

Innovation Unit

Edinburgh Thrive Welcome Teams: final evaluation report

June 2022



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Executive summary

The Thrive Welcome Teams model is working well

The Thrive model provides support that enables people to feel heard, empowered, and supported to live the life they want to lead. With caveats due to the challenging circumstances of the pandemic and staffing shortages, it is apparent that Thrive Welcome Teams have largely adopted the features of a Living Well system.

Thrive Welcome Teams have adopted an innovative and flexible approach that enabled people to take control of the process. The 'open-door' policy allows people to return if they would benefit from more support, enabling people to receive the amount of support they felt they needed when they felt they needed it.

The multi-disciplinary team means Thrive Welcome Teams can offer support for a wide variety of issues, including clinical support with wellbeing and mental health challenges, wellbeing support, and support with homelessness, alcohol, housing, employment and finance. Thrive Welcome Teams are also able to refer people onwards for further support outside the Welcome Teams to the wider Thrive system, although this is not yet as community based as originally intended. This is mostly due to issues around lack of accessibility to community services during Covid.

People using the service said that what had helped was focusing on their own goals about what they wanted; having choice and control; good relationships with staff (who showed empathy and the ability to listen); being helped to focus on their strengths; being given coping strategies and techniques; signposting to other opportunities and information, and speed of referral.

Thrive Welcome Teams have achieved important successes

The evaluation found a number of successes Thrive Welcome Teams have achieved so far that should be celebrated. A key success is the strong evidence of positive outcomes for people who have accessed Thrive Welcome Teams. It is delivering high quality, timely support and making a real difference to individuals. Although we should be cautious in drawing overarching claims based on the small sample of people interviewed who had been supported by Thrive Welcome Teams, these interviews showed particularly positive emerging evidence of Thrive's success achieving outcomes for individuals.

It has also been successful in setting up and continuing to provide a service in the incredibly challenging context of the onset of the Covid-19 pandemic. It is hugely encouraging that Thrive Welcome Teams continued to provide support and worked flexibly to adapt to pandemic restrictions, particularly given the way many other services were not able to do this. This is a credit to the strong leadership and the shared belief in the Thrive vision and values in the teams.

Covid-19 has been a barrier to Thrive Welcome Teams implementation and outcomes

Thrive Welcome Teams are not yet functioning as originally intended. This is due to a number of reasons, but a key barrier has been Covid-19. Welcome Teams have for the most part been able to continue providing support throughout the pandemic and have responded well to restrictions and social distancing requirements. Some people found the option to receive support remotely or more flexibly was a huge benefit and contributed to their good experiences and improved outcomes. This is an unexpected advantage of the response to Covid-19.

However, other barriers presented by Covid-19 have been particularly impactful for the implementation of Thrive Welcome Teams. The teams have been unable to operate within the community as intended, due to lack of estates in-person space in the community thanks to pandemic restrictions. The Welcome Teams have also been impacted by not being able to be co-located, which would make partnership working easier and contribute to team culture. The value of in-person work and relationship building is clear from the North West team, which benefited from pre-pandemic ways of working.

Emerging evidence of person-level outcomes

The evidence showed that the nature of Thrive Welcome Teams support is working well in achieving person-level outcomes. The support is recovery oriented. It is person-centred and flexible, and people are in control of their own support and feel listened to. The Welcome Workers play a key role in engaging people and tailoring the support to what works for them. The support not only provides empathic wellbeing support in the moment but equips people with tools to manage their own wellbeing in future. People are also supported to address wider difficulties in their lives and to access other support they might not otherwise have known existed.

The evaluation found good evidence of changes for people who had been supported by Thrive Welcome Teams as a result of these factors. People experienced improved mental health and a sense of increased ability to manage their own wellbeing. They also experienced practical improvements in their lives as a result of the support, such as employment, benefits, and housing situation, or in some cases, being able to stop taking anti-depressants and feeling more able to leave the house.

The person-level data also found evidence of changes for people, although with the important limitation that those with a planned exit, who are likely to have better outcomes and support experiences, are over-represented in the outcomes data. This means this data may not be indicative of the wider cohort.

In collaboration with the Innovation Unit, Edinburgh Thrive identified six outcomes the model would aim to achieve for people. There is evidence that all of these are being met to some extent.

1. Emerging evidence that people are recovering, staying well, and can live the life they want to lead.

The mean ReQoL score showed a statistically significant increase from 16.4 at the start of support to 24.4 at the end of support (Figure 1). Over half of people with paired data (53%) saw a reliable improvement in the ReQoL score between the start and end of support and only 19% saw a reliable deterioration.

A very high proportion (96%) of people with paired data made progress towards at least one Personal Goal between the start and end of support, and almost three quarters (73%) made progress towards at least two goals (Figure 2). The cohort as a whole also showed statistically significant improvement in median score, increasing from 1.7 (having made “a little” progress towards their goal) to 3.5 (the goal is between “half way” and “mostly” achieved between the start and end of support).

The qualitative consultation also showed strong evidence that Thrive Welcome Teams support had led to significant improvement to people’s mental health and quality of life. People were recovering and were more able to live the life they wanted to lead, and the small sample of people consulted for the evaluation also showed evidence of staying well after the support had ended. For example, we heard that people were no longer having suicidal thoughts and felt more able to cope, and that people had been able to come off medication for their mental health since receiving Thrive Welcome Teams support.

“I don’t have suicidal thoughts, and if anything bad comes I can deal with it.”

“When I met [my Thrive worker], I was on Citalopram, and now I’m not on it.”

“It was overwhelmingly positive and helped me enormously.”

“I’m less stressed with work. Before I’d get stressed out about anything and everything. It was about teaching myself I’m not to blame for things. I’ve got a more positive outlook.”

People supported by Thrive Welcome Teams

Figure 1 Mean ReQoL index score for people with data at start and end of support (n=186)

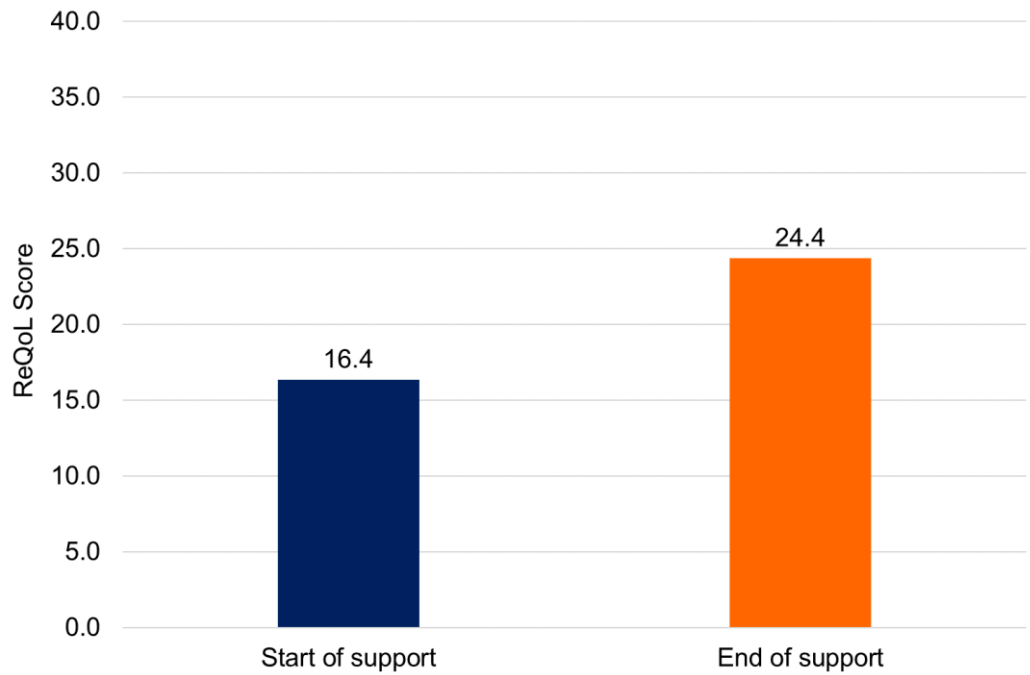
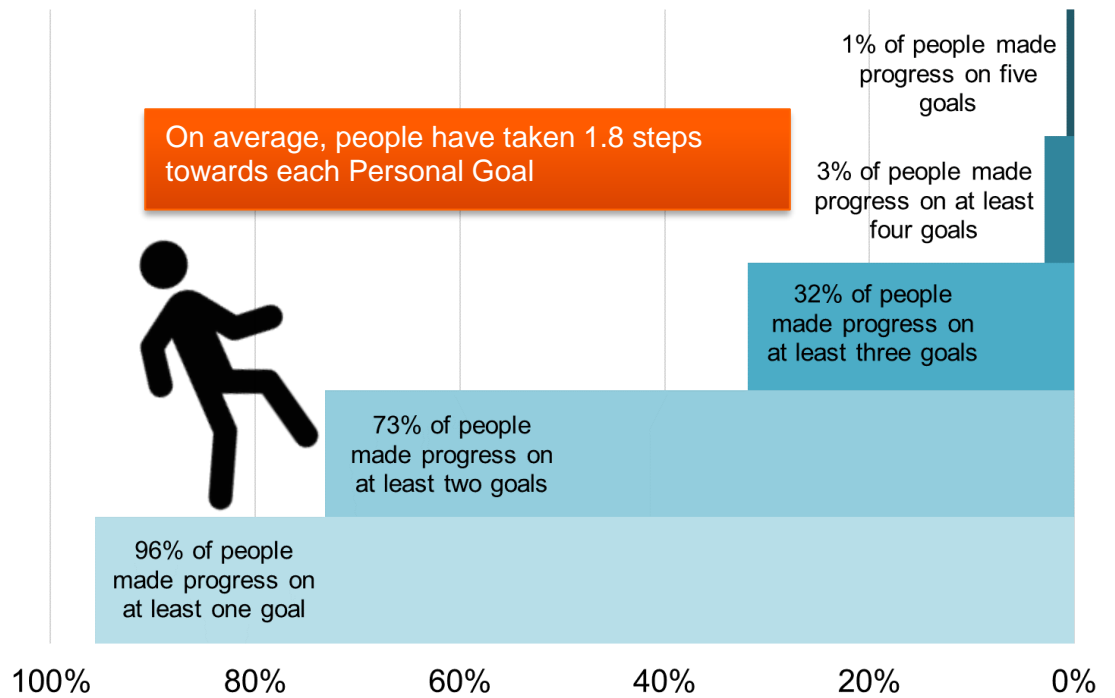


Figure 2 Progress on Personal Goals for people with matched data at start of support and end of support (n=138)



2. Strong evidence that people receive good quality, person-centred help, care and support

Both qualitative and quantitative data indicate that Thrive Welcome Teams support is good quality and person-centred. Overall, people were extremely positive about their experiences of support. At least 95% of people who responded to the experience survey said they would use the Thrive Welcome Team again, they would recommend the programme, the support made sense, they felt able to express how they felt, and their Welcome Worker was supportive and helpful and listened to them.

“It was very tailored to my situation, and then tailored to my recovery. It wasn’t one-size-fits-all.”

Person supported by Thrive Welcome Teams

The staff survey also strongly suggested that the support is high quality: 17 of the 18 staff surveyed strongly agreed or agreed that if a friend or relative needed treatment, they would be happy with the standard of care provided by Thrive Welcome Teams.

3. Strong evidence that people have opportunities to learn, work and volunteer

The Questions About Your Life median satisfaction score for jobs/studies/other occupation showed a statistically significant increase between the start and end of support, from a median of 4 (mixed satisfaction) to 5 (mostly satisfied) (n=171). This outcomes domain showed the highest proportion of the cohort with improvement: just over half (51%) showed an increase in individual score between the start and end of support. This was the highest proportion of all five outcomes domains.

Consultation with people using the service and Thrive Welcome Teams staff also indicated strong evidence of improvements. People reported being able to return to work since working with Thrive Welcome Teams, which was a huge change in their lives. Several people attributed this directly to the Thrive support, which one person described as “*life-changing*”:

“My whole life has changed from working with [Thrive Welcome Teams worker]. Before, I’d sit on my bed and not even remember by own name. I was so brainwashed and stuck that I couldn’t think straight. After working with [Thrive Welcome Teams worker], I can go back to work. I’m working in a workplace which I never thought I’d be able to do.”

Person supported by Thrive Welcome Teams

4. Strong evidence that people have choice and control

The evaluation found strong evidence people were experiencing increased choice and control as a result of Thrive Welcome Teams, both in their interactions with the service, and in their lives and improved wellbeing.

“I can get out of the house, keep control of my chores like cooking, cleaning, shopping.”

Person supported by Thrive Welcome Teams

The support is set up to allow people to have a say in how they access and receive support. People felt in control of what they were receiving support for, how they would receive this, and what it would look like.

People also had improved choice and control over their own lives as a result of Thrive Welcome Teams.

People felt more able to manage their lives and wellbeing, and the support helped people address practical issues impacting on their mental health. Receiving help with practical issues as well as emotional support allowed them to tackle these problems and regain control. The support resulted in:

- More choice and control over daily household activities.
- More choice and control in wider aspects of life.
- Improved ability to manage mental wellbeing.
- Greater understanding of the support available.

5. Evidence of improvement in feeling connected and having positive relationships

The Questions About Your Life median satisfaction score for number and quality of friendships showed a statistically significant increase between the start and end of support, from 4 (mixed satisfaction) to 5 (mostly satisfied) (n=138). Almost half of the cohort (46%) showed improvement in their individual score in this area.

The median score for relationships and family remained at 4 (mixed satisfaction) but showed statistically significant improvement. 43% of the cohort showed improvement in individual score in this area (n=179).

Qualitative consultation indicated that people had seen improvements in their relationships and feeling connected. Several people felt their relationships with others had improved through their work with Thrive Welcome Teams, and they felt better equipped to communicate with people close to them after receiving support:

“It has improved my relationship with my mum. Me and my family are more connected.”

Person supported by Thrive Welcome Teams

6. More limited evidence that people are living in settled accommodation of their choice where they feel safe and secure

The evidence showed limited improvement in this outcome area. Questions About Your Life data showed no significant change in median satisfaction score for the domain of accommodation (n=179), although 35% of people saw an improvement in their individual satisfaction with their accommodation.

This outcome area did not appear to be a key focus of the Thrive Welcome Teams support across the board. However, qualitative consultation indicated some evidence of improved ability to access support with accommodation for those who needed it.

Outcomes for staff

The evidence showed mixed outcomes for staff in the Thrive Welcome Teams, Collective, and Network. Some staff experienced a highly positive working culture and job satisfaction, and appreciated the opportunity Thrive Welcome Teams offer to work in a different, more person-centred way. This was particularly true for statutory sector workers within Thrive Welcome Teams. Third sector workers also benefitted from forging professional networks within the statutory sector. However, staff experience of the Thrive Welcome Teams working culture and therefore staff outcomes varied according to locality and role. The evidence found a sense that the teams are not yet operating as smoothly as intended for staff; this may be due to some extent to teething troubles, and people were hopeful things would improve.

1. Evidence that staff are satisfied in their work

In general, staff were satisfied with many aspects of their work. In particular, peer workers and third sector staff were pleased to be part of a professional network with the NHS and statutory sector staff. The staff survey indicated that all staff were satisfied with their job to some extent, with 7/18 being satisfied to a very great or great extent. This reinforced the relatively positive picture from the qualitative consultation.

However, some staff were less satisfied with their work and experienced frustration with aspects of the Thrive Welcome Teams culture and ways of working. Some of these aspects were across Thrive Welcome Teams, but others arose from people's differing experiences of the working culture according to their locality and role.

2. Strong evidence that working culture is collaborative and trusting for some staff, but no consensus

The evidence showed that this outcome is certainly being achieved for some Thrive Welcome Teams staff, but there is some way to go before this is experienced across the board. Some staff felt strongly that the culture was collaborative and trusting and reported a highly positive experience of working within the Welcome Teams. Others felt the culture was more negative, and that this was contributing to the high attrition rates of staff.

The staff survey reinforced the finding that many staff do see the Thrive Welcome Teams culture as collaborative, with the majority of staff responding that team

members trust and collaborate with each other, and they feel agency in exercising their judgement. Staff also viewed wider multi-agency working as fairly positive and generally felt they could draw on support from the wider network of offers and the community to help the people they were working with.

However, the survey and qualitative consultation with staff indicated mixed views on the non-hierarchical nature of the team of practitioners, which may be an area for development.

Outcomes for the system

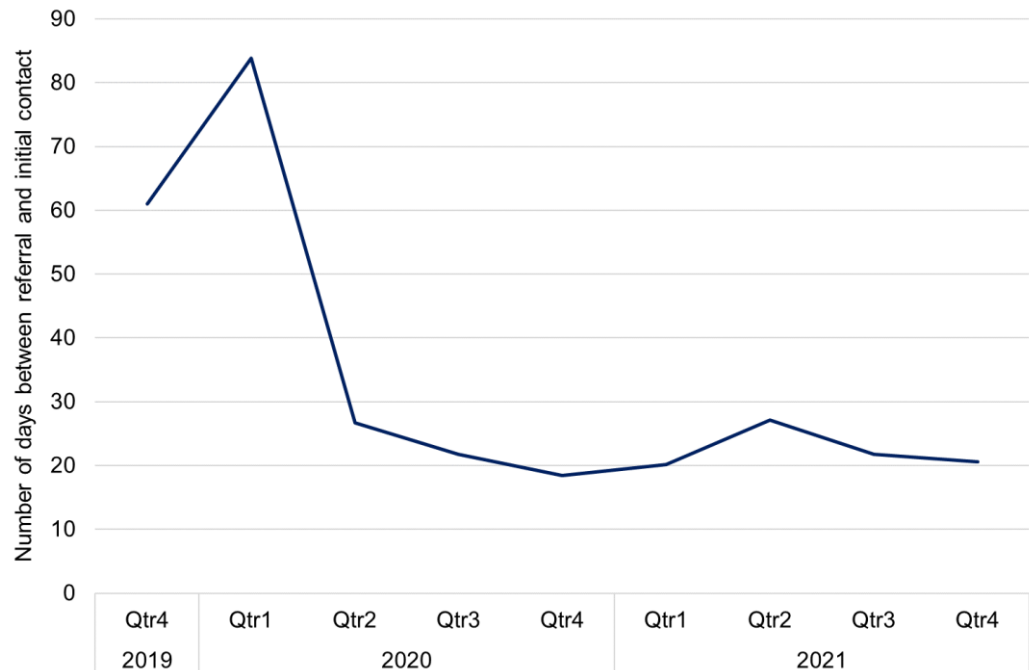
Thrive Welcome Teams have made and are making significant impacts on individual outcomes. However, evidence of impacts on the local health and social care system is limited so far. The restricted referral routes have particularly hampered the Welcome Teams' ability to effect wider change on the system.

Despite this, stakeholders shared a sense of excitement that Thrive Welcome Teams have the potential to make a positive impact on the system. We also heard some evidence from qualitative consultation that Thrive Welcome Teams are contributing to or have potential to contribute to system-level outcomes. This will need to remain a priority as Thrive continues to grow, to ensure it does not settle into a siloed service but becomes embedded in the wider system.

1. Strong evidence of timely access to high quality, person-centred help and support when and where it is needed

Among the three system outcomes, the one with the most convincing evidence of change was 'timely access to high quality, person-centred support'. The person-level data shows that on average, people waited 25 days between being referred to the Welcome Teams and their initial conversation (Figure 21). Staff commented that this was a notable improvement in comparison to before Thrive, where people would be likely to be put on long waiting lists for support.

Figure 3 Average number of days between referral and initial conversation, December 2019 to end of December 2021 (n=767)



Thrive Welcome Teams are providing high quality, accessible, holistic support to people who may otherwise not receive support and is addressing a gap in mental health support in Edinburgh. The Welcome Teams are also able to signpost people to other types of support. As a system outcome, this is encouraging evidence that support may be becoming more holistic thanks to Thrive.

However, the number of people who benefit from the timely access to Thrive Welcome Teams and to the access to high quality support has been limited by restricted referral routes. This is therefore having more impact on people than on the system as it stands.

