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An Independent evaluation of the Keeping Families in Mind Service: Executive Summary



2021

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The KFIM Service was developed and delivered by Sheffield Mind



This KFIM service evaluation was undertaken by researchers at York St John University



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Abbreviations and symbol list

AFF	Army Families Federation
BRS	Brief Resilience Scale
CELMT	Campaign to End Loneliness Measurement Tool
CPD	Continuing Professional Development
CSJ	Centre for Social Justice
DWP	Department for Work and Pensions
GP	General Practitioner
KFIM	Keeping Families in Mind Service
MOD	Ministry of Defence
OVA	Office for Veterans Affairs
PTSD	Post-traumatic stress disorder
RAFF	Royal Air Force Families Federation
WEMWBS	Warwick Edinburgh Mental Wellbeing Scale
YSJU	York St John University
N or n	Number of clients / participants
p	Probability (statistical significance set at $p \leq 0.05$)
s d	Standard deviation
<	Less than
\leq	Equal to or less than

1. Executive summary

1.1 Background:

Keeping Families in Mind (KFIM) is funded by the Armed Forces Covenant Fund Trust following a successful application to the Covenant Fund Families in Stress. Patel et al (2017) reported that it was clear from the 'Call to Mind' reports 'that the needs of [military] families are not being adequately recognised or addressed and that this is a gap in current provision across the UK' (p.46). In response to this identified need, the *Keeping Families in Mind* service aimed to work with families in the Sheffield area, offering one-to-one counselling, group anger management, mental health and wellbeing activities and a volunteer skills building programme. They planned to work closely with Armed Forces Welfare Officers, and to offer a bespoke programme of interventions, tailored to build resilience and discourage dependency.

When Sheffield Mind applied for funding to develop and deliver this service they had to plan for an independent evaluation of the service as part of the funding agreement. The evaluation aimed to discover whether or not the service has been beneficial for families of serving and veteran personnel. The evaluation was conducted to inform decisions about whether the KFIM service should be continued.

1.2 Aims, objectives and hypotheses

The overall aim was to evaluate whether, or not, the KFIM service has been beneficial for families of serving and veteran personnel. There were five study objectives, three of which had a related hypothesis:

1. To examine if there was a statistically significant change to participants' Warwick Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al 2007) pre-counselling and post-counselling scores (anonymised scores were provided by Sheffield Mind to the project team for analysis).
1st Hypothesis: that the counselling provided by KFIM would result in statistically significant ($p < 0.05$) improved scores on Warwick Edinburgh Mental Wellbeing Scale the from the baseline assessment to follow-up test.
2. To examine if there was a statistically significant change to participants' the 6-item Brief Resilience Scale (BRS; Smith et al, 2008) pre-counselling and post-counselling scores (anonymised scores were provided by Sheffield Mind to the project team for analysis). 2nd Hypothesis: that the counselling provided by KFIM would result in statistically significant

($p < 0.05$) improved scores on the Brief Resilience Scale from the baseline assessment to follow-up test.

3. To examine if there was a statistically significant change to participants' 3-item Campaign to End Loneliness Measurement Tool (CTELMT) pre-counselling and post-counselling scores (anonymised scores were provided by Sheffield Mind to the project team for analysis). 3rd Hypothesis: that the counselling provided by KFIM would result in statistically significant ($p < 0.05$) improved scores on the Campaign to End Loneliness Measurement Tool from the baseline assessment to follow-up test.
4. To evaluate questionnaire data collected by Sheffield Mind from clients' attending KFIM service (3 closed questions and 3 open questions) following completion of counselling (Sheffield Mind provided the anonymised survey data for analysis).
5. To explore the views of clients, referrers and staff regarding the KFIM service (data was collected by the YSJU research team using semi-structured virtual interviews).

1.3 Method

This service evaluation was a longitudinal, mixed-methods prospective study with three separate data collection phases:

- 1) The KFIM clients undertook outcome measures (WEMWBS, BRS and CELMT) at a baseline assessment and were then re-assessed at three additional points in time. The measures were given to clients to complete for the first time at their assessment session, and this provided the baseline measures. Follow-up measures were usually undertaken at the beginning of the 1st, 8th and 16th counselling sessions. Pseudonymised scores were analysed by the York St John University (YSJU) research team for changes and statistical significance.
- 2) An online survey, comprising 3 open questions and 3 rating scales, was given to clients by the KFIM team following counselling, pseudonymised results were analysed by YSJU research team.
- 3) Semi-structured interviews were undertaken with a sample of clients, staff and referrers by the YSJU research team in the summer of 2021, these were transcribed verbatim and analysed using thematic analysis.

