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An Evaluation of Hive Connecting Creativity

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LEEDS BECKETT UNIVERSITY

Executive Summary

Background

Hive, a Shipley based charity, run a variety of creative courses. Three of their programmes - Thrive, Flourish and Make@Hive – are run for people with low to moderate mental health problems by project workers and volunteers, with the aim of improving wellbeing. The Centre for Health Promotion Research (CHPR) at Leeds Beckett University (LBU) were asked to evaluate the impact of these programmes on service users.

Key Messages

- Hive successfully supports people with mental health problems to improve their wellbeing. The percentage of participants with moderate or high wellbeing increased from 54% (before attending the programme) to 80% (after attending). Mean WEMWBS scores increased from 43 (low) to 49 (near UK average).
- The supportive, welcoming environment created by Hive where people feel safe and supported and part of a community is an important success factor. Not feeling judged or under pressure is vital for participants.
- The creative aspect of the programmes is therapeutic for people. Concentrating on a task is relaxing, absorbing and people feel pride in their creations and the skills they have learnt. Being in a group, doing a creative task, means people have companionship and peer support, without feeling the pressure to 'socialise'.
- Hive staff and organisation are praised for their inter-personal skills and their professionalism. It manages to be both efficient and to treat people as valued individuals.
- Volunteers gain from their involvement as it gives them a sense of purpose, pride and reduces their isolation
- The data collected on the impact of attending a Hive programme on use of social/health services is limited and gives mixed results. Some participants use Hive instead of other mental health or social services. Others use it as part of a support package – helping them keep well and preventing relapse.
- Hive offers good value for money in comparison to other treatment options. Hive costs approximately £250 for a 10-week session (per person), this equates to 2 hours' worth of GP appointments.
- Hive is unique locally in its ability to offer creative opportunities and support to people with mental health problems and to volunteers with additional support needs.

"I think it has the potential to help a lot of people and it obviously does help a lot of people, giving 'em a sense of accomplishment, having interaction with other people, you know, it all adds to building your wellbeing back up."
[Participant]

"Hive will be a big part of people's wellbeing. … Hive holds a lot of people to be well – if it wasn't there, I've no doubt people would become unwell if it wasn't there. Definitely, definitely" [Stakeholder]

Key Recommendations

Hive operates very professionally with high levels of satisfaction from service users and stakeholders. Reaching more diverse communities, including those from Black and Ethnic Minority groups and those from younger (sub-25 years) and older (above 65 years) age groups is recommended.

Hive needs to set up more rigorous systems so they can 'prove' success, including longer term follow-up of service users/volunteers, systematic measuring of wellbeing (WEMWBS questionnaire), and, if possible, more comprehensive cost benefit or Social Return on Investment analysis.

The major issue for Hive is how to ensure they have long-term, stable funding. The evaluation team recommend considering developing strategic partnerships with key statutory bodies and possibly other voluntary sector organisations. This is justified given Hive's proven success at improving the wellbeing of people with mental health problems and their unique offering locally.

How we did the evaluation

We used a range of qualitative and quantitative methods and then combined the results together. These were:

- Two focus groups (one using story-boards, the other a discussion) with service users and volunteers.
- A validated wellbeing questionnaire (WEMWBS) filled in by service users before and after they attended a course at Hive. Pre and post data was collected for 39 people.
- Case studies of service users collected by project workers.
- An evaluation of data routinely collected by Hive at the end of courses.
- Three stakeholder interviews.
- A comparison of costs using information provided by Hive and national bodies.

Contact/further information

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Table of Contents

Executive Summary 2
1: Introduction 5
1.1 The Hive Offer 5
1.2 Existing Research 5
1.3: Evaluation Aims and Objectives 6
2. Evaluation Methodology 7
2.1 Health and Wellbeing Questionnaire 7
2.2 Focus Group Activity x 2 7
2.3 Stakeholder Interviews 8
2.4 Case studies 8
2.5 Examples of cost comparisons 8
2.6 Existing data 8
2.7 Analysis 8
2.8 Ethics 9
3. Findings: Service Users 10
3.1 Focus Groups 10
3.2 Questionnaire (WEMWBS) 19
3.3 Routinely Collected Data 23
3.4 Findings: Case Studies 29
4: Findings: Stakeholders 32
5. Findings: Cost Comparisons 36
6. Conclusion & Recommendations 40
7. References 43
8. Appendices 44
8.1 Story Boards 44
8.2 Focus Group Schedule 47
8.3 Stakeholder Interview Schedule 49
8.4 Pre and Post Questionnaires 51

1: Introduction

Hive, a long established charitable organisation, is based in Shipley, West Yorkshire. Hive provides a wide range of opportunities for creativity, as a way of helping people to improve their lives. See http://www.hivebradford.org.uk/ for information on the full breadth of their offering.

The Centre for Health Promotion Research (CHPR) at Leeds Beckett University (LBU) was commissioned to evaluate the three Hive projects aiming to support people experiencing mild to moderate mental health problems. These projects (Flourish, Thrive and Make@Hive) aim to improve people's health and wellbeing, their connections to others and their self-confidence by encouraging creativity in a group setting.

1.1 The Hive Offer

All the projects evaluated are group based and cater for people with mild to moderate health problems. Flourish and Thrive are programmes of a set length whilst Make@Hive is a 'drop in' that people often progress to having participated in Flourish or Thrive. Each has a project worker and is run with volunteer support. Service users are encouraged to progress to volunteering when and if they feel able.

The Thrive programme is a creative course, funded by the Big Lottery Fund that aims to boost people's self-confidence and wellbeing, help them gain and share skills and combat isolation. It runs for ten weeks, culminating in a show or exhibition. People who are experiencing mental health distress can either be referred (by mental health services for example) or self-refer.

Flourish is based on Creative Eco-therapy. It helps people look after their mental health by getting active outdoors and combining environmental activity with the creative process. It is often run with pre-existing groups.

Both Thrive and Flourish collect a wide range of data on service users, the volunteers and the course itself.

Make@Hive is a drop in session that runs regularly. It covers a range of different activities such as crafting, sewing, drawing, wood-work and pottery. The group size is larger than Thrive and people may move from Flourish or Thrive to Make@Hive.

Hive receives mainly short-term funding from a variety of charitable sources. They currently receive no funding through the NHS or CCGs.

1.2 Existing Research

Davis et al (2016) in their population study found that two or more hours per week of arts engagement has the 'potential to enhance mental wellbeing in the general population' (p8). Positive effects on health and wellbeing are gained by being involved in creative activities and the arts (Clift 2012). More specifically,

engagement with such activities is seen to improve emotional literacy and decrease social isolation (Kelaher 2013); improve patient recovery; and reduce patient anxiety and depression. With mental health patients, improvements in confidence and self-esteem have been found. In older adults, art engagement improves mood and supports positive aging, while in the young, increased motivation, self-esteem and hope for the future have been linked with creative activities (Davies et al 2016).

What seems to be important for improvement to occur is that facilitators of the creative activity are artists, not therapists, and that people are engaged in groups within the community, not clinical settings (Bungay & Clift 2010). As such, activities can reach more people and have the potential to prevent disease or disability as opposed to ameliorating the effects of disease (Castora-Binkley et al 2010). The climate in which the arts activity takes place, providing support and a collaborative environment is seen to be pivotal and strongly linked with improvement in mental health and wellbeing (Kelaher et al 2013).Additionally, Van de Venter & Buller (2014) argue that physiological changes occur through engagement with creative enterprises, and neurocognitive theory suggests engagement with 'deliberate creativity' will increase neural activity within the brain (which is underactive in depression for example) hence;

> 'Learning new skills for creative expression may help re-balance this activity and aid development of novel neural connections, potentially helping individuals with depression to alter their patterns of thinking' (p148).

1.3: Evaluation Aims and Objectives

The evaluation was funded by Lloyds Foundation. The overall evaluation aim was to assess the impact of participating in a HIVE programme on individuals' health and wellbeing. Specific objectives were:

1. To measure health and wellbeing improvements for participants
2. To identify whether participating in a HIVE programme has led to individuals participating in other activities including volunteering
3. To explore whether/how participating in a HIVE programme has impacted on individuals' connections to others
4. To explore possible impact on use of services and provide cost comparisons
5. To examine the role that Hive currently fills locally
6. To identify possible recommendations/improvements to the HIVE programmes

Due to the limited budget it was necessary to keep the evaluation focused and conduct it as a partnership with Hive members of staff. LBU provided advice, an evaluation plan, ensured the evaluation conformed to ethical standards and conducted certain aspects of the evaluation. In other areas of the evaluation Hive collected and provided the data. Where possible, routinely collected data was used.

2. Evaluation Methodology

A variety of quantitative and qualitative methods were utilised, to ensure both outcome and process objectives could be addressed.

2.1 Health and Wellbeing Questionnaire

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) was used pre and post the Hive intervention. This was used to answer objective 1 and contribute to objective 3.

This scale utilises a series of positively phrased statements (e.g. 'I've been feeling useful') with a range of 5 options for participants to agree with (ranging from 'None of the time' to 'All of the Time'). This scale was used as it is validated, has been tested with a wide range of people, is relatively easy to complete and, as the phrases are positive, it should not raise any difficult issues with potentially vulnerable people. As it is widely used, scores can be compared with the general population/people taking part in other projects.

LBU provided the questionnaire and an information sheet to Hive. Hive ensured participants completed it at two points in time, entered the data into a spreadsheet specific to this scale and forwarded to LBU. The 'pre' data was at the start of the client's interaction with Hive (starting between September 2016 and January 2017), whilst the post data was either at the end of the programme or between January and March 2017 (if Make@Hive).

2.2 Focus Group Activity x 2

A focus group activity was planned in order to enable the research team to collect more meaningful, in-depth data on people's experiences at Hive and their perceptions of impact to be captured. This was to help answer objectives 2, 3 & 6. Suitable focus group participants were selected by Hive project workers – they needed to be participating in a relevant programme, willing and able to talk about their experiences and not in crisis.

Participants were asked to complete a story-board using magazine pictures and other creative material. Their story board was divided into three sections; how they saw their life at the beginning of their time at Hive, how they see their life now and where they would like to be in the future. After they completed their story-board, a facilitator asked them questions and, with permission, recorded responses.

This approach was chosen as it fitted with the Hive ethos of using creativity and it would, it was hoped, be a less direct and less intrusive way of questioning people about a potentially sensitive topic. Questions were carefully chosen to not focus on participants' own mental health experiences but instead on the potential role of Hive. The story board also provided participants with time for reflection on their experiences at Hive and the influence they had had on their lives.

2.3 Stakeholder Interviews

To ascertain the views of mental health providers and those referring into the Hive projects, telephone interviews with key stakeholders were conducted. This was used to answer objective 5 and contribute to objective 6.

