

Exploring the meaning of ‘outcomes’ for users of a community wellbeing service: A participatory action research study

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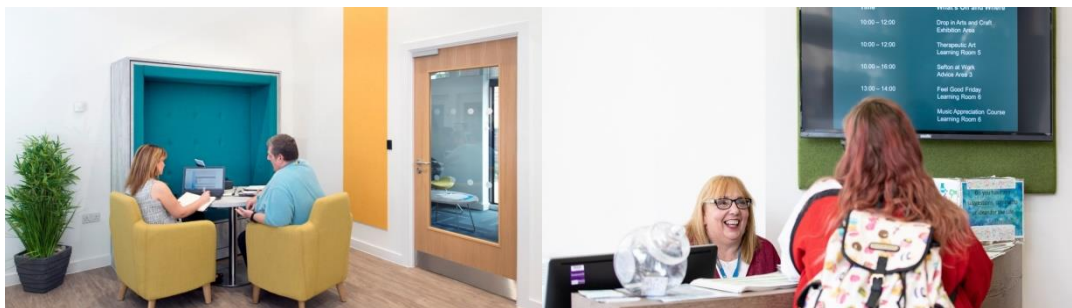


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Introduction

The Life Rooms provides learning, social prescribing and community support within a social model of health. This means there are no clinical interventions delivered as part of the service, despite it being situated within an NHS organisation. This study aimed to explore the meaning of the concept of ‘outcomes’ in the context of The Life Rooms service from the perspective of people that use it. The study involved recruiting and supporting a group of co-researchers¹ to conduct informal conversations with Life Rooms users in respect of their experiences of using The Life Rooms, with a focus on outcomes. At the heart of this study was the belief that an important factor in exploring outcomes should be framed in reference to those who use services, and what matters to them. Findings are reported under six main theme headings; Personal development, environment, social inclusion, respite, support, and “the ripple effect”. These six themes illustrate the findings in terms of what participants shared as most important in terms of outcomes at The Life Rooms. Through the six themes it is clear that a broadening of the concept of outcomes beyond what might be captured within a traditional evidence paradigm is required.



The Life Rooms

The Life Rooms sits as part of Mersey Care NHS Foundation Trust. There are three Life Rooms sites, alongside some peripatetic provision and online offers. The service is comprised of learning provision, social prescribing support and safe and welcoming community-based environments.

It is widely recognised that social factors such as housing, education, employment and social connection have a significant impact on health and wellbeing. Social prescribing opportunities offer routes to address such factors, with the aim of preventing deterioration of health. Additionally, providing access to learning opportunities that focus on increasing confidence, skills and connection promotes recovery and a life beyond services. Delivering this offer from safe and welcoming environments encourages flexible and informal approaches to accessing support.

The Life Rooms aims to provide a social model of health. This means there are no clinical interventions delivered as part of the service, despite it being situated within an NHS organisation. This is also evidenced in the environments, which are friendly and not indicative of a clinical space. There is a strong focus on wellbeing particularly in reference to prevention and recovery agendas. *Lived experience*, is utilised as part of service design and delivery; aiming for *co-production* at all levels. Here, *lived experience* refers to the authentic understandings and perspectives of

¹ *Co-researchers* is a term used within this study to denote those within the research team that also had experience of using The Life Rooms service

those that use The Life Rooms. *Co-production* in this context means working side by side with this lived experience in the planning, delivery and evaluation of services as equal partners. The social approach puts emphasis on human relationships and compassion over treatment and diagnosis. Strengthening community is of particular importance, and cross-sector partnerships therefore feature strongly in how The Life Rooms operates.

Study aim

The study aimed to explore the meaning of the concept of ‘outcomes’ in the context of The Life Rooms service from the perspective of people that use it. There is significant pressure to ‘measure’ the value of The Life Rooms model, but what this requires is still somewhat unclear.

The pressure for measurement can be related to the significant weight that outcome measures hold within NHS organisations. Within the health service, evidencing the impact of an intervention is often captured, in part, through a PROM (Patient Reported Outcome Measure) or a CROM (Clinician Reported Outcome Measure); measures such as GAD 7 (Generalised Anxiety Disorder Assessment) or WEMWBS (Warwick-Edinburgh Mental Wellbeing Scale) are commonly used within clinical services. Approaching the outcomes of a service such as The Life Rooms in this way is challenging because there are a number of ‘interventions’ occurring concurrently, and pathways are unique to individuals: people come to The Life Rooms for many different reasons, ranging from having a cup of tea with a friend to needing support in crisis. There are also aspects of The Life Rooms that do not straightforwardly fit into the concept of an ‘intervention’, for example, the environment. Furthermore, for some, the very act of measurement, and the associated data collection, may feel antithetical to The Life Rooms’ ethos. Outcome measures relate more readily to standardised practices, which contradict what The Life Rooms is setting out to achieve. Therefore, it can be difficult to identify appropriate outcome measures within this context.

For that reason, the study aimed to explore what mattered to those that use the service; what is important to them? What do they want to get out of The Life Rooms? The approach of this research was to work with those who use the service to develop a sense of what is of most value to them on their own personal journey. The learning from this study offers an informed starting point for measuring outcomes in this context as well as learning for the recalibration of services to provide a truly person-centred approach.

The aims and objectives of the study are represented below:

Aims:

To explore the meaning of ‘outcomes’ from the perspective of people who use The Life Rooms

To use this evidence to formulate a user-led outcomes framework for The Life Rooms

Objectives:

- To recruit and support a group of co-researchers consisting of Life Rooms users
- For co-researchers to conduct informal conversations with Life Rooms users in respect of their experiences of using The Life Rooms, with a focus on outcomes
- To analyse the findings of these conversations to derive main themes

Why is the study important?

The research is of importance because The Life Rooms is a unique model for service delivery and therefore requires an approach to outcomes measurement that appropriately reflects this. It has been acknowledged already that exploring outcomes can be challenging, therefore this research represents an attempt to engage with the concepts of *outcomes* and *measurement* in this context, in order to contribute to the conversations around this.

Further, a shift towards services that are flexible, community-based and develop according to what users value, as opposed to standardised models of care, is represented in a wide range of national guidance within the UK. The NHS Long Term Plan was issued in 2019 within which specific commitments were made to 'redesigning community mental health services' and 'implementing fully integrated community-based health care' (NHS 2019). The NHS Long Term Plan states that Personalised Care should be implemented within the health system, meaning people have choice and control in relation to their own physical and mental health.

The Community Mental Health Framework 2019 proposes a redesign of community mental health services that focuses on joined up approaches to community mental health support prioritising population health. Receiving support within your own community when it is needed is a key focus of this transformation; this speaks precisely to The Life Rooms aims. Similarly, the framework asserts that individuals are supported to be active in managing their own conditions and to contribute to their community, both of which align with The Life Rooms approach.

The Five Year Forward View for Mental Health outlines necessary transformation of mental health care delivery. In particular, the following calls for change are relevant here:

- A shift towards prevention
- Recognising the goals of people outside their mental health diagnosis
- Tackling the disproportionate way in which mental health problems affect those living with social deprivation

(Mental Health Task Force (2016))

Similarly, 'Reimagining community services', a publication by the King's Fund in 2018, explores the challenges and opportunities of implementing the Five Year Forward View for Mental Health. It highlights innovative projects that provide learning for mental health care through community asset based approaches and asserts holistic and collaborative approaches. Exploring models outside those of

standardised clinical practices is a live and on-going conversation (for example, see King (2017)) that aligns with the social value base.