Ethical approval was obtained from the Cross Schools Ethics committee at York St John University. Participants were all over 18 years of age and able to provide informed consent (according to the guidelines for the Mental Capacity Act 2005). Sheffield Mind obtained consent for the pseudonymised outcome measures and survey results to be used for the service evaluation. For the semi-structured interviews, participants were provided with an information sheet about the purpose of the interviews and use of the findings and provided either written, electronic and / or audiotaped consent.

1.4 Results:

1.4.1. Outcome measures

Sample: Not all clients who were referred or self-referred to KFIM went on to receive therapy. Eleven people did not have the initial assessment, and another one dropped out before their first therapy session. Four people were assessed but accessed a different service. Only 23 clients completed a full course of therapy with KFIM. The number of counseling sessions received varied owing to clients' needs and for the analysis clients were divided into three sub-samples: sub-sample A had undertaken the outcomes measures at least twice; sub-sample B had undertaken the outcome measures at least three times; and sub-sample C had undertaken the measures four times.

WEMWBS Sub-sample A: Thirty-three clients had a baseline assessment on the WEMWBS and a follow-up assessment (which had usually been taken at the start of the first therapy session). The means for the 14 WEMWBS questions and the means for the total scores were compared between the baseline and 2nd test. Mean scores increased for 12 of the 14 WEMWBS questions and for the total score. The Related-Samples Wilcoxon Signed Rank Test was undertaken to examine whether changes in scores were statistically significant and statistical significance was set at $p \leq 0.05$. The overall improvement across the sample's total scores from baseline assessment to the first therapy session was found to be statistically significant at $p \leq 0.023$, with six of the 14 individual questions also showing statistically significant improvements ($n = 33$).

WEMWBS Sub-sample B: Twenty-six clients had undertaken a baseline assessment on the WEMWBS and two follow-up assessments (which has usually been taken at the start of the first therapy session and the beginning of the 8th session). Increases in mean were found from baseline to the 3rd test for scores for all 14 WEMWBS questions, with these improvements being statistically significant for 12 out of 14 questions. The improvement across sub-sample B's total scores from baseline assessment

to the first therapy session was found to be statistically significant at $p=0.047$ and from 2nd to 3rd test was also statistically significant at $p = 0.004$. There was a mean increase of 9.5 between the baseline total score compared to the 3rd test which was statistically significant at $p = 0.000$.

WEMWBS Sub-sample C: Eight clients had undertaken the WEMWBS scale on four occasions. There was a positive mean difference between the Baseline and the 4th test scores for all 14 WEMWBS questions and the total score. Improvements from baseline to 4th test were statistically significant at $p \leq 0.05$ for nine out of 14 questions and the WEMWBS total score ($p=0.017$).

Therefore, the 1st Hypothesis that the counselling provided by KFIM would result in statistically significant ($p < 0.05$) improved scores on the Warwick Edinburgh Mental Wellbeing Scale from the baseline assessment to follow-up tests was supported for the analyses for sub-samples A, B and C, indicating clients' mental wellbeing improved following counselling provided by KFIM.

BRS Sub-sample A: Thirty-four clients had a baseline assessment and a follow-up BRS assessment. Increased means were found for all six BRS questions and the average score. A paired samples T-test was undertaken for the BRS average score which was statistically significant ($t -2.475$, degrees freedom 33, $p = 0.019$). Related samples Wilcoxon signed rank tests were undertaken for each BRS question and for the average score, with only the average score ($p = 0.018$) and question 1 (*I tend to bounce back quickly after hard times*; $p = 0.015$) showed statistically significant increases.

BRS Sub-sample B: For sub-sample B ($n = 26$) the BRS average mean score for the sample increased from 2.36 at the baseline to 2.65 at the third test (post-test). Following analysis with the Related samples Wilcoxon signed rank test the BRS average score ($p=0.018$) and only question 1 ($p=0.015$) were found to be statistically significant.

BRS Sub-sample C: Nine clients undertook the BRS on four occasions. The average mean score increased from 2.52 at the baseline to 3.18 the fourth test. This increased mean indicated an improvement in resilience; however, it was not statistically significant at $p < 0.135$.