Using a semi-structured style, stakeholders were asked about the role of Hive in the mental health system locally and where they would be without it, their view of the projects, their impact on participants and any potential improvements.

Hive provided a list of potential interviewees and ensured they were happy to take part in the evaluation. LBU then conducted the interviews to ensure participants talked freely.

2.4 Case studies

For more in-depth information from individuals who have participated in a Hive project, case stories were collected. A template was developed by LBU using open ended questions that aimed to uncover how Hive has impacted on their lives and – if possible – whether it has changed how often they use statutory services. This helped answer objectives 1,2,3 & 4. Hive then conducted the case studies with suitable participants.

2.5 Examples of cost comparisons

It was not possible to undertake a full cost analysis/SROI due to the scale of the evaluation. However, using some of the case studies and existing financial data we provided some cost comparisons. Hive provided costs for their projects (per individual) and LBU then compared these to the costs of certain relevant treatments and services.

2.6 Existing data

Programme participants complete a questionnaire (monitoring data) at the beginning and the end of their time at Hive. This includes information on their future intentions and activities plus their confidence levels, social interactions and perceived impact on their use of services. Selective information from this was then used for the evaluation, with participants' written permission. Care was taken as to which data to utilise as the questions had not been designed by the evaluation team. This fed into objectives 1-4.

2.7 Analysis

Focus group and interview data was, with participants' permission, recorded. These recordings were then listened to critically by two researchers. A thematic analysis was then conducted with key themes being drawn out. Transcriptions were not completed due to budgetary constraints.

Quantitative data was collected by Hive and entered onto the spreadsheet provided by LBU, with permissions from Warwick Medical School. This descriptive data was analysed by one researcher before discussion amongst the full project team.

Existing evaluation data, in the form of a 'Feedback Sheet' and a 'Feedback Flower' collected by Hive, was anonymised by Hive staff and collected by one of the LBU researchers. An inductive thematic analysis (Braun & Clark 2006) was conducted with the qualitative feedback resulting in an initial thematic map, and descriptive statistics were calculated from quantitative elements on the feedback form. Following analysis by the full project team the final thematic map was developed.

Feedback at Hive in the form of a 'Hive Flower' was found to be completed irregularly and inconsistently, if at all. It was felt this data could not be understood in a useful way so was dropped from the data set.

2.8 Ethics

The evaluation was given ethical approval, before any data collection commenced, through Leeds Beckett University ethics procedures. The following practices were adhered to:

- Informed consent – written consent was obtained from all participants in the interviews;
- Right to withdraw at any time up to the point of analysis
- Confidentiality and anonymity – no personal identifying information has been used in the reporting the data;
- Secure information management – security was maintained through password protected university systems.

In addition, given the sometimes sensitive nature of the topics we were exploring Hive only selected people to participate that they felt were able and well enough to do so. The researchers are experienced at asking people about sensitive topics – in order to ensure no distress was caused, the questions focused more broadly on people's views of Hive and, if they wished, they could talk about their own conditions and experiences. If anyone showed any non-verbal signs of not wanting to contribute this was respected.

3. Findings: Service Users

3.1 Focus Groups

Participants

There were six participants in the first focus group, four of whom were volunteering at Hive and two who were service users. One volunteer was on placement from a university course, one was volunteering during a career break and the other two were volunteering to gain experience as well as mental health and wellbeing benefits. In the second focus group, there were 6 participants; three service users and three volunteers.

Story boards were used in the first focus group (as described in section 2.2) but not in the second one. The staff at Hive recommended that the researchers join an existing session where individuals were working on their own creative projects and the story board activity would have disrupted this.

Service users had experienced a range of mental health problems which had affected them to varying degrees, from experiencing social isolation to spending long periods of time in psychiatric institutions. Some had been referred formally from statutory bodies e.g. from the GP, support worker or job centre. Others had gone to Hive after seeing information in the local newspaper or at the local library.

A number of volunteers had also experienced mental ill health. The volunteers attended Hive for a range of reasons, from making a contribution during parental leave/retirement to gaining skills to build CVs and at the same time they benefited from the therapeutic environment. Volunteer centres had signposted several to Hive.

<u>Key Success Factors</u>

- **Non-threatening/Safe**

A key theme that emerged from the focus groups is that Hive is a place where people feel safe. Going to new places and meeting new people is an intimidating experience for many individuals, and this can be a significant barrier to developing social connections and reducing isolation.

> *"It's a very unthreatening place to come to for somebody who is a bit anxious about joining a group." [P2.3]*

Not feeling under pressure, not feeling judged and having support available were identified as contributing to the creation of a safe space for participants and volunteers.

- **No pressure**

Participants did not feel under pressure to achieve certain targets and they had control over what they wanted to do and how much they wanted to push themselves. They could interact with others to the degree they felt comfortable with whilst working towards their own creative goals:

> *"I like it 'cos it's low key as well, there's no expectation. You can come in and if you don't feel like doing something in particular that day, you can just quietly get on with something, but you're still in a group and enjoying company even if it's a bit distant [...] rather than sitting at home and getting isolated." [P2.3]*

It was noted that in other (non-Hive) groups it was normal to ask personal questions about other people's backgrounds but this could feel intrusive to individuals who lacked confidence and/or who had had mental health problems. Participants said that at Hive this issue did not arise - there is an understanding that people may not wish to talk about personal experiences and they appreciated not being put on the spot by others with direct questions:

> *"I think people intuit that they don't wanna be all over you. They just leave you be and you'll start to talk when you want to." [P2.3]*

- **Non Judgemental**

At Hive, service users felt that they, volunteers and staff members are all equal as they work together towards communal and individual goals. It was felt that the usual focus on diagnoses and labels is not applied and instead the emphasis is on creating a positive space where people are supported in their creative pursuits.

> *"The people here, you don't feel judged at all, when you come here and everyone just, you just get along with everyone like as if you've been like friends forever." [P1.1]*

> *"There's no pressure…they don't label you here, you know, with your problems or anything. You don't even have to talk to them about you, it's just all focused on making something in a positive environment. I think alongside going to your doctor, that can be really helpful." [P2.3]*

> *"It kinda lifts you out of that a bit, you know, the seriousness. It's more like, yeah, leave the labels at the door." [P2.4]*

- **Support offered**

Participants said that the support offered at Hive (both mental and physical) is individualised to their needs which adds great value to the experience. One participant talked about how a volunteer helped her overcome her physical disability as she worked:

> *"Rather than just everyone being like 'no, you can't do that, you can't that', coming here and being like 'well, do you want to do this? Do you want some help to do it?" [P1.2]*

Structure

- **Enough but not too much**

Participants described too much structure as being off-putting and intimidating.

> *"I've tried lots of things but lots of them, they're too, too structured and it's a bit scary when you're anxious if it's too structured and some, there's some expectation of you." [P2.3]*

> *"I think it's nice to break, breaking you in, if you come and do your own thing and then you, if you sort of cast your eye to what somebody else is doing and think well, I wouldn't mind learning how to do that, and it sort of snowballs from there." [P2.1]*

It is important, however, for there to be some structure for a programme to run efficiently and the general opinion was that Hive had managed to find the perfect middle ground:

> *"Somewhere without structure would struggle to run as efficiently as Hive does, but I think there's a point where you can structure too much and that just makes it not work, but Hive have got that perfect, pretty much. [1.2]*

> *"It's so laid back. I mean, obviously there's structure to Hive but not […] it has to be done bang on 12 o'clock […] You know, you've got time to sit down with everyone and have a drink before you start and have a drink half way through." [P1.2]*

Some participants commented that the 'drop-ins' are a way in for people – they may spark someone's interest to then engage with other things.

- **Flexibility**

Being able to drop in and drop out of sessions benefitted service users – it meant, again, they did not feel under pressure to attend, if feeling particularly unwell. When they returned to the group at a later date they felt welcomed and it was as if they had never left.

"You can miss a week and still come back and still feel part of the group. I go away for 3 months of the year and when I come back, it's as if I've never been away." [P2.2]

Companionship

- **Social without being too demanding**

The social aspect came up frequently in the discussions with the friendly, relaxed atmosphere key to helping people benefit from the activities. The lack of pressure to interact means people can sit quietly if they prefer - but they still benefit from the companionship of others.

> *"Making friends. 'Cos at home you just don't want to do anything. When you're at home you don't want to do craft things and that." [P2.4]*
>
> *"It's nice to come here, it's quite relaxing and sociable and friendly." [P1.1]*

Having an interesting occupation or task makes it less stressful for people who are anxious in social situations. In changes the focus of the interaction and helps enable spontaneous conversations with others:

"It's much, much harder to just come to a group and talk, I couldn't do that, but if you've got something to do, if you've got a task and you can concentrate on the task and do a bit of talking…" [P2.3]

- **Belonging**

Service users and volunteers feel they have become part of a community at Hive. They feel valued and a real sense of belonging. For some, they've found that this network extends beyond the confines of the art centre.

"…you start to talk to other people, so then you might be in Shipley doing your shopping and you'll see somebody and you start to feel like you belong to a community […] and if you hadn't come here, you might not ever say hello to anybody outside." [P2.3]

Purpose

Many service users/volunteers have not had meaningful, structured occupation for some time due to ill health (mental and/or physical) and unemployment, amongst other reasons. They see Hive as giving them purpose, activity and something to look forward to each week. Having to be at a place for a particular time contributed to giving people a routine, which in turn builds confidence and improves wellbeing.

"It keeps your brain active, dunnit? I'm 39 now, I need to keep my brain active [laughs]" [P1.1]

"Breaks your week up as well. I know on Fridays that I have Hive." [P1.2]

"The only thing I ever do with my week is all the hospital appointments and medical stuff so coming here and being able to sit down and talk to people, and do something worthwhile with my time, it's really beneficial." [P1.2]

"It feels good to have to get somewhere for half past 9, I know it sounds late but when you can't find a job, you can slip back and, you know, not get organised in the morning and it's good to get somewhere really." [P1.1]

"You feel a bit more confident going into a job then 'cause you know that routine." [P1.1]

Giving back (for the volunteers)

Volunteers have often experienced mental health challenges themselves and are keen to support others who are facing similar difficulties.

"You've been through so much yourself that you want to help other people that are in that situation […] just help them, that there's a light at the end of the tunnel." [P1.5]

"I'd like to make a difference and help people who have come across similar challenges I have." [P1.3]

In other cases, people were volunteering during a career break or in their retirement. They explained their reasons for becoming volunteers as wanting to give something back to their community:

"*It's more about giving back I think my future needs to be."* [P1.6]

Key success factors identified therefore include; the non-threatening nature of the environment, so people feel safe and welcome, the right amount of structure to the programmes, the companionship on offer and the sense of purpose gained by participating.

<u>Creativity</u>

A key part of Hive is the creative aspect of the activities – and the role of this was explored with participants. For some participants their creativity had been 'reawakened,' for others it was a new experience.

