



# Ensuring **all Londoners** have an equal opportunity to **good mental health**

Purpose x Thrive LDN



A co-creation to create a shared vision of the impact that Thrive LDN can generate, and to develop a theory of change to achieve it.

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# 01. Background

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Background | Methodology | Visioning | Challenges | Theory of Change | Monitoring and Evaluation



# Project Objective: Developing a Theory of Change for Thrive LDN

*The Thrive LDN team in collaboration with Purpose organised a two day co-creation sprint to create a shared vision of the impact that Thrive LDN can generate, and to develop a theory of change to achieve it.*

## Day 1

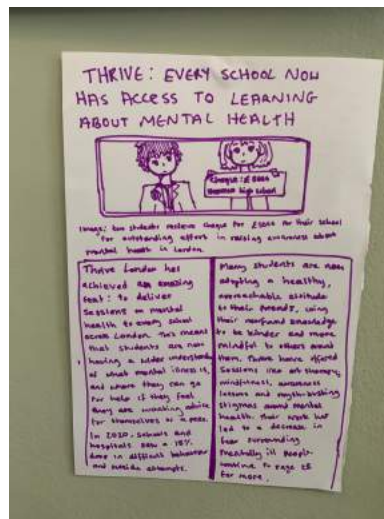
The Thrive LDN team was joined by grassroots groups, activists, potential audiences, volunteers, academics, charities and journalists to align on a shared vision for Thrive LDN. Based on this vision, the participants crafted a set of strategies that would enable these changes to take place.

## Day 2

Members of the Thrive LDN Advisory Group were presented with the different theories of change and key challenges. They offered their input and feedback, and came up with activities and indicators of success for Thrive LDN in the next 2-3 years.

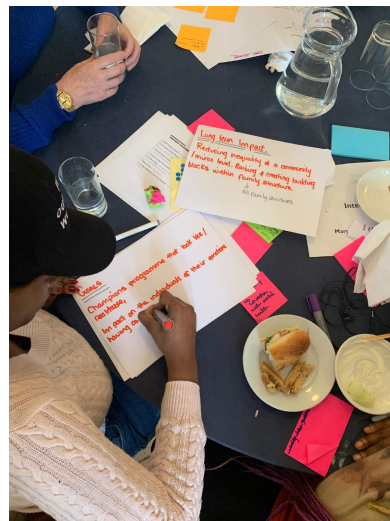


# Snapshot of Day 1: Aligning on a Shared Vision



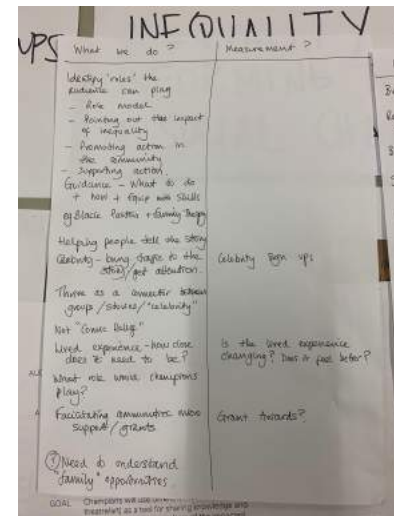
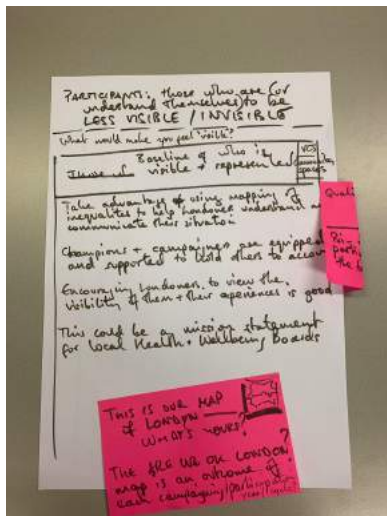
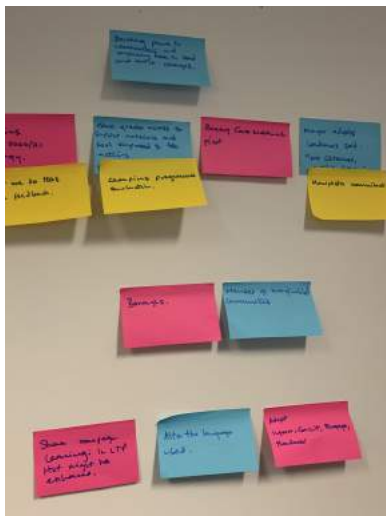


# Snapshot of Day 1: Crafting a Strategy





# Snapshot of Day 2: Defining Indicators of Success







## The Sprint Team: Day 1

*Thrive LDN team, Thrive LDN Champions, Young Minds, Brixton Reel Film Festival, HEAR Network, Mental Health Foundation, Public Health England, Healthy London Partnership Communications team, BBC Radio, Mayor's Peer Outreach team, Kings College London, Sheila McKechnie Foundation*





## The Sprint Team: Day 2

*Thrive LDN team, Thrive LDN  
Advisory Group*

EQUIP KEY  
GROUPS W SKILLS  
TO SPEAK UP &  
BE HEARD

ENGAGE KEY  
GROUPS IN  
NON-TRADITIONAL  
CONTEXTS

ENGAGE U. &  
STUDENTS IN  
LEADING  
STUDIES

CREATE ASKS  
INFORMED BY  
A MENTAL HEALTH  
MAP

CO-CREATED  
LEADERSHIP  
PROGRAMME

ENGAGE LOCALS  
WITH KNOWLEDGE  
& TRUST OF THE  
KEY GROUPS

IDENTIFY REASONS  
WHY KEY GROUPS  
ARE NOT ENGAGED  
WITH THE SERVICES

EARNED MEDIA  
FROM THE LAUNCH  
OF THE MENTAL  
HEALTH MAP

ENCOURAGE PEOPLE  
TO ~~SHARE~~ SHARE  
THEIR  
EXPERIENCE

MORE LEADS FROM  
GPS TO SUPPORT  
NETWORKS/  
GROUPS

MECHANISMS /  
DYNAMICS TO  
ENCOURAGE "SILENT"  
INDIVIDUALS TO  
SHARE THEIR EXPERIENCE

GREATER AWARENESS  
MIGHT INCREASE  
THE NUMBER OF  
PEOPLE REPORTING  
POOR MENTAL HEALTH





# Methodology

*Across two days we completed a number of exercises that allowed us to create and refine a vision for Thrive LDN. The visions were first ideated by the Thrive LDN team alongside members of the target communities. These visions were then refined by members of the Thrive LDN Advisory Group.*

## 1. Vision

### Four types of change

Define the type of change the campaign should focus on

### Blue sky visioning

Align on a shared vision of success

## 2. Challenges

### How might we

Define challenges that Thrive LDN needs to address in order to engage new supporters and increase the commitment of existing ones

### Exploring our network

Brainstorming who should be a target for Thrive LDN campaigns

## 3. Theory of change

### Aligning on goals

Deciding where Thrive LDN expertise can be best put to use

### Defining a theory of change

Creating a complete theory of change that aligns Thrive LDN vision with a tangible strategy

## 4. MEL

### Monitoring, Evaluation and Learning

Creating concrete goals and metrics from which the success of the campaign can be assessed.



# 03. Visioning

GOALS

Champions Programme that look like!  
Realizable,  
Im pact on the individuals of their culture  
having as

All family structures

Inter

Mary



Thrive LDN is looking to improve the mental health and wellbeing of Londoners, reduce inequalities around the right to good mental health and increase the resilience of Londoners.

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Thrive LDN



# 03

## Four Types of Change

We kicked off the workshop by discussing how people and organisations are already creating change within the mental health, wellbeing and inequality space. We then discussed which types of change are needed to catalyze further progression, and where we think Thrive LDN efforts should be focussed. This exercise created alignment in the room and laid the groundwork for the co-creation process.



