Use of a Realist Evaluation to Understand 'What Works' when Delivering Healthcare in an Alternative Setting

Volume 2 of 2 (Appendices)

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Submitted to Swansea University in fulfilment of the

requirements for the Degree of Doctor of Philosophy

Swansea University

2021

Contents

Appendix A: *Stakeholder Survey Ethical Approval*

Kerry Dare

From:	████████████
Sent:	05 December 2017 16:07
To:	DARE K. ██████
Cc:	
Subject:	K Dare review.docx
Attachments:	K Dare review.docx

Realist Evaluation of the Health and Well-Being Academy (HWA)
Dear Kerry
The committee decision is approval by Chairs Action. There were favourable comments from the committee with just a few amendments. Please address these and return to myself , copying in Dr ████████
████████
Kind regards
████████ (Chair)

RE: K Dare review.docx

████████████████████████

Fri 15/12/2017 10:06
To:

• DARE K. (████████████████ ████

Cc:

•
•
•
•

Dear Kerry
Thank you for your thorough revision. I can now give ethical approval for your very interesting study to go ahead.
Kind Regards
████████████

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College of Human and Health Sciences
Coleg y Gwyddorau Dynol ac Iechyd

Swansea University
Prifysgol Abertawe

A Realist Evaluation of the Health and Well-being Academy:
The stakeholder Questionnaire

You are being invited to take part in some research. Before you decide whether or not to participate, it is important for you to understand why the research is being conducted and what it will involve. Please read the following information carefully.

What is the purpose of the research?

We are conducting research on the Health and Well-being Academy (HWA) at Swansea University, by evaluating a number of services on offer through the academy, and by considering the perspectives of multiple stakeholders. The purpose of this study/questionnaire is to explore the goals, values and expectations of the HWA from the perspectives of those involved with the HWA from a management, implementation, planning, and conceptualisation or decision-making capacity. The aims of this are:

- To gain an understanding of how the values of the HWA have been incorporated into the daily running of the academy.
- To discover if initial expectations and goals set by the academy are thought to be being achieved.

This will form a small part of Kerry Dare's overall evaluation, hoping to discover if the HWA is achieving what it set out to and whether it is providing a needed, valued service to all involved, including service users, staff and students.

Your participation in this study will take approximately 15-20 minutes.

Who is carrying out the research?

The data is being collected by Kerry Dare, a Health Psychology PhD candidate from the College of Human and Health Sciences. The research has been approved by the College of Human and Health Sciences Research Ethics Committee.

What happens if I agree to take part?

Participants will be asked to complete the questionnaire either electronically via Qualtrics or on paper; this choice is down to participant preference. The Questionnaire has been devised by Kerry Dare with the aim of discovering the values, goals and expectations of the HWA from your personal perspective. The questions aim to discover how you believe that the academy can achieve what it set out to do so and to discover which factors/components of the HWA that you personally feel are the most important. The questionnaire should take between 15-20 minutes to complete. Some basic background questions will be asked of participants such as how long they have worked at the University, however the majority of questions prompt for an open-ended

written response. Consent will be recorded via completion of the participant consent from, which is included at the beginning of the questionnaire; both electronic and paper-based versions. Data will be anonymised and used for academic purposes including the write up of Kerry Dare's PhD Thesis and may be used publicly in academic presentations, conferences, and journal articles.

Are there any risks associated with taking part?

The research has been approved by the College of Human and Health Sciences Research Ethics Committee. There are no significant risks associated with participation. Please again be assured that data collection is anonymous and confidential.

Data Protection and Confidentiality

Your data will be processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2016 (GDPR). All information collected about you will be kept strictly confidential. Your data will only be viewed by the researcher/research team.

All electronic data will be stored on a password-protected computer file at Swansea University (Singleton Park campus). All paper records will be stored in a locked filing cabinet in Swansea Universities Singleton Park Campus. Your consent information will be kept separately from your responses to minimise risk in the event of a data breach.

Please note that the data we will collect for our study will be made anonymous, from the point of data write up; thus it will not be possible to identify and remove your data at a later date, should you decide to withdraw from the study. Therefore, if at the end of this research you decide to have your data withdrawn, please let us know via email using your study identifier (information on questionnaire) as soon as possible after completion; after this your data will be anonymised. This applies to those completing both paper based and online questionnaires.

What will happen to the information I provide?