Despite the strong calls for innovation and change in health service, it is not yet fully understood how to best approach outcomes and evidence within this context. However, one thing remains clear; The Life Rooms is committed to developing collaboratively with its communities, and therefore must also take this approach in terms of evidence collection.

The questions that this study explored are therefore worth asking for a number of reasons:

- A consensus on outcome measuring in this context has not yet been reached
- The development of a user-informed evidence base for The Life Rooms service is necessary for the service to develop in a way that is informed by its communities
- Outcomes need to be framed in reference to those who use The Life Rooms, and what matters to them

Relevant literature

This research takes place within the context of developing concepts in relation to mental health care and health care more generally. In order to situate the research, the concepts of *co-production* and *recovery* within mental health, as well as *social models of health* and *social prescribing* within health service provision more generally are helpful to unpack here, as is the concept of *outcomes*.

Co-production

Within mental health services in the UK, the medical model remains the dominant framework through which delivery operates. Despite the emphasis on a bio-psycho-social model within modern mental health practice, criticism remains strong that the reality still sits firmly in the 'bio'. Service-user led movements have been among those that have challenged the dominance of this approach, leading to the development of the recovery movement and calls for co-production within mental health services. Co-production is a significant concept for this study as in both the methodology for the research, as well as the approach taken to understanding meaningful outcomes, the aim for working alongside user experience remains paramount.

Co-production emphasises the voice of the service user and argues for the collaboration of services with people with lived experience (Slay and Stephens (2013)). Contemporary writers such as Dzur (2017) and Fisher (2016) argue for the democratisation of public services, including (mental) health care, whereby the experience of 'laypeople' is as valuable as professional judgement. Writers such as Dzur and Fisher show us why co-production is a necessary part of services. A key concept in this is *justice*. So often those who are marginalised and excluded are the very lives at the receiving end of professional judgement; it is therefore right that this power imbalance be corrected. Equally, the opportunity to transform delivery of

services and bring about change within public space requires being open to working with communities and users of services to enact this change.

Co-production is a key principle within the recovery movement, which is outlined below.

Recovery

The Life Rooms model places significant focus on the concept of *recovery*. Supporting people who have been through and continue to experience periods of significant distress or crisis is a key part of The Life Rooms approach. Access to learning opportunities, in particular, supports insight into conditions and the building of peer relationships, which can be important in recovery journeys. The recovery college model asserts exactly this, and this model is one part of The Life Rooms service, known as The Life Rooms learning provision.

Recovery Colleges support mental health needs within an educational approach that focuses on the value of understanding and managing conditions with a focus on lived experience. Sommer et al. (2018) found that 'connection with others' and 'lived experience' were significant to the value of recovery colleges. Oh (2013) argues that learning is key to the concept of recovery; he states that learning helps to describe the recovery journey as it aligns with shedding oppressive labels and fulfilling potential, despite distress. Oh points us to the work of Freire to describe the particular type of learning that takes place in recovery colleges. Freire's model of learning acknowledges parity between traditional 'student' and 'teacher' roles and asks for both to work together in what to learn and how (Freire 1996). Oh (2013) asserts that recovery colleges exemplify Freire's model in action. This challenge to traditional power dynamics within learning aligns with the democratic aims of co-production outlined in the previous section; emphasising the important role of co-production in supporting recovery.

Poole (2011) provides some criticism here². Talking within a Canadian context, she argues that the concept of recovery has been developed within a context of neoliberalism, and this is evident by its focus on individual responsibility for distress, i.e. the understanding and management of your own condition. Poole argues that this neoliberal context is more powerful than the service user voices that exist within it, and has led to the co-opting of the recovery concept.

The Life Rooms subscribes to the idea of learning as a key part of recovery, but also acknowledges the criticisms of Poole and others. The Life Rooms emphasis on the wider value of a social model of health and the implementation of social prescribing support within the service is a direct acknowledgement that learning alone cannot respond to the wider systemic and social determinants of health, but it is a key part of its approach.

Social models of health

Kinn (2016) notes the dangers that those such as Poole point out, namely solely defining recovery in terms of a personal journey. Social models overlap with the recovery movement in terms of their focus on inclusion, lived experience and

² Along with many other commentators, for example Pilgrim and McCranie (2013), Harper and Speed (2012),

community, but Kinn points to the transformative power of conceptualising mental health in terms of external barriers and discrimination, which is less evident in recovery models. A social model of disability asserts the disabling power of society through discrimination and exclusion. The social model movement is largely associated with physical disability, although a social model of mental health is now evident.

Intuitively, external barriers and discrimination have a strong relationship with mental distress. Services that respond to social determinants such as housing and poverty, and that acknowledge the role of social identity (for example, gender or ethnicity) as part of user experience can be seen as promoting a social understanding of health. In this context, we are likely to see a far greater focus on relationships and community, the provision of practical and social support, as well as a call for societal change.

Beresford et al. (2010) offer support for social approaches to mental distress. They share substantial argument built from service user voices for broader consideration when exploring factors relating to mental health issues (2010: 7). Further, Beresford et al. highlight lived experience as a significant factor in responding to mental distress; many of the service users that informed the report cited personal experience of madness and distress as important to understanding the issues to respond to (2010:15). Again we see there is overlap between the concept of *recovery* and a social model of mental health.

Despite the growing evidence base, Kinn (2016) notes the existence of services premised on the social model of mental health as the exception and not the norm. The Life Rooms provides an example of such an exception, focusing on the social factors related to mental distress that includes external barriers (such as housing or employment), and a conceptualisation of mental wellbeing that prioritises relationship building, social inclusion and community.

Social prescribing

A potential example of social model principles being realised within an NHS context, is the social prescribing movement. Social prescribing offers support via a non-clinical worker; the aim of which is to link people into community based opportunities to improve their health and wellbeing. Currently, there are significant policy developments around social prescribing. The NHS Long Term Plan specifically references social prescribing as part of the future of the health care system, stating that a diverse range of support options should be available for NHS patients (NHS 2019). It also positions itself as a political movement that champions the role of the voluntary sector and has aims that involve the change of current health systems (Social Prescribing Network 2018). Evidence related to Social Prescribing projects show the value of social prescribing (Dayson and Bennet (2017), however, social prescribing approaches system wide have remained disjointed (Bickerdike et al., 2017).

Arguably, social prescribing speaks to social model principles in that it acknowledges the role that society plays in health; it looks to respond to illness and distress within this framework, and resource communities to create their own environments and practices for support. The social prescribing movement is a potential opportunity for system change through the validation of social approaches which could lead to

greater resource implication and a restructuring of what is included in definitions of 'treatment' and 'intervention'. It also challenges societal understanding of concepts such as health, and recognises the detrimental effect that viewing health at an individual and clinical level can have on people.

Outcomes

An unpacking of outcomes as a concept is important as part of this literature exploration. We have seen how recovery approaches and social model principles broaden out what it means to deliver health services. We have also seen how current policy and guidance seems to be calling for these exact approaches. A focus on democratisation is prevalent at the heart of much of this literature and guidance; being able to co-produce approaches to health with communities and users is key to this transformation of services. However, the question remains as to what this means for outcomes in this context.

It could be argued that the answer to this question is tied up in how research is conducted. Morgan identifies the 'neoliberal imperative that research is funded and demonstrates impact' (2018: 30); from this imperative flows narrow conceptions of both 'treatment' and outcomes. Responses to mental distress that are less structured and have room for flexibility will not have parity in the world of outcomes in this neoliberal context. Consequently, shining a light on outcomes that focus on what matters to users of services is a challenging endeavour.

