Moray Wellbeing Hub Project 2016/17:
A year in reflection – From project to social enterprise

Figure 1 - Artist Vivien Hendry with her poster work showing our areas of project activity. Produced as a part of her champion role for the Moray Wellbeing Hub project, August 2016

*"It has created a change in me that has been noticed by family and friends.
I am no longer a sad person who would not leave their home."
Moray Wellbeing Hub champion, March 2017*

*"A wonderful way to connect with like-minded souls in a geographical area I have just moved into. A joy to connect with people who want to work with together to make things happen. A new chapter in the shift of power dynamics around mental health. "
Moray Wellbeing Hub champion, March 2017*

"I've seen a dramatic increase in self-knowledge and management. People could get involved and the hub would find a role." Partner from third sector organisation, March 2017

What is the Moray Wellbeing Hub project?
During 2016/17 Moray Wellbeing Hub project focused on harnessing the power of personal experiences to inspire more mentally healthy lives in Moray. We did this via a range of activities aimed to empower people to focus on their strengths and in turn empower others to do the same, tackling the stigma surrounding mental health problems, increasing people's access and awareness of self-management tools, and connecting them with peer-support.

> **Moray Wellbeing Hub - Our vision:**
> We want a Moray, and beyond this a Scotland and world, where all people are kinder to themselves and better able to weather challenges and crisis.
> We want people to be more aware of the support they need and will ask for it appropriately, and see their experiences as a vital resource they can use to support others toward wellness.

Who is this report for?
We believe in making the best use of any resource to create change, and this report is no different. We wanted to feedback to our funders the information they need to know on how we achieved what we set out to do. What we did not want to do was to create a report that only they had access to, therefore we are sharing this widely and have tried to find a format that will suit the widest of audiences. We have included reflections from our peer project worker and other Champions, data and photographs as well.
We have also created a visual version of this presentation as a Prezi. This can be explored from our website.

Figure 2 - Prezi of the Moray Wellbeing Hub project journey. Available via our website.

Key phrases and words:
Language is a vital consideration when trying to explain ideas to the widest audience, we hope that this report is accessible and useful to our community, our funders and our partners. We aim to use a 'plain English' approach, choosing terms that communicate our message clearly without jargon, but sometimes there are certain terms that are very challenging to avoid. Here is a short list that we hope is useful to our readers.

Recovery   People can and do recover from even the most serious mental health problems. Recovery means being able to live a good life, as defined by the person, with or without symptoms. (also see CHIME in appendix) *Scottish Recovery Network*

Co-production   A relationship where professionals and citizens share power to plan and deliver support together, recognising that both have vital contributions to make in order to improve quality of life for people and communities. *National Co-production Critical Friends*

Human rights   Taking a human rights based approach is about making sure that people's rights are put at the very centre of policies and practices. The PANEL principles (see appendix) are one way of breaking down what this means in practice. *Scottish Human Rights Commission.*

Social enterprise A trading business aspiring to financial independence with clearly defined social and environmental objectives. They have an 'asset lock' on both trading surplus and assets ("Profit for purpose"), and are driven by values – both in their mission and business practices. *tsiMORAY.*

Self-management Supports and encourages people living with long term conditions to access information and to develop skills to find out what's right for their condition and, most importantly, right for them. *The ALLIANCE.*

Key organisations:
Scottish Recovery Network: Promotes and supports recovery from mental health problems.
See Me: Scotland's Programme to tackle mental health stigma and discrimination.
ALLIANCE: National third sector body for a range of health and social care organisations.
Moray Health & Social Care   Partnership between The Moray Council and NHS Grampian joining up adult services.

Project background:
In April 2016 a group of people with a passion to create change in mental health in Moray began a new project. This was built on a dream nurtured over the previous three years by people brought together initially through WRAP (Wellness Recovery Action Planning). Their passion was fired by their positive experiences in recovering their own lives through this self-management tool and the powerful peer group environment for change it generated. By April 2017 the work had gone beyond a grassroots empowerment and anti-stigma project to a sustainable peer-led social enterprise, built on a foundation of human rights values and actioned by over 100 mental health community champions for change in Moray.

Timeline: From idea to funded project

Pre-2015:   Community members, who had trialled peer-led self-management approaches to wellbeing and challenging stigma, wanted to reach more people with similar approaches and make these ideas sustainable. They identified a lack of local resources and peer-led coordination as key factors and wanted to help create a centralised physical space, or hub, for such work.

June 2015   As part of a partnership application that included community members, Moray was selected for the Scottish Recovery Network's (SRN) Making Recovery Real programme. The SRN provided a resource of expertise and external perspective that supported taking ideas for a peer-led hub forward. The change network formed as a result of the programme included partners from health and social care, third sector and community led groups.

Winter 2016:   Applications were submitted for a Moray Wellbeing Hub project by project host Moxie Media CIC, supported by the Making Recovery Real in Moray team. This organisation was chosen as a host due to their existing peer-leadership in the community and networks in Moray and nationally. Both applications submitted were successful - Transforming Self-Management in Scotland (The ALLIANCE) and the See Me Community Innovation Fund. Additionally, Moxie Media CIC were awarded funding for complimentary projects in Moray to deliver training in WRAP (Wellness Recovery Action Planning), LLTTF (Living Life to The Full) and SMHFA (Scottish Mental Health First Aid).

April 2016:   Moray Wellbeing Hub Project commences with an end date of the March 31st 2017.

What we wanted to change:
The difference we wanted to make (project outcomes):
1. People with mental health problems / long-term conditions will lead more fulfilled lives.
2. Lived-experience as a resource for change will be more evidenced, understood and applied.
3. Self-stigma amongst people with mental health problems will be reduced
4. Stigma and discrimination will be reduced amongst communities, workplaces and organisations to have a positive impact on the lives of people self-managing long-term health conditions and their supporters.
5. Recovery from mental health problems will be more widely understood and more people will believe recovery is possible.

What we wanted to create (project outputs):
1. A co-designed business plan and operational plan that will support the establishment and long term sustainability of a 'Wellbeing Hub' in Moray run as a peer-led social enterprise.
2. Funding opportunities identified and secured, project governance in place, suitable premises identified to provide the foundations for a sustainable project.
3. Creative and accessible materials to support and promote self-management for long-term conditions, co-production and peer support are developed and shared widely.
4. An evaluation report that describes the process adopted and identifies the key learning lessons for the future that can be built upon and shared with other interested parties.
5. A series of peer delivered awareness sessions on self-management tools and peer support.

How we gathered evidence of change:
We used a variety of methods and try to minimise the reliance on paper and writing because this can be a barrier to people being part of the project, it can seem too formal and relies on the ability to express yourself in the written word. We developed a range of accessible and creative approaches to gathering data that enable swift sharing and celebrating of change as the project progressed that other more accessible creative methods may. More detail on these methods and how they linked to measuring change from our activities is in the evaluation framework (appendix).

Method no.	Reflection & Celebration Method / source of evidence
1	Dot feedback: Using printed statements and asking participants to put a dot next to the ones they agree with
2	Post-its: Circle and triangle, what worked & what needs addressed
3	Questionnaire & forms: online version and printed
4	Activity reflection sheets: Form capturing intent & learning, as well as quantitative data (no. attendees etc) on one side of A4
5	Blogging, social media: Capturing and reporting wider thoughts, sharing links and ideas
6	Photographs: of activities as well as creative outputs like artwork, cake, posters.
7	Monitoring sheets: recording diversity
8	Stigma questionnaire: specific questions have been asked and will be returned to allowing a measure of change over time
9	Traffic light smiley face: records general mood at three points, start middle, end
10	Sign in sheets / Champion sign up forms
11	Interviews: one to one and group

How did we know if what we were doing was working?
We like to celebrate the small stuff and small changes make big differences to people's lives over time. Additionally, by sharing what we have been doing with a wider audience we create further change.
We gathered a lot of data over year and this has been explored by an independent evaluation team. The full evaluation report is in the appendix, but elements are included in the body of this report. Most of our evaluation recording is shared immediately with the audience attending or is shared via our social media within a few days. This report contains some examples of the change we are seeing, but many more are available on our website particularly personal reflections from champions.