In order to effectively plan for future interventions, it is important to define what type of change needs to be achieved.

### BEHAVIOR



Compelling shifts in individual habits and behavior.

### PERCEPTION



Transforming public opinion, discourse and worldview.

### POLICY



Helping to strengthen existing policy outcomes.

### INFRASTRUCTURE



Creating new channels/processes that affect how change happens.





# Thrive LDN has **7 key areas of impact**<sup>1</sup>, that can be categorised into **4 types of change**.

## BEHAVIOR



Compelling shifts in individual habits and behavior.

- 1.** Promoting healthy lifestyles\*
- 2.** Improving people's experience of disease, disability, or illness\*

## PERCEPTION



Transforming public opinion, discourse and worldview.

- 3.** Changing cultural and societal norms\*
- 4.** Improving people's experience of disease, disability, or illness\*

## POLICY



Helping to strengthen existing policy outcomes.

- 5.** Proposing new health innovation and policy making processes\*
- 6.** Improving experience and delivery of health care\*

## INFRASTRUCTURE



Creating new channels/processes that affect how change happens.

- 7.** Democratising the production and dissemination of knowledge\*
- 8.** Addressing socio economic and political determinants of health\*

\* Reference: Del Castillo, J., Khan, H., Nicholas, L. & Finnis, A. (2016) Health as a social movement: the power of people in movements. [online] Available at: [https://media.nesta.org.uk/documents/health\\_as\\_a\\_social\\_movement-sept.pdf](https://media.nesta.org.uk/documents/health_as_a_social_movement-sept.pdf)



We voted on the type of change we think Thrive LND should focus on.

### BEHAVIOR



Compelling shifts in individual habits and behavior.

1. Promoting healthy lifestyles
2. Improving people's experience of disease, disability, or illness

**5 VOTES**

### PERCEPTION



Transforming public opinion, discourse and worldview.

3. Changing cultural and societal norms
4. Improving people's experience of disease, disability, or illness

**11 VOTES**

### POLICY



Helping to strengthen existing policy outcomes.

5. Proposing new health innovation and policy making processes
6. Improving experience and delivery of health care

**3 VOTES**

### INFRASTRUCTURE



Creating new channels/processes that affect how change happens.

7. Democratising the production and dissemination of knowledge
8. Addressing socio economic and political determinants of health

**9 VOTES**



# Four Types of Change

*Results from Day 1*

On day 1 agreed that perception change was highly significant as it influences behavioural and political change. It also enables diverse voices to be amplified.

Infrastructural change was also deemed significant as, without addressing wider socio, political and economic determinants of health, attitudinal change has a limited impact.



POLICY

NEW HEALTH  
INNOVATION &  
POLICYMAKING  
PROCESSES

INFRASTRUCTURE

SOCIOECONOMIC  
& POLITICAL  
DETERMINANTS  
OF HEALTH

EXPERIENCE  
OF DISEASE,  
DISABILITY OR  
ILLNESS

## Further Insights from Day 2

When we shared this decision back to the Advisory Group (on Day 2) they questioned why we focussed on perception change rather than other types of change. We agreed that the existing policies, programmes and processes have failed to effectively include marginalised groups.

We then discussed how, for this change to occur, it is necessary to reconstruct our understanding of both mental health, and of the role of policies and programmes in supporting good/preventing poor mental health. As a result we agreed that perception change could lead to a more holistic approach to policies and programmes, preventing extensive inequality.

We also discussed how we must make it accessible and safe for non-traditional actors to have their opinions heard and respected so that intersectional understandings of mental health are communicated to people in every level of the decision making tree.



# 03

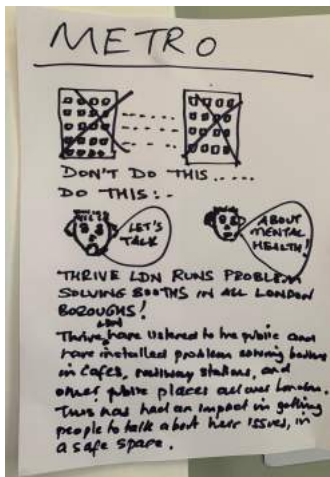
## Building Headlines

We envisioned the world in 2020, after a huge campaign win. Participants created headlines that reflected the results of such a win to the public. These could be published by traditional or non-traditional media. We then identified the trends that occurred during the exercise.

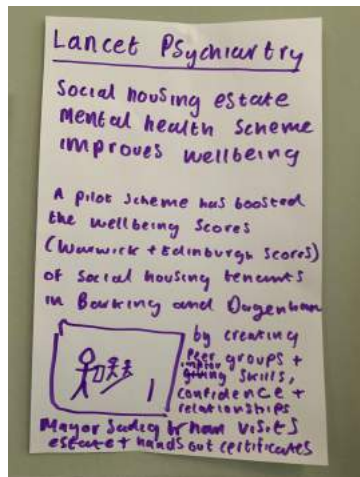




# Campaign Headlines: The Four Key Themes



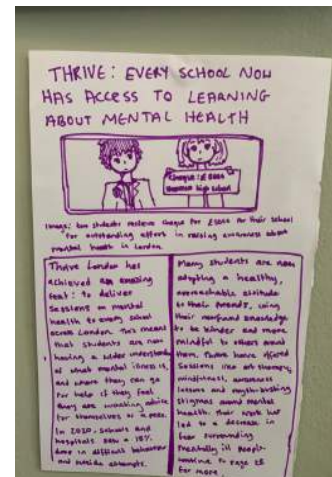
**Raise awareness** around the impact of inequality on Londoners' mental health and wellbeing



Grow a **local and regional network** across sectors to deliver activities and interventions



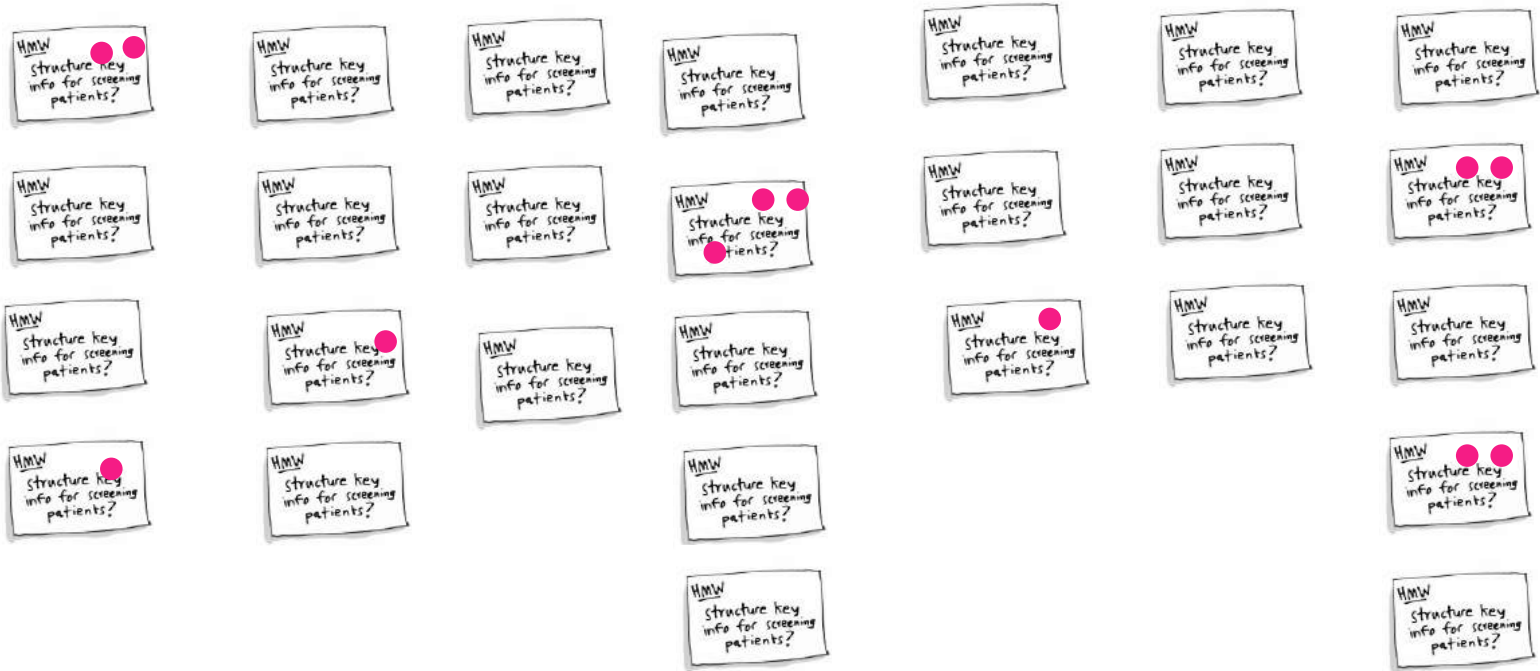
**Drive action** amongst Londoners to advance equality and improve theirs and each other's mental health and wellbeing