Talking in an educational context, Hoggett discusses the downside of assessment driven practice (2010: 208). He refers to subjects such as arts and humanities as 'casualties' in this context (2010: 208), due to assessment performance being prioritised over thinking and discussion based learning. In a similar way, service user experience is at risk of being a casualty within a system that prioritises standardised treatment and evidence models. Hoggett writes, 'It is not just that the screen of performance indicators create an 'as if' relation to reality but the relationship between the users of welfare services and providers has increasingly taken on an 'as if' quality' (2010: 208). This focus on evidence and performance, for Hoggett, creates a false relationship to reality whereby effectiveness is judged on outcome measures and not on the experiences of service users. This then creates a false relationship between users of services and services themselves because their aims do not align; service users struggle to place their experiences within the framework of the service, and services become blinkered, promoting their successes based on criteria that speaks to commissioners as opposed to users.

What outcomes means in the context of socially-driven, recovery-focused services is still clearly up for debate, but it seems more important than ever to find a way to place user experience at the heart of this. A recent publication by The King's Fund captures this aim well, by calling for a broader perspective on outcomes in mental health care, which would include aspects such as 'sanctuary, to alleviate suffering, to help make sense of what has happened, to grieve, to recover voice, to rekindle hope, to address the stigma that comes with a mental health diagnosis, and perhaps many other important things besides' (2019: 28).

Study design

The study took a qualitative approach to data collection, meaning that the focus was on the collection of and engagement with user experience. Participatory Action Research (PAR) as a methodological approach informed the study design. PAR is described as promoting emancipation (seeking positive societal change) and empowerment (seeking positive individual change through participation) (Kitchin, 2005). It is 'a process in which members of an oppressed community or group actively collaborate in the identification of problems, collection of data and analysis of their own situation to improve it' (Selener, 1997:11). PAR aims to re-negotiate the position of 'the researched' to co-researchers; co-researchers collaborated in every stage of the research process, from design to writing up. The co-researchers, in this study, were people that used The Life Rooms. The research team consisted of between 6 and 9 co-researchers (depending on the phase of the project) and 2 staff members of The Life Rooms that supported the study through all phases. Elden and Chisholm (1993) argue that this enforces a rigorous approach that is cross-checked at all stages by co-researchers, thereby, providing more valid and useful interpretations than a traditional 'scientific' approach. This approach aligns with the concepts of *recovery* and *co-production* as it reflects the same principles of *doing with* not *doing to*, and the value of lived experience at the heart of the research process.

This overall methodological approach translated into the following study design:

- **Participatory action groups:** These took place on a regular basis throughout the life span of the project³. These were the primary structure on which the project is moulded. These sessions involved skill building and relationship building amongst the group, exploration of the concept of outcomes, feedback of data collection, analysis of the collected data and the writing up of the research. These groups were attended by all in the research team, including 2 members of Life Rooms staff and between 6 and 9 users of The Life Rooms working as co-researchers on the project. The meetings took place face-to-face in Life Rooms sites, until the Covid-19 pandemic in March 2020. At this time, there was a pause in action group meetings; some work between the group continued by email during this time, but these meetings resumed remotely via online video conferencing in September 2020.
- **Informal conversations:** Co-researchers undertook informal but purposeful conversations with people that use The Life Rooms. Participants were recruited using promotional materials within The Life Rooms environments; co-researchers then used these materials to approach users within The Life Rooms environments and to ask about their interest in the study. In total, 68 conversations took place across two Life Rooms sites. These took place amongst the everyday activity of The Life Rooms. This involved co-researchers approaching Life Rooms users in a communal space within The Life Rooms. They established that that person is happy to have a chat as part

³ The project ran from July 2018 – May 2020, with ethical approval being received in May 2019. 26 meetings were minuted throughout the lifespan of the project, however some meetings were less formal and did not produce minutes, as well as a good deal of communication happening via email in between meetings

of the study and then began a discussion around what matters to that person in terms of what they want to get out of The Life Rooms.

- **Analysis:** The analysis of the collected data took place within the participatory action groups described above. The data collected within the conversations was recorded via written notes on conversation sheets⁴. These written notes consisted of a summary of the main points raised by the participant; these summary points were checked out with participants as part of the conversation process. A thematic approach to analysis was undertaken in relation to these conversation sheets. Each conversation sheet was considered in turn by the research team; insights and reflections from co-researchers were considered alongside the notes taken⁵. From these discussions, themes from the conversations were identified and were then consolidated to represent the findings in the next section. As the notes written by co-researchers were a summary of the discussion that took place, there are no direct participant quotes included in this report. However, as part of the analysis process, co-researchers were encouraged to utilise their own reflections and insights as users of The Life Rooms, and some of these are included as part of the report.
- **Ethical approval:** The project was deemed research according to the Health Research Authority (HRA) decision tool. Approval for the research was obtained from the HRA on 10th May 2019 (REF: 18/IEC08/00).

Findings

This section of the report shares the findings from the co-researcher conversations with participants under six main theme headings; Personal development, environment, social inclusion, respite, support, and “the ripple effect”. These six themes illustrate the findings in terms of what participants shared as most important in terms of outcomes at The Life Rooms. Within each theme, there is also a ‘co-researcher commentary’ which gives insights into the co-researcher’s experience and reflections in relation to each theme.

Theme 1: Personal Development

Participants identified **personal development** as a significant goal when accessing The Life Rooms. Participants described personal development in three ways: *learning, emotional wellbeing and looking forward to the future.*

Learning

Personal development in terms of *learning* included aspects such as having access to courses, gaining an understanding of your own experiences, and being given opportunities for professional development. For participants, this meant that The Life Rooms offered a certain type of learning that allowed them to improve personal resilience and/or improve their knowledge around their experiences, rather than making use of more traditional educational opportunities. Learning, in this way, was

⁴ A copy of the conversation sheet used can be found in the appendix of this report

⁵ Images of the analysis process are included in the appendix of this report

captured by participants as a personal development *outcome*; becoming more resilient or increasing knowledge.

Whilst avenues to pursue more traditional educational opportunities do exist within The Life Rooms (and aspects such as job seeking, volunteering, training opportunities, preparing for higher education and gaining qualifications were cited as important goals in terms of participants' personal development in accessing the service), participants also shared that developing an understanding of their experiences through learning and sharing with others as being particularly significant. In this way, the *process* of learning as informal and based on sharing of experiences was also important for achieving personal development in terms of learning.