Overall, the 2nd hypothesis was only supported for the analysis of BRS scores for sub-sample A and B. So, whilst the mean differences for all six questions and the BRS average score indicated improvements in resilience across all three sub-samples, the results were not statistically significant at the $p \leq 0.05$ levels for analyses of scores clients who undertook four tests. Therefore, the 2nd Hypothesis was partially supported.

CELMT Sub-sample A: Thirty-four clients had a baseline assessment and at least one follow-up assessment on the CELMT. The means for question 1 and 3 reduced between the baseline and 2nd

test, whilst the mean for question 2 increased slightly by 0.15. Scores did not show a statistically significant change for all three CELMT questions.

CELMT Sub-sample B: The means for all three questions were found to decrease from the baseline to 3rd test. Scores also decreased from the baseline to 2nd test for question 3. The CELMT baseline and 3rd test data (n = 26) did not show a statistically significant change for all three questions.

CELMT Sub-sample C: For Sub-sample C (n = 9) the means for all three questions decreased from the baseline to 4th tests. Scores also decreased from the 2nd to the 3rd test and between the 3rd and 4th tests. The means from baseline to 2nd test increased for question 2 but remained the same for questions 1 and 3. The CELMT baseline and 4th test data showed a statistically significant negative change for questions 1 and 3.

Therefore, the 3rd Hypothesis that the counselling provided by KFIM would result in statistically significant ($p < 0.05$) improved scores on the Campaign to End Loneliness Measurement Tool from the baseline assessment to follow-up test was not supported by the findings from sub-samples A, B or C.

1.4.2. Sheffield Mind's online evaluation survey: Eighteen clients completed the online survey. Most respondents (15/18) rated their therapy as effective to some degree (extremely effective = 8; very effective = 6; and somewhat effective = 1). Twelve of the 18 respondents indicated counselling had enabled them to cope better with the stressors of military life to some degree (strongly agree = 5; agree = 6; somewhat agree = 1), with five rating their response as 'neither agree nor disagree' and only one person disagreeing. Sixteen of the 18 participants (strongly agree = 7; agree = 8; and somewhat agree = 1) indicated that counselling has improved their capability to support others emotionally to some degree. But two respondents rated this statement as 'strongly disagree'. Clients did not mention anything about the KFIM service that was unhelpful. Four themes (Importance of talking; KFIM was helpful; Sessions could be challenging; and Timing) and two sub-themes (Being listened to; and the therapist being non-judgemental) from analysis of responses to the question '*What did you find most helpful or unhelpful in your therapy?*' Clients spoke about the value of having someone to talk to, of being listened to and having a counsellor who was non-judgemental. Clients provided examples as to how the KFIM had been helpful to them, however, some clients reported finding the counselling sessions challenging as they were reflecting on difficult experiences and emotions. The short waiting time and regularity of sessions was found to be helpful. Five themes (confidence, coping, relationships, positive feelings, and self-worth) '*What aspects of your life has it affected most?*' some clients provided examples of how counselling had given them more confidence

in other aspects of their lives and how they were coping better in situations. Clients gave examples of relationships that had been affected and described several positive feelings, such as passion and motivation, improving or returning. Clients mentioned changes indicating improved self-worth. Four themes (confidence, making changes, self-care and self-awareness) emerged from analysis of the question *'How has it affected your relationships?'* Confidence appeared as a theme again in response to this question, with additional examples of how counselling had given them more confidence in other aspects of their lives and clients provided some examples of changes they had or were making in their lives following counselling. Clients spoke about how they were taking better care of themselves and gave examples of how they had increased in self-awareness.

1.4.3 Interviews with clients, staff, and referrers: The sample interviewed comprised of 10 clients who had accessed the KFIM service, four staff members and one person who was a referrer to the service. To maintain anonymity people were given a participant code.

1.4.3.1 Clients' perspectives:

Referral: Of the 10 clients interviewed, most ($n = 7$) had referred themselves to KFIM. One person had been referred by a friend, another by their General Practitioner (GP) and whilst the last person could not remember exactly how they had been referred, although they thought the referral had either been made through Project Nova or the South Yorkshire Police. People had found out about KFIM through a variety of sources including friends, family, their GP, Twitter, Ripple Pond, a bereavement counsellor, and Help for Heroes. People's reasons for self-referring to KFIM or for being referred to KFIM were varied. Themes included: dealing with threats of violence; living with a partner with Post Traumatic Stress Disorder; and the loneliness experienced when partners were deployed.