Participants found concentrating on a creative task relaxing and a way of connecting to others in the group:

> *"It, like, connects people as well and […] using your hands, it's really relaxing […] I never do that and it just made me concentrate on that and nothing else and then we were doing it and it just connects you all." [P1.2]*

The participants found the activities to be therapeutic, for some this was linked to the satisfaction of transforming materials into something completely different. Some activities, such as gardening, were identified as helping with specific conditions:

> *"It's very therapeutic to leave having this lump of wood with glue turn into, I mean, I don't know what my lump of wood with glue is now, but, you know, it's something that I've made and it's turned into something that I actually quite like." [P1.2]*

> *"To make something that actually means something to you and to be able to go away with it at the end of the course." [P1.5]*

> *"I was invited to come and do the Flourish classes, which is the gardening classes and I found that that really helped with my anxiety and everything, and I started doing it at home and I got my sister involved and it, it really helped." [P2.1]*

At Hive, participants are surrounded by creative activity which they can join in with when they are ready. The activities provide the motivation that encourages people to increase their involvement in the Hive community as they go along:

> *"You see it going on all around you, and you just think 'oh, I'll just have a little go at that' and then gradually you become more involved […] and I think that is really important because if you're at home, isolated, I think that can be the start of serious mental health problems. Well, I've seen it happen, it does happen, it is the start." [P2.3]*

> *"It's nice and, you know, you're just learning new skills, and they do it […] nice and gentle, they don't sort of push it onto you." [P1.5]*

Participants take part on their own terms and can be as involved as they choose, in that way nobody is pushed to do things before they are ready.

The creative aspects of the programmes are critical therefore as they mean people can become absorbed in the task – which is in itself relaxing and therapeutic – but it also means they can engage with others in a non-pressurised, companionable way via their shared endeavour.

Benefits / Outcomes

For some, Hive is helping them through a particular issue or crisis. For others, their involvement has been or is likely to be long-term as a way of preventing relapse and maintaining good mental health. Key benefits identified include tackling isolation, increased self-worth and improved wellbeing.

Tacking Isolation

Hive was described as being the highlight of several people's week, something to look forward to and keep them going. The gentle, welcoming environment supports people who would have difficulty attending other groups, and prevents them from becoming completely isolated.

> *"I love it 'cause I don't really do anything else with the rest of my week. I've been very isolated for a very long time so coming somewhere where you're not in fear of doing something wrong or being told that you're not meeting your targets, say at work or […] I think it's really important because people who don't interact with other people, like me, it's literally just my family and health workers. I don't have any friends, so coming here and talking to people…" [P1.2]*

> *"Just something nice to look forward to during the week, you know, to get out of your house and somewhere to come, it's lovely." [P1.5]*

> *"I feel you can become quite isolated and just by coming here on a course, you just, it throws you out of that and helps you make new connections with people, whether it's the tutors or the participants. [P1.3]*

Respect/worth

Attending sessions at Hive boosted people's self-esteem and they felt it also raised other people's estimations of them, whether that was family and friends or future employers:

> *"You can tell people as well, your parents, your friends […] you're doing summat good and you're helping people as well, so contributing I think." [P1.1]*

> *"You can put it on your CV […] something to help the community, opens up more work opportunities." [P1.1]*

Learning new things had dual impact regarding employability: the individuals gained confidence in the process as well as acquiring transferable skills that could be applied to paid employment:

> *"I've struggled with looking for work, and coming to Hive has taught me a load of new skills that I'm now trying to apply, you know, to my job search and I'm starting to challenge fears and barriers within myself and seeking new opportunities." [P1.3]*

Wellbeing

The environment and approach of Hive had a significant impact on the overall wellbeing of service users and volunteers. The sense of community and relaxed social interaction improved people's confidence and wellbeing substantially. One participant found the focus on what each person can do and moving away from what they could no longer do really helpful:

> *"I was probably nervous when I first came because I haven't interacted with anyone other than my doctors and all that, and my parents for a long time […] It's surpassed whatever I did expect […] Last year I wouldn't've talked to any of you in this room at the moment, I would have just sat here and not said anything […] I've definitely gained more confidence." [P1.2]*

> *"I think, one of the big things that Hive's taught me really is to not focus on the things that I can't do anymore, to focus on the things that I can do." [P1.2]*

> *"I think it has the potential to help a lot of people and it obviously does help a lot of people, giving 'em a sense of accomplishment, having interaction with other people, you know, it all adds to building your wellbeing back up." [P1.2]*

One young woman had significant physical health problems which had led to her having to stop doing lots of activities she had loved doing previously. She had struggled to come to terms with this. At Hive she had started to accept some of these limitations but had also learnt to focus on what she could still do – and how she may be able to adapt things so she could participate more fully.

Use of Services

It was difficult for people to speculate where they may have been without Hive, or whether it had led to them using less of other services. For some, it seemed

to replace other treatments/centres whilst for others it worked alongside them – this variation may be explained either by the severity of people's condition or where they are in their recovery process. Hive was seen as providing an alternative to more structured groups or settings – a 'stepping stone' between mental health and non-medical community activities:

> *"I went to a mental health day centre for a lot of years and I wanted to move out of the mental health system. I didn't want to be in such a supported environment but I didn't quite feel able to move into something like ordinary night school or something like that so I thought this is sort of in between those two things." "It's helped me to come out of mental health services because if it hadn't been for this, I can imagine I'd still be at the day centre." [P2.3]*

As Hive provides a structured service where there is an understanding of mental health challenges, participants often quickly feel at ease and no longer require support workers to be in attendance with them:

> *"Within 2 sessions, I'd settled in enough to be able to tell my support worker to go away [laughs] so that's a big step for me. She was supposed to stay for the whole 10 sessions but I didn't need her." [P1.2]*

It was suggested that the calming effect of the activities and the environment also improved physical health:

> *"…takes your mind off your problems…you get that buzz from having done something and you feel a lot calmer in yourself." [P1.1]*

> *"Physical health helps cos you relax then." [P1.1]*

<u>Programme Improvements</u>

Participants found it difficult to think of improvements for Hive to make. Additional classes were suggested e.g. more drop in sessions, gardening and photography as well as transport for service users.

In summary, through building a supportive, inclusive community where people feel safe and valued, Hive is an inviting space that fosters a sense of belonging and allows participants (and volunteers) to grow in confidence; they are then able to develop social and practical skills which directly influence their health and wellbeing. Creative activities and the organisation of the sessions are central to the therapeutic impact Hive has on everyone involved and they help to give back control to individuals who have, in many cases, not had that in some time.

3.2 Questionnaire (WEMWBS)

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) was developed as a population based measure of mental wellbeing but it is recognised as having utility for clinical programmes to 'enable self-reflection as a prelude to involvement with health-enhancing activities' (Taggart 2015 p26).

As such it was given to participants pre and post participation in the 'Thrive', 'Flourish' and 'Make@Hive' programmes at Hive for two consecutive cohorts: September – December 2016 and January to March 2017.

Responses

47 participants completed the initial (pre) questionnaire – this data is used for participant profiles (table 1). Eight of these participants did not complete a post-intervention questionnaire – these were removed from the data for the analysis of WEMWBS scores (Table 2 onwards). These 39 were taken as a single cohort, regardless of programme due to the small number.

Participant Profiles

See table 1. More women than men attend Hive and most participants categorise themselves as 'White British.' The most common age group is 40-54 years old but there is good representation from aged 25 to 64 years. More participants (34%) had a degree or above as their highest level of qualification – higher than the average in England (27%).

Wellbeing Scores

The 14 positively worded questions in the questionnaire cover subjective wellbeing and psychological functioning. Participants score each item from 1 (none of the time) to 5 (all of the time), giving a total of between 14 and 70.

- A score of <42 indicates low mental wellbeing
- Between 42 and 58 indicates moderate wellbeing
- A score of >58 indicates high wellbeing

Mean scores in the UK are about 50, with some variation between countries and across time. Since 2008, the WEMWBS has been included in the Scottish Health Survey and the population mean score has been between 50.0 and 49.7 (2008-2012). In England the WEMWBS was introduced into the Health Survey for England in 2010 when the mean score for the population was 50.9. In 2011 the mean score increased to 51.6 and in 2012 it was 52.4 (Taggart 2015). In 2012 the WEMWBS was validated as a population measure of wellbeing in Northern

Ireland via its inclusion in the Continuous Household Survey and showed a mean score of 50 (Lloyd & Devine 2012).

Table 1: Demographic data, Questionnaire Participants

Original number of participants: Thrive = 33 : Flourish = 5: Make @ Hive = 9				47
Gender	Female	27	57%	
	Male	12	26%	
	Undeclared	8	17%	47
Ethnicity	White British	41	87%	
	Black Caribbean	1	2%	
	Black African	1	2%	
	Asian Pakistani	3	6%	
	Mixed: White & Black Caribbean	1	2%	47
Highest Qualification	GCSE (Grades D-G) / NVQ 1/ BTEC 1	4	9%	
	GCSE (Grades A*-C) / NVQ 2 / BTEC 2	4	9%	
	AS or A Levels / NVQ 3 / BTEC 3	9	19%	
	HNC / HE Cert / NVQ 4 / BTEC 4	0	0%	
	HND / BTEC 5 /Foundation degree	5	11%	
	BTEC 6 / Degree	9	19%	
	NVQ 5/BTEC 7/PG dip/PG Cert/Masters	5	11%	
	Vocational qualifications level 8/ Doctorate	2	4%	
	Unknown	9	19%	47
Age	16-24	6	13%	
	25-39	11	23%	
	40-54	16	34%	
	55-64	10	21%	
	65+	1	2%	
	Undeclared	3	6%	47

Hive Participant Scores

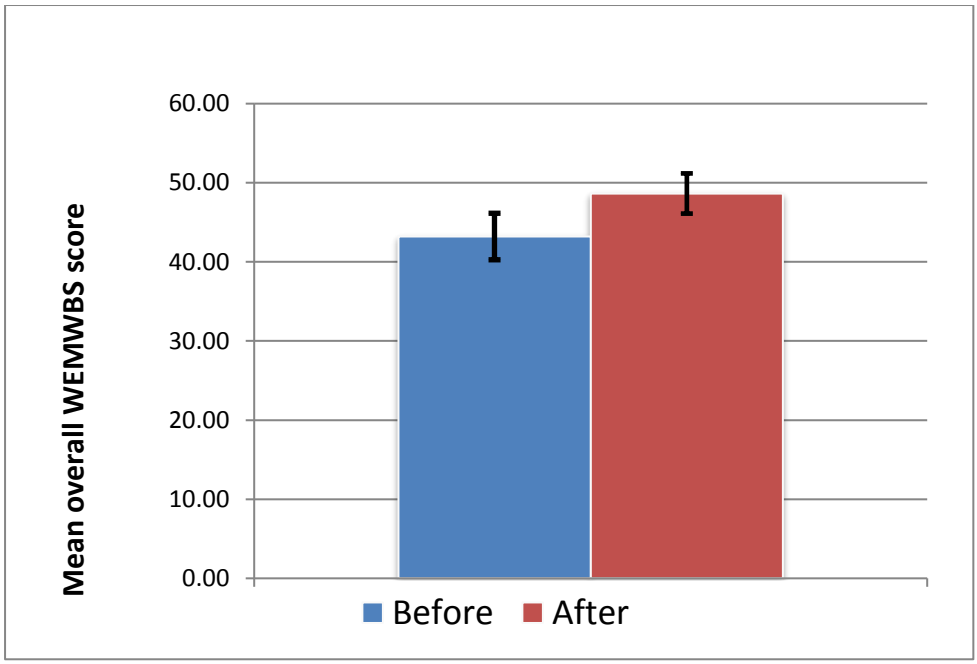
WEBWBS scores for Hive participants can be seen in table 2 and figure 1. Before the intervention, scores were, at 43, lower than the UK average of 50. After the intervention this has increased to 49 – close to the UK average.