Additionally, learning extended beyond Life Rooms users themselves, helping to reduce stigma. For example, one participant said that their sharing of knowledge learnt at The Life Rooms had enabled their difficulties to be better understood by their family, friends and landlady.⁶

Co-researcher commentary – learning

The co-researchers delivering this project, through their own experiences and understanding, confirmed the findings in relation to the importance of learning as a personal development outcome. One co-researcher reflected on the broad framing of the concept of learning, both in terms of what it means to learn, but also how this learning process does not stop with the individual:

“I got the sense that the idea of learning is quite a broad concept. It’s definitely not just about the recovery college stuff, although that’s the kind of starting point for the Life Rooms, there’s also a wide-reaching knock on effect of people learning about themselves and how they feel that then stretches out to other areas of their lives and other people around them.” (CR4)

Two co-researchers commented on how learning is critically important for their own lives, both in terms of wellbeing and self-improvement:

“It is important for our own individual lives, to keep learning, for wellbeing... to build our attributes.” (CR2)

“Learning has been my lifelong passion. I believe that the most important learning is to know and understand ourselves – why we are the way we are – but when under extreme stress this isn't possible. We are then able to clearly recognise, not only our weaknesses and failings, but also our talents and unique abilities – and discover just who we are. Only then can we improve upon ourselves, changing what can be changed - while not struggling to change what cannot or should not. Like learning, I feel we should view self-improvement as a continuous process, a motivation for living a happier, healthier life. I can well understand how The Life Rooms courses can help us

⁶ The research team felt that, although this was only explicitly referenced by one participant, this was an important outcome to reference. Many of the researchers acknowledged their affinity with, and the importance of, outcomes beyond the individual accessing The Life Rooms.

better understand our mental health difficulties and how best to manage them on the road to recovery.” (CR5)

Emotional Wellbeing

Personal development in terms of *emotional wellbeing* encompassed aspects such as self-awareness, life management, and looking to a new future. For participants, personal development in terms of emotional wellbeing meant building resilience by being able to better manage their emotions through a process of acquiring an improved self-awareness; having the opportunity to learn about and understand their emotions contributed towards an increased sense of wellbeing, reduced anxiety or depression, and improved life management and thus contributed to the development of their emotional wellbeing.

An improved self-awareness allowed participants to build confidence, improve motivation and establish a sense of empowerment that allowed them to better manage their lives. Additionally, participants cited structure and focus as a significant part of attending The Life Rooms, contributing towards their ability to better manage their lives and therefore develop their emotional wellbeing.

Better life management led to a hope for a *new future*, in which participants cited goals, such as helping others and wanting to give back, as important. Participants felt that this represented a step beyond managing their lives, and that having the opportunity to develop their emotional wellbeing whilst helping others was felt to be a significant outcome in attending The Life Rooms.

Co-researcher commentary – emotional wellbeing

Development in terms of emotional wellbeing resonated strongly with the experiences of co-researchers. Put simply, one co-researcher described the development of emotional wellbeing as being able “to learn steps to take control of our own lives.” (CR2)

Two co-researchers commented on their own experiences of mental health challenges to capture the importance of personal development in terms of emotional wellbeing:

“I think this theme was an attempt to pull together a whole series of quite different ideas that all led to the interviewees feeling better in themselves. The bits about having hope for the future stand out to me as being important because when you’ve got mental health issues often all you can do is concentrate on getting through each day. The fact that The Life Rooms helps people to look beyond that is a really big deal.” (CR4)

“Emotional wellbeing requires an awareness of the causes of stress, depression and low self-esteem in our lives. Knowing how safely to cope with them will improve our emotional wellbeing. Stress can be caused by social interaction, unreasonable demands made upon us, being misunderstood, not being listened to, being misrepresented, etc. Prejudice, bigotry, discrimination, stigma and trivialising all lower our self-esteem. This can still happen in clinical settings. I haven’t encountered these very common toxic habits at The

*Life Rooms, and nor have others, and we recognise the difference it makes.”
(CR5)*

Looking forward to the future

Personal development in terms of *looking forward to the future* encompassed aspects such as moving forward, volunteering and becoming independent. Participants made a distinction between what they had already achieved through The Life Rooms, and goals that they aspired to. This important outcome did not just relate to hopes and goals, but also to feeling able to achieve these hopes and goals. Goals were outlined as significant to the ongoing process of moving forward with their lives, and often included aims such as volunteering (i.e. helping others and wanting to give back) and becoming independent (i.e. gaining confidence, improving motivation and being empowered). Participants also outlined their aims in terms of progression within The Life Rooms itself, which often included goals to participate in further courses or groups, or reducing anxiety and depression through group work.

Co-researcher commentary – looking forward to the future

Participants’ conception of the future related to both new hopes as well as reclamation of previous capabilities. The context of The Life Rooms offered a sense of optimism towards the future and achievement of goals, and was a place that participants felt able to move towards independence and a place where these goals became a reality in their lives. This was identified with co-researchers in relation to their own experiences:

“We all need hope, experiences, opportunities, away from weaknesses and threats... We need to know about our skills and abilities, and strategies, and plans to look forward to the future personally and professionally. To overall learn from negative cycle to be more stronger in our lives.” (CR2)

“Hope is a natural aspect of what it means to be human, and for most of us an awareness of the future is part of everyday life. Hopes and aims should follow on from this awareness, but sometimes we’re suffering so much stress that we lose sight of hope, and life becomes aimless. It’s then that despair and depression take over, spiralling our lives ever downwards. The Life Rooms has an important role in reducing despair and building hope – achieved by learning, motivation and practical support.” (CR5)

Hope as necessary and human comes across strongly in these reflections. Offering optimism and hope is an important part of what participants achieved through accessing The Life Rooms; through support and learning the future felt like a more positive place that housed hopes and goals that were achievable.

Theme 2: Environment

Participants outlined **environment** as important in terms of what they ‘get’ from The Life Rooms. Participants described environment in two ways:

- *facilities* available at The Life Rooms, such as the buildings, location and its amenities, and

- alongside this, the *culture* that is created by the physical spaces, the atmosphere and the people of The Life Rooms.

Facilities

For participants, environment in terms of *facilities* meant having an inviting, light and colourful building with a convenient location that allows for local community access. Participants described The Life Rooms environments as differing from those encountered in more traditional health settings and that this had a positive impact. Furthermore, amenities such as café access and the availability of IT/printing resources were highlighted as important. The absence of a waiting list was cited by participants as significant in terms of facilities in that this also differed from the situation found in other mental health services. Having a pleasant environment, access to amenities and flexibility of access were of significance to many participants when discussing what they get from The Life Rooms.

Culture

Environment in terms of *culture* meant having access to a welcoming, non-judgmental and homely atmosphere in which to pursue goals. Participants cited the lived experience of staff as particularly significant, in that empathy allowed participants to more readily express their feelings. Culture also meant having a place to go that was safe. The culture of The Life Rooms came across strongly in discussions with participants about outcomes; participants linked this culture to the role of The Life Rooms as a life line, reduced feelings of desperation and loneliness, and even suicidal feelings. The strong significance of this culture was emphasised even further through frequent comparisons to more mainstream services.

Co-researcher commentary - environment

The environment is not a traditional element of outcome-based discussion, but it was a key part of how many participants described what they got from accessing The Life Rooms; it seems the physical space created a certain 'feeling' or 'vibe' that chimes with being able to find your voice and feelings of safety and equality. Co-researchers were similarly taken by the importance of environment in relation to outcomes.

"I remember there being loads of comments about how much people like The Life Rooms buildings, particularly Walton. Everyone loves the tree! The fact that it doesn't feel like a clinical setting seemed really important, and the fact that it's combined with the local library and its IT provision connects it in to the local community so it can be somewhere people just come to use the internet and stay for a cup of tea. I don't think the feeling towards Southport was as positive because it's not connected in quite the same way.