Experience of the KFIM service: Clients were asked what they had hoped to gain from the KFIM service. Some clients mentioned that they did not know what to expect from the KFIM service, but soon realised that it would be helpful and that it was good to get the right support, with others feeling that previously they had had no support. Clients spoke about the value of having someone to talk too and of experiencing a crisis point which had led to them seeking help. Only two of the ten clients interviewed had the opportunity to take part in face-to-face group sessions as the COVID pandemic directly affected service delivery. Most clients interviewed received individual sessions or accessed online support groups and their sessions were conducted by either telephone or video call. The virtual service was seen as a positive by some clients who had found it easier to access the

service online and fit therapy around other commitments, such as work. Clients appreciated Staff flexibility regarding scheduling appointments. Several clients mentioned that having someone to listen to them was very beneficial and that having someone who had the knowledge and understanding of the military community was helpful. Having the opportunity to talk about and work through anxieties and changing how people thought about their lives and helping them to look at things differently were mentioned. In response to the question about how they had found their individual or group sessions, all but one person said that they had found the KFIM service helpful, with most adding that they thought the service should continue. The client who appeared not to find the service helpful, said that they had been looking for specific mechanisms and methods to be suggested by the KFIM staff to help with coping strategies. Clients commented positively on the service's flexibility and availability of staff, the timely access to the service, and on not being judged. Clients described the therapists' skills in enabling reflection and insight and gave examples of how therapists had validated their experiences and feelings. Clients gave examples of things they had changed and that had improved in their lives following therapy. Some clients said that they initially found talking in sessions difficult as just speaking to someone was a new experience for them. Many said that just being listened too and receiving prompts from the KFIM staff made it easier. Several clients mentioned that the sessions could be emotional but added that KFIM staff had professionally and sensitively processed the issues identified. Finding solutions themselves was thought helpful with some identifying that their anxieties were more complex than they had previously thought before accessing the service.

Clients' views of the KFIM service: All clients were unanimous in their recommendation of the KFIM service to anyone who found themselves in a similar position. An ongoing theme running through the interviews was how clients valued having someone to talk too who understood the military lifestyle and who created a supportive and comfortable environment where individuals did not feel alone. Most clients reported that they felt that their needs had been met and that their KFIM sessions had successfully explored their concerns and issues they were experiencing at the time. One person identified some ongoing challenges and the need for support with goal setting and time management. Concerns were expressed that some community services were unaware of the KFIM service and that people who would benefit from the service may be unaware it exists. Concerns were also raised regarding ongoing funding for the service. The need for wider support outside of counselling sessions and 'safeguards' for people with severe mental health problems was raised. Those interviewed clients who had a close connection with the military or were from a military family

(as opposed to people who were family members of someone with military background) reported that they felt the KFIM staff had a good understanding of military life and that this understanding had been helpful when discussing issues. Six of the 10 clients interviewed made additional comments, and of these five people wanted to express their thanks and their gratitude to the Keeping Families in Mind service and the staff who provided their counselling. In addition, the accessibility of the service was mentioned positively. The other person asked for more information about why the KFIM service was focussed on military families, commented on the need for wider advertising of the KFIM service and the risk of mental health problems and suicide, particularly amongst men. The themes emerging from the client interviews have been collated and summarised in the table below and provided with illustrative client quotes.

Table 1. Summary of themes and sub-themes that emerged from Clients' interviews (n = 10)

Themes	Definition of theme	Themes: Illustrative quotes	Sub-themes	Definition of sub-themes	Sub-themes illustrative quotes
Threats of violence	Client spoke about ex-partner making threats	<i>"I was getting a lot of anxiety ...I couldn't concentrate at work"</i>	Being able to access bespoke support	Client said that they had found other services accessed not useful	<i>"...just a bit support really..."</i>
Partner with PTSD	Client spoke about partner who suffered with PTSD	<i>"...just like just processing things and like trauma and touched on PTSD and that kind of thing..."</i>	Being able to access support and process trauma	Client said that the anxiety was affecting their work	<i>"I just felt like I had to bottle everything up and I couldn't cope with all the pressures of ... sorting everything on my own."</i>
Loneliness being a military spouse	Client spoke about living away from military bases and the support network	<i>"People ask me are you married to him or do you live on base. I'm neither of those, but I'm still a military spouse. It doesn't take away the fact that I'm still dealing with him being deployed and everything"</i>	Being able to access support due to wider KFIM military partnership definition	Accessing support was difficult due to partnership status not being recognised	<i>"I'd struggled quite a bit because I live on my own anyway when he's away."</i>