2. Reduced levels of mental and emotional distress

The evaluation found some evidence of reduced mental and emotional distress for people from consultation and from person-level data. The number of people being referred to and receiving support from Thrive Welcome Teams indicate that these people who are unwell are now receiving help, which may well be contributing to reduced distress. Similarly, the increased average ReQoL scores between the beginning and end of support may suggest reduced distress alongside improved quality of life.

However, as a system-level outcome, reduced levels of mental and emotional distress across the wider system is difficult to measure in terms of Thrive Welcome Teams' impact. This is particularly true in the context of a pandemic, where levels of mental and emotional distress are unfortunately likely to be higher than usual across the population and waiting lists for psychological services are

longer than ever. There was a strong feeling that this system level outcome is therefore a less useful measure.

3. Reduction in unplanned and crisis health and social care utilisation, including emergency response as well as institutional placements

It is difficult to attribute changes in unplanned and crisis health and social care to Thrive Welcome Teams. The evaluation did not find evidence of this outcome in the three types of system level data analysed (A&E attendances for mental health, referrals to psychological therapy and referrals to mental health assessment).

Qualitative consultation showed some evidence that Thrive Welcome Teams may be contributing to this, or that it has potential to do so. For example, Thrive's early intervention and prevention approach may be contributing to reduced unplanned and crisis care usage. There was some evidence that people are reducing their GP usage for unplanned mental health care. There was also limited evidence of reduced statutory involvement.

However, on the whole this system outcome was viewed as not only difficult to measure, but also less useful as a measure of positive change. For example, referrals to Thrive Welcome Teams from GPs increased during the time the support was on offer. This can be viewed as a positive outcome, as it suggests more people were being reached and referred to support who might otherwise be placed on waiting lists or not receive support.

Addressing implementation challenges for the Welcome Teams

Thrive Welcome Teams experienced challenges with implementation in addition to those relating to the pandemic. In particular, these relate to staffing and retention, difficulty with inconsistent processes in the multidisciplinary teams due to staff having multiple employers, and some tension between operational and strategic decision-making.

The staffing and multiagency team challenges have occurred in the context of an organisational change process in Edinburgh, which has caused longstanding teams to be disbanded. This process has been accelerated in response to the pandemic and has resulted in major upheaval for staff.

These challenges are leading to some reduced ability to achieve outcomes for people, for example a lack of in-person, community support, as noted above. However, the impact of the implementation challenges has mostly fallen on the Welcome Teams themselves and affected outcomes for staff and the system.

Staff shared a strong sense of Thrive's vision and a feeling that this is the right way to provide mental health support in Edinburgh. Some also had a sense of excitement that they were able to work in a service and a system that was being truly innovative and person-centred in a way they had not experienced before. However, operational challenges have led to an inconsistent working culture across localities and some staff feeling dissatisfied and disempowered in the current setup.

This can be attributed to teething issues to some extent. However, it is vital that the decision-making, the differing terms and conditions within the Welcome Teams, and the reality of the ‘flattened hierarchy’ are addressed, so they can be more consistent across localities and roles. These may also contribute to improved staffing and retention, which are key for Thrive’s future.

Moving forward into systems change

Thrive Welcome Teams are filling a gap in the mental health landscape in Edinburgh and addressing longstanding issues around long waiting lists and non-holistic support.

However, as discussed in section 3.4, the challenge for Thrive Welcome Teams will be to move from achieving outcomes for individuals, to embedding further into the system in Edinburgh. Thrive Welcome Teams are currently acting to some extent as a commissioned mental health service. Clear efforts are being made to increase Thrive’s reach by widening access, and by making it part of the system.

This will need to be a continued focus for Thrive Welcome Teams as they move to open access. Partnership working has improved to some extent in Edinburgh, but this is necessary to move Thrive to the next level and achieve system change.

Recommendations

Chapter 5.2 of the report presents recommendations for further development of Thrive Welcome Teams and for further data collection to support on-going evaluation. These are:

Recommendations for development of the Thrive Welcome Teams and Thrive system

Recommendation	Section
Continue work on moving to open access. All those consulted for the evaluation agreed on the importance of moving the Thrive model to open access as soon as possible. This will enable the service to reach a wider audience, including people who would not go to the GP for mental health care or who would be uncomfortable accessing traditional forms of mental health support, as well as speeding up access for everyone.	2.2.2, 4.3.2, 3.4.2
Focus on offering support in community settings. This was a key success from the evaluation and was emphasised by staff and people who accessed Thrive Welcome Teams as vital in making people feel comfortable accessing support. We understand some localities encountered difficulties finding estate where the teams could be located. It will be important to maintain a focus on this as Thrive develops.	2.2.2, 4.3.1, 3.4.1
Continue focus on communicating about / providing information about the nature and purpose of Thrive Welcome	3.4.2

Recommendation	Section
<p>Teams. This will be particularly important as the service moves to open access, to ensure people are aware that the support is available. However, it will also be important in the current stage, to ensure GPs understand the remit of Thrive Welcome Teams and can be clear about what they are referring people into.</p>	
<p>Take pride in successes. Thrive Welcome Teams have achieved significant success since its implementation and has made valuable differences to people's lives. It is important to gather and share feedback with the wider team, Network and Collective and services as a whole. This is an important tool to promote the work of Thrive and further its reach.</p>	4.2, 3.3.2
<p>Clarify the decision-making processes within Welcome Teams. The evidence suggested a barrier to achieving outcomes for staff and also to the wider success of Thrive Welcome Teams was the slowed decision-making process. This was due to a lack of clarity on where responsibility for decisions lay.</p>	4.3.4, 3.3.2
<p>Improve recruitment and retention of staff. We understand work is already underway to address the significant staffing challenges Thrive Welcome Teams have encountered. An organisational restructure was underway at the time of consultation. We also understand that consideration is being given to combining Welcome Teams with primary care services. This would be a welcome development, provided that the key strengths of Thrive could be preserved.</p>	4.3.2
<p>Greater alignment and transparency of terms and conditions for roles in the Welcome Teams. A significant aspect for the Welcome Teams' ability to function smoothly would be to bring the terms and conditions for various roles into closer alignment where possible. It may not be possible to have common terms and conditions for all members of staff, as this may involve breaching terms within an organisation. We therefore suggest ensuring alignment wherever possible but transparency and flexibility where it is not.</p>	3.3.3
<p>Improved routes of communication between service users and Thrive workers: This would be beneficial for staff and people accessing Thrive Welcome Teams, who expressed frustration at this not currently being set up due to operational barriers and data sharing concerns. There may also be a need for continued focus on communication between Thrive Welcome Teams, to ensure the progress in this area continues and staff all benefit from strong communication between sites.</p>	4.3.3
<p>Develop a career track for peer support workers. There was a strong sense in Thrive Welcome Teams of the value of peer support. Introducing options for career progression for peer support, including</p>	3.3.2

Recommendation	Section
<p>progression to peer support roles at senior levels, would contribute to cementing this approach within the service and valuing the important contribution peer support can make.</p>	
<p>Evaluate the Welcome Teams’ approach to disproportionality and access for all groups as the service moves to open access. Stakeholder consultation suggested that the Welcome Teams are reaching the groups they intend to reach. However, it was not clear to the evaluation the extent to which the Teams are catering to people from different groups, e.g. people with disabilities, people from minoritised groups, people with other protected characteristics, and whether there is any difference in access for these groups.</p> <p>It will be important as the service moves to open access to monitor to what extent Thrive is enabling equal access to the service and providing an appropriate, specialised service for all groups. This is necessary to ensure Thrive clients are reflective of the local communities.</p>	2.4

Recommendations for ongoing evaluation data collection

Recommendation	Section
<p>Improve collection of demographic data. We saw a slight decrease in quality of data on protected characteristics for this stage of the evaluation. A relatively large proportion of this data is still missing, and we encourage the Welcome Team to continue and build upon efforts to improve collection of demographic data.</p>	1.5.2
<p>Improve spread of outcomes data. The amount of outcomes data available at this stage is encouraging and has seen huge improvement since Thrive Welcome Teams started. However, the data is heavily skewed towards people who had a planned exit from support. The majority of those with paired ReQoL had a planned exit from support or no data on reason for support ending. No one who was listed as having had an unplanned exit from support had paired ReQoL data. It is far more challenging to collect outcomes data from people who have disengaged from Thrive Welcome Teams. But continuing efforts towards this and making sure to collect data on reasons for support ending wherever possible, will make evaluation findings more robust.</p>	1.5.2

1 Introduction

1.1 Overview

Living Well UK is a three-year programme to improve adult mental health. The programme received £3.4 million in National Lottery Funding, which was used to support three adoption sites across the UK to develop and adopt their own Living Well System that meets the needs of their local context. The programme is delivered by Innovation Unit in partnership with Living Well Lambeth, an independent evaluator (Cordis Bright) and the adoption sites.

Innovation Unit commissioned Cordis Bright as its evaluation partner for the Living Well UK programme. The evaluation ran between January 2019 and May 2022 and involved a local evaluation for each of the Living Well system adoption sites as well as a brief over-arching evaluation of Living Well systems across the sites.

This is the final report for the Thrive Welcome Teams, which is the Living Well system developed in Edinburgh. It presents the evidence on the processes and outcomes of Thrive Welcome Teams since their inception and summarises recommendations and learning from the evaluation.

1.2 About the Living Well UK programme and Living Well systems

The baseline report produced by Cordis Bright in September 2019 and most recently updated in November 2020 outlines the key features and rationale of the Living Well UK programme and Living Well systems.

1.3 Evaluation questions

1.3.1 Programme-wide evaluation questions

As evaluation partner to Living Well UK, we have been asked to answer the following evaluation questions:

4. What difference does the Living Well system make?
5. To what extent have the Living Well UK adoption sites adopted with fidelity the features of a Living Well system?
6. To what extent have the adoption sites adopted with fidelity the principles and values of collaborative leadership and commissioning?

1.3.2 Evaluation questions for Edinburgh

This report also considers the below evaluation questions, which were agreed on for each of the three sites:

- How and why have the specified **person-level outcomes** been achieved for people? What are the reasons for any outcomes not being achieved?
- How and why have the specified **system-level outcomes** been achieved? What are the reasons for any outcomes not being achieved?
- What are the **key challenges** faced by the sites implementing Living Well systems? How have they been overcome?
- What have been the **key successes** for the Living Well sites? Why were they successful?
- What would be the **key learnings** to share with other localities that are looking to develop a Living Well system?

1.4 Outcomes

This report considers outcomes for people who have used Thrive Welcome Teams, for staff working within Thrive, and for the wider system (Figure 4). It also explores the process of implementing Thrive Welcome Teams (

Figure 5).

Figure 4: Impact evaluation outcomes framework for Edinburgh Thrive Welcome Teams

Outcomes		Indicator/evidence gathering method
Person-level		
a)	People are recovering, staying well, and can live the life they want to lead	<ul style="list-style-type: none"> • ReQoL • Personal goals
b)	People are living in settled accommodation of their choice where they feel safe and secure	<ul style="list-style-type: none"> • Questions about your life
c)	People feel connected and have positive relationships	<ul style="list-style-type: none"> • ReQoL • Questions about your life
d)	People receive good quality, person-centred help, care and support	<ul style="list-style-type: none"> • “How did we do?” (experience survey)
e)	People have choice and control	<ul style="list-style-type: none"> • ReQoL • Personal goals

Outcomes		Indicator/evidence gathering method
f)	People have opportunities to learn, work and volunteer	<ul style="list-style-type: none"> • Questions about your life
System-level		
a)	Timely access to high quality, person-centred help and support when and where it is needed	<ul style="list-style-type: none"> • Referrals to A12 therapy • Stakeholder consultation
b)	Reduced levels of mental and emotional distress	<ul style="list-style-type: none"> • Number of referrals into Welcome Teams • Stakeholder consultation
c)	Reduction in unplanned and crisis health and social care utilisation, including emergency response as well as institutional placements	<ul style="list-style-type: none"> • Referral to MH assessment service/MH liaison teams • A&E mental health presentations • Stakeholder consultation¹
Outcomes for staff working in the local system		
a)	Staff are satisfied in their work	<ul style="list-style-type: none"> • Staff e-survey responses • Stakeholder consultation
b)	Working culture is collaborative and trusting	<ul style="list-style-type: none"> • Staff e-survey responses • Stakeholder consultation

Figure 5 Framework for evaluating Thrive Welcome Teams system processes

Process questions		Indicator/evidence gathering method
a)	How and why have the person-level outcomes specified above been achieved for people? What are the reasons for any outcomes not being achieved?	<ul style="list-style-type: none"> • People's experiences of how and why support has been effective or has not been effective for them • Stakeholders' understanding of how and why support has been effective or ineffective for people.

¹ The evaluation plan for Edinburgh initially included two additional indicators for this outcome: Acute mental health presentations to GP and GP survey results. These were not available for the final evaluation.

Process questions		Indicator/evidence gathering method
		<ul style="list-style-type: none"> • Consultation with people using Thrive Welcome Teams • Stakeholder consultation
b)	How and why have the system-level outcomes specified above been achieved? What are the reasons for any outcomes not being achieved?	<ul style="list-style-type: none"> • Stakeholders' understanding of how and why the new system has been effective or ineffective at achieving outcomes for the system • Consultation with people using Thrive Welcome Teams • Stakeholder consultation
c)	To what extent have the sites adopted with fidelity the features of a Living Well system?	<ul style="list-style-type: none"> • Extent to which description of local models and process of adaptation and implementation map on to description of Living Well system key features. • Stakeholder consultation • Consultation with people using Thrive Welcome Teams
d)	To what extent have the sites adopted with fidelity the principles and values of collaborative leadership and commissioning?	<ul style="list-style-type: none"> • Extent to which description of local models and process of adaptation and implementation map on to principles and values of collaborative leadership and commissioning. • Stakeholder consultation • Consultation with people using Thrive Welcome Teams
e)	What are the key challenges faced by the sites implementing Living Well systems? How have they been overcome?	<ul style="list-style-type: none"> • Challenges reported by stakeholders. • Stakeholder consultation
f)	What have been the key successes for the Living Well sites? Why were they successful?	<ul style="list-style-type: none"> • Successes reported by stakeholders • Stakeholder consultation

Process questions		Indicator/evidence gathering method
g)	What would be the key learnings to share with other localities that are looking to develop a Living Well system?	<ul style="list-style-type: none"> • Key learnings reported by stakeholders • Stakeholder consultation

1.5 Methods

1.5.1 Overview of methods

The information presented in this report is based on:

- **12 semi-structured telephone or video interviews with staff** involved in designing, commissioning and/or delivering Thrive Welcome Teams in Edinburgh, conducted in February-March 2022. Interview participants were identified through discussion with Innovation Unit and the Thrive Welcome Teams strategic management team.
- **10 semi-structured telephone or video interviews with people who have used Thrive Welcome Teams**, conducted in February-March 2022. Everyone consulted started working with Thrive Welcome Teams between April and November 2021. Participants were identified and invited to take part by the Welcome Teams. Efforts were made to ensure a spread of experiences with support, i.e. so we could speak to people who staff thought had had a good experience and some whose experience might have been less positive.
- **Person-level demographic, activity and outcomes data** relating to 1,097 people who accessed the Thrive Welcome Teams between September 2019 and January 2022.
- **System-level data** relating to demand and service activity across Edinburgh between January 2018 and December 2021.
- **An e-survey for Welcome Teams staff** conducted in February 2022. This was circulated by Thrive and was open to members of staff working in the Thrive Welcome Teams. It was completed by 18 members of staff.

Edinburgh Thrive has four locality-based Welcome Teams: North West, North East, South West and South East. However, the analysis presented at the Edinburgh-wide level rather than locality level.

1.5.2 Limitations

The key limitations and challenges for the person-level data are:

- We only have paired outcomes data from start and end of support for around half of the total people who ended support. This poses some challenges:
 - People who had a planned end to support are much more likely to have paired outcomes data than those with an unplanned exit, an “other” type of exit or no exit reason given. This means those with a planned exit from support, who are likely to have better outcomes and support experiences, are over-represented in the outcomes data. This data may not be indicative of the wider cohort of people introduced to the Welcome Teams and we therefore are unable to draw conclusions about the outcomes and experiences of the whole cohort.
 - The analysis looks at data from two time points only (start and end of support). This does not provide understanding of people’s trajectory prior to support. For some people, a positive outcome may be to experience no further decline in their recovery. However, without an understanding of that trajectory it is not possible to explore such nuance.
- Although the quality of data on protected characteristics, outcomes and experiences of support is relatively good, some people did not have data available and are therefore not represented in these findings.

1.6 Structure of this report

This report is structured as follows:

- Chapter 2 presents the Thrive Welcome Teams model and implementation so far, including activity data on people who have accessed, received support, and ended support.
- Chapter 3 presents the outcomes achieved so far for people, staff and the system, and the enablers and obstacles to these.
- Chapter 4 discusses successes and enablers to implementation, and challenges with implementation of the model.
- Chapter 5 contains a summary of conclusions and recommendations from the evaluation.

This report is accompanied by a data appendix, which contains a full analysis of all data collected to inform the evaluation.

2 About the Thrive Welcome Teams and Thrive system

2.1 Overview

The vision for Edinburgh Thrive Welcome Teams is to have a single point of access in each of the four locality areas where people can access holistic, high quality mental health support in a timely way. This section describes the Thrive model as it currently exists in Edinburgh. It also presents analysis of activity data to show the stages of the journey through Thrive Welcome Teams, and characteristics of the cohort of people who have worked with Thrive so far.

2.2 About the Thrive Welcome Teams and Thrive system model

2.2.1 The Thrive model

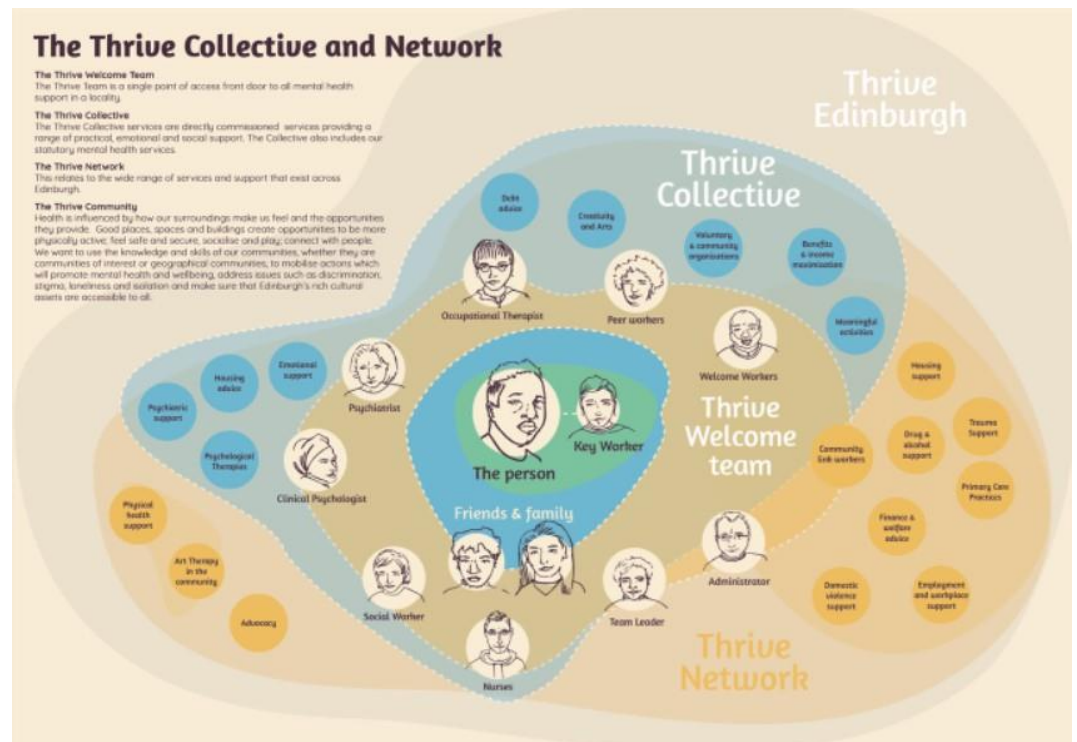
The Thrive model is set up around three key elements that together form the Thrive system (see Figure 6):

- **Thrive Welcome Team:** a multidisciplinary team that provides a single point of access² for mental health support in each of the four localities in Edinburgh. The teams include a range of staff including peer workers, support workers, nurses, social workers, and occupational therapists.
- **Thrive Collective:** commissioned offers of support beyond the Welcome Team of organisations that provide social, practical, learning and clinical support. For example, Thrive Welcome Teams can refer people to services offered by the Thrive Collective which may include counselling, wellbeing courses, support groups, physical activities, outdoor activities in local green spaces and support for carers. They can also refer to some statutory mental health services including psychiatry, psychological therapies and CMHTs. The Collective has strong relationships with the Welcome Team, and help to ensure that people get the right support and work to a joint set of values and principles.
- **Thrive Network:** a mental health-informed community of neighbours, friends, and community assets across Edinburgh. These may include primary care practices, finance and welfare advice, drug and alcohol support, domestic abuse support, housing support, employment and workplace support, Community Link Worker, art therapy in the community, and advocacy. It also refers to the wider community (faith groups, sports clubs, libraries, etc.) that can support wellbeing.