Participatory Action Research (PAR):
We adopted a Participatory Action Research approach as we wanted to add to the body of peer research that is growing in Scotland about what works toward recovery and challenging stigma. Participatory action research (PAR) is based on reflection, data collection, and action that aims to make improvements by involving people who, in turn, take actions to improve their own health. This continuous reflection and change cycle became core to everything we did.

Figure 3 - The PAR cycle

Reflections on…being awarded funding
2016 was an amazing year in terms of seeing many planned projects come to fruition. Moxie Media C.I.C., along with key partners, spent much of 2013 to 2015 gathering the evidence, networking and connecting with partners, and putting in place the structures that would make possible applying for money to run projects for wellbeing in Moray. Without this groundwork the MWH project would have been unlikely to have attracted funding.

The news that we had been awarded funds not only from one source, but from the two national organisations that related so closely with our focus, was much more than a boost to financial resources. It gave merit to our ideas, which was the very first activity that created change in our project. This super charged our existing efforts to create change and gave us the confidence that others shared the same passions.

> *"When we, as a group of peers, were awarded our funding from See Me it was exciting but also nerve-wracking to feel the weight of expectations, not so much from others, but from myself to do justice to the trust others had in me. So, when we were awarded funding from the ALLIANCE as well I could not believe it – it felt like a dream. We'd grown these ideas over years of talking and researching, many people had contributed. Finally, it was time for action – people believed we could do it!"*
> *Heidi Tweedie,*
> *Peer Researcher / Development Worker, Moxie Media CIC.*

Why we were so successful this year in attracting funding and support is probably due to a number of factors;
- We had encouragement and practical support from a range of local and national partners from services as well as peer researchers and community members in Moray.
- We built good relationships and understanding of our funders and their focus.
- Our values were in line with current policy and future direction in Scotland e.g., human rights, co-production, peer leadership and change theory.
- We had a better grasp on the tools needed to create change, including the language and resources available to make our project a more tangible idea.

Reflections on …funded projects overlapping:

Project management by Moxie Media CIC. went well with estimated budgets for funding being used as agreed and within timescales set. We had planned to be finishing with the See Me funded aspect of the project in September, but due to gaining ALLIANCE funding we stretched this timeline. This presented opportunities as well as challenges.

Owing to the differing strands of funding that Moxie Media CIC and partners have been successful in securing that link with the MWH project, one of these challenges has been in deciding what funder is responsible for which activity. Sometimes this is very clear, but mostly a variety of funders have provided resources, either through direct funding or connections, or training or material. This proved a fantastic way to make the best use of resources and we spent less, whilst achieving greater outcomes using a joined-up approach. It did require more administration, both careful planning and data recording once completed.

Reflections on…evaluation planning:

In our funding applications for the MWH project, we had to provide information on outcomes and outputs, but as the project progressed we realised that we had given too many outcomes and these needed clarifying to make it easier for evaluating. With expert support, we then developed an evaluation framework (appendix) which was agreed by our funders. This simplified our outcomes in to five areas and gave us clear indicators (practical measures of success) we could use for our evaluation. We would have saved a lot of time and confusion if we had the skills to develop this at the start and created concise outcomes and a clear evaluation framework that suits the project and funders. However, this experience will be vital for future developments.

Reflections on…peer leadership:

"The greatest strength, and challenge, as a peer leader has been leading with the values of the project. I feel that I connect really well with my fellow champions, that this support boosts my own wellbeing and ability to self-manage my own health challenges. They give me hope, practical support and many are now friends.
The one massive challenge is that of my time management. I enjoy the project work so much, find the relationships and the ability to inspire hope so compelling, and want to prove the project as a success in the long-term with the resources we have this year, that I consistently worked very long hours. This has negative impact on my own self-management - mostly my time with other supporters (family, friends), my time for relaxation or physical activity.
For the future, I plan to continue to be involved in the Moray Wellbeing Hub CIC, and I look forward to us securing more funding so that we can have administration staff for communications, data recording and other organisational tasks. These are vital, but often take up the time and energy that you need to be able to take forward the more intensive and skilled activities as a project lead. Within the funds we secured this year this was not possible and is a great learning point regarding economies of scale in small organisations. "
Heidi Tweedie, Peer Researcher / Development Worker, Moxie Media CIC.

Reflections on…financial spending and coproduction:

The biggest learning regarding the financial side of the project was the high level of administration needed due to the coproductive approach. In a traditional community engagement project individuals in control of budget spend for activities will always have some variation to deal with (i.e. change in suppliers' prices or cancellation of a venue etc.), but in a coproductive approach the possibilities for the project activities to change are much wider. Therefore, as the project progressed we found we needed more hours for bookkeeping and project planning to ensure we stuck to the agreed application budgets, whilst also meeting the evolving project needs identified by those involved, and anticipating potential future spending to ensure the outputs, that secured sustainability for the project, were reached as well.

This element of the project management was made more complex by having two similar project funds to administer side by side that shared some activities and therefore could share cost. Each funder had their funding broken down in slightly different ways. This was in part owing to how the funder had requested their application to be submitted, but in the main this was an unanticipated error on our behalf by being too specific with budget titles.

Learning and recommendations for future coproduction projects:
- Anticipate and budget for high levels of financial administration support
- Be mindful of budget descriptions in applications; making these too specific creates challenges if funders are not flexible and coproductive themselves.
- Be prepared to negotiate with funders as partners. Choose a funder that is open to change and you feel you can build a good relationship with - outcomes are positively impacted if they also take a coproductive approach

What our funding was for, what we have achieved and next steps beyond the project funding.

Summary of project activities:
We are delighted to have achieved, and in most areas surpassed, the activities we set out to deliver in the MWH project. Some elements have not been possible such as securing a physical base for the hub, but in such cases there is reflection and learning behind why this has not been met that aligns with our focus on values – the 'how' not 'what' in creating change. Outcomes may be mentioned here linked to activities, but a full exploration is included in our separate learning and evaluation report, included as an appendix.

Activity 1: Café events & project celebration event
What we said we would do:

Specific to ALLIANCE: Larger community events to showcase & explore ideas for hub. One celebration event.	**Specific to See Me:** 3 café events in Elgin, Forres, Buckie. Launch event planned

Why this activity?
The café events idea within the project aimed to model for participants what it would 'feel' like when we created our own physical space as well as create change as part of the experience, by connecting people, providing peer support, celebrating experiences and new relationships, learning and exploring potential future approaches to self-manage wellbeing. The design and delivery of these evolved due to the continuous reflection and learning co-production approach, as we focused on addressing identified needs from differing communities including our own champions from feedback.

What we achieved:
We trialled different formats for this part of the project - large events in a central location (Elgin), a monthly local approach in the same venue (Forres' community cafe), and a significant tour of all six geographical community areas in Moray as part of a first birthday and launch of social enterprise celebration.