Themes	Definition of theme	Themes: Illustrative quotes	Sub-themes	Definition of sub-themes	Sub-themes illustrative quotes
Importance of having someone to talk too	Clients spoke about the value of having someone to talk too.	<i>"I was just hoping to have someone to chat to about the reasons as to why and sort of have someone give me some insight into those feelings"</i>	Being listened too	Client said that it was beneficial having someone to talk too to gain an insight into their own feelings	<i>"...have someone give me some insight into those feelings..."</i>
Mental Health – PTSD	Coping with a family member who would not access support	<i>"...it was as if the other person is not important, and it didn't show the importance of the family and didn't show what it's like to live with somebody whose suffering..."</i>	Mental health and other family members	Client said that they felt living with someone who suffered with a mental health condition can have an impact on them also.	<i>"...what it's like to live with somebody whose suffering and the sort of the secondary post-traumatic stress... it's a knock-on effect..."</i>
Coping with emotions and feelings - anxiety	Client experiencing a crisis point	<i>"I just wanted to regain control of everything that was going off in my head"</i>	Feelings of anxiety and loss of control	Client expressed feelings of anxiety and loss of control	<i>"...how I was feeling I just felt out of control..."</i>
Impact of Pandemic	Attending Group activities were impacted owing to the COVID 19 pandemic	<i>"...We started off on the phone because obviously it was during the first lock down when we couldn't go..."</i>	Use of telephone and online platforms	KFIM services continued during the pandemic utilising online delivery	<i>"I thought it [online service delivery] was very useful..."</i>
Benefits of online access	Access to group activities and appointments was enable through an online service delivery	<i>"...we then changed to video call which I thought was very useful because I was very anxious at first..."</i>	Staff flexibility regarding scheduling appointments	Clients have been able to access support at times to work around other commitments	<i>"...we've had appointments either side of a normal lunch break and it worked great..."</i>

Themes	Definition of theme	Themes: Illustrative quotes	Sub-themes	Definition of sub-themes	Sub-themes illustrative quotes
Understanding of Military family life	Accessing a service that understands military family life	<i>"...not that many people outside of the military community would understand or tolerate..."</i>	No sub-theme		
Experience of crisis	Some clients said that they'd reached a point of crisis	<i>"I mean, for me, ...I was at breaking point"</i>	No sub-theme		
Timely access to service	Clients commented positively on the service's flexibility and availability of staff	<i>"And she came to me because obviously with my anxiety, I said to her, I feel too afraid to leave the house." "...it was really helpful to be offered it on the telephone..."</i>	Prompt access to service compared to other services	Short waiting lists	<i>"For me, actually, like self-referring to getting the therapy wasn't that long at all. I think it was like three weeks ...was not that long at all..."</i>
Non-judgemental service	Clients commented on not being judged	<i>"...one of my biggest concerns was like the feeling of being judged..."</i>	Therapists' understanding and acceptance	Clients commented on how therapists accepted their situation	<i>"So, to actually have somebody listen and, and accept that's that..."</i>
Therapists' skills	Clients described the therapists' skills in enabling reflection and insight	<i>"...she was really good at listening ...it's not about her telling me what's right and wrong, but making you realise yourself."</i>	(no sub-theme)		

Themes	Definition of theme	Themes: Illustrative quotes	Sub-themes	Definition of sub-themes	Sub-themes illustrative quotes
Feeling validated	Clients gave examples of how therapists had validated their experiences and feelings	<i>"...helped me understand ...you have every right to feel afraid. And she just helped me know that it was OK to stand there and go, no, it's not silly actually it did affect me..."</i>	(no sub-theme)		
Improving and making changes through therapy	Clients gave examples of things they had changed and that had improved in in their lives following therapy	<i>"She kind of gave me a proper life back - I honestly don't think that I'd be where I am now without [name], literally"</i>	(no sub-theme)		
Recommendation of service to others	All clients would recommend the service to others	<i>"Yes, definitely. Without a doubt"</i> <i>"I found it so helpful more than I expected much more than I actually expected..."</i> <i>"...it worked for me..."</i> <i>"...you will get someone giving you professional help and advice..."</i>	(no sub-theme)		