² The Welcome Team is not yet functioning as the single point of access, due to still being in pilot phase at the time of writing (see 2.2.2).

A more detailed overview of the Thrive system can be found in the Thrive Edinburgh Adult and Commissioning Plan and the prototyping reports produced by the four locality-based Welcome Teams. There is also further information in the evaluation baseline report produced by Cordis Bright in March 2020 and updated in November 2020.

Figure 6 The Thrive model



Implementing the Welcome Teams across Edinburgh

As there are four Welcome Teams across Edinburgh, the service uses various mechanisms to provide a consistent service for people, no matter in which locality they access Thrive Welcome Teams. The Teams hold monthly city-wide meetings to share learning and ideas.³

They also hold Learning Labs, which are used to learn, reflect and improve practice. These involve listening to feedback from people using Thrive, thinking about ideas that could improve practice, preparing ways to test the ideas of what new practice could look like, and taking these on to be tested and implemented. The Learning Labs are also an opportunity for people across the localities to connect and build relationships (see 3.2.2).

³ Information based on the Thrive Welcome Team staff induction pack shared in May 2022.

In addition to the Labs, there are opportunities for peer reviews and support between localities, and for locality swaps where members of the teams can experience a week in another locality.

Pillars of the Welcome Teams practice model

The practice framework for the Thrive Welcome Teams involves three key aspects: the framework, the way of working with people, and the way of working together.

7. **A framework of attachment theory and interpersonal communication.** These two aspects underpin Thrive Welcome Teams practice. Attachment theory describes the dynamics of long-term and short-term interpersonal relationships. It addresses how people respond in relationships when hurt, separated from loved ones, or perceiving a threat. Interpersonal communication is the process by which people exchange information, feelings and meaning through verbal and non-verbal methods.
8. **A solution-focused approach to working with people.** This way of working helps people identify their hopes and construct solutions. It treats people as the expert in their own life and explores their strengths and resources to help them regain control and develop their confidence to move forward.
9. **Working together in the Welcome Teams using reflective practice.** Reflective practice enables people to reflect on events, develop insights into what happened and decide what they would do differently next time.

The Welcome Teams also use **motivational interviewing**. This is a technique that increases self-efficacy, as it allows people to carefully cultivate their belief in their ability to achieve their goals.

Community setting for support

A key part of the Welcome Teams model is also to meet people in different community settings, rather than clinical buildings. This is to provide a less formal, more accessible form of support which enables Thrive Welcome Teams to build genuine relationships with people and truly understand their experiences and aspirations.

2.2.2 Implementation so far

Edinburgh Thrive Welcome Teams are intended to be a self-referral or open access service, which aims to provide mental health support to people who need it “*here and now*”. Staff agreed that Thrive Welcome Teams intend to reach:

- Those who have been on the waiting list for psychological intervention for a long time. The Thrive Welcome Teams’ person-centred approach means they can work with people’s current needs and circumstances without requiring a diagnosis.

- Those who have mild to moderate mental health problems who may not normally consider going to the doctor for support due to stigma, shame, or any other reason. An open access service aims to mitigate this stigma, by providing options to reach support in community settings.

However, Thrive Welcome Teams are still in prototyping phase due to a number of challenges (see 4.3) and referrals are not yet operating as planned. This means although Thrive Welcome Teams are reaching those currently on waiting lists for psychological intervention, the service is not yet reaching those who would not attempt to access support via their GP. This restricted referral pathway is frustrating for staff, who are hoping for the service to become open access as soon as it is able. This will help expand Thrive Welcome Teams into the community as originally intended, to reach those who do not want to follow a statutory route for mental health support.

In preparation for moving to an open access model, the Welcome Teams are in the process of organisational restructuring, with the aim of mitigating the difficulties with recruitment and retention that have affected Thrive Welcome Teams so far (see 4.3.2).

The Network and Collective are also not yet operating as initially planned, due to a number of difficulties with implementation. These relate particularly to the impact of Covid-19 restrictions (see 4.3.1).

2.3 Journey through the Thrive Welcome Teams

2.3.1 Accessing Thrive Welcome Teams

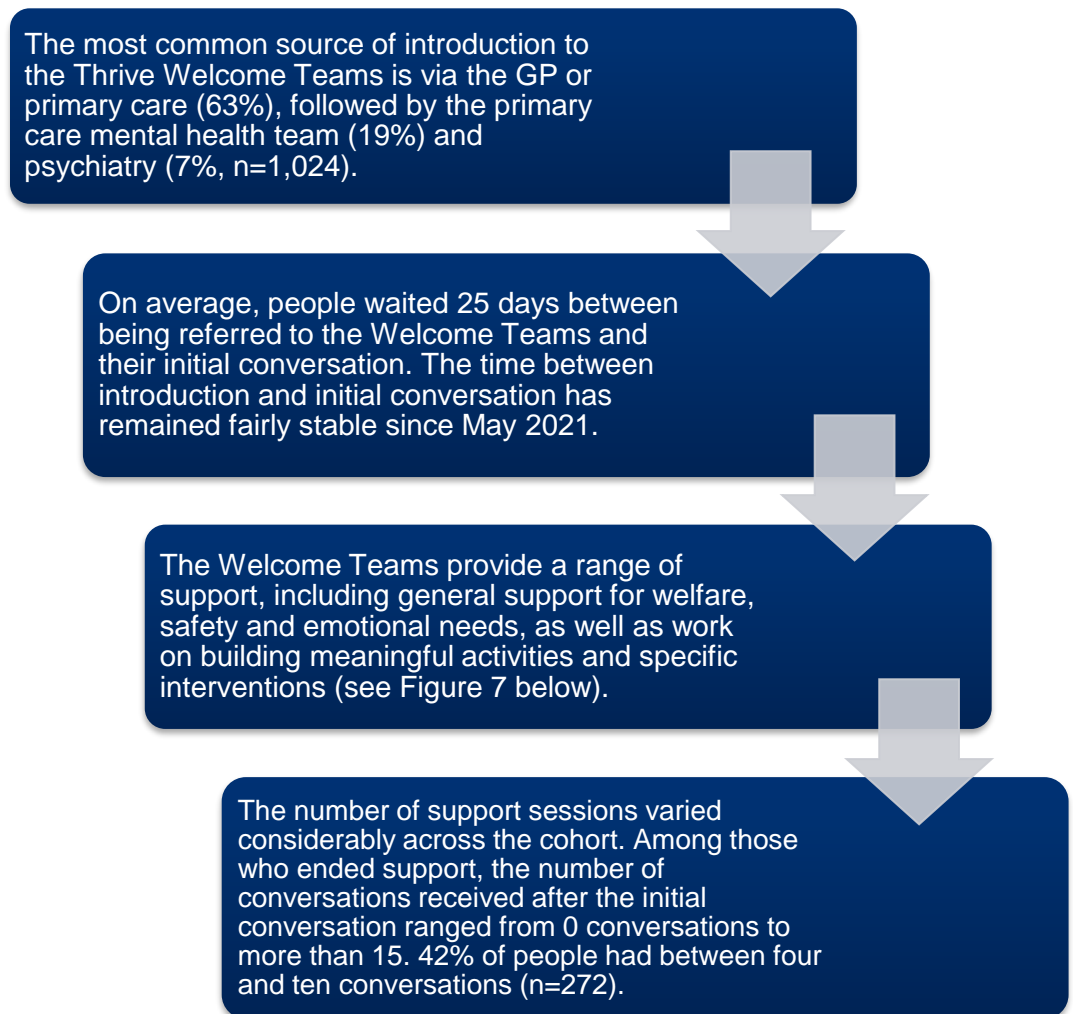
The intention is for the Welcome Team to function as a single point of access for mental health support, as noted above. The service was still in pilot phase at the time the evaluation was completed, but the plan is to move to open access as soon as possible. We therefore understand from stakeholder and client consultation that the current process for accessing Thrive Welcome Teams is for people to be referred by the GP.

The referral is assessed by a multi-disciplinary triage team attended by the Thrive Welcome Team. If the person is appropriate for Thrive Welcome Teams, they will be sent a welcome pack and Thrive will get in touch via phone or by post. They are contacted immediately if their need is urgent; otherwise, they are placed on a two- to three-week waiting list.

Those who are interested in Thrive Welcome Teams will have an initial conversation with a member of the team to discuss their needs and hopes for the support, which informs which support worker they are assigned. The Welcome Team then sends a letter summarising the conversation to the individual, who has the chance to review its contents and make any changes. The letter is also sent to their GP. The support worker then gets in touch with the individual and they begin working together to set goals.

Figure 7 summarises the person-level data analysis on accessing Thrive Welcome Teams and the main types of support received (see 1.5 in the Appendix for more detail).

Figure 7 Accessing Thrive Welcome Teams and receiving support, based on Thrive monitoring data



2.3.2 About Thrive Welcome Teams support

People are supported by a Welcome Teams worker throughout their support. The worker is assigned according to the needs identified during initial conversations.

Two key aspects of the Welcome Teams practice are the first conversation and the Thrive Plan, which are used when a person first accesses the Welcome Team.

The Thrive Conversation

Once referred, the person will be contacted by a member of the Thrive Welcome Team to arrange a first conversation. This is to understand the person's

concerns, explore what they may want to change and discuss their goals. The Thrive Conversation is completed by a person with lived experience and a Welcome Teams staff member.

The staff member explains the structure of the conversation and will also recap at the end to confirm their understanding of what has been discussed. The person will then receive a letter to summarise the conversation and will be invited to confirm that the letter represents the conversation.

The Thrive Plan

The support also involves developing a Thrive Plan along with the person. This is a virtual and printed recovery and support plan, which is used to understand what matters to people and what will aid them in their recovery.

The person may decide what their Thrive Plan contains, but this could include:⁴

- An introduction to the person, what is important to them, and their strengths and skills
- An overview of their experiences or the current challenges they face
- An outline of their relationships around them and their support network
- Their goals and aspirations for the future and a plan for achieving these, which can be shared and tracked with others

Types of support

Thrive Welcome Teams take a person-centred, strengths-based approach that means the type of support is determined on a person-level basis. Thrive workers work with the person to understand their strengths and to agree on goals the person can take ownership over and work towards.

“The person’s needs are put at the centre of support.”

Thrive Welcome Teams staff member

People may receive emotional and practical support, as well as support for wider aspects of their life, for example employment support, benefits advice, alcohol and substance misuse support, and homelessness advice (Figure 8). The Welcome Teams aims to reconnect people to their support network in the community, connect them to positive activities and learning opportunities, and enable them to find the right help when needed, whether social, therapeutic or medical. The Welcome Teams can also refer people to statutory services in the Thrive Collective such as psychiatry, psychological therapies, and CMHTs.

⁴ Information based on the Thrive Welcome Team staff induction pack shared in May 2022.

Figure 8 shows the interventions received by people accessing the Welcome Teams, according to the person-level data provided for the evaluation.

Figure 8 Interventions provided so far (n=1,097)

Type of support	Number who received support	Proportion
Welfare		
Housing support	102	9%
Benefits support	95	8%
Food support	26	2%
Safety		
Safety planning	131	12%
Basic medication review	61	5%
Emotional		
Anxiety management techniques	417	38%
Confidence building/self esteem	391	36%
Distress tolerance	298	27%
Distraction techniques	255	23%
Support with relationships	244	22%
Communication skills	179	16%
Sleep hygiene	134	12%
Carers support and advice	61	6%
Specific intervention		
ASD and ADHD pre-screening	37	3%
Decider Skills	125	11%
Mindfulness	122	11%
Employment (staying well at work planning)	82	7%

Type of support	Number who received support	Proportion
Employment (job attainment)	59	5%
Employment (retention)	50	5%
Fatigue Management	49	4%
Cognitive Behavioural Therapy	43	4%
Survive and Thrive	27	2%
WRAP (wellness recovery action plan)	27	2%
Neuro-cognitive assessment	15	1%
Functional assessments e.g. AMPS	8	1%
Basic adaptive equipment	7	1%
Sensory Profiling	1	0%
Meaningful activities		
Routine building	225	21%
Physical activity	169	15%
Befriending	51	5%
Getting to know the local area	57	5%
Volunteering	51	5%
Other		
Other	113 ⁵	10%

⁵ 96 different types of support were listed under "other". These were most commonly counselling, mental health support, peer support, education and training, and relationship support.

2.3.3 Ending Thrive Welcome Teams support

Consultation indicated that people typically receive six to ten support sessions, but the number of sessions is determined by their level of need.⁶

Welcome Teams support is offered on a time-limited basis. 34% of people introduced to the Welcome Teams during this report's data period had ended support (375 of 1,097 people).⁷ Once support from the Welcome Teams ends, the individual can be referred onward to organisations in the Thrive Collective, although the availability of this has been limited during the pandemic (see 4.3.1).

Thrive Welcome Teams take a person-centred approach to ending support, meaning the support worker will engage in open dialogue with the person about the end of support. When support is due to end, the support worker facilitates a review session to discuss goals and progress. The wider Welcome Team uses team huddles and reflective sessions to discuss endings, and support workers discuss these with their managers during supervisory sessions to assess people's risk and needs.

Welcome Team support is intended to be short-term and time-limited, but staff emphasised in interviews that people can receive ongoing support from organisations in the Collective. Thrive also has an open-door policy, meaning people are able to return if they feel they need more support.

60% of the 318 people who had available data on reason for support ending had a planned exit from support (Figure 9). This is an encouragingly high proportion:

- 30% completed their intervention with the team, met their goals, and saw an improvement (n=318).
- 19% completed their intervention with the team and partially met their goals.
- 9% ended Welcome Team support due to having been linked into other support.
- 23% had an unplanned exit, i.e. they ended support because they did not engage, disengaged after an initial period of engagement, or could not be contacted.

⁶ We understand in the earlier stages of Welcome Teams support, people received a higher number of sessions, due to the Welcome Teams having fewer referrals and fewer services to refer people on to.

⁷ Based on the number of people with any end of support data (i.e. end of support date, reason for support ending, or end of support outcomes data).

Figure 9 Reason for support ending⁸

Reason for support ending	Number of people	Valid percent
Planned exit from support		
Completed intervention with team – goals met, improvement	96	30%
Completed intervention with team – goals partially met	59	19%
Linked into support	28	9%
Decided they did not need support	2	1%
Unplanned exit from support		
Disengaged	44	14%
Did not engage	26	8%
Unable to contact	2	1%
Other reason for exit		
Initial conversation only	30	9%
Keyworker leaving	5	2%
Other	26	8%
Valid total	318	100%
Missing data	57	
Total	375	

2.3.4 Linking to support from the Collective and Network

The goal is for Thrive Welcome Teams to link people into support from the wider Collective and Network if they would benefit from this. This aims to provide a more sustainable approach than requiring the presence of Welcome Team workers for sustained periods of time, which is not the intended model.

⁸ The dataset includes data fields for a) reasons for no data being provided and b) reasons for support ending. The analysis in Figure 7 considers only the information provided for b) reasons for support ending.

However, access to Thrive Collective and Network organisations for people whose Welcome Team support had ended was limited throughout the pandemic. Community groups, third sector organisations, and private businesses to which Thrive would usually have access were closed or inaccessible due to Covid restrictions.

The iThrive platform is a recent addition which has contributed to the ability to link people more effectively into the Thrive Collective (see 4.2.4).

2.4 Characteristics of people accessing Thrive Welcome Teams

Based on the people for whom we have relevant available data on protected characteristics, analysis shows that so far:

- The service mainly supported adults of working age, with very few people (<1%) introduced to the Welcome Teams aged 65 or older (n=1,041).
- Approximately two thirds (66%) of those supported by Thrive Welcome Teams identified as female (n=985).
- The vast majority (91%,) identified their ethnicity as White, with people from Asian, Black, mixed and other ethnic groups representing under 10% of those introduced to the Welcome Teams (n=852).
- 78% identified their sexual orientation as heterosexual, 9% as bisexual, 3% as gay, 2% as lesbian, and 5% as other (n=707).
- Over half (57%) identified as having a disability (n=695).
- Almost two thirds (61%) of people had an existing mental health diagnosis (n=623). This is supported by analysis of the available ReQoL data, which showed that 88% of the cohort were within the clinical range for needing mental health support at the start of Thrive support (n=546).
- Around half (53%) had a co-existing condition, most frequently “Long-term condition” (31%), followed by autism (9%, n=438). However, these figures likely underestimate the proportion of people with no co-existing condition, many of whom are likely to be included within the 659 people with “missing data”. This is due to how this information was recorded in an earlier version of the data collection spreadsheet used by the Welcome Teams.

The most common source of introduction to the Thrive Welcome Teams was via the GP or primary care (63%, n=1,024), followed by the primary care mental health team (19%) and psychiatry.

A more detailed breakdown of this information is available in the data appendix.

Representativeness of the wider Edinburgh population

Demographic data indicates that the Thrive Welcome Teams cohort is not currently representative of the wider population in Edinburgh based on age and gender, although it is representative by ethnicity:

- 15% of the wider population is over 65⁹, in comparison with only <1% of the Thrive Welcome Teams cohort in this age group.
- 51% of the population is female⁹, in comparison with 66% of the Thrive Welcome Teams cohort.
- 92% of the Edinburgh population is White, which is the same proportion as in the Thrive Welcome Teams cohort. However, this is based on data from the 2011 census, which is the most recent data available on ethnicity. This should be compared with new census data when it is released in 2022.

These distributions may well change when Thrive Welcome Teams open up their referral pathways and the wider population has open access to the service. However, this will be an area for Thrive Welcome Teams to continue to monitor as the service progresses.

It was not possible to compare the Thrive Welcome Teams and general population for the other protected characteristics.

⁹ Edinburgh City Council data profiles (2019), available at: <https://www.edinburgh.gov.uk/strategy-performance-research/locality-ward-data-profiles/1>

3 Outcomes

3.1 Overview

This section discusses the outcomes achieved by Thrive Welcome Teams for people, staff, and the wider system so far.

- Overall the evaluation found strong evidence of improved outcomes for people who had accessed Thrive Welcome Teams. People using the service said that what had helped was focusing on their own goals about what they wanted; having choice and control; good relationships with staff (who showed empathy and the ability to listen); being helped to focus on their strengths; being given coping strategies and techniques; signposting to other opportunities and information, and speed of referral.
- Staff also achieved positive outcomes, although the evaluation identified some differing experiences across localities as a result of Covid-19 restrictions, staff attrition, and operational challenges.
- The evidence was more limited for system level outcomes, which may be due to Thrive still being in prototyping phase and not yet fully embedded in the wider system.

3.2 Person-level outcomes

3.2.1 Summary of outcomes

The evaluation found good evidence of changes for people who had been supported by Thrive Welcome Teams. People experienced improved mental health and recovery and ability to manage their own wellbeing. They also experienced practical improvements in their lives as a result of the support, such as employment, benefits, and housing situation, or in some cases, being able to stop taking anti-depressants and feeling more able to leave the house.