Changes from original funded plan:
We significantly increased the amount of activity of café events as a result of joining up resources from both funders to meet shared aims. The unexpected level of champion numbers made large events that covered a wide geographic area possible. We did not create a separate celebration and launch event, but added these elements to both later champion networks and to the March hub events in terms of launching our social enterprise and celebrating our 1st birthday as the hub collective.

Figure 4 - Group agreement from a MWH project activity

Co-production / human rights based approach:
Through reflecting on the community café events over the last year it is easy to see the movement from peer project worker delivering activities to empowered champions taking action first hand. The May café event was run by the project worker, but with a lot of support from volunteers. To celebrate their work and enable them to connect as a group, we went for a meal between the two events. It was the first time that there was a sense of a 'team' or 'collective' emerging. The Forres monthly events moved from something that was led by the worker and enabled by the volunteers, to being led by the Champions themselves. By March 2017 the events were coordinated by the project worker, but delivered in most part by the champions.

Learning and reflections:
1. Large hub community event, Elgin – no.1 May 2016 - Total beneficiaries 50
We ran our project launch event open to the public as part of Mental Health Week in May 2016. We ran this twice in one day, once in the afternoon and the second time in the evening as a café style event. This was our first Champion recruitment drive and we had a massive response. Scheduling a large well promoted event to tie in with other similarly themed activity locally and nationally made the best use of our publicity resources. Linking with this at the start of our project was a great way to give people our message, sowing seeds for future activity and signing up volunteers to take the approach forward. To make best use of this you need to be ready with promotional materials and in this regard we were organised in advance.
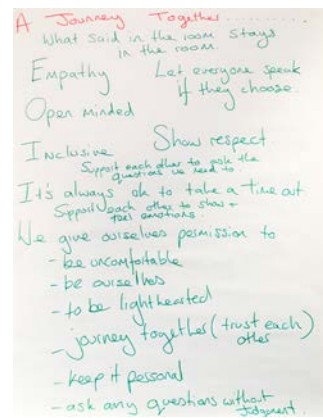

Figure 5 - MWH project conversation cafe, May 2016

2. <u>Eight Forres monthly pop-up Hubs - April-November 2016 – Total beneficiaries 57</u>

The opportunity for a regular pop-up café in Forres arose when a local social enterprise café owner came to an event linked to 'Making Recovery Real', heard our presentation and wanted to host us. The idea was of mutual benefit - he had low numbers on a Thursday night and we wanted to be visible to the public in a community space. The pop-up cafe approach was aimed at providing a regular space for meeting Champions and interacting with the community. As well as exploring this format we have also trialled how we might market the 'pop-up hub' concept to future café owners for mutual benefit and the negotiation points to watch for to ensure we meet our outcomes. In reflection, it's clear that this approach is a great addition to having

Figure 6 - Gratitude exercise at a Forres pop-up hub event, Autumn 2016

a central space where we are more available to the public, but without this people are reluctant to build trust. They need a physical space they identify with our values and activities that is accessible, not ad-hock.

3. <u>Six hub community events across Moray with seminar and launch celebration – March 2017 – reach 215 – Forres, Buckie, Lossiemouth, Dufftown, Keith, Elgin.</u>

The larger March 2017 events gave us amazing opportunities to try out new venues, create new partnerships, connect with diverse local communities, and provide champions opportunities for empowerment. We used this opportunity in local communities to tie in as many activities as we could, including our social enterprise launch and birthday celebration.

Figure 7 – Self-management stall, Lossiemouth. As part of March 2017 MWH events

The events were open from afternoon to evening to capture the widest range of audiences to fit in with their commitments of work and caring roles. We provided a marketplace and alongside promoting the hub concept, our peer led self-management courses, and anti-stigma awareness raising resources, we promoted other local organisations that shared our values. This meant that we ran a schedule of tasters not only of our self-management tools, but that partners ran these as well.

Another element of our delivery at our March events was the seminar entitled –""What can I do to help?" Tips to become a more confident supporter". The design of this anti-stigma and self-management promoting 1.5hour training was in partnership with the volunteer coordinators from the third sector and Moray Health & Social Care. The aim was to solve a challenge they approached us with in providing training to volunteers who were geographically widespread, not yet motivated sufficiently for a standardised peer-led course such as WRAP, and without resources to run additional project to our existing activities. This lead to a close partnership approach that was very successful – they gained the required training for their team without extra resources, whilst we had a guaranteed audience for seminars from the public, who in turn further promoted the events in their networks and signed up for future activities such as peer groups, courses and as champions.

Delivering large events at the end of the project made best use of the funding, in terms of human resources and publicity as people, partners and public, had begun to be more aware of us. By January the champions team was robust and empowered through the previous year's support to fully engage with a large-scale series of events, prior to this the project lead would never have been able to deliver this level of activity. As a team we split the planning, promotion and delivery of the events by firstly area (i.e. those with local knowledge chose the venues and suggested fellow local partners to join our marketplace), then by skills and interest (i.e. those who were now WRAP facilitators ran the taster sessions).
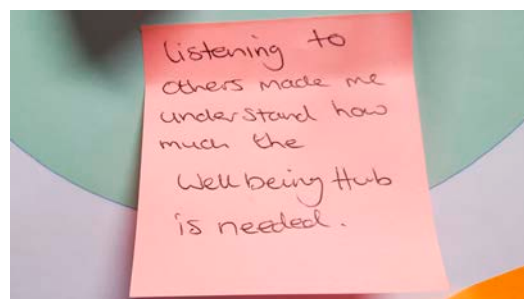

Figure 8 - Post-it feedback from a participant at MWH project event.

Despite significant efforts in local promotion, planning and networking from the champions, and the wider promotion in the media and partners, some areas had very poor responses compared to others. Forres and Elgin were attended very well, but the others were quite low in numbers. That said feedback from those who did come showed that often in local areas quality of interaction outweighed quantity. Over all local people, the champions, partners and public, were delighted we would come to their area, raising expectations and empowering the community. It showed the hub was not Elgin centric and it provided future sustainability in a

variety of ways - linking with emerging peer support groups, giving opportunities for champions to deliver activity and be visible in their local area as a leader of change, as well as recruiting new champions and working alongside partners that share our values.

> *"I am a champion of the Moray Wellbeing Hub. At the beginning of this year I felt a bit embarrassed and uncomfortable about calling myself a champion. I am now an active member of Moray Wellbeing Hub and feel proud to be a champion and challenge stigma around mental health in myself and others"*
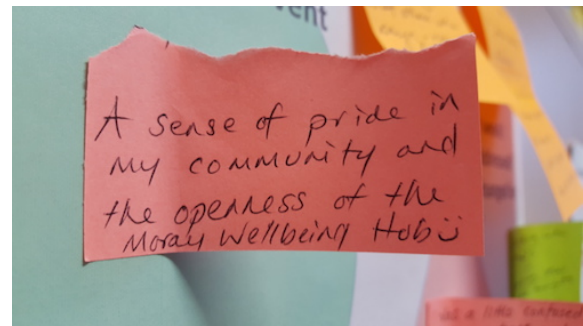> *Champion reflection from March 2017 Elgin event.*

Figure 9 - Post-it feedback from MWH project event.

Activity 2: Outreach to existing & emerging networks / partners
What we said we would do:

Specific to ALLIANCE: Outreach, networking events, awareness & learning sessions focused on peer-led self-management. Mapping and fostering diverse groups/ new partners	Specific to See Me: 10 outreach sessions to either existing groups or smaller rural communities reached / and or partners, employers, organisations

Why this activity?
Change does not happen in a vacuum, we need people to hear our message, support our work, deliver activities with and share resources with to achieve outcomes. We set out to with a partnership of core organisations from the start - Moray WRAP facilitators group, MHSC (Moray Health & Social Care), TSI Moray, SRN, the ALLIANCE, See Me.