The thing I remember most about culture is the idea of the empathy and lived experience of the staff and volunteers. You know people will understand what you're going through because they've been there themselves. It's easier to open up to someone who's shared the same experiences. The fact that The Life Rooms had been a literal life saver for some people came up all over the place in the conversations but I think we put it here as part of the culture because it's hard to pin it down to one thing, it's part of the whole essence of the place." (CR4)

The ‘essence of the place’ sums up the importance of environment for the participants. The ability to feel safe and to share, and to be in a warm and friendly space seems to be integral to participants’ conception of the service as ‘life saving’. As one co-researcher puts it:

“It is OK to feel sad but in The Life Rooms you are among friends people who can empathize (and) have life experience of mental health suffering.” (CR1)

The reasons for the environment making a vast difference for people using it are articulated beautifully in the following co-researcher reflections:

“(The environment) can make a vast difference to our state of wellbeing. Environment includes the physical space, noise level, smells, visual aspects (as well as the people with whom we interact within that space). Participants viewed The Life Room’s environment as welcoming and calming – just as I do. If it isn’t then stresses may quickly build up and we feel less secure. We then try to escape the unsafe situation in any way we can, either physically or in our heads. The more sensitive we are, the more this will affect us. Much can be done to make environments more autism friendly and The Life Rooms have done well. The tree, mossy wall, garden and general décor all help.

The Life Rooms culture does not reflect the rather chaotic and competitive culture of society in general, or the clinical atmosphere of a GP surgery, but is an improvement upon it, based on awareness that polite, caring, non-judgmental, open behaviour affects all of us in a positive way that reduces stress and improves our wellbeing. Users found The Life Rooms culture a refreshing change - quite different to my own experiences of various doctor’s surgeries, hospitals, etc.” (CR5)

Theme 3: Social Inclusion

Social Inclusion was highlighted as significant in terms of what participants had gained from accessing The Life Rooms. Prior to accessing, many participants described feeling isolated and excluded to the point of desperation. Preventing isolation through social inclusion was cited as a vital outcome of accessing The Life Rooms. Social Inclusion was described in terms of social contact, making friends, and building networks. The welcoming, non-judgmental culture of The Life Rooms, together with the facilities (such as the cafe and computer access), and opportunities for group support all helped participants to feel safe in situations that involved mixing with people. Again, participants identified that the ability to do this had led them to want to ‘give back’, help other people and volunteer.

Co-researcher commentary – social inclusion

Co-researchers aligned with participant identification of social inclusion as an important outcome that is achieved through The Life Rooms:

“The more social interacting (you do), you slowly begin to do things. Later your worrying alleviates.” (CR1)

“Really important to recognise how we do get socially isolated... loneliness, ego, and toxic relationships can be a big setback...everyone needs to know their own peace, and community.” (CR2)

The lack of inclusion that is experienced by people that are not deemed to ‘fit in’ perpetuates social exclusion; this co-researcher notes the importance of respecting difference and diversity and how this adds to experiences of inclusion:

“In wider society, there's still much stigma and ignorance surrounding mental health. But it's not only in the area of mental health that I find this. If we are perceived to be different in any way to what is often assumed to be 'normal' (even though there's no such thing) we risk suffering unfair consequences: stigma, social isolation, discrimination, avoidance, ridicule, bullying, exploitation, victimisation, being made scapegoats, etc. Being 'different' comes in so many guises that each and every one of us is different in our own unique ways. The Life Rooms holistic approach avoids the bureaucratic temptation of pigeon-holing us all – which itself can be a form of discrimination – and respects our own individual identities. Despite having several 'protected characteristics' under the Equality Act, I've always felt genuinely 'included' at The Life Rooms – unlike in many outside situations. The Life Rooms also gave me a purpose to travel there, a long way from home, and help me avoid agoraphobic feelings.” (CR5)

Theme 4: Respite

Respite was outlined by participants as being an important part of what they hoped to achieve from The Life Rooms. Respite was described both in terms of providing the opportunity for participants to offload and release pressure and in terms of providing a healthy distraction. For participants, this meant that The Life Rooms offered a sanctuary away from life's difficulties in which they could focus on personal hopes and goals. Additionally, participants cited that The Life Rooms reduces pressure on carers, thus providing respite for them as well as for users of The Life Rooms themselves.

Co-researcher commentary - respite

The concept of respite pointed towards a place where one could feel safe to be oneself without fear; this resonated with co-researcher experience:

“The thing that stood out for me with the theme of Respite was the idea of the Life Rooms providing a release and a healthy distraction. Those of us who have mental health problems often get stuck inside our own heads, and the opportunity to escape from that is a real relief.” (CR4)

“Respite, for me, is respite from what I see as a noisy, hurried, mad world of humans that often makes little sense. In The Life Rooms it's important that that feeling is at least partially left behind as I enter the buildings. For others, using The Life Rooms respite might mean escaping from the confines of their homes or family situation. The existence of The Life Rooms also provides indirect respite for their families too. I also have a need for temporary respite from The Life Rooms itself at times, as I do in any social setting, so I'm always very grateful for the garden or a quiet corner in the library.” (CR5)

Theme 5: Support

Participants identified **support** as a significant goal when accessing The Life Rooms. Participants described personal development in terms of *support from others* and *services*. *Support from others* referred to the less formal support opportunities that were ‘delivered’ within The Life Rooms environment, often not coming from staff or volunteers, but at a peer level. *Services* described the opportunities that participants felt able to access through their engagement with The Life Rooms.

Support from others

Support was highlighted by participants as being a significant goal when accessing The Life Rooms. In particular, many participants framed this in terms of the support they received through their interactions and relationships with others (not necessarily Life Rooms staff or formal Life Rooms services). For participants, this meant that aspects such as peer support and support groups allowed them to understand and manage their mental health, with specific examples being given where these support opportunities had been of benefit, including managing health conditions and experiences of LGBTQ+ communities. Support was also described in terms of ‘support to plan’, which was understood as meaning that people received practical and emotional support to work towards their identified goal, with specific examples being given in this regard, such as support to prepare to return to employment.

Co-researcher commentary – support from others

Interactions and relationships amongst The Life Rooms communities were key to participants feeling supported. This was echoed by the reflections of co-researchers through what they had found when delivering the research:

“If you were to sit in a lesson it would be difficult for you to distinguish who the teacher is. People open up and are not be afraid to disclose their mental health conditions.

“Staff and service users have a wellbeing/recovery goal and treat each other equal with respect. NHS take staff on who have got mental health/caring experience and have sufficient experience, understanding and empathy.” (CR1)

“Interactions from others trying to get through and grow into being ok”. (CR2)

“Empathy is the best kind of support; the rest is an added bonus. It came as no surprise to learn that participants felt that The Life Rooms staff show a genuine empathy and were able to patiently listen, for this is just what I have found, too. Trust is a two-way process, and on those foundations, support will flourish naturally.” (CR5)

Support from services

Services were discussed as an important part of receiving support at The Life Rooms, in particular the opportunity to engage with a diverse range of services and opportunities. Choice was considered important in obtaining support, and a wide range of services were described by participants, including those relating to practical support and group activities.

Practical support services meant being able to access one-to-one support in areas such as housing. But equally, the group activities, such as walking, gardening or reading were described as important services within The Life Rooms, and therefore support from services can be broadened to include access to meaningful activity. Additionally, access to resources (such as a library) was described by participants as services that helped them to feel supported. The opportunities to access 'support services' were strongly linked with organisations outside of The Life Rooms, for example community or arts organisations that work with The Life Rooms. The opportunity to engage with other organisations like these was described as being something exceptional and not experienced within other mental health services.

Additionally, some participants linked the offering of hope for individuals, through the many choices and opportunities available, with the improvement of wellbeing and, in some cases, the decreasing of suicidal feelings. Participants described The Life Rooms as 'lifesaving', particularly as there was a perceived lack of similar services available elsewhere. Further to this, some participants shared that prevention of loneliness eased suicidal thoughts and feelings and therefore The Life Rooms, whilst not explicitly a suicide prevention service, had a positive impact on suicidal feelings for some participants through the provision of services to support social inclusion.

