big part of activity design was developing exercises and/or generating information that champions and/or project staff had previously found valuable. In this way, facilitators could bring personal expertise by experience and this would hopefully be of greater use to participants as a result.

Whatever the particular focus of a session, a standard part of most sessions was the sharing of exercises with young people that may help them understand, cope with and plan for transitions. Examples of exercises included:

Celebrity Matching Exercise: Participants were shown names/pictures of celebrities and then given descriptions of mental health diagnoses. They had to match the celebrity with the diagnosis e.g. David Beckham and Obsessive Compulsive Disorder. This was an introductory activity to address stigma of mental illness.

Stress Bucket/cup: A tool shared as a way to measure how much self-care an individual might be giving themselves in relation to the demands of their life.

Memory Jar: A wellbeing tool that can be filled with written notes about happy memories so that when someone feels sad they can go and pick out a random memory that makes them happy. It was aimed at helping people remember that feelings are very temporary and to remind them about happy memories.

To support this, a booklet, co-designed with champions, could be taken away by participants for future use, which included a variety of these and other exercises to support young people if they were struggling at any point. Booklets were tailored to the sessions' themes e.g. going to university (see Figure 1, Figure 2 and Figure 3). Additionally, champions co-leading sessions, would, if appropriate, share some of their own journey with their mental health and transition experiences.

As described in the project changes section below, the delivery content and structure did alter over the course of the three years, with the booklet being updated and content changed. Additionally, champions' input became more focused on things they found helpful, such as the tools described above, in managing their mental health, rather than necessarily their story of their mental ill-health and recovery.

Likewise exercises changed with the introduction of new staff who brought different skills, experiences and passions.

Figure 1: Step Up Booklet: First design, cover

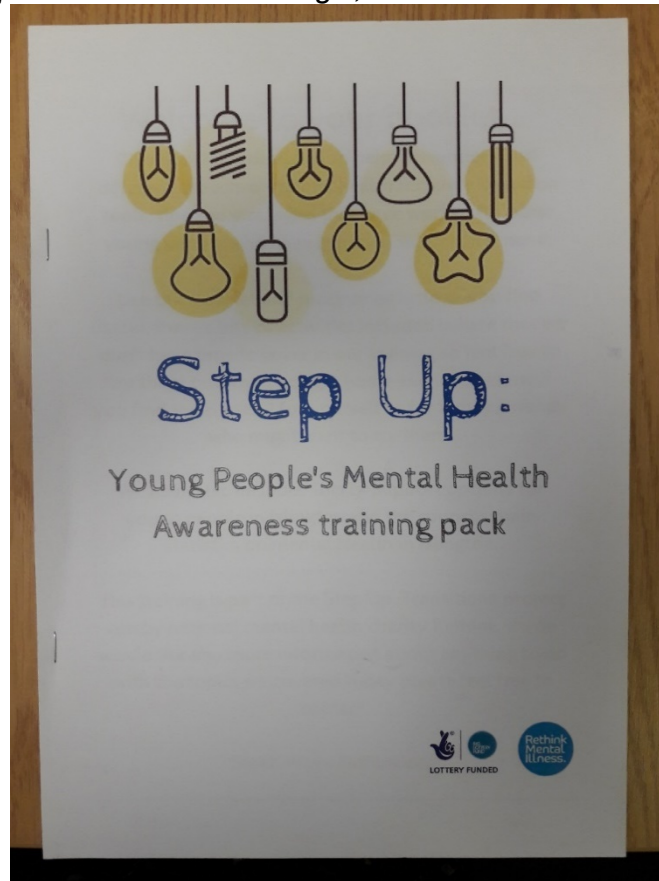


Figure 2: Step Up Booklet: First design, inside content example



Figure 3: Step Up Booklet: First design, inside content example



However, in essence, sessions throughout Step Up included, to a greater or lesser extent, the following mix of content:

- Examples of mental health issues/diagnoses;
- Personal experiences from facilitators around mental health and coping strategies;
- Sharing tools and trying out exercises for managing and maintaining mental health;
- Sharing of a booklet with a range of resources for young people;
- Signposting to additional support and help.

Delivery was often led by one or two project staff, alongside two or more champions, and supported by a PowerPoint presentation. In total, 35 interventions were run, involving 580 young people and 21 partners. Four partners were worked with more than once. The shortest activity was an hour long, and the longest was over 6 sessions.

Once delivery was completed in May 2018, June to August 2018 was focused on collating, analysing and reporting on monitoring and evaluation data - of which this report is the main output - creation of a film to accompany the evaluation, and active fundraising for the development of Step Up for the future.

Table 3: Step Up intervention details

Name of intervention	Intervention length	Project Partner	London Borough
Year 1 Activity			
Rethink University	1-day	City and Islington College	Islington
Step Up	1 day	Rethink Mental Illness	Lambeth
Think Positive: Exams	6 days	West London College	Hammersmith & Fulham
Peer Support	1 day	Evolve Housing and Support	Lambeth
ESOL Groups	1 day	Information not collected	Information not collected
Moving onto Adult Services (Youth Health Platform)	6 days	Camden and Islington Foundation Trust	Islington
Peer Mentoring	6 days	Phoenix High school	Hammersmith & Fulham
	6 days	William Morris ⁵ Sixth Form	Hammersmith & Fulham
Creative Arts for Mental Health	6 days	West London CAMHS	Hammersmith & Fulham
	6 days	Lady Margaret's School	Hammersmith & Fulham
Step Up: Mental health in transition (Street Step)	1 day	Street League	Islington
	1 day	British American Drama Academy	Camden
	1 day	Phoenix High School	Hammersmith and Fulham

⁵ Activity took place, but data was recorded incorrectly so is not included within analysis in Section 5

Year 2 Activity			
Young Men's Mental health	1 day	Arsenal FC in the community ⁶	Islington
Year 3 Activity			
	1.5 hours	Barnet Young Carers	Barnet
	1.5 hours x 2 groups	Copthall School	Barnet
	3 hours	Hammersmith Academy	Hammersmith and Fulham
	1 hour	Highbury Fields Sixth Form	Islington
	1.5 hours	King's College London	Lambeth
	1.25 hours	London College of Beauty Therapy	Westminster
Step-Up Body Image	2 hours	London College of Beauty Therapy	Westminster
	1 hour x 3 groups	Phoenix Academy	Hammersmith and Fulham
	1 hour	Phoenix Academy	Hammersmith and Fulham
Tri-Borough Conference	1.5 hours	Lyric Theatre, Hammersmith	Hammersmith and Fulham
	1.5 hours	Westminster Academy	Westminster
	Information not collected	Whitefield School	Barnet
	1 hour x 3 groups	William Morris Sixth Form	Hammersmith and Fulham
	1 hour	Evolve Housing and Support	Lambeth

⁶ Activity took place, but survey data was lost in the change between first and second project manager and does not contribute to analysis in Section 5.

	2 x 1 hour	Hendon School	Barnet
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4.5. Programme changes

As with any three-year project, there were inevitable changes including organisational changes, staffing changes, and changes to delivery structure and content. The life of the project also took place against a background of wider changes taking place, such as Government, local authority, voluntary sector and health service funding cuts and/or restructures, as well as changes to education structures and targets (e.g. changing curricula and OFSTED ratings; changing sixth form structures etc.). Although not explored here, the challenging societal context did seem to be linked to organisational changes and the ways in which Step Up could work with partners and reach young people. Therefore, these are important factors to consider when thinking about the story of the Step Up project, its potential impacts, the limits to what it could hope to achieve, and the learning encountered along the way. Specific changes are outlined below.

4.5.1. Organisational changes

Rethink experienced a number of organisational changes and restructuring over the lifespan of Step Up. The original steering group stopped meeting before the end of the first year of Step Up and it was never re-convened again due to departmental restructures.

By February 2017, Step Up had been moved into Rethink's Innovation and Enterprise Directorate, within which was a new Co-Production Manager who line managed the Step Up project manager. This new directorate seemed more appropriate as the project was, in effect, a pilot project innovating around co-production and empowerment. Additionally, the line manager was focused on Rethink's overall strategy and delivery in relation to co-production. Therefore, Step Up seemed more firmly based within a part of the organisation where it could benefit from senior knowledge and expertise within the field, and also contribute more directly to influencing Rethink's strategic and policy interventions through this route.

The interim report (towards the end of Year 2) did suggest that it could be helpful for the project if a steering group was re-formed. However, for the rest of Year 2 and the first half of Year 3 this stable, more senior management support for Step Up at an operational level perhaps negated the need for a steering group.

Towards the end of Year 3, in April 2018, the Co-Production Manager post ended as part of a further organisational restructure. Step Up was moved into Rethink's Services South Directorate, with the head of that department providing overall leadership for co-production. At this point, Step Up was slowing down in terms of delivery and the project manager was collaborating more with senior staff focused on fundraising and the Head of Services South on the future legacy of Step Up. This work has helped align Step Up with Rethink's wider organisational and service delivery goals.

4.5.2. Project staffing changes

The project manager post was the only direct, employed post working on Step Up until a 0.2 FTE project officer was recruited in July 2016, to support with planning and delivering interventions with champions. This latter post was created instead of using bank staff for delivery, as it was felt the most productive way to use staff time.

However, between November 2016 and April 2017, there was no project manager as the first project manager became unwell and left their post, and a new project manager was recruited. This period coincided with some of the organisational changes mentioned above, and with the first year's activity completing and plans for the remainder of Step Up, its management, structure and content being reviewed. Also, during this period, one of the original champions died suddenly. As discussed below, these changes and the way they were managed seemed to have important ramifications for the project, and for the champions in particular.

The previous project officer was promoted into the role of Step Up project manager and so was known by some champions and knowledgeable about the project. As the project was being reviewed, it was decided to recruit a new part-time officer, but this time for 0.5 FTE (2.5 days per week) project officer, to support project development and delivery (post began in September 2017), as well as a 0.2 FTE (one day per week) project administrator (which also began in September 2017), so that Step Up had more staff capacity to deliver. These new posts were held by people who worked additional days at Rethink on other projects within the Co-production department.

4.5.3. Changes to delivery structure and content

As may be seen from Table 3, when the project first started, it delivered sessions that were either one-day long or spread over six sessions. However, this was a challenge from the start for the following reasons:

- Partners struggled to fit Step Up into their timetable of activity, so getting sessions confirmed was difficult;
- Participants were not always able or willing to commit to 6-session interventions;
- Six-session interventions had to be delivered for returning participants as well as those who only attended as a one-off;
- Partners would change the format of sessions at the last minute, for instance by cutting sessions short or bringing larger groups of participants than had been expected.

Additionally, the initial three outcomes agreed with the Big Lottery Fund focused on young people with mental illness. Although some links had been made with partners within mental health services and a couple of initial projects were run in these settings, it was difficult to get guaranteed numbers of participants in these settings, or get consistency of participants between sessions.

'We tried six sessions at CAMHS and it went from 2 participants down to 1 – really hard.' (Champion)

Additionally, running projects within Further Education and university settings was also difficult because of last minute changes to activities, lack of partner engagement in supporting participant recruitment, and often last minute cancellation of activities.

All of these factors presented particular challenges for the original project manager who was the only staff member at the time. It was also difficult for champions who were new to facilitating activities, and all of whom may have had their own mental health difficulties, which these uncertainties did not always seem to help.

'Sometimes the rush in and rush out in delivery, need follow up and regular activity...it can stress out young champions.' (Champion)

From Year 2 onwards, more one-off activities were run. Although 6-session interventions remained available as a possibility for partners, by Year 3 almost all activities were more likely to last between one or two hours and were mainly run within secondary school sixth forms. These involved young people whether or not they had experienced any particular or diagnosable mental health difficulties. Sessions were still sometimes changed at the last minute by receiving partners, and so flexibility was always important on behalf of the team delivering.

When the new Project Manager began in post, as mentioned above, this was an opportunity to review progress so far, using the interim report and their own ideas about what might work best for the remainder of the project. The original Theory of Change was reviewed and updated in light of what had been learnt in Year 1 (see Appendix 2; Champion ToC). For instance, an originally anticipated medium-term outcome had been agreed as *'Young people have improved resilience'*. This was changed to *'Young people feel they have improved skills and tools to support resilience through transitions'*.

In recognition of the learning so far, and the knowledge that getting into more specialist settings such as mental health services was a challenge, and that education settings were perhaps the best route for Step Up delivery, it was decided that the project targets and content also needed to change. Project targets were re-negotiated with Big Lottery Fund, as Table 4 shows. The re-negotiated targets took account of the six-month period in Year 2 without a project manager, when the first project manager was unwell and a new project manager was recruited. The targets for Year 3 were increased accordingly. Key changes to targets included:

- Decreasing the number of participants to be worked with, from 470 to 404;
- Increasing some outcome targets (e.g. Young people report improved knowledge of mental health services and support networks - from 200 participants to 311);
- Decreasing other outcome targets (e.g. Young people report they have new skills or tools to manage health and wellbeing - from 375 participants to 310);
- Taking out those targets that were specifically focused on young people with mental illness (see Table 1);
- Changing the final original target about increasing resilience, as this was not possible for the project to evidence.

The geographic scope of the project was changed as well, so that it could now work in any London Borough, according to need and demand. As mentioned in Section

4.4, the content of sessions was tailored according to the need of partners, participants and the space and time available for activity from the project start. However, different people joining the Step Up team, as staff or champions, coincided and perhaps contributed to other changes to the content of activity. For instance, the booklet was re-designed, keeping some of the original exercises and including new ones that had since been developed. Additionally, from participant feedback, the new project manager noticed that further information was needed around where help might be available if needed, so the newly designed booklet included pages detailing other sources of mental health support or information. The changed design can be seen in Figure 4, Figure 5 and Figure 6.

An example of session content changing was the move from champions talking about their journey through mental ill-health, getting support and becoming well again, to a greater focus on champions describing different tools or exercises they used when anxious or if they were struggling in different situations. Another example was the second project officer joining the team and bringing a passion and knowledge around body image issues. As a result, they worked with colleagues and champions to design exercises and sessions specifically on this topic. These sessions were provided to The London College of Beauty Therapy, and individual exercises incorporated into the more generic Step Up delivery in school sixth forms.

As the targets set around champion recruitment indicate, there was an understanding from the beginning that champions would change over the lifetime of the project. Some champions did keep connected to Rethink in some way over Step Up's lifespan, either through Step Up evaluation activities or by progressing into employment at Rethink or volunteering on other Rethink projects. However, most champions did leave over the project's course, and new champions recruited. This will have influenced changes in delivery, with new champions bringing new ideas, different experiences and preferences for tools and exercises.

Table 4: Renegotiated Participation Targets

Re-negotiated Participation targets in 2017	Year 1 figures were based on actuals recorded			
	By end of Year 1	By end of Year 2	By end of Year 3	Whole project targets
Numbers of champions recruited to Step Up	5	4	4	13
Number of six session projects delivered	7	0	0	7
<i>One day activity participants</i>	143	0	0	143
<i>Six session project participants</i>	66	0	0	66
Numbers of young people worked with	129	95	180	404
Outcomes targets				
Outcome 1: Young people report improved knowledge of mental health services and support networks in their local community	124	52	135	311
Outcome 1: Young people report having a clearer understanding of the process of their transition	125	41	135	301
<i>Young people report having used the knowledge they gained through the project to positive effect in their transition</i>				0
Outcome 2: Young people report they have new skills or tools to manage health and wellbeing during a period of change	125	50	135	310
Outcome 2: Young people report that they have positively managed their transition	0	0	20	20
Outcome 3: Young people feel they would be more able to cope with and adapt to a major change	119	38	100	257
Outcome 3: Young people report having used their knowledge gained through their project to positive effect in their transition	0	0	20	20

Note: Targets in italics represent targets that were taken out of project objectives in the re-negotiation and so are not reported on in the final evaluation report. These targets are the ones that are reported against in Section 5.

Figure 4: Step Up Booklet: Second design, cover

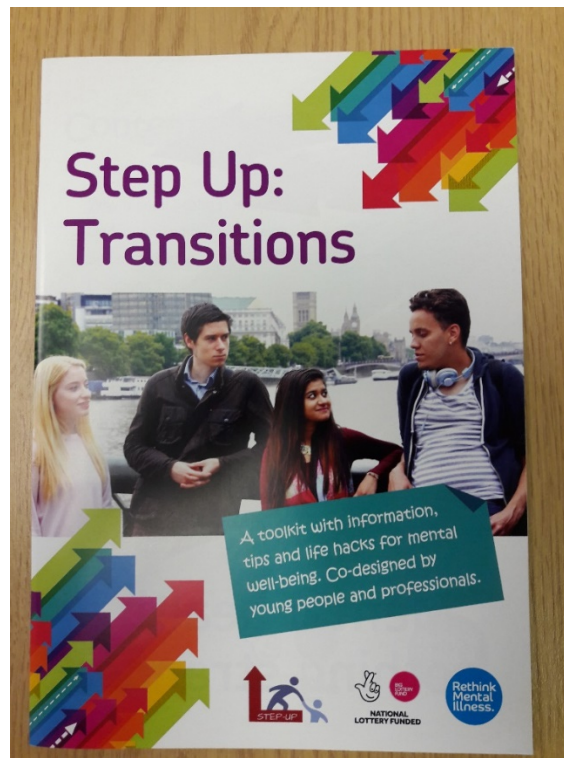


Figure 5: Step Up Booklet: Second design, inside content example

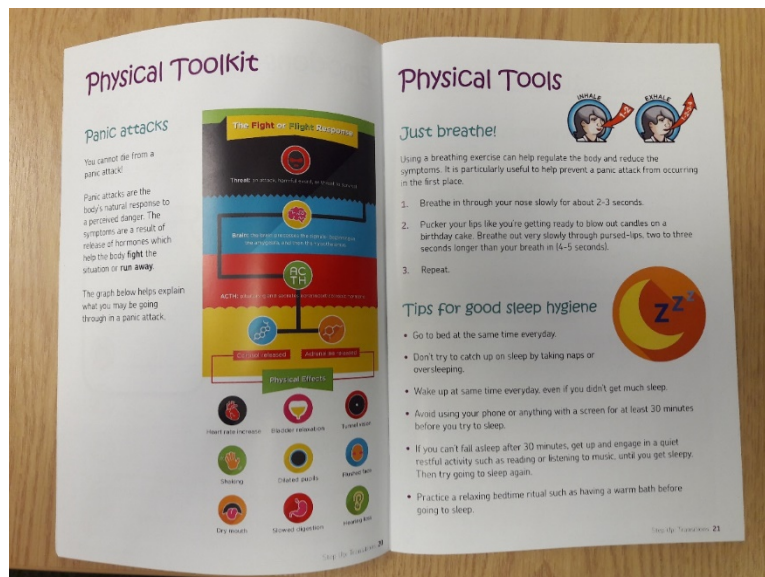


Figure 6: Step Up Booklet: Second design, inside content example



The final key changes to project delivery and structure were around the involvement of champions in planning and delivering evaluation activity. At the beginning of the external evaluation activity, champions and Rethink staff were involved in developing the project Theory of Change, the Mental Wellbeing Impact Assessment and in co-designing evaluation activities. The project manager recruited evaluation champions to the project as well, who also received training in running focus groups and undertaking participant interviews. Some of this activity took place on weekdays and others on Saturdays, which proved popular with some champions. Between 5 and 15 champions attended evaluation co-design activities.