The % of participants with low wellbeing fell from 46% to 21%, whilst those with moderate or high wellbeing rose from 54% to 80% (see table 2). Analysis of the general movement of participant wellbeing in the final column of table 2 shows a clear pattern of upward movement of the mean score (see also figure 2).

Table 2: Wellbeing Scores, Before and After Intervention

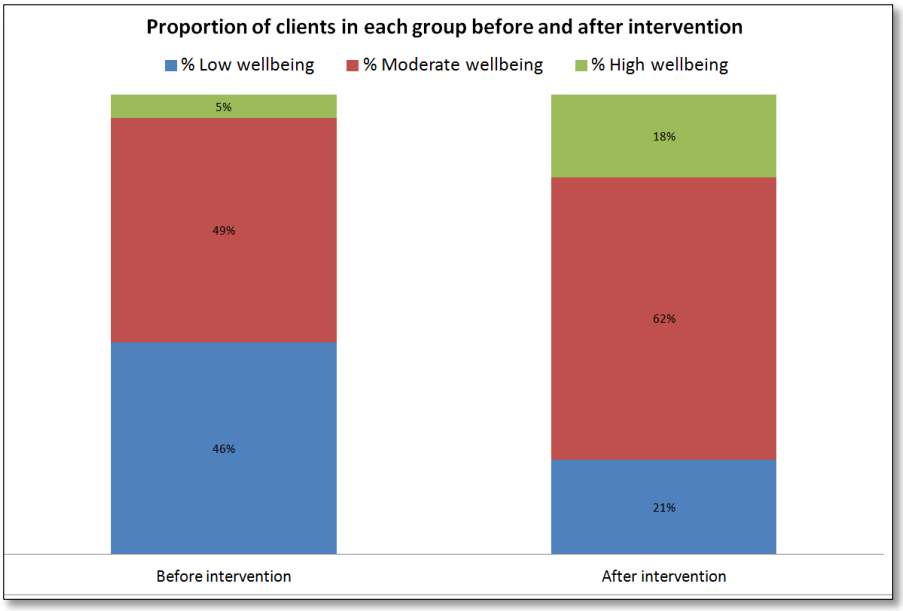
	Before intervention	After intervention	Change
Total number of responses (FINAL)	39	39	35
% Low wellbeing	46	21	-26
% moderate wellbeing	49	62	13
% High wellbeing	5	18	13
Mean	43.2	49	5.31

Figure 1: Change in overall WEMWBS scores



Guidance on using the WEMWBS suggests studies include at least 50 people, preferably 100 with data at both entry and exit points in order for statistical significance to be calculated (Taggart 2015 p38). Therefore, the low numbers of participants in this evaluation is such that WEMWBS scores would need to change unrealistically in order to be considered statistically significant (Taggart 2015 p46).

Figure 2:



As the WEMWBS responsiveness to change at an individual level has been evaluated and a change of 3 points is considered to be significant (Taggart 2015 p45) more detailed analysis of the individual scores shows of the 39 complete responders, change was significant at an individual level for 29 (74%) of them. Out of this 29, 4 participants experienced a decrease in their well-being scores, leaving 25 (64%) experiencing a significant improvement in their well-being (see table 3).

Table 3: Movement in Wellbeing Scores

Movement in Score	Number of participants	Score change	NºSignificant (3 or >)
Low -> Low	6	-2, 2, 4, 4, 4, 13	4
Low - > Moderate	11	4, 9, 9, 9, 10, 12, 12, 14, 15, 16, 17	11
Low - > High	1	24	1
Moderate - > Low	2	-7, -18	2 (negative)
Moderate - > Moderate	13	-7, -2, -1, 0, 0, 1, 1, 1, 2, 4, 4, 5, 6	5 (1 negative)
Moderate - > High	4	9, 11, 11, 16	4
High - > Low	0		0
High - > Moderate	0		0
High - > High	2	-4, 4	2 (1 negative)
Total Significant: (significant positive change)			**29 (25)**

In summary therefore the majority of participants in Hive programmes are showing significant improvements in wellbeing, using a validated comprehensive tool. As a group they are moving from a position of low wellbeing to moderate wellbeing.

3.3 Routinely Collected Data

Anonymised data routinely collected by Hive (Feedback Forms) was, with participants' permission, passed to the research team. This captured two cohorts of participants who completed the Thrive programme September to December 2016 and January to March 2017. This feedback was analysed in order to give more understanding in relation to objectives 1-4.

The feedback form completed by the participants asks:

Four open questions:
1. What skills have you learnt or shared? 2. How have you supported others? 3. What have you enjoyed most and why? 4. What do you intend to do next?
Three closed questions:
1. Do you feel the course has given you more confidence? 2. Will you continue with volunteering and/or arts activities? 3. Has taking part in Thrive, boosted your wellbeing overall in any way?
Three Likert scaled response questions about how useful the sessions have been (very, mostly or not at all) in relation to:
1. Developing skills in arts and crafts 2. Helping someone else or sharing 3. Being active 4. Getting to know other people
Open section for 'Any Other Comments'

Whilst the form is intended to collect helpful feedback for the Hive team, the questions are in themselves leading, causing respondents to focus on particular aspects of their experience at Hive. More open questions would generate more objective and potentially novel insights into the experience participants have on the programme. This reservation about validity notwithstanding, an inductive thematic analysis was conducted by one researcher of the responses to the open questions and open section of the feedback form, and quantitative data was interrogated.

Eighteen feedback sheets from the September to December 2016 cohort and 7 from the January to March 2017 cohort (total 25) were analysed. An unclear number of respondents were volunteers running craft courses. Whilst this is an objective of the centre, and demonstrates growth, development and progress of service users across the programmes and into volunteering and further activities, it makes it more difficult to draw out the different experiences of new

participants and participants who have returned as volunteers whom it would be expected have an especially positive experience of the centre.

Closed Questions:

In relation to the closed questions on the feedback form, all of the participants indicated they would continue with arts activities and most fed back they would start or continue volunteering, certainly at Hive though some identified wanting to search for further volunteering opportunities in places such as the NHS. Two mentioned running their own workshops or moving into employment.

Additionally, all respondents indicated that their wellbeing had improved and all indicated an increase in confidence as shown by their comments:

> *'I have enjoyed being more creative and feel much more confident' (P3)*
>
> *'I think this course has huge benefits for both volunteers and participants, it's helped with my confidence, mental health and boosted my knowledge' (P7)*
>
> *'I feel like I have become more confident in myself and I'm coming (to the centre) on the bus OK' (P21)*
>
> *'Thrive has been an amazing project for me to boost my self-confidence' (P22)*

Likert Scale Questions:

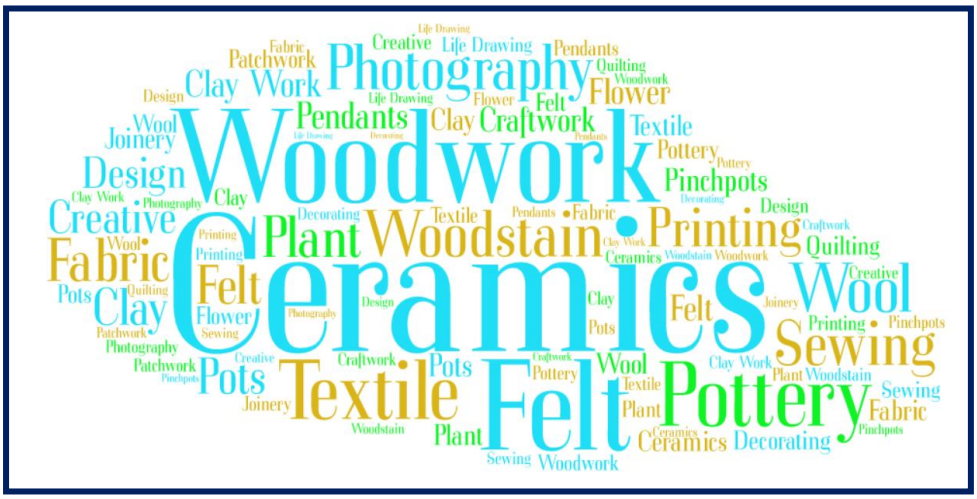
In relation to the Likert scaled questions, the respondents felt the following had been useful:

Table 4: Usefulness of sessions, from routinely collected data

Have the Sessions been useful for:	Very Much	Mostly	Not at all
Developing skills in arts and crafts	20	5	0
Helping someone else or sharing	20	5	0
Being active, for example taking on a role, taking part in a discussion, exhibition or other activity	20	4	1
Getting to know other people/meeting new people	21	3	1

Open Questions:

In analysing the feedback from participants, without exception, the specific creative activities which they had been engaged in were identified as being enjoyable and important:



Thematic Analysis:

The open question qualitative data from the feedback form were analysed and over 100 extracts were coded into 17 themes. With review and refinement (Braun & Clarke 2006) these sub-themes were seen to represent 4 overall themes or categories (see thematic map). These can be understood as encompassing a participant's contact with Hive as an organisation (the environment experience) through engaging in creative activities (the learning experience) via the group courses offered (the interpersonal experience) and resulting in improved personalised wellbeing (the personalised therapeutic experience):

- **Experiencing the Environment:**

A number of participants made reference to the environment. This overall theme includes 5 sub-themes relating to how participants felt the space was safe, how enjoyable they felt it was, and how relaxing and supportive it is as an organisation. They made comments on the staff's inclusivity and support and encouragement to move on to become a volunteer:

'Very relaxed and open environment made volunteering at Hive an enjoyable experience.' (P2)

'The staff are all very welcoming and friendly' (P2)

'I really enjoyed being part of the community at Hive' (P7)

'Lovely, hopeful, safe and friendly' (P8)

'The classes were very informative and relaxing' (P14)

'It really helps in supporting and building participants' confidence' (P23)

- **The Learning Experience:**

All participants made positive comments about the creative activities they had been involved in, whether as participants or volunteers. Individual craft activities as one, there were 2 further sub-themes identified: a sense of achievement and seeing what others create:

'This was a lovely course to do and seeing what other people created' (P6)

'The sense of achievement when helping others who were having a hard time and turning tears into smiles was indescribable' (P7)

'I so enjoyed seeing someone who was very unsure about using the camera and seeing them become really engrossed' (P24)

'It was really rewarding to see participants engage in the course and say how good it's made them feel' (P25)

- **The Interpersonal Experience:**

All participants made some comment about the benefits of the Thrive experience at Hive which relate to this overall theme. There are 3 sub-themes included all of which relate to connecting with others: getting to know and talking to others, working with people or in a group, and team work or team building.