What we achieved: Reach – approx.: 2,200 people reached through outreach & networking
Overall we have significantly grown and strengthened our partnerships and networks reaching a large amount of people in Moray in a variety of approaches. We were unable to mention all the organisations we have linked with over the year, but we have tried to present a flavour of their diversity.

Our activity can be reflected on in three areas:
1. Networking: partners reached no. 35 (plus those we delivered outreach to) – Includes third sector organisations working with individuals from caring roles, affected by long-term conditions (MS, Alzheimer's) dyslexia, learning disability, young people, LGBT+. Peer groups working with pain management, creativity, support. Creative and environmental organisations and community events. Statutory services. Volunteer support and third sector support services. Religious leaders and volunteers.

Figure 10 - Students wear See Me hats as part of a stall at Moray College Fresher's Fayre 2016

2. Awareness raising outreach to groups: no. 20 – Includes Job Centres, peer support groups, SAMH services, health visitors, GPs, schools and promoted the hub at other self-management courses.
3. Stalls at events: no. 13 – Range of stalls at events including Moray College Freshers Fayre and University Mental Health day, five Libraries wellbeing drop-ins, Foster Carer events, Forres Culture Day, SDS event, Greenfingers open day.

Key partnership outputs:
- Core involvement in Making Recovery Real programme & new mental health strategy 'Good Mental Health for All'.
- Involved in commissioning process toward new 'wellness centre' for Moray

Figure 11 - Champions run outreach awareness talk at Elgin Academy with S3 pupils on stigma

- Volunteer training: opportunity of our March seminars at events used to address need by partner
- Delivered large event anti-stigma messages: Forres Culture day (depressed cake shop), Breathing Space Random Act of Kindness day at Elgin City FC, Moray College Freshers Fayre.

Coproduction / human rights based approach:

Since May, when we started recruiting volunteers, most networking events and all larger events and training, have been promoted to our collective of champions to run and lead. We have increasingly found that champions are not only connecting with partners, but are also partners themselves. Either we recruited them over a discussion as a partner or they joined as a champion and realised their partnership role latterly. Wherever possible notes on partnership events and meetings are reflected via champion emails or on our blog and newsletter to keep the celebration of change flowing and ensure that champions feel empowered to connect as they see fit with the partners they feel will support our work.

Another notable development in terms of human rights and coproduction is that there is a growth in seeing the project as a potential host for collective advocacy locally. This has been something that needs further promotion going forward, especially with existing partners.

Reflections and learning:

The partners we identified on our application have continued to have a vital role in our project's success. Helping to foster further relationships and share resources to achive mutual outcomes. These can be separated in to Making Recovery Real and WRAP facilitators network.

The 'Making Recovery Real' (MRR) partnership supported by the SRN and led by the MHSC to form a 'Change Network'. MRR, which meets regularly as a partnership group to plan recovery focused activity, was the catalyst for much of the MWH project concept and has seen us build close relationships with key individuals from MHSC commissioning, mental health nursing, and service providers including SAMH, Quarriers Carer support, Penumbra.

These relationships have led to a variety of activity: outreach sessions at all SAMH dropins, running Living Life to the Full (funded separately) with Quarriers, having a stall and supporting champions to share their lived experiences as a testimony at Recovery Cafe events, delivering training and mentoring as part of a locally integrated approach to Penumbra's peer workers. A core part of this change network has been our involvement in shaping, and being a reference point for, the new recovery focused Moray mental health strategy – 'Good Mental Health for All'.

Figure 12 - Depressed cake shop pop-up, Forres Culture Day 2016

The WRAP facilitators network hold funding for running self-management training, awareness raising and facilitator development. WRAP is at the very core of the MWH project with its values underpinning our approach. Recruitment of champions keen to experience and deliver WRAP created a very strong partnership between the SRN, the existing facilitators group and the MWH project, where we shared resources to make the best use of opportunities giving the output of 18 new WRAP facilitators most of whom were existing MWH champions. Aside from this, ongoing WRAP workshops and awareness training has provided opportunities to seamlessly promote the project as a mechanism for access to self-management tools including peer support. Without the project attracting funding the WRAP workshops would not be able to reach as wide an audience nor would the facilitators have felt part of a wider peer network with the Champions.

Figure 13 - Taster session for WRAP creatively exploring the concept of support. MWH project event, March 2017

New partners - Since the project began we have had numerous informal meetings with local partners and supporters. These might be over a coffee, at their team meeting, at networking events, through self-management and mental health training. These include statutory partners like the public health team, volunteer support, psychology, mental health team, benefits, housing. Moray third sector organisations that work with diverse groups including mental health crisis, learning difficulties, mental illness, isolation, addiction and carers. We also have been invited to give input to members of peer run support groups like Affa Sair (pain), Moray Mental Health, Mind Your Head Moray. And have connected with groups supporting people with cancer, diabetes, dyslexia, MS to name a few via email, phone and shorter meetings.

Due to a role on the strategic commissioning group as a lay member, the project worker has been able to connect with partners at a leadership level in Moray in regard to peer experience. This in turn has led to greater still connections out with these teams as they cascade information and suggest contacts.

Toward the final months of the project some of our partnerships became more formal with the aim of creating business relationships toward joint funding or delivery as a social enterprise. This is part of the legacy toward sustainability for the project and is a vital resource that can be used for promotion, fundraising and business planning.

What has not worked:
A lot of the networking events that are traditional stalls for health or volunteer organisations, seemed to be poorly attended and presented mostly networking with other partners rather than outreach to individuals. It can be difficult to turn these down as opportunities, but they do not seem effective in this regard and this required reflection in terms of our resources. As a result, we did less of these in the final six months and concentrated in other areas.

Despite us building a good relationship, a major issue for us was the decision by MHSC to commission a new mental health service and refer to this as a 'hub' during the first few months of the MWH project. Although actioned on need identified by the community, as well as policy for recovery focused services, the timing for this could not have been worse. The use of language that was shared by our project continued to cause confusion to individuals at all levels and sectors, and when this development then required taking funds from a service that would lead to that service's closure, sections of the community became disconnected from our project, believing us to be the source of their service closing. However, at the end of the MWH project this situation is changing as the newly commissioned service 'Recovery and Wellness Centre' opens in April 2017. Once this is established this should help to clarify difference between the two organisations.

Next steps:
At the project close the mental health landscape is much changed, some of which the MWH project has had a strong influence upon. However, managing our place in that landscape, not as another 'player' on the board, but establishing ourselves as the community led 'oil' that helps all other projects, groups and individuals to create the change they want to see, is a continuing challenge.

In the future we will be taking forward existing partnerships, but also growing these in areas linked with young people (educational and out with), arts and creativity, peer-support groups, workplaces and social enterprises.