**Influence decision making** on Londoners mental health and wellbeing and on investment in primary prevention

# Campaign Headlines: Alignment

We then voted on our favourite story and theme

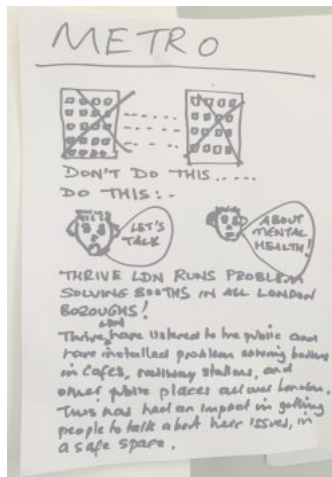






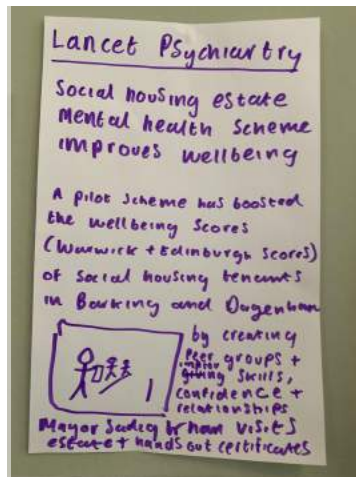
# Campaign Headlines: Identifying the Winner

5 VOTES



Raise awareness around the impact of inequality on Londoners' mental health and wellbeing

10 VOTES



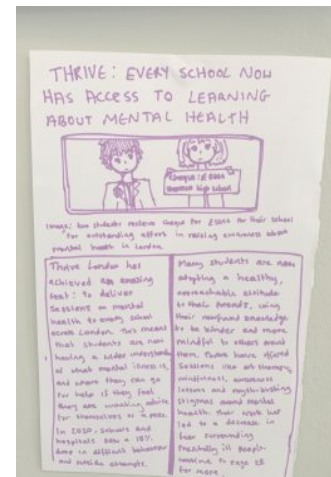
Grow a **local and regional network** across sectors to deliver activities and interventions

7 VOTES



Drive **action** amongst Londoners to advance equality and improve theirs and each other's mental health and wellbeing

5 VOTES



Influence **decision making** on Londoners' mental health and wellbeing and on investment in primary prevention

# Campaign Headlines: Growing Networks



## Alignment

The room aligned on a 2020 goal that would see Thrive LDN achieving change by growing local and regional networks to implement diverse activities and interventions across London communities.

## Conclusions

While visions varied, it was evident that identifying, activating, connecting and supporting new and diverse networks was critical in achieving the large majority of these visions, regardless of their direct aims.

# Campaign Headlines

*Most popular vision*

## Publication

BBC

## Headline

London is hosting the world's first citywide mental health festival

## Sub-header

Thrive LDN is a X year project that aims to improve the wellbeing of Londoners and reduce inequalities. With its diverse partners, Thrive LDN brings Londoners from various walks of life together to celebrates success, changes in ways of working, shifts in research etc. around mental wellbeing through arts and cultures.

LONDON IS ~~THE~~ THE WORLD'S  
HOSTING  
FIRST ~~CITY~~ CITY-WIDE MENTAL HEALTH  
FESTIVAL

BBC

— A festival that <sup>MH through</sup> champions <sup>out</sup> culture

Thrive LDN is a — year project that aims to improve MH's  
wellbeing of Londoners, reduce inequalities and increase resilience  
of the community. With — partnerships, the campaign now  
brings together Londoners at various walks of life  
to celebrate the successes, <sup>sharing the learnings</sup> ~~changing~~ research, changes in  
ways of working etc through arts & culture, the first of  
its kind in the world.



# Campaign Headlines: Reflections

The room agreed that enabling local communities and grassroots groups to promote mental health and wellbeing would allow Thrive LDN to:

- 1.** Engage new and diverse audiences by using arts and culture to promote mental health.
- 2.** Reach hard to reach / disenfranchised individuals by leveraging knowledge and trust amongst local communities.
- 3.** Increase collaboration amongst key audiences groups and decision makers.

This vision was deemed appropriate to all age groups, and would give power back to grassroots organisations. It would also be a wonderful opportunity for different community organisations to network.

Note about winning headline: It is necessary to note that a festival cannot be a stand alone goal. Rather the festival would hope to celebrate the wonderful work occurring on the ground already. The vision is thus holistic in its response to issues of access and representation.



# 04. Challenges

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Background | Methodology | Visioning | **Challenges** | Theory of Change | Monitoring and Evaluation



# 04

## How Might We

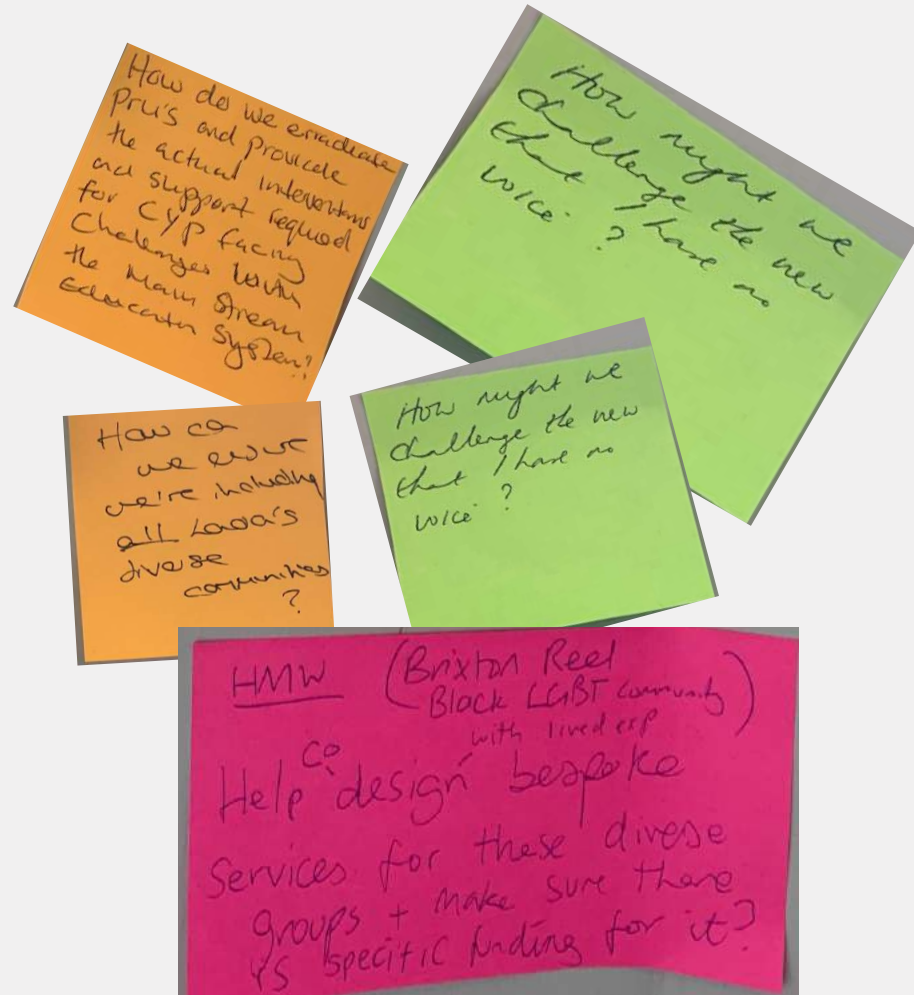
We shared key questions inspired by highlights from our co-creation thus far and learnings shared by Purpose. Informed by these conversation, we defined key challenges in the form of “How might we” questions.