However, as the project developed, some evaluation champions became involved in delivering interventions, and many seemed unable to undertake evaluation tasks. This seemed to be because workshops were generally taking place on weekdays and many evaluation champions worked during the week. It was also difficult to get continued consistency of attendance at weekend workshops, although generally there were a few champions who did consistently take part in evaluation meetings.

After the first project manager left, and evaluation activity halted, it was not possible for the project team to support weekend meetings for the co-production of the evaluation. Instead, evaluation activities generally took place on a weekday early evening timeslot. Whilst co-production continued, this was now with a much smaller group of champions, usually between 2 and 4 champions.

4.5.4. Reflections on project changes

Sections 5 and 6 detail the survey results and feedback from participants which help show what may have worked particularly well, or not, in relation to Step Up delivery. Those sections also report on outcomes for champions, as described in champion interviews, and lessons from partnership working. This sub-section focuses mainly on the organisational, staffing and programme changes that were made, to the extent that these were raised within feedback given.

From interviews with staff and champions, it seemed that the first project manager began working more in isolation, possibly not helped by early organisational restructures and disbanding of the project steering group. The role involved a high initial workload including recruiting, training and supporting champions, and then ongoing responsibility for project delivery and being the only contact for project champions. When this staff member left, this caused disruption to the project.

'...it was genuinely confusing as to what had happened. I would meet colleagues on a weekly basis and try and work out how the different reports correlated...getting my head around the project...' (Staff member)

During champion interviews, when asked about challenges and what could be improved, most talked about the first project manager leaving, the subsequent halt in activity and some disillusionment that developed with this transition.

'I was disappointed that it kind of disbanded for a while with the Rethink reshuffling...' (Champion)

'There were some politics within that were problematic and it eventually trickled down to us as champions. The big thing was [first project manager] leaving maybe due to stress – not being supported enough ...personally I don't think it was handled well...it was a bit problematic and you are in a Mental Health charity and they are not looking after your Mental Health – made me think negatively about the organisation.' (Champion)

'People wondered what was going on, not getting replies, none of our contacts were around, there was no-one to speak to.' (Champion)

As mentioned above, evaluation activity also stopped at this time, at the request of Rethink, as the organisation became focused on addressing the staffing and project changes. Whilst this may have been necessary, it can be problematic when attempting to work in a co-productive manner and when champions have built a connection to individual staff.

'Something changed in the tone in the relationship.' (Champion)

Bearing in mind some of the difficulties experienced at this time, it made sense that more of a team was built around Step Up, through the recruitment of the Co-Production Manager, Step Up Project Manager, Project Officer and Administrator. Ways of working also seemed to become more structured and systematic, including more structured processes for champion recruitment. The following operational changes made for the third year included:

- Full children and vulnerable adults Disclosure and Barring Service checks for any champion involved in Step Up design, delivery or evaluation;
- Mental Health First Aid, public speaking and online Cognitive Behavioural Therapy training for all champions;
- A signed agreement on expectations from both parties – champions and Rethink;

- Rethink approval and oversight of messages posted on the Facebook group;
- Clearer boundaries shared with champions on how to make contact with staff;
- Clearer working hours for champions and staff (which resulted in removal of weekend communication).

These changes were co-designed by the Step Up team, other Rethink colleagues and active champions to improve safe practice and reduce risk. They were approved by Rethink's former Head of Innovation and Co-Production Manager. For some champions who had been involved from the beginning though, the changes continued to be difficult and in some cases disappointing.

'I was gutted to find out that [the project manager] had left her role...and I think many champions would agree. It's difficult when you build a rapport with someone and then suddenly you have to start this all over again with someone new. Despite not being involved as much, I have noticed that the Step Up materials have changed a lot since...and that's not necessarily a bad thing, but it just means getting used to the changes.' (Champion)

'It became a bit clinical, quite professional, not so warm.' (Champion)

However, the new structures around the project seemed to improve support for staff working on the project.

'... we work for a mental health charity, so his aim as my line manager was to make me less stressed, as much as possible. He's been 100% supportive, couldn't ask for more... really lucky to be working here.' (Staff member)

New champions seemed to enjoy being involved in Step Up and were happy with the support they were getting from staff, able to attend meetings and input into activity. Older champions that were still interested in being involved though found the lack of out of office hour meetings more of a challenge to attend.

'When activities are run – champions work or study, they want to do sessions out of these hours. Want to do sessions on Saturdays but they no longer run them...Now, at meetings, 1 or 2 people turn up, not the 20/30 that there were before. The changes have had an impact....' (Champion)

This feedback seems to point to the challenge in over-recruiting numbers of people as well as the difficulty in meeting the needs of champions, staff and hosting organisations. This can particularly be the case when professional boundaries may not have been clarified from the start. Whilst it was perhaps enjoyable for champions to attend planning activities that engaged so many, this was a very high number for the project to support. It seemed unsustainable in terms of refunding champion expenses and arranging activities at times that worked for everyone. Whilst the experience of disappointment and a lack of support was very real for some champions, the second project manager was faced with dealing with the high, possibly unrealistic expectations created in the first phase of the project. This meant that the changes to ways of working perhaps received a higher level of criticism than if clearer boundaries had been set from the start. However, clarity around roles and

expectations can be helpful for everyone, particularly when working on a project involving young people and champions with lived experience.

To be able to set clear boundaries (e.g. saying no to interested champions when enough have been recruited), when working in a field which staff members may feel personally passionate about and committed to, needs careful supervision and support. It appears from the restructure of the project, that this lesson was learnt by the organisation. Finally, champions' involvement in planning, delivering and evaluating activities, seemed to demand a lot from champions and added pressure on staff time and resources. Whilst occasional weekend meetings for champions may have been popular in the first 18 months of the project and in some cases necessary to keep champions engaged, it is important not to underestimate the staffing and volunteer commitment required for this. Co-designing guidelines for staff and clarity for champions of what to expect and the boundaries of a project's capacity would be useful elements to include within future co-production projects.

5. Outcomes Evaluation

This section of the evaluation report presents the results of the outcomes evaluation of Step Up. It explains the outcomes evaluation design, including the different measures used to capture outcomes for participants. It then reports on the results from the quantitative data analysis, with some qualitative data analysis, and highlights the caution that should be taken when interpreting these results. It moves on to reporting the outcomes achieved for Step Up champions, as captured through champion interviews.

5.1. Outcomes evaluation design

Table 1 in Section 3 describes evaluation activities, reporting on what was achieved, changes and revisions made to evaluation. As explained there, three different surveys were used during Step Up. For ease of reference these are named as (1) Rethink Survey, (2) One-off survey and (3) pre- and post-surveys. The Rethink survey was drafted by the project manager at the beginning of Step Up, in order to capture data whilst the external evaluation team was recruited and whilst co-produced, standardised surveys were being designed for all projects. It was then also used within Year 1 projects where it was felt that the standardised surveys were not appropriate.

The Rethink survey asked participants to respond on a five-point scale to statements, such as '*I feel more able to plan for future mental health situations*' and '*I feel able to cope and adapt to changes in the future*' (see Appendix 1: Rethink Survey). The results of these surveys were inputted into an Excel database created by the project manager according to the project outcomes being measured, recording whether or not the outcome was met (not recording which point on the scale participants ticked against).

The one-off survey was designed for participants from one-day (and used later for the shorter) interventions, asking them to rate their enjoyment and the quality of their interventions, as well as asking them to rate on a 5-point Likert scale their agreements with statements relating to the intended project outcomes (e.g. '*I have a better understanding of how to get support for my mental health and wellbeing*' and '*I*

feel more confident that I can cope with major changes in my life'). As well as asking the same questions as the one-off survey, the pre- and post-surveys also included the Generalised Self-Efficacy (GSE) Scale⁷ (see Appendix 4: Co-designed surveys: Pre- and post-Surveys; One-off Survey).

The GSE Scale attempted to capture whether the individuals engaged in 6-session interventions had experienced improvements in their self-efficacy. This validated and reliable scale was chosen because self-efficacy has been found to be related to resilience and is a potential protective factor for resilience through adversity.⁸ It met Rethink's requirement to include a validated measure as part of the evaluation, was judged by champions to be the most appropriate measure for the expected participants and was judged by the researchers to be short enough to not be too onerous for those distributing and completing surveys.

The surveys were distributed to participants and collected by Rethink staff and champions at the end of Step Up workshops, and then results were inputted into the excel database provided by the external evaluation team and sent intermittently to TIHR, who completed data analysis. It was hoped that longitudinal data, beyond the intervention activities could be captured, initially through follow up focus groups and interviews with participants, run by champions with project staff. When this was not possible, participants were asked to register interest in being interviewed by telephone and follow up contact was made by the external evaluation team to arrange interviews.

In terms of Champion outcomes, the evaluation had not been commissioned to assess this as part of Step Up. However, in the process of undertaking the evaluation co-design, it was agreed to develop a Theory of Change specifically around the Champion experience (see Appendix 2 2; Champion ToC), and interview topic guides were co-designed (see Appendix 5: Topic guides: Participant focus groups and interviews; champion interviews; staff interviews). Members of the external evaluation team contacted all champions for interviews and 7 agreed, 2 of whom undertook six month follow up interviews. Another 6 champions continued intermittent contact with members of the evaluation team, without being formally interviewed, and so it was possible to gain further follow up qualitative data and feedback from these champions. Appendix 6: Sample characteristics of survey respondents and Data Analysis outlines methods of analysis used.

5.2. Participant Outcomes data captured

This section reports on the analysis of outcomes data captured over the three years of Step Up. These are the outcomes that Rethink were awarded funding to achieve,

⁷ Schwarzer, R., Jerusalem, M. (1995) Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON. See <https://userpage.fu-berlin.de/health/engscal.htm> for more information.

⁸ Schwarzer, R., & Warner, L. M. (2013). Perceived self-efficacy and its relationship to resilience. In S. Prince-Embury & D. H. Saklofske (Eds.), *The Springer series on human exceptionality: Resilience in children, adolescents, and adults: Translating research into practice* (pp. 139-150). doi: 10.1007/978-1-4614-4939-3_10

from the Big Lottery Fund’s Reaching Communities Programme. As can be seen from the data presented, most outcomes were exceeded, as summarised here:

- 580 young people took part in Step Up, against a target of 404, with 561 completing surveys for analysis;
- Between 453 and 501 participants self-reported achieving project outcomes at the end of activities, against targets of between 257 and 311 participants;
- The two targets of 20 participants both successfully managing transitions and having used their knowledge gained to positive effect in their transition could not be evidenced, because of the challenge with gathering this data, and lack of follow-up.

5.3. Summary of survey data gathered, including descriptive statistics

In total, 561 participants completed surveys and were included in the analysis.⁹ 126 young people completed the Rethink Survey; 27 completed the pre-and/or post-survey; and 408 completed one-off surveys. Table 5 lists the host partner or title for each intervention, its length, the number of participants and the year of activity, against the survey completed for that activity.

Table 5: Number of surveys completed and type of survey used per intervention

Partner/Title of Intervention	Length of intervention	N	One-off survey	Pre- post survey	Rethink survey
British Academy Drama Academy (BADA)	1 day	30	Year 1		
Phoenix High School	1 day	21	Year 1		
Barnet Young Carers	1 session (1.5 hrs)	6	Year 3		
Copthall	2 sessions (1.5hrs each)	49	Year 3		
Evolve	1 session (1 hr)	17	Year 3		
Hammersmith Academy	Information not collected	24	Year 3		
Hendon School	2 sessions (1 hr each)	24	Year 3		
Highbury Fields Sixth Form	1 session (1 hr)	53	Year 3		
King's College London	1 session (1.5 hrs)	5	Year 3		
London College of Beauty Therapy (LCBT)	1 session (1.25 hrs)	19	Year 3		

⁹ A few cases were excluded for various reasons: Completing the incorrect type of survey, exceeding the age range of 16-25 or only completing one of the pre- and post-survey.

LCBT-2	1 session (2 hrs)	26	Year 3		
Phoenix Academy	3 sessions (1hr each)	34	Year 3		
Phoenix Academy -2	1 session (1 hr)	21	Year 3		
Whitefield School	Information not collected	15	Year 3		
Tri-borough Conference	1 session (1.5 hrs)	11 ¹⁰	Year 3		
Westminster Academy	1 session (1.5 hrs)	27	Year 3		
William Morris Sixth Form	3 sessions (1hr each)	26	Year 3		
Lady Margaret's	6 days	Pre - 6; Post - 14		Year 1	
Phoenix High School	6 days	Pre - 12; Post - 13		Year 1	
Esol groups	1 day	32			Year 1
Evolve Peer support	1 day	5			Year 1
Exam stress 1	1 day	11			Year 1
Exam stress 2	1 day	13			Year 1
Phoenix Peer Mentoring	6 days	21			Year 1
Street Step	1 day	14			Year 1
Think Positive training	6 days	7			Year 1
Training 1-City and Islington College	1 day	9			Year 1
Training 2 – Rethink Mental Illness	1 day	2			Year 1
West London CAMHS	6 days	7			Year 1
Youth Health Platform	1 day	5			Year 1

More females (71%, n=369) participated in the workshops than males (28%, n=145), with 4 (1%) reporting their gender as transgender.¹¹ The gender gap has increased from year 1 to 3. While in year 1, 67% (n=129) survey respondents were female, in year 3, 74% (n=240) were female. The majority of respondents (81%, n=416) were between 14 and 19(/20)¹² years old. Nearly one-fifth (17%, n=81) were between 20 and 24(/25), and 16 respondents (3%) were 25 or older. The proportion of younger participants has also increased from year 1 to year 3. In year 1, less than two thirds

¹⁰ Two respondents that exceeded the age range of 16-30 were excluded from the analysis.

¹¹ Gender is not reported for 43 participants who completed the survey.

¹² The age of participants is not reported consistently across the different surveys and not reported for 48 participants.

(64%, n=123) were 19(/20) or younger, while in year 3, 91% (n=293) were between 14 and 19(/20) years old. Participants represented a range of different ethnicities. Around 25% (n=119) were White British and 13% black or black British – African or Caribbean. Nearly half of the participants who responded to the survey (48%, n=198) had not used mental health services in the past. Only around a quarter (23%) indicated to have used mental health services in the past. However, an almost equal proportion of respondents (30%) chose not to answer this question.

Therefore, whilst in general, Step Up interventions involved a diverse group of young people, a comparison between year 1 and year 3 demographic data revealed that increasingly female and younger participants attended workshops as the project progressed.¹³

5.4. Quantitative outcomes achieved

Overall, Step Up successfully exceeded most of its outcome targets. As described in Section 14, outcome targets were re-negotiated with BLF at the end of Year 2, based on learning so far. Table 6 below sets out the total re-negotiated targets for each of the three years, against the actual numbers achieved, as recorded through all survey returns. Whilst there were activities delivered during Year 2, the completed surveys from these were mislaid in the change from one project manager to the next and so are not reported on here. Outcomes reported were measured through survey data collected at the end of each intervention delivered. This includes the Rethink Survey, and the co-designed one-off and pre- and post-surveys.

As can be seen in Table 6 and Table 7, most achievements against the quantitative outcome targets were made in Year 3 of Step Up. The two outcome targets that evidence was not collected for were “*Young people report that they have positively managed their transition*” and “*Young people report having used the knowledge they gained through the project to positive effect in their transition*”. As described in Section 3, these outcomes were due to have been evaluated through follow up interviews and focus groups with participants, undertaken by project staff and champions. However, these could not be arranged with partners. By year 3, participant contact details were being collected through the survey and shared with the evaluation team, of which 66 email addresses were received. Bearing in mind, this was an activity not accounted for at the evaluation design stage, it was not possible to contact every participant. However, efforts were made to contact over 20 of the young people that gave their contacts, in order to undertake telephone interviews. Of these, many emails bounced back, with addresses unrecognised, and only two participants agreed to be interviewed. One previous participant was interviewed and the other did not return contact following initial agreement. Whilst positive feedback was given by the one interviewee about the Step Up intervention, they did not identify any link between the activity and building their ability to cope through transitions.

Table 8 compares the proportion of survey respondents that indicated improvement on the dimensions for each survey type, combining responses for all three years. Overall, the Rethink survey shows the highest proportion with close to 100% for each

¹³ Detailed information about sample characteristics is presented in Appendix 6.

area whereas the pre- and post-survey has proportions of around 30%. Although increased resilience was removed as an outcome target, analysis of the pre- and post-survey data identified 5 (29.4%) of pre- and post—survey respondents registering an increase in the GSE scale in Year 1, indicating increased resilience for these participants. However, this also means that over 70% of these respondents did not register an increase in the scale during the intervention. A discussion around methodology considerations can be found at the end of this section.

Interestingly, as Table 9 shows, there is a marked difference between the proportion of participants agreeing to the outcomes, as measured through the one-off survey between year 1 and year 3. These quantitative results are supported by some of the qualitative responses given by participants in the open questions on the surveys (see Section 6 below). This change in the proportion of participants reporting positive outcomes seems to have happened in parallel with changes to the methods of the intervention. However, only 51 participants completed the one-off survey in the first year whereas in year 3, 357 participants did so.

The remainder of this section will look in some more detail at the difference between year 1 and year 3 one-off survey responses to outcome measures, before considering some of the responses from the pre- and post- surveys. Although the latter were gathered from a small cohort, the results are interesting to note.

Table 6: Outcome targets per year

Outcomes targets	By end of Year 1		By end of Year 2		By end of Year 3		Whole project	
	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
Number of champions recruited to Step Up	5	18	4	13	4	Not collected	13	31
Revised total number of young people worked with (replacing one day and six day activity targets)	129	208	95	15	180	357	404	580 ¹⁴
Outcome 1: Young people report improved knowledge of mental health services and support networks in their local community	124	166	52		135	335	311	501
Outcome 1: Young people report having a clearer understanding of the process of their transition	125	156	41		135	338	301	494
Outcome 2: Young people report they have new skills or tools to manage health and wellbeing during a period of change	125	165	50		135	324	310	489
Outcome 2: Young people report that they have positively managed their transition					20		20	
Outcome 3: Young people feel they would be more able to cope with and adapt to a major change	119	151	38		100	302	257	453
Outcome 3: Young people report having used their knowledge gained through their project to positive effect in their transition					20		20	5

¹⁴ This number includes 15 participants in the Arsenal in the Community partnership (Year 2) and 4 participants in the William Morris project (Year 1), neither of which have contributed to outcomes data analysis, as explained in Section 3.