Themes	Definition of theme	Themes: Illustrative quotes	Sub-themes	Definition of sub-themes	Sub-themes illustrative quotes
Not feeling alone	Clients talked about how the KFIM service had provided someone to talk to when they did not have anyone else to speak to about their concerns	<i>"I've not got anyone else who's in the same situation you know, not anyone..."</i> <i>"...it was nice to be able to have somebody just to talk too..."</i> <i>".....they made me feel like I wasn't alone..."</i>	(no sub-theme)		
Meeting clients' needs	Sessions successfully explored clients' needs, concerns, and issues they were experiencing	<i>"Like I say, I think she opened up those I didn't even realise were there and helped me more than what I was expecting to get..."</i>	Further client support explored via KFIM or other appropriate service subject to client need	Some clients mentioned KFIM follow up, or signposting or referral to alternative service dependant on client need	<i>"...I did have a follow up and a couple of calls..."</i>
Awareness raising of KFIM service to other community service providers	Concerns that some community services were unaware of the KFIM service affecting referrals	<i>"...there might be other people out there that don't know about this service..."</i>	Engaging with stakeholders to share information about KFIM	Clients suggested other stakeholders and charities could help raise awareness of KFIM	<i>"...So, if it [KFIM] was just more out there, if more stakeholders could be shouting about it ...that'd be great."</i>
Funding	Concerns raised that funding for the service may disappear	<i>"I just wish that ... you could have ... funding for a bit more..."</i>	(no sub-theme)		

Themes	Definition of theme	Themes: Illustrative quotes	Sub-themes	Definition of sub-themes	Sub-themes illustrative quotes
KFIM service had helped	Clients felt accessing the service had helped them	<i>"...they've helped me massively ...I don't think I'd be half the person I am now"</i>	Developing skills to help others	Examples of how clients were using learnt skills and strategies to support family members	<i>"...the skills that I've learnt to cope with my own anxiety and ...my depression I was actually able to ...help my sister go through a really hard time..."</i>
Staff understanding of military culture and lifestyle	Some clients reported that they felt the KFIM staff had a good understanding of military life	<i>"...you could just tell by certain things that I said or that she did understand and understood really well what I was referring to. things that she did understand..."</i>	Staff knowledge of wider support for military personnel, veterans, and families	Some clients shared that the therapist has signposted to help and support for their family member who was in the military	<i>"...she signposted me with places that I could take home and offer to [name] for help."</i>
Unique Bespoke Military family focused service	Military family members prioritised	<i>"It was that something was finally there for me that I could access..."</i>	No sub-theme		
Expressions of thanks and gratitude	Several clients used this 'have you anything to add' question as an opportunity to thank their therapist and / or the wider KFIM service	<i>"...just that I was extremely thankful for the service..."</i> <i>"Just that I am very grateful that I was able to access the service..."</i>	No sub-theme		

1.4.3.2: Referrer's perspectives: The response for research feedback from referring organisations was very low and only one person came forward to be interviewed. Therefore, it was not possible to undertake a thematic analysis from a sample of interviews. The feedback received from the one referrer appeared to replicate some of the concerns and issues reported by the client group. The referrer indicated that they had made four referrals to the KFIM service representing a range of people such as parents and veterans and having a referral pathway to KFIM was viewed as a positive resource. Family dynamics and feelings of not being supported were identified as recurring themes in the client group identified by the refer. Of those followed up, the feedback was very positive with family members and veterans reporting that they were finding the KFIM service very useful and helpful. The referrer said that the KFIM service had made a difference and been really useful especially as, in their opinion, Sheffield was '*one of the worst areas*' for waiting times accessing mental health services. The referrer also said that it was often the partners who were trying to offer support who were '*taking the brunt of it*' and not getting the support they needed regarding how to cope, for example with someone with Post-Traumatic Stress Disorder (PTSD). They added that working together as a family would be '*really useful*'. The referrer considered that the KFIM service should '*definitely*' be continued. The referrer suggested that the KFIM service should be extended outside of Sheffield to cover more of Yorkshire, especially where there are a high percentage of veterans and/or military families such as Catterick, as it is a garrison town. The referrer mentioned that without the chance attendance at a meeting where a member of the KFIM staff provided a presentation they would not have been aware of the service. They said that more advertising about the service was essential. Feedback from the KFIM service to the referrer was identified as a communication desire as it would help to know what other services were being accessed providing an oversight of the outcome.

1.4.3.3: KFIM staff's perspectives:

Staff sample: Four staff participated in semi-structured interviews for this evaluation, they included the KFIM manager, therapist, well-being practitioner, community engagement officer. Staff interviewed engaged in a range of activities related to the service including: one-to-one counselling; facilitating support groups; coordination of the KFIM service; taking referrals; arranging appointments; promoting the service; data management; networking with other organisations; planning; and training.