'I enjoyed working with people, they were a nice group' (P1)

'I really enjoyed being part of the community at Hive' (P7)

'I've enjoyed meeting new people and discovering different interests and shared activities' (P10)

'How to work with people I didn't previously know' (P12)

'Working as a group, helping other people' (P13)

'Mixing with other people' (P14)

'Learning about others has had a huge impact on me' (P23)

- **The Personal Therapeutic Experience:**

There were a wide range of different aspects of the Thrive experience at Hive which many participants found personally therapeutic. Almost all participants gave some feedback in relation to this theme. As an overall theme it encompasses 5 sub-themes; therapeutic skills (such as such as stress management, assertiveness techniques and meditation), mental health awareness, supporting/helping others, being trusted by others and managing personal experiences:

'I have my own problems and turning my personal experience of difficult and sad days into helping people is amazing' (P7)

'Discussing mental health issues openly' (P8)

'Being confident to attend without my support worker' (P12)

'I was finding it very difficult to get out and about before I came here' (P14)

'Realising I am not the only one with problems…' (P16)

'More happy. Very anxious when first came' (P19)

'I have been able to come independently on my own not having my social worker to come' (P21)

Thematic Map:

3.4 Findings: Case Studies

Maureen

Maureen is a lady in her late 50s. She isn't working at the moment as she has a physical illness which causes a lot of pain and she has had mental health difficulties for over 20 years. She enjoys crafting, walking when possible and she is a member of a choir.

She heard about Hive through a housing worker and her Community Psychiatric Nurse (CPN). She visited Hive and signed up for Thrive. She was hoping to meet like-minded people and do crafts with people who had similar mental health experiences.

As a result of taking part in the course, Maureen feels more confident and has become a volunteer at Hive; this is the first volunteering work she's felt able to undertake in a long time. She has also made friends and made contact with a local supported swimming group. Despite joining to be in a group with people with similar mental health challenges, Maureen says: "it's nice to feel you haven't got the mental health label here at Hive."

She felt supported and a sense of belonging in the group and enjoyed doing activities that she wouldn't have done at home.

"Everybody works together; everybody was there to help each other. The volunteers were really good and helped everyone."

Through her involvement at Hive, Maureen is using statutory services less, her housing support has come to a gradual end and she sees a nurse instead of the GP. She has also stopped attending a Mind group but can go back at any point if she needs to.

"It has been something to look forward to, something to get ready for, get of the house, otherwise I tend to stay in a lot."

Sam

Sam is a friendly, open-minded and creative person who would like to use the Hive project as a stepping stone to future volunteer aspirations. Here Sam describes the impact Hive has had:

I was signposted to Hive by a JSA case worker and I decided to refer myself so that I could start to address my issues with depression and social anxiety. Hive complements the CBT and medication I am taking to give a holistic approach to improve my life and wellbeing.

I was shy at first but as time went on, I overcame that and felt welcomed. I felt a sense of belonging. I've learnt new skills, met new people and have found Hive to be almost like a sanctuary to participants. I would like to volunteer at Hive in the future so that I can share my knowledge and skills with others, which I can then apply to a paid role in a similar environment. Sharing my knowledge with other participants makes me feel I'm giving something back which in turn gives me a boost.

The service could be improved by having more computers available to improve creative aspects of the projects. Newsletters made by participants and an online gallery of finished articles would be a way of monitoring your own progress, sharing achievements with family and friends, as well as potentially encouraging others in the community to volunteer or participate at Hive.

I am still experiencing mental health issues but I know I can wake up and go to hive instead of wandering around in town aimlessly on my own. I feel at hive I can be engaging with others and not isolating myself. Coming to hive has reignited my passion in in my photography hobby. Hive is place were my creativity can thrive: it does what it says on the tin for me.

Janet

Janet is a bright and vivacious character, although she lacks confidence following a stroke 13 years ago.

She initially came to Hive after seeing a leaflet in the local library. She stopped attending the group after suffering a crisis of confidence but she has since returned. The encouragement and one to one support she has received at Hive has helped her to achieve her creative goals.

Janet has found that her mental health improved as a result of being involved at Hive, and she has more social interaction. Her confidence has grown to the point that she has volunteered to support other participants through Hive courses and is keen to take on other volunteering opportunities.

Challenges have arisen along the way but Janet has felt that Hive dealt with them promptly and thoroughly making her feel safe.

Without Hive, Janet would be stuck at home. Not only does she have her activities at Hive, this interaction has given her the confidence to attend other groups, such as stroke support groups. She has things to do during the day that keep her busy and help to maintain her mental health.

4: Findings: Stakeholders

Three stakeholders were interviewed by telephone, with interviews lasting between 18 and 38 minutes. Two of the stakeholders referred people with mental health problems to attend programmes at Hive as part of their recovery. One signposted people there to volunteer.

All had a long-term relationship with Hive, having worked with them for between 9 ½ and 28 years and signposting or referring tens of people each. It is clear that Hive is a highly trusted and much admired organisation, where people with complex needs are safe, supported and have the opportunity to improve their lives:

> *"Some organisations I hesitate to refer because … I'd worry about how they would respond – because I work with people who can be quite difficult sometimes. And I don't have that hesitation with Hive, I know that if I refer people to Hive, they are going to be okay" (SH3)*
>
> *"I always say if I were retired, I'd go there myself! I really do feel they do a good job." (SH2)*
>
> *"There's something very magic about the place!" (SH1)*

Volunteer Signposting

The Director of the volunteer centre has signposted a wide range of people to Hive, from all walks of life. Most are unemployed, often for a prolonged period and many lack structure and purpose in their life. Importantly, Hive are able to take on volunteers who have additional needs – one of only about 10 of the 400 community organisations that can be signposted to. The interviewee felt that many of those signposted had underlying mental health issues themselves. If someone was felt to lack confidence or have additional needs they would liaise with Hive (with the individual's permission) to ensure extra support is in place

The volunteer recruitment process was described extremely positively. The volunteer centre and Hive work closely together to provide clear job descriptions with detailed information about the role. This is done in a timely way so all background checks are completed when needed. The volunteer manager at Hive runs an information session so potential volunteers can come and chat to people and get a feel of the place. This was felt to be particularly important as some people may be apprehensive about volunteering with people who have mental health problems:

> *"Fantastic model of how to get people engaged in volunteering who might not, who might be unsure, might have loads of questions […] and particularly around mental health, cos there is shedloads of stigma around, around people with mental health problems and people are very apprehensive about volunteering with people with mental health problems, thinking they won't be able to cope." (SH1)*

The Hive volunteer manager was singled out for praise with her organisational and interpersonal skills seen as particularly excellent.

Service User Referrals

An interest in art/creativity and starting to be on the recovery from a mental health problem (having received secondary mental health care) are the key criteria for being referred to Hive as a service user. Hive acts as a support package for people – either formally as part of a 'wrap' (wellbeing recovery action plan) (SH3) or more informally *"it's like a support plan but not as formal as that." (SH2).* Many will be moving from more intense, one to one care and need a supportive setting to be referred onto. Some may have complex needs and histories (e.g. psychosis/borderline personality disorder) *"I've referred people there who are really quite high threshold and have done really well" (SH3).*

The process of referral was seen as straightforward and thorough. It would normally involve an email conversation with any relevant details about the service user being passed on (with their involvement so they did not feel disempowered). A support worker will normally attend with the service user until they feel able to go on their own. The welcoming, atmosphere with colourful art-work on display was felt to help people feel at ease when initially attending (see later).

Benefits of attending Hive

The benefits cited by stakeholders closely match those identified by service users themselves (see section 3) and will therefore not be presented in detail here. Key benefits include increased confidence, better mental wellbeing, connections with others and a sense of purpose. Some life changing examples were given:

> *"One lady I've got there, I went to see her last week and loves it. … She's got a wide social circle, she's learned other creative activities. It's given her structure and purpose to that day each week, like she says, when she goes to bed on a Sunday night, she's got something to get up for Monday. Really lifted her mood and widened her circle." (SH2)*

Interestingly, these benefits applied as much to the volunteers– the volunteer centre director talked about how the lines between being a volunteer and a service user were blurred, with it often being impossible to identify who was which during sessions. Increased confidence, establishing a routine and an ability to relate to others emerged:

"What's consistent around the feedback is how the volunteers are empowered, how they've learnt a lot about themselves as well as doing stuff with other people and how their confidence has really, has really grown. (they are) able to do stuff in a group thing where I never would have thought they would have been able to do that at the beginning." (SH1)

Identifying any impact on other services (and thus a monetary value) was difficult for the interviewees to do - instead they saw Hive as a critical part of a support package for an individual. They were clear that, despite not being able to identify a reduction in service use, Hive had a very positive impact on improving people's health or keeping them in recovery:

""Hive will be a big part of people's wellbeing. … Hive holds a lot of people to be well – if it wasn't there, I've no doubt people would become unwell if it wasn't there. Definitely, definitely" (SH3)

The Director of the Volunteer Centre gave the example of a woman who had had a breakdown, had been unable to work and had started volunteering at Hive.