The people we interviewed for the evaluation were mostly highly positive about the Welcome Teams support and felt it had been impactful in helping them achieve meaningful change in their lives.

“The work with the Thrive Welcome Team is one of the most important things I’ve done. I can see a better future. I see a light and before it was dark.”

Person supported by Thrive Welcome Teams

Although we should be cautious in drawing overarching claims based on this small sample, this is encouraging evidence of positive outcomes which is reinforced by the quantitative data and the staff consultation.

“We are making a difference to people. The people I’ve seen give the feedback that by listening, being there, and giving them the tools, we’ve made a huge difference.”

Thrive Welcome Teams staff member

The monitoring data from the Welcome Teams provides promising evidence that people are seeing improvements in relation to five of the six key outcome areas. There was less evidence or evidence of more mixed impact in relation to the remaining outcome area.

Outcome	Evidence rating
Outcome 1: People are recovering, staying well and can live the life they want to lead.	Positive evidence
Outcome 2: People have choice and control.	Positive evidence
Outcome 3: People feel connected and have positive relationships.	Mixed evidence
Outcome 4: People are living in settled accommodation of their choice where they feel safe and secure.	Limited evidence
Outcome 5: People have opportunities to learn, work and volunteer.	Positive evidence
Outcome 6: People receive good quality, person centred help, care and support.	Positive evidence

People are recovering, staying well, and can live the life they want to lead

The evaluation found strong evidence from quantitative and qualitative data that people are achieving the outcome of recovering, staying well and are more able to live the life they want to lead.

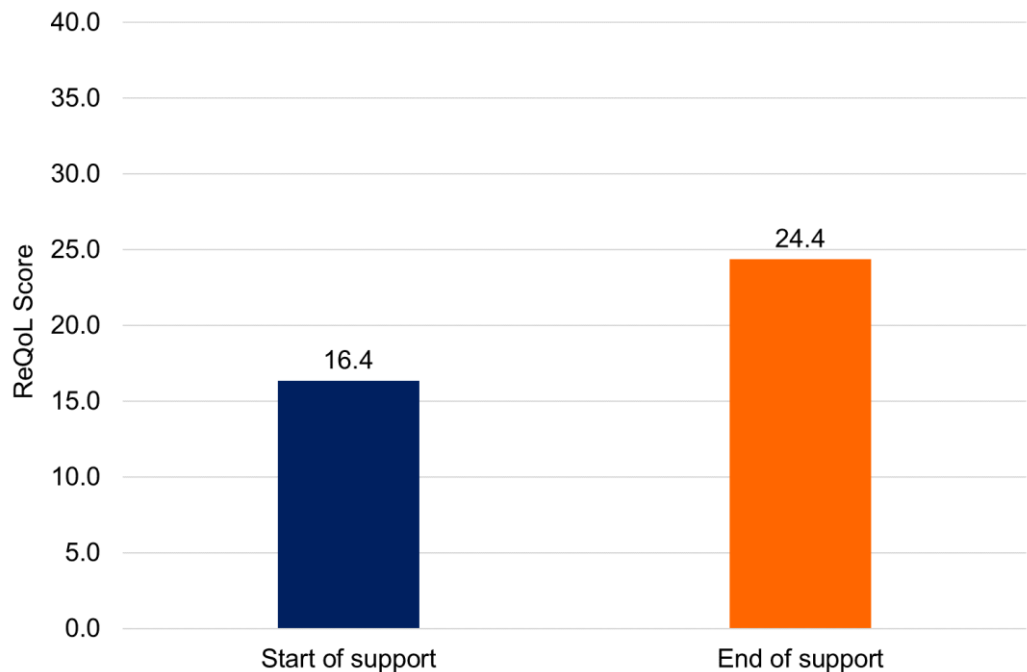
ReQoL data showed positive progress for this outcome area

The mean ReQoL score increased from 16.4 at the start of support to 24.4 at the end of support (Figure 10) ($p > 0.05$, medium effect size = 0.99). This is a statistically significant increase and suggests positive progress for this group

of people regarding the outcome of recovering, staying well, and living the life they want to lead.¹⁰

The ReQoL data indicates that, on average, people accessing support from the Welcome Teams are within the clinical range for needing mental health support (i.e. they have a ReQoL score below 25). Although they tend to improve, the average score still remains within the clinical range when they exit the service.

Figure 10 Mean ReQoL index score for people with data at start and end of support (n=186)



In terms of individual changes in scores as a proportion of the sample (n=186):

- Over half (53%) saw a reliable improvement in their ReQoL score, i.e. an increase of five points or more. This indicates they experienced a meaningful improvement in their recovery and quality of life between start and end of support.
- 28% saw no reliable change in ReQoL score.
- 19% saw a reliable deterioration in ReQoL score, i.e. a decrease of five points or more, which indicates a reduction in quality of life.

¹⁰ Based on paired t-test.

Figure 11 Change in ReQoL index score (start of support to end of support, n=186)

Change over time	Number of people	Proportion
Reliable improvement (change in index score ≥ 5)	98	53%
No reliable change (change in index score > -5 and < 5)	52	28%
Reliable deterioration (change in index score ≤ -5)	36	19%
Valid total	186	100%

Personal Goals data showed positive progress for this outcome area

A very high proportion of the sample made progress towards their goals, and the sample as a whole also showed statistically significant improvement in median score between the start and end of support:¹¹

- 96% of people made progress towards at least one personal goal between the start and end of support (Figure 12).
- 73% of people made progress towards at least two goals, and 32% made progress on at least three goals (Figure 12).
- 75% mostly or fully achieved at least one goal by the end of support, and 45% had fully achieved at least one goal.
- Only 5% moved backwards on a goal between start and end of support.

Overall, the progress made by the group on their personal goals was statistically significant.¹²

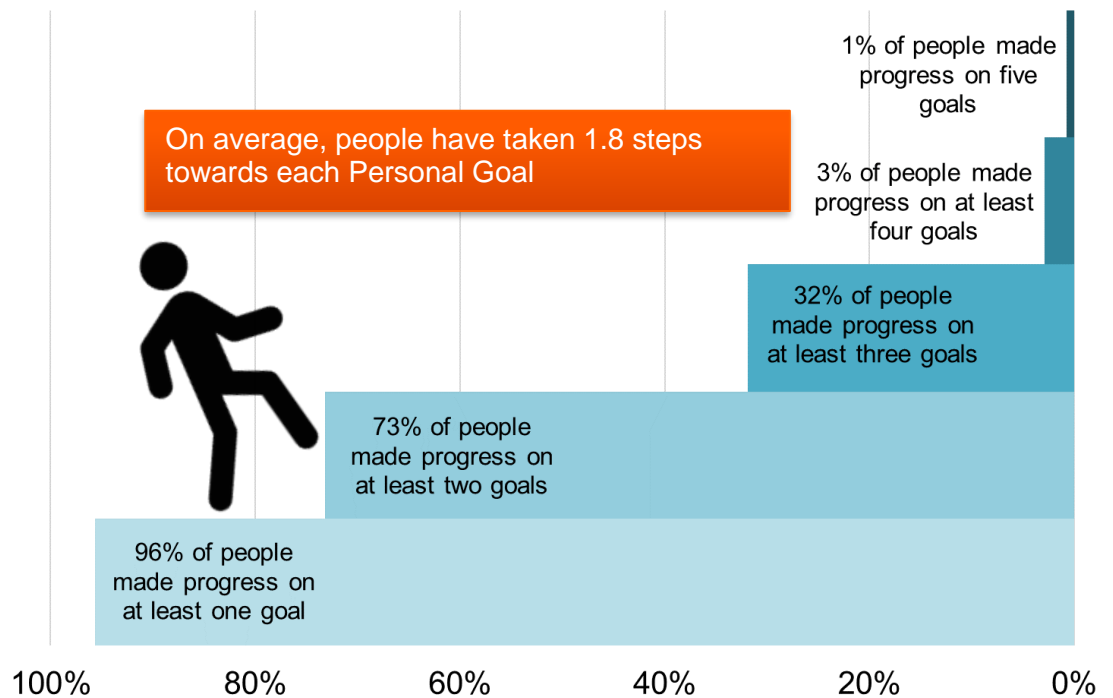
- The median score improved between the start and end of support, increasing from 1.7 (having made “a little” progress towards their goal) to

¹¹ Paired Personal Goals data was available from start and end of support for 138 (37%) of the 375 people we understand to have ended support. This represents a total of 336 paired goals (as some people had paired data for more than one goal).

¹² Based on Wilcoxon signed rank.

3.5 (the goal is between “half way” and “mostly” achieved) ($p < 0.05$ and large effect size $= 0.87$).^{13 14}

Figure 12 Progress on Personal Goals for people with matched data at start of support and end of support (n=138)



The qualitative consultation also showed that Thrive Welcome Teams support had led to significant improvement to people’s mental health and quality of life. People were recovering and were more able to live the life they wanted to lead, and the small sample of people consulted for the evaluation also showed evidence of staying well after the support had ended. For example, we heard that people were no longer having suicidal thoughts and felt more able to cope, and that people had come off medication for their mental health since Thrive Welcome Teams support:

“I don’t have suicidal thoughts, and if anything bad comes I can deal with it.”

“When I met [my Thrive worker], I was on Citalopram, and now I’m not on it.”

¹³ Effect sizes for pre/post analysis can appear larger than effect sizes identified through randomised controlled trials for a range of reasons, including the role of other things affecting people’s lives in improving outcomes, and regression to the mean.

¹⁴ This is based on average progress scores per person (for all goals with paired data).

“It was overwhelmingly positive and helped me enormously.”

“I’m less stressed with work. Before I’d get stressed out about anything and everything. It was about teaching myself I’m not to blame for things. I’ve got a more positive outlook.”

People supported by Thrive Welcome Teams

People are living in settled accommodation of their choice where they feel safe and secure

The evidence showed limited improvement in this outcome area.

Questions About Your Life data showed no significant change in median satisfaction score for the domain of accommodation (n=179).

However, 35% of people saw an improvement in their individual satisfaction with their accommodation. 40% saw no change in score, and 25% saw a deterioration.

This outcome area did not appear to be a key focus of the Welcome Teams support across the board. However, qualitative consultation indicated a small amount of evidence of improved ability to access support with accommodation for those who needed it. For example, one person described being referred to a housing service which she would otherwise not have been able to access:

“[Thrive worker] referred me to Four Square who help me with housing and filling out forms because I’m dyslexic.”

Person supported by Thrive Welcome Teams

The support appears to be well set up to identify people’s needs and help them access other support services in areas outside of the Welcome Teams’ remit. Accommodation and housing is one aspect of this. This indicates Thrive Welcome Teams may be contributing to people being able to take action in this area of their life, whereas before they may not have had any support with this.

People feel connected and have positive relationships

The evidence shows clear improvement in people’s feelings of connection and the strength and positivity of their relationships.

Questions About Your Life data suggested people’s friendships and relationships improved

The median satisfaction score for **number and quality of friendships** statistically significantly increased between the start and end of support, from a median of 4 (mixed satisfaction) to 5 (mostly satisfied) (n=138, (p<0.05, effect size = 0.41). Almost half of the cohort (46%) showed improvement in their individual score in this area.

The median satisfaction score for **relationships and family** remained at a median of 4 (mixed satisfaction), however, the improvement was statistically significant ($p < 0.05$, effect size = 0.49).¹⁵ 43% of the cohort showed improvement in individual score in this area; 31% showed no change in score and 26% decreased (n=179).

Two individual ReQoL items also suggested some evidence of an improvement for this outcome area for those with paired ReQoL data:¹⁶

- Just over half of the cohort (55%) saw an improvement relating to the individual ReQoL item “I felt able to trust others” (n=186). 18% saw no change and 27% saw any deterioration.
- Just over half of the cohort (53%) saw an improvement relating to the individual ReQoL item “I felt lonely” (n=186). 25% saw no change and 17% saw a deterioration.

Qualitative consultation also indicated that people had seen improvements in their relationships and feeling connected. Several people felt their relationships with others had improved through their work with Thrive Welcome Teams, and they felt better equipped to communicate with people close to them after receiving support:

“At first it was hard to express my emotions. I wouldn’t speak to my mum, boyfriend, or family. Through Thrive I learned coping mechanisms and now I talk to those people more.”

“It has improved my relationship with my mum. Me and my family are more connected.”

People supported by Thrive Welcome Teams

People receive good quality, person-centred help, care and support

Both qualitative and quantitative data indicate Thrive Welcome Teams support is good quality and person-centred. Overall, people were extremely positive about their experiences of support.

Responses to the client experience questionnaire were highly positive

Data on experiences of support for the “How did we do?” questionnaire was available for 43% of the 375 people who ended support,¹⁷ and suggest the

¹⁵ The Wilcoxon Signed Rank test ranks the sum, not median; therefore it is possible for the ranks to differ and show statistically significant improvement while the medians remain the same.

¹⁶ With the caveat that Questions About Your Life and individual ReQoL questions are not validated outcomes measures.

¹⁷ The number of responses to questions ranged from 105 to 164.

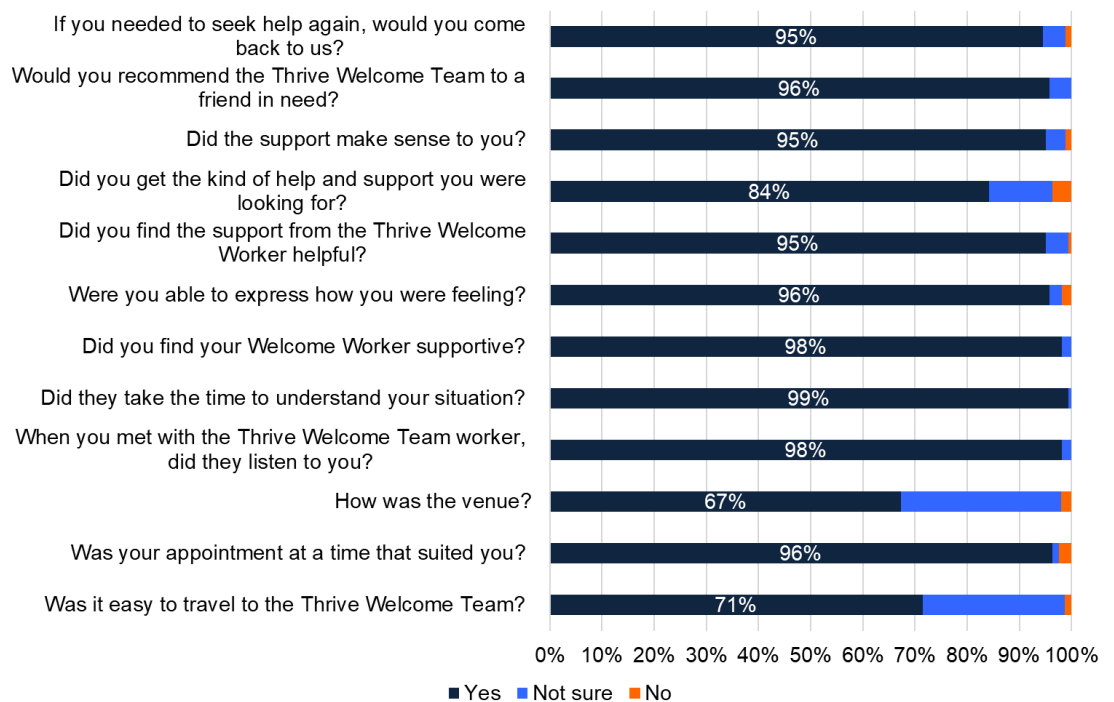
support was person-centred and helpful (Figure 13). **At least 95% of people** responded that:

- They would use the Thrive Welcome Team again
- They would recommend the programme to a friend
- The support made sense to them
- They felt able to express how they felt
- They had an appointment at a time that suited them
- Their Welcome Worker was supportive and helpful
- The Thrive Welcome Team listened to them.

84% responded that they did get the kind of help and support they were looking for. 12% were 'not sure'.

The only domains to which less than 80% of respondents replied positively were about ease of travelling to the Welcome Team and venue. In both cases this was because a relatively large minority responded 'not sure'. This is likely due to the support having taken place remotely under Covid-19 restrictions, so the question was not relevant.

Figure 13 Feedback on the Thrive Welcome Teams from those who had ended support (n=105 to 164)

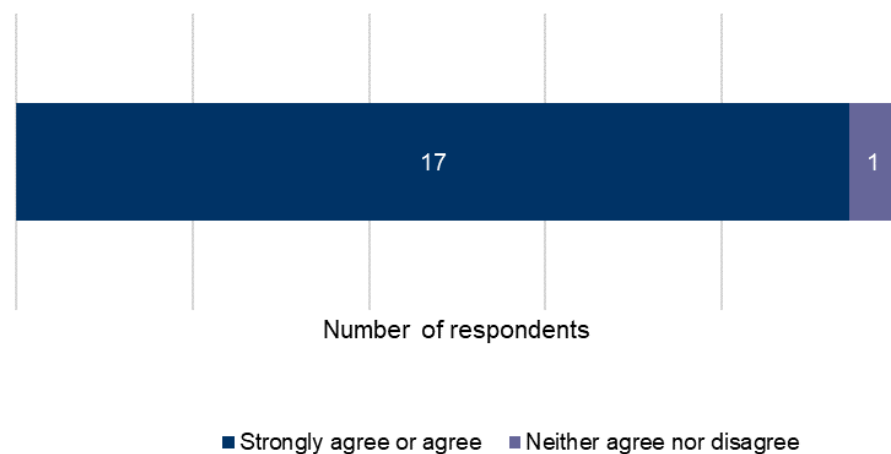


Qualitative consultation with staff and people who had accessed Thrive Welcome Teams also indicated that the support is good quality and person-centred. The person-centred nature of the support was a particularly important aspect. People felt the support was tailored to them and their needs.

The staff survey also strongly suggested that the support is high quality. 17 of the 18 staff surveyed strongly agreed or agreed that if a friend or relative needed treatment, they would be happy with the standard of care provided by the Living Well Team (Figure 14).

Figure 14: Staff survey responses on standard of care (n=18)

To what extent do you agree with the following statement: If a friend or relative needed treatment I would be happy with the standard of care provided by the Living Well Team



People have choice and control

The evidence shows that people were achieving increased choice and control as a result of Thrive Welcome Teams, both in terms of how they interacted with the service, and in terms of improved wellbeing as a result of the support.

The support is set up to allow people to have a say in how they access and receive support. For example, 481 people of the 1,097 introduced to Thrive Welcome Teams in this period had Personal Goals data at the start of support, which indicates they had talked to their Thrive worker about their own goals and what they wanted to focus on with the support. The people interviewed felt in control of what they were receiving support for, how they would receive this, and what it would look like:

“We had phone calls to assess. Then [Thrive worker] met with the team to decide on the best approach. In our discussion [Thrive worker] picked out three areas they felt they could offer support in. So it kept me very involved in the process.”

Person supported by Thrive Welcome Teams

Conversations were structured by the support worker but led by the needs of the client:

“I felt [Thrive worker] had an agenda of points he wanted to touch but it didn’t feel pressured – it played out like a conversation, and I felt free to bring up what I needed to.”

