

Mosaic

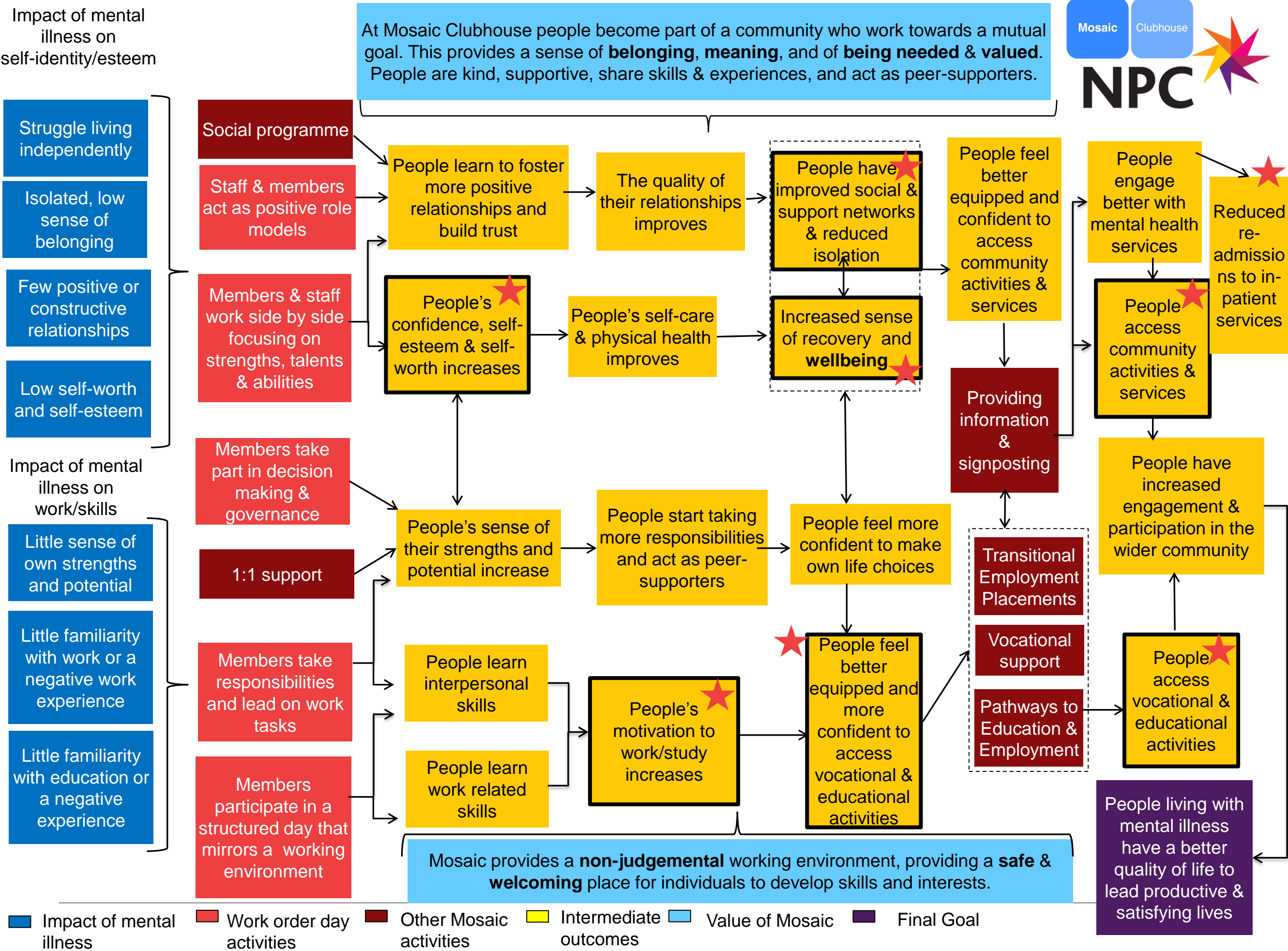
Clubhouse

NPC



# Theory of Change & Measurement Framework

## Mosaic Clubhouse



**Mosaic Clubhouse helps people affected by mental illness to increase their engagement & participation in the wider community. We provide opportunities for individuals, who have been socially and vocationally disadvantaged by mental ill health, to regain the confidence and skills necessary to lead more productive and satisfying lives.**

People living with mental illness are not only affected by the symptoms of their illness, they also face multiple other disadvantages that hinder their recovery and rehabilitation, such as: social exclusion; isolation; stigma; low confidence and self esteem; lack of recent employment history or no work history; poor educational attainment and skills; a history of offending and criminal records; drug and alcohol abuse; income poverty and poor housing.