Co-researcher commentary – support from services

Co-researchers related to the way practical support and meaningful opportunity has impact on wellbeing:

“Practical support and group activities helps with negative cycles and to learn positive approaches and outlook in life.” (CR2)

“This (theme) covered the services run by The Life Rooms like the walking groups and gardening groups but there were also a few conversations that specifically mentioned services outside The Life Rooms that they'd been signposted to. I think the fact that we've got the Pathways advisors who can point people to the right place was a big help. Those connections are really important. It's someone saying 'I can't help you with that personally, but I can tell you who can'. I do remember a few of the conversations mentioning that there weren't any other services like it available, but we decided to word it as a 'perceived lack of services' because we didn't want to sound critical of any services out there that do exist!” (CR4)

“Support is really anything provided by others that improves wellbeing: taking part in an enjoyable activity, being listened to, practical support of many kinds (such as helping with forms, making phone-calls, sending emails, signposting, etc.). It is often practical support that many people need most urgently. Knowing that there are Pathways Advisers who are able to give, or help us obtain, that support, and in a safe, welcoming and calming environment is so reassuring. Navigating the labyrinthine pathways to support is a nightmare, and when already under stress impossible even to attempt. The Life Rooms makes this daunting job so much easier.” (CR5)

Theme 6: “The ripple effect”

The themes identified so far focus on the goals and aims of individuals accessing The Life Rooms service and the outcomes they describe as being meaningful to their own lives. However, in three of the five themes listed above, outcomes ‘beyond the individual’ have been referenced. It is for this reason that a sixth theme has been identified to acknowledge and bring together the outcomes that participants wished to achieve or felt they had achieved that related not to themselves, but to those around them and the community more generally.

‘Personal development’ in terms of learning yielded one such ‘outcome’ where a participant described those around them having a better understanding of the issues they faced because of The Life Rooms. In this way, part of the meaningful outcomes for this participant was a greater understanding of their issues by those around them. Similarly, in theme of ‘respite’, reduced pressure on carers was described as a valuable outcome, which also emphasises the idea that meaningful outcomes for users of The Life Rooms extended to the support felt by those around them.

Outcomes beyond the individual can also be looked at from the perspective of both helping others and helping the wider community to promote understanding in a broader sense. In a number of themes (themes 1, 3 and 4), participants describe meaningful outcomes in terms of ‘giving back’ or ‘helping others’. Above, this is framed in terms of a new future for themselves, i.e. their development journey has reached a place where they are able to provide help to others. However, this can also be understood in terms of a new future for other people; a meaningful goal attached to accessing The Life Rooms can therefore be seen as improving the wellbeing of others. This can also be seen in the context of feeling included (theme 3) where feeling safe and feeling part of community was directly related to wanting to help other people.

Co-researcher commentary – “The ripple effect”

Two of the co-researchers emphasised the importance of this theme and articulate this below:

“When we were grouping all the other themes from the conversations we kept seeing this idea coming up that the benefits of the Life Rooms weren’t just for the individuals accessing it, it benefited people around them as well. We felt it was important enough to make this a theme on its own rather than spreading it out across the other themes. We really wanted to get across how wide-ranging the effects of the Life Rooms were, something that we wouldn’t have been able to get across in a quantitative survey that only asked people about their own experiences.” (CR4)

“It was clear that The Life Room’s influence has a ripple effect that goes beyond the individual user, and can benefit families, friends and the wider community. From my point of view, without a family, the ripple effect doesn’t do much rippling other than recommending The Life Rooms whenever I can, and being better able and equipped to help others in distress (autistic friends, random people on internet forums... anyone really!)” (CR5)

Discussion

Exploring the meaning of outcomes was the main theme of this research and it is therefore important to consider how the findings above relate to the understanding of outcomes more generally, with a particular focus on the perspectives of those that use services.

How do the identified themes relate to outcomes?

'Personal development' as an outcome for users of The Life Rooms referred to a range of things from increased self-awareness through learning, improving their emotional wellbeing, and having hope for the future. Some of these aspects have been acknowledged within an outcome measurement context; for example WEMWBS (Warwick-Edinburgh Mental Wellbeing Scale) is commonly used as a wellbeing measure. However, aspects such as increasing self-awareness are less acknowledged in discussions of meaningful outcomes. Equally, the notion of a 'ripple effect' whereby there are positive implications in terms of developing the understanding of others, struggles to fit in to the context of an 'outcome measure'.

The fact that participants described personal development as a key outcome for them aligns with some of the literature around recovery and co-production. In particular, the fact that participants cited learning as a key part of this personal development outcome meets with Oh's argument that recovery colleges support people to fulfil their potential (2013). The focus on learning and sharing with others as key to the learning process for participants again supports wider research around recovery colleges that connection with others and lived experience is an important part of the learning process (Sommer et al. 2018); and this was also highlighted by participants within the social inclusion theme. Unlike elements of the 'personal development' theme though, 'social inclusion' as a theme is perhaps more widely recognised as a measurable outcome for users of services (for example, see Ryan et al. 2013). Participants shared that social inclusion was a key outcome that they achieved through The Life Rooms, and this echoes the prioritisation of social inclusion within recovery and social model approaches

The environment was clearly very significant for participants in terms of what they wanted to get from The Life Rooms. Participants identified that lived experience contributed towards the empathic and non-judgemental culture of The Life Rooms. Personal experience of distress was highlighted by Beresford et al. as an important factor in responding to distress within a social model (2010: 15). Participants in this study were clear that this was a key part of the environment created at The Life Rooms, which was a meaningful component of outcomes for participants. As an extension of this, for participants, the physical environment created a certain 'feeling' or 'vibe' that chimed with finding their voice and feeling safe. So although, not a traditional framing of service outcomes, there is something significant about the atmosphere created by The Life Rooms and how this is framed by participants as something positive they 'get' from the service. Whilst not traditionally acknowledged in an outcome context, there is certainly acknowledgement of the importance of atmosphere and place in services more generally. For example both Bryant and Williams (2020) and Hicks (2020) write about the importance of consideration of these in social work practice, and so we can see how this is an important consideration in delivery of services.

Similarly, considering 'support' as an outcome as a result of this study requires discussion. Participants asserted the need for a wide definition of support when discussing outcomes that they achieved through The Life Rooms. Getting access to support not only meant more 'formal' support offered at The Life Rooms (learning and social prescribing) but also the less formal support opportunities offered at a peer level, as well as opportunities for respite. This connects with Sommer's argument that lived experience is of significant value to recovery colleges (2018); i.e. it is not just about content of learning sessions, but also the relationships and peer support that becomes part of these. For The Life Rooms, this reaches wider still as the provision is broader than traditional recovery college set ups, meaning people meet and interact within the community space. Physical environments that enable this peer support was an important outcome, alongside more formal opportunities to gain support, and it is important that this broader definition of support is acknowledged within discussion of outcomes.

Participants also acknowledged that support within a social model, one that recognises external and societal barriers to health and happiness, was relevant when discussing outcomes at The Life Rooms. In particular the opportunity to engage with a diverse range of services and opportunities providing practical support was valuable in this context. This points to Kinn's argument that framing recovery as a personal journey can ignore wider determinants of health (2016). Participants' recognised the wider factors that would support them in their health journey, such as poverty, housing, debt, etc. and determined that access to support from a wider range of services around these issues was valuable in terms of the outcomes they achieved. This points to the value of the social prescribing movement where health services are seen within a broader context of community support and the utilisation of these wider community services are key to working with people effectively.

What does this mean for outcomes more generally?