Table 7: Achieved outcome targets per year and per survey type

Outcomes targets	By end of Year 1					By end of Year 3		Whole project	
	One-off survey	Rethink survey	Pre-post survey	Total	% of completed surveys ¹⁵	One-off survey	% of completed surveys ¹³	Total	% of completed surveys ¹³
Outcome 1: Young people report improved knowledge of mental health services and support networks in their local community	36	124	6	166	86.0%	335	94.1%	501	91.2%
Outcome 1: Young people report having a clearer understanding of the process of their transition	28	125	3	156	80.8%	338	94.9%	494	90.0%
Outcome 2: Young people report they have new skills or tools to manage health and wellbeing during a period of change	35	125	5	165	85.5%	324	92.0%	489	89.7%
Outcome 2: Young people report that they have positively managed their transition	0	0	0	0	0		0		0
Outcome 3: Young people feel they would be more able to cope with and adapt to a major change	27	119	5	151	78.6%	302	85.3%	453	82.9%
Outcome 3: Young people report having used the knowledge they gained through the project to positive effect in their transition		5 ¹⁶		5				5	

¹⁵ The reference sample size varies as not all participants completed each item for the survey. Hence, the number of participants per year cannot be used to calculate this percentage.

¹⁶ This information was only recorded for 5 of the 126 respondents

Table 8: Achieved total outcome targets per survey type

	One-off survey		Rethink survey		Pre- post-survey	
	N	% of completed surveys ¹⁷	N	% of completed surveys ¹⁵	N	% of completed surveys ¹⁵
Outcomes targets						
Outcome 1: Young people report improved knowledge of mental health services and support networks in their local community	371	91.6%	124	98.4%	6	33.3%
Outcome 1: Young people report having a clearer understanding of the process of their transition	366	90.4%	125	99.2%	3	16.7%
Outcome 2: Young people report they have new skills or tools to manage health and wellbeing during a period of change	359	89.5%	125	99.2%	5	27.8%
Outcome 2: Young people report that they have positively managed their transition						
Outcome 3: Young people feel they would be more able to cope with and adapt to a major change	329	81.8%	119	94.4%	5	27.8%
Outcome 3: Young people report having used the knowledge they gained through the project to positive effect in their transition			5 ¹⁸			

¹⁷ The reference sample size varies as not all participants completed each item for the survey. Hence, the number of participants per survey type cannot be used to calculate this percentage.

¹⁸ This information was only recorded for 5 of the 126 respondents

Table 9: Proportion of outcomes achieved per year of one-off surveys

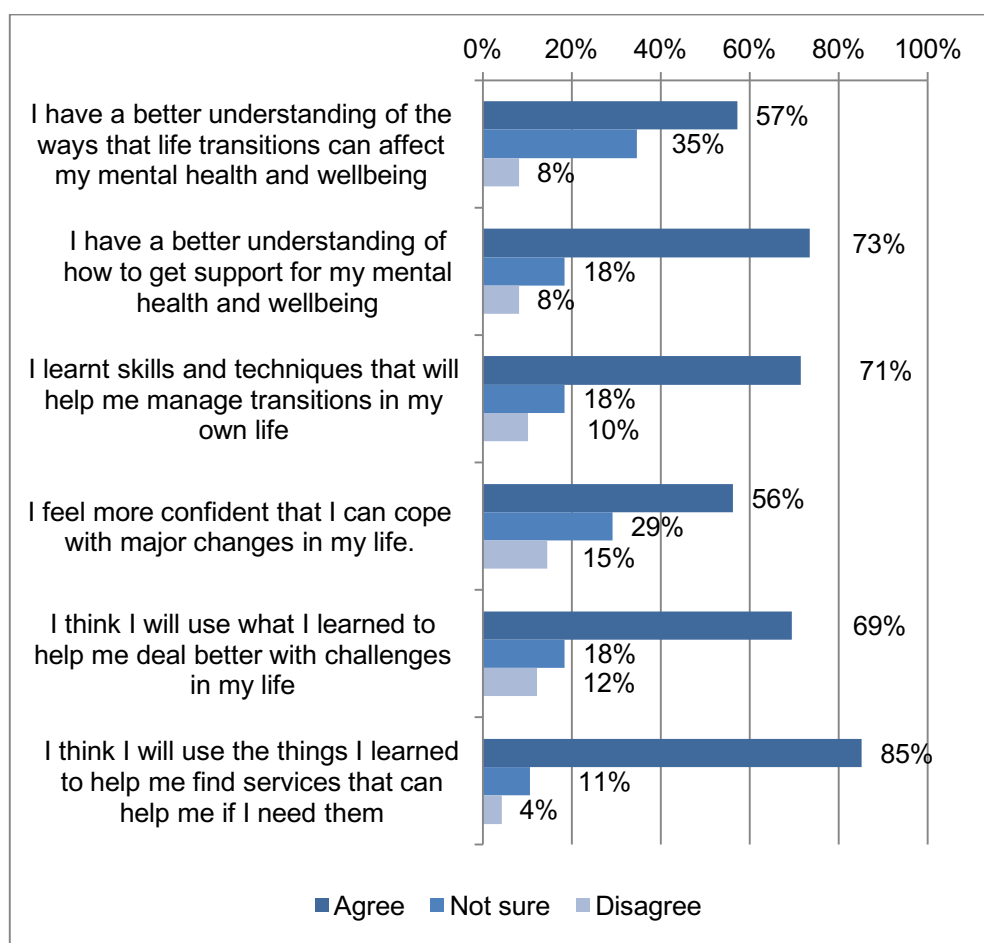
Outcomes targets	Year 1		Year 3		Whole project	
	N	% of completed ¹⁹	N	% of completed ¹⁷	N	% of completed ¹⁷
Outcome 1: Young people report improved knowledge of mental health services and support networks in their local community	36	73%	335	94.1%	371	91.6%
Outcome 1: Young people report having a clearer understanding of the process of their transition	28	57%	338	94.9%	366	90.4%
Outcome 2: Young people report they have new skills or tools to manage health and wellbeing during a period of change	35	71%	324	92.0%	359	89.5%
Outcome 2: Young people report that they have positively managed their transition						
Outcome 3: Young people feel they would be more able to cope with and adapt to a major change	27	56%	302	85.3%	329	81.8%
Outcome 3: Young people report having used the knowledge they gained through the project to positive effect in their transition						

5.5. Responses to One-off survey statements

Of the 51 participants who completed one-off surveys in Year 1 (30 from BADA and 21 from Phoenix High School), 49 of these responded to the outcome measure statements. As Figure 7 shows, 85% (n=42) of the survey respondents thought that they would use things learnt from Step Up to help find services if they needed to. However, only 69% (n=34) thought they would use what they had learnt to deal with challenges in their life.

¹⁹ The reference sample size varies as not all participants completed each item for the survey. Hence, the number of participants per year cannot be used to calculate this percentage.

Figure 7: One-off Survey respondents in Year 1 reporting improved outcomes



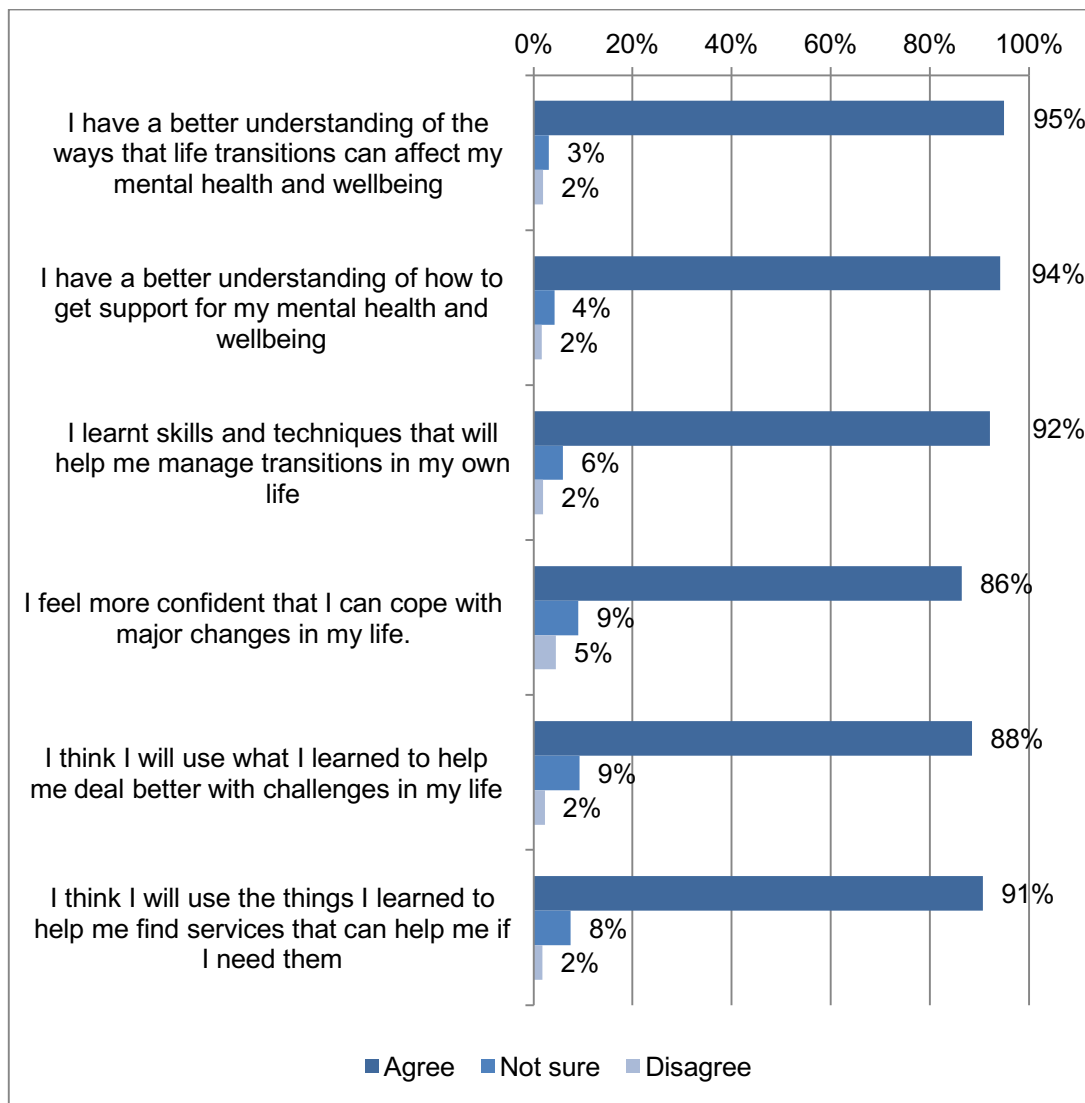
Note. N= 49 (missing 2)

In contrast, of the 357^{20,21} participants who completed the one-off survey in Year 3, more than 80% agreed with each of the statements about improved outcomes such as knowledge gain and improved understanding of mental health and wellbeing. Overall, respondents to the one-off survey were more positive than in the first year, as Figure 8 shows. For instance, 95% (n=338) of respondents thought they had a better understanding of how to get support for mental health and wellbeing and 94% (n=335) a better understanding of the ways that life transitions could affect their mental health and wellbeing, in contrast to 73% (n=36) and 57% (n=28) of Year 1 participants respectively. Around three-quarters (86%, n=305) felt more confident to cope with major changes whereas only 56% of year 1 respondents responded accordingly.

²⁰ 1 respondent was excluded as the age exceeded 30.

²¹ Number of survey responses varied across interventions from 5 to 53.

Figure 8: One-off Survey respondents in Year 3 reporting improved outcomes



Note. N=356 (missing 1)

5.6. Responses to pre- and post- survey questions

Of the 27 participants that completed surveys in the 6-session interventions at Lady Margaret's School and Phoenix High School, 18 completed both the pre- and post-surveys, and so were eligible for analysis. As mentioned above, these surveys included the GSE scale as well as other outcome questions.²² No significant changes in self-efficacy were shown between the two points of measurement, at the beginning and end of the 6-session interventions.²³ However, it is perhaps ambitious

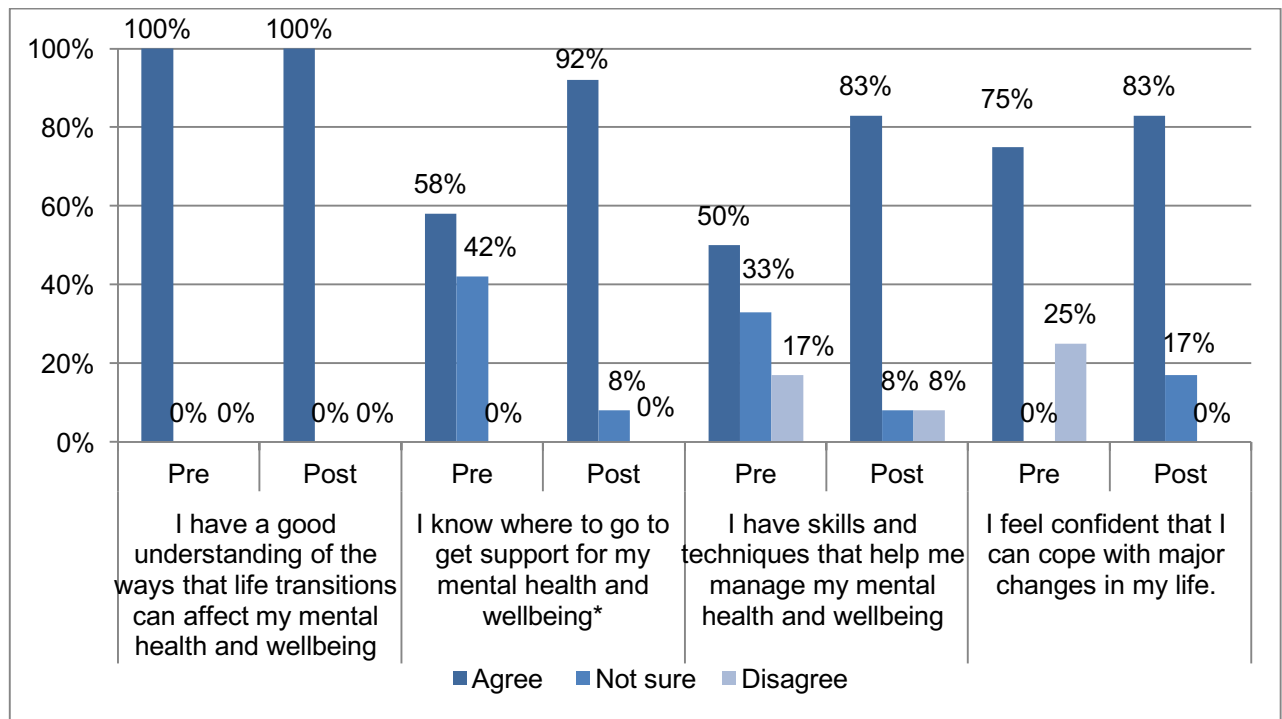
²² One participant's responses to the GSE scale were incorrectly reported or recorded, as they rated some items as 5, when the scale ranged from 1 to 4. Therefore, this person's data for the GSE scale was discarded, leaving 17 respondents for these items.

²³ Wilcoxon Signed Rank test did not show a statistically significant change in the self-efficacy of participants, $Z = -.198, p = 0.843$

to expect that there might have been improvements in these measures over the course of what were relatively small interventions.

Whilst there were no significant changes between participants' responses to most survey questions at the two points of measurement, two measures did show significant change. Figure 9 shows the responses to the skill, knowledge and confidence questions in relation to mental health before and after the project for Phoenix High School participants. This shows that there was a significant increase in those agreeing to the statement, '*I know where to go to get support for my mental health and wellbeing*' following Step Up.²⁴ This indicates that Step Up informed and/or increased participants' awareness of the different support available for their mental health and wellbeing.

Figure 9: Responses to questions about skill and knowledge before and after the project for the Phoenix High participants



Note. N = 12; * indicates $p < .5$.

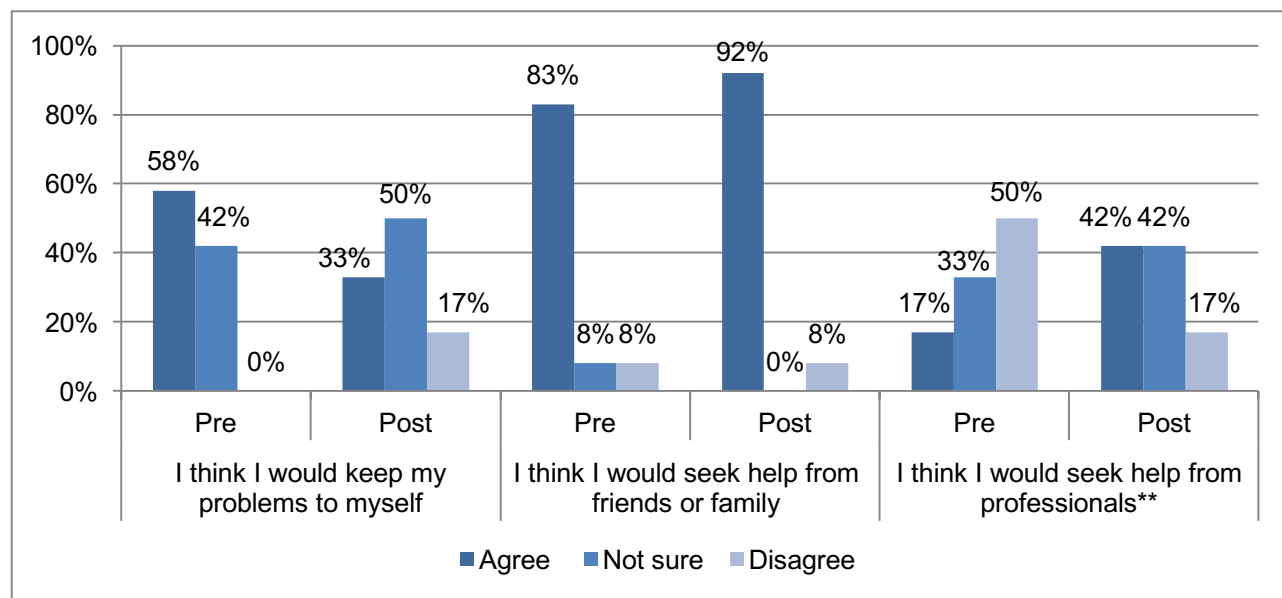
There were no significant effects shown for Lady Margaret's School participants on these measures. Finally, for Phoenix High School, there was a significant increase in participants agreeing to the statement that '*If I were having problems with my mental health or wellbeing, I think I would seek help from a professional*' following Step Up.²⁵ Figure 10 shows that whereas there was no significant effect for the

²⁴ Wilcoxon signed-rank test showed a significant change from pre- to post- survey, $Z = -2.24$, $p = .025$.

²⁵ Wilcoxon signed-rank test yielded a significant change from before to after the programme, $Z = -2.71$, $p < .001$.

other two items,²⁶ an additional 25% (n=3) of participants agreed that they would seek help from professionals following the intervention.

Figure 10: Responses to statements from participants from Phoenix High School if they were having mental health or wellbeing problems



Note. N=12; ** indicates $p < .01$.