Mosaic Clubhouse provides a stable and non-judgemental environment where through participation and working side by side, people are given opportunities to form meaningful relationships, increase their sense of belonging, develop new skills, increase their confidence and overcome personal barriers. They play a vital role in its running and take an active part in decision making and governance.

Our members say that attending Mosaic Clubhouse helps them with:

*"Company and structure and routine and keeps me from sitting at home alone"*

*"Having routine and discipline, being able to improve myself and learn new skills"*

*"Working side by side sharing experiences and helping me grow as a person"*

*"It is important to help me find purpose", "Getting satisfaction from working"*

*"Ultimately it is about structure, improvement of self and helping share this with others"*

*"Provides a safe place where people can work together and learn new skills which, in turn, helps keep well and out of hospital"*

## Key Components of Mosaic Clubhouse:



- **A Work Day:** The work day is an eight-hour period, Monday through Friday, which parallels typical business hours. Members and staff work side by side, as colleagues, to carry out the work of the Clubhouse i.e. reception, administration, café, building and garden maintenance, data management etc.
- **Education and Employment Programme:** Mosaic runs a successful employment programme providing opportunities for members to return to paid and voluntary employment, including our unique Transitional Employment Programme. We also assist members with continuing education and developing new skills.
- **1:1 support:** Mosaic staff offer 1:1 support to help members identify their goals and measure their progress, using the Recovery Star or Goal Planning sessions.
- **Evening, weekend and holiday social and recreational programme.**
- **Support to access local community services and activities,** such as: acquiring and keeping affordable and dignified housing, good mental health and general medical services, benefits support and any other services they may need.
- **Reach out:** Part of the daily work of Mosaic involves 'reach out' to absent members and those in education and employment. This process not only encourages members to participate but it is an early warning system for members who may need extra help.
- **Decision-making and governance** are an important part of the Clubhouse work. Members and staff meet in open forums to discuss policy issues and future planning for the Clubhouse. Our Board meetings are open to staff and members. We currently have two members on our board.
- **Information Hub:** Our centre is now the first port of call for individuals who are concerned about their own or others' mental health. The information Hub offers information on mental health and related matters to the Lambeth community. This service can be accessed via drop in, email, telephone or website and is delivered in partnership with our members, and Lambeth & Southwark Mind.
- **Living Well Partnership (LWP):** From our premises we host a number of partner organisations who deliver a wide range of services to our members and the wider community, this includes benefits advice, smoking cessation, a recovery college and adult education courses.

## Mosaic Journeys

People join Mosaic Clubhouse at different points in their recovery, some will be right at the beginning of their recovery process. These people may face many barriers hindering their recovery, such as: low self-worth & self-esteem, isolated, struggling to live independently, low sense of own strengths and little or negative experience with work or education. This can include difficulty gaining income and being able to pay rent. For those people, Mosaic provides a stable support network that allows them to rebuild their lives starting from the most basic needs: getting out of the house, building a routine, building relationships and trust and learning new skills. Only then, when their confidence & self-esteem increases; their social networks improve; their sense of recovery and wellbeing increases; will they feel ready to engage in the wider community. Mosaic also helps people improve their physical health and self-care. This engagement can take the form of peer-support, participating in leisure activities or moving into employment & education. However, some people will be joining Mosaic Clubhouse at a later stage in their recovery and only require help with getting back on their feet and returning into employment or education.

The journey a person chooses to embark on is solely guided by them. The support and encouragement of Mosaic staff & members to achieve self-defined outcomes, plays a significant role in their recovery.

For those people who go through this journey and move on from Mosaic Clubhouse, it still continues to act as a safety net that they can access in times of need. Having Mosaic Clubhouse to turn to, in times of crises, helps preventing things from spiralling down and acts as a catalyst to getting back into the community.

## Enabling factors

Funding, Referrers, Employment & Education partnerships; Employers engaging with Mosaic Clubhouse to provide TEPs; Employment market, Policy & political environment supporting the provision of mental; health services.