# How might we

## Key themes

1. **Amplify** the voices of Londoners affected by inequality and mental health in ways that are meaningful for them
2. Enable **access** to opportunities to improve quality of life amongst Londoners





# How might we

## *Amplification Examples*

**HMW** increase the visibility of mental health issues in different communities?

**HMW** improve the representation of voices of people discussing mental health?

**HMW** celebrate wins in the mental health space?

**HMW** amplify positive stories about mental health?

**HMW** encourage employees to talk about mental health?

**HMW** challenge the status quo?

VISIBILITY

HOW MIGHT WE  
BUILD THE EVIDENCE  
BASE TO SUPPORT  
THE COMMUNITY &  
IMPACT THAT THEIR  
CON PROJECTS HAVE  
HAD TO INFLUENCE  
WIDER POLICY?

QUESTION  
STATUS QUO

REPRESENTATION

POWER  
SHARING

CELEBRATE

HMW  
INTRODUCE  
HEALTH I  
CONVERS  
PEOPLE  
HAVIN

# How might we

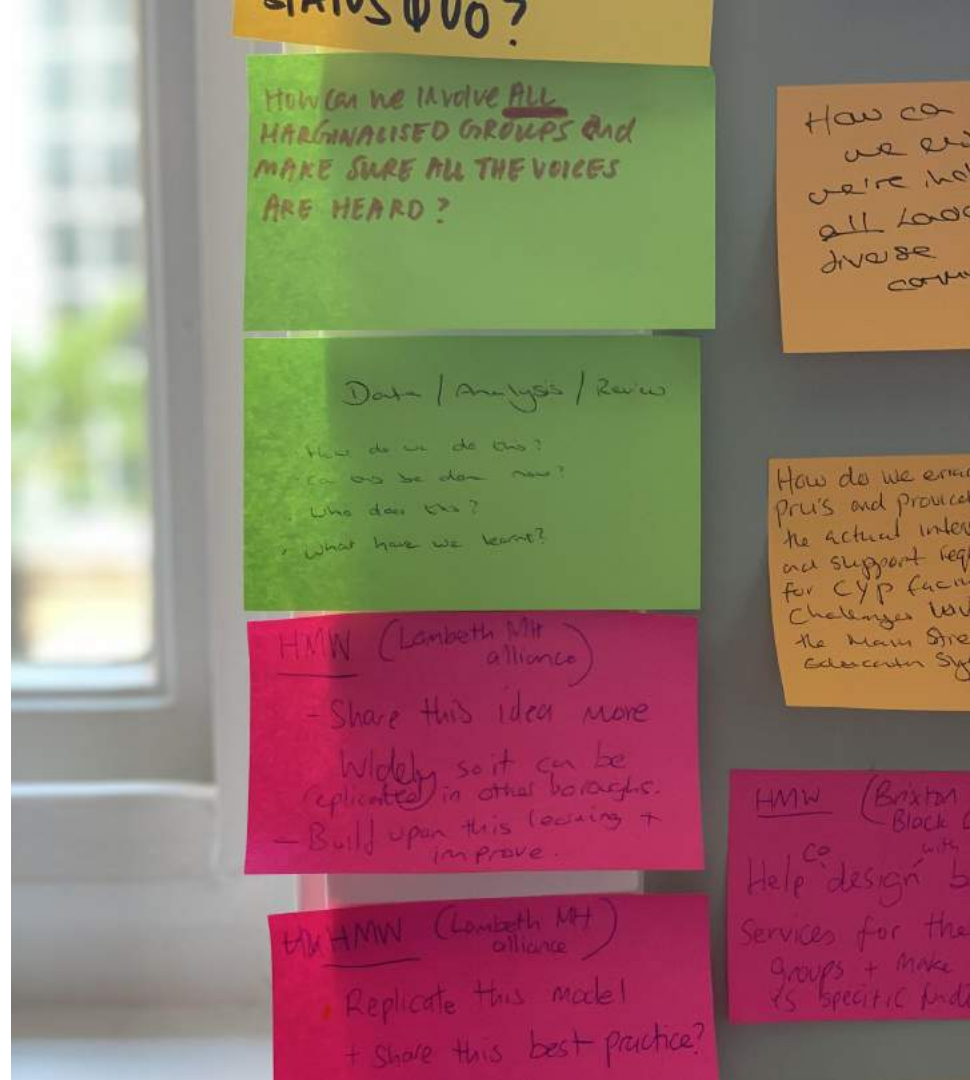
## *Access Examples*

**HMW** build trust between the public and service providers?

**HMW** get the attention and involvement from the under-represented groups for them to take part and have their say?

**HMW** ensure access to programs and facilities is received by all communities?

**HMW** harness the voices of marginalised groups to ensure they receive services best suited to their needs and desires?





# 05. Theory of Change

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Background | Methodology | Visioning | Challenges | Theory of Change | Monitoring and Evaluation



05

## Defining our TOC

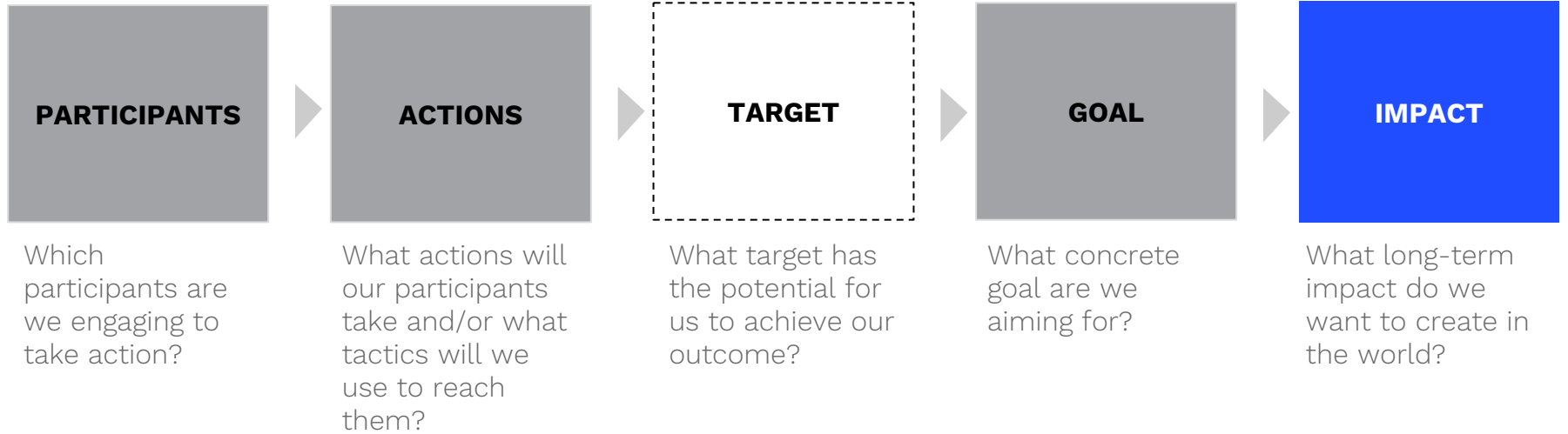
Using this information we configured a logic framework that articulates the relationship between the target audience and the impact.