Supporting the survey results, the one participant who was interviewed was not able to connect Step Up with an increased ability to cope with transitions, saying:

'I feel more comfortable with change, but planning for change – I'm not so sure.' (Participant)

However, when asked about the importance of this kind of project in supporting young people's mental health, the interviewee responded:

'It's incredibly important...If they had come to our school in Year 9, it would have been more helpful, because it would have raised my awareness, would have helped when faced with anxiety.' (Participant)

This indicates that as a mental health awareness raising activity, Step Up was perhaps more successful.

5.7. Methodological considerations

Even though the findings reported above are very positive, these should be considered with caution as most of these numbers are based on the Rethink and

²⁶ Wilcoxon signed-rank test showed that the programme did not yield a statistically significant change for the first two items, $Z = -1.55$, $p = .12$ and $Z = -1.00$, $p = .32$, respectively.

one-off surveys and none of the surveys capture responses beyond the intervention delivery. Rethink and one-off surveys relied on respondents' judgement about the impact of the sessions in terms of them feeling more confident and knowledgeable about how to deal with challenges and transitions in their life, at the time of sessions completing. As Section 5.1 describes, the data shared from Rethink surveys only stated whether or not the funded outcome had been met, hence, no conclusion about the level of impact can be made from this.

A minority of participants completed pre- and post-surveys which included the GSE Scale (see Table 8). These were completed in the first and last sessions of participation and respondents must have moved up at least one point on the scale to count towards the number achieved per outcome targets. Because of the low number of interventions lasting more than 1 session and pre- and post-surveys only being collected for 2 of the 6-session interventions, caution also needs to be taken in interpreting this data. Organisationally, such measures are often desired in order to evidence directly the positive mental health impacts for participants, with a view to future commissioning opportunities. However, even the 6-session interventions were relatively short so it was perhaps over-ambitious to expect that impacts around improved resilience would have been found.

In year 3, all data was collected through one-off surveys. Data from these can perhaps be more confidently reported on than the other two surveys. However, as with any surveys completed at the end of any intervention, other factors can influence participant responses, such as wanting to please and/or support those leading the session. Finally, whilst most participants responded positively at the end of sessions, we do not know if the Step Up activities had positive effects in the longer term in relation to mental health awareness and/or participants' mental health coping skills, and it is not possible from the data captured to make predictions around this. Even if we had been able to follow up with participants, attributing impacts to a complex intervention of this type is notoriously difficult, especially without a comparison group.

Finally, there are debates around the benefits of mental health awareness raising activities²⁷, supporting the suggestion that future iterations of Step Up might be well placed to try and incorporate longer term and comparative evaluation activity into their designs, to build understanding about the longer term potential benefits or harms of delivering such activity.

Likewise, whilst the one participant interviewee's comments cannot be seen as representative of participant responses, it also supports the suggestion that further evaluation is needed to understand whether and in what way participants find the Step Up intervention helpful in the longer term, and explore in more detail what

²⁷ <https://www.telegraph.co.uk/education/2018/06/29/universities-may-fuelling-mental-health-crisis-leading-psychiatrist/>; <http://theconversation.com/raising-awareness-of-mental-health-issues-is-not-enough-89794>

works for who and how. However, there does seem to be longer-term benefits of involvement in Step Up for at least one cohort of young people – the champions.

5.8. Outcomes for champions

Champions reported deriving a wide range of benefits from their involvement in Step Up, indicating that the Theory of Change for young people undertaking the Champion role was borne out in practice. Outcomes tended to fall into the broad categories of either social and emotional benefits or employability and skills development. However within these two categories a number of sub-themes emerged.

5.8.1. Social and emotional benefits

Interviewees talked of how taking part had improved their own wellbeing, *'It's been life-changing'*. At its most simple, champions reported that participating in Step Up was enjoyable.

'It is fun; it is quite light-hearted despite the topic being mental health. You'd know that you'd have a laugh.' (Champion)

Much of this was derived from the social nature of the project and the benefits of working in a group with peers. All of the champions interviewed talked about the feeling of social connection with the group, with some reporting making new friends as a result of taking part. Interviewees reported feeling that, due to the make-up of the group of champions, with the large majority having had lived experience, there was a positive and mutually supportive atmosphere. Champions felt accepted and that they were able to speak their minds and talk about the issues they had faced without fear of judgement.

'...definitely influences you because everybody's lived experiences being expressed makes people feel enabled to share their own and that's a necessary first step.' (Champion)

One champion described the experience of working in the group as *'liberating'* whilst others reported feeling less isolated as a result of being able to share their stories and hearing similar accounts from others.

'It's a good space to be in because there's peer support and a sense of community on Facebook, felt as though there was a support group if ever somebody wanted to talk about something personal.' (Champion)

Some of the champions also talked of learning about themselves through the process as a result of meeting others who faced similar issues. These champions spoke of sharing experiences as well as sharing approaches to coping with difficulties.

'On a personal level, it helped me be a bit more self-aware of my own mental health problems. Working with other people who have had similar experiences, it's quite empowering. You end up helping yourself as well as others.' (Champion)

One interviewee gave an example of how Step Up had helped her better manage her own mental health during a personal transition:

'I had a promotion at work: quite stressful. It's around self-care: understanding transitions yourself. [Step Up] aided me to reflect on when things are going down. I can pull myself out better.' (Champion)

Moreover the experience of working together on the project was felt to have given the group a sense of purpose and a feeling of making a difference for other people. One champion spoke of her pride in the project, having been involved at each stage from developing the sessions through to delivery:

'Felt like I was doing something positive. [...] The pride as well is a good feeling, when something you've planned turns into activity.' (Champion)

5.8.2. Knowledge about Mental Health

As well as gaining personal insights from working with the group, a number of champions interviewed pointed to learning about mental health more generally. This was derived primarily from hearing the accounts of their peers during meetings and planning sessions. This speaks to the range of lived experiences within the group that allowed people to learn from one another.

'They've got diverse experiences of having mental illness. You learn more than from a psychology book for example, it's positive for it to be personable and relational.' (Champion)

This exchange of knowledge also encompassed information about different factors that may precipitate issues for individuals, the range of treatments available and strategies and approaches to managing mental health.

'There's so many mental illnesses out there and it's so important to learn about other people's struggles, learning what their triggers are, how they've built resilience.' (Champion)

In addition to peer-to-peer learning a number of those interviewed also noted the benefits of formal training opportunities they were able to take through the project. Most often mentioned was the Mental Health First Aid training which one champion in particular felt had been useful:

'Yes, also been involved in mental health training and that's helpful too, especially when you come across people in crisis.' (Champion)

5.8.3. Employability, knowledge and skills

As outlined in Section 4.3, many of the champions reported joining the project to help them learn or develop skills to apply to current or future professional roles as well as to build up demonstrable experience in a chosen field.

Reflecting on their experiences, all of the champions interviewed said that they had gained or refined professionally relevant skills. In many cases these were generic skills that could be transferable to many possible settings. Champions particularly

pointed to gaining skills and confidence around presenting to different groups and public speaking in general. More than one champion felt that they had honed their presentation and facilitation skills and were better able to pitch their delivery to the needs or interests of their audience.

'It was about amending my tone and being able to relate with the audience. Changing style differently according to an audience is a good skill to have to make it interesting for your audience.' (Champion)

The other frequently mentioned skills that champions felt they had gained from Step Up were around team work and co-production. Due to the way of working, champions were regularly involved in team meetings and making decisions as a group. While this was sometimes felt to be challenging, interviewees also felt that they had learned problem solving and how to manage differences of opinion and seek satisfactory compromise:

'It's good if everyone has ideas and there's a sense of collaboration, tweaking accordingly to other ideas. But there were times where collaboration and taking criticism caused some tensions. You can't be rigid, you need flexibility.' (Champion)

'[I] enjoyed working as a team with other champions, managing and working around different opinions and expectations and coming out differently at the end of it.' (Champion)

For some interviewees, participating in the project had led directly on to employment opportunities, either through the project manager sharing events, passing on volunteering and job adverts and encouraging champions to take them up, or through opportunities accessed through the project's wider networks. One champion, seeking to work in the mental health field, said:

'[I've] been offered and found a lot of "assistant psychology" roles as a result of the networking from this and have benefited from being involved in the programme in the long-run.' (Champion)

Another interviewee spoke of being able to apply insights and skills developed to her existing professional role:

'I am in charge of engagement at my club. It fed into my process of how to reflect and reassess and to development as a professional [...] It is good to have a team around you to bounce ideas off each other and see what you can do better and see what you are doing well. It worked in this place and worked in that place.' (Champion)

Evaluation of the champion role had not been commissioned as part of the external evaluation. However, some rich stories have been told by champions of the benefits they feel they have gained as a result. It is recommended that when recruiting and working with champions in future, this experience is evaluated from the champion recruitment stage, using quantitative and qualitative measures. This is perhaps the main mechanism through which projects like Step Up may help young people build and maintain resilience for

the long-term. This would support research that identifies protective factors for resilience including strong support networks, participation in extra-curricular activities, the possibility to re-frame adversities and to 'make a difference' through helping others.²⁸

6. Process Evaluation: What worked well and lessons learnt from Step Up

This section considers the quantitative and qualitative feedback provided by participants at the end of sessions, qualitative data gathered through action learning sets, evaluation meetings and project reflections involving champions, project staff, and partner staff as well as observations made by members of the external evaluation team. It begins by evaluating the Step Up intervention content and delivery approach including partnership working, followed by a review of successes and challenges around the project's co-production approach and in the champion role. Thirteen champions and four staff contributed to the evaluation through formal interviews, with another 18 people also involved in action learning sets, evaluation meetings, the creative film process and reflective meetings. This section ends with an overview of some of the work that took place around influencing the wider mental health landscape over the project course, which ran as a form of subsidiary activity to project delivery.

6.1. Participant satisfaction with Step Up interventions

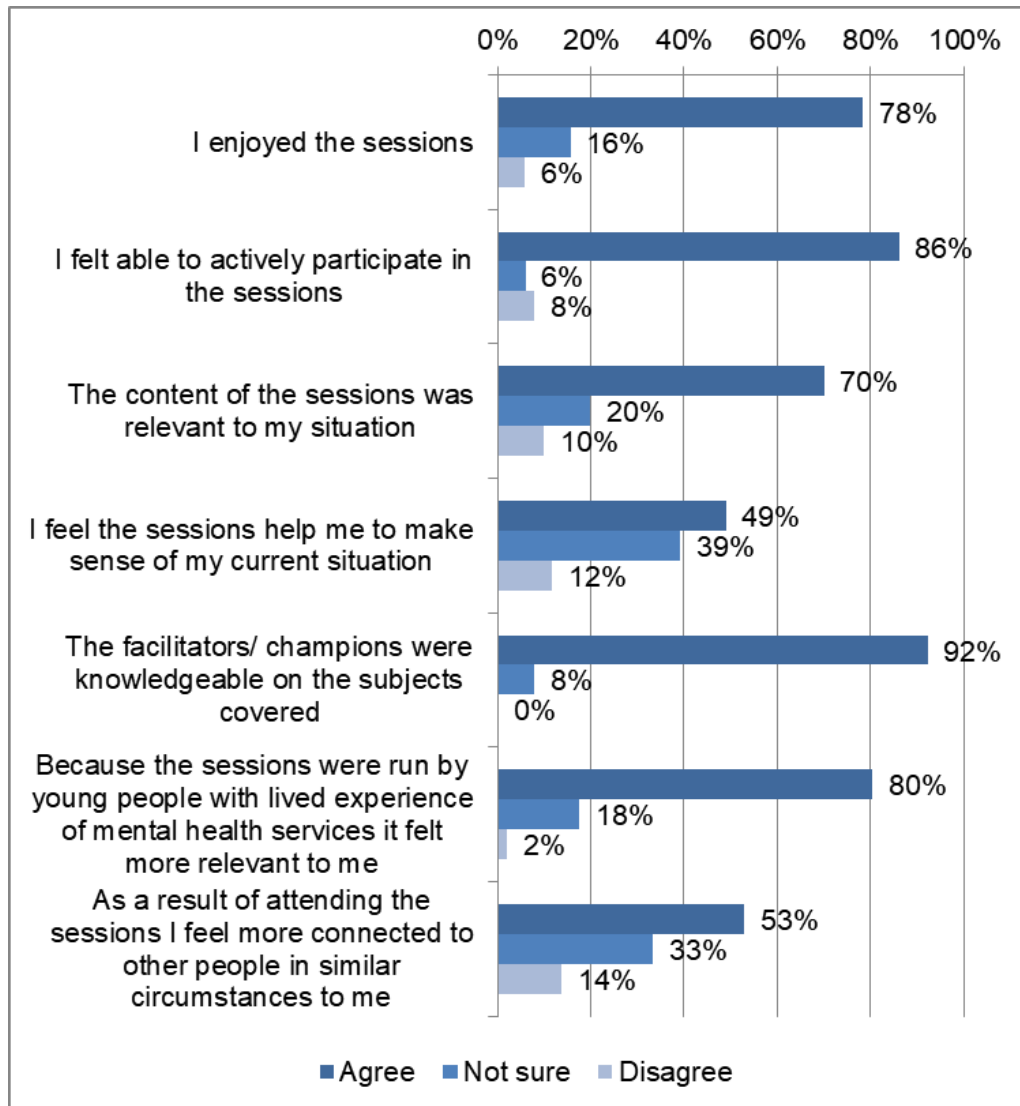
Quantitative data collected from Year 1 and Year 3 surveys have been analysed separately, bearing in mind the changes in delivery content. Participants who completed one-off surveys (N=408) were asked to give feedback on their satisfaction with and relevance of the content of Step Up interventions. A key success of the Step Up approach seems to be the involvement of champions in the delivery of interventions. Year 1 survey results are shown in Figure 11 (N=51) and Year 3 survey results in Figure 12 (N=357). Responses were overall very positive from both cohorts, with over 90% agreeing that the facilitators/champions were knowledgeable on the subjects covered and 80% in Year 1 and 90% in Year 3 agreeing that sessions felt more relevant because they were run by young people with lived experience. These answers point to the value of champions co-delivering activity, using their expertise from experience.

However, Year 3 responses were generally more favourable about the intervention content than those completing the one-off survey in Year 1. The item that received the largest difference in response between Year 1 and Year 3 was '*I feel the sessions help me to make sense of my current situation*', which had 49% agreement in Year 1 and 78% in Year 3. The item that received the least positive rating in Year 3 was '*The content of the sessions was relevant to my situation*' compared to all other items. Even so, 76% of respondents still agreed with this statement, and it was quite similar to the 70% that agreed to this in Year 1. General improvements in response to these statements from Year 1 to Year 3 could be as a result of the new

²⁸ E.g. https://www.actionforchildren.org.uk/media/3420/resilience_in_children_in_young_people.pdf

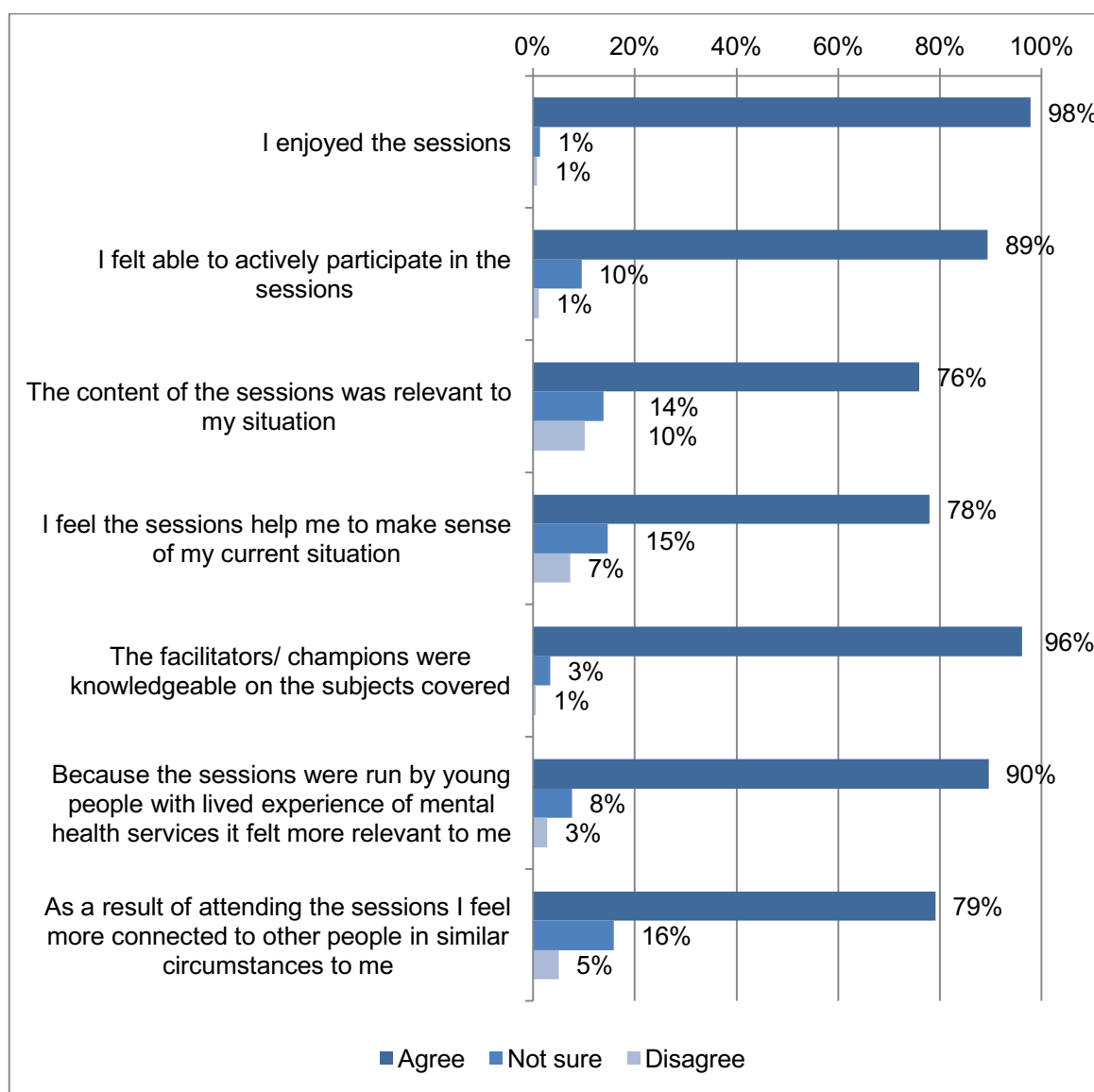
team responding to earlier feedback and adapting the content of interventions as a result.

Figure 11: Year 1 One-off Survey respondents' satisfaction with intervention



Note. N=51.

Figure 12: Year 3 One-off Survey respondents' satisfaction with intervention



Note. N=357 (Missing 0-4, depending on item).

As part of the pre- and post- and one-off surveys, Step Up participants were also asked three open questions to give them an opportunity to say what they had found most useful about the sessions, what they had found least useful and what they would suggest in order to improve the sessions. Of the 426 participants who completed these surveys, 397 gave some response to these questions.