Person supported by Thrive Welcome Teams

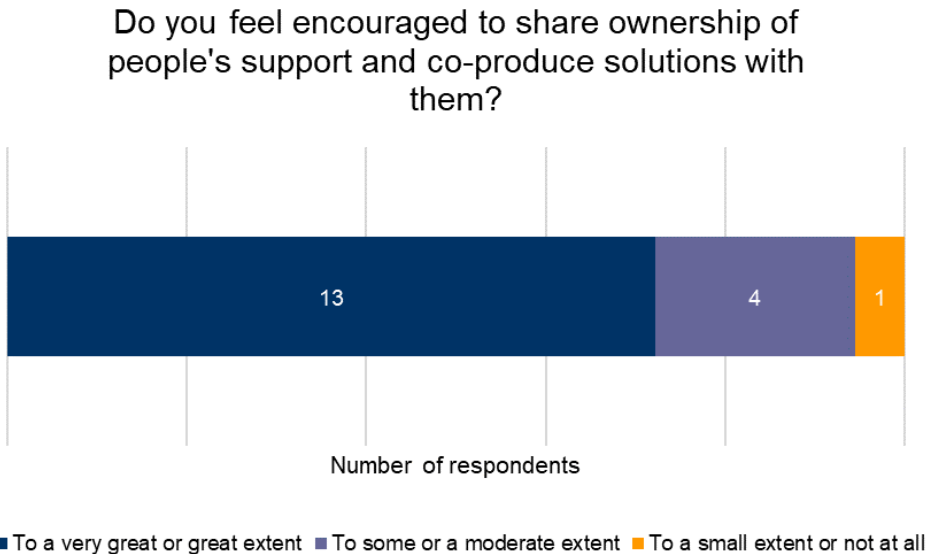
The ongoing support is tailored to people’s practical and emotional needs in the moment. People were able to decide whether sessions took place in-person, over the phone or virtually, and what kind of topics were covered during sessions. They felt listened to by their support workers. For example, if a client was feeling too anxious to leave the house, they could request their session be completed over the phone. The caseworkers’ communicative, transparent approach meant people felt they could ask questions and had a first port of call to address issues or uncertainty:

“He would respond promptly so I never felt like I didn’t know what was happening. He was welcoming, understanding, supportive, and non-judgmental.”

Person supported by Thrive Welcome Teams

The majority of staff who responded to the survey felt encouraged to share ownership of people’s support and co-produce solutions with them; 72% said they felt this to a great or very great extent, and 22% felt this to some or a moderate extent (Figure 15).

Figure 15: Staff survey responses on co-produced support (n=18)



People also had improved choice and control over their own lives as a result of Thrive Welcome Teams. People felt more able to manage their lives and wellbeing, and the support helped people address practical issues impacting on their mental health. Receiving help with practical issues as well as emotional support allowed them to tackle these problems and regain control. The support resulted in:

- **More choice and control over daily household activities.** For example, one person described how through working with their support worker, they were able to manage daily and household activities which had previously been a significant barrier due to their mental health:

“I can get out of the house, keep control of my chores like cooking, cleaning, shopping.”

Person supported by Thrive Welcome Teams

- **More control and ability to engage in wider aspects of life.** We also heard examples from people who, since accessing Thrive Welcome Teams, had been able to leave the house, manage relationships, find employment, and were no longer experiencing suicidal thoughts. For example, one person felt Welcome Teams support contributed to their improved ability to handle practical issues such as finances.

“[My Thrive worker] has referred me onwards to other people. Because I hadn’t been working, I had money problems... He has given me access to things I wouldn’t have had otherwise. The practical issues were dominating my day before.”

Person supported by Thrive Welcome Teams

- **Improved ability to manage mental wellbeing.** Many felt their mental state had improved as a result of working with Thrive Welcome Teams, and that they had the tools and resilience to address any future negative thoughts:

“I’m less stressed with work. Before I’d get stressed out about anything and everything. It was about teaching myself I’m not to blame for things. I’ve got a more positive outlook.”

Person supported by Thrive Welcome Teams

- **Greater understanding of the support available.** People felt Thrive Welcome Teams empowered them to be more aware of the support that was available. Many felt unaware of what mental health provision was available within Edinburgh. Most lacked the resource to access private psychological services.

“I didn’t know any services – I felt I was walking around blind and didn’t know where to turn.”

Person supported by Thrive Welcome Teams

Many people felt that without the Welcome Teams, they would not have accessed other support and would still be experiencing poor mental health:

“I’d still be very mentally stuck and broken.”

“I’d still be in depression or even be dead.”

People supported by Thrive Welcome Teams

Personal Goals data indicated positive progress for the majority of the cohort in achieving their goals (see above). Progress towards these goals, which people each choose for themselves, may also indicate evidence towards improved **choice and control**.

The evidence did find some debate among staff over the wording of ‘control’ as an outcome. Staff recognised the impact of environment and context on people’s lives, and the fact that ‘control’ can also be about recognising and managing external factors such as poverty and its impact on mental health:

“When working with someone who can’t afford to put the heating on or eat, who is living in extreme poverty, I can’t do much to help her ‘live the life she wants to lead’. I can’t do basic things to help her wellbeing. I can be a support, but I can’t do the practical stuff.”

Thrive Welcome Teams staff member

People have opportunities to learn, work and volunteer

The evidence strongly suggested people have opportunities to learn, work and volunteer as a result of Thrive Welcome Teams support.

Questions About Your Life data suggested people’s satisfaction with opportunities to learn, work and volunteer improved

The median satisfaction score for jobs/studies/other occupation statistically significantly increased between the start and end of support, from a median of 4 (*mixed satisfaction*) to 5 (*mostly satisfied*) (n=171).

This outcomes domain showed the highest proportion of the cohort with improvement: **just over half (51%) showed an increase in individual score** between the start and end of support. This was the highest proportion of all five outcomes domains. 25% showed no change, and 24% had a deterioration in satisfaction with their job/studies/other occupation.

Consultation also indicated strong evidence of improvements in this outcome area. People reported being able to return to work since working with Thrive Welcome Teams, which was a huge change in people’s lives. Several people attributed this directly to the support, which one person described as *“life-changing”*:

“My whole life has changed from working with [Thrive worker]. Before, I’d sit on my bed and not even remember by own name. I was so brainwashed and stuck that I couldn’t think straight. After working with [Thrive worker], I can go back to work. I’m working in a workplace which I never thought I’d be able to do.”

Person supported by Thrive Welcome Teams

People felt Thrive Welcome Teams had given them the tools to manage their mental health and wellbeing moving forwards, enabling them to return to work with confidence. One person also described starting volunteering as a result of the support.

“[My Thrive worker] saw I liked volunteering. She gave me resources for volunteering through Thrive.”

Person supported by Thrive Welcome Teams

3.2.2 Enablers and obstacles to achieving person-level outcomes

The evidence suggested the key components of Thrive Welcome Teams making the most difference in improving outcomes for people are the relationships with staff who were empathic, listening and caring, setting goals, choice and control, focus on strengths, learning new techniques and strategies, signposting to wider opportunities as well as the accessible nature of the support and good management of endings. This section discusses the main enablers to achieving these outcomes. It also considers obstacles to achieving outcomes.

Relationships with staff

The empathy, emotional support and the strong relationships with Welcome Team staff were key factors contributing to people’s individual outcomes and improved wellbeing. People found working with their lead worker was a key benefit for the following reasons:

- **The staff are empathetic and good listeners, which made people feel heard.** The workers’ empathetic approach and the good relationships they built was key in helping people achieve outcomes and goals. Staff also acted as a sounding board for people to help them work through issues:

“Having a sounding board [made the positive difference], someone to map out next steps, challenges, and how to manage things.”

Person supported by Thrive Welcome Teams

Their transparent and collaborative approach meant people felt in control of the process of accessing the Thrive Welcome Team and deciding on support. Many people had never accessed mental health support before and had not had the opportunity to talk to anyone about the difficulties they were experiencing. Thrive provided this opportunity:

“She was good at listening to me. I vented everything out. I’ve kept everything to myself my entire life. [Thrive worker] was the first person I could open up to and let everything out.”

“I felt listened to”

“You could tell she was listening. [Name of worker] was very welcoming, friendly and quiet”

People supported by Thrive Welcome Teams

- **The staff come across as friendly and caring.** It was clear from interviews that the support workers are friendly and non-judgmental. People’s experience of Thrive Welcome Teams was less formal than with other statutory sector health services:

“She felt like a friend. [...] She allowed me to say whatever I wanted to say and I didn’t feel guided.”

“It’s not just a clinical thing – it’s personal. I got the feeling they wanted to help me.”

Person supported by Thrive Welcome Teams

People commented on the value of a more informal approach, which they had not previously experienced in their interactions with doctors or other healthcare professionals. This enabled their engagement with Thrive Welcome Teams:

“My support worker would share stories, and it felt like I was communicating with someone who was interested – it felt like more of a conversation. If I feel like someone’s not interested, I won’t talk.”

Person supported by Thrive Welcome Teams

However, the support still appears to be striking the appropriate level of professional independence, with people commenting on the value of speaking to an impartial professional about their difficulties:

“Having someone not related to or friends with made a huge difference. People that love and care about you could tell you to try not to worry but having someone you don’t know [to talk to] is more powerful.”

Person supported by Thrive Welcome Teams

Goal setting

At the start of support, Welcome Team workers and the person accessing support work together to identify the person’s individual needs and to set goals.

Setting goals early on in the process meant people had practical, tangible goals to work towards, which they had chosen themselves. The Welcome Team workers also took a positive approach and focused on strengths:

“On our first session, we worked on resources and questions and I wrote out my goals. I liked that as it gave me something physical.”

“She asked me what I would like to do in the session and what my goals are. She helped me to figure out what I wanted.”

“At the end, she would pick out positive things from the session and suggest I focus on one of those things. There was always a goal which was a positive thing.”

People supported by Thrive Welcome Teams

Achieving goals enabled people to see that their lives could get better and gave them a sense that accessing support had helped them to move on:

“I had three objectives at the start – to feel myself again, be more communicative with friends and family, getting back to work. I achieved all of those with [name of worker]’s help – from that point of view it was a positive and successful intervention.”

Person accessing Thrive Welcome Teams support

Choice and control

People receiving support appreciated being able to choose the location, timing and content of sessions with their worker. This gave people a sense of being in control of the process, which they felt helped them in their recovery. We heard that support was *“structured to what I wanted”* and that *“she let me lead it”, “I felt very in control of it – she let me dictate the nature of the meeting”*.

People found it helpful to be able to choose where and when to meet their worker. During Covid-19 restrictions, people accessed support over the phone. We also heard examples of people choosing to delay support until they could meet in person. When restrictions lifted, some people moved to in-person support, but others chose to continue receiving phone support as this better suited their needs, for example for those with anxiety around leaving the house. The flexible setting enabled people to access the sessions in ways that best suited them in the moment:

“I had my sessions in person, but there were times I struggled to attend [due to mental health concerns] so I had a phone call. It was very much arranged around me – [Thrive worker] asked what I was most comfortable with.”

Person supported by Thrive Welcome Teams

When meeting in person, people described going on walks with their support worker, meeting in Costa or Starbucks near their workplace, or in local health

centres such as GP surgeries. One client who initially attended their sessions in a local health centre noted benefiting from the more informal setting offered later:

“My first two or three sessions were in a local health centre. As [Thrive worker] and I got to know each other, we chose more relaxed settings and met in Costa. That change happened naturally. I did feedback to [Thrive worker] that I found initially the setting of working in a GP a bit austere.”

“She would ask where we would like to meet.”

People supported by Thrive Welcome Teams

People also said they were able to control the timing and intensity of the support they received. Generally, people received weekly or fortnightly sessions with their workers, but felt that if they needed more support, they were able to ask for it. For example, one client mentioned that she knew if she needed an extra session, she would be able to request this. This scheduled yet flexible approach to support meant support could be tailored to meet people’s need at that moment in time. People valued this highly.

“If you need help you can call, you can make appointments easily. If you needed to change or get any extra support, they’d put you onto it.”

Person supported by Thrive Welcome Teams

Rather than following a ‘one-size-fits-all’ programme, the needs and goals identified during the initial conversation and during subsequent conversations shape the support offer. This ensures people have control over their own support:

“I didn’t feel that I was being shoe-horned into a process. It always felt quite personal and something I could progress through at my own pace.”

Person supported by Thrive Welcome Teams

This process of tailoring sessions to meet needs was an ongoing process, so the client felt in control of the pacing and content of the sessions:

“[Thrive worker] was sensitive to progress things at the right pace – we naturally accelerated once I could see the wood for the trees.”

Person supported by Thrive Welcome Teams

Focusing on strengths

The support offered focuses on people’s strengths, which helped them to feel more positive and gave them hope that they could feel better, for example:

“She’d pick out the positive things”

“[Name of worker] let me know about strengths I didn’t realise I had”

“Now I know what I’m good at”

“I know now that I can feel better”

People supported by Thrive Welcome Teams

Providing strategies and techniques to manage wellbeing beyond Thrive Welcome Teams sessions

The Welcome Teams support includes giving people a range of strategies and techniques to help them manage their own wellbeing beyond the sessions. In addition to someone to talk to, the sessions offer a structured approach to wellbeing support and incorporate tools that people might find helpful in a flexible way. The sessions involve working through handouts and coursework on topics relating to that person’s needs, and setting ‘homework’ to take away. For example, one person described working on handouts and coursework relevant to health anxiety, while another received coursework on self-compassion. People who received support said it helped them break down problems and learn to deal with them.

People found it useful to have practical tasks to implement in their daily lives, which they could then discuss at their next session:

“Each week we would go through handouts and worksheets. She’d speak through them, what the topic was, then with worksheets I’d go away and put into practice and each week build on it. Each week we’d check in what had I done in the module.”

Person supported by Thrive Welcome Teams

This equips people with tools and strategies to implement changes in their lives between and beyond session. One person noted, *“I have a ream of tools to go back to.”* Another person described how the Thrive Welcome Teams worker would post packs of information to her house, so that she had the resources to hand and could implement them. Learning tools and techniques to manage their mental health and wellbeing in this way helped improve the sustainability of their improvements, as they had resources and information to revisit once support had ended:

“...the literature and tools and techniques, the work I did in terms of what are the warning signs and triggers...creating a wellness recovery action plan – I wouldn’t have done those things [without Thrive Welcome Teams]”

Person supported by Thrive Welcome Teams

Signposting to other opportunities

Thrive Welcome Teams provide practical support with additional areas not directly linked to mental wellbeing. The multi-disciplinary Welcome Team means Thrive is able to match people to workers according to their needs and situations; the team has a broad range of skills on offer (although see 4.3.2). People can

also receive support from other members of the Welcome Team, if a new need is identified:

“He was asking me what I thought he could do to help me. I would say I’m struggling with this, like considering going back to work. Then he’d put me in touch with an Occupational Therapist.”

Person supported by Thrive Welcome Teams

The multi-disciplinary culture and approach was key in achieving positive outcomes. Staff agreed the holistic support offered by the multi-disciplinary Welcome Team represents a new approach to mental health support that had not previously been taken within statutory sectors. They felt the mix of disciplines enabled the focus to stay on Thrive Welcome Teams values of holistic, person-centred support:

“Being able to have an inter-agency and inter-disciplinary approach starting to embed, with different players and different organisations getting contracts in different localities’ teams. It’s a lot to bring under one umbrella. To have got this far with that is a key success.”

Thrive Welcome Teams staff member

“[Someone who had accessed Thrive Welcome Teams] shared a powerful story at a conference about how they helped him reconnect back into his community. His community supported him to move house, and he was at a point of wanting to go back to work. That wouldn’t have happened if we’d just been doing our old school statutory style of things. He wouldn’t have gone out for walks, found beautiful spots in nature that he spoke about. It’s a different type of support that’s meaningful.”

Thrive Welcome Teams staff member

Some people were also linked to other support by Thrive Welcome Teams, such as housing, employment and finances, which are services in the wider Network. For these people, Thrive acts as a gateway to services they would otherwise not have known about or been able to access:

“[Thrive worker] has referred me on to other people. Because I hadn’t been working, I had money problems. He’s referred me to a lady from the money place... He’s given me access to things I wouldn’t have otherwise.”

Person supported by Thrive Welcome Teams

People also gave examples of being referred to services in the Thrive Collective, such as an art course, that aimed to improve their wellbeing and connection to the community, rather than solve specific issues.

An engaging, accessible and timely service

The experience of being introduced to and accessing the Thrive Welcome Teams is accessible and transparent. Support workers play a key role in engaging people and creating a positive experience accessing the service. They do this by:

- **Helping people understand the Thrive Welcome Teams support offer.** People were unsure of what to expect when they were referred. Their first phone calls with their support workers were vital in introducing them to the service and helping them understand it:

“[Thrive worker] was good at helping me to understand what Thrive was about.”

Person supported by Thrive Welcome Teams

- **Being friendly, clear and welcoming.** People accessing Thrive Welcome Teams felt listened to and welcomed by their support workers during the process of accessing the Thrive Welcome Teams. The support workers' friendly, informal approach helped ease people's doubts about accessing the service and set the foundations for a positive relationship and rapport:

“She was very welcoming, there to listen, provide some feedback and gave me an overall plan of what she thought would be helpful.”

“She was positive, soothing, and welcoming.”

People supported by Thrive Welcome Teams

The short referral time (between days to weeks) into the service contributes to strong engagement, as it enables the Welcome Teams to offer support to people quickly. This was in notable contrast to the years-long waiting lists for NHS psychological interventions and is likely to contribute to avoiding further decline in mental health during time spent on a waiting list. People accessing Thrive Welcome Teams highlighted this as a particularly valuable part of the service:

“When people are looking for help, they're looking because they need it now. To say to somebody, ‘yeah we'll contact you in 18 months’, that's not useful – nobody knows where they'll be in 18 months.”

“Thrive were quick to reach out”

Person supported by Thrive Welcome Teams

Managed endings

People appreciated the way in which the Welcome Team managed the ending of support, as one person explained:

“The sessions coming to an end was a sad thing but inevitable...it was an agreement where they came to an end, I knew it was a finite

thing. The way that was set up was helpful, like setting a long term goal where I felt OK, and when the end did come I felt OK.”

Person supported by Thrive Welcome Teams

Although Welcome Team support is intended to be a short-term intervention, the ‘open door’ policy means people can return in the future if necessary. People found this a valuable and comforting feature of the service:

“It was great at the end that [Thrive Welcome Teams] said it’s open doors if you want to contact us again.”

Person supported by Thrive Welcome Teams

Lack of organisations to refer people to

The evaluation found only one significant obstacle to achieving positive outcomes. As the support offered by the Thrive Welcome Teams is short-term, having organisations in the Thrive Collective to direct people onto once Welcome Teams support ended is vital to ensure the sustainability of the service. However, the impact of Covid-19 has led to a shortage of places within the Collective to refer people to. This resulted in some people being placed on waiting lists or being unable to access activities through the Collective, which meant they were left without support once their Welcome Team support had ended.

However, stakeholders did feel they were observing improvements in the availability of places within organisations in the Thrive Collective.

3.3 Outcomes for staff working in the local system

3.3.1 Summary of outcomes for staff

The evidence showed mixed outcomes for staff in the Thrive Welcome Teams, Collective, and Network. Some staff experienced a highly positive working culture and job satisfaction, and appreciated the opportunity Thrive offers to work in a different, more person-centred way. This was particularly true for statutory sector workers within the Welcome Teams. Third sector workers also benefitted from forging professional networks within the statutory sector. However, staff experience of the Thrive Welcome Teams working culture and therefore staff outcomes varied according to locality and role. The evidence found a sense that the Welcome Teams are not yet operating as smoothly as intended for staff; this may be due to some extent to teething troubles, and people were hopeful things would improve.

Including staff outcomes in the evaluation

It should be noted that this inclusion of staff outcomes in the Thrive Welcome Teams evaluation is an important part of Thrive Welcome Teams’ model. It reflects the aim for Thrive Welcome Teams to learn and evolve, and to create a positive, collaborative culture as an intrinsic part of the service. This is a key

part of the Thrive vision, and contributes not only to wellbeing for staff, but to making the service effective for people using it.

Staff are satisfied in their work

The evidence showed that in general, staff were satisfied with many aspects of their work. In particular, peer workers and third sector staff were pleased to be part of a professional network with the NHS and statutory sector staff. They felt these roles had not always received professional recognition within the field, and that Thrive Welcome Teams do offer this.

The staff survey indicated that the majority of staff (11 of 18) were satisfied with their job to some or a moderate extent. The remainder were satisfied to a very great or great extent. This reinforced the relatively positive picture from the qualitative consultation.

