HOSPITAL LINKWORKER PROJECT EVALUATION REPORT

Assessment Area	Aspirations & Motivations	Physical Health	Emotional/Mental wellbeing	Ability to Work / Volunteer	Identity & Self Esteem	Self harm/Other Risk Factors	Basic Skills (English, Math, IT)	Housing & Home Issues	Money	Risk of (Re)Offending	Legal Issues	Substance Use Issues	Hobbies	Spiritual & Religious Well-being	Social Interaction & Relationships	Family & Children	Learning Capacity
Ave. Start	2.89	2.89	3.56	2.56	3.22	1.22	1.56	2.78	2.11	1.00	1.00	1.00	3.33	2.33	3.00	2.00	1.89
Ave. End	2.22	2.44	2.33	2.78	2.78	1.33	1.22	2.56	1.33	1.00	1.11	1.00	2.56	2.11	2.11	2.00	2.11
Ave Change	**0.67**	0.44	**1.22**	-0.22	0.44	-0.11	0.33	0.22	**0.78**	0.00	-0.11	0.00	**0.78**	0.22	**0.89**	0.00	-0.22

Assessment & Review Wheel Results

Nine people completed journeys on the assessment wheel during the course of the project. Eight others completed initial assessments but not an end assessment, so have not been included in this analysis. These results therefore represent everyone completing a full course of support having developed and implemented a personal action plan.

Where there is a variance of more than 0.5, it is reasonable to see this as evidence of significant improvement aggregated across the cohort. There are 5 areas where this is evidenced (bolded on the above table): Aspirations & Motivations; Emotional/Mental Wellbeing; Money; Hobbies; Social Interactions & Relationships.

The average improvement in Emotional/Mental Wellbeing of 1.22 is the highest and evidences the most important outcome of the project. That is where the main focus of support work lies therefore to see this represented statistically is very encouraging. Comments in evaluation that underlie this include, "Struggle with chronic fatigue and having help at home gives me a social interaction gives me an adrenaline boost and helps me feel better about myself and helps me achieve more in my day," and, "By knowing that I have someone to reach out to and will respect and not judge me, this has reduced some of my stress and other struggles."

The average improvement in Social Interactions & Relationships of 0.89, being the next highest, probably reflects the work undertaken both with families of patients but also opportunities from social prescribing to interact with either a facilitator or peers. The qualitative evidence from evaluation backs up some of this with comments including, "I saw I was able to socialise, go out and find a job, I feel more confident," and, "I am able to talk to someone who is not my family member and therefore won't snitch. I feel comfortable with being able to be myself and not pretend to be someone else. I am an extrovert, so by having a friend I am able to do many activities that I do not feel comfortable doing alone."

The improvement of 0.78 in Money reflects substantial work helping people around benefits, housing support and accessing employment. One evaluation comment was, "When I joined Neshomo I was unemployed and isolated, now I have two jobs."

The same improvement for hobbies reflects significant opportunities found through social prescribing. These included gardening, swimming, crochet, with a make-up artist, countryside walks, martial arts, personal fitness and art lessons. Most were one-to-one but some with groups. There is a flexible and wide interpretation of social prescribing enabling finding of best fits for different patients' needs. Different respondents in evaluation said, "Exploring hobbies and support helped me develop my hobbies and use them in my own time," and, "Done sewing and art in my own time as well as cooking."

Aspirations & Motivations showed an average improvement of 0.67, reflecting the move forward by people from support received. This also reflects evaluation findings related to feeling more able to decide their own future and confidence of making positive choices about their life and comments including, "I like to think of ideas how to spend my time doing more creative things," and, "The weekly support gives me courage to handle my issues."

Evaluation Results

Thirty people completed evaluations over the course of the project utilising a survey that was implemented in conjunction with partners on other projects. The survey methodology utilised quantitative and qualitative questions. The quantitative questions measured several outcomes: ability to decide own future; reduction in social isolation, stress and anxiety; improvement in overall mental health and overall well-being; ability and confidence to make positive life choices before and after support; and mood before and after support. These asked for a rating on a 0–10 scale, with two point intervals shown (i.e. 0,2,4,6,8,10). Positive ratings in these areas would be measured by a score of 6 or above. This method also gave us the opportunity to identify an average and to see the spread of scores. In addition, there was an opportunity for patients to write some qualitative feedback, which helped reinforce the quantitative findings.