An analysis of the information will form part of our report at the end of the study and may be presented to interested parties and published in scientific journals and related media. *Note that all information presented in any reports or publications will be anonymous and unidentifiable.*

Is participation voluntary and what if I wish to later withdraw?

Your participation is entirely voluntary – you do not have to participate if you do not want to. If you decide to participate, but later wish to withdraw from the study, then you are free to withdraw at any time, without giving a reason and without penalty, up until the point of data write up, during which data will become anonymised.

Data Protection Privacy Notice

The data controller for this project will be Swansea University. The University Data Protection Officer provides oversight of university activities involving the processing of personal data and can be contacted at the Vice Chancellors Office.

Your personal data will be processed for the purposes outlined in this information sheet.

Standard ethical procedures will involve you providing your consent to participate in this study by completing the consent form that has been provided to you.

The legal basis that we will rely on to process your personal data will be processing is necessary for the performance of a task carried out in the public interest. This public interest justification is approved by the College of Human and Health Sciences Research Ethics Committee, Swansea University.

The legal basis that we will rely on to process special categories of data will be processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes.

How long will your information be held?

We will hold any personal data and special categories of data for no longer than is necessary for the purposes of this project. After data collection is complete data will be extracted from both paper based and electronic versions of the questionnaire by Kerry Dare and input into a password protected computer accessible only by Kerry Dare at Swansea University. Qualitative data will be put into Nvivo for analysis an included in Kerry Dare's PhD thesis. Transcripts from Nvivo will be kept for the required amount of time by the CHHS at Swansea University (5 years) and then deleted. All files will be backed up onto the student P drive.

What are your rights?

You have a right to access your personal information, to object to the processing of your personal information, to rectify, to erase, to restrict and to port your personal information. Please visit the University Data Protection webpages for further information in relation to your rights.

Any requests or objections should be made in writing to the University Data Protection Officer:-

University Compliance Officer (FOI/DP)

Vice-Chancellor's Office

Swansea University

Singleton Park

Swansea

SA2 8PP

Email: dataprotection@swansea.ac.uk

How to make a complaint

If you are unhappy with the way in which your personal data has been processed you may in the first instance contact the University Data Protection Officer using the contact details above.

If you remain dissatisfied then you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: -

Information Commissioner's Office,

Wycliffe House,

Water Lane,

Wilmslow,

Cheshire,

SK9 5AF

www.ico.org.uk

What if I have other questions?

If you have further questions about this study, please do not hesitate to contact us:

Kerry Dare	Professor Jaynie Rance
PhD Candidate	Department of Public Health, Policy and Social Science,
Swansea University	Swansea University
[REDACTED]	[REDACTED]
	Dr Liv Kosnes
	Swansea Centre for Health Economics,
	Swansea University
	[REDACTED]

Appendix C: *Stakeholder Survey Debrief Sheet (embedded into the e-survey)*

A Realist Evaluation of the Health and Wellbeing Academy: The Stakeholder Questionnaire Debrief sheet

Thank you for taking part in this study. If you have any queries about this study please do not hesitate to contact Kerry Dare on the email address provided below. If you would like your data to be removed from the study you will need to email Kerry Dare, with your study identifier (your initials and last three digits of your phone number), as soon as possible.

Kerry Dare - email address: [REDACTED]

Useful numbers and resources

Swansea University well-being services:

Email address: [REDACTED]

Telephone number: [REDACTED]

Website: http://www.swansea.ac.uk/personnel/current-staff/health-and-wellbeing/

If you have experienced any health-related issues as a result of taking part in this study, please contact

The NHS Direct:

Telephone number: [REDACTED]

Website: [REDACTED]

The Samaritans:
Telephone number: [REDACTED]

Website: [REDACTED]

OR your GP.

Appendix D*: Stakeholder Survey Consent Form (embedded into the e-survey)*

Please ensure you have read, understood, and agreed to the terms set out by the participant Information sheet before you consent to filling out this questionnaire (in email with this link)

Please indicate whether you agree with the following, in order to consent to taking part in the questionnaire.

PLEASE NOTE: If you do not answer yes to the following questions, you will not be permitted to go further and should close the questionnaire.