# MEASUREMENT FRAMEWORK

This section of the report contains Mosaic's measurement framework and highlights the outcomes that Mosaic can measure on its theory of change. It includes the five outcomes Mosaic has chosen to prioritise:

- People's confidence, self-esteem & self-worth increases.
- Increased sense of wellbeing.
- People have improved social & support networks.
- Work readiness- motivation, confidence and skills to work increase.
- People access vocational, educational & community activities.

The measurement framework is made up from the following elements:

- Outcomes for Mosaic Clubhouse
- Indicators—something that tells you the outcome is being achieved
- Tools—the tools for measurement
- Data sources—how Mosaic Clubhouse can collect the data, and when this will happen
- Usage – how Mosaic will use the data to support reflective practice and help improve what they do.

The framework incorporates the proposed outcome and output data that Mosaic can collect and explains how it can be used to evidence the new theory of change.

# KEY TO MOSAIC THEORY OF CHANGE



Mosaic's prioritised outcomes

**Impact of mental illness**

Impacts of mental illness that hinder recovery and rehabilitation..

**Work order day activities**

Activities specific to the work order day that need to happen to achieve the outcomes

**Other Mosaic activities**

Other Mosaic activities that need to happen to achieve the outcomes

**Intermediate outcomes**

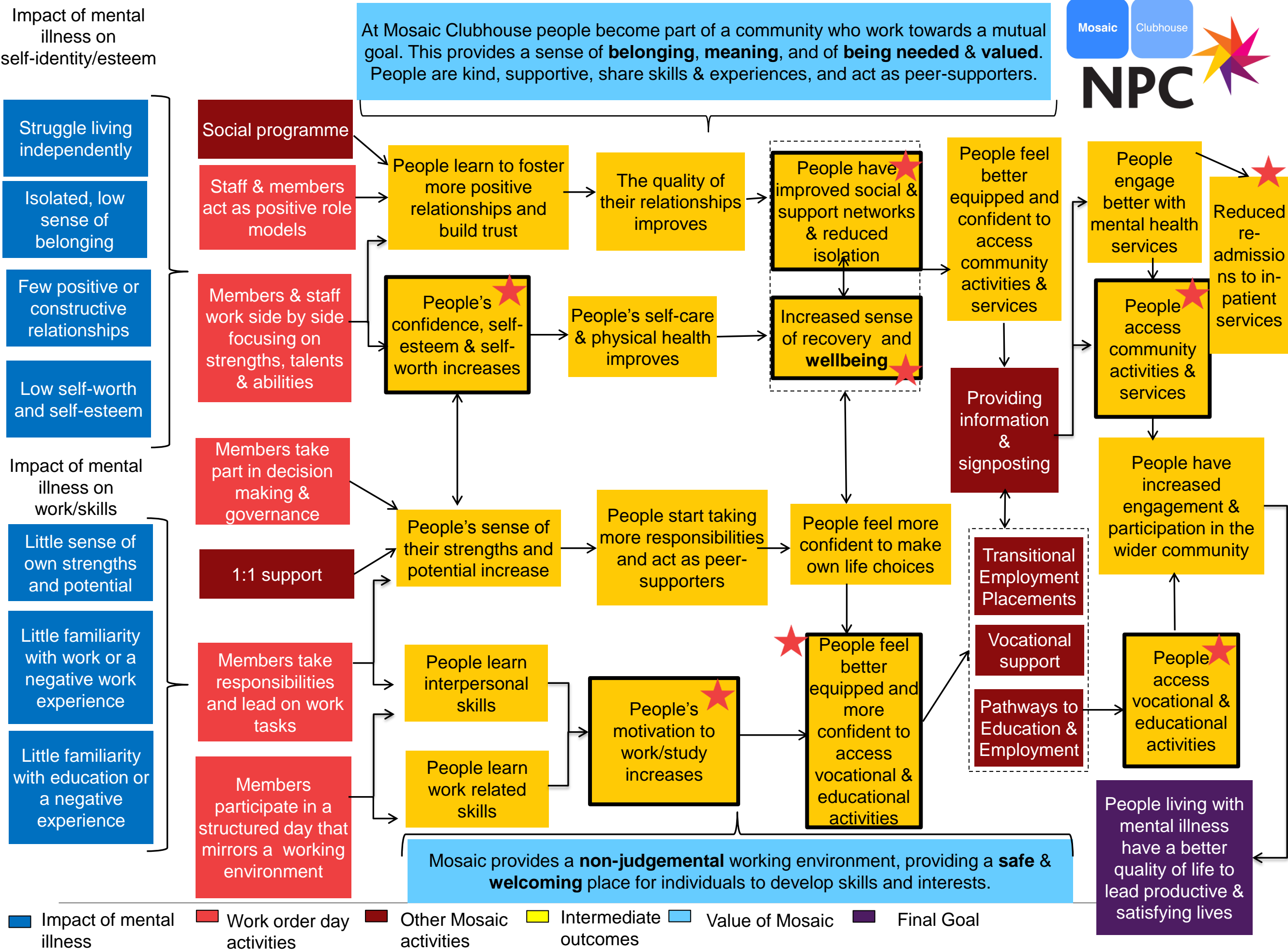
Changes that Mosaic want to happen for members