What KFIM offers: KFIM provides up to 16 sessions of one-to-one counselling, group work and a range of support groups, including: Arts and Craft Group, which has been the “most popular” group; Creative Writing group; Movement and Mood group (which has been the least well attended); a Walking group; a Book club; and a Post-Traumatic Stress Disorder (PTSD) Course.

Impact of the COVID 19 pandemic: Staff reported the period to set up the service, awareness raising, and distribution of service information was impacted significantly by restrictions related to the COVID 19 pandemic. The impact of the pandemic was identified as having both challenges and positive outcomes. The service needed to move online in response to COVID related lockdowns and restrictions. Although staff reported experiencing a significant learning curve around the use of new online platforms, such as Zoom and Microsoft Teams, it was reported that migration over to an online platform did prove to have some benefits, especially around ease of appointment access for clients. This included some clients not having to travel to appointments and having more flexibility around appointment times. KFIM staff plan that online groups will be retained alongside face-to-face groups to maintain the level of support attained.

Raising awareness of the KFIM service: KFIM staff used a range of activities and information sharing practises and events to provide service information for communities, which included: local Radio interviews; handing out leaflets at local supermarkets; Social Media (Facebook, Twitter); advertisement on public transport; downloadable leaflets on the Sheffield Mind website; KFIM staff attendance at community support service meetings; staff engagement with civilian and military charities, and with military units (reservists); staff becoming part of local authorities’ Armed Forces Covenant networks; engagement with health and social care professionals; engagement with Department for Work and Pensions (DWP) staff; the provision of Mental health training events; and a KFIM project conference. Staff also engaged with the Citizens Advice Bureau, Project NOVA, Rotherham Federation, and Voluntary Action in Rotherham and Barnsley. KFIM staff have been providing free mental health awareness training as a vehicle to share information about the families support resource. This has generated positive engagement outcomes. Staff reported that initially there was some confusion around what the KFIM service was and who it was for, with many organisations assuming that it was focused on military veterans. This resulted in some early referrals that were not from the identified families’ client group. Staff found that people from military families tend not to perceive themselves as important and consider the serving person as more important. Staff have had conversations with military families to explain that they were important too and how engaging with the KFIM the service may benefit not only them, but also indirectly their partner

and/or family. It took a while for KFIM to build a reputation and to be trusted by the military community.

Referral pathways: Staff reported the current referral process was working well with regular referrals being received from various sources. To facilitate easy referral or self-referral to KFIM, several referral routes and pathways are available including by telephone, email, the website, and social media. The inclusion of an additional question on the Sheffield Mind assessment, “Are you part of the armed forces community? Are you serving or are you a veteran or a family member of serving personnel?” has helped to identify more potential KFIM clients. They have requested other organisations to add these questions to their assessments as well, although it is unclear to what extent this has happened.

Benefits of the KFIM service: Staff talked about the positive impact around one-to-one talking therapies and how some clients found it very beneficial. The development of support groups was identified as being impactful by creating a space where supportive friendships and networks could be formed by clients. Staff reported that having several interventions available has been very successful, with some clients utilising both one-to-one therapy and group sessions. Feedback from clients on the KFIM website was used as evidence that KFIM makes a positive difference. A benefit of KFIM was the minimal waiting times to access counselling compared to other mental health services, especially for people at a crisis point. Volunteers who work with the support groups and other activities at Sheffield Mind were seen as a benefit to the service. Staff consider that KFIM has been ‘*accepted as part of the military scene*’ in South Yorkshire.

Concerns if the KFIM funding were to cease: Staff expressed the following concerns if the KFIM was to end: loss of the investment of time spent to set up the KFIM service, sharing awareness of the service and the concerns and challenges military families face; losing the knowledge and expertise gained; how the service had become integrated into community services; risking military families not having access to a bespoke service when in crisis; and providing a voice and representation for families at Armed Forces Covenant council meetings and other planning events.

Plans for the future: Several future developments were identified by KFIM: working with mother and toddler groups; a couple’s therapy service; continued information sharing to reduce stigma and barriers to engagement; expansion of support groups to include a wider range of client-centered interests or activities; and the extension of mental health awareness training. Staff consensus was the service should be rolled out across a nationwide footprint to reach out to more military families who they described as ‘*a forgotten part of society*’.