I (the participant) confirm that I have read and understand the information sheet for the above study (dated August 2018) which is attached to this form	*(tick to agree)*
I understand that my participation is voluntary and that I am free to withdraw at any time, up until the point of data write up, at which point the data will be anonymised, without giving any reasons. Data will be anonymised by allocating random numbers to participants. You will be asked to provide the last three digits of your phone number and initials when completing the questionnaire. This will enable the researchers to identify and withdraw your data before it becomes anonymised, while keeping your data confidential.	*(tick to agree)*
I understand what my role will be in this research, and all my questions have been answered to my satisfaction.	*(tick to agree)*
I understand that I am free to ask any questions at any time before and during the study.	*(tick to agree)*
I have been informed that the information I provide will be safeguarded.	*(tick to agree)*
I am happy for the information I provide to be used (anonymously) in academic papers and other formal research outputs, such as academic conferences and presentations. I have been provided with a copy of the Participant Information Sheet.	*(tick to agree)*
I agree to the researchers processing my personal data in accordance with the aims of the study described in the Participant Information Sheet.	*(tick to agree)*

Study identifier - Please provide your initials and the last three digits of your phone number. This will enable Kerry Dare to ID your answers should you wish to withdraw and will not be used for any other purposes.

Initials:

Last three digits:

Please see details below for Kerry Dare and her supervisory team for reference. Should you have any queries, questions or wish to withdraw, please only contact Kerry Dare.

Kerry Dare, PhD Student Health Psychology

Email address: [REDACTED]

Supervisory team:

Prof. Jaynie Rance – [REDACTED]

Dr Liv Kosnes – [REDACTED]

Appendix E: *Stakeholder Survey (copy of questions embedded into the e-survey)*

<u>Opening Questions</u>

How long have you worked/studied/been associated with Swansea University? (tick box answer)

Under 12 months	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	Over 10 years

If you wish to do so, please broadly describe your role withing the HWA (free text box)

<u>Survey Section 1</u>

Please answer the below questions to the best of your knowledge and from your own perspective.

   A. Please outline the main goals and or expectations of the Health and Well-Being Academy
   B. Please outline the main values of the Health and Well-Being Academy
   C. In relation to the above two questions, which of these goals, expectations and values are most important in your personal opinion? *(Please explain why)*

<u>Survey Section 2</u>

One of the key aims of the Health and Well-Being Academy is to improve the health and well-being of its users by promoting positive lifestyle choices, informed health care options and identifying early diagnosis. Please answer the following questions keeping these key aims in mind.

   A. In your opinion does the Health and Well-Being Academy facilitate its users being able to make informed and positive lifestyle choices?
   B. In your opinion is there anything more that the Health and Well-Being Academy could do to facilitate users making informed and positive lifestyle choices?
   C. In your opinion do the services on offer support the Health and Well-Being Academy's aim to facilitate early diagnosis?
   D. In your opinion is there anything more the Health and Well-Being Academy could do to facilitate early diagnosis?

<u>Survey Section 3</u>

One of the key aims of the Health and Well-Being Academy is to offer evidence based services that are complementary to services offered through local NHS facilities. Please answer the following questions keeping this aim in mind.

A. In your opinion how do the services on offer at the Health and Well-Being Academy differ/offer complementary services to those on offer through the NHS? You can focus on a specific service if you wish but please specify which one.
B. Are there any services on offer at the Health and Well-Being academy that you feel do not need to be on offer and why? (Please specify which services)
C. Are there any services that you feel need to be on offer through the Health and Well-Being Academy to complement those on offer through local NHS facilities?

Survey Section 4

Please answer the below questions to the best of your knowledge and from your own perspective.

A. With regards to the location of the Health and Well-Being Academy, please state what you do and don't like?
B. Do you think the atmosphere of the Health and Well-Being Academy differs from other health services you have been too? If so how and why do you think this is?
C. Do you think the staff and students working within the Health and Well-Being Academy provide anything extra to the service user experience, and if so what?

Survey Section 5

A few of the key values of the HWA are to increase opportunities for students at Swansea with regards to learning and providing world class teaching. Please answer the following questions bearing this in mind.

A. In your opinion, has the Health and Well-Being Academy (so far) increased opportunities for student learning/development? Please explain how
B. In your opinion, is there anything more the Health and Well-Being Academy should be doing to improve learning/development opportunities for students?

Survey Section 6

One of the key aims of the Health and Well-Being Academy is to provide excellence in research. Please keep this in mind while answering the following questions.