The survey was accessed at surveymonkey.com by each patient themselves or, where there were literacy, anxiety or other issues, with support from their support worker.

The report from surveymonkey.com is included below and shows the analysis of responses and qualitative comments.

We also undertook a further evaluation survey with patients on six change measures evidencing changes in mood, confidence, sense of control, compliance with medication, managing daily life and ability to recognise and manage symptoms. This was completed with a smaller cohort of those who had completed a block of support – 13 people. These results are presented below.

Mood before and after support
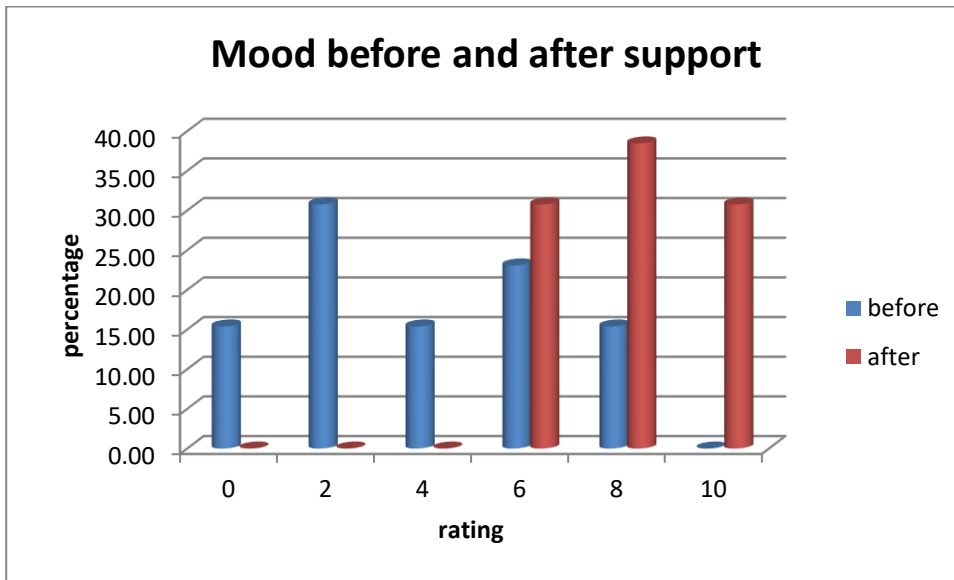
Measure of Mood	before	after
% positive domain	38.5%	100%
Average rating	3.85	8.00

This result evidences the significant change made over the course of accessing support by patients. All those in the negative domain before support were positive after with well over two-thirds give ratings of 8 or 10. It is in line with the results on the same question for the 30 people completing that evaluation questionnaire. For people with significant mental health conditions this is a remarkable result.


Confidence before and after support

Confidence	before	after
% positive domain	53.8%	100%
Average rating	4.62	7.85

This is again a strong result evidencing significant change by patients. Again, all those in the negative domain before support were positive after. However, the lower proportion scoring '10' shows that, in the time frame, confidence is still not as high as it could be for many. This indicates a need for ongoing support to entrench positive changes and further build confidence.

Sense of control before and after support
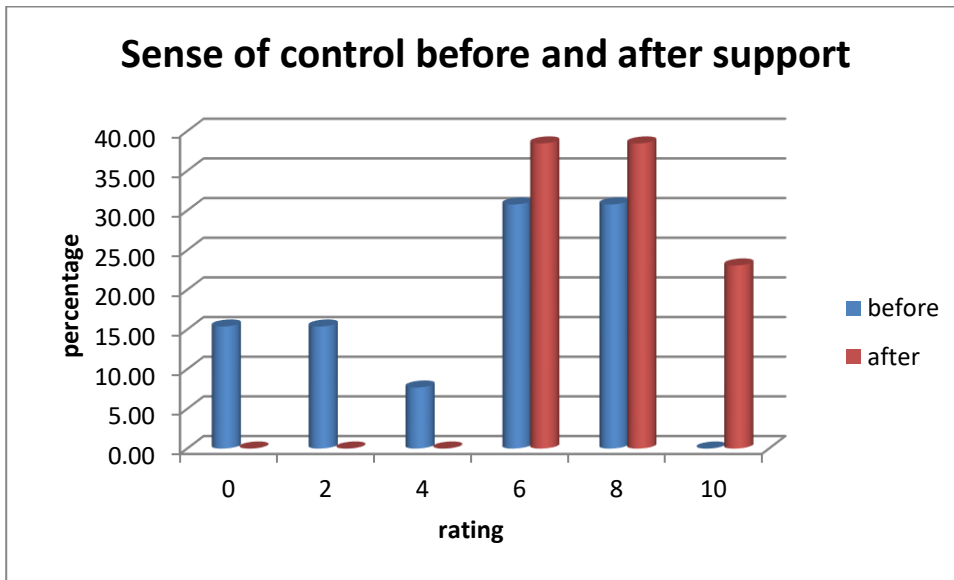
Sense of Control	before	after
% positive domain	61.5%	100%
Average rating	4.92	7.69