"I can see in her, someone who was in an incredibly dark place and needed lots of support to someone who was then up for helping other people. And I could also see that in other people who volunteered in the programme as well but unfortunately I can't monetise that." (SH1)

Success factors

Key success factors again echo those cited by service users including; a supportive, welcoming atmosphere, excellent inter-personal skills, peer support and the role of creativity. Participants struggled to articulate what it was that made it such a special place - mentioning the colourful art-works, people being encouraged to help others, the project workers subtly empowering attendees and the creative tasks being a *"beautiful way of connecting"* (SH3). All in all, it was felt that Hive had, in some subtle way, managed to create a community that was safe, supportive and creative for people, whatever their needs were:

"Knowing that their way of thinking is – that other people think the same – having that common ground is really empowering. … They have benefitted from having a place to go that is safe, creative and supportive." (SH3)

"There's something very empowering and very special about building a community that supports each other. " (SH1)

"I think there's a bit of also some magic going on as well around building the confidence of the client group, as well as the confidence of the volunteers." (SH1)

Hive is seen as almost unique in this ability locally. Stakeholders struggled to think where else they could send people for the same degree of specialised support:

> *"Just that it's a really, really essential community resource for people to maintain their wellbeing through creativity. It is essential I don't know where else I'd send my clients upon discharge at the end of art therapy, or at least signpost them to, there's very little provision that would meet their needs. "(SH3)*

SH2 felt the only alternative to Hive for people would be more general community centres - but their generality meant they lacked the focus on creative activities and did not have expertise in supporting people with mental health problems. Similarly, the director of the volunteer centre said there were very few organisations locally (only 10 out of 400) that would take people with additional needs.

Art was felt to be important as it helped people take risks, gain mastery and make connections with others, *"It can really help go beneath the thinking intellectualising part of ourselves to the emotional base"* (SH3).

Issues

The stakeholders struggled to identify any major issues with the Hive activities. One mentioned a service user who had left one group as they had not got on with a volunteer – however it was felt the individual had learnt from this experience and had successfully joined another programme at Hive. One stakeholder expressed concerns about Make@Hive becoming too specific. Another felt that it needed to reach more diverse audiences i.e. more people from ethnic minority groups and lower social classes.

The Future

All the stakeholders emphasised how critical Hive is for people with mental health problems (and volunteers) in the local area. It was felt to offer something special and unique that was very valuable for people. Sustaining a broad focus i.e. being both for people with mental health problems and those who do not currently have mental health problems – was felt to be important, as this supports inclusion and does not marginalise people. At the same time, it was felt that building on the work they do with people who have mental health problems was a potential way forward – as this is something Hive is skilled at doing and could be a potential source of future funding.

Stakeholders were aware that the lack of sustainable long-term funding is a potentially serious issue for Hive but lacked concrete proposals on how to tackle

this – given the general environment of austerity and reduced budgets. The need to prove long-term outcomes – that were seen as unrealistic for people who had significant life challenges and long term mental health conditions - was seen as a real difficulty for the sector generally.

5. Findings: Cost Comparisons

This section presents information about the costs of the Hive programmes compared to other treatment costs associated with having a mental health condition. It was beyond the scope of the evaluation to conduct a cost-benefit or Social Return on Investment analysis – we have merely highlighted health and social care costs that are relevant to the activity Hive does.

Hive Programme Costs

Hive estimate that one session costs approximately £20-£25 per person. See table 5 below. Thrive, a 10-week programme costs £250 with Flourish, a 20 week programme costing £400.

Table 5: Cost of providing Hive Programmes

	Cost per person	**Programme Information**
Thrive	£250	10 week programme
Make@Hive	£20	A two hour session
Flourish	£400	20 week programme

Comparison Costs

It is possible to access a wide range of costs, using a variety of methodologies and assumptions, relating to Mental Health. For this comparison we have utilised cost data collated by two economic organisations:

- New Economy have collated an extensive database of costs for the provision of services and saved costs from better outcomes - see http://www.neweconomymanchester.com/our-work/research-evaluation-cost-benefit-analysis/cost-benefit-analysis/unit-cost-database

- nef consulting – a think tank and proponent of using SROI methods to 'value' health and social care preventative programmes

Table 6 presents average costs for treating a person with a mental health problem for one year – ranging from **£667** (£258 for prescriptions / therapies plus £409 for medical consultations) to **£997**. Please note, the figures are an average cost and there will be wide variation depending upon the severity of the condition and use of services.

Table 6: Average annual costs of treatment for mental health problems

What?	Unit	Cost and who bears the cost	Notes	Source Data
Average cost of service provision for adults suffering from depression and/or anxiety disorders	Per person per year	Fiscal Cost of **£977** – 92% NHS costs, 8% LA.	Includes prescription drugs, inpatient care, GP costs, social services.	King's Fund (2008) cited by New Economy.
Average costs of prescriptions and therapies for a person with mental health problems	Per person, per annum	£258		LSE Mental Health Policy Group, cited by NEF consultancy in their Ecominds report
Average medical consultation cost for a person with mental health problems	Per person, per annum	£409		As above

Table 7 presents costs for particular treatments – some of which may be used for someone with a mental health problem. These range from £35 for seeing a nurse at a GP practice to £150 for attending a mental health out-patients hospital. The average cost per week of being in a local authority care home is £1,070.

Table 7: Costs for relevant treatments

Mental health outpatients, hospital attendance	Average cost per attendance	£150 – NHS & CCG	Average cost per occupied bed day for a mental health outpatients attendance.	National Schedule of Reference Costs (2011-12) cited by New Economy.
Local authority social services day care for people with mental health problems	Average cost per client attendance	£36 – LA and Social Services	Daycare and capital costs (is an assumption they will go 3x a week)	Unit costs of Health & Social Care 2014 - cited by New Economy.
Local authority care home for people with mental health problems	Average cost per week	£1070 - LA and Social Services		As above
Counselling services in primary medical care	Cost per hour	£52 – NHS and CCG	Counselling and psychotherapy and other 'talking therapies' delivered by trained practitioners.	As above
GP	Cost per hour	£125 – NHS and GP	This is the average cost for a GP per hour of General Medical Services (GMS) activity	As above
Nurse at a GP practice	Cost per hour	£35 – NHS and CCG		As above

The figures above clearly demonstrate that Hive's costs relate very favourably to other forms of treatment. Attending Thrive, for example, equates to approximately a quarter of the average annual fiscal cost calculated by The King's Fund or two hours of GP time.

Such comparisons however only include direct costs to the NHS and Local Authorities in a defined area (health care). If a person is able to manage their condition – or indeed recovers and returns to work – the economic benefits are far greater including, for example, reduced benefits or allowances and increased taxes paid. The King's Fund (cited by New Economy) estimates the economic value of an individual returning to work as **£4,522 p.a.** – and this only includes lost earnings and excludes other social costs. NEF Consulting (2013), in their evaluation of Ecominds, conducted five case studies that estimated the economic implications of individuals benefitting from a range of environmental projects. They included direct avoided NHS costs (e.g. lower prescription/consultation costs), indirect avoided costs (e.g. reduced benefits or allowances) and increased taxes paid. The total economic benefit ranged from **£4.1k to £7.4k per annum** depending on the individual's circumstances. The majority of the benefit came from reduced benefit payments, increased tax returns and reduced medical treatments.

Combining the above information with the testimonies given by service users strongly suggests that Hive is likely to have a positive Return on Investment, compared to other forms of treatment. Examples where this is evident include the focus group participant who had chosen to stop attending a mental health day-centre and come to Hive instead – she actively chose to come to Make@Hive to keep herself well and out of hospital, where she had been previously. A key stakeholder also talked about a woman who had suffered a breakdown and now volunteered at Hive;

> *"I can see in her, someone who was in an incredibly dark place and needed lots of support to someone who was then up for helping other people."*

Both of these stories demonstrate potentially significant cost savings for the NHS and Local Authorities. It would be incorrect however to assume that coming to Hive means people stop using other health-care services. Most saw it as an important part of a package of services that supported them and helped keep them well.

6. Conclusion & Recommendations

Conclusion
All the data collected and analysed for this independent evaluation – stakeholder interviews, service user focus groups, questionnaires and case studies – concurs. Hive programmes successfully support people with mental health problems to improve their wellbeing. It helps to tackle their social isolation and helps give them respect, self-worth and a sense of purpose. For some people the experience is life-changing – helping them to see a way forward and deal with their life or health difficulties. For others, with on-going long-term mental health problems, it helps prevent them relapsing and needing more intensive support.

The WEMWBS questionnaire supports this– at the start of their time with Hive, 46% of participants had low wellbeing and 49% had moderate. At the end of a three-month period, 21% had low wellbeing and 62% had moderate. 25 out of the 39 who completed both questionnaires had significant improvements in their wellbeing.

Hive manages to achieve this by creating a community which people feel part of and where they feel safe and supported. They are able to take on appropriate responsibilities which are subtly encouraged by the staff. People do not feel judged or under pressure – and they appreciate the support offered, the flexibility of the programmes and the amount of structure (not too much or too little). The culture of Hive encourages people to respect each other, to listen but not probe in a way that makes people feel uncomfortable. The mixture of people i.e. those with and without mental health problems subtly reduces the stigma around mental health. The programmes themselves and the referrals are organised professionally and with skill.

The creative aspects of the programmes are important. It enables people to succeed, to produce something they are proud of and to learn a skill. The concentration required is therapeutic and calming for people. Critically however having a task to do reduces the pressure to be 'sociable' and feel you have to talk about uncomfortable topics. Participants are able to enjoy the companionship of being in a supportive group without feeling pressurised.

Whilst the emphasis of this evaluation was on the service users, volunteers also gained much from their involvement and, at times, it was difficult to distinguish between the different types of participants.

The evaluation did not conduct a Social Return on Investment analysis. However, using the case studies and focus group data it can be seen that some people are using fewer services (e.g. housing or mental health day centres) as a result of coming to Hive whilst others are making substantial progress in other ways i.e. mixing more, starting to volunteer, which is likely to impact on their long-term health and general prospects. Comparing costs for the Hive programme with other treatments that people in similar circumstances may be expected to use indicates that Hive is likely to be a very cost effective way of helping people with mental health problems. It cannot however be expected to replace other statutory services – people with mental health problems need a range of support to keep and maintain their health. In addition, people with

long-term problems may not follow a smooth path towards recovery making evaluation of impact more complex compared to other conditions.

Finally, Hive, according to service users and stakeholders, is unique locally in its ability to support people with long-term mental health problems or other additional needs in a way that does not stigmatise. Having Hive available as an option means people do not have to choose between being part of the mental health system (that they are trying to progress from) or attending community groups that may lack the necessary support structures – thus deterring people from attending.

> *"Hive will be a big part of people's wellbeing. … Hive holds a lot of people to be well – if it wasn't there, I've no doubt people would become unwell if it wasn't there. Definitely, definitely" (Stakeholder)*

> *"I think it has the potential to help a lot of people and it obviously does help a lot of people, giving 'em a sense of accomplishment, having interaction with other people, you know, it all adds to building your wellbeing back up." (Participant)*

Recommendations

For Hive

Operational Aspects

Due to the positivity of responses there are very few recommendations for improvements on how the programmes operate. These are;

- Consider expanding the range of courses available
- Consider how to reach more diverse communities – those from BAME communities and those from lower socio-economic classes or who are less well educated
- Consider reaching out to younger (i.e. less than 35 years old) and older (i.e. more than 55 years old) people
- Look at transport options for those who may struggle to travel independently
- Consider, as an organisation, what types/levels of mental health issues you are able to support

Otherwise the key recommendation is to maintain the excellent provision supplied and the professional, efficient way programmes currently operate.