A. Do you think the Health and Well-Being Academy has provided the University with an added opportunity to conduct top quality research?
B. Do you think it is important to conduct research on/within the Health and Well-Being Academy and why/what will this achieve

Appendix F: *Logic Model Worksheet (adapted from W.K. Kellogg, 2004; see footnote 2, p. 28)*

Logic Model					
Inputs	**Outputs**		**Outcomes** *Short-term*		*Impact*
What resources will be required to achieve the desired outcome?	**Activities** *What activities need to be performed to cause the necessary learning for our ST outcome?*	**Participants** *Who will we reach?*	**Short Term** *What knowledge or skills do people need before the behaviour will change?*	**Medium Term** *What behaviours need to change for LT outcomes to be achieved?*	**Long Term** *What will the situation look like when we achieve the desired situation or outcome?*

Appendix G: *Logic Model Workshop, Acknowledgement of Planned Activity from CHHS REC*

From: ████████████████████
Sent: Tuesday, March 12, 2019 3:14:26 PM
To: ████████████
Subject: RE: Complimentary service evaluation workshop

Hi Kerry,

You say that this will complement the work you have already done. Provided that it is service evaluation then this will not require additional approval, but I will note that you are doing this to complement your existing research.

Best wishes,

████████

Appendix H: *Logic Model Workshop PowerPoint Slides*

Programme Theory and Logic

Several approaches exist that can bring some clarity to the complexity of programmes

Each with their differences of emphasis (etc.), but underpinned by the same basic thought, that

all programmes are theories*

* i.e., a description of the ways in which Intervention Y is expected to achieve Effects A, B, C.

"Programmes are...products of the human imagination: they are hypothesis about social betterment.

Programmes chart out a perceived course whereby wrongs might be put to rights, deficiencies of behaviour corrected, inequalities of condition alleviated.

Programmes are thus shaped by a vision of change and they succeed or fail according to the veracity of that vision."

Ray Pawson and Nick Tilley 'Realist Evaluation' (2004)

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What is (the) Theory of Change?

Evidence-Based Decisions

Not only just about 'what works' but
- When does it work?
- Why does it work?
- Where does it work?
- How does it work?
- Under what circumstances does it work?

'Doing the right things right for the right people at the right time under the right conditions' (Phillips, 2005)

Programme Design / Planning and Evaluation

Logic models can clarify complex programmes
- LMs can make programmes easier to describe and therefore easier to evaluate; it also aids programme design and implementation

There is no single template / no 'one best model' to complete, but there are good principles to adopt

You should take an iterative and collaborative approach to developing your logic model

The Logic Model express a theory of change through a series of 'If ...then' statements. There are many different LM approaches, but all share core elements, i.e., terminology varies but the basic concepts remain constant.

Resources	Activities	Outputs	Outcomes	Impact
• Certain resources are needed to run your program	• If you have access to them, then (it is assumed) you can use them to accomplish your planned activities	• If you accomplish your planned activities, then (it is assumed) you will deliver the amount of product and / or service that you intended	• If you accomplish your planned activities to the extent intended, then (it is assumed) your participants will benefit in specific ways	• If these benefits to participants are achieved, then (it is assumed) certain changes in organisations, communities or systems might occur under specified conditions

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What is your 'theory of change'?

Simp...

| Inputs £ Time | → | Activities Source and manage experts | → | Outcomes Improved domestic environment | → | Impacts Increased house value Improved area |

How (and why) do you expect your activities to achieve the desired results?

..or g...

| Inputs £ Time | → | Activities Book place to stay, find things to do together | → | Outcomes Reduced stress Increased happiness | → | Impacts Improved family functioning |