**Mosaic Value**

The added value of Mosaic to members

**Final goal**

The overall impact Mosaic is trying to achieve





# UNIVERSAL MEASUREMENT (ALL MEMBERS)

Outcome	Measure	Data sources	How to collect	NPC/Mosaic comments
<b>Prioritised outcome one:</b> People's confidence, self-esteem & self-worth increases.	Increase in scores on the RSES scale	<i>Rosenberg's Self-Esteem Scale</i> (RSES) is a widely-used 10-item scale for measuring feelings of self-worth or self-acceptance.	This will be collected during a 1:1 meeting with a support worker at: induction, end of 12 weeks and every 6 months afterwards (3 months, 9 months, 18 months, etc.)	If support workers administer: consider training to reduce response bias. Self-completions are an option for members who are literate.
<b>Prioritised outcome two:</b> Increased sense of wellbeing.	Increase in scores on the WEMWBS scale	The Warwick-Edinburgh Mental <b>Well-being</b> Scale (WEMWBS) is a widely-used scale measuring mental well-being.	As Above	As above.
<b>Prioritised outcome three:</b> People have improved social & support networks	Improved reported social & support networks	<b>Social Provisions</b> Scale Cutrona, C. E. and Russell, D. 1987. A widely recognised scale used to examine the degree to which respondent's social relationships provide various dimensions of social support. Only using the following sub-scales: Attachment Social Integration Reassurance of worth Reliable Alliance	As above	As above

# UNIVERSAL MEASUREMENT (ALL MEMBERS) NPC

Outcome	Measure	Data sources	How to collect	NPC/Mosaic comments
<b>Prioritised outcome four:</b> Work readiness- motivation, confidence and skills to work increase.	Increases in ‘work readiness’ scores	Using 2 scales: 1. <b>Aspirations</b> for the future scale designed by NPC drawing upon the Longitudinal Study of Young People in England (LYPSE) for the questions. 2. <b>Personal Development</b> scale- developed to evaluate improvements in communication, teamwork, leadership and communication.	As above	
<b>Prioritised outcome five:</b> People access vocational and educational activities.	Increased proportion of people participating in vocational and educational activities.	Recording vocational & educational outcomes and referrals to other organisations on Salesforce database.	Recorded when a members starts a vocational or educational activity. This information will be collected during 1:1 meetings with a support workers and during an bi-annual survey.	

# IMPACT EVALUATION (SAMPLE OF MEMBERS)

Outcome	Measure	Data sources	How to collect	NPC/Mosaic comments
<b>Prioritised outcome six:</b> People access community activities and services	Increased number of people accessing a greater range of community activities	Recording community activities and onward referrals to external organisations on Salesforce database.	This information will be collected during 1:1 meetings with a support workers and during a bi-annual survey.	List of activities that come under this measure to be developed with members, and pre-coded.
<b>Prioritised outcome seven:</b> People engage better with mental health services, including reduced re-admissions to in-patient services	Reduced re-admissions at in-patient units in Lambeth. Changes in use of CAMHS*	TBC – to include rate of re-admissions to in-patient services, against comparison group.	Two routes for data collection, depending on access to statutory data: 1) Number of admissions (among members) to hospital acute wards 2) Track self-reported service use, using phone survey with sample of members	*What questions can you ask to determine whether people are using mental health services appropriately/in an optimal way, e.g. what would an improvement to use of CAMHS be? Less use? Different patterns of use? Better adherence to medication?