## Def. Theory of Change

A logic framework that articulates the causal relationship that brings your audience from idea to action to impact.

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**IF WE ENGAGE** \_\_\_\_\_ [an audience or constituency]

**TO** \_\_\_\_\_ [take a specific action]

**WE CAN INFLUENCE** \_\_\_\_\_ [the target]

**TO ACHIEVE** \_\_\_\_\_ [a specific goal]

**IN ORDER TO REALIZE** \_\_\_\_\_ [a particular impact in the world]

# Theories of Change: Goal and Impact

## Group 1

**Goal:** engage people who are in care and people from intersectional communities to share knowledge and provide support to members of the impacted communities.

**Impact:** reduce inequality at the community level and create building blocks in family structures.

## Group 2

**Goal:** members of marginalised communities will have a voice in the more senior levels of program decision and implementation

**Impact:** increase the visibility of marginalised groups / tackle invisibility



# Theories of Change: Goal and Impact

## Group 3

**Goal:** people from marginalised communities at risk of poor mental health will benefit from programs and policies that have integrated lived experiences of inequality.

**Impact:** ensure that lived experience of inequality are informing the process of social change.

## Group 4

**Goal:** co-create engaging events and information toolkits

**Impact:** encourage the disenfranchised / disengaged communities to share their experiences about mental health

# Theories of Change: Goal and Impact

## Group 5

**Goal:** alter the language used when discussing mental health policy to improve inclusivity.

**Impact:** members of marginalised communities have greater access to support materials and power is devolved to communities that are empowered to enact changes.



# 6.0

# Monitoring & Evaluation

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Background | Methodology | Visioning | Challenges | Theory of Change | Monitoring and Evaluation



05

## Defining Success

On Day 1, we brainstormed a number ways to measure the successes and failings of the campaigns.

# Defining Success

## *Diversity of Voices*

We must reach the most impacted groups and individuals to ensure their opinions are integrated in decision making processes at every level. This involves actively **looking for these people in non-traditional spaces.**

How do we get 'lived' experience into the whole social change system?

HOW MIGHT WE ...

COMBINE SERVICES

+

SERVICE USERS  
EFFECTIVELY.

CHALLENGING THE SENSE OF UNDER-REPRESENTATION

HMW

TRAIN SERVICE PROVIDERS TO IMPROVE THE EXPERIENCE OF

How use exper the

# Defining Success

## *Champions*

Give people from the most impacted communities (with lived experiences of mental health issues) an opportunity to act as mentors to people who currently suffer or are at risk of suffering from poor mental health. Champions must either be influencers or have a **significant understanding of the lived experiences of the local community**. They should also be paid for their work.



# Defining Success

## *Partnerships*

Engage traditional and non-traditional partners (e.g. Faith groups, Sports Clubs, Local Councils) to **co-create and implement programmes** that will raise awareness and address barriers of inequality to mental health.

*See the appendix for full list of potential partners.*



# Defining Success

## *Programmes and Events*

Engage high numbers of participants from diverse target communities, and amplify positive testimonials from participants. These programmes should be co-designed by the community.







05

## Defining Indicators

During Day 2, the Thrive LDN Advisory Group defined a more concrete set of measurable outcomes for some of the Theories of Change developed in Day 1.

# 05

## Group 1

Background | Methodology | Visioning | Challenges | Theory of Change | Monitoring and Evaluation

**AUDIENCE**

By engaging faith groups, celebrities, musicians, footballers, mentors, schools, theatre groups

**ACTIONS**

To find champions who are welcoming and relatable, and have been through lived experiences of mental health issues

**TARGET**

We can engage people who are in care and people from intersectional communities.

**GOAL**

Champions will use different mediums (eg. theatre/art) as a tool for sharing knowledge and providing support to members of the impacted communities

**IMPACT**

Reducing inequality at the community level and creating building blocks in family structures.

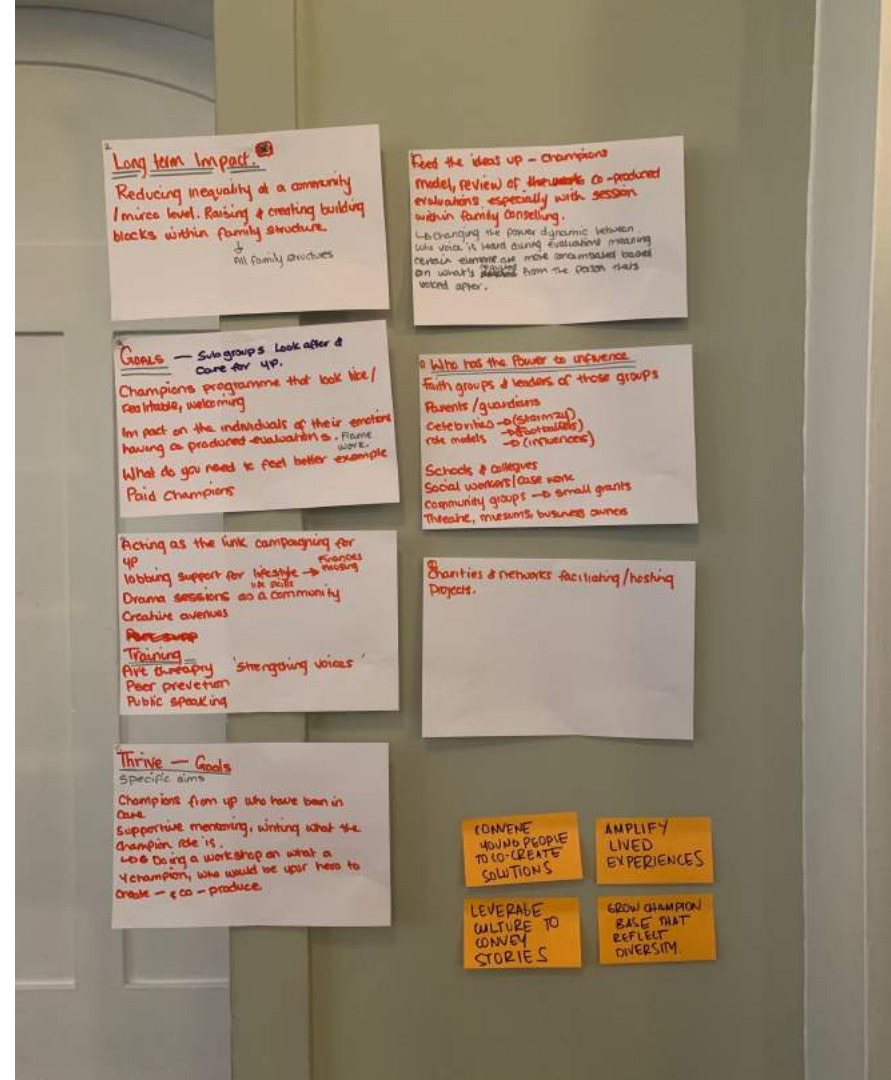
# Considerations from Day 1

## Group 1

We must use relatable champions to guide people at risk of poor mental health.

Young people will help write the role descriptions and the system of evaluation for the champion, by asking the questions 'what does a mentor look like to you?'

Champions working for individual communities will also work to feed data and ideas into organisations, so that they can use this information as well.