6.1.1. What participants found most useful

In support of the quantitative data, numerous responses complemented the staff and champions in terms of their knowledge and delivery: *“the facilitators and their knowledge.”* Respondents particularly highlighted the importance of stories presented by the Step Up champions and staff about their own experiences of mental health

issues. Comments pointed to “*Real life situations of other people*” and “*Listening to Champions’ experiences*”. In some instances respondents explained that hearing staff and champions’ stories was ‘*relatable*’. One respondent wrote:

‘It was all fab! I felt able to relate to all the information given and you were easy to take advice from.’ (Participant)

The one participant interviewed also cited the value of champions co-delivering activity:

‘The champion talked about their experience and this made me more comfortable to share my experiences.’ (Participant)

Additionally, in line with the positive responses to the quantitative measures in the one-off surveys, a proportion of respondents indicated that they had enjoyed the whole session and found all aspects of it useful. Common responses to the question of what was most useful included ‘*everything*’, ‘*all of it*’, and ‘*every single one was useful and interesting*’. Other respondents reported learning about a range of coping strategies, making comments such as ‘*A lot of different ways to deal with things*’, ‘*coping ideas*’, and ‘*learning techniques of how to keep everything under control.*’

Some respondents picked out particular aspects of the session that were most useful. These comments varied from specifying particular exercises to identifying new information or particular ways of working that had been learnt. The most commonly mentioned ‘most useful’ exercise identified the breathing exercise to help manage anxiety, with respondents variously writing ‘*mindful breathing*’, ‘*the breathing exercise*’, and ‘*breathing technique for calming down.*’ Other exercises were also mentioned such as where participants were asked to write critical statements on post its which were then read out together:

‘The post-it note task and finding out everybody has at least one negative thought about themselves that only they notice.’ (Participant)

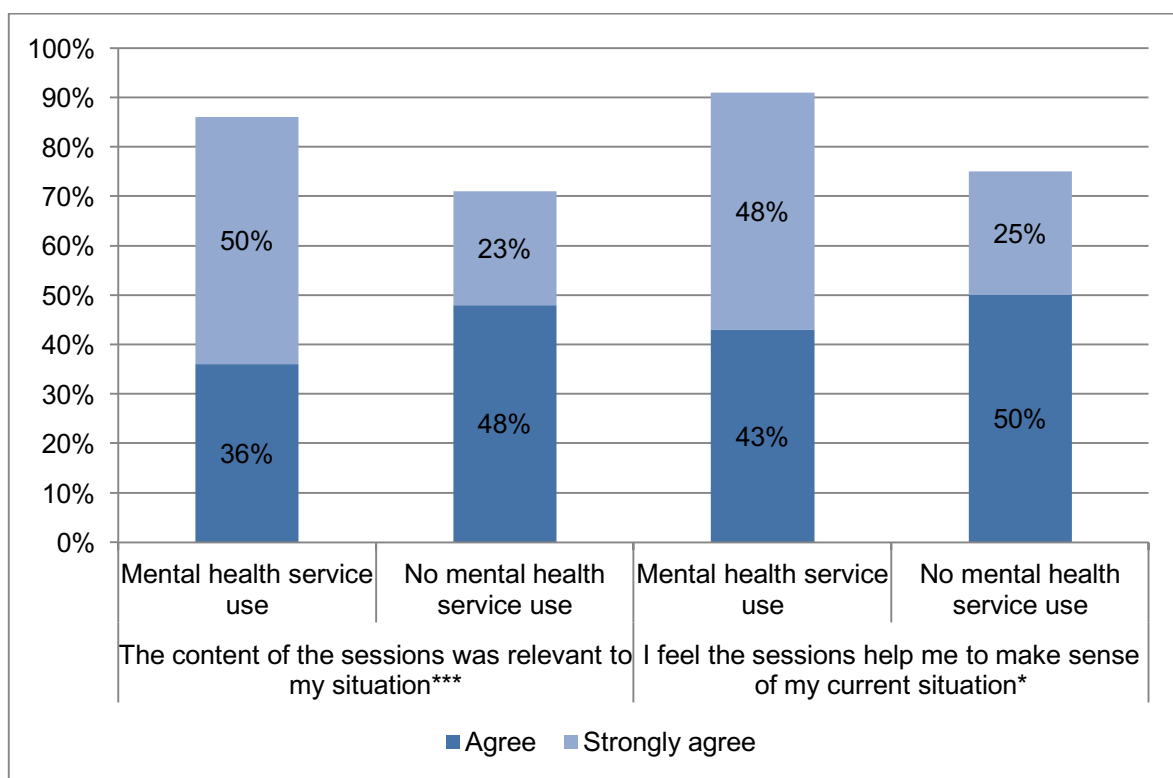
A few respondents reported finding the Memory Jar and Stress Cup²⁹ techniques useful whilst others referred to the ‘*formulation diagram*’ showing the links between thoughts and behaviour:

‘The emotion, physical and thought cycle will help me take my actions into consideration if ever in hard times.’ (Participant)

²⁹ See Section 4.4. for brief descriptions of exercises

Interestingly, young people who reported previous use of mental health services (n=96) responded slightly differently to two of the statements about the relevance of the sessions,³⁰ in contrast to those who stated that they hadn't previously accessed mental health services (n=188). The former were more likely to agree that the content of the sessions was relevant to their situation than the latter.³¹ Equally, the latter were less likely to agree that the sessions helped them to make sense of their current situation.³² This indicates that the content of the sessions is more suitable for those who have past experiences with mental health services. Figure 13 displays these differences.

Figure 13: Relative frequencies of two selected items comparing mental health services users with no mental health service use



Note. N=279 (missing 5); * indicates $p < .05$, *** $< .001$.

³⁰ Participants that did not indicate whether or not they have used mental health services before were excluded for this part of the analysis.

³¹ There was a significant difference in the mean score for mental health service users and no mental health service users, $T(277)=4.139$, $p < .001$, $d=.52$. Cohen's d indicates a medium effect.

³² There was a significant difference in the mean score for mental health service users and no mental health service users, $T(278)=2.07$, $p=.039$, $d=.26$. Cohen's d indicates a small effect.

A smaller number of respondents pointed to the medium of delivery as important. Some reported finding the booklet most useful and others that the use of video helped. The final main group of responses focused on participants having a better idea of where to go or who to go to when facing problems. This was expressed both through general comments such as “*knowing I’m not alone, I can always talk to somebody*” and through reference to the signposting aspect of Step Up activities, “*knowing where to get help.*”

6.1.2. What participants found least helpful

Again, in line with the generally positive responses to the survey the majority of respondents did not enter an answer to the question asking about the least useful aspect of the session. Most people either left this section blank or gave a response such as “N/A” or “*nothing,*” ‘*None – everything had some sort of relevance.*’ Of the 85 people who did name something in particular that was the least helpful part of the session, there were very varied responses, with most of these pointing to particular exercises. The most referenced aspect of the session was the celebrity exercise³³, with eight people naming this, whilst some others pointed to the breathing exercise.

In interviews with staff though, it was clear that they were continuously adapting sessions in response to feedback e.g.

‘The feedback was that you wouldn’t label people with a physical disability like this [celebrities labelled by their condition through the matching process]. We tried to change the delivery of the exercise, to demonstrate the complexity of having a diagnosis... what seeing the label brings to mind and how knowledge of the celebrity changes that.’ (Staff member)

A couple of people mentioned aspects such as the post-its exercise, the beginning exercises, the meditation, the red flags and the battery exercises, but in incredibly small numbers. There were also some individual comments mentioning that it was rushed, and a few, in Year 1, that questioned the relevance of particular types of activity, such as role play.

The varied range of feedback on most and least useful exercises indicates that different tools and exercises will work differently for different people. Again this supports the need for further research into what is useful for different people, in the settings that Step Up operates, and why, so that benefits are maximised and any potential harms reduced.

6.1.3. Suggested improvements

Again, the most numerous response to the request for suggested improvements was to leave the question blank or to respond that they had nothing to recommend. Those that did respond tended to ask for more of some aspect of the session. For example, more opportunities to interact and discuss, “*More involvement with audience*”, more multimedia presentations, “*more YouTube vids*”, more personal

³³ Description in section 4.4

accounts from facilitators, “*more of their own stories so we can all relate more to situations*”.

One group of responses wanted greater depth from the sessions; more depth around the nature of different mental health problems and more suggestions around coping strategies: “*Go into more depth about each mental illness with examples*”; “*Give more examples of how to cope with mental illnesses*”. One comment that appeared in various forms was about the length and pace of the session. Some respondents asked for a longer session, “*more time*”, while others suggested that the speed of delivery was reduced, “*wished it was less rushed*”. For one respondent the speed had been an issue due to comprehension:

‘...speak a little slower - English isn’t my first language so I struggled a bit.’
(Participant)

Interviews with champions and staff also highlighted the rushed nature of sessions, the difficulty of delivering to large groups of participants and needing to squeeze material in to a short time span.

‘Activity is less engaging when there are 52 participants, could have been more engaging but it is difficult working with this number.’ (Staff member)

‘If it was interactive it worked a lot better.’ (Champion)

For future iterations of Step Up, it is perhaps worth considering which activities may be of most benefit and reducing other exercises, in order to increase time available for interactivity and to slow down the overall pace of sessions. A few champions also mentioned the potential for delivering some more targeted projects, particularly with young people from BAME communities. Without having survey results or feedback from the young men’s project with Arsenal in the Community, it is not known how successful this project was or the potential for more projects targeted at young men. However, this is another area where it could be of value to develop work, bearing in mind the high rates of suicide amongst young men³⁴.

As discussed in more detail below, re-visiting the potential of delivering longer, ongoing projects could also be of value, based on people’s desire for more depth.

6.2. Working in partnership

Overall, a lot of interest was shown by potential partners in receiving Step Up interventions, demonstrated through the numbers of projects run with different partners in Year 1 and year 3, and the return of Step Up delivery to some partners. Some partners requested repeat delivery and others got in contact because they had heard about the project and wished to benefit from it. This indicates that Step Up was well received and met a need. However, from staff and champion feedback, it seemed that partners’ ability to host a project depended on their staff members’:

³⁴ <https://www.mentalhealth.org.uk/a-to-z/s/suicide>

- knowledge of mental health issues;
- personal interest in the project; and,
- capacity to follow up interventions with participants.

'[Partner] schools have asked for repeat sessions, they know the importance of mental health and they have days focused on health, which then allows us to deliver.' (Staff member)

Staff and champions found some partnerships, particularly for 6-session interventions and within universities and CAMHS services, more challenging.

Examples of challenges faced on more than one occasion included:

- lack of communication from partner staff in the lead up to sessions;
- changing participants, with few consistent participants across 6 sessions;
- inappropriate spaces being provided for activities;
- participants being compelled to attend sessions as part of curricular activity;
- challenging behaviour demonstrated by partner staff and students.

'It's challenging to set up everything and then the day before the partner cancels [and] ... with universities, we struggle to get the students to turn up [to planned activities].' (Staff member)

This could create additional, unwanted stress for champions and pressure for the staff member co-delivering. However, some champions valued the experience gained from these situations. As the project developed, it became apparent that partner staff themselves needed (and sometimes wanted) training. As a result a couple of staff training sessions were run, which were well received. This is perhaps a useful first step towards ensuring better support for young people going through transitions.

Partnerships seemed to be stronger and more supportive when the focus of 6-day interventions was on developing peer mentoring skills, as part of a larger initiative. Perhaps because the partners in these cases were already invested in building young people's leadership skills, Step Up could be embedded more successfully. These partners were also more likely to be aware of peer leaders' needs, and the need to support champions as well as participants. A Rethink staff member reflected that focusing on peer mentoring seemed to be more effective, because not only were these participants building their own skills, they could then share these skills with others, meaning Step Up could benefit more people indirectly and for the longer-term.

As mentioned in Section 4.5. the wider societal context continued to change during the life of Step Up. One partner who had been a productive and engaged partner for much of Step Up were faced with their own organisational challenges towards the end of Year 3, which affected their ability to take any further activity on. It is perhaps worth considering how the Step Up model could be developed and delivered within and beyond London. This may give greater opportunity for Rethink to work with partners who do want to embed the champion / peer leadership model of delivery and are more willing to engage in supporting the longer-term benefits that could result. Having had the experience of Step Up and knowing their own organisational

aims and objectives, involving partners in future Step Up design could be helpful to ensure that it continues to meet needs within changing circumstances.

'It would be good to have teachers involved in planning Step Up training as they are the people that deal with young people day in and day out. Their input would be marvellous!' (Champion)

Finally, whilst this evaluation report is being written, plans for the future of Step Up are being agreed, with educational partners who have identified need and decided to commission future Step Up interventions, based on the one-off model. This demonstrates the support in place from partners for the future of Step Up and the perceived benefit by partners of the one-off, co-produced workshop model, in order to support young people who may face future mental health difficulties through transitions. This provides a good opportunity to explore what works with this model in more depth.

6.3. Co-production and the champion role

Section 4 discusses the appeal of Step Up for Champions and the potentially negative effects of organisational, staffing and project changes on volunteers involved in co-production. The social, emotional, and professional benefits achieved by champions are discussed in Section 5. This section focuses more on Rethink's approach to co-production with champions, in terms of how involved champions felt in design and delivery of Step Up content, co-producing the evaluation, and some challenges with co-production as a model of working.

The flexibility of Rethink staff in supporting champions to get involved and working to ensure Champions were listened to, from planning through to delivery, was commented on by many champions being interviewed.

'Rethink do this particularly well in terms of having fairly informal planning meetings, whereas other volunteer settings I have been in tend to do this a bit more formally, which really stunts the ability to just put ideas on the table / make people feel at ease. The champions are also involved at every stage, right through to the delivery and perhaps evaluation, which is very satisfying.' (Champion)

A couple of champions did reflect that as the project progressed, they felt that there were fewer opportunities to be heard and have a say in project design, and that it had become more tokenistic, with *'consultation, rather than co-production'*. However, this opinion wasn't shared widely by champions. At the beginning of Step Up, those champions that began together had opportunities to work together and get to know each other and the project manager. As the project progressed, these opportunities became fewer and the project manager became busier with delivery. In some cases, new champions joined the project without a structure of support around them before they became involved in session delivery:

'It would be good to have an induction with new champions because I've spoken to a few people who felt they were thrown in at the deep end.'
(Champion)

When the project was reviewed in Year 2, induction and some training was provided for champions. In Year 3, in-house training for champions was delivered, as well as Mental Health First Aid and Public Speaking training. In future iterations, an ongoing schedule of training / development activities for champions could be useful, particularly in relation to building facilitation skills. This might also help ensure a balance is maintained in the co-leadership of sessions by staff and champions. Co-production can be time and resource consuming, with subsequent activities hard to predict. Therefore, it is worth keeping flexibility around design, number of activities and participant numbers within any co-production project. This could help maintain the strong benefits that Section 5 indicates can be achieved from co-productive working, and without the pressure of participation targets as the dominant measures by which such projects are judged. More time than would usually be required for planning and evaluating participatory projects does seem essential within co-production models.

6.3.1. Co-producing the evaluation

The evaluation design was co-produced in partnership with Rethink staff and champions. As described in Section 3, this included designing surveys, choosing the most appropriate psychometric scale for longitudinal outcomes measurement, and designing interviews and focus group topic guides for qualitative data capturing.

Mirroring the co-design and delivery of Step Up interventions, the evaluation brought the expertise of professionals and champions together to ensure the most appropriate evaluation methods and tools for the project and its participants. This required a balancing between the contracting organisation's needs, the perspectives and contributions of champions and the experience and expertise of the external evaluation team.

In order to ensure the expertise of champions informed all aspects of Step Up, to embed evaluation skills and experience within Rethink organisationally and champions individually and to make the best use of a limited evaluation budget, the principles of co-production were also planned to be incorporated within the overall evaluation delivery. The nature of co-producing the evaluation meant that changes to the original plan were inevitable and expected from the start (as detailed in Table 1).

Overall, the experience of designing the evaluation co-productively was positive and fruitful, although it necessarily took longer than if it had been designed purely by the evaluation team. However, it was far more challenging for staff and champions to undertake evaluation activities, for a variety of reasons and some of which point to the challenges that can be inherent within co-production models. Flexibility was required on the part of the TIHR team in order to enable

Rethink staff and Step Up champions to be as involved as much as possible, at the same time as ensuring the overall aims of the evaluation were achieved.

Two key problems arose that indicate some of the challenges with coproduction more generally:

- There was a changing mix of champions involved since early 2016, with no champion involved in all aspects of evaluation design. This was due to people's different work and educational commitments. Additionally, champions were involved in evaluation activities alongside being involved in planning and delivery of interventions. Despite enthusiasm and initial commitment to gathering evaluation data and co-writing the interim evaluation report, it was not possible to turn this into action. As the project progressed, champion involvement in the evaluation reduced; and,
- Changes in project staff and the subsequent pause in delivery (see Section 4) meant that evaluation activity also had to pause, as there was not the internal capacity within Rethink to liaise with partners and support champions to undertake evaluation. Some champions did not re-engage with the project or the evaluation after this point.

Gathering qualitative data therefore became more reliant on the external evaluation team, with mixed success. It still remained a challenge to gather participant feedback, but some qualitative data was gathered by Rethink staff and champions at project activities, and supported by a member of the external evaluation team visiting a couple of project activities.

Four champions who had been involved in Step Up at different points over its lifetime got involved in the creation of the Evaluation Film, one of whom was also very involved in the film commissioning process. The creation of this output seemed to work as a good opportunity to re-engage champions with evaluation activity, and supported the collection of qualitative data around the champion experience. However, it was important to maintain the focus on the film being a co-produced evaluation output and not a participatory arts project, or a promotional product, throughout. In future, it may be worth considering whether film is the best medium as an accessible evaluation output.

6.3.2. Possible tensions between co-production principles, project management and delivery

Overall, as can be seen through this report, the role of co-production seemed to play a vital part in the success of Step Up – from the perspective of participants, champions and Rethink staff. However, some tensions did appear and these are summarised and reflected on in this sub-section.

Key points where tensions seemed to arise between working co-productively and in the project management and delivery were:

- When staff changed and the project was paused during a review period;

- When partners changed activity lengths, participant numbers or cancelled at the last minute;
- Delivery of sessions and/or meetings during work or study time;
- Balancing the needs of champions and requirements of partners;
- When qualitative data collection through focus groups or interviews did not take place as planned.

Step Up became so busy with delivery that it could be challenging to find time for champions and project staff to co-plan, co-deliver and co-evaluate activity. This meant that some champions could be involved in some project aspects and not others and this sometimes resulted in misunderstandings around activities. For instance, some partners were not able to provide participants outside of working hours and some champions could only meet outside working hours to plan and evaluate and could not commit to attending activities on time.

'We haven't had a day together as champions.' (Champion)

This presented a mismatch of needs and demonstrates the importance of being explicit with champions what is expected when working on an intervention like Step Up, and being realistic about whether it is appropriate to be involved or not. Additionally, whilst some champions could attend delivery sessions, they were not able to engage as much with evaluation activity, presenting missed opportunities for learning.