Diversity is one area that we found challenging to explore; using traditional reference points, such as asking gender or ethnicity, can conflict with our values in challenging labels. We have focused on our champions and their interests, connections and strengths to grow our networks. This may have left some gaps in terms of the people who have connected with the MWH project, but as we are wary of taking a box ticking approach to diversity and reticent with diversity monitoring as a result we can't say who we are missing. This does not cause us great concern, in fact we feel proud of taking a different approach, challenging the status quo of project monitoring, being firmly aware that using monitoring data sheets for participants can reinforce the boundaries between groups and labelling linked to self-stigma, rather than achieve a human rights based approach and challenge preconceived boundaries between mental health and certain groups. We aimed to capture this data only in

> *"A focus on 'mental wellbeing' rather than 'mental illness', or even 'mental health' is important in promoting engagement, possibly in particular among males who are generally more difficult to engage, and is important in setting the tone for the wider cultural change that is intended to be impacted, partly through changing the language traditionally used around mental wellbeing."*
> *Findings from MWH project, Learning and Evaluation Report.*

project activities where the chance of this is lower, i.e. champion forums, but the sample size was insufficient for notable analysis. We aim to explore this area further as we progress our work and actively seek out partners to support our human rights focus.

Communication is key and a respect that community leaders do not have the same power as those in statutory or large third sector services is helpful. There is a need to build an ongoing awareness with partners regarding how vital it is to use agreed language, to be mindful that timing is important and that by not working in full coproduction they can undo the very outcomes they wish to affect. That said this is not true of the individuals from partner organisations we worked closest with, many have been an invaluable support to the project, the champions and the project worker.

In terms of partnerships that promote recovery, peer-led services and challenge stigma, going forward there is still a lot of progress to make to connect with audiences within statutory services.

Activity 3: Communications for individuals and partners, including social media & media campaign. Accessible celebration / evaluation resource.

What we said we would do:

Specific to ALLIANCE: Web based resources, media campaign and communication tools Creating promotional materials including web, advertising campaign planned, marketing materials produced. Final report funders with all activities and expenditure & added to website resource	**Specific to See Me:** Weekly updates, posts on twitter, Facebook, website blog. Monthly newsletter to mailing list, text list, hardcopies sent to those without email or text. Media campaign co-designed – including advertising / articles in press. Total 6 media features. Interactive online resource sharing evaluation / final report creatively. Project report, strategy, evaluation, recommendations and action plan.

Why this activity?

Communications are at the heart of our approach. Inspiring change requires people to connect with a message in whatever medium that best reaches them at that time. We needed a range of outputs to deliver the anti-stigma / self-management peer experience message, our reflections as part of our PAR approach and attract new champion recruits.

Figure 14 - Champion designed business card.

What we achieved:

Activity	Number	Reach
Facebook	135	2,553 (Feb '17)
Newsletter	16	720
Blog/ Web news stories	108	/
Tweets	303	126
Newspaper articles	3	18,767
Advertising (print)	9	103,471
Advertising (radio)	20	70,461
Champion email updates	79	90
Champion thank you card	/	80
Hard copy mailing	6	36

Getting promotional materials produced in time for launching a project can be a challenge, you need to have undertaken some activity to create a 'brand' for your resources, especially when taking a novel and co-production approach, as people feel the project work is set and may not see a place for themselves in the project.

Figure 15 - MWH project leaflet

Promotion for our March events was intensive, yet some in communities who did attend said we needed more. We are unsure what activity could have been improved in terms of posters, facebook, local advertising and wondered if perhaps this is down to two factors linked to stigma – 1. Word of mouth: People supporting the principle of what we do but not seeing it as relevant to them but others. 2. Need for increased status with partners – people wanted to have heard of our work via the GP etc. However, again this came down to misunderstandings surrounding mental health more widely. People often shared a view that mental health 'happened to other people' and was illness and medical focused. Stigma and misunderstandings surrounding mental health show a continued need for our work.

Press coverage has not been strong for the project. This may be due to the stigma not so much surrounding mental health but understanding the novel approach to the project's focus on peer-leadership. Much of the local focus in the articles published have focused in the area of 'good news for ill people' bracket rather than high level ' transforming services'. This may be an editorial focus due to local nature of Moray press and reflects the community level of understanding od peer-leadership. This will be a continued area of focus as the new social enterprise continues the work.

Figure 16 - Infographic charting the journey of the MWH project

Reflections and learning:

From project inception, we used low cost online communication tools to connect with a wide base of people in Moray. This included our newsletter reaching over 750 people via online and hard copy postal. The newsletter in turn is based on our website blog, a key communication tool for reflections as part of our learning approach (see PAR). Additionally, we developed a champion only area of our website to encourage social networks and support. Navigating how to develop such a tool in terms of technology and policies has been a steep learning curve, but one that has highlighted clarity about how the MWH project works, the roles of champions and how to avoid a hierarchal approach balancing a need to neither overload those who only want a small level of involvement and giving access to lots of information to those leading activity.

Aside from social media and website, we also tried out different marketing approaches to reach a much wider and diverse audience who perhaps do not identify with self-management as being core to wellbeing. These require much higher funding and are a challenge for a project like ourselves to traditionally access. The funding has been vital in this and has paid dividends with our brand reaching an audience over 100,000 people. This impact of this is impossible to measure, but we know people have seen our name and have searched for our facebook page and website as a result. The approaches included trialling a local radio campaign, a monthly advert in the local free home delivered Moray advertiser and a billboard at the Elgin Ice Festival.

We have made use of the champion talent pool, utilising existing professionals who are also part of our collective wherever possible. These champions with professional skills as photographers, artists and graphic designers have produced attractive marketing materials, leaflets and business cards including a thank you card sent to all champions as a reconnecting exercise. This is another example of using the resources you have wisely and resourcing the people who share the same values wherever possible. In turn it has boosted their profiles locally as skilled individuals, and encouraged them to consider being more open as peers as a positive aspect to their profession.

Figure 17 - Champion thank you card, sent at new year 2017 to reconnect with champions after the holiday break.

Communications have taken a large chunk of the project workers time. Producing and updating social media is a constant job, the monthly newsletter has grown to become a more physical task as the hard copy list grew, and unfortunately no champions were identified within the project to take leadership in these roles although they did provide support.

"The regular communications mean that there is always something encouraging to read and to learn from. Makes me feel part of a wider, supportive, community."
Moray Wellbeing Hub champion, March 2017

This is an area that could be significantly developed with training in the future and was more related to time pressures rather than a willing ness from volunteers, but it is recognised that owing to the project worker's media skills from previous roles that perhaps the quality and reach of communications has been set higher than expected for such a level of project funding.

Coproduction / human rights based approach:

Champions have been involved in writing blog posts, their either write their reflections as part of the PAR approach and then quotes taken from these for posts, or they write the full posts themselves. All quotes used were cleared by the authors prior to posting and the champions are offered anonymity if desired.

A good example of how our communications have developed in a coproductive approach can be seen in the development of our business card. This idea came from a Champion who wanted an aid memoir when out and about to explain the Champion role.

Monthly newsletter hard copy number are increasing as we connect with people challenges with access to digital media. This is resource heavy compared to the electronic mailing, but can have a good effect in connecting individuals who are more disconnected with our meetings. We have also been contacted by a social worker who has offered to support a couple on our list by printing things off for them. The couple found that by the time they got to read the mailing too many events had passed them by. We can now work in partnership to support these individuals and keep them connected.

Activity 4: Community champions - recruitment, training, mentoring.
What we said we would do:

Specific to ALLIANCE: Identifying and training core community champions, mentoring and fact finding trips	**Specific to See Me:** Co-design, delivery of intensive training course for community champions, mentoring and support

Why this activity?