# RESEARCH AND DATA COLLECTION TOOLS: UNIVERSAL APPROACH AND IMPACT EVALUATION

- Mosaic Clubhouse are improving their approach to understanding how the clubhouse affects members, to assess its impact, and identify how to improve services. The measurement framework will be used with all current members on a continual basis, as part of monitoring the quality of service user experience and to support this continual improvement.
- Mosaic Clubhouse may also conduct an economic evaluation of the impact of their work, including on statutory healthcare services. This type of analysis requires an impact evaluation which entails a different approach to data collection, because the benefits of attending Mosaic on health services may be felt over a longer period, including among individuals who no longer attend Mosaic.
- The measurement recommendations below therefore provide for two strands of data collection:
  - A 'universal approach' with Mosaic can use with all its members
  - An 'impact evaluation' as part of an economic evaluation, may be undertaken in 2016-2017.

# INTEGRATION WITH KPIs

Aim	Monitoring mechanism	Link to measurement framework
1. Provide opportunities ...to regain the confidence and skills necessary to lead productive and satisfying lives	Daily attendance analysis Monthly attendance analysis Monthly contact hours	Outcomes 1, 2 and 3: increased self-esteem, improved wellbeing, social and support networks.
2. Ensure members are involved in the design, delivery , management, review and development of the service	No. of members attending Board meeting No. of members attending Policy meeting No. of members attending Standards meeting No. of members on the Board No. of members on staff/ volunteer recruitment panels No. of member-led workshops	Outcomes 1, 2 and 3: increased self-esteem and well-being, and support networks.
3. Mosaic Clubhouse will support members to prepare for employment by building their work capacity and skills and looking for work.	No. of members supported to <ul style="list-style-type: none"> <li>• Develop a CV</li> <li>• Develop interview skills</li> <li>• Apply for paid employment</li> <li>• Attend a job interview</li> <li>• Enter work placement</li> <li>• Retain work placement</li> <li>• Visit a TEP</li> </ul>	Outcomes 4 and 5: increased work-readiness, and access to vocational and educational activities.
4. Mosaic Clubhouse will support members to enter and/or retain paid employment	No. of members supported to enter paid employment: <ul style="list-style-type: none"> <li>• No. of members retaining paid employment</li> <li>• TEP analysis</li> <li>• % of average daily attendance on TEP</li> <li>• No. of TEP employers</li> <li>• No. of TEP placements</li> <li>• Type of jobs</li> </ul>	Outcome 5: increased proportion of people participating in vocational and educational activities.
5. Mosaic Clubhouse will support members to enter and/or retain education and training opportunities	No. of members supported to: <ul style="list-style-type: none"> <li>• Enter external education/training</li> <li>• Remain in external education/training</li> <li>• Enter internal Life Skills and/or IT class</li> <li>• Remain in internal Life Skills and /or IT Class</li> </ul>	Outcome 5: increased proportion of people participating in vocational and educational activities.
6. Mosaic Clubhouse will support members to enter and/or retain volunteering opportunities	No. of members supported to: <ul style="list-style-type: none"> <li>• Enter volunteering opportunity</li> <li>• Retain volunteering opportunity</li> </ul>	Outcome 5: increased proportion of people participating in vocational and educational activities.
7. Mosaic Clubhouse will support members to access social activities	No. of members accessing the following activities: <ul style="list-style-type: none"> <li>• Arts</li> <li>• Sports</li> <li>• Leisure</li> <li>• Music</li> </ul>	Outcomes 1, 2 and 3: increased self-esteem, improved wellbeing, social and support networks.



# INTEGRATION WITH KPIs

Aim	Monitoring mechanism	Link to measurement framework
Mosaic Clubhouse will support members with independent living	No. of members supported with: <ul style="list-style-type: none"> <li>• Benefits (All types)</li> <li>• Personal Finance/Budgeting</li> <li>• Maintaining tenancy</li> <li>• Moving to more independent accommodation</li> <li>• Improving current living standards</li> <li>• No. of members supported to begin accessing a direct payment</li> <li>• No. of members awarded a direct payment</li> </ul>	Outcomes 1 and 2 : increased self-esteem and improved wellbeing.
Mosaic Clubhouse will assist members to identify and achieve their Education, Employment and Personal goals.	No. of members with a goal plan. No. of members with a goal plan related to: <ul style="list-style-type: none"> <li>• Education</li> <li>• Employment</li> <li>• Personal</li> </ul> No. of members completing goal plans over past 6 months No. of members receiving individual volunteer support	<b>Outcome 4:</b> Work readiness- motivation, confidence and skills to work increase.