However, some staff were less satisfied with their work and experienced frustration with aspects of the Thrive Welcome Teams culture and ways of working. Some of these aspects were across Thrive Welcome Teams, but others arose from people's differing experiences of the working culture according to their locality and role (this is explained in more detail in section 3.3.2).

When we consider future opportunities for staff career growth and development, which also contribute to staff satisfaction, the staff survey suggested views were mixed (Figure 16):

- Only four staff believed there was opportunity for career growth and development to a very great or great extent. A relatively large proportion (7 of 18 staff) believed this to a small extent or not at all that.
- A relatively large proportion responded positively regarding staying within the team in the future: 8 of 18 staff reported they intended on staying with the team to a very great or great extent. However, 6 felt this to some or a moderate extent, and 4 felt this to a small extent or not at all.

Despite these mixed views on career planning, almost three quarters of survey respondents strongly agreed or agreed they would recommend the Living Well Team as a place to work (13 of 18, Figure 17).

Figure 16: Staff survey responses on staff satisfaction and career planning (n=18)

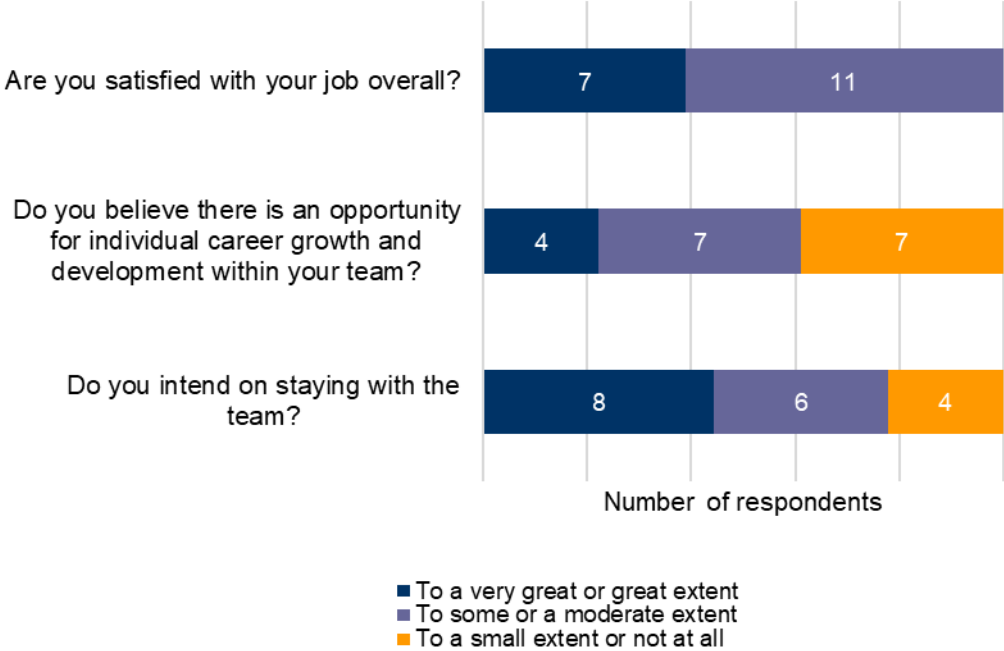
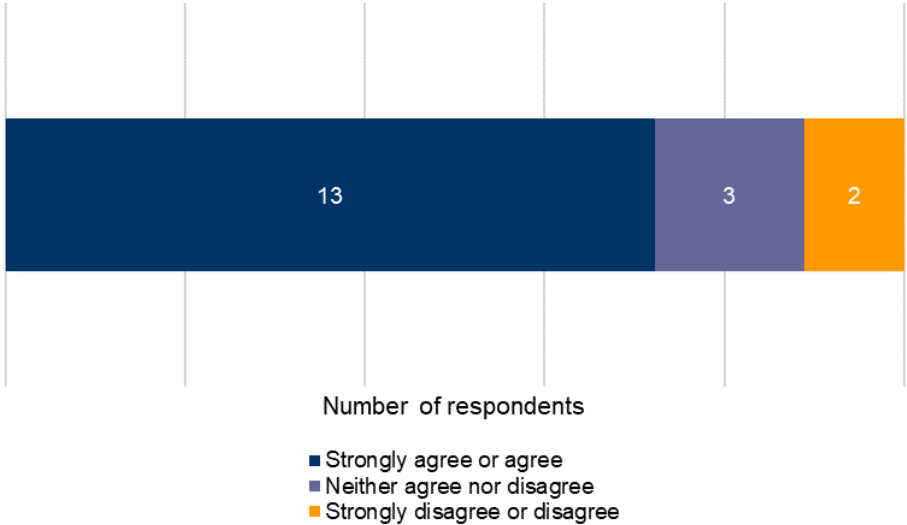


Figure 17: Staff responses on Living Well as a place to work (n=18)

To what extent do you agree with the following statement: I would recommend the Living Well team as a place to work.



Working culture is collaborative and trusting

The evidence showed that some staff experience the working culture as collaborative and trusting, but there is some way to go before this is experienced across the board.

Some staff felt strongly that the culture was collaborative and trusting and reported a highly positive experience of working within the Welcome Teams. Others felt the culture was more negative, and that this was contributing to the high attrition rates of staff:

“People enjoy their interactions with people, but not working within the team.”

Thrive Welcome Teams staff member

The staff survey reinforced the finding that many staff do see the Thrive Welcome Teams culture as collaborative:

- 12 of the 18 staff who responded felt that team members trust and collaborate with each other to a very great or great extent, with the rest feeling this to some or a moderate extent (Figure 18). Half of staff also said they felt agency in exercising their judgement in supporting people to a very great or great extent.
- Staff viewed wider multi-agency working as fairly positive. The survey found staff generally felt supported and encouraged to work with professionals in different professions/occupations, sectors, and organisations, with 13 of 18 people feeling this to a great or very great extent (Figure 19).
- The survey found staff generally felt they could draw on support from the wider network of offers and the community to help the people they were working with, although to a lesser extent (8 of 18 staff felt this to a very great or great extent, Figure 19).

However, the survey reflected mixed views on the non-hierarchical nature of the team of practitioners. Only four staff felt to a very great or great extent that the team is a non-hierarchical group of practitioners. Nine felt this to some or a moderate extent, while five felt this only to a small extent or not at all.

Figure 18: Staff survey responses on working culture (n=18)

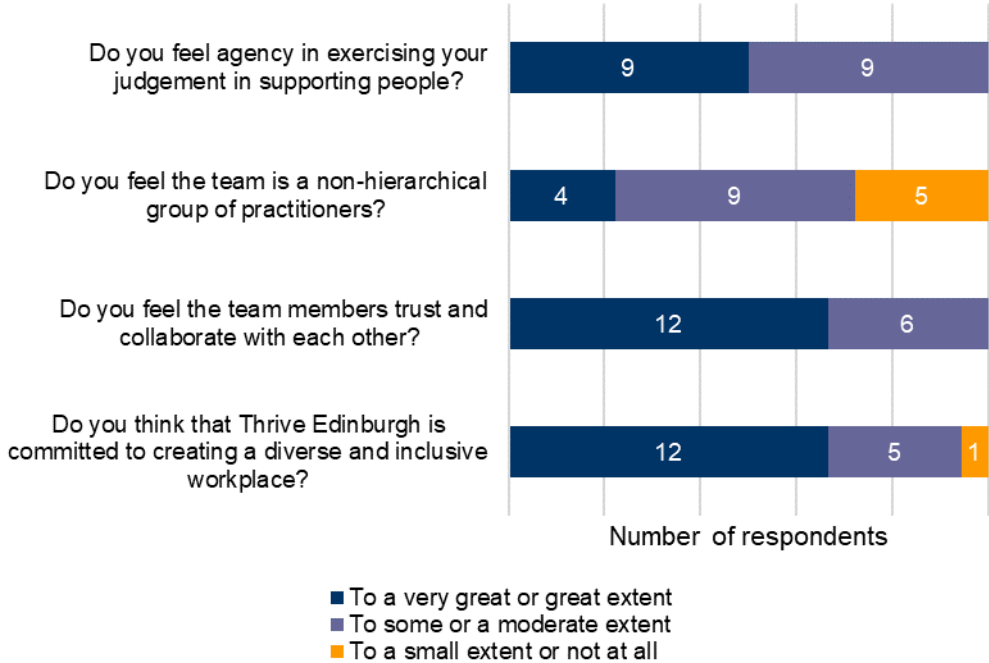


Figure 19: Staff survey responses on multiagency working (n=18)



3.3.2 Enablers/obstacles to outcomes for staff

Thrive Welcome Teams' ability to achieve outcomes for staff has been enabled by the successes it has shown so far, which are contributing to staff satisfaction and morale, the collaborative approach, and the progress on opportunities to learn and reflect.

The evaluation also identified some barriers which resulted in these outcomes for staff being less evident. These relate to challenges establishing a consistent working culture and flattened hierarchy. This section explores these enablers and obstacles in more detail.

Thrive Welcome Teams' success in providing high quality, timely support

Thrive Welcome Teams' success in achieving positive outcomes for people is contributing to staff satisfaction. Staff reported positive outcomes were being delivered for people accessing the service, and this helped foster a positive working culture within the team.

The Welcome Teams' ability to provide support quickly and avoid placing people on long waiting lists is also contributing to increased motivation, which was particularly emphasised by statutory sector staff. This was valuable for staff morale:

“The culture of helping people now and when needed has been great. It's given people back their motivation – a new lease of life. Statutory staff had been ground down by saying you have to wait.”

Thrive Welcome Teams staff member

“It's given us a new lease of life. It's soul-destroying putting people on waiting lists.”

Thrive Welcome Teams staff member

Thrive Welcome Teams' person-centred approach and high quality support is also having a positive impact on morale and professional satisfaction. Again, this was particularly emphasised by statutory sector staff, who noted a feeling of finally being able to provide support in a way that felt right:

“A nurse who was finishing her career told me she was finally doing what she'd been trained to do all these years. A young social worker said this is everything I learned in theory and I'm able to do this in practice.”

Thrive Welcome Teams staff member

We recommend that the Thrive Welcome Teams aim to share these successes whenever possible. This is already happening to some extent. For example, we heard instances of story sharing sessions and conferences, which were an effective way to share positive outcomes with all staff.

Collaborative approach

The collaborative approach Thrive Welcome Teams take to providing support is having a positive impact on morale and professional satisfaction. Staff are able to provide high quality support in a way that feels collaborative, with less burden on individuals. As one staff member explained:

“Within primary care, you’d have your own caseload to plough through. You wouldn’t have as many meetings or a team approach. We now have space for training opportunities, reflective practice, and away days. Being in a team together and having the support of a team. If something’s challenging, no-one’s going home worrying or stressing about it. It’s more supportive so it’s more rewarding.”

Thrive Welcome Teams staff member

Peer support is a particularly valuable aspect of the service. Peer forums have helped build a portfolio of the achievements made by peer support work, which are shared with the Thrive Welcome Teams. This has led to greater awareness by other team members of the peer work being conducted, as well as peer workers feeling more respected by team members from other services. However, it was noted that currently Thrive Welcome Teams do not offer a career track for peer support, with the next level of progression for peer support workers being support workers. This is a barrier to peer support being viewed as being a valuable, standalone career, which is distinct from that of support worker and undervalues the experience and expertise of peer support.

Progress on opportunities to learn and reflect

The evidence found Thrive Welcome Teams did offer opportunities to learn and reflect, to keep the service developing. However, experiences of this differed and there was no strong consensus among staff on the extent to which this culture is currently present; some saw opportunities to learn and reflect, while others felt the stress of staff shortages and uncertainty with decision-making was preventing this. The two quotes below illustrate the contradictory views on this:

“We have a huge amount of training and are learning a lot from the third sector. It’s an open environment. We have huddles regularly, meetings, we all know what everyone does.”

Thrive Welcome Teams staff member

“I feel very adrift from the Living Well community, I can’t keep up with what other sites are doing.”

Thrive Welcome Teams staff member

Recent changes in how the Learning Labs are run indicate some encouraging progress in the Welcome Teams’ opportunities to learn and reflect on a regular basis. Learning Labs previously involved the wider strategy core group, other professional services, and Innovation Unit. The Welcome Teams have since been supported to take ownership of the Learning Labs and are now responsible

for deciding the topic area. This has reframed the Learning Labs as an opportunity to build and maintain their own culture and practice. In doing so, teams have created what one member of staff called:

“safe spaces for reflections of team, valuing and sharing, and understanding one another.”

Thrive Welcome Teams staff member

This may also be contributing to wider improvements in staff culture and communication, and has the potential to continue improving communication between the four localities.

The staff survey indicated staff generally felt encouraged to be reflective or to learn from their experiences at work. More than half of staff (10 of 18) felt they were encouraged to do this to a very great or great extent (Figure 20). Staff also mostly felt they had permission to try new things even if they might fail: 8 of 18 felt this was the case to a great or very great extent, and 8 felt this to some or a moderate extent.

However, staff survey responses about the ability to actively contribute to service improvement were less positive. Only 5 of 18 staff felt they could actively contribute to a very great or great extent, while 5 staff felt this to a small extent or not at all (Figure 20).

Figure 20: Staff survey responses on Thrive Welcome Teams development and learning (n=18)



Challenges establishing a consistent working culture

Staff experienced the working culture differently according to locality. This may to some extent be due to the teams starting in different contexts. For example, the North West team felt they had experienced more success in terms of their culture because of their earlier start date before the Covid-19 pandemic. They benefited from the in-person learning opportunities and relationship-building from the start, which is likely to have contributed strongly to setting the foundations for a positive culture:

“[The North West team] started three months before lockdown. We had more input from Innovation Unit – we had them in person coming up to embed the culture and values and reinforce the message. Not everyone had that.”

Thrive Welcome Teams staff member

The localities also have different resources, such as physical spaces to work together, which has meant some teams are experiencing this key benefit of an in-person working culture while others are not. The working culture was also impacted by challenges with staffing and retention, which also differed by locality (see 4.3.1). We also heard some limited examples of differences in shared values, with some members of staff being more bought into the Thrive Welcome Teams values of multidisciplinary working than others.

Differing experiences of the flattened hierarchy

Thrive Welcome Teams intend to operate with a ‘flattened hierarchy’ (a term used by the Innovation Unit in its description of a Living Well system).

What is a flattened hierarchy?

In this context, we understand ‘flattened hierarchy’ to mean that decision-making is shared across the team, and that staff feel trusted, empowered and equally valued. There was some variation in how this term is used among Thrive Welcome Teams staff. Some also discussed this in terms of pay and governance within the multidisciplinary teams and whether there was equity here, while others discussed this in terms of an open culture of reflection and feedback.

Although this led to some uncertainty, overall, it can be seen as a positive that the concept of a flattened hierarchy is clearly on the agenda for Welcome Teams. This reflects the aim of creating a positive, collaborative working culture, and the fact that staff are encouraged to question whether they feel safe and supported to speak up and reflect.

The evidence found views of the presence of a flattened hierarchy differed. Staff with more seniority and strategic roles were more likely to believe that there was a flattened hierarchy, in the sense that people were working collaboratively. Staff

in more operational or frontline roles were more likely to disagree that the intended flattened hierarchy was functioning well currently.

The evidence found two key challenges:

1. **The flattened hierarchy was not fully in evidence in practice.** Some felt that although their structure was described as a flattened hierarchy, this was not the case in practice, with staff reporting differences in terms and conditions, such as annual leave policies and salary (see 4.3.3). This was making the teams feel more hierarchical:

“How can the hierarchy be flattened when people have different holiday days and different pay rates, when we’re doing the same work?”

Thrive Welcome Teams staff member

2. **The current processes are resulting in slowed decision-making.** As noted in 4.3.4, the current decision-making process means decisions do not lie in a ‘flattened’ way with operational staff, but still depend to some extent on strategic roles. Although some highlighted the value in gaining everyone’s input for decisions, others felt frustrated that decision making was a slow process, and that accountability for decisions could be delegated to a more operational level:

“Decision making is overly complicated. Someone should be given the lead. There are lots of good ideas, but we can’t have them competing. We need someone who is senior to make the decision.”

Thrive Welcome Teams staff member

3.4 System-level outcomes

3.4.1 Summary of system-level outcomes

Thrive Welcome Teams have made and are making significant impacts on individual outcomes. However, evidence of impacts on the local health and social care system is limited so far. The restricted referral routes have particularly hampered the Welcome Teams’ ability to effect wider change on the system.

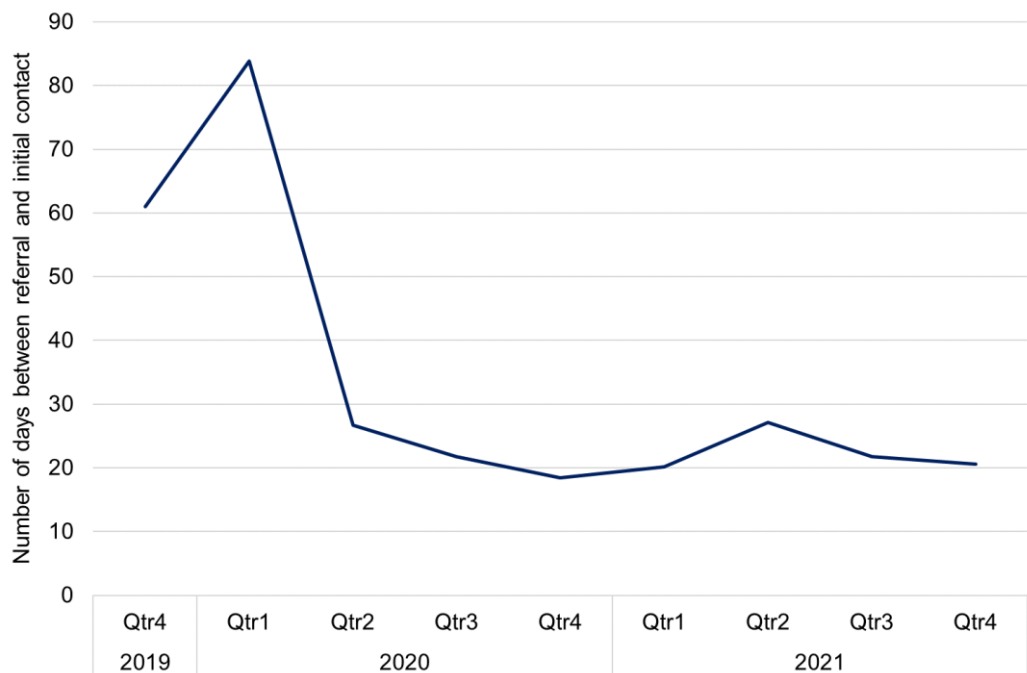
However, stakeholders shared a sense of excitement that Thrive Welcome Teams have the potential to make a positive impact on the system. We also heard some evidence from qualitative consultation that Thrive Welcome Teams are contributing to or have the potential to contribute to system-level outcomes. This will need to remain a priority as Thrive Welcome Teams continue to grow, to ensure it does not settle into a siloed service but becomes embedded in the wider system as a distinctively different approach.

Timely access to high quality, person-centred help and support when and where it is needed

Among the three system outcomes, the most convincing evidence of change was of timely access to high quality, person-centred support. The person-level data shows that on average, people waited 25 days between being referred to the Welcome Teams and their initial conversation (Figure 21). The average time between introduction and initial conversation has remained fairly stable since quarter 2 of 2020, after a longer period when Thrive Welcome Teams were first introduced.

This ability to provide support to people in a timely manner when it is needed has made a valuable difference to people who had previously been “*languishing on waiting lists*” and has been a vital part of the Welcome Teams success in accomplishing person-level outcomes and ensuring people’s positive experiences with the service.

Figure 21 Average number of days between referral and initial conversation, December 2019 to end of December 2021 (n=767)



Stakeholders felt that if Thrive was not available, people would either be placed on long waiting lists for NHS Psychological services, continue receiving short-term, non-specialised support from the GP, or receive no support due to not meeting the criteria for psychological intervention. If the person’s wellbeing declined to the point where they met the criteria for psychological intervention, they would likely then be put on a waiting list for support.