The greatest resource we can tap in to create change is ourselves, our own experiences and those we connect with. Not only are the champions the core catalysts for community change, they are the people we most want

to inspire change within. By resourcing them, empowering them with training, support and opportunities for inspiration, we also create sustainability for the project in the future. They are the greatest asset for our future social enterprise, and our best marketing tool for our work. *Note: For details on fact-finding trips see activity 6 on sustainability.*

Figure 18 - See Me Community Champion pre-course exercise

What we have achieved: Total champions recruited 101

We started with some existing Champions, in all but name, through the WRAP facilitators network. This group of peers formed the foundation members until recruitment commenced. In May 2016 a champion sign-up sheet was developed to clearly communicate role and capture interests in different project activity. This was shared online as well as printed to distribute at events and with partners. The key activity here was defining the champion role. A wide definition focusing on strengths was decided on and has remained popular throughout. The project recruited a wide base of champions at events, via online communication tools, and via partners stocking the leaflets in their groups and services.

Figure 19 - LLTTF Training for Trainers, February 2017

Champions: A Moray Wellbeing Hub project definition
"Individuals who have experienced crisis or challenge in their mental health and want to create change as part of the Moray Wellbeing Hub project."

The champions are a collective of peers that includes the project worker and a core of active volunteers (approximately 65 with 35 being very active) who lead and/or participated in activity whilst increasing the body of personal reflections that make up our continuous learning, sharing and reflecting approach. The remainder of champions are people who have joined more as a 'movement for change', they want to put their name to the cause, support us, but perhaps are less active.

This is for a variety of reasons that we are aware of and there may be others that we don't:

1. Stigma: People are welcome to be 'silent' champions and join the core group, receive emails, and perhaps be part of change because of the sense of solidarity this brings, yet remaining anonymous. This is an important option to make available as people still fear the effect of joining the collective on their work roles and local standing in the community.

2. Resources: This could be energy, health or time. Understandable all champions were variable in their ability to volunteer for activity and for some, although keen on our values and goals, the activities we ran did not suit them at this time.

> *"Community champions recruitment, training, mentoring - they have given me tools, mentors and supporters to make my recovery journey real and effective."*
> *Moray Wellbeing Hub champion, March 2017*

Coproduction / human rights based approach:
Asset based approach has been used throughout, supporting champions to see what they bring to the collective based on who they are, their intrinsic value as a human being with unique experiences, rather than formal skills or qualifications. This can be seen clearly on our communication material such as our leaflet for the project, as well as in the mentoring and peer support approach adopted by the peer worker toward champions. Example, a champion emailed to say they could not come to a forum event as they had nothing to give the process. The project worker could respond swiftly to this via email, as well as reinforce in person the next time they met, that the simple act of being in the room, of being visible to support the project was something that all champions give to the project. Not only this but the kind and thoughtful manner that the champion adopted to others was also reflected in an appropriate way to help them celebrate their strengths rather than focus on deficits.

Originally it was anticipated that the project would focus on 8 champions and 100 people with lived experience. In reflection, this shows a hierarchy of language, which has since evolved to be more inclusive by seeing the champion role as open to all but based on having a shared perspective rather than externally defined experience.

MWH Project delivered training programme:
We have run training in a variety of self-management and anti-stigma topics, all link with wider projects and resources giving champions involved not only the resources of that course, but sustainable links to further opportunities both within Moray and nationally. These were coordinated with significant input by champions and partners, with resources shared wherever possible to make best use of funding and provide a quality experiences for champions.

> *"WRAP, both the course and the facilitator training week. This has really made a huge change to my life. Still amazed at how far I have progressed in such a short time."*
> *Moray Wellbeing Hub champion, March 2017*

WRAP	This was an additional course to an existing project run by the Moray WRAP Facilitators Group. We had so many champions keen to attend the course an extra course was delivered to meet the need. Outputs – high number of attendees went on to attend facilitator training.
WRAP Facilitator training	The MWH project supported this existing training funded by the SRN and Moray Health and Social Care to enable more champions to take part. Champions made up 11 of the 17 participants and booted a core element of our future business planning in terms of self-management delivery locally.
Living Life to the Full training for trainers	This was also run in partnership with an existing project with partners Moray Health and Social Care and Depression Alliance. Champions made up 11 of the 16 attendees, and extra time was taken to have a peer focus for the course which attracted champions to attend and provides the new social enterprise a suitable base for future courses.
Honest, Open & Proud (HOP)	This course was delivered by champions trained by the Mental Health Foundation as part of a pilot from the USA.
See Me Community Champion training	Developed by See Me to resource their national pool of champions, we used this with a Moray specific focus. This also linked the champions with a national team of like-minded activists.
ULab	We trialled supporting champions to access this MOOC (Massive Open Online Course) developed by MIT and promoted in Scotland by the Scottish Government. Although this was a challenging course that excluded many champions due to technology and language barriers, it did inspire other elements of our work such as the partnership presentation we ran with tsiMORAY and remains on our radar for future exploration.
Training external to the MWH project	Some champions took a proactive approach and found courses directly that would support the hub and their own learning. In other cases the courses were promoted to champions via our updates and delivered by partners national and local. Topics covered include: International & Scotland peer leadership and networks, asset based approaches, procurement and legal, peer coaching, group work skills. 16 champions reached.

Mentoring:
This has come in the form of the peer worker supporting champions one-to-one as a mentor for training, facilitation, outreach, communications and other peer related skills. This is informal and often happens on journeys to and from events, whilst setting up outreach, over text and phone calls on other subjects etc.

Champion only events:
We ran a variety of events with differing focus. The first events were forums, places to discuss and plan our activity for the year. These were replaced by drop-ins as the project progressed, champions using the opportunity to pop in for anything they needed; from a 5-minute conversation such as a website login issue or expenses for a trip, to sharing a coffee and chat about a shared interest toward a future project with the group. In the final three months, these became our celebration and networking events. Larger evening events, sharing food and focused on creative activities, the aim to hear more from champions themselves about what they were doing, inspire and support one another, reflect and appreciate each other's effort toward change personally and in the community. These events were popular and enjoyable.

Figure 20 - Champions in team building exercise, See Me community Champion Training, March 2017

Figure 21 - WRAP facilitator training, January 2017

Adult learning award:
As a result of the MWH project, six champions began working toward an adult achievement award through LEAD. Initially LEAD looked to the project worker to help coordinate the champions, but from the start one champion took the initiative and organised meeting dates directly with LEAD and communicated with the other champions to form a group. At the end of the MWH project this group was meeting weekly to complete their work, providing support to the less academically confident members. This award consolidates and provides extra reflective space for putting in to perspective the experiences the champions have worked through over the last year in the MWH project as well as gaining a recognised qualification.

Resources and champions:
Having been awarded significant funding for expenses for the champions for travel, childcare, food and venues made a huge difference to what we were able to deliver and the diversity of champions we attracted. People felt valued, that their work was making a difference and that they were 'worth' the investment of a nice hotel for training, or a shared meal as part of a group meeting. Activities that are well resourced also give a positive message about status of the project work, showing the priority in our community that mental health and challenging the stigma surrounding attracts. We will continue to evidence our need for significant volunteer funding as a social enterprise in the future.

Learning and reflection:
The number of champions continued to grow right up to the last day of the project. There is a great sense of friendship, of support and of wisdom in the group. Some are more involved than others, and some more comfortable to be open as a champion than others. All are welcomed and many form links outside our core events. Events have worked well under group agreements that support collective decision making and champions give great feedback on their involvement, their awareness and challenging stigma, and becoming more aware and adept with self-management tools.

Next steps: Going forward beyond the project funding the new social enterprise will be further exploring the concept of a 'trade union for peers' and the movement for change, and how this sits with the existing definition of a champion. We also found that there are few peers self-identifying who may have a leadership role in the NHS, we hope to explore this area of recruitment further.