For instance, some champions reported particularly enjoying delivering certain types of interventions such as using role play or forum theatre. However, these specific aspects attracted criticism from participants and partners, who found the activities unhelpful and not as well run as they could be. Whilst this type of activity was stopped, it is unclear how much of that feedback was shared with champions delivering activity.

Finally, although Step Up was incredibly successful in achieving its target number of participants, this was perhaps at the expense of depth of activity, which could have presented valuable learning opportunities for both participants and champions. However, developing longer-term projects with deeper levels of participant engagement require greater commitment and resources from partners, participants and those delivering, including champions. Because it was becoming more difficult to find partners willing to take longer interventions, the focus changed to deliver one-off sessions, for which there seemed plenty of appetite.

If Step Up continues to primarily be a mental health awareness raising activity, then one-off sessions may be most appropriate. However, if the project wishes to continue developing as a transitions-focused project, and building skills of champions to deliver activity, then it is worth considering having lower participation targets and more of a focus on in-depth work with champions and developing longer-term project partnerships.

Running in-depth longer-term projects, potentially trying to reach young people who are struggling with their mental health, and/or delivering peer leadership projects could be incredibly valuable, based on feedback from those with experience of mental health services and partners involved in peer leadership projects. Benefits could also potentially be multiplied by training-the-trainer, and so are still worth considering for future work, and could be a way of cascading the benefits of the Champion role to more young adults. Having less of a need to deliver lots of activity, could also enable more staff time to invest in the skills development of champions and in taking time for reflection with participants and champions, following activities.

6.4. Influencing the wider mental health landscape

As mentioned elsewhere, the wider contexts within which Step Up operated became ever more challenging, including:

- local services becoming more stretched³⁵, with increasing pressures faced by CAMHS;
- support for young people in crisis getting increasingly sporadic³⁶;
- commissioners and funders were keen to see projects deliver empirically evidenced improvements in mental health outcomes³⁷, yet Step Up was working innovatively to prevent mental health deteriorating in the first place.

It is difficult to see how a potentially preventative project like Step Up might be commissioned in the current climate, despite the opportunities it may present for greater efficiencies in the long-term.³⁸ If Step Up can continue to gather quantitative data and increase the longer-term qualitative data generated within future iterations, it could add to existing knowledge and evidence about what works. This might not lead to commissioning in the shorter-term. However, it may help Rethink influence commissioners' understanding and knowledge about preventative, community-based interventions and the value of involving those with lived experience in decision-making. With further development, robust evidence and a replicable model could be built.

³⁵ <https://mhfaengland.org/news-and-announcements/2017-01-19-commentary-piece-fixing-camhs-funding-shortage/>

³⁶ <https://epi.org.uk/wp-content/uploads/2017/03/the-performance-of-the-nhs-in-england-in-transforming-childrens-mental-health-services-web.pdf>

³⁷ Randomised controlled trials are seen as the gold standard for measuring health outcomes. See <http://www.bmj.com/content/316/7126/201> for more information

³⁸ <http://mh.bmj.com/content/medhum/43/2/124.full.pdf>

For example, if Rethink were able to generate further funding to expand Step Up as a research project, then perhaps it could continue to build the quantitative and qualitative evidence about the contexts and inputs that generate the most benefits from co-production and for transitions. This would assist a greater understanding of the ingredients that create successful interventions, useful to young people about to experience transitions. Already though, it can be seen that Step Up was an innovative, co-production project that tried to truly embed co-productive working with volunteers, bringing lived experience to the design, delivery and evaluation of a programme. As such, it could perhaps already be seen as a 'Beacon' project, demonstrating good practice in co-productive working. Additionally, through the life of the project, staff and champions did share their experiences with other providers, and the wider public, through activities including:

- staff and champions attended an advisory panel around psychosis at Oxford University;
- 3 champions co-produced and 1 co-delivered a lunchtime talk at the Tavistock Institute about Co-production and Step Up;
- Staff and champions ran workshops and contributed to other public events around mental health and wellbeing;
- Staff and champions co-produced a response to the Government's Green paper on children and young people's mental health;
- Staff members appeared on Channel 5 News and Sky News to discuss the need for mental health preventative care provision in schools.

It is recommended that to make the most of such opportunities, a dissemination plan is developed to work alongside future Step Up activities, enabling staff and champion resources to be directed towards those with policy making and budget holding responsibilities.

7. Conclusion and recommendations

The evaluation of Step Up has demonstrated that the project worked successfully in reaching over 580 young people, and achieving the majority of its funded outcomes, between September 2015 and August 2018. Feedback, as captured primarily through participant surveys, champion and staff interviews and project team reflections, was overwhelmingly positive about the interventions delivered. Most participants (over 83%) reported:

- increased understanding of transitions;
- improved knowledge of mental health services and support networks;
- new skills or tools to manage health and wellbeing during times of change;
- feeling more able to cope with and adapt to major change.

Additionally, the majority of participants enjoyed the sessions and particularly valued the fact that champions, with lived experience of mental ill-health, were involved in the design and delivery of activities. A number of factors prevented the project from

being able to demonstrate the effects of interventions on participants' resilience levels and/or experience of future transitions. Whilst some follow-up evaluation with participants and partners was planned, the lack of longitudinal data following participation means it is not possible to say whether or not Step Up was of benefit to young people through transitions or in terms of coping with future mental health difficulties.

However, some partners approached Rethink for repeat Step Up interventions, indicating that some schools professionals perceived a value for their young people from Step Up. Likewise, those participating young people who had previously engaged with mental health services agreed more strongly that the content of Step Up interventions was relevant to them and helped them make sense of their situation, than those who had not. The main social, emotional, knowledge and skills-based benefits from involvement in Step Up seemed most apparent for the champions who helped co-produce the project. Individual champion testimonies can be seen in the Step Up film that has been created, as part of the project evaluation.

Champions reported a whole range of benefits, including new networks and friendships, pride and increased confidence, as well as a range of valuable work skills including teamwork, experience of working with young people and improved presentation and communication skills. Most champions interviewed were able to connect their involvement in Step Up with subsequent volunteering and/or employment opportunities they had taken up. Indications from this aspect of the evaluation is that being a champion could be beneficial to a young person's mental health and ongoing resilience. However, despite the overwhelming positive results from the evaluation, Step Up did also experience some challenges.

It is common that following receipt of funding, projects often change because the wider contexts in which they take place constantly change. However, Step Up seemed to experience a great deal of change in its lifespan, mirroring the context of young people experiencing transitions. Pauses in and changes to the staffing and project delivery was reported as a negative experience for almost all champions interviewed. Having begun the project with one staff member, who acted as the key contact for and collaborator with champions, helped enable the project's co-production from the start. At the same time though, it created undue pressure on and expectations of that role and its capacity. Having learnt from this experience and implemented more of a team structure around the project, Rethink provided more support for staff, but this led to feelings of disappointment and disillusionment for some champions and changed their relationship with the project. Additionally other changes to content and structure meant that there was less engagement of champions within evaluation activity, and the primary focus of interventions changed from working in a range of settings to mainly running one-off workshops within schools.

The initial intention behind Step Up was to work with young people preventatively before going to university or before moving to Adult Mental Health Services from Children and Adolescent Mental Health Services. Indeed, the initial funded outcomes focused on outcomes for young people experiencing mental illness. A combination of challenges including partners' ability to commit and take longer projects, participants' ability to commit to longer projects and the more evident

appetite from schools for one-off workshops meant that by Year 3, all sessions were no longer than a 2-hour one-off activity. Although the champion role was mainly taken up by young people with experience of mental health services, participants were mainly from school sixth form groups, which had a mix of young people, with and without mental health difficulties. As such, Step Up activities worked by raising general mental health awareness and offering tips and tools for managing mental health at times of difficulty. Whilst reports from activities were incredibly positive, future iterations of Step Up could seek to understand more about the longer-term benefits and potential harms of such activities.

Likewise, as most participants were young women and without experience of mental health services, it is also worth considering whether there is a need and value in designing a project, with lower participation targets but that work with specific groups who may struggle through transitions, such as those young people already diagnosed with a mental illness³⁹, and/or specific groups such as young men and/or young people from BAME communities.

7.1. Recommendations

On the basis of the three-year evaluation of Step Up, a number of recommendations for future work has been developed. Some of these are already being implemented and some are as a result of taking into consideration all of the learning from Step Up to date and in anticipation that Step Up will continue, albeit in potentially different forms. All recommendations are summarised here:

7.1.1. Project Structure

- Always include more than one staff member directly working on a co-production project and with co-producers, so that champions and other volunteers are supported even if a staff member leaves;
- Ensure the organisational structure includes regular supervision support for staff working co-productively, to support with boundaries, workload and giving space to reflect on both successes and challenges involved in co-production;
- Provide guidelines for staff working co-productively and clear information for champions about what to expect and what is required from the role;
- Initiate a Step Up steering group, made up of senior staff, project staff, partner and champion representatives – to ensure that the project direction, aims, approach and mechanisms are supported through an additional space for thought, challenge, and benefiting from the different knowledge, skills and experiences that those involved can bring; and,
- Embed more ongoing skills development, training, delivery planning and evaluation sessions outside of intervention delivery into the project structure, to support ongoing and incremental skills and knowledge building of the project team, including champions. As well as covering facilitation skills and mental health awareness, this might also usefully include conflict resolution/problem solving and negotiation skills.

³⁹ <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people>

7.1.2. Project delivery

- In the development of new interventions in schools, approach previous partners for their input into future design, utilising their knowledge and experience of Step Up;
- Review the project delivery structure and consider reducing participation targets, to enable some longer-term, more in-depth activity that works with fewer but committed partners, and offering champions' opportunities to work and develop skills on slower-paced, developmental projects;
- Re-consider the age ranges of Step Up and review the potential for preventative activity at an earlier age e.g. 14-16 years;
- Consider the development of different interventions for different age ranges, with different booklets for university students and for those at school;
- Consider the development of specific targeted work for identified groups e.g. young men; young people from BAME communities; young people accessing mental health support/services, recognising that development of partnerships and the work may take longer and are unlikely to attract large participation numbers;
- Consider re-visiting the delivery of peer leadership projects as part of Step Up, to cascade the champion experience out to more organisations and young people, and include a champion evaluation as part of this;
- Review the content of one-off sessions, to reduce content and slow the pace accordingly, increasing opportunities for interactivity; and,
- Embed a training / introductory element for partner staff hosting Step Up interventions – to ensure they understand and can support activities within and outside of sessions, and also to increase their own confidence and ability to support/signpost young people in relation to their mental health.

7.1.3. Evaluation

- Review the Theory of Change, based on learning and experience so far, updating it accordingly for future iterations;
- Develop an evaluation framework for future iterations of Step Up, with a particular focus on capturing baseline and ongoing quantitative and qualitative evaluation data around the champion experience – this could potentially also be implemented across Rethink's other co-production projects;
- Review the quantitative measures being captured from participants to check they are relevant for future changes to Step Up delivery, and review the value of assessing impact if interventions remain one-off and short in length;
- Include more formal methods of feedback for partner hosts of future activities;
- Embed a follow-up evaluation process with participants, to further explore what is and is not helpful in the longer-term for different groups and age ranges, to increase understanding of how Step Up works and what may work best (e.g. by including a follow-up session as part of the model of delivery, planned from the start);
- Continue engagement of champions in evaluation design and delivery. However it may be worth developing a 'peer researcher' role, keeping it distinct from delivery. This might enable young people to take on specific evaluation roles, and help ensure qualitative data gathering can take place in future;

- A review of data capturing methods, with time allocated for evaluators, staff and champions to agree consistency of data monitoring, survey administration and collation, and to include ongoing training for people as they join the project; and,
- Consider tracking the different content and lengths of sessions, so that comparisons might be made between outcomes for participants, according to different types of sessions. This may help in better understanding what works for who and why.

In summary, Step Up seems to have supported participants to build greater knowledge, awareness and coping tools around their mental health and potentially for use in future transitions. Additionally, champions have developed a range of useful, potentially long-term social, emotional and professional benefits as a result of getting involved. It has also helped Rethink develop its skills and experience in working co-productively within project delivery contexts. The appetite for Step Up delivery seems to be continuing through ongoing commissioning and fundraising for future activity. Therefore, it is highly recommended that further research is undertaken into the potential longer-term effects of participating in Step Up, to ensure that benefits are maximised and learning can increase around what in particular works well within interventions. Additionally, it is recommended that the champion role is further developed, supported and evaluated from when champions are first recruited. This will help create better understanding and evidence of the benefits of being a champion and potentially cascade the benefits of this role to more groups of young people with lived experience of mental illness.

Appendix 1: Rethink Survey

TRAINING SESSION 1- FEEDBACK

PLEASE RATE THE FOLLOWING STATEMENTS BASED ON TODAY'S SESSION:

I HAVE A BETTER UNDERSTANDING ABOUT UPCOMING CHANGES IN MY LIFE

DEFINITELY NOT NO YES, A BIT MORE YES DEFINITELY

I HAVE A BETTER UNDERSTANDING OF OPTIONS FOR MENTAL HEALTH SUPPORT

DEFINITELY NOT NO YES, A BIT MORE YES DEFINITELY

I FEEL MORE ABLE TO PLAN FOR FUTURE MENTAL HEALTH SITUATIONS

DEFINITELY NOT NO YES, A BIT MORE YES DEFINITELY

I HAVE LEARNT SOME NEW TOOLS/SKILLS/ TIPS TO SUPPORT MY MENTAL HEALTH

DEFINITELY NOT NO YES, A BIT MORE YES DEFINITELY

I FEEL ABLE TO COPE AND ADAPT TO CHANGES IN THE FUTURE

DEFINITELY NOT NO YES, A BIT MORE YES DEFINITELY

PLEASE ADD ANY COMMENTS/FEEDBACK.....

.....

.....

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.....

.....

PEER MENTOR- FEEDBACK

PLEASE RATE THE FOLLOWING STATEMENTS BASED ON THE PAST 6 TRAINING SESSION:

I HAVE LEARNT ABOUT SOME NEW WAY TO SUPPORT MY EXAM STRESS

DEFINITELY NOT NO YES, A BIT MORE YES DEFINITELY

I HAVE A BETTER UNDERSTANDING OF HOW EXAMS CAN AFFECT MY MENTAL HEALTH

DEFINITELY NOT NO YES, A BIT MORE YES DEFINITELY

I FEEL MORE ABLE TO PLAN FOR FUTURE EXAMS

DEFINITELY NOT NO YES, A BIT MORE YES DEFINITELY

I HAVE LEARNT SOME NEWS TOOLS/SKILLS/ TIPS TO SUPPORT MY WELLBEING DURING EXAM PERIODS

DEFINITELY NOT NO YES, A BIT MORE YES DEFINITELY

I FEEL ABLE TO COPE AND ADAPT TO EXAMS IN THE FUTURE

DEFINITELY NOT NO YES, A BIT MORE YES DEFINITELY

PLEASE ADD ANY COMMENTS/FEEDBACK.....

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Barriers to employment.

Change in relationships, financial situation, housing, expectations, and responsibilities.

Often change in location – loss of support network, new services.

International students, newly arrived migrants, non-integrated minorities, refugees – different access status.

Developmental/identity crisis and questions – who I am, where do I fit?

Alternatives, e.g. online support and counselling by GPs are experienced as offensive and undermining.

Young people feel pressured rather than empowered to do

YP's needs are often complex at key periods of transition: leaving CAMHS, beginning HE/FE, leaving care.

Transition to adulthood is a time of challenge because of leaving Child and Adolescent Mental Health Services, looked after care, compulsory education or entering higher education.

Greater preparation of young people could aid transition, e.g. social and life skills, managing finances and knowing how to navigate systems.

Need skills to navigate the complexity of services as a user.

Recruitment and training of champions (young people with experience of MH services)

Co-production of training sessions.

Recruitment of participants

Peer support from champions.

Working with differences and supporting/re-assuring each other?

Personal Transitional reparation Plans

Single day and six day training sessions

Participants report:

- Intending to use the knowledge and skills they have gained to manage a transition.
- feeling more confident to cope with and plan for major change.
- greater confidence in their ability to self-advocate
- having new skills or tools to manage health and wellbeing during a period of change
- having a clearer understanding of the process of their transition and how they may impact on their mental health and wellbeing

Participants with mental health problems report feeling:

- 'understood'
- less isolated
- greater self-confidence
- greater self-knowledge
- a reduced sense of stigma or judgement

Overall planning support for the transition is not available.

The criteria and processes for using services are experienced by users as inadequate and dehumanising: tick boxes, "Volleyball referrals" and artificial criteria to access services.

Services do not consider the finances and other logistics needed to travel for appointments.

Out of hours and initial response services are seen as especially problematic and unempathetic.

Not enough opportunity for young people to have a say

Not enough local research on transition and what works. There's an inconsistency in local policies.

Universities' and employers' support services are underfunded and overstretched.

Public unawareness of the shortage in mental health services for young people

The importance of understanding variations in local provision ('the post code lottery') and the difference in quality between child and adult services.

The need to distinguish between mental illness and difficulties that arise during transitions that might need support to navigate and not treatment/services.

Recruitment and training of champions to use the research measures.

Action Learning Sets to provide opportunities to learn from, explore and feedback to findings.

Outcome and Process Evaluation:
- ToC Workshop
- MWIA workshop
- Diaries of trainers
- Interviews with attendees

Single day and six day training sessions

Participants report feeling better able to support others as a result of what they have learnt in the sessions

Young people report improved knowledge of mental health services and support networks in their local community.

Young people feel they have been able to speak openly with researchers/champions'

Data collection can be carried out through survey, interviews and the champions' diaries.

Data analysis to be carried out in cycles of feeding back to ALSs and back to analysis.

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Barriers to employment.

Change in relationships, financial situation, housing, expectations, and responsibilities.

Often change in location – loss of support network, new services.

International students, newly arrived migrants, non-integrated minorities, refugees – different access status.

Developmental/identity crisis and questions – who I am, where do I fit?

Alternatives, e.g. online support and counselling by GPs are experienced as offensive and undermining.

Young people feel

YP's needs are often complex at key periods of transition: leaving CAMHS, beginning HE/FE, leaving care.

Transition to adulthood is a time of challenge because of leaving Child and Adolescent Mental Health Services, looked after care, compulsory education or entering higher education.

Greater preparation of young people could aid transition, e.g. social and life skills, managing finances and knowing how to navigate systems.

Need skills to navigate the complexity of services as a user.

Recruitment and training of champions (young people with experience of MH services)

Co-production of training sessions.

Recruitment of participants

Champions co-deliver sessions.

Working with differences and supporting/re-assuring each other?

Personal Transitional Preparation Plans

Single day and six day training sessions

Participants report:

- Intending to use the knowledge and skills they have gained to manage a transition.
- feeling more confident to cope with and plan for major change.
- greater confidence in their ability to self-advocate
- having new skills or tools to manage health and wellbeing during a period of change
- having a clearer understanding of the process of their transition and how they may impact on their mental health and wellbeing

Participants with mental health problems report feeling:

- 'understood'
- less isolated
- greater self-knowledge
- a reduced sense of stigma or judgement

Overall planning support for the transition is not available.