# 05

## Group 2

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Background | Methodology | Visioning | Challenges | **Theory of Change** | Monitoring and Evaluation

**AUDIENCE** Funders and charities

**ACTIONS** Will engage in training opportunities to bring all members of the community into management opportunities

**TARGET** So that members of marginalised communities

**GOAL** Will have a voice in the more senior levels of program decision and implementation

**IMPACT** Increasing the visibility of marginalised groups / tackle invisibility

# Considerations from Day 1

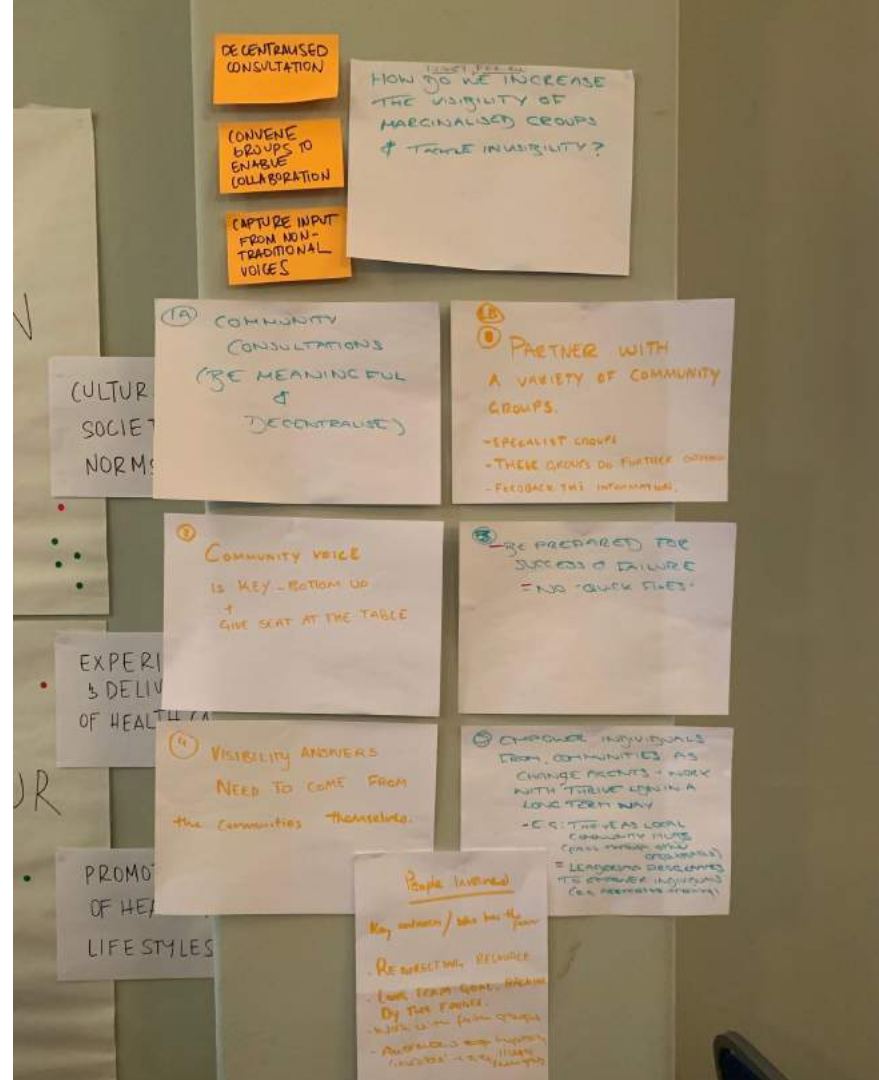
## Group 2

In order to ensure meaningful community consultation we must reach out to groups that don't usually participate in these decision making processes, and are unaware of their ability to do so.

We must therefore look for such participants in diverse locations such as restaurants, mosques, detention centres etc.

We must understand that this is a long term plan, and we will have both successes and failures along the way.

In order to be effective, we should decentralise offices of charities and funders so that they are regionally focused.





# Monitoring and Evaluation

## *Group 2*

### **STAGE 1: MAPPING**

Map the representation of people with different mental health challenges and in different levels of leadership by geography, race, gender, age ect.

- Use academic studies to help source this information eg. <http://www.psymaptic.org/>
- Crowdfsource people to participate in the mapping process
- Ensure to include information that explores people who are not seeking professional mental health support

Understand:

- The level of visibility of different group in the mental health system
- The number of people represented from these groups in campaigns and in decision making positions
- The common factors regarding poor mental health

### **STAGE 2: ENGAGING TARGET COMMUNITIES**

Find some of the people most impacted by poor mental health by:

- Using connections with members of the target communities
- Looking in non traditional contexts





# Monitoring and Evaluation (cont.)

## *Group 2*

### **STAGE 3: Training**

- Train X people from the most impacted target demographic so that they feel legitimised in their position to be a part of the program design
- Run X informal training sessions with members of different communities to support them as ambassadors for good mental health
- Train X people in positions of leadership to act as primary caregivers to people within their own communities

### **STAGE 4: Final Results**

- Measure the improved representation of these groups in the system both as trainers and policy makers and in their attendance of sessions
- Measure the diversity of champions
- Measure the number of organisations changing their campaigning and communications strategies to be more inclusive

Activity	Indicator
Use academic sources, and on the ground research to map out the key indicators of poor mental health across London	The creation of a map that explores the level of visibility of different groups in the mental health system, the number of people represented from these groups in campaigns and in decision making positions and the common factors of regarding poor mental health
Find the people most impacted by poor mental health by using connections within members of the communities and by looking in non-traditional contexts.	The number of people from each of the target communities who are chosen, and willing to participate with Thrive LDN
Training selected participants to be community ambassadors for good health so that they feel legitimised to support programme and communication design	The number of people completing training sessions, alongside the results of feedback surveys and evaluations
Run informal training sessions with people in positions of leadership to act as primary caregivers to people within their own communities	The number of people completing training sessions, alongside the results of feedback surveys and evaluations
Evaluate success	Measuring the improvement of the representation of target groups in the system both as trainers, champions and policy makers and in their attendance of sessions.

Summary of activities and indicators. Text in grey has been suggested by Purpose as a placeholder based on the outcomes from Day 2.



**Q: How can we deliver this mapping back to people on health and wellbeing boards? And other local authorities?**

**Q: How do we alter the language to allow diverse groups to feel empowered to participate?**

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Considerations



# 05

## Group 3

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Background | Methodology | Visioning | Challenges | **Theory of Change** | Monitoring and Evaluation