Figure 22 - WRAP facilitators training, January 2017

Activity 5: Peer research including mechanisms such as e-surveys, individual reflections and focus sessions
What we said we would do:

Specific to ALLIANCE: Peer research to explore peer-led self-management for those who have long-term conditions in Moray. Embedding continuous evaluation and learning (PAR)	**Specific to See Me:** Survey after every café event to gather further input. Total 4 surveys reaching 100 individuals.

What we achieved:
We embedded a Participatory Action Research (PAR) approach in every activity of the MWH project. All champions were encouraged and supported to reflect on experiences in terms of the action they took, from running a stall to being part of a forum, and how this matched what they wanted to achieve, the outcomes and outputs of these, and the change they will then make to their approach (if any).

Efforts were made to promote the concept that this reflection was bona fide research, that champions were not just being change agents, but inspiring others directly (via sharing the reflections at events and in our communications such as the blog) and recording this for wider reflection and analysis. This provided another mechanism for challenging self-stigma as well as achieving our project outputs. It is also worth noting that the project worker, as part of the peer led focus, has also been reflecting on the journey as a peer leader and sharing this via the blog, at champion events and with partners as appropriate to create change.

Figure 23 - Dot feedback from participants, May 2016 conversation cafe event

> *" I can see more clearly that instead of good or bad mental health its part of a continuum and requires awareness and work for everyone in crisis or not."*
> *Moray Wellbeing Hub champion, March 2017*

Surveys and focus groups:
As we focused on more PAR we put less effort toward running online and in person surveys. We did however use this approach as part of events and in planning project work as an anonymous feedback tool. For example, partners the Moray Health and Social Care were looking for input from the community about what apps they used as part of their wellbeing. We ran a survey for them but did not find we had a high level of response, although this still provided more data than they initial had access to. In another case, we used an online survey to gather reflections anonymously from organisations who had attended our presentation on partnership working to gain an honest perspective and help us shape our business plans.

In another example, the peer worker presented the MWH project to a peer research collective. This led to an online questionnaire on peer roles in supporting signposting. This research then in turn was used by a partner in commissioning to give evidence, both of what community members thought but also on the use of peer led research.

Focus groups were trialled as a method of research, not directly organised by the MWH project, but via partners that the project was able to support to reach new

Figure 24 - REAP focus group, Spring 2017

audiences. We ran two focus groups for partners - Equally Fit (Support in Mind) and Therapeutic Gardening (REAP). We then shared their results via our website and are hoping to build on their work in the future to take forward more action.

Research partners and support:
Building on links from the host organisation Moxie Media CIC, the MWH project also connected with a research knowledge base via the Peer Research Collective, Edinburgh University and Wren and Greyhound Limited. These supported the project worker in their role to lead the PAR approach and surveys.

One area this did not work quite so well in was the support from the Mental Health Foundation/ See Me regarding evaluation and monitoring. As part of the See Me funding requirements certain forms and methods were to be used. The aim of this was to be supportive, but unfortunately it was confusing and took time away from the project delivery. Additionally, because of staffing changes part way through the project, there were additional challenges in accessing support for research that were unforeseen.

Reflections and learning:
A lot of data was collected by peers within this project, most of it could not be presented in this report but is available in a wider format via our website in the news section. The data collected was used by our independent evaluation report, but a key learning from our work should be that using PAR as a mechanism for continuous feedback and celebration works on a variety of levels and is an accessible approach. Champions inspired others with their reflections through a variety of social media as well as at events, rather than create a resource that goes nowhere as may evaluations can do.

An additional key learning here is that we created a massive body of data, more than we could fully analyse with the resources we had for this project, but this could be an area that we can revisit with partners.

The volume of data also caused a resource issue owing to the project worker's challenges in terms of information processing (due to dyslexia). By having resources for external evaluation some of this was removed, but it is worth noting that in small project teams it can be challenging to have a diversity of skills in this area.

Activity 6: Sustainability for the project work beyond 2016 funding
What we said we would do:

> **ALLIANCE only:** Co-designing the 'Wellbeing Hub' model and governance structures / Board members recruited /Business plan finalised / funding applications developed. Securing long-term funding / take on lease.

What we achieved:
The new Moray Wellbeing Hub CIC has now secured several funding streams for project work and further business development totalling £24,450. Three are from local participatory budgeting funding, where the community have voted for our project ideas, and aim to continue much of the self-management and anti-stigma work we started on the MWH project. The other funding comes from partners the Moray Health and Social Care and the SRN for expanding our work and furthering our business plans for a 'recovery college' approach. We have also made links with funders including Baxters, LEADER, Big Lottery.

Partnerships: Strong links have been made with tsiMORAY, SenScot Legal and existing social enterprises (including new Moray Wellness Centre, Mindspace and Cantraybridge College) toward sharing resources and future joint funded work.

Learning visits: The aim of the learning visits was to inspire champions, build new partnerships in business and visualise what could be possible for our physical hub space. A group of us travelled to Mindspace in Perth and to Cantraybridge College in Croy, nr Inverness. These opportunities were invaluable in learning not just what we wanted to create, but what we did not and would not have been possible without the experiential approach.

Figure 25 - Northern Scot article on Moray Wellbeing Hub CIC formation, January 2017

Figure 26 - Stall as part of YouChoose participatory budgeting event to select projects for funding, March 2017

Learning and reflection:
At the close of the MWH project we are in a position where we have achieved many of our sustainability goals. We have a registered social enterprise, Moray Wellbeing Hub CIC, the structure of which was decided by the champions business sub-group.

Structures and governance: Registration at Companies House as a CIC, opened Credit Union banking account, champion leadership with five directors and a business sub group of 23 champions, LLTTF licence purchased, insurance for volunteers and employees secured.

Despite these successes, the timing of our sustainability work for the project did not follow our expected timeline and as a result we were unable to secure a lease or long-term funding. We had aimed to have our governance structures and board organised by October, but it took till December to do this and then the processes to open a bank account took another two months. On reflection, our aims were somewhat ambitious and they also could not have foreseen the external changes in the landscape of mental health services locally which had a knock-on effect to our planning.

The journey to this point has required care in terms of supporting champions tackle self-stigma and see themselves as people able to shape the business. We avoided using terms like 'governance' that could put off champions being involved, and have focused on empowering champions to see themselves as worthy of developing skills, building on their will to create change and taking action.

Coproduction / human rights based approach:
Great thought was given by the business sub-group in choosing a CIC (Community Interest Company) over a charity model, aiming to enable those leading as directors to have the potential to deliver the work as well. This group of 23 individuals was also the pool for recruitment for our five directors using a process that was open and cooperative within the group. We took a values-based approach, focusing on strengths rather than weaknesses, asking for reflections from the sub-group not on individual applicants, but on the director team as a whole.