Evaluation

There is a need to improve the system of monitoring service user/volunteer progress and programme effectiveness – in order to 'prove' success in a more rigorous and systematic way. This could include:

- Longer-term follow up of service users/volunteers – to assess health/wellbeing and progress in terms of work, volunteering etc.
- Continuing to use the WEMWBS questionnaire before and after the intervention, plus at a longer-term follow up
- Stream-lining the current range of monitoring data collected so it is consistent across programmes and not overly burdensome for project workers and participants to complete. Ensure any tools used are validated (for comparison with larger populations) and not leading

- If funding allows, consider undertaking a Social Return on Investment (SROI) analysis, potentially by partnering with a university or business placement

Long-term future

Given the positive findings in this evaluation, we feel that Hive should have the confidence to aim for closer, strategic partnerships with key local statutory bodies who may be able to provide a more stable funding base. This could include Local Authorities, Clinical Commissioning Groups (CCGs) and Mental Health Trusts. We therefore recommend that Hive:

- Explore the opportunities for closer links with key local statutory bodies, at a senior level
- Seek to raise Hive's profile amongst local strategic stakeholders by actively promoting the successes contained in this (or other) evaluations
- Develop an in-depth understanding of the commissioning/procurement processes so opportunities for more long-term funding can be identified
- Consider working with local voluntary sector infrastructure organisations or partnering with other complementary voluntary organisations

For Commissioners

Given Hive's unique offering and the successes detailed in this document, we recommend that local commissioners develop a strategic partnership, including more stable, consistent funding, with the organisation. This would offer Hive stability so they can further develop their programmes, their infrastructure and their staff. It would benefit local statutory services as it would: help keep people with long-term mental health problems well; help others recover so they could lead productive lives; and offer volunteering opportunities for people with additional needs. It would also help to de-stigmatise mental health locally.

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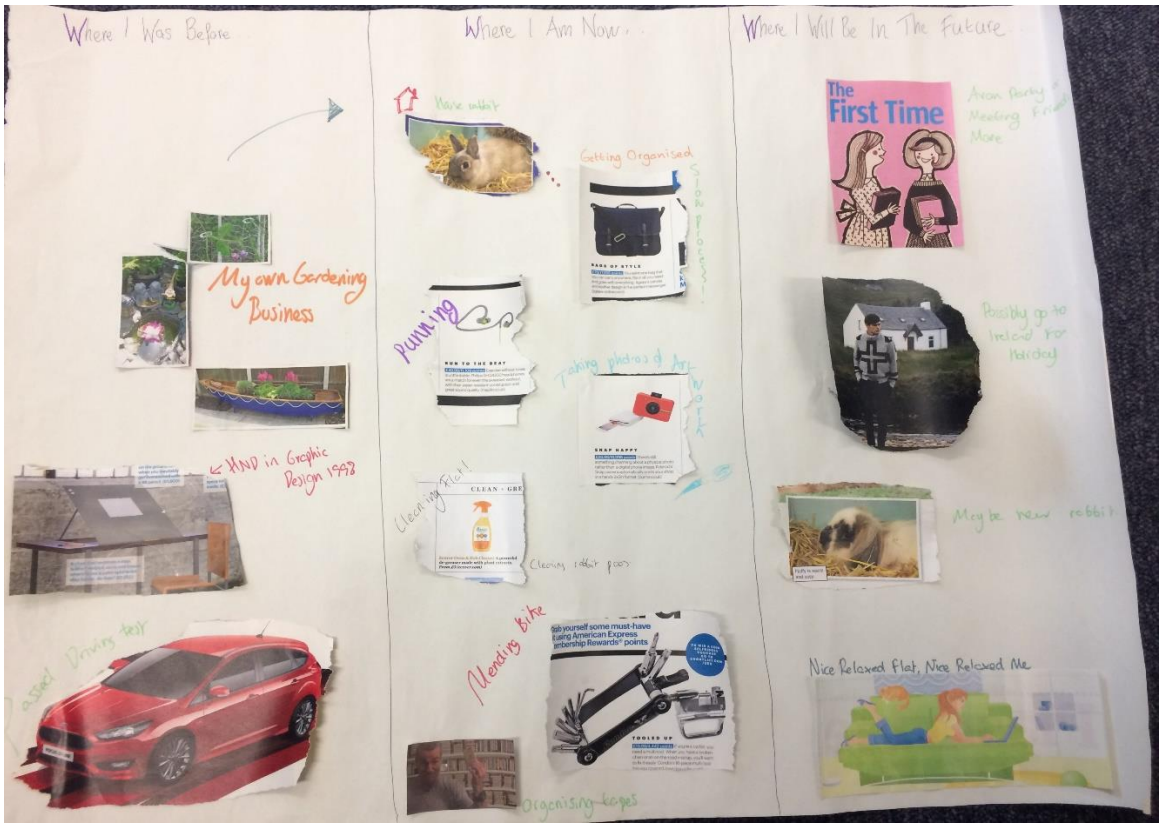
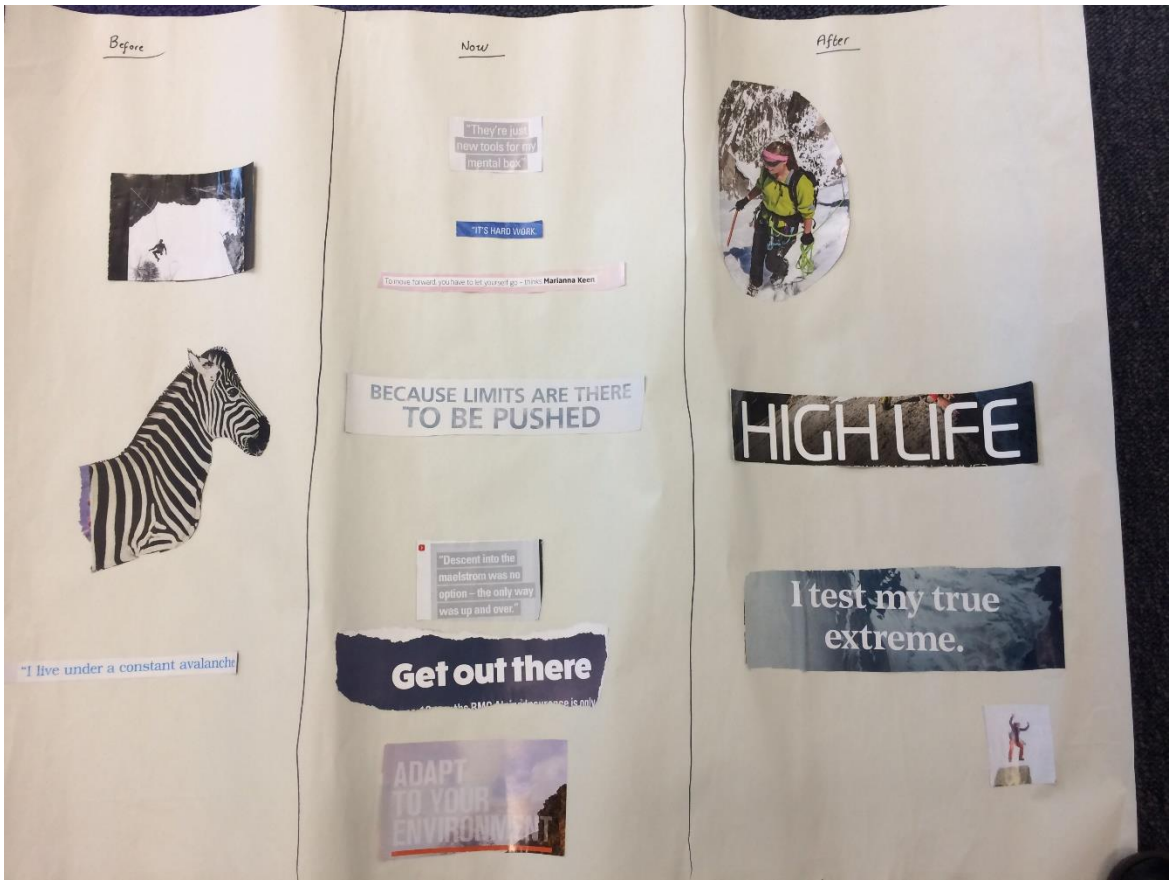
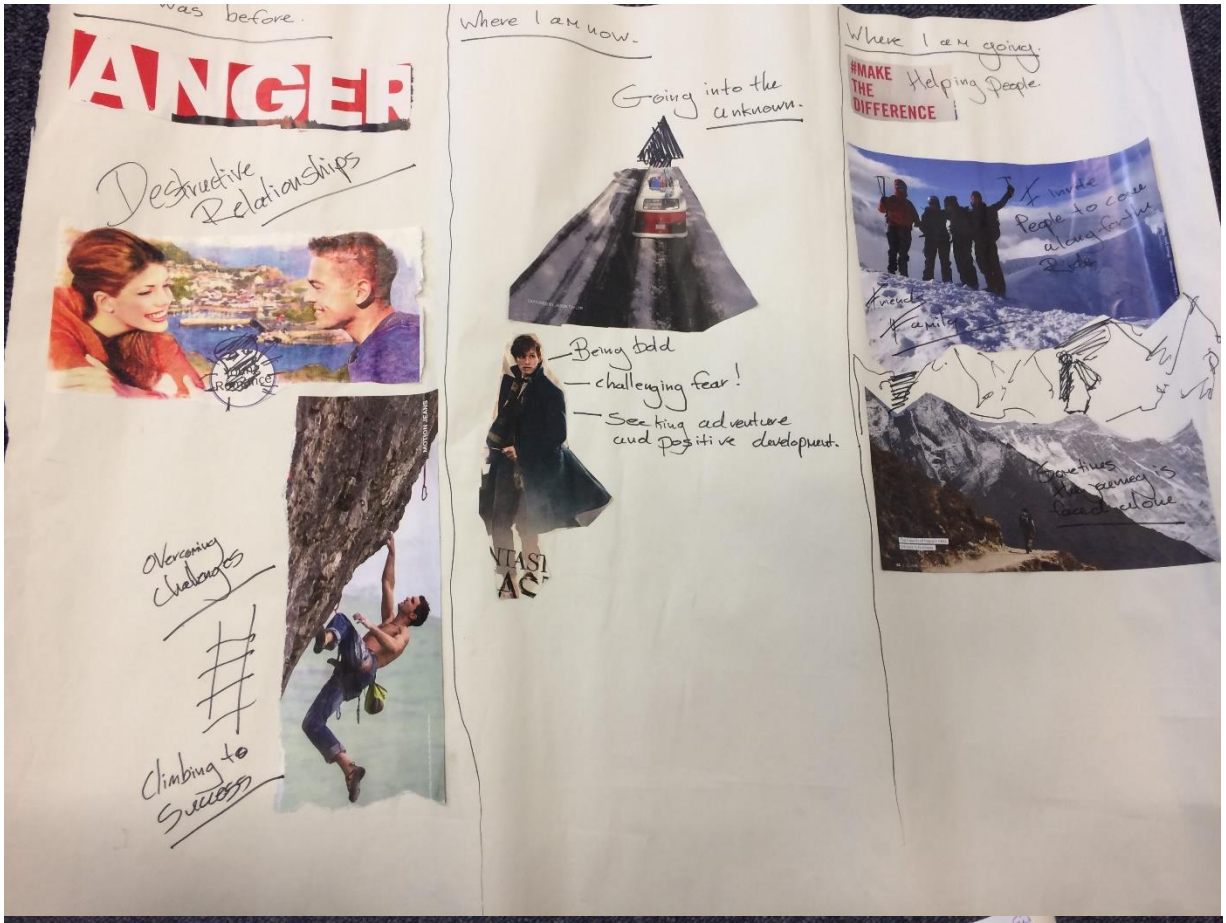
8. Appendices