1.5 Strengths and Limitations of this evaluation

The use of mixed methods and various sources of data, including outcomes measured by three standardized measures, quantitative and qualitative survey data and information from semi-structured interviews with clients, staff and a referrer has enabled triangulation of findings, thus strengthening the rigour of this evaluation (Flick, 2018). The evaluation has been undertaken by a research team outside of Sheffield Mind and the KFIM service, thus reducing the risk of researcher bias and increasing objectivity (Pannucci and Wilkins, 2010). Whilst the desired sample of ten clients were recruited and interviewed, the referrer sample was small than anticipated and only one person who had referred clients to KFIM contributed an interview. A limitation in the quantitative outcome measures data for WEMWBS, BRS and CELMT assessments was the variation in time scales between when the 1st, 2nd, 3rd and 4th measures were undertaken by clients. This variation was influenced by several factors that are not possible to control in service provision (compared to a randomized controlled trial). This identification of differences in time intervals between measures is an important factor to consider (Caruna et al, 2015).

1.6 Conclusions

In conclusion, research findings suggest the KFIM service has been a success and reached military families who may have not had the opportunity to access help if not for the existence of the service. Drawing the results from the WEMWBS and BRS outcome scores, survey results and clients', referrer's, and staff's interviews, it can be concluded that the KFIM service resulted in improved mental wellbeing and resilience for most clients. The impact of the service had been substantial for some people, for example one interviewed client said *"...it saved my life it was a lifeline..."* Feelings of loneliness did not improve, and loneliness was even found to increase for some clients, however, this finding could be explained by the unprecedented circumstances under which the KFIM service was delivered during the Covid 19 pandemic and research which has indicated loneliness increased amongst the general population owing to lockdowns and restrictions (Mental Health Foundation, 2021; Killgore et al, 2020).

The current referral process appears to be working well, facilitated by easy referral or self-referral to KFIM several via multiple referral routes, including by telephone, email, the website, and social media. Research findings and feedback from clients, referrer, and staff suggests that military families,

their location and understanding their needs, continues to present a challenge for many community service providers. This suggests that there continues to be an awareness training need for community service providers. KFIM feedback suggests routine data collection in some community services, and the inclusion of questions identifying members of the armed forces community remains ongoing in development, is sometimes sporadic, and in some cases absent, with concerns that people from military families who may need support, could potentially not be referred to bespoke services and fall through the support net. Having someone to talk too who was trained to understand military life and culture and creating support networks through the groups were positive recurring themes which contributed to breaking down barriers and having a positive effect on help seeking behaviors. Concerns around loneliness and isolation for not only serving families, but also ex-service families, have been addressed by KFIM with the creation of supportive networks and groups enabling clients to create their own support networks and friendships. Referrers describe the benefits of having the KFIM service resource and having the ability to be able to signpost and refer families, how the speed of referral contact was beneficial, and engagement with the KFIM service has made a positive difference. Such positive impact results suggests that the KFIM service should not only continue to be funded, but the model should be replicated over a wider geographical area to close a gap in provision supporting military families. There was consensus amongst staff and the referrer interviewed that the KFIM should be rolled out wider across a nationwide footprint to reach out to more military families who they described as *'a forgotten part of society'*. Adopting the commitments of the Armed Forces Covenant, KFIM is a good example of recognising the sacrifices military families make and the service addresses the needs of military families ensuring they face no disadvantage.

1.6 Recommendations

1. The Keeping Families in Mind (KFIM) service provide by Sheffield Mind provides a valued service that is making a positive impact in the lives of its clients and the service should be continued long-term.
1. The blend of face-to-face and online service provision providing choices to clients and enabling a range of activity focussed support groups should be continued.
2. Future developments identified by KFIM staff should be pursued: working with mother and toddler groups; a couple's therapy service; continued information sharing to reduce stigma

and barriers to engagement; expansion of support groups to include a wider range of client-centred interests or activities; and the extension of mental health awareness training.

3. Services who may come into contact people with links to the military community should include screening questions in their assessment to identify people who may be currently serving, veterans or family of serving personnel or veterans.
4. Mind, with a network of around 125 local Mind services spread across England and Wales (Mind, 2021), is well placed to deliver additional KFIM services across the country, with a priority being locations where there are military garrisons.
5. Sufficient time needs to be allowed when setting up further KFIM services to the development phase, raising awareness of the service amongst the military community and to potential referral sources.

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