Through the six themes outlined in the findings section and discussed above, it is clear that a broadening of the concept of outcomes beyond what might be captured within a traditional evidence paradigm is required. The call for a broader perspective on mental health care outcomes found within The King's Fund report (2019) strongly aligns with the findings of this research. Outcomes such as a safe environment, cultivating shared experiences, and finding hope show the need for capturing user experience at the heart of outcome exploration, as these aspects are rarely captured in traditional outcome measures. What this tells us is that, without capturing such aspects, we are heading for Hoggett's 'as if' relationship between users and providers where the aims of each do not align (Hoggett 2010).

As a research team, our discussion centred on outcomes as a subjective concept, and, although the research was able to settle on six key themes in relation to meaningful outcomes, it was felt strongly that, for each participant, their defined outcome was what was most important. It was also felt that being able to maintain or progress in any way with relation to health and wellbeing was very significant and that this further outlines the subjectivity of outcome measurement.

The research team acknowledged the diverse and complex nature of the context in which this study took place. Outcome measurement is traditionally reaching for a level of objectivity in measurement that these "non-traditional" outcomes do not fit in with. However, what was strongly felt by the research team was that there are other

ways of approaching outcomes and that such exploration should be centred in outcome discussions. Transformation of cultures within services is no easy task, but as the work of Dzur (2017) and Fisher (2016) suggest, this transformative work cannot take place without the inclusion of user experience at an equal level.

Co-researcher commentary

One co-researcher involved in delivering this study reflected at an individual level about the nature of outcomes and how they related to some of the less formal outcomes detailed in this report:

“For me, and clearly for many of the participants too, (outcomes were) hope where there was previously none; improved wellbeing, and the determination to keep on improving, and overcoming setbacks; knowing the basic tools needed to seek help; tackling problems long before they reach crisis point; being of use to others and feeling wanted and liked... I'd agree with some of the participants when they said that The Life Rooms had saved their lives. I know exactly what they mean.” (CR5)

Another co-researcher also reflected at an individual level about what some of the most important outcomes are for users of services such as The Life Rooms; interestingly they also capture the process of interviewing participants as part of the meaningful outcomes of the service. This perhaps suggests further exploration of how research itself can be part of generating meaningful outcomes for users of services:

“The expressing of one's feelings, emotions, speaking up about worries to family, friends, psychologists, psychiatrist, service users at The Life Rooms of how one feels is the first outcome. The interviews with participants - this in itself is like a 'coming out', a person admitting thoughts, actions, sharing what is most private to them. Talking is a big step, (the) most important one. When fellow sufferers explained how you lose ability to voice your concerns. This is detrimental.” (CR1)

Conclusions

This study aimed to explore the meaning of ‘outcomes’ in the context of The Life Rooms service from the perspective of people that use it. The six main theme headings; personal development, environment, social inclusion, respite, support, and “the ripple effect” illustrate what participants shared as most important in terms of outcomes at The Life Rooms. These can be considered as user-defined outcomes in so far as they were generated from experiences of those that use The Life Rooms service, as well as being collected, analysed and presented by users of the service.

Gibbs (2004) reflects that the inclusion of self-defined outcomes within mainstream services is virtually impossible due to cultures of management, control and measurement. Through this research, The Life Rooms, a service that is part of the NHS and therefore, in many senses, ‘mainstream’, is attempting to engage with outcomes defined by those that use the service. Unless attempts are made, the transformative work required of services to work with people with lived experience cannot be achieved. As Gibbs asserts, and as this research has alluded to, this inclusion is no easy task, but it is the responsibility of services to do this.

Ongoing work will be required of The Life Rooms to work with these findings and embed them into the development and understanding of the service. This report advises the following next steps for The Life Rooms:

- Consideration of the six main themes, as well as the concept of self-defined outcomes more generally, in future approaches to outcome measurement
- Use of the six main themes to inform service developments
- Continued work with users of The Life Rooms service to design and develop research related to the service

Consideration of these next steps will realise important developments for The Life Rooms service, however it should also be acknowledged that the delivery of this co-produced research within mainstream services is a success in itself. Perhaps more importantly, the effects of collaboration and delivering meaningful research for those in the research team were overwhelmingly positive. This is captured effectively in the following co-researcher commentary:

“For myself, carrying out this research, together with other team members, has been invaluable to me, in terms of strengthened resilience, increased confidence, lifting my mood, being included and listened to and giving me a purpose in life, leading to hope for the future, after suffering a severe mental trauma.” (CR3)

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([kingsfund.org.uk](http://www.kingsfund.org.uk))

Appendix

Conversation sheet

The below conversation sheet was used by co-researchers to guide and record their conversations with participants:

Clare Rotherham 30.012019 v2

["Before starting, please confirm that the participant is over the age of 18"]

1. Thoughts on the Life Rooms

General discussion on what they think of the Life Rooms. This may include things like their first impressions, why they are here, where they have come from, how the Life Rooms has felt for them.

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2. Life Rooms goals/aims

Encouraging the person explore what they are aiming to get from the Life Rooms, or what their goals were when they first came to the service. This may include: what their expectations were when first coming to the service. Were they wanting to achieve something in particular? Did they not know what they wanted at this point?

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3. Value/outcome

An exploration around whether they feel they have got anything from the service, has it helped in any way? What are the most significant things that they have got from the service? Does this differ from what they initially set out for? Is there something they would like to get but there is not the opportunity?

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.....

4. Anything further...?

An opportunity to add anything beyond what has already been covered.

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NHS ethics confirmation

Confirmation of NHS ethical approval for the study:



Ms Clare Rotheram
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10 May 2019

Dear Ms Rotheram

**HRA and Health and Care
 Research Wales (HCRW)
 Approval Letter**

Study title: Exploring what the concept of ‘outcomes’ means for users of a community wellbeing service using a participatory action research approach.

IRAS project ID: 251282

Protocol number: N/A

REC reference: 18/IEC08/0046

Sponsor Mersey Care NHS Foundation Trust

Table of themes

The below table shows the ‘subthemes’ that were assigned to the findings recorded on the conversation sheets. The column marked ‘theme’ shows how these subthemes were grouped to reach the main themes described in the report.

Theme	Subtheme
Personal Development – Emotional/Wellbeing	Resilience Surpassing expectations of yourself Life management Self-management Self-awareness Reduces anxiety/depression Gaining confidence Increase wellbeing Empowerment Coping mechanisms Ongoing progress Continued development Moving forward* Lifting mood Motivation Helps with recovery/mental health