**AUDIENCE** Systems leaders from all different sectors

**ACTIONS** Will engage with people who have been impacted by poor mental health so that

**TARGET** People from marginalised communities at risk of poor mental health

**GOAL** Will benefit from programs and policies that have integrated these lived experiences of inequality

**IMPACT** Ensuring that lived experience of inequality are informing the process of social change

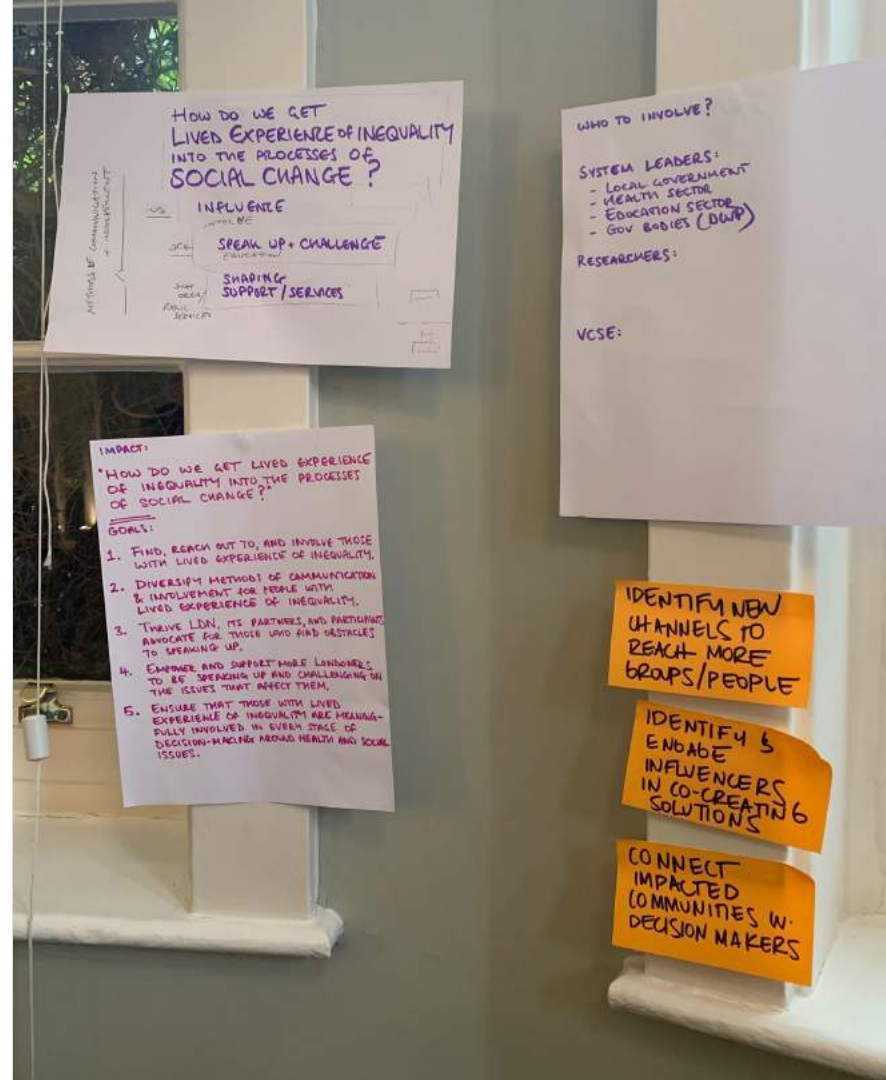
# Considerations

## Group 3

In order to ensure success we must engage people from a large variety of organisations and who have diverse lived experiences.

We must therefore use many different forms of language in our communications to target groups of people who may not typically speak up.

We must work hard to remove any obstacles that prevent certain people from speaking up.



# 05 Group 4



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Background | Methodology | Visioning | Challenges | **Theory of Change** | Monitoring and Evaluation

**AUDIENCE** Engaging media partners, policy makers, funders, local leaders, celebrities, brands.

**ACTIONS** To build and retain relationships of trust with organisations that have relationships with

**TARGET** Disenfranchised communities

**GOAL** To co-create engaging events and information toolkits, we can

**IMPACT** Encourage the disenfranchised / disengaged communities to share their experiences about mental health

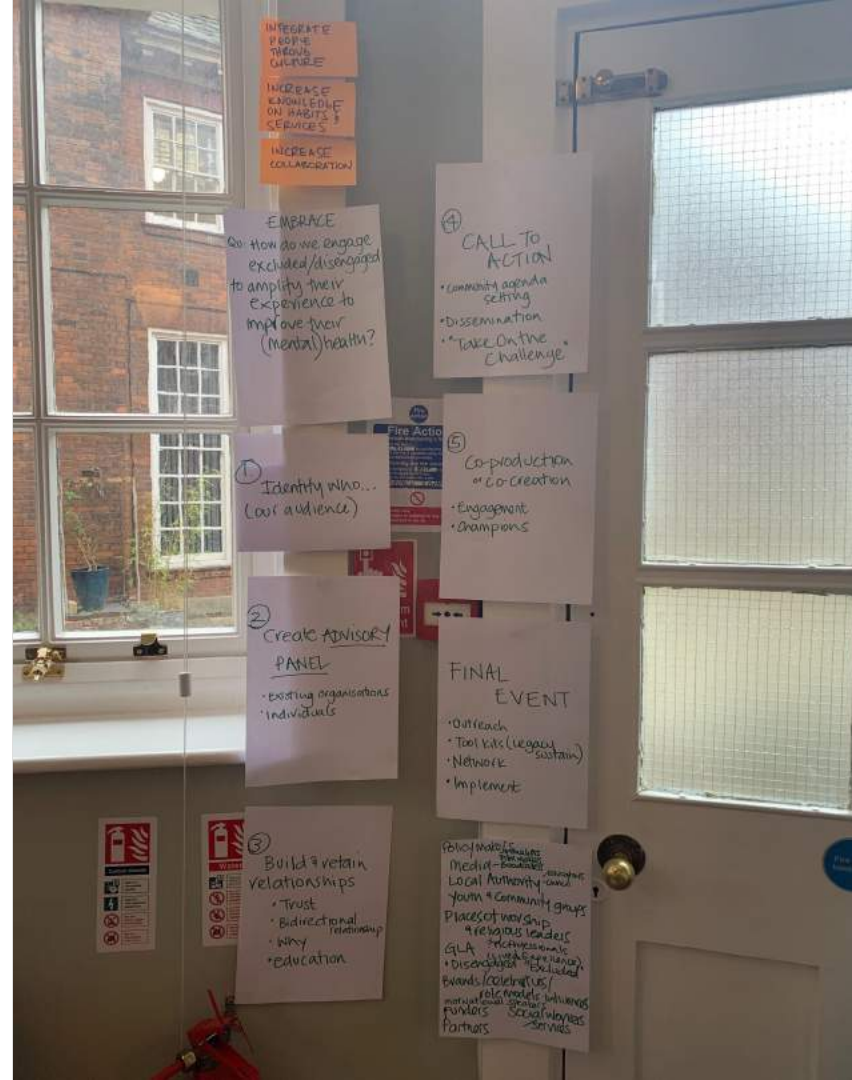


# Considerations from Day 1

## Group 4

Use local leaders, media and charity groups to co-create events and resources that will leverage local cultures to engage young people in the discussion around mental health. The relationship between organisations and impacted communities will thus be bi-directional.

It is vital to engage the community at every level of the decision making process.





# Monitoring and Evaluation

## *Group 4*

### **STAGE 1: RESEARCH**

- Build on findings from the Right to Thrive project
- Research to identify the target groups and common themes
- Research the role of social media in influencing mental health
  - Research the ways in which people show resilience to online shaming
- Research the offline spaces where people impacted by inequality and mental health hang out
  - Eg. Barber shops. Chicken shop

### **STAGE 2: OUTREACH**

- Reach out to champions and celebrity influencers (must have both people with a strong celebrity following and people without any following, yet a good understanding of their community values and challenges)
- Train and guide champions to run their own events
- Co-create activities for communities to participate in
- Ensure lived experience is integrated into these events



# Monitoring and Evaluation (cont.)

*Group 4*

## STAGE 3: IMPACT

- Link champions with schools
  - Deliver new and inclusive programmes as a part of PSHE programs
- Creation of gamification/apps to target communities
- Delivery micro-grants

Activity	Indicator
Build on findings from the Right to Thrive project , research to identify the target groups and common themes. This would include researching the role of social media in influencing mental health and researching the offline spaces where people impacted by inequality and mental health hang out	The creation of a report detailing findings
Reach out to champions and celebrity influencers (must have both people with a strong celebrity following and people without any following, yet a good understanding of their community values and challenges)	The number of people from each of the target communities who are chosen, and willing to participate with Thrive LDN. This number should be divided between celebrities and 'average' people.
Train and guide champions to run their own events	The number of people completing training sessions, alongside the results of feedback surveys and evaluations
Co-create activations for communities to participate in, ensuring lived experience is integrated into these events	<p>The number of micro-grants delivered to host events alongside the number of people attending these events and the results of feedback evaluations</p> <p>The creation of innovative tools to tackle poor mental health. Eg. gamification/apps.</p>
Link champions with schools	Implementation of Champions' ideas in a new and inclusive PSHE programme

Summary of activities and indicators. Text in grey has been suggested by Purpose as a placeholder based on the outcomes from Day 2.

# 05

## Group 5

Background | Methodology | Visioning | Challenges | Theory of Change | Monitoring and Evaluation

**AUDIENCE** Funders, charities, governments

**ACTIONS** Will alter the language they use when discussing mental health policy and public mobilisations to improve inclusivity

**TARGET** So that members of marginalised communities

**GOAL** Have greater access to support materials and feel empowered to take actions to make changes

**IMPACT** Devolving power to communities and empowering them to lead and enact changes

# Considerations from Day 1

## Group 5

In order to ensure decision making is accessible to everyone we must map out who makes decisions and how these decisions are made.