Another point to note is that champions who may also wish to be business partners or work for us in the future, have been able to connect with the project with the aim of developing our governance to suit their area of skills and interest. This is a massive positive for us as it means we have existing social entrepreneurs as champions who can enthuse others and share skills within the group. It also recognises that people who face challenges as a result of their mental health experiences, have professional skills that provide an important resource to creating change – for themselves and for the community.
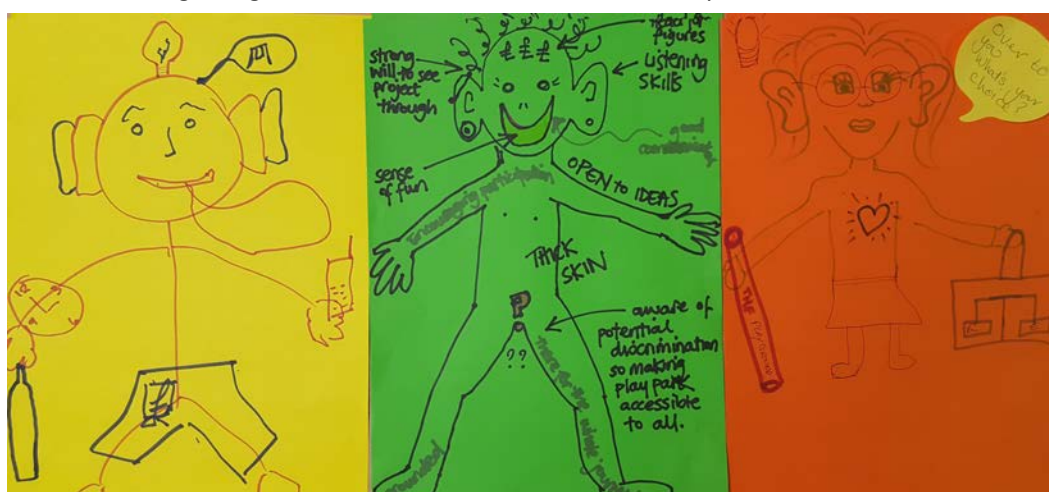

Figure 27- 'The perfect community champion', creative exercise See Me Community Champion Training March 2017

Next steps:
From the project start the local community has been pushing for assurances on when our physical hub space will be a reality. However, as community cafes are notorious for being the social enterprises that most often financially fail, we will not rush in to any commitments without all our policies, business planning and key partners, to help ensure success. As we focus on the 'how' rather than the 'what' in creating change, this has been the right approach in the MWH project year. Going forward we must now focus on creating a physical base for our work. This is needed to reassure those connected to the project of our commitment as a business and to provide more opportunities to work as a team in our own space.

Continuing to link the different projects delivered in Moray by Moxie Media CIC, the host organisation for the MWH project, holds commercial risk for this parent organisation. These cannot be fully foreseen, but the advantages to achieving outcomes and creating a lasting change for Moray far overtakes these.

> *"More awareness events and especially participation from employers and stake-holders from within the community, unless there is buy-in from the top, the challenges which will always be present to some degree, will be harder to identify and work towards resolving."*
> *Reflections on next steps. Moray Wellbeing Hub Champion, March 2017.*

Moray Wellbeing Hub project - evaluation framework

OUTCOME: What we want to change	INDICATOR : practical measure of success / what it looks like in real life	METHOD OF COLLECTING INFORMATION/ SOURCE OF EVIDENCE – reflection and celebration
People with mental health problems / long-term conditions will lead more fulfilled lives.	Increase in individuals identifying a need to support their wellbeing through self-management tools.	1 2 3 **5** **6** 10 **11** Attendance and interest at related events, signing up to mail list and blogs etc
	Increased diversity, including in age, race, spirituality and sexuality, of individuals with long-term conditions engaging in co-production to create new self-management resources.	**6 7** photographing events, using monitoring sheets with new Champions
	Individuals and supporters have greater access to information and resources to support wellbeing	**5 11** Use of materials, no blogs etc.
	Individuals have decreased self-stigma, feel more supported and able to give support, are better able to self-advocate, take a partnership approach to self-management, and feel more hopeful about the future.	**1 2 3 4 5 6 8 9 10 11**

Lived-experience as a resource for change will be more evidenced, understood and applied.	Increase in awareness of peer-led approaches within education, formal and informal support and collective advocacy.	**1 2** 3 **4 5** 10 **11**
	Individuals recognise, value and celebrate their own life experiences as a resources to create change and live more fulfilled lives.	1 2 3 **4 5 6** 10 **11**
	Increase in the evidence base for peer-led approaches creating change.	**3 4 5**
	Increase in co-production and partnership activity involving lived-experience.	1 2 **4 5** 6 **10 11**

Self-stigma amongst people with mental health problems will be reduced	Increased level of awareness, understanding, participation and skills in anti-stigma and recovery community actions by individuals and supporters.	2 3 **11**
	Decrease in reported levels of self-stigma by individuals through being involved as co-designers and co-deliverers in the project.	1 2 **4 8 11**

Stigma and discrimination will be reduced amongst communities, workplaces and organisations to have a positive impact on the lives of people self-managing long-term health conditions and their supporters.	Increase in use and understanding of the terms 'self-stigma', 'peer-support', 'self-management', 'wellbeing', 'human rights approach' and 'recovery' by individuals, providers and supporters.	1 2 3 **4 5 6 11**
	Increased involvement in an anti-stigma and recovery 'change network' as individuals, partners and supporters.	**4 5 6 10 11**
	Increased number and visibility of peer-leaders, more people willing to disclose their experiences of mental health problems and see themselves as peers.	2 3 **4 5 6 10 11**

Recovery from mental health problems will be more widely understood and more people will believe recovery is possible.	Increased understanding and awareness that mental health and self-management are important for everyone, not restricted to those with mental health problems or long-term conditions, but as a core component of health for all individuals and communities.	**1 2 4 5 6 10 11**

Method no.	Reflection & Celebration Method / source of evidence	Where we have used it	How it creates change as well as records it
1	Dot feedback: Using printed statements and asking participants to put a dot next to the ones they agree with	Events we have organised (Champion's forum, pop-up hub), training	participants can see the results immediately as a group
2	Post-its: Circle and triangle, what worked & what needs addressed	Events we have organised (Champion's forum, pop-up hub), training	Facilitator reflects these to group as a way of closing the event and ensuring all outstanding questions are answered or noted for further action
3	Questionnaire & forms: online version and printed	Online via social media, hard copy distributed at events and outreach	Results shared via social media, direct to partners if relating to specific topic
4	Activity reflection sheets: Form capturing intent & learning, as well as quantitative data (no. attendees etc) on one side of A4	For all Champions at every event, training or outreach they are involved in delivering	Supports reflective practice for Champions, focus on strengths and personal growth toward self-management & challenge stigma
5	Blogging, social media: Capturing and reporting wider thoughts, sharing links and ideas	online and cross promoted between different methods - website, twitter, facebook. Variety of Champions and partners involved	Shares reflections, captures journey for further reflection. Provides accessible information that can inspire change in a wider audience.
6	Photographs: of activities as well as creative outputs like artwork, cake, posters.	Online and in person between champions and partners as a focus for discussion	accessible media that wide audience can relate to and be inspired by. Supports Champions independently recording the change they are part of
7	Monitoring sheets: recording diversity	Sparingly at events	We don't use this very much as we feel it may reinforce labels and focus on difference, and is the most challenging data set to use to create further change. Sample size will be small as a result, but gives a snapshot as part of funder requirements
8	Stigma questionnaire: specific questions have been asked and will be returned to allowing a measure of change over time	With Champions at first forum	Increases awareness of self-stigma which can help build insight
9	Traffic light smiley face: records general mood at three points, start middle, end	Training and events	Participants can see change during a session, facilitator can use to support reminding of need for self-care
10	Sign in sheets / Champion sign up forms	At events to record numbers but individual levels of attendance to measure commitment	Data can be used to support Champions in receiving bespoke information from areas of interest
11	Interviews: one to one and group	Not used as yet – for partners and Champions	Supporting personal reflections and celebrating strengths

Further references:

- Moray Wellbeing Hub project - Learning & Evaluation Report: Be Good Be Social, April 2017
- "Good Mental Health For All in Moray" Strategy document, Moray Health & Social Care, 2016.