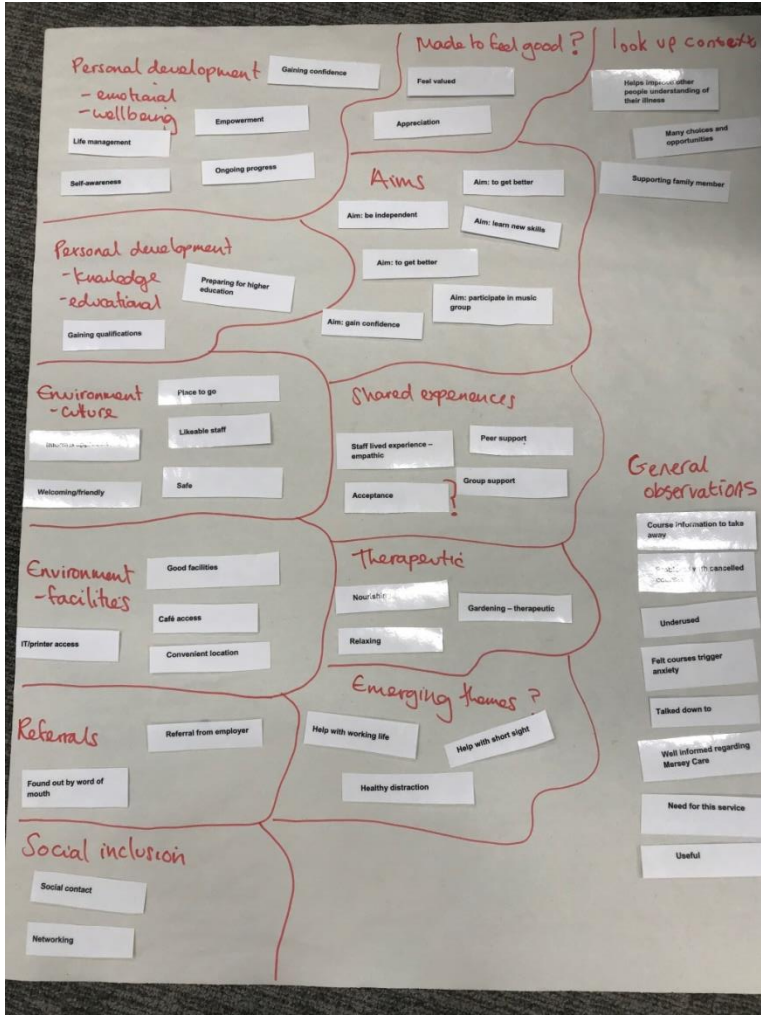
	<p>Say how you feel New future Helping people Wants to give back Health conscious Helps improve other people's understanding of their illness – which improves individual wellbeing Physical health opportunities* Structure and focus Purpose Gardening – therapeutic Relaxation</p>
<p>Personal Development – Learning</p>	<p>Trying new things Understanding your illness Job seeking/training opportunities Access courses Preparing for higher education Moving forward* Gaining knowledge Gaining qualifications Volunteering opportunities Helping people Wants to give back Helps improve other people's understanding of their illness – increased knowledge of mental health for those around them Physical health opportunities</p>
<p>Personal Development – Looking forward to the Future</p>	<p>Continued development Wants to give back Helping people New future Say how you feel Moving forward Ongoing process Aim: Be independent Aim: Meet people Aim: To get better Aim: To do further courses Aim: Participate in drama group Aim: Gain confidence Aim: Creative courses Aim: Reduce anxiety and depression via groups Aim: Learn new skills Aim: Have more knowledge of LR Aim: Participate in music group Aim: Promote Life Rooms Aim: To do further courses Aim: To be more active</p>

	<p>Aim: Volunteering Aim: Cookery courses Aim: To go back to work</p>
Environment – Culture	<p>No pressure Secure environment Place to go Calm Likeable staff Friendly staff Informal approach Homely Welcoming/friendly No waiting list Friendly people No judgement Reduces stigma Safe Supportive staff Like minded Approachable staff Non MH focus Looked after Helping people Volunteering opportunities Wants to give back Approachable staff Say how you feel Nourishing Relaxing Staff lived experience – empathic Peer support Group support Helping people Vital life line Life saving</p>
Environment – Facilities	<p>No waiting list Access courses Access to CAB Café access IT/printer access Environment (inviting, colour, lighting, architecture) Convenient location Local community access Easy access</p>
Social Inclusion	<p>Social contact Networking Help to mix with people</p>

	<p>Making friends Prevents isolation Volunteering opportunities Wants to give back Helping people Group support</p>
Respite	<p>Offload Release pressure Healthy distraction Reduce pressure on carer</p>
Support – Support from others	<p>LGBT support Support to plan Help with short sight Support Support with existing health issues Support groups Support for family members, friends and carers Peer support Group support Help with working life Prevents suicide</p>
Support – Support from services	<p>Pathways support (signposting) Got housing support Poetry Creative courses Physical activity Wellbeing Wednesday 1:1 support Shared reading Library access Local History group Games group Walking group Outside links (e.g. Philharmonic) Gardening group Many choices and opportunities Prevents suicide</p>
The “ripple effect”	<p>Helps improve other people’s understanding of their illness – which improves individual wellbeing Helps improve other people’s understanding of their illness – increased knowledge of mental health for those around them Reduce pressure on carer Volunteering opportunities Helping people Wants to give back</p>

Initial analysis process

The below image shows how the co-researchers began to group the subthemes to reach the final themes. All subthemes were captured on individual cards, which were then attached to flip chart paper as the analysis progressed and themes started to emerge.



Improvements

Participants not only spoke about what they got from using The Life Rooms or what they hoped to achieve, they also spoke of what needed to be changed or improved in order to get more from the service. Whilst this data did not fit straightforwardly into the framing of this research as an exploration of outcomes, the research team felt it was important to share these findings as part of the report. The identified areas of improvement are captured below.

Learning

Participants cited a number of areas for improvement within learning, specifically around inclusion of physical health provision. This included courses that place a greater emphasis on diet and nutrition, more fitness groups and physical exercise opportunities, and courses specialising in chronic pain. This meant that improving

physical health was an important goal in terms of participants accessing The Life Rooms.

Participants also noted the need for more creative courses, including a photography course, reading groups, more frequent poetry courses and more frequent guided meditation. Furthermore, participants shared that they would benefit from further opportunities for enjoyment, including more games, quizzes, and occasional organised day trips. This highlights how participants attend The Life Rooms for fun and respite away from day-to-day life.

Further to this, participants noted that they wished for more practical and accredited courses at The Life Rooms, with specific reference made to first aid courses.

Aside from the developments in the content of the learning provision at The Life Rooms, participants also outlined a number of operational aspects for improvement around learning, specifically relating to the structure of courses. Participants noted that they would like to see longer sessions, greater availability of courses and more afternoon sessions. Participants also suggested a need for greater support for individuals with different learning needs, in particular dyslexia. This emphasises the importance of variety and flexibility when accessing the learning provision.

Support services

A number of suggestions were made by participants for the improvement of the support on offer at The Life Rooms. These suggestions included a 'What's On' screen reflecting the opportunities available at The Life Rooms, a café for The Life Rooms Southport, and further audiobook resources in the library.

Some participants also volunteered at The Life Rooms, and they cited the need for improvements to the structure of volunteering services, including more clearly defined job roles and opportunities for progression.

Additionally, improvements to the Pathways Advice service were also cited as being required; with occasions being acknowledged when participants could not gain support from a Pathways Advisor when needed as well as occasions where scheduled appointments would have been preferable to a drop-in approach.

Future developments

Participants outlined a number of areas that would further advance The Life Rooms service, including expansion of The Life Rooms into areas such as Kirkby, Formby and South Liverpool, as well as extended opening hours to cover evenings and weekends. This highlights how, for participants, ease and flexibility of access was an important factor in their attendance of The Life Rooms.

Communication

Participants outlined the need for improved communication across a variety of Life Rooms services. This included more respectful communication from staff, leading to better first impressions, alongside a need for improved communication between teams.

IT

Participants highlighted a need for improvements to the IT facilities available at The Life Rooms, including faster broadband and prompt repairs to IT facilities.

Other

Additionally, participants cited the need for increased diversity in users of The Life Rooms by noting the under-representation of certain groups within The Life Rooms.⁷

⁷ Whilst it is unclear from participant's comments which groups they were referring to, this topic generated significant discussion amongst the research team and thus it was decided that it should be included as a standalone theme within the improvements.