# RESEARCH AND DATA COLLECTION TOOLS

## UNIVERSAL AND IMPACT EVALUATION:

- *Rosenberg's Self-Esteem Scale (RSES)*- The scale is a ten item Likert scale with items answered on a four point scale - from strongly agree to strongly disagree
- *The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)*- The scale is a 14/7 item Likert scale with items on a five point scale- None of the time; Rarely; Some of the time; Often ; All of the time.
- Qualitative interview questions, undertaken by staff member.
- Social networks scale – to use existing scales.
- Work readiness scales – to select from the existing scale options.
- Access to employment and education – to use data already collected, alongside 6 monthly surveys.

## IMPACT EVALUATION ONLY:

- Follow-up surveys with the sample of Mosaic Group, 'are no longer attending Mosaic Clubhouse,
- Effect on use of statutory health services – to use hospital admissions data, or member survey responses

# IMPLEMENTATION (1)

## **Measuring Outcome 1:** *People's confidence, self-esteem & self-worth increases.*

The data will be measured using the Rosenberg's Self-Esteem Scale (RSES). This is a ten item Likert scale using a four point measurement scale from strongly disagree to strongly agree. The initial reading will be taken prior to or during the induction to Mosaic Clubhouse. It will then be repeated during 1:1 meetings with a support worker at end of 12 weeks and every 6 months afterwards (3 months, 9 months, 18 months, etc.). The information will be collected by the support workers and handed over to the Business & Administration (B&A) unit to be entered onto the Salesforce database. The Business Outcomes Coordinator will be responsible to check entries for mistakes and to ensure that the repeat measurements are collected at the intervals agreed. The data will be analysed by the Business Outcomes Coordinator at 6 months, a year and every 6 months afterwards. The results will be presented to the community, members, staff & trustees for reflection and feedback. Some of the information will be shared with relevant funders and commissionaires.

## **Measuring outcome two:** *Increased sense of wellbeing.*

The data will be measured using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). This is a 14 item Likert scale using a five point measurement scale (1- none of the time, 2-rerally, 3-some of the time, 4-often, 5-all of the time). The initial reading will be taken prior to or during the induction to Mosaic Clubhouse. It will then be repeated during 1:1 meeting with a support worker at end of 12 weeks and every 6 months afterwards (3 months, 9 months, 18 months, etc.). The information will be collected by the support workers and handed over to the Business & Administration (B&A) unit to be entered onto the Salesforce database used at Mosaic Clubhouse. The Business Outcomes Coordinator will be responsible to check entries for mistakes and to ensure that the repeat measurements are collected at the intervals agreed. The data will be analysed by the Business Outcomes Coordinator at 6 months, a year and every 6 months afterwards. The results will be presented to the community, members, staff & trustees for reflection and feedback. Some of the information will be shared with relevant funders and commissionaires.

# IMPLEMENTATION (2)

## **Prioritised outcome three:** *People have improved social & support networks*

The data will be collected using the Social Provisions Scale. We will be using 14 items of the scale that reflect four sub scales: attachment, social Integration, reassurance of worth & reliable Alliance. This is a four point Likert scale from strongly disagree to strongly agree. The initial reading will be taken prior to or during the induction to Mosaic Clubhouse. It will then be repeated during 1:1 meeting with a support worker at end of 12 weeks and every 6 months afterwards (3 months, 9 months, 18 months, etc.). The information will be collected by the support workers and handed over to the Business & Administration (B&A) unit to be entered onto the Salesforce database used at Mosaic Clubhouse. The Business Outcomes Coordinator will be responsible to check entries for mistakes and to ensure that the repeat measurements are collected at the intervals agreed. The data will be analysed by the Business Outcomes Coordinator at 6 months, a year and every 6 months afterwards. The results will be presented to the community , members, staff & trustees for reflection and feedback. Some of the information will be shared with relevant funders and commissionaires.

## **Prioritised outcome four:** *Work readiness- motivation, confidence and skills to work increase.*

This data will be collected using two separate scales:

1. Aspirations for the future scale is a 3 items Likert scale using a 5 point measurement scale from strongly disagree to strongly agree.
2. Personal Development scale is a 7 items Likert scale using a 5 point measurement scale from very unconfident to very confident.