The criteria and processes for using services are experienced by users as inadequate and dehumanising: tick boxes, "Volleyball referrals" and artificial criteria to access services.

Services do not consider the finances and other logistics needed to travel for appointments.

Out of hours and initial response services are seen as especially problematic and unempathetic.

Not enough opportunity for young people to have a say

Not enough local research on transition and what works. There's an inconsistency in local policies.

Universities' and employers' support services are underfunded and overstretched.

Mental health support in secondary and higher education is increasingly reliant on non-specialist staff, when young people's needs are increasing.

Public unawareness of the shortage in mental health services for young people

The importance of understanding variations in local provision ('the post code lottery') and the difference in quality between child and adult services.

The need to distinguish between mental illness and difficulties that arise during transitions that might need support to

Recruitment and training of champions to use the research measures.

Action Learning Sets to provide opportunities to learn from, explore and feedback to findings.

Outcome and Process Evaluation:

- ToC Workshop
- MWIA workshop
- Interviews with champions
- Interviews with attendees
- Interviews with local stakeholders
- Survey

Single day and six day training sessions

Participants report feeling better able to support others as a result of what they have learnt in the sessions.

Young people report improved knowledge of mental health services and support networks in their local community.

Young people feel they have been able to speak openly with researchers/champions

Data collection can be carried out through survey, interviews and the champions' interviews

Data analysis to be carried out in cycles of feeding back to ALSs and back to analysis.

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Young people with knowledge and experience of mental health services

Making use of knowledge and enthusiasm of champions to help support other young people in similar situations

Recruitment of Champions

Deliver single day and six day training sessions

Production of training materials

Possible awareness raising activities with services

Research outputs such as reports / evidence

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Young people with experience of going through transitions and the challenges these entail

Amplify young mental health services users' voice to influence change in services

Provide support and training to develop training session (training design, facilitation)

Provide resources (venues, materials, printing costs, IT)

Research training for the evaluation

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Few opportunities for peer-to-peer learning about mental health

Voice of young mental health services users not heard.

Facilitation of Action Learning Sets

3: Mental Wellbeing Impact Assessment indicators

Key factors identified as part of the Step Up MWIA

Categorisation of the wider determinants of well-being			
Issues	Potential impacts of Step Up		Comments and Actions
	(+) Positive Impact	(-) Negative Impact	
	<ul style="list-style-type: none"> • Employability skills developed through workshops, leading to improved employability • Greater knowledge of opportunities through peer support. • Volunteering opportunities 	<ul style="list-style-type: none"> • Potential support from programme is constrained through resources and time • If support is inadequate, people may feel let down 	<ul style="list-style-type: none"> • Activities could help develop people's ability self-advocate so they are not reliant on support being available
Issues	<ul style="list-style-type: none"> • Projects include identity exercise and information on leisure opportunities • Activities themselves may be seen as leisure and aim to be fun and encourage people to connect with each other • Activities provide a space for participants to '...hang around...' 	<ul style="list-style-type: none"> • No negative impacts were identified 	<ul style="list-style-type: none"> • Ability for individuals to find out about and access leisure opportunities for themselves will be key services can change quickly
Integration	<ul style="list-style-type: none"> • Equality and diversity principles are embedded throughout training • Participants can be signposted towards 	<ul style="list-style-type: none"> • People may disclose more personal information in workshops than they are comfortable with leading to feelings of exposure and vulnerability 	<ul style="list-style-type: none"> • It will be important to highlight, through the training, staff and champions' experience mental ill-health (others have been there)

of discussion on the wider determinants of well-being, participation and inclu

were asked to consider which of the wider determinants of wellbeing, Step Up was able to a
reas most agreed on by participants were:

security: It was felt that supplies and resources aren't there for the people that need it (C
s, waiting lists to see counsellors at University). Is peer support too optimistic? We can't act
t much knowledge for the participants, on the wider scale of things (this highlights the imp
cy as there isn't always that support available).

opportunities: Step Up works with people '...to look at different aspects of themselves – w
ntity other than your mental health...', to encourage people to find and explore their interes
lth isn't the only way in which they self-identify. This work includes thinking about taking
ivities, to support mental wellbeing. Activities consider different activities that people can g
ed was also identified for people to have a space to just 'hang around'.

ing discrimination: One of Step Up's intentions is to reduce discrimination by challengin
ing personal resources when dealing with discrimination. Workshops include, for instance
lying. However, there may be specific groups who may have less access to training because
id/or psychological barriers e.g. young men, people with physical impairments or learning
s, looked after young people. The project needs to keep awareness of what is realistic and p
roject resources and the skills and experiences of champions.

or something like that)’. However, the point of this project is to give participants the sense of being valued, individual role and this will be emphasised through activity.

Issues identified through the MWIA that the project may need to specifically consider in relation to participation and social inclusion:

Facilitating participation of young men – Step Up could undertake some specific activity that engages young men as this is a population group with some potential high risks around mental health. Activities will need to be clear about the level of accessibility of sessions, so that potential participants are clear as to whether the activity is suitable for them or not. Consideration about venue accessibility and availability of written materials may help increase accessibility.

Signposting will need to be taken when signposting to avoid disappointment and frustration if services are not available if a participant isn’t eligible for them. The focus may need to be more on building participants’ skills in signposting for themselves and knowing how and when to seek support, so that regardless of what support is available, participants are able themselves to find relevant support.

It may be worth promoting what support is available for people in order to get involved in projects, including travel expenses, so that people know what they can ask for help with.

2: Resilience and community assets: priority impacts

Priorities	Impacts of Step Up on resilience and community assets		Comments and Actions
	(+) Positive Impact	(-) Negative Impact	
<p>Emotional well-being/ Mental health/ Physical health</p>	<ul style="list-style-type: none"> Activities will encourage participants to trust through creation of a holding environment. 	<ul style="list-style-type: none"> Unable to provide a consistent space or develop trust over a long period of time Cannot provide ongoing support Cannot guarantee the emotional support some participants may need 	<ul style="list-style-type: none"> Provide signposting and other support, but being aware of changes to services Possibly develop a mentoring system, to support people to access other services
<p>Skills and Relationships/ Ability to stand, clearly and confidently</p>	<ul style="list-style-type: none"> Workshops will be enjoyable to go to People will build skills in developing relationships and being able to think clearly People will be encouraged to bring what they already know and build on existing knowledge and skills People will be helped to evaluate the way they think People will gain 'quick-fix' tools they can use to help function adequately on a daily basis 	<ul style="list-style-type: none"> Participants may become aware that they have poor relationships which may increase feelings of isolation If participants find the training unenjoyable or unhelpful, activities may have no impact 	<ul style="list-style-type: none"> Look at online platforms that could provide support and peer connections out of workshops Champions can blog, use social media to keep people informed and engaged There is the potential for people to get involved in campaigning that may arise as a result of projects Sessions can begin with clarification of what training sessions are, managing expectations. Participants may be encouraged to progress to becoming champions, increasing involvement

Summary of discussion on resilience and community assets:

It was felt that Step Up will have a positive impact on resilience and community assets. However, it was not considered (social networks and relationships, trust and safety, arts and creativity, emotional well-being, mental health, physical health).

Appendix 4: Co-designed surveys: Pre- and post-Surveys; One-off Survey



Step Up – Pre Survey

ID:

Date:

Location:

Step Up: Transitions is a project set up by Rethink to help young people to share their knowledge about mental health, learn new tips/tools/skills to support their own wellbeing and have a more resilient, resourceful and confident approach to dealing with changes that might affect their mental health.

With the help of the *Tavistock Institute* we are evaluating Step Up to see if participants (that's you!) benefit from it, and to help us understand what we are doing right and what could be improved. The way this will work is that you fill out a questionnaire now and then another at the end of the project so we can see what has changed while you have been taking part.

So before getting started please take a few minutes to fill out this questionnaire. Please answer as honestly as possible and remember that there are no right or wrong answers. The information you give us will be stored safely and only be seen by the research team, and kept both anonymous and confidential, so even the research team will not know whose answers are whose. If you have any questions please ask.

Please circle to indicate how far you agree or disagree with the following statements					
If I were having problems with my mental health or wellbeing:					
I think I would keep my problems to myself	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I think I would seek help from friends or family	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I think I would seek help from professionals	Strongly agree	Agree	Not sure	Disagree	Strongly disagree

Please circle to indicate how far you agree or disagree with the following statements					
I have a good understanding of the ways that life transitions can affect my mental health and wellbeing	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I know where to go to get support for my mental health and wellbeing	Strongly agree	Agree	Not sure	Disagree	Strongly disagree

I have skills and techniques that help me manage my mental health and wellbeing	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I feel confident that I can cope with major changes in my life.	Strongly agree	Agree	Not sure	Disagree	Strongly disagree

Please indicate how true you feel the following statements are:

I can always manage to solve difficult problems if I try hard enough.	Not at all true	Hardly true	Moderately true	Exactly true
If someone opposes me, I can find the means and ways to get what I want.	Not at all true	Hardly true	Moderately true	Exactly true
It is easy for me to stick to my aims and accomplish my goals.	Not at all true	Hardly true	Moderately true	Exactly true
I am confident that I could deal efficiently with unexpected events.	Not at all true	Hardly true	Moderately true	Exactly true
Thanks to my resourcefulness, I know how to handle unforeseen situations.	Not at all true	Hardly true	Moderately true	Exactly true
I can solve most problems if I invest the necessary effort.	Not at all true	Hardly true	Moderately true	Exactly true
I can remain calm when facing difficulties because I can rely on my coping abilities.	Not at all true	Hardly true	Moderately true	Exactly true
When I am confronted with a problem, I can usually find several solutions.	Not at all true	Hardly true	Moderately true	Exactly true
If I am in trouble, I can usually think of a solution.	Not at all true	Hardly true	Moderately true	Exactly true
I can usually handle whatever comes my way.	Not at all true	Hardly true	Moderately true	Exactly true

About You

1. Do you identify as: Male Female Trans*

2. How old are you? years

3. Which of the following best describes your ethnicity?

- | | | | |
|--------------------------------------|--------------------------|---|--------------------------|
| Asian or Asian British - Bangladeshi | <input type="checkbox"/> | Asian or Asian British - Indian | <input type="checkbox"/> |
| Asian or Asian British - Pakistani | <input type="checkbox"/> | Asian or Asian British - Chinese | <input type="checkbox"/> |
| Any other Asian Background | <input type="checkbox"/> | Black or Black British – Caribbean | <input type="checkbox"/> |
| Black or Black British - African | <input type="checkbox"/> | Any other Black Background | <input type="checkbox"/> |
| White British | <input type="checkbox"/> | White Irish | <input type="checkbox"/> |
| White – Gypsy or Irish traveller | <input type="checkbox"/> | Any other White Background | <input type="checkbox"/> |
| Mixed White and Black Caribbean | <input type="checkbox"/> | Mixed White and Black African | <input type="checkbox"/> |
| Mixed White and Asian | <input type="checkbox"/> | Mixed Any other Mixed Background | <input type="checkbox"/> |
| Arab | <input type="checkbox"/> | Any other ethnic group (please state below) | <input type="checkbox"/> |
| Don't want to say | <input type="checkbox"/> | | |

4. Have you recently or will you soon be going through any major changes in your life? (Tick all that apply)

- | | | | |
|-------------------------|--------------------------|-------------------------------------|--------------------------|
| Leaving School | <input type="checkbox"/> | Going to university | <input type="checkbox"/> |
| Starting full time work | <input type="checkbox"/> | Moving from child to adult services | <input type="checkbox"/> |
| Leaving CAMHS | <input type="checkbox"/> | Leaving care | <input type="checkbox"/> |
| Moving away from home | <input type="checkbox"/> | Moving to a new country | <input type="checkbox"/> |
| Other please specify | <input type="checkbox"/> | | |

5. Have you used mental health services in the past? (Please circle) YES NO



Step Up – Post Survey

ID:

Date:

Location:

Number of Step Up Session attended in total:

As you may remember, at the start of Step up you filled out a questionnaire. Now that we are at the end we'd like to know how it went and see if you benefited from taking part. So before getting started please take a few minutes to fill out this questionnaire. Please answer as honestly as possible and remember that there are no right or wrong answers. The information you give us will be stored safely and only be seen by the research team, and kept both anonymous and confidential, so even the research team will not know whose answers are whose. If you have any questions please ask.

Please circle to indicate how far you agree or disagree with the following statements					
If I were having problems with my mental health or wellbeing:					
I think I would keep my problems to myself	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I think I would seek help from friends or family	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I think I would seek help from professionals	Strongly agree	Agree	Not sure	Disagree	Strongly disagree

Please circle to indicate how far you agree or disagree with the following statements					
I enjoyed the sessions	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I felt able to actively participate in the sessions	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
The content of the sessions was relevant to my situation	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I feel the sessions help me to make sense of my current situation	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
The facilitators/ champions were knowledgeable on the subjects covered	Strongly agree	Agree	Not sure	Disagree	Strongly disagree

Because the sessions were run by young people with lived experience of mental health services it felt more relevant to me	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
As a result of attending the sessions I feel more connected to other people in similar circumstances to me	Strongly agree	Agree	Not sure	Disagree	Strongly disagree

Please circle to indicate how far you agree or disagree with the following statements					
I have a good understanding of the ways that life transitions can affect my mental health and wellbeing	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I know where to go to get support for my mental health and wellbeing	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I have skills and techniques that help me manage my mental health and wellbeing	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I feel confident that I can cope with major changes in my life.	Strongly agree	Agree	Not sure	Disagree	Strongly disagree

Please circle to indicate how far you agree or disagree with the following statements					
I have already used what I learned in the session to help me deal better with challenges in my life	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I have already used the things I learned to help me find services and support	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I will use what I learned to help me deal better with challenges in my life if I need it in the future	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I will use the things I learned to help me find services that can help me if I need them	Strongly agree	Agree	Not sure	Disagree	Strongly disagree

Please indicate how true you feel the following statements are:				
I can always manage to solve difficult problems if I try hard enough.	Not at all true	Hardly true	Moderately true	Exactly true
If someone opposes me, I can find the means and ways to get what I want.	Not at all true	Hardly true	Moderately true	Exactly true
It is easy for me to stick to my aims and accomplish my goals.	Not at all true	Hardly true	Moderately true	Exactly true

I am confident that I could deal efficiently with unexpected events.	Not at all true	Hardly true	Moderately true	Exactly true
Thanks to my resourcefulness, I know how to handle unforeseen situations.	Not at all true	Hardly true	Moderately true	Exactly true
I can solve most problems if I invest the necessary effort.	Not at all true	Hardly true	Moderately true	Exactly true
I can remain calm when facing difficulties because I can rely on my coping abilities.	Not at all true	Hardly true	Moderately true	Exactly true
When I am confronted with a problem, I can usually find several solutions.	Not at all true	Hardly true	Moderately true	Exactly true
If I am in trouble, I can usually think of a solution.	Not at all true	Hardly true	Moderately true	Exactly true
I can usually handle whatever comes my way.	Not at all true	Hardly true	Moderately true	Exactly true

What was the most useful part of the sessions?
What was the least useful part of the sessions?
What could be done to improve the training?

Thank You!



Step Up – One off Follow up Survey

Date:

Location:

Step Up: Transitions is a project set up by Rethink to help young people to share their knowledge about mental health, learn new tips/tools/skills to support their own wellbeing and have a more resilient, resourceful and confident approach to dealing with changes that might affect their mental health.

With the help of the *Tavistock Institute* we are evaluating Step Up to see if participants (that's you!) benefit from it, and to help us understand what we are doing right and what could be improved. So please take a few minutes to fill out this questionnaire. Please answer as honestly as possible and remember that there are no right or wrong answers. The information you give us will be stored safely and only be seen by the research team, and kept both anonymous and confidential. If you have any questions please ask.

Please circle to indicate how far you agree or disagree with the following statements					
I enjoyed the sessions	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I felt able to actively participate in the sessions	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
The content of the sessions was relevant to my situation	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I feel the sessions help me to make sense of my current situation	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
The facilitators/ champions were knowledgeable on the subjects covered	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
Because the sessions were run by young people with lived experience of mental health services it felt more relevant to me	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
As a result of attending the sessions I feel more connected to other people in similar circumstances to me	Strongly agree	Agree	Not sure	Disagree	Strongly disagree

Please circle to indicate how far you agree or disagree with the following statements

As a result of taking part in the session:

I have a better understanding of the ways that life transitions can affect my mental health and wellbeing	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I have a better understanding of how to get support for my mental health and wellbeing	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I learnt skills and techniques that will help me manage transitions in my own life	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I feel more confident that I can cope with major changes in my life.	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I think I will use what I learned to help me deal better with challenges in my life	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I think I will use the things I learned to help me find services that can help me if I need them	Strongly agree	Agree	Not sure	Disagree	Strongly disagree

What was the most useful part of the session?

What was the least useful part of the session?

What could be done to improve the training?

Would you be happy to be contacted for a follow-up interview to answer further questions about your experience of Step Up?

Yes No

If yes, please let us know your email address:

We are interested in hearing your views about Step Up once more time has passed, and to find out if it has helped you with any transitions that take place following your involvement in Step Up. Your contact details will only be shared with those individuals carrying out research and will not be used for any other purpose, without gaining your permission first. Contact details will be discarded following the completion of the project.

About You

This information is being collected anonymously to help monitor Step Up's objectives to provide a fair, non-discriminatory service and to help inform future practice in order to address any potential inequalities found.

1. Do you identify as:

Male Female In another way : (please say) _____

2. How old are you? years

3. Which of the following best describes your ethnicity?

Asian or Asian British - Bangladeshi Asian or Asian British - Indian

Asian or Asian British - Pakistani Asian or Asian British - Chinese

Any other Asian Background Black or Black British – Caribbean

Black or Black British - African Any other Black Background

White British White Irish

White – Gypsy or Irish traveller Any other White Background

Mixed White and Black Caribbean Mixed White and Black African

- | | | |
|--------------------------|--------------------------|---|
| Mixed White and Asian | <input type="checkbox"/> | Mixed Any other Mixed Background |
| <input type="checkbox"/> | | |
| Arab | <input type="checkbox"/> | Any other ethnic group (please state below) |
| <input type="checkbox"/> | | |
| Don't want to say | <input type="checkbox"/> | |

4. Have you recently or will you soon be going through any major changes in your life? (Tick all that apply)

- | | | |
|--------------------------|--------------------------|-------------------------------------|
| Leaving School | <input type="checkbox"/> | Going to university |
| <input type="checkbox"/> | | |
| Starting full time work | <input type="checkbox"/> | Moving from child to adult services |
| <input type="checkbox"/> | | |
| Leaving CAMHS | <input type="checkbox"/> | Leaving care |
| <input type="checkbox"/> | | |
| Moving away from home | <input type="checkbox"/> | Moving to a new country |
| <input type="checkbox"/> | | |
| Other please specify | <input type="checkbox"/> | |
| | | |

5. Have you used mental health services in the past? (Please circle)
 YES NO

Appendix 5: Topic guides: Participant focus groups and interviews; champion interviews; staff interviews

Step Up Evaluation: Topic Guide for participant interviews

Prior to interview, you will need to check you have the following information:

1. How the person has registered an interest in a telephone interview – was it through the survey, a partner, direct email etc.