The significant improvement in sense of control by patients is hugely encouraging as this relates to their ability to maintain their recovery. This reflects positively on how support workers undertook their role, moving patients from being reliant on others to self-reliance. However, there is again room for further improvements and continued opportunities to exercise choices should be given to patients to embed such progression.

Compliance with medication before and after support
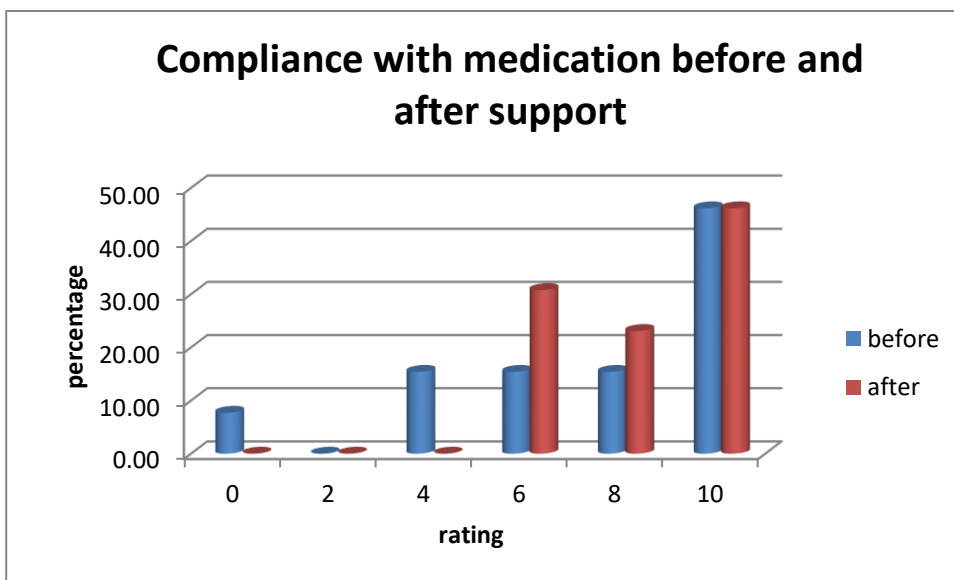
Compliance with Medication	before	after
% positive domain	76.9%	100%
Average rating	7.38	8.31