The initial reading will be taken prior to or during the induction to Mosaic Clubhouse. It will then be repeated during 1:1 meeting with a support worker at end of 12 weeks and every 6 months afterwards (3 months, 9 months, 18 months, etc.). The information will be collected by the support workers and handed over to the Business & Administration (B&A) unit to be entered onto the Salesforce database used at Mosaic Clubhouse. The Business Outcomes Coordinator will be responsible to check entries for mistakes and to ensure that the repeat measurements are collected at the intervals agreed. The data will be analysed by the Business Outcomes Coordinator at 6 months, a year and every 6 months afterwards. The results will be presented to the community , members, staff & trustees for reflection and feedback. Some of the information will be shared with relevant funders and commissionaires.

# IMPLEMENTATION (3)

**Prioritised outcome five:** *People access vocational and educational activities.*

This data will be collected when a members starts a vocational or educational activity. This information will be collected during 1:1 meetings with a support workers and during an bi-annual survey (conducted in September-October & March-April). The support workers will be responsible for collecting & recording this data during the 1:1 meetings. The Employment, Education & Information (EE&I) unit will be responsible for administrating the survey with the help of the other units at Mosaic Clubhouse. The information will then be recorded by the members & staff in the EE&I unit. This data will be reviewed monthly as part of our contract monitoring activity and will be measured against our KPIs.

**Prioritised outcome six:** People access community activities and services

This data will be collected when a members accesses or referred to a community activity or service.

This information will be collected during 1:1 meetings with a support workers and during a bi-annual survey (conducted in September-October & March-April). The support workers will be responsible for collecting & recording this data during the 1:1 meetings. The Employment, Education & Information (EE&I) unit will be responsible for administrating the survey with the help of the other units at Mosaic Clubhouse. The information will then be recorded by the members & staff in the EE&I unit. This data will be reviewed monthly as part of our contract monitoring activity and will be measured against our KPIs.

**Prioritised outcome seven:** *People engage better with mental health services, including reduced re-admissions to in-patient services*

Two routes for data collection, depending on access to statutory data:

- 1) Number of admissions (among members) to hospital acute wards
- 2) Track self-reported service use, using phone survey with sample of members

Measuring this outcome will require a wider discussion with the trustees and Mosaic community to decide on the best way forward.

NOTE: ideally, points 1) and 2) above would also be collected for a comparison group.



# IMPLEMENTATION (4)

## Additional questions

We also recommend that all members are asked a couple more questions, in addition to the scales described above:

- To what extent do you feel the improvements in your life are due to attending Mosaic?
- What else has been happening in your life that could also have contributed to the change?

These questions will help check how much members feel that Mosaic Clubhouse has contributed to any improvements in their lives, and to capture what other factors may have been contributing to the change too. These constitute a check on whether changes can be attributed to Mosaic – particularly important if there is not a comparison group.

## Data analysis and use

Once the data has been collected, data analysis will focus on what the data tells Mosaic about which activities are most effective, for which types of individual.

Quantitative data can be subject to sub-group analysis, for example looking at any differences in women and men, or in patterns of attendance and recovery. It can also be used to chart change over time, from 12 weeks onwards.

Quantitative data will help provide comparisons between groups and measure the extent of change. Qualitative data should be used to help explain the quantitative findings, to understand why these changes occur.



## 4. RESEARCH PRINCIPLES

- Sampling for qualitative research
- Suggested qualitative questions
- Use of Recovery Star
- Approach to impact evaluation

# SAMPLING FOR QUALITATIVE RESEARCH

Qualitative research focuses on how, why and the context for changes that happen – things that are harder to measure, but are important in understanding what is making a programme work or not, how it can improve, and what else may be influencing results. It focuses on beneficiaries or other stakeholders and their perceptions.

It is important that qualitative research is undertaken by a neutral researcher, who will not bias the respondent or be biased in their interpretation of what is said. This is a risk where the interviewer has a vested interest in seeing ‘positive’ change, so interviewers must be trained in how to ensure they are not ‘leading’ the respondent, and that the respondent feels there is no ‘right’ answer. Given that gathering data on these questions is quite resource-intensive, we recommend that the qualitative research strand is only undertaken with a sample of Mosaic members. Otherwise, there is a risk this will generate too much data, without enough time for staff to analyse and make sense of it.