In this sense, Thrive Welcome Teams are providing high quality, accessible, holistic support to people who may otherwise not receive support, and is addressing a gap in mental health support in Edinburgh:

“Many people would still be on waiting lists and would not have the opportunity to think for themselves about what it is I actually need. Thrive conversations are about working with a person to understand their current needs. That would be missing in the current discourse of mental health support in Edinburgh.”

Thrive Welcome Teams staff member

Thrive Welcome Teams are also able to signpost people to other types of support. As a system outcome, this is an indicator that support may be becoming more holistic thanks to Thrive Welcome Teams. One staff member noted that before joining Thrive Welcome Teams, they had not known what provision was available. The Welcome Teams model of bringing together many organisations under one umbrella has improved awareness of the different options for support and may be enabling it to be more holistic:

“Having worked in the NHS I wouldn’t have signposted to half the [organisations] I would now because I wasn’t aware of them.”

Thrive Welcome Teams staff member

However, the number of people who benefit from the timely access to Thrive Welcome Teams and to the access to high quality support has been limited by restricted referral routes. This is therefore having more impact on people than on the system as it stands.

Additionally, Covid-19 restrictions on community venues has prevented Thrive Welcome Teams from meeting people in community settings. This means the service’s ability to offer access to support *where* it is needed has been reduced. As community venues become available again as pandemic restrictions ease, the ability to provide this should increase.

Reduced levels of mental and emotional distress

The evaluation found evidence of reduced mental and emotional distress for people from consultation and from person-level data. The number of people being referred to and receiving support from Thrive Welcome Teams indicate that these people who are unwell are now receiving help, which may well be contributing to reduced distress. Similarly, the increased average ReQoL scores between the beginning and end of support may suggest reduced distress alongside improved recovery and quality of life.

However, reduced levels of mental and emotional distress may be less useful as a system-level outcome, as Thrive Welcome Teams’ impact on this across Edinburgh is likely to be relatively limited or difficult to judge. This is particularly true in the context of a pandemic, where levels of mental and emotional distress are unfortunately likely to be higher than usual across the population and waiting lists for psychological services are longer than ever. There was a strong feeling that this system level outcome is therefore a less useful measure.

Reduction in unplanned and crisis health and social care utilisation, including emergency response as well as institutional placements

It is difficult to attribute changes in unplanned and crisis health and social care to Thrive Welcome Teams as they are affected by a number of other factors and there was no clear trend of change over the period. For example, Accident and Emergency attendances for mental health reasons across the localities varied greatly between January 2018 and December 2021, and no clear trends emerge from the data over this period. Referrals to psychological therapy also varied greatly in this period and there was no overall trend towards increasing or decreasing. For each locality, there was a dramatic reduction in the number of referrals in Quarter 2 of 2020, which is a result of the Covid-19 pandemic restrictions being introduced (see Figure 22).

Figure 22 Referrals for psychological therapies between January 2018 and December 2021

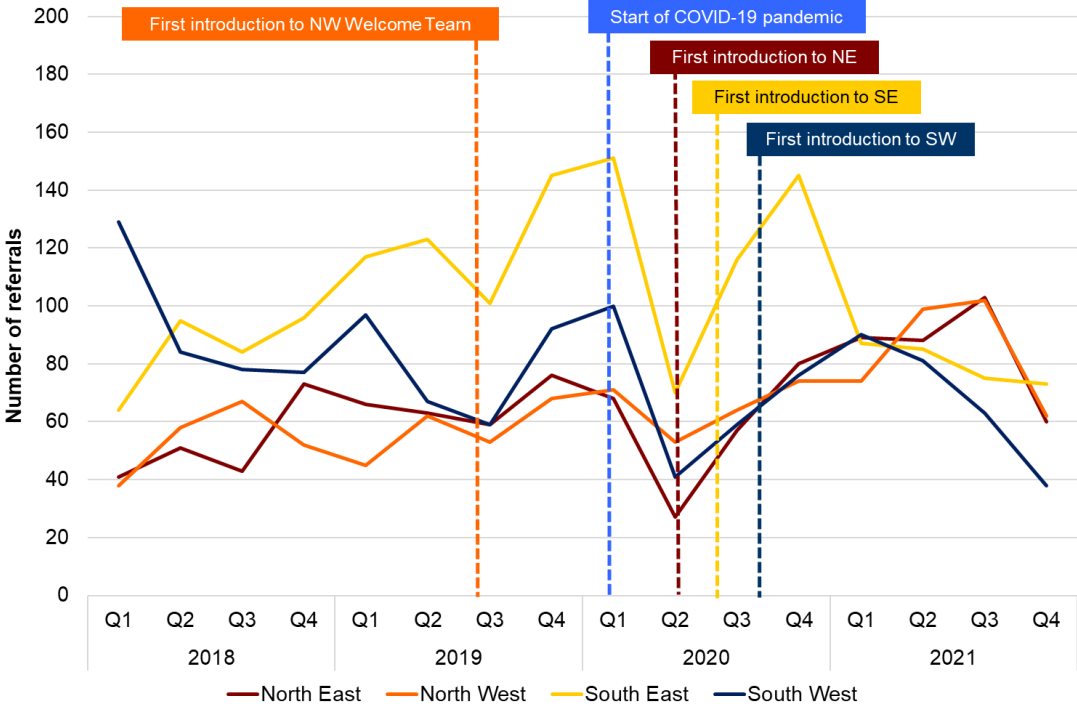
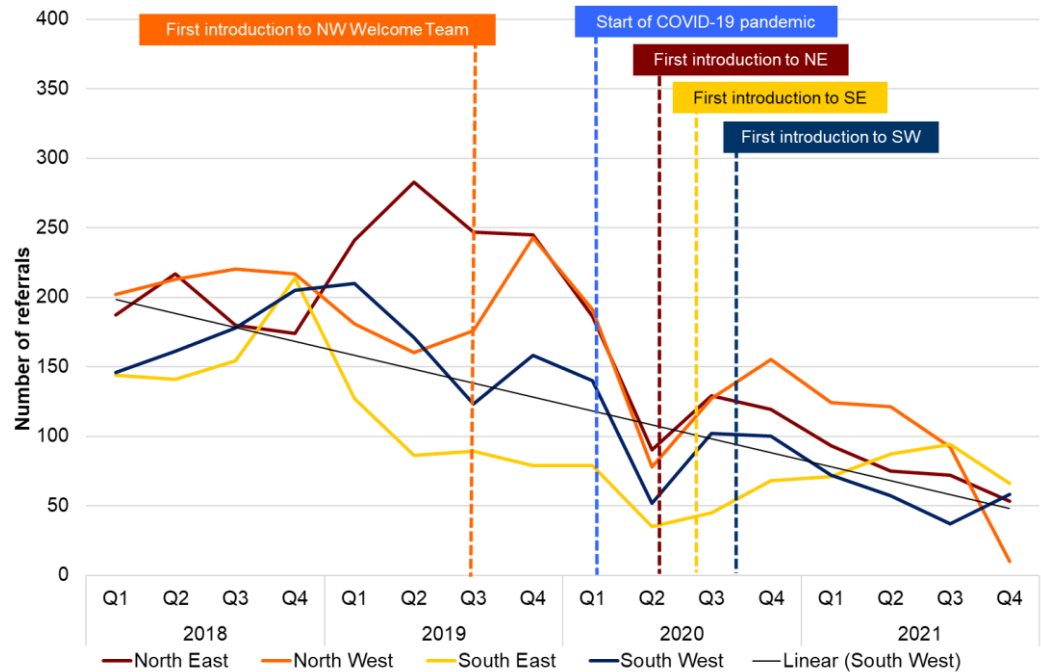


Figure 23 Referrals for mental health assessment service between January 2018 and December 2021 (with trendline based on South West only)



Referrals to mental health assessment service appear to have steadily declined between January 2019 and December 2021. However, it appears that this may be due to factors other than Thrive Welcome Teams and it is difficult to comment on the extent to which the Welcome Teams may have affected this. The reductions in referrals to the mental health assessment service seems to have started before the introduction of Thrive Welcome Teams. For example, in the South West, there were 210 referrals in Q1 2019, 140 in Q1 2020, and 103 when Thrive Welcome Teams was introduced and between 37 and 72 in more recent quarters.

The quantitative data does not show clear evidence of reduction in unplanned and crisis healthcare use. Qualitative consultation showed some evidence that Thrive Welcome Teams may be contributing to this, or that it has potential to do so. For example:

- Thrive Welcome Teams' early intervention and prevention approach may be contributing to reduced unplanned and crisis care usage. The Welcome Teams are providing support to people in a timely way, when they would otherwise not have received any support. This may well lead to them avoiding experiencing further deterioration in their mental health that leads to use of crisis care.
- **Some evidence that people are reducing their GP usage for unplanned mental health care.** Some people who had accessed Thrive Welcome Teams suggested that if the support had not been available, they might have seen more of their GP. They felt this would have been a negative outcome,

as the GP cannot provide the most appropriate mental health care and has limited resource.

- **Limited evidence of reduced statutory involvement.** We heard a small number of examples of people avoiding further involvement with statutory services thanks to working with Thrive Welcome Teams. One member of staff gave the following example:

“We got one person deferred from a sentence in the criminal justice system because we could reassure them we were working with him to reduce the offending. We helped him to discuss and engage with these services more effectively. If he hadn’t come, he would have been in the criminal justice system. Because of his work with Thrive, he doesn’t have a criminal record.”

Thrive Welcome Teams staff member

However, on the whole this system outcome was viewed as not only difficult to measure, but also less useful as a measure of positive change. For example, referrals to Thrive Welcome Teams from GPs increased during the time the support was on offer. Although this is an increase in care use, this can be viewed as a positive outcome, as it suggests more people were being reached and referred to support who might otherwise be placed on waiting lists or not receive support.

3.4.2 Enablers/obstacles to achieving system-level outcomes

In addition to the above discussion of challenges achieving the intended system-level outcomes, the evaluation suggested the following obstacles Thrive Welcome Teams have encountered.

A need for increased focus on partnership working

The evidence suggested a need to establish strong relationships and routes of communication between organisations to create a strong Living Well system. This does not appear yet to be in full evidence in Edinburgh. For example, some staff consulted were less aware of the links to organisations provided by the Collective. This may indicate this is an area for development.

We heard some evidence of progress on partnership working with GPs, but that more development is required here as potential miscommunication is occurring between Thrive Welcome Teams and other parts of the health system. This is a result of different expectations of what the Welcome Teams are aiming and able to deliver. For instance, several staff said GPs expected Thrive Welcome Teams to divert people with severe mental health needs from GPs to elsewhere, offering support on a drop-in or long-term basis. However, the Welcome Teams model of time-limited support may not provide the level of change that would address this need and divert people away from GPs.

The strength of relationships between Thrive Welcome Teams and GPs naturally varied, as the area Thrive covers has over 70 GPs. Some teams have strong

relationships, which resulted in more GP referrals to Thrive Welcome Teams. For example, one staff member said: *“GPs are definitely taking us on board as a place they can direct people.”* However, this is likely not happening consistently.

As Thrive Welcome Teams move to open access, it will need to ensure clear communication and promotion of its service not only to GPs but in the community. This will enable expectations to be set clearly and will improve awareness and partnership working between Thrive Welcome Teams and partners.

Inability to meet all mental health demand in Edinburgh

Thrive Welcome Teams are designed to be a short-term mental health intervention and is not suitable for everyone with mental health needs. There was a strong feeling that this is an appropriate support offer and not an issue with Thrive’s model. However, a wider lack of appropriate mental health care in Edinburgh means Thrive Welcome Teams are plugging the gap in services. Some staff encountered challenges around people being referred to the Welcome Teams who required longer term support:

“How do we respond to people with more than short-term needs that are significant? Thrive isn’t a place for longer-term support, but the only other place is the community mental health team, and they don’t fit within their remit.”

Thrive Welcome Teams staff member

This appears to be a wider issue with availability and accessibility of long-term mental health support in Edinburgh. Thrive Welcome Teams are achieving important success in plugging a gap in services and people are benefiting from this. But to achieve sustainable success, Thrive Welcome Teams need to function as one part of a wider system.

This challenge around responding to people who have significant, longer-term needs may also indicate a need for clearer communication around the Welcome Teams’ remit and support offer to other staff in the system, such as GPs.

A challenging context for systems change

Thrive Welcome Teams began operating at the beginning of 2020, at a time when the health and social care system was responding to an international crisis. Community services and usual partnership working were not available, which has likely hampered multiagency working in Edinburgh and the Welcome Teams’ ability to embed into the wider system. Aside from the challenges of the pandemic, staffing and retention issues have also presented huge challenges for Thrive Welcome Teams so far.

For understandable reasons, Thrive Welcome Teams are therefore not yet part of a network that has been able to effect systems change. However, it is vital that this continues to be a focus as Thrive Welcome Teams grow and become open access. This will ensure that Thrive Welcome Teams are not just a service

achieving positive outcomes for some individuals, but that it can contribute to improved partnership working in Edinburgh and is a part of the wider system.

4 Implementation of the model

4.1 Overview

The four Thrive Welcome Teams were set up in late 2019 to the first half of 2020. The North West team was introduced first, which meant they had a few months of operating before Covid-19 restrictions were introduced and in-person contact had to stop.

Thrive Welcome Teams were set up and started providing support in early 2020, which was a uniquely challenging time for services. One of the Thrive Welcome Teams' successes is the very fact that it has been implemented and seen successful outcomes despite the extremely difficult circumstances of the onset of the Covid-19 pandemic.

“Being able to bring a new model and implement it despite the challenges of a global pandemic is a key success.”

Thrive Welcome Teams staff member

This section discusses successes and enablers to Thrive Welcome Teams' implementation so far, which relate in particular to the strength of the model and the shared vision and values.

It then discusses challenges with implementation. The key challenges relate to issues with staffing and retention, which have placed strain on the Welcome Teams and delayed the possibility of opening referral routes, operational challenges with the Welcome Teams including management and leadership, and the impact of Covid-19 on the service.

4.2 Successes/enablers to implementation

4.2.1 A strong Thrive Welcome Teams model

A key success of Thrive Welcome Teams' implementation is that the model is proving to be the right approach for the people it is intending to reach in Edinburgh.

The multidisciplinary Welcome Team

The multidisciplinary nature of the Thrive Welcome Team is at the heart of its practice. The teams include a range of staff including peer workers, support workers, nurses, social workers, and occupational therapists.

The Welcome Teams model ensures multidisciplinary practice and collaboration is embedded in their daily work. This is enabled in the following ways:¹⁸

- **Daily huddles:** The team meet daily to discuss those they are working with and to share ideas around support.
- **Group supervision:** Group supervision allows the team to come together, share risks and learn from one another.
- **Peer support:** The Welcome Teams foster a culture of peer support so colleagues can support one another.
- **Development days:** The Welcome Teams attend development days, which can include team-building exercises, learning new research, or opportunities to build relationships with the team.
- **Shared decision-making:** Several members of staff may work with the same person. Good communication is key here to ensure the different types of support complement each other.
- **Shared responsibility:** The Teams support each other in sharing and managing risk so that both staff and the people they work with are safeguarded.

Applying the Living Well model to Thrive Welcome Teams

The Edinburgh model was able to be developed from the original Lambeth model, with the freedom to tailor it to the needs of their particular community in the design stage. Staff agreed on the benefits of being open-minded and flexible with their implementation of the model, and this was an important enabler of its success:

“During the design stage there was a bit of evolution of the model. The Lambeth model isn’t completely the Thrive model – that’s natural and location specific as the needs in Edinburgh are different from London.”

Thrive Welcome Teams partner

The Living Well model lays out a collaborative, multi-disciplinary, and holistic approach to support. The evidence suggested widespread agreement that the Thrive Welcome Teams model is effective and the right approach to providing mental health support in Edinburgh. Key strengths of the model include:

- **A collaborative culture that encourages innovation.** Some staff felt the non-hierarchical structure, which is currently in evidence to some extent in Thrive Welcome Teams (see 3.3.2), enables better dialogue and

¹⁸ Information based on the Thrive Welcome Team staff induction pack shared in May 2022.

communication from all levels of the team. This leads to innovation and further development for Thrive Welcome Teams:

“I like the flattened hierarchy. It encourages innovation and discussion and improvement and a feeling of trust within the team.”

Thrive Welcome Teams staff member

Strategic staff in particular highlighted the benefits of this organisational culture. However, other staff had a more negative experience this non-hierarchical structure, feeling that it had not led to the shared decision-making and empowerment that a true flattened hierarchy would entail (see 3.3.2).

- **A multi-disciplinary approach drives Thrive Welcome Teams values.** The multi-disciplinary model was widely agreed to be a successful, effective approach. It not only contributes to outcomes for people, staff and the system, but makes it easier to maintain a clear view of the Thrive Welcome Teams values of person-centred support:

“People from different sectors sitting together hasn’t happened before. The third sector help to drive values and keep the support away from box-ticking exercises.”

Thrive Welcome Teams partner

The inclusion of third sector and community services also helped frame the support in a social rather than clinical way, which contributes to its person-centred feel. This may contribute to destigmatising the support:

“Having it in the NHS medicalises the service [...] but it is moving towards a more social model. Having people from the voluntary sector in the team helps to stop medicalised way of talking and thinking.”

Thrive Welcome Teams staff member

- **The model is well suited to preventative support for certain people.** The timely access to support Thrive Welcome Teams provides means it is more able to provide preventative, early intervention support than traditional approaches which might include long waiting lists. Some evidence suggested Thrive Welcome Teams were particularly well-suited as an intervention for people with their first presentation of mental health issues:

“People have said it’s their first time ever opening up about mental health. Because we can see people quickly, it prevents escalations to the point that they need further support.”

Thrive Welcome Teams staff member

However, one member of staff suggested Thrive Welcome Teams were less suitable for people with expectations of long-term support or who were looking for psychological or trauma-based support. This suggests people may have

different experiences of Thrive Welcome Teams depending on their level of need and level of expectation.¹⁹

4.2.2 Shared belief in Thrive Welcome Teams vision and values

In addition to the strength of the model, a key enabler to Thrive Welcome Teams' implementation was a widespread belief in its culture and values. Consultation with staff suggested that the optimism and passion in Thrive Welcome Teams contributed to it being implemented successfully. This was evident among all levels of staff:

“The passion and ownership staff have and believing in the person-centred concept [was a key ingredient for success]. This means putting the person’s needs at the centre of the conversation.”

Thrive Welcome Teams partner

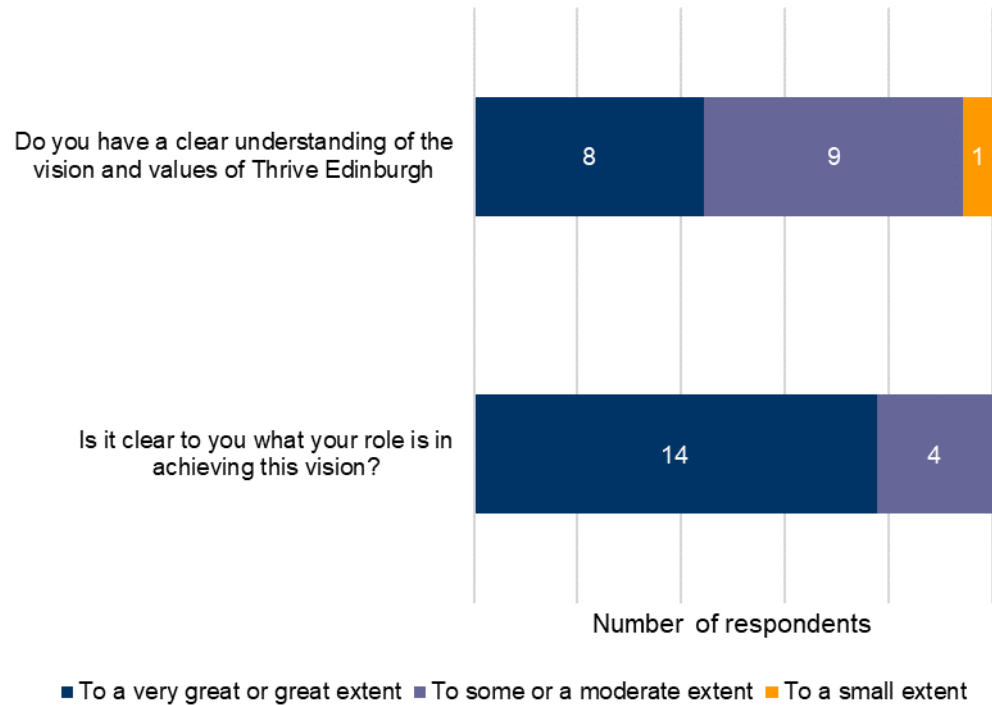
The Welcome Teams culture and the approach to support was viewed in a largely positive light. Although not all staff had the same experiences of the culture (see 3.3.2), they agreed in the value of Thrive’s vision and believed that this was the right approach.