Use these questions and prompts as a guide. Use your own words, but it's important to speak about confidentiality, check the person is happy to be interviewed and to keep focused on the areas of the topic guide.

Starting off the interview:

1. Introduce yourself and your role as part of Step Up and inform the person that their views will help Rethink find out how well the project is achieving its aims and what could be improved. A report will be written which will be shared with Rethink and your views will help influence future projects. Although feedback is captured anonymously, quotes may be used within the report.
2. I am going to ask you some questions and will be making some notes of our conversation, as we go along. What you say will be written down confidentially so that no staff from Step Up will know who said what. I won't use your name or anything that could identify you.

3. The only exception is if you say something that makes me worried that anyone is in danger or is being harmed. I will then have to let Step Up (Rethink) know, but will only do this after speaking to you.
4. Is there anything else you'd like to know before we start?
5. Are you happy to continue?
6. Agree the length of time for the interview with the person in advance (try not to take longer than an hour)

Warm up questions:

1. Please could you tell me how you got involved in Step Up and when that was?
2. Can you remember what activities you did in the session/s? Can you tell me a bit about what you did?

Main Questions:

- In your opinion, what was the most useful/helpful part of the sessions?
- What do you think were the least useful or most difficult parts of the sessions?
- Was there anything in particular that you have found useful since the sessions or that you have used? Can you tell me a bit about this?
- What did you think about the sessions being run by other young people?
What was good about this? What could be improved?
- What would you say were the most helpful and least helpful parts of the booklet given out?
- Do you think the sessions have influenced your understanding of potential difficulties you could encounter? What sort of things are these?

- Were there any particular tools you learnt on the project that you think you might use in future?
- Since the sessions, have you noticed any changes in your relationships with others?
- If so, in what ways..?
- After experiencing the sessions, what would you recommend to a friend who is going through a difficult time?
- Have you any thoughts or opinions about the importance of this kind of project for young people or more generally, the kinds of services available that support the mental health of young people? Is there anything you'd like to say to those services and funders, if you could?

Concluding questions:

- If you could change one thing about the sessions, what would it be?
- Are there any comments you'd like to make about the sessions, either generally or specifically?
- Is there anything else you'd like to say that you haven't had an opportunity to?
- Thank you for your help. Would you be willing for me to contact you in another [six months?] to see how you're getting on and how useful the sessions have been longer-term?
- Agree any contact details that get held.

Following the interview



- Write up your notes, with any quotes as quickly as possible, following the interview and email to Sarah Way.
- Put a reminder in your calendar for when you need to follow up with the person, if they have agreed.
- Jot down any notes about your own feelings about undertaking the interview, your experience and what you have learnt. This is also important data. You can bring what you are comfortable bringing to Action Learning Sets to help inform the interview analysis.

Step Up Evaluation: Topic Guide for Participant Focus Groups

This topic guide provides information and suggested questions for asking participants their views and experience of the Step Up project you are visiting. It is expected that this is done within a focus group structure.

Prior to focus group, you will need to check that the following is organised:

2. It is agreed who from the evaluation champion team is asking questions and who is taking notes. It is possible to share these roles, so that one person does not have to write all the time and to give different people a chance to ask questions. If you decide to do this, agree in advance of the group who is doing what, so that everyone is comfortable and clear with what they are doing.
3. You have a group of participants happy to take part in the focus group. It is recommended that you have about 6 people in the group and no more than 8.
4. You have an area with the right amount of chairs in a circle and a table for whoever is recording what people say.
5. You have copies of the booklet used during training sessions.
6. You have an hour allocated for the focus group and as much as possible, have a quiet space that will be free from disturbances.
7. Remember you can turn the questions into interactive exercises – thermometer/hot to cold; change chairs; or ask people to speak in pairs and then follow with group discussion. Use techniques that will encourage conversation.

The Focus Group

Introduction:

Introduce yourselves, your roles and Step Up. Explain that once you have gone through an introduction, and have checked everyone is happy with taking part, you will be asking people to introduce themselves and what got them involved in this project. Remember this is just a guide, so allow the conversation to flow, don't worry if not everything is covered (though confidentiality and consent is essential). You could say something like (but please say it in your own words):

7. Thank you for agreeing to be part of this focus group.
8. I am X and these are my colleagues X... We are evaluation champions, working with Rethink, who are running the Step Up Programme. This is a Big Lottery funded programme, which has given funding to projects like yours that are trying to improve the mental health of young people going through transitions. We are working with researchers at the Tavistock Institute – a research organisation based in London, who is working with us on evaluating how well Step Up is achieving its aims. We are independent and are not part of the government, social services or anything like that. To see whether the overall programme is meeting its aims, we are visiting projects like [name of project you are visiting e.g. Phoenix] to find out from you what you think about the project, to hear your suggestions for how the project can support young people to better navigate transitions and to help us understand what about this project works well and why.
9. We hope this will be the first visit to you and if you agree, we would like to come back and see how you are getting on at a later date and see if there has been any longer-term benefits of taking part in Step Up. This research will be going on until 2018.
10. Some projects are also asking people to complete surveys and we are also doing one-to-one interviews.



11. Your views and experiences are very important - they will go into a report for Rethink.

12. The questions we ask will help us understand your perspective on issues around mental health for young people going through transitions and how projects like Step Up can support people.

Confidentiality:

We are going to ask you some questions and your responses will be written down by [name/s]. What you say will be written down confidentially so that no workshop leaders, staff from [project partner name] or Step Up will know who said what. We won't use your names or anything that could identify you.

The only exception is if you say something that makes us worried that anyone is in danger or are being harmed. We will then have to let Step Up know, but we will only do this after speaking to you.

It is totally your choice to take part. Please answer only the questions you are comfortable with. You can change your mind about taking part in this group at any time.

Whether you decide to take part or not will have no impact on the services you receive.

Before we go on, can we check everyone is happy to take part in this discussion?

Introduction to debate: Use as appropriate

The reason for this group is to get different opinions and perspectives, have some debate and see where there is agreement and where there isn't. Please say what



you think, even if it means disagreeing with others. As long as we all are respectful to different opinions and experiences, we want to hear both what you agree on and what your different thoughts are. We will look after time, but please help us by allowing each other to speak so that we get to hear from all of you. Please only say what you feel comfortable saying, we want this to be an enjoyable and interesting experience for you too.

Warm Up (Example):

Go around in a circle, ask everyone to introduce themselves, how they got involved in the Step Up project, and one fact about themselves.

Questions:

The training itself

- Can you talk about the types of activities you did as part of the Step Up training?
- What did people particularly enjoy?
- Anything that people found difficult or challenging? Was this a good thing? Was it helpful?
- What skills would you say the training helps people develop? (prompt if needed: better ways of managing mental health – what are these? What did you learn?; self-advocacy; better able to support friends etc.)
- Are there any other skills you have learned from the training?
- What did you think about having other young people run the sessions? What worked about this and what could have been improved?

- What would you say were the most helpful and least helpful parts of the booklet given out (share copies of the booklet to refresh people's memories)
- During the session, did you feel like you could contribute and be honest? Were there any times when this was difficult? If so, why was that do you think? What might stop other young people from taking part fully do you think?
- What other barriers do you think people in a similar position to yourself would experience that may prevent them from accessing these kinds of sessions? (e.g. stigma; travel; timing; venue)
- If you could design a service/session/training to help other 16-24 year olds, what do you think people would want from it? What would you keep from the activity you did and what would you change?

Since the training

- Can you discuss whether the training helps build young people's confidence when thinking about transitioning (for example, to new services and higher education)? Why do you think this is (or isn't) the case?
- Since the training, have you felt able to support a peer who has faced difficulty/ a challenging time? What part of the training most helped you with this? OR If you had a friend who was struggling with big changes in their life, what would you recommend to them?
- In what ways have you applied your newly developed skills to the real world? What sort of effect has that had for you?
- Are there any differences between your plans for the future before the training and since the training? Can you talk about these?

- Think of a challenging situation, compare how you would have responded to it before the training and how you may respond to it now. Can you see any differences?
- Do you think this project helps people in building better self-awareness of their abilities; skills; difficulties; anything else? In what way?

Wrap Up

- Is there anything else anyone would like to say about the training or anything you've noticed since then?
- Would you recommend Step Up to others? What would you say?
- Is anyone willing to be contacted for a one-to-one interview? (Or it may be that individuals are being interviewed either before or after the focus group).

Following the interview

- Write up your notes, with any quotes as quickly as possible, following the focus group and email to Sarah Way.
- Put a reminder in your calendar for when you need to follow up with the person, if they have agreed.
- Jot down any notes about your own feelings about undertaking the interview, your experience and what you have learnt. This is also important data. You can bring what you are comfortable bringing to Action Learning Sets to help inform the interview analysis.



Topic Guide Questions for Step Up Champion Interviews

Use these questions and prompts as a guide. Use your own words, but it's important to speak about confidentiality, check the person is happy to be interviewed and to keep focused on the areas of the topic guide.

Starting off the interview:

13. Introduce yourself and your role as part of Step Up and inform the person that Rethink wants to learn more about the champion roles – what works and what doesn't and the kind of difference being a champion makes to people's lives. A report will be written which will be shared with Rethink and your views will help influence the rest of this project and the development of future projects. Although feedback is captured anonymously, quotes may be used within the report.
14. I am going to ask you some questions and will be making some notes of our conversation, as we go along. What you say will be written down confidentially so that no staff from Step Up will know who said what. I won't use your name or anything that could identify you.
15. The only exception is if you say something that makes me worried that anyone is in danger or is being harmed. I will then have to let Rethink know, but will only do this after speaking to you.
16. Is there anything else you'd like to know before we start?
17. Are you happy to continue?
18. Agree the length of time for the interview with the person in advance (try not to take longer than an hour and a half)

Introductory questions

- How did you hear about the project?
- Why did you decide to get involved? What was attractive about the role?
- Did you have any initial fears about getting involved/ starting the programme? What were they?
- How would you describe your role *as a champion* in the Step Up project to someone with no knowledge of it?

Main questions

Personal gains/ benefits

- What were you *hoping* to gain from being a champion?
- Do you think you have achieved this yet / have you been able to fulfil this?
How / why / why not?
- Did being involved in Step Up help you feel more confident? if so, how?

- Did being involved in Step Up help you to understand and better cope with change / times of stress? If so, how?
- Are there any other benefits - skills, knowledge or experience - you've gained from being a champion? What are these and in what ways are you (or do you think you will be) using these?
- What hasn't been so good about being involved? Anything that has been a challenge/difficult/disappointing? (Prompts if needed: balancing with other commitments; relationships with other champions; not learning as much or doing as much as would have liked; behaviour of participants etc.)
- Do you feel like you have had access to other opportunities as a result of your involvement in Step Up? If so, what are these? (prompts: have you used it on your CV to get a job; volunteering elsewhere; leading peer support activities etc.)
- Do you think there are enough opportunities to get involved (e.g. conferences, debates)?

- Since the training, have you felt able to support a peer who has faced difficulty/ a challenging time? What part of the training most helped you most with this?
- Do you feel that being a champion enables you to influence changes in service provision? If so, how? If not, why not do you think?

Training sessions logistics

- Do Step Up/ training sessions work around your other commitments? / Are they flexible enough to fit into your schedule?
- Do you feel that there were equal opportunities based on your availability to volunteer? E.g. did you get good opportunity to work on projects that you were available to work on?
- What are the key things that have helped make good training sessions so far do you think? When things didn't go so well, why was this do you think? Is there anything you would change?

Co-production and lived experience

- How do you think your lived experience has aided the co-production process/ benefitted the programme (e.g. the overall direction of the project through to specific training sessions)?
- What, do you think, are the key ingredients for successful co-production on projects like this?
- How have you been able to adapt sessions based on your lived experience?
- Has hearing about other peoples', including other champions' experiences impacted you/ do you feel like you have gained knowledge of other's lived experiences? How useful (or unhelpful) has this been would you say?
- How comfortable do you feel in sharing your experience in sessions? Are there any situations you feel more comfortable doing so than others? e.g. groups vs individual; types of groups.

Other questions

- What has been your most memorable/ favourite experience / activity (that you participated in) so far?

- What's been the best thing about being a champion?
- What's been the worst thing about being a champion?
- Do you feel you were *adequately prepared* and then supported in your role by Rethink? Can you give an example?

Final questions

Recommending the project

- Would you recommend getting involved to others (e.g. friends), and why?
- What would you say about Step Up to young people going through a difficult time?

Other/ final thoughts

- Are there any other thoughts/ ideas/comments you would like to share?



- Thank you for your help. Would you be willing for me to contact you in another [six months?] to see how you're getting on and how useful the sessions have been longer-term?

- Agree any contact details that get held.

Topic Guide Questions for Step Up Staff Interviews

Introductory questions

1. How did you get involved in the project and can you describe a couple of projects you have worked on?
2. Can you talk a bit more about a project that has gone particularly well and why you think that was?
3. Can you talk about a project that was particularly challenging and why you think that was?
4. Can you describe the process of working with champions, and how co-production has worked? What has worked well in your opinion, what have the challenges with co-production been?

Main questions

5. Thinking about the project aims below, please can you talk through how well you think the project is achieving these aims, giving examples from activities, and any challenges. ?

Step Up aims to:

- Improve young people's knowledge around transitions, and how they may impact on their mental health and wellbeing
- YP with mental illness have the tools and improved skills levels to enable taking action, seeking support and better negotiating transitions
- YP with mental illness show improved resilience as a result of participation in activities

6. Can you give some examples of champions' journeys through the projects and benefits/knowledge/skills developed by champions? How well do you think training and support for champions has prepared them for their roles?

7. Thinking about the ToC, how well does this reflect the project? Any changes or anything that has changed that could influence outcomes? E.g. context, changes to champions, delivery changes

8. Thinking about the organisational context, how has this supported and/or what has been challenging for the project?

9. How has the project worked in terms of partnerships, and building internal knowledge and skills?



10. Looking ahead, what do you think the main focus of the project will be, any changes to aims or delivery structure?

11. What improvements would you make to the project in the future and what should happen after the project completes, 'what next'?

12. What, do you think, are the key ingredients for successful co-production on projects like this?

Other/ final thoughts

13. Are there any other thoughts/ ideas/comments you would like to share?

Appendix 6: Sample characteristics of survey respondents and Data Analysis

Sample characteristics

The tables below report gender, age and ethnicity for the survey respondents of year 1 and year 3 separately.

Gender of year 1 survey respondents

Female		Male	
N	%	N	%
129	67%	64	33%

Note. N=193 (missing 11).

Age of year 1 survey respondents

16-19/20		20-24/25		25-30	
N	%	N	%	N	%
123	64%	53	27%	16	8%

Note. N=192 (missing 12).

Ethnicity of year 1 survey respondents

Ethnicity	N	%
White British	41	22%
White Irish	4	2%
Any other white background	40	21%
Arab	5	3%
Asian or Asian British - Chinese	3	2%
Asian or Asian British - Bangladeshi	8	4%
Asian or Asian British - Indian	4	2%
Asian – Pakistani	1	1%
Mixed white and Asian	1	1%
Any other Asian background	3	2%
Black or Black British - African	21	11%
Black or Black British - Caribbean	13	7%
Mixed White and Black Caribbean	3	2%
Mixed White and Black African	3	2%
Mixed White and African background	1	1%
Any other Mixed background	18	8%
Any other ethnic group	21	11%

Note. N=190 (14 missing).

Gender of year 3 survey respondents

Female		Male		Transgender	
N	%	N	%	N	%
240	74%	81	25%	4	1%

Note. N=325 (32 missing).

Age of year 3 survey respondents

14-19/20		20-24/25		25-30	
N	%	N	%	N	%
293	91%	28	9%	0	0%

Note. N=321 (36 missing).

Ethnicity of year 3 survey respondents

Ethnicity	N	%
White British	78	27%
White Irish	4	1%
Any other white background	27	9%
Arab	23	8%
Asian or Asian British - Chinese	4	1%
Asian or Asian British - Bangladeshi	9	3%
Asian or Asian British - Indian	11	4%
Asian – Pakistani	3	1%
Mixed white and Asian	21	7%
Any other Asian background	50	17%
Black or Black British - African	16	6%
Black or Black British - Caribbean	14	5%
Mixed White and Black Caribbean	6	2%
Mixed White and Black African	6	2%
Any other Mixed background	15	5%
Any other ethnic group	78	27%

Note. N=287 (70 missing).

Survey analysis

Statistical analysis

The quantitative survey data was analysed using IBM SPSS. Tables and figures were created in Microsoft Excel and SPSS. As a first step, data sets from different interventions

using the same survey type were combined. This included merging all one-off survey data from 16 interventions. Pre- and post- datasets were combined in order to perform analysis of data from the six session programmes. The datasets were combined based on the unique ID of each respondent. Checks of the responding samples were performed to ensure that there were no abnormalities in the data and respondents had answered questions according to the instructions.

Following that, for all questions, descriptive statistics were calculated. These consisted mainly of frequencies, including sample information such as gender and age. For the pre- and post-survey the total score of the GSE scale was calculated by summing up scores of all ten individual items. Responses were made on a 4-point Likert scale so that total scores vary between 10 and 40 with higher scores representing higher levels of self-efficacy. Reliability of the psychometric scale was measured by calculating Cronbach's alpha. Factor analysis as well as item and scale analysis was conducted for the two sets of items asking respondents to rate items (satisfaction with sessions and outcomes measures) on a 5-point Likert scale for the one-off and the pre- and post-survey. Independent t-tests were used to compare subgroups of respondents and test statistics as well as effect sizes, which are reported within the text. Effect sizes are standardized measures of the magnitude of an effect. The effect size Cohen's d is the standardized mean difference. According to conventions $d=.3$ equates to a small effect, $d=.5$ to medium and $d=.8$ to a large effect.

Significance tests were also used to detect changes over time on skill and knowledge questions, mental health and wellbeing questions and the GSE scale for the pre- and post-survey. All tests were performed with a significance level of .05. As the sample size was small (<30) and the assumption that the data was normally distributed was not given, non-parametric tests were used instead of widely used t-tests. The nonparametric equivalent of t-test for paired samples is the Wilcoxon signed rank test. Results of the Wilcoxon signed rank test are reported in footnotes in the main section of this report. The footnote displays the Z value which is the test statistic and the p-value, which is the likelihood that the test result, or a more extreme one if the null hypothesis (i.e. in this case that there is no change between pre- and post- survey), is true.

Thematic Content Analysis

A Thematic Content Analysis (TCA) of interview data, reflective meeting notes and survey comments was conducted as an iterative process of building, checking and reviewing themes between 2 qualitative researchers. TCA involves organising the data, generating themes, coding the data, testing the emergent themes and searching for alternative explanations of the data (Marshall and Rossman, 1999). Basic themes were generated using Microsoft Word and Excel. Raw data was revisited to check and review codes and themes identified, with further refining of themes, in order to validate interpretations made within the final report.