While qualitative research is useful to illustrate people’s experience and provide quotes or case studies, we do not suggest that this qualitative data gets used for that purpose. Instead, the value of these qualitative questions is that they can explain how members’ mental health is influenced by attending Mosaic, and get more granular detail on how changes come about. It is likely that this work will throw up areas that are not working well, and give Mosaic insights into why, and how to improve.

Mosaic is already using testimonies, and we suggest these continue in parallel to this work.

There are generally two methods for conducting qualitative research; group discussions and in-depth interviews (although online methods are also increasingly used). We suggest that one-to-one interviews with members would be the best approach.

# SUGGESTED QUALITATIVE QUESTIONS

***Q: Why are you coming to the Mosaic Clubhouse?***

**Aims:** to understand how the role and function of the clubhouse changes for people, across the course of their membership (by comparing 12 weeks, 6 months etc and linking this to the member's development). It also helps understand how Mosaic Clubhouse may serve different functions for different kinds of member, according to their needs/circumstances.

***Q: What changes have you felt, if any? How would you describe how your feelings have changed? Why do you think that is?***

**Aims:** to explain the results of all changes to outcomes, and get members' sense of the most important change, and how this came about (or didn't).

***Q: How have your relationships changed since coming here? Why do you think that is?***

**Aims:** to explain the results of Outcome 3: measures of social and support networks.

***Q: What other places are you going, and what other activities are you doing that you weren't doing before you started here?***

**Aims:** to understand the contribution of other factors (other than Mosaic), in achieving these changes.

***Q: What do you think Mosaic Clubhouse could do better, or do differently?***

**Aims:** to identify areas for improvement, driven by members' own insights and preferences.

# USE OF RECOVERY STAR

While extremely useful as a case management tool, the Recovery Star is not generally recommended for use as the only source of evaluation data, as the responses may be influenced by the staff member administering the tool, as well as biasing towards positive responses. However, Mosaic Clubhouse already collect Recovery Star before/after data for members, and it makes sense to use this data.

We suggest aggregating the Recovery Star data collected to identify patterns in the changes seen among different member groups, and help staff consider what is influencing these results. Mosaic could also compare the results from the standardised scales against the results observed in the Recovery Star data, to identify where the findings support one another, where they differ, and why. This would contribute to the wider sector's understanding of the status of the Recovery Star as an indicator of progress in mental health.

The aggregated results from Recovery Stars could also be analysed and discussed with the staff who administer them, to support their reflective practice. For example, the outcomes coordinator could collate data on a 6 monthly basis and use the results as stimulus for discussion on members' progress, the influences on their experience, what is working and not working. It may also highlight any anomalies or trends that may need addressing.



# APPROACH TO IMPACT EVALUATION

- A sample of Mosaic members would be recruited at the point of entry into Mosaic Clubhouse services, stratified to cover a range of need and demographic characteristics.
- This group would be tracked at 12 weeks, 6 months and at 6 month intervals thereafter, over the period agreed.
- It is assumed that some of these individuals will cease attending Mosaic Clubhouse over this period, and would therefore be recontacted by phone, to complete a telephone survey.
- If possible, this data collection method would be supplemented by access to health data on acute ward admissions and CMHT service use, thus providing hard outcome data on the rates of health service use (and the associated cost) among this group, in comparison with those who did not receive Mosaic Clubhouse support.
- We currently assume the survey would be used to ask questions for the 7 outcomes identified. We could also consider whether other areas of personal activity should also be explored, e.g. use of other support and services; financial management; offending behaviour. [To be discussed].
- This sample would be compared against a population of individuals with comparable situation and characteristics at the beginning of the study who do not attend Mosaic. Tracking this second group creates a counter-factual to show what might have happened to the members if they did not attend Mosaic. The difference between the outcomes for the two groups can be interpreted to show the difference Mosaic makes.
- The approach to sampling the Mosaic group and the comparison group will be developed in Phase 3 of this work. This framework simply indicates where there is further data to be collected for the 'impact evaluation' group, to help Mosaic in their planning.
- While the data collected in the 'impact evaluation' research strand is arguably useful to Mosaic all the time, not just in one year, it is significantly more onerous – whereas the 'universal' approach is designed to be realistic for staff and members to sustain as part of good practice, year on year.