This is a particularly strong result from quite a high starting average rating. Again, all patients have progressed to the positive domain. This is a testament to the work undertaken as there can be a laxity in complying with medication as improvement is made and this has not happened here.
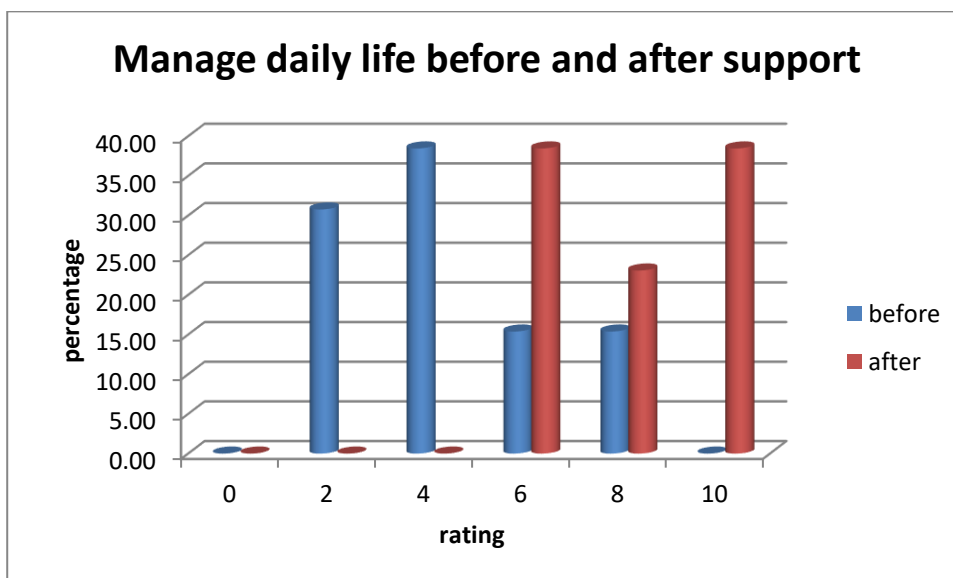
There is a highly significant correlation between the rating of mood after support and compliance with medication (Pearson correlation R=0.91, P<.01). This is strong evidence of the success of the project in addressing rehabilitation. It is clear that the improvement in mental health shown by

mood change has aligned with compliance with medication. Such evidence should lead to this way of working being taken on in similar contexts as well as tested in others.

Ability to recognise and manage symptoms before and after support
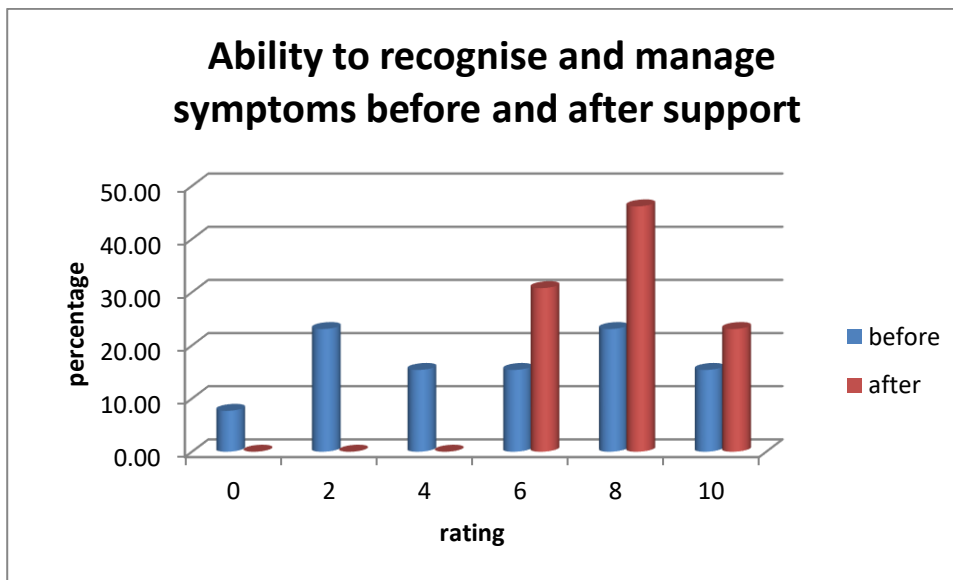
Recognise & manage symptoms	before	after
% positive domain	53.9%	100%
Average rating	5.38	7.89

There is a significant correlation between the rating of mood after support and managing symptoms (Pearson correlation R=0.81, P<.01). Causation here again appears logical i.e. as mood improves so does the ability to manage symptoms. There could also be a feedback effect with a virtuous cycle whereby managing symptoms also improves mood. What is clear is that the project has had this positive and practical effect.

Manage daily life before and after support

Manage daily life	before	after
% positive domain	30.8%	100%
Average rating	4.31	8.00

There is a significant correlation between the rating of mood after support and managing daily life (Pearson correlation R=0.89, P<.01) as well as between the rating of sense of control after support and managing daily life (Pearson correlation R=0.68, P<.01). This is strong evidence of the success of the project in addressing self-management. It would appear that the combination of

improved mood and sense of control has impacted with patients improving their ability to self-manage their conditions. Whilst causation here clearly appears logical, more work to confirm this would be useful as this would substantiate the effectiveness of this model of working.