We must also ensure that the language used in every level of decision making promotes inclusivity so that there are no barriers to access.

We must support champions from different communities to become involved in the decision making process.

This will both inform immediate decisions and encourage other members of marginalised communities to have a say in future decisions.

Challenge:  
"Devolve power to communities to empower them to leave lead and influence change"  
Implications: *Health, Health, Infrastructure change, lead role*  
Focus: *System - up and down, Action, reality, Integrated.*

Challenge: How to empower communities to enable them to lead and influence change? (directional change)  
*Power dynamics - influence*  
Goal: *Decentralise.*  
Language - To support improvement  
- *Empowerment* 'language' used in the name: *decision-making forums to empower individuals*  
- challenge *eg London Health Board, Health & Wellbeing Board*  
(2 stages) - To map 'power' decision-making forums, relevant to inter-generational health & wellbeing, across London (in terms of age, gender & ethnicity)  
Training - To equip & support champions necessary to lead communities in...  
- Different types of power  
- Advocacy  
- Evaluate programme.  
- Money + Upskill + Growth.

Targets:  
- Places where decision making happens.  
- LMS, HWSB  
- Inequality mapping: Most impacted by inequality.

Types  
- Focus of community  
- Role of community  
- Health, Wellbeing  
- Support, Training  
- Funding, Training  
- Support, Training  
- Support, Training

Supportive, Health, Wellbeing  
- Support, Training  
- Support, Training  
- Support, Training  
- Support, Training

SUPPORT COMMUNITIES TO ADVOCATE

UPSKILL - COMMUNITIES TO IMPROVE FUNDING

CHALLENGE NARRATIVES. LANGUAGE & TERMINOLOGY

UNDERSTAND (TRACK) POWER DYNAMICS



# Monitoring and Evaluation

## *Group 5*

### **RESEARCH AND OUTREACH**

- Produce an equality impact assessment for mental health
  - Build participation into the creation of resources
  - Revise the document based on feedback from all members of the community
  - Trial the delivery of this document/information in an accessible manner

### **PLANNING**

- Find a diverse group of champions to participate in the campaign
- Get the champions to write the 2020/21 strategy
- Get feedback from the advisory group and the general public
- Provide training sessions and information packs for the Champions so they feel empowered to take action





# Monitoring and Evaluation

## *Group 5*

### **DISSEMINATION OF PILOT & RESULTS**

- Run the primary network pilot
- Mayor of London adopts advice and implements it in all GLA programs and Thrive LDN adopts in its 2020/21 strategy
- Award grants to smaller, local organisations to deliver more diverse/grassroots programmes

Activity	Indicator
Create an accessible manifesto commitment about mental health.	<p>Revision of the manifesto commitment based on feedback from all members of the community.</p> <p>Positive feedback by partners about the final copy and presentation of the manifesto</p>
Find diverse champions that reflect the diversity of the challenge/issue. Inform, consult and engage champions to input their feedback in programme design and management	<p>The number of people from each of the target communities who are chosen, and willing to participate with Thrive LDN.</p> <p>Positive feedback from the champions that they feel like their voices are being heard.</p>
	Mayor of London adopts advice and implements it in all GLA programs and Thrive LDN adopts in its 2020/21 strategy
	Number of grants awarded to smaller, local organisations

Summary of activities and indicators. Text in grey has been suggested by Purpose as a placeholder based on the outcomes from Day 2.



# 07. Appendix

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Background | Methodology | Visioning | Challenges | Theory of Change | Monitoring and Evaluation





# Partners Library

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## COMMUNITY GROUPS

Faith groups	Theatres
Schools	Libraries
Universities	Local community associations
Family groups	The Ghanaian association
Community groups	Youth clubs
Civil society	People with learning difficulties or disabilities
Carers	
General public	
Leisure providers	

## PUBLIC SERVICES

TFL	Youth offending teams
OFSTED	The home office/Immigration
Housing associations	Job centres
Commissioners	Politicians
Police	Council leaders
Fire brigade	Prison circles
NHS	
Probation services	
Youth offending teams	



# Partners Library

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## **BUSINESS**

Politicians

Council leaders

Prison circles

Probation services

Youth offending teams

Civil society funders

Think tanks

The Media

Social media  
platforms being  
accountable

## **SOCIAL IMPACT GROUPS**

Public health  
organisations

Alternative meds. And  
health practitioners

Cultural assets

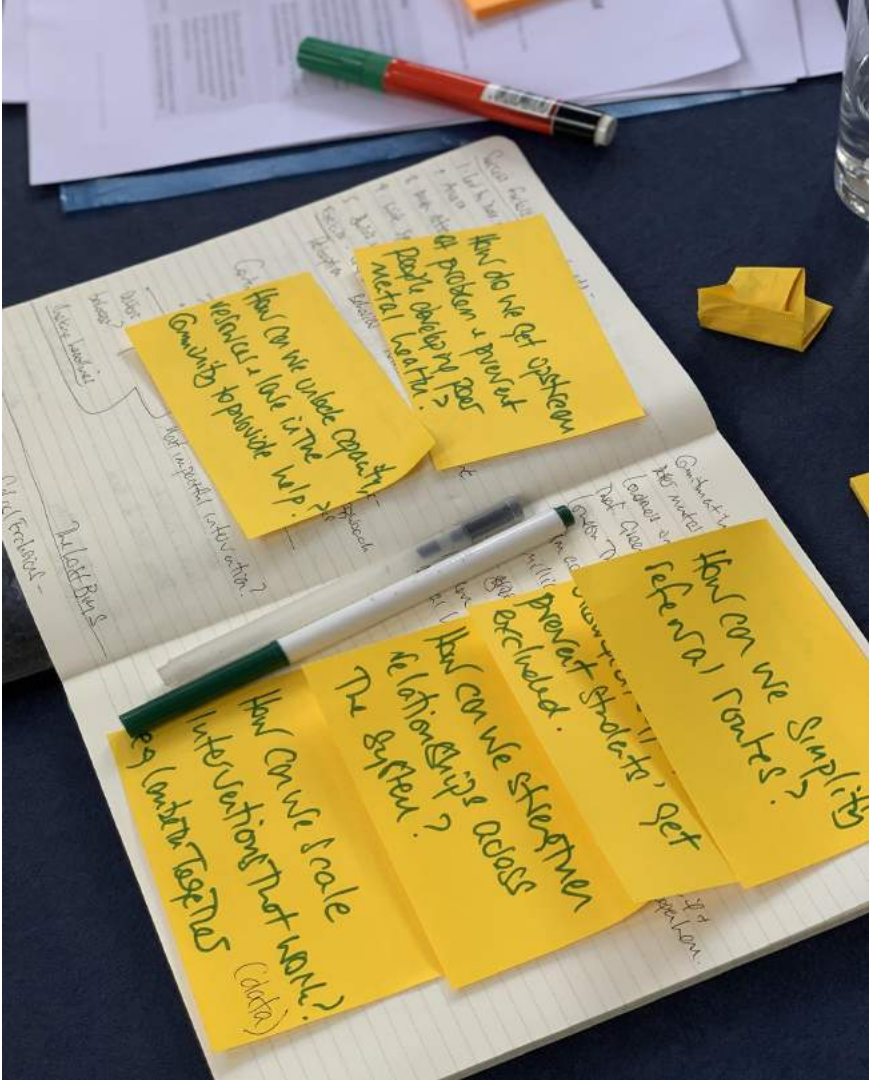
Solidarity movements



## Car park: Other Considerations

Interesting points raised during the discussion that we didn't have time to address

- Address the issue of mental health and not only mental illness
- Amplification of positive narratives
- Differentiation different levels of poor mental health when planning interventions
- Exploration of the overlap between mental health and physical health
- Exploration of the angle of alternative medicine





**PURPOSE**