The staff survey reinforced a relatively clear understanding of the vision and values of Thrive Welcome Teams and their role in this:

- 8 of 18 staff felt their understanding of the vision and values was clear to a very great or great extent. Half reported that their role was clear in achieving this vision to some or a moderate extent.
- 14 of 18 staff felt to a very great or great extent that it was clear what their role was in achieving Thrive Welcome Teams' vision.

¹⁹ It should be noted that Thrive Welcome Teams are also able to refer to some statutory services in the Thrive Collective, including psychiatry, psychological therapies and CMHTs.

Figure 24: Staff survey response on vision and values (n=18)



4.2.3 Effective strategic leadership and commissioning

The evidence suggests strategic leadership has been effective from the design phase through to the implementation phase.²⁰ This resulted in the following successes:

- Innovation Unit modelled a clear direction for the programme and were able to provide examples of the Living Well model which could be applied to Edinburgh.
- Unity between strategic leaders of different agencies has enabled a city-wide cohesiveness to this approach to mental health support in Edinburgh
- Individual teams were still given freedom to try things and innovate the model in accordance with their specific needs.

The aims of commissioners were aligned with the aims of Thrive Welcome Teams, in its focus on early intervention and prevention, which set a strong foundation for effective implementation.

²⁰ Although see 4.3.4 for discussion of challenges in decision-making.

4.2.4 ithrive

The ithrive platform²¹ has contributed to progress in communication between the Welcome Team and the Collective. This is a virtual space people can use to find out what is available to support their mental health and wellbeing across the city. It provides information about local services and support, connects people to local activities, and provides resources for self-help and self-management.

It also allows Thrive Welcome Teams workers to refer people to other organisations in the Collective. Previously, support workers were required to call each Collective organisation to find out whether there was enough space to refer an individual onwards. Now, the referral process is hosted on iThrive, which allows support workers to book people in online with others in the Collective, which is a more efficient process.

We understand this to be a relatively new addition to Thrive Welcome Teams, but one which has the potential to be highly impactful for partnership working and better movement of people between services.

4.3 Challenges with implementation

4.3.1 Restricted activity due to Covid-19

Covid-19 has presented significant barriers to Thrive Welcome Teams for a number of reasons. It impacted on people's experiences of accessing Welcome Teams support and outcomes (see 3.2). It also impacted heavily on the service's implementation in the following ways:

- **Restricted in-person support.** Support was originally intended to take place within community settings, with the aim of reducing stigma and reaching people who may not have otherwise accessed mental health support. Offering in-person meetings within community settings is integral to the original ethos of Thrive Welcome Teams to “*meet people where they are*”. This was restricted by social distancing requirements, and most support moved online, especially in the early stages:

“The ambition was to be out in cafes and libraries, where people want to meet. But most of it is happening online.”

Thrive Welcome Teams staff member

Even when pandemic restrictions eased and in-person became an option again, Thrive Welcome Teams were not able to access space in community settings as they would have done before due to social distancing requirements. This led to services being hosted in statutory sector venues such as hospitals, which is not the intended setting.

²¹ <https://ithriveedinburgh.org.uk/>

- **Restricted in-person working for Welcome Teams.** Many community spaces were not Covid-safe for a large, hybrid team, which meant Thrive Welcome Teams were not able to hold meetings or work together in person as they would otherwise have done. For some localities, this meant operating in statutory sector spaces, which staff felt were not appropriate:

“We’re walking round a mental health unit jangling keys and locking doors – it’s not the look we’re going for. The building hasn’t been decorated since 1962 which is depressing. We want people to be closer to where they’re comfortable.”

Thrive Welcome Teams staff member

- **Inconsistency between localities.** Covid-19 restrictions impacted the Welcome Teams differently depending on the locality and the processes in place for that team. For example, staff in one locality had not been able to establish a base to work together, while the other three teams had. This affected their ability to implement the service and create a strong team culture:

“In [one locality] we don’t have a base. We’re the only sector that doesn’t have a base. This has made it challenging to build a culture and implement the model with team members that have never worked under NHS governance.”

Thrive Welcome Teams staff member

- **Restricted activity of the Network and Collective.** In the early stages of the pandemic, community/third sector organisations in the Network and Collective were not available. This caused issues in partnership working, as well as resulting in people not being able to be referred onwards from the Welcome Teams (see 4.3.1).

Thrive Welcome Teams staff were hopeful that the easing of Covid-19 restrictions would result in improvements in these areas.

The pandemic also brought unexpected positives in terms of the new ways of working the service had been forced to adopt. Covid-19 restrictions led to innovation in Thrive Welcome Teams’ practice, for example offering support outdoors on walks, and offering more flexible support online:

“We couldn’t deliver drop-in style support, so we started doing walk and talk assessments. We will continue it – it’s been good. We’re seeing good effects, as it’s a power balance that’s less threatening than coming into an office.”

Thrive Welcome Teams staff member

These were so successful (see 4.3.1) that they will be continued even when no longer required for reasons relating to the pandemic.

4.3.2 Staffing and retention

In addition to Covid-19, difficulties with staffing and retention are a key reason Thrive Welcome Teams have not yet been implemented as intended.

The staffing and multiagency team challenges have occurred in the context of an organisational change process in Edinburgh, which has caused longstanding teams to be disbanded. This process has been accelerated in response to the pandemic and has resulted in major upheaval for staff.

Staffing has also been affected by general recruitment issues across the NHS, the impact of the pandemic on the workforce, and some challenges with the working culture in parts of Thrive Welcome Teams (3.3.2).

This has resulted in the following challenges:

- **No capacity to move to open access.** Staff shortages have meant the teams are not robust enough to handle the increase in people accessing support that will occur when the Welcome Teams move to open access referral:

“If we were open-access, we’d be snowed under.”

Thrive Welcome Teams staff member

“We’re in a precarious position because of staffing. In my locality, we have no consultant psychiatrists. We only have one nurse. This is a big issue.”

Thrive Welcome Teams staff member

- This relates to the ability to provide in-person support; for example, despite the agreed benefits of offering support in community centres, the team was not yet robust enough to start piloting this.
- **Uncertainty for staff.** Some staff are seconded into Thrive Welcome Teams on a temporary basis to fill gaps. This means some staff do not have stability or choice over their role, which is creating stress and uncertainty. This feeling differs between localities; for example, the North West team had a much more positive situation, as they had kept the same set of staff from the beginning of the service. The team has benefited from a more stable, stronger culture as a result.
- **Lack of staff resulting in information sharing issues.** Staff shortages and a high turnover rate created a void in communication, which led at times to operational issues such as information not being uniformly shared across partners.
- **Lots of resource dedicated to recruitment/induction.** The high turnover rate has led to a large amount of time being spent on recruitment, training,

and induction. This is a less useful use of resource and is a process one staff member described as a “*time consuming merry-go-round.*”

We heard from consultation that organisational change is required to make teams more robust and better able to handle increased numbers of people when referral routes are opened. We understand this process of change is currently ongoing. We also heard plans to supplement existing Welcome Teams with more statutory sector staff.

4.3.3 Operational challenges

Challenges setting up MDTs

Thrive Welcome Teams have encountered a number of operational challenges since its implementation. One aspect of this is the operational barriers that are common when bringing together multidisciplinary teams. Staff are likely to have different existing structures, which means it is important to have structures in place for building harmonious teams. For example:

- **Clarifying leadership.** Staff needed increased clarity on who they were reporting to and the structures within the teams, and some staff described having had multiple changes in line management. This initial lack of clarity with leadership was particularly the case for third sector staff coming into the multidisciplinary teams:

“We spent a lot of time with third sector partners on who’s in charge of what. You need to be clear on what operational management is, what are the strategies and structures around. It feels like people have two bosses – but who do they go to for what? If there’s something to do with capacity, conduct, or annual leave, and how does recruitment happen – that’s taken us a long time to work through.”

Thrive Welcome Teams staff member

- **Responding to new processes.** Thrive Welcome Teams processes were not straightforward, for example, some staff described difficulties in establishing data sharing agreements. Although working with Thrive Welcome Teams was generally agreed to have been a positive experience overall, third sector partners also noted adjusting to NHS processes and governance was an initial barrier:

“We have had staff coming in who had never used NHS systems and there were teething problems with that.”

Thrive Welcome Teams staff member

- **Different terms and conditions.** This is a challenge for multidisciplinary teams, where roles ostensibly at the same level may have differing salaries and holiday allowances because they sit within different organisations and sectors. This can make it difficult to create a harmonious team.

Unfortunately, employers are likely to be unable to alter many of these terms and conditions; for example, pay rates may be set externally (e.g. by the NHS). However, employers may need to be transparent about any differences and explain why they have arisen.

These barriers to the smooth running of the Thrive Welcome Teams are contributing to inconsistent experiences of working culture among staff (see 3.3.2).

Other operational challenges

Thrive Welcome Teams also encountered other operational challenges not necessarily related to the setting up of MDTs. One of these is the lack of direct communication routes between people accessing Thrive Welcome Teams and support workers. In the current setup, people who want to speak to their support worker have to email the general Thrive Welcome Teams inbox, for someone then to pass this on to their support worker. This is resulting in frustration both for people accessing Thrive Welcome Teams and staff, and is a clear barrier to support:

“Thrive are not able to pass on those details or transfer personal information, so people miss phone calls and can’t contact their support worker. It’s causing a bad air for people.”

Thrive Welcome Teams staff member

4.3.4 Greater clarity needed on Welcome Teams leadership

The evaluation evidence pointed to uncertainty and dissatisfaction among Thrive Welcome Teams staff on where responsibility for decision-making lies. There was a sense of tension around decision-making processes being held by strategic staff rather than operational. Others noted a lack of clarity around leadership and where accountability for final decisions lies, and the need for someone to be given responsibility for this. This was leading to frustration for staff, as it has hindered progress and slowed down decision making.

This current process may be causing operational staff to feel less empowered, as they are not able to make decisions due to having to wait for strategic input. We heard there had been attempts to move the decision-making during the prototyping phase but that these had not yet been successful:

“We’ve tried to pull decision making away from strategy to operations.”

Thrive Welcome Teams staff member

The issues with retention and staff turnover have also led to staff in key positions changing, which has also impacted on decision-making. To address these challenges, staff were keen that a decision-making structure should be set in place and agreed upon:

“Decision making is overly complicated. Someone should be given lead.”

Thrive Welcome Teams staff member

There is a need to establish clear accountability structures within the teams and the localities. This should enable more streamlined decision making and may also contribute to the flattened hierarchy approach that Thrive Welcome Teams aim for but is not yet fully in evidence (see 3.3.2).

5 Conclusion and recommendations

5.1 Summary of key findings

The Thrive Welcome Teams model provides support that enables people to feel heard and supported to live the life they want to lead. The Welcome Teams have adopted a flexible approach that has enabled people to take control of the process. The 'open-door' policy allows people to return if they would benefit from more support, enabling people to receive the amount of support they feel they need when they feel they needed it. Thrive Welcome Teams have been successful in setting up and continuing to provide a service in the challenging context of the Covid-19 pandemic, which has been the key reason why the model is not yet functioning as originally intended. It is encouraging that the Welcome Teams continued to provide support and worked flexibly to adapt to pandemic restrictions, particularly given the way many other services were not able to do this.

The multi-disciplinary team means Thrive Welcome Teams can offer support for a wide variety of issues, including clinical support with wellbeing and mental health challenges, and support with homelessness, alcohol, housing, employment and finance. They are also able to refer people onwards for further support and opportunities outside the Welcome Teams to the wider Thrive system, although this is not yet as community based as originally intended. This is mostly due to issues around lack of accessibility to community services during Covid.

People using the service said that what had helped was focusing on their own goals about what they wanted; having choice and control; good relationships with staff (who showed empathy and the ability to listen); being helped to focus on their strengths; learning coping strategies and techniques; signposting to other opportunities and information, and accessibility or speed of referral.

A key success is the positive outcomes for people who have accessed Thrive Welcome Teams: people are recovering, achieving their goals in life and have improved quality of life. It is delivering high quality, timely support and making a real difference to people. However, we should be cautious in drawing overarching claims based on a quarter of people using the service, and of these, disproportionately those who had planned endings. The small sample of people interviewed who had been supported showed particularly positive evidence of Thrive Welcome Teams' success achieving outcomes for individuals and that it was the recovery focused approach which seemed to enable this.

The evidence showed mixed outcomes for staff in the Thrive Welcome Teams, Collective, and Network. Some staff experienced a highly positive working culture and job satisfaction, and appreciated the opportunity Thrive Welcome Teams offers to work in a different, more person-centred way. Staff shared a strong sense of Thrive's vision and a feeling that this is the right way to provide mental health support in Edinburgh. This was particularly true for statutory sector workers within Thrive Welcome Teams. Third sector workers also benefitted from forging professional networks within the statutory sector. However, staff

experience of the Thrive Welcome Teams working culture and therefore staff outcomes varied according to locality and role. The evidence found a sense that the Welcome Teams are not yet operating as smoothly as intended for staff, and, in particular, confusion over decision making and the management of differential terms and conditions are issues that need to be addressed to improve recruitment and retention.

Evidence of impacts on the local health and social care system is limited so far. The restricted referral routes have particularly hampered Thrive Welcome Teams' ability to effect wider change on the system. Despite this, stakeholders shared a sense of excitement that the Welcome Teams have the potential to make a positive impact on the system. We also heard some evidence from qualitative consultation that the Welcome Teams are contributing to or have the potential to contribute to system-level outcomes.

Thrive Welcome Teams are filling a gap in the mental health landscape in Edinburgh and addressing longstanding issues around long waiting lists and non-holistic support. However, as discussed in section 3.4, the challenge for Thrive Welcome Teams will be to move from achieving outcomes for individuals, to embedding further into the system in Edinburgh. Thrive is currently acting to some extent as a commissioned mental health service. Clear efforts are being made to increase the Welcome Teams' reach by widening access, and by making them part of the system, and partnership working has also improved to some extent in Edinburgh. These will need to remain a priority as Thrive Welcome Teams continue to grow and move to open access, to ensure they do not settle into a siloed service but become embedded in the wider system.

5.2 Recommendations

Recommendations for development of the Thrive Welcome Teams and Thrive system

Many of the recommendations we suggest here have been identified by Thrive Welcome Teams already. Nevertheless, we have made these here to ensure they are all together and so keep a focus on these as the service develops.

Recommendation	Section
Continue work on moving to open access. All those consulted for the evaluation agreed on the importance of moving the Thrive Welcome Teams model to open access as soon as possible. This will enable the service to reach a wider audience, including people who would not go to the GP for mental health care or who would be uncomfortable accessing traditional forms of mental health support, as well as speeding up access for everyone.	2.2.2, 4.3.2, 3.4.2
Focus on offering support in community settings. This was a key success from the evaluation and was emphasised by staff and people who accessed Thrive Welcome Teams as vital in making people feel comfortable accessing support. We understand some	2.2.2, 4.3.1, 3.4.1

Recommendation	Section
localities encountered difficulties finding estate where the teams could be located. It will be important to maintain a focus on this as Thrive develops.	
Continue focus on communicating about / providing information about the nature and purpose of Thrive Welcome Teams. This will be particularly important as the service moves to open access, to ensure people are aware that the support it available. however, it will also be important in the current stage, to ensure GPs understand the remit of Thrive Welcome Teams and can be clear about what they are referring people into.	3.4.2
Take pride in successes. Thrive Welcome Teams have achieved significant success since its implementation and has made valuable differences to people’s lives. It is important to gather and share feedback with the wider team, Network and Collective and services as a whole. This is an important tool to promote the work of Thrive Welcome Teams and further its reach.	4.2, 3.3.2
Clarify the decision-making processes within Welcome Teams. The evidence suggested a barrier to achieving outcomes for staff and also to the wider success of Thrive Welcome Teams was the slowed decision-making process. This was due to a lack of clarity on where responsibility for decisions lay.	4.3.4, 3.3.2
Improve recruitment and retention of staff. We understand work is already underway to address the significant staffing challenges Thrive Welcome Teams have encountered. An organisational restructure was underway at the time of consultation. We also understand that consideration is being given to combining Welcome Teams with primary care services. This would be a welcome development, provided that the key strengths of Thrive Welcome Teams could be preserved.	4.3.2
Greater alignment and transparency of terms and conditions for roles in the Welcome Teams. A significant aspect for the Welcome Teams’ ability to function smoothly would be to bring the terms and conditions for various roles into closer alignment where possible. It may not be possible to have common terms and conditions for all members of staff, as this may involve breaching terms within an organisation. We therefore suggest ensuring alignment wherever possible but transparency and flexibility where it is not.	3.3.3
Improved routes of communication between service users and Thrive Welcome Teams workers: This would be beneficial for staff and people accessing Thrive Welcome Teams, who expressed frustration at this not currently being set up due to operational barriers and data sharing concerns. There may also be a need for continued focus on communication between Thrive Welcome	4.3.3

Recommendation	Section
Teams, to ensure the progress in this area continues and staff all benefit from strong communication between sites.	
Develop a career track for peer support workers. There was a strong sense in Thrive Welcome Teams of the value of peer support. Introducing options for career progression for peer support, including progression to peer support roles at senior levels, would contribute to cementing this approach within the service and valuing the important contribution peer support can make.	3.3.2
Evaluate the Welcome Teams' approach to disproportionality and access for all groups as the service moves to open access. Stakeholder consultation suggested that the Welcome Teams are reaching the groups they intend to reach. However, it was not clear to the evaluation the extent to which the Teams are catering to people from different groups, e.g. people with disabilities, people from minoritised groups, people with other protected characteristics, and whether there is any difference in access for these groups. It will be important as the service moves to open access to monitor to what extent Thrive is enabling equal access to the service and providing an appropriate, specialised service for all groups. This is necessary to ensure Thrive clients are reflective of the local communities.	2.4

Recommendations for ongoing evaluation data collection

The size of the person-level dataset has almost doubled from our previous report in mid-2021. 1,097 people were introduced to Thrive Welcome Teams during this report's analysis period, compared with 554 people in the August 2021 report, and 203 people in the first report in February 2021. We now have a greater quantity of data and generally there has been an improvement in data quality, so thank you to the Welcome Teams for their efforts with this. It is important the team continues to collect data to help understand its impact once the external evaluation has concluded. We have suggested the below recommendations to continue improvements in this.

Recommendation	Section
Improve collection of demographic data. We saw a slight decrease in quality of data on protected characteristics for this stage of the evaluation. A relatively large proportion of this data is still missing, and we encourage the Welcome Team to continue and build upon efforts to improve collection of demographic data.	1.5.2
Improve spread of outcomes data. The amount of outcomes data available at this stage is encouraging and has seen huge improvement since Thrive Welcome Teams started. However, the	1.5.2

Recommendation	Section
<p>data is heavily skewed towards people who had a planned exit from support. The majority of those with paired ReQoL had a planned exit from support or no data on reason for support ending. No one who was listed as having had an unplanned exit from support had paired ReQoL data. It is far more challenging to collect outcomes data from people who have disengaged from Thrive Welcome Teams. But continuing efforts towards this and making sure to collect data on reasons for support ending wherever possible, will make evaluation findings more robust.</p>	



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