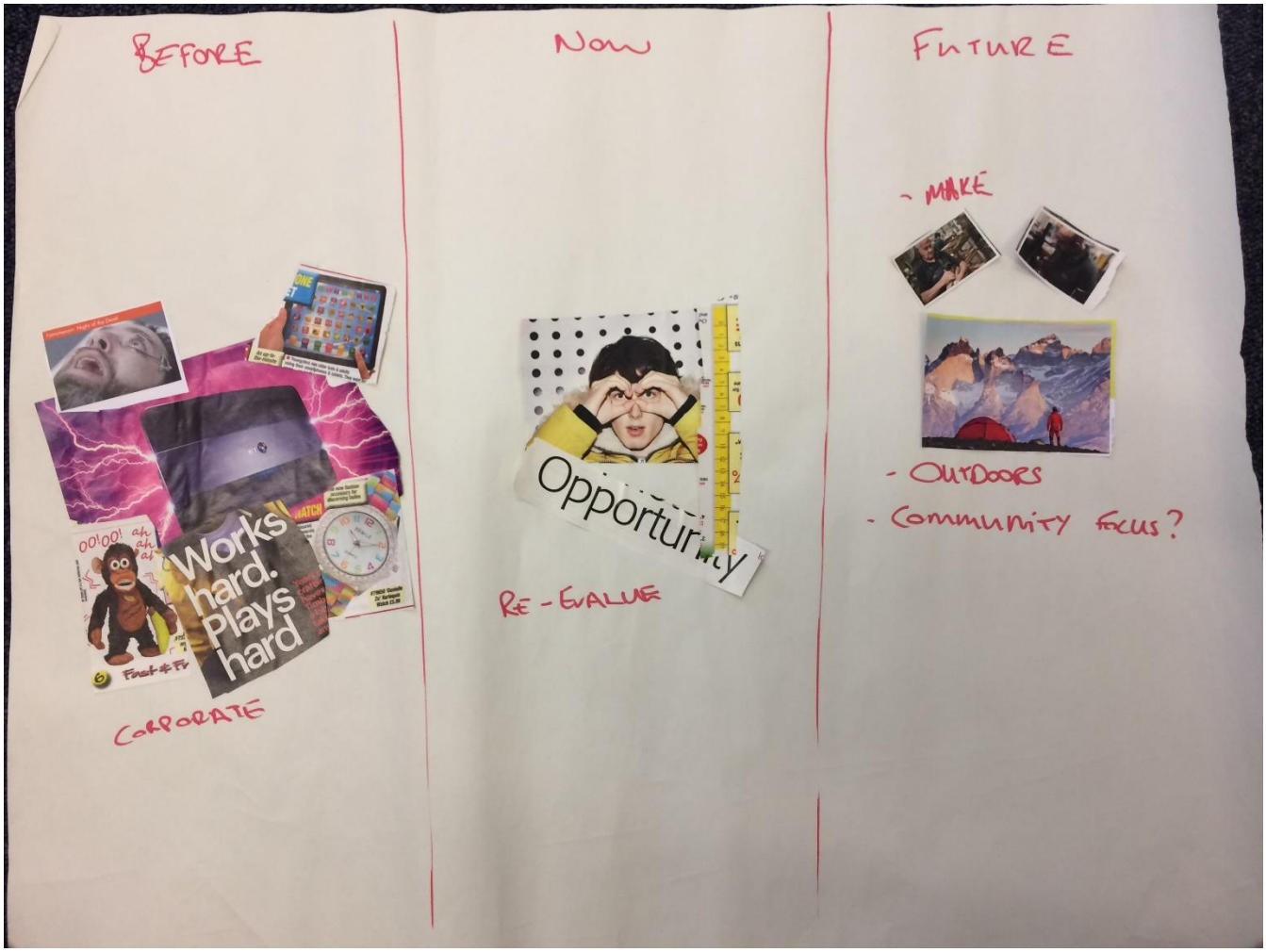
8.1 Story Boards






was before.
ANGER
Destructive Relationships
Overcoming Challenges
Climbing to Success
Where I am now.
Going into the unknown.
Being bold
challenging fear!
Seeking adventure and positive development.
Where I am going.
#MAKE THE DIFFERENCE
Helping People.
I invite People to come along for the Ride
Friends
Sometimes the journey is faced alone

Deep clean your life
WORK LIFE
Garden House! Home
love
Swimming the length of Britain
Family Friends
The People's Friend
Snap to the future!
COOKERY
Abra-kebab-ra!
HEAD FOR THE HILLS


BEFORE
NOW
FUTURE
Works hard. Plays hard
CORPORATE
Opportunity
RE-EVALUE
- MAKE
- OUTDOORS
- COMMUNITY FOCUS?

8.2 Focus Group Schedule

Hive Connecting Creativity Evaluation

Focus Group Schedule

Hello, my name's *(name).* I'm a researcher from Leeds Beckett University and we've been asked to do an independent evaluation of the work Hive do.

Thank you very much for coming along today to talk with us.

Check:

- *Go through information sheet verbally*
- *They are aware that we will be writing up the study into a report that will be shared but we will not quote them directly or write anything which means they can be identified.*
- *Remind them that their participation is voluntary and that if there is anything we ask about that they do not want to talk about, that's fine. If they want a break, or to leave at any point, there is no problem.*
- *They understand that we all need to treat what is said in the room as confidential.*
- *Everyone should have opportunity to speak, not just a few; if by any chance conversation strays 'off-track' onto sensitive topic we may pause or steer it back.*
- *Go through the consent form verbally with them*
- *Consent for being recorded – if not can take notes and will also have story boards.*

Aims of Evaluation

- To measure **health and wellbeing improvements** for participants
- To identify whether participating in a HIVE programme has led to individuals participating in **other activities including volunteering**
- To explore whether/how participating in a HIVE programme has impacted on individuals' **connections to others**
- To explore possible **impact on use of services** and provide cost comparisons
- To examine the **role** that Hive currently **fills locally**
- To identify possible **recommendations/improvements** to the HIVE programmes

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Section A: Introductions

First I'd like us to make some introductions so that we know each other's names, just first names is fine.

Section B: Set up the activity

Story boards

Using photos and images from old magazines and newspapers the participants will be encouraged to cut out pictures and stick them on a large piece of card (or they may prefer to draw/write) which is divided into three sections under three separate headings:

- Where I was (before getting involved at Hive)
- Where I am now
- Where I hope to be

In each section they can stick pictures/images which say/represent something about each phase under each heading. The boards are an opportunity for participants to reflect individually on if/how being involved at Hive has affected their life and will serve as talking points and additional prompts during the discussion section of the focus group.
With permission, photographs will be taken of the boards so that they can be included in the analysis of the focus group.

- **How long have you been coming to Hive?**

- **How did you find out about Hive?**
  - Who referred you?
  - How did you come to attend your first session?

- *What were your expectations before you came?*
  - About activities/people/what you would get out of it

- **How do you feel about Hive? How do you feel in the sessions?**
  - Mood/friendships/support

- What works well?

- How have you been involved at Hive?
  - What course/what have you made/extra involvement/volunteering

- **Has coming to Hive benefited your life in any way?**
  - Work/volunteering
  - Relationships with others
  - Health/wellbeing
  - Difference in confidence/mood

- If you hadn't come to Hive, what would you have done?
  - Alternatives?
  - Healthcare services?

- **Do you think coming to Hive affects how often people see their Doctors?**
  More/less/same
  e.g. GP, A&E, district nurse?

- **What could make Hive better?**

8.3 Stakeholder Interview Schedule

Interviewer to check interviewee:

- has received the PIS and read / understood it
- is happy to take part / have signed the consent form
- is okay being recorded (take notes if not)

Record Details:

Name of interviewee / their job title:

Organisation Name:

Time / date of interview:

Background

Can you describe to me how your organisation has worked with Hive recently?

- How long has the organisation worked with Hive?
- How did you find out about Hive?

Involvement

Do you refer or signpost people to Hive programmes?

- If yes:
  - What type of people do you refer?
  - At what point in time?
  - Why do you choose to refer people to Hive?
- If no, why not?

Have the individuals you've referred benefitted?

- If yes, in what ways? Can you describe to me how? *(probe social / confidence / further opportunities)*
- If no, why is that?

How has the referral process worked?

- Is there anything that has worked particularly well?
- Is there anything that needs improving?

Can you tell me about the individuals' experiences at Hive?

- What has been good about their experience?
- What could have been better about their experience?

What does Hive offer which is important for the people you refer?

How important is that for those people?

How do you think people's involvement with Hive has affected their use of other services?

- Probe: mental health services / primary / secondary care / medication / social services

Where would you refer people to if the Hive programmes did not exist?

The Hive offer

What does Hive offer your organisation?

- What is special or unique about what they offer (locally)?
- How could they improve what they offer?

How would you recommend that Hive develops in the future to ensure their sustainability?

- Are there any areas / communities /programme types they should focus on in particular?
- Are there any other local organisations they should be working with?
- Is there any particular type of evidence that they should look to provide to commissioners?

Is there anything else you'd like to add?

8.4 Pre and Post Questionnaires

Hive: Connecting Creativity Evaluation 2016-2017

Entry Questionnaire

Unique Identifier: **Date:**

Course/programme: Flourish / Thrive / Make@Hive

Gender:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the **last 2 weeks**.

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself.	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things.	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

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Hive: Connecting Creativity Evaluation 2016-2017

Exit Questionnaire

Unique Identifier: **Date:**

Course/programme: Flourish / Thrive / Make@Hive

Gender:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the **last 2 weeks**.

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself.	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things.	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

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