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Example Source: Fraser Battye, The Strategy Unit
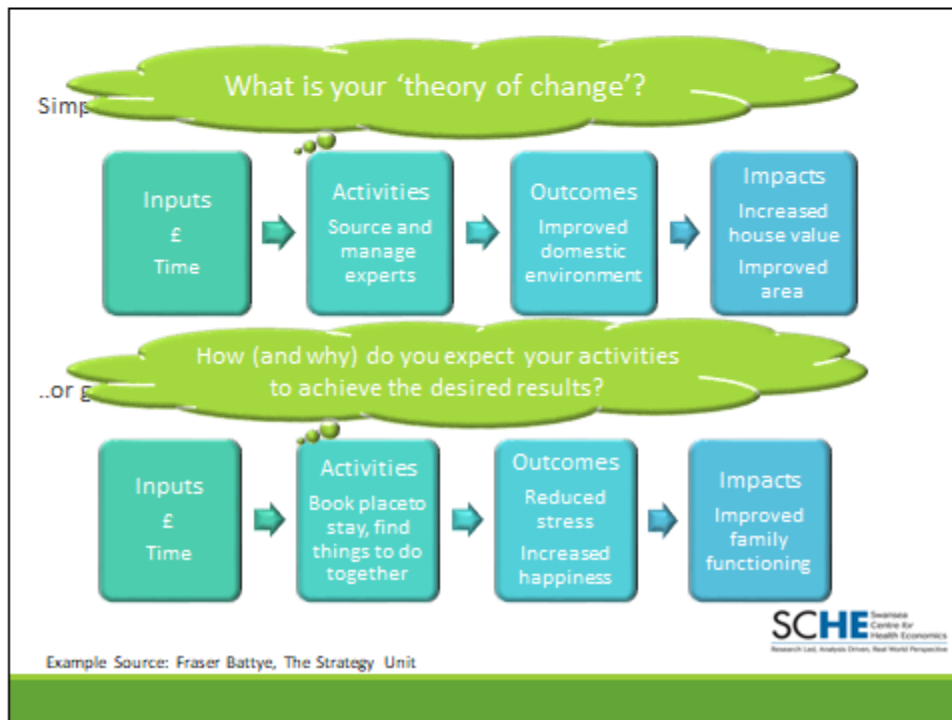
Questions for Programme Design and Evaluation

What problem(s) are we attempting to address?

Given this, what impact(s) are we ultimately trying to make?

What specific outcomes do we need to achieve?

What do need to do to achieve them?
- And why do we think that these activities will achieve our outcomes?

What resources do we need to implement our activities?

NB! The more pet the project, the more challenging these questions seem.

'Helping to develop a logic model' makes this more neutral and constructive
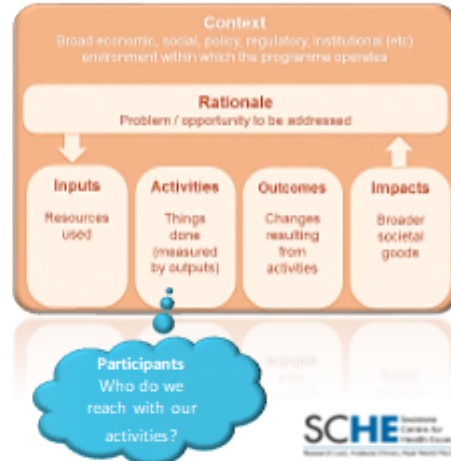
Why does something need to be done?

'Rationale' is a summary of the case for acting

Normally expressed in terms of problems / opportunities

What is the nature / scale of these problems / opportunities?

Who suffers? In what ways?

What will happen if you do nothing / why are current responses inadequate?

What **participation** will directly result from the intervention (who will be reached)?

What will you ... to ... se outcomes?

The things you do
- e.g. establish a hotline, set up a new referral centre, etc., etc.

Measured by outputs
- e.g. number of people calling hotline

One challenge here is the level of abstraction: you don't need to be detailed – just the main / key strands / types of activity
- the logic model is not a programme plan!

Another is showing specific connections between 'activity x' and outcomes 'a/b/c'

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What resources will you use?

Should be fairly straightforward, these are the resources you have / need to do the things you do / want to do
- the resources invested
- the staff required (including any training they will need)
- the partners or organisations to be engaged
- the technology and activities that will be put in place

For most programmes, cash funding is the largest element – but there may be in-kind inputs too, e.g.,
- if partners have assigned staff to your programme
- if you have lots of volunteers, if you are given 'free' facilities, etc..

What might help or hinder your programme?

The wider environment within which your intervention operates.
- Might be economic, social, institutional, policy / regulatory, etc.

Useful to show that interventions don't exist in a vacuum

Sometimes hard to work out what contextual factors are materially important

Basic question: *what external factors might help / hinder us in trying to achieve our aims?*

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Testing the model

One of the benefits of logic modelling is that it allows you to question 'your logic' and to identify things that might go wrong

The **assumptions** that you are making in your model. Could be:

Practical (e.g. shows significant reliance on recruitment of...)

Evidential (e.g. implied connection between activity x and effect y)

Contextual (e.g. that there is no significant change in regulation of x)

Can this information be used in programme planning?
- E.g. is this showing risks to be managed?

What does it mean for evaluation?

Would more evidence help design?

Also consider your **overall theory of change.**

Policy instruments are often characterised as being either:
- Sticks (beat / regulate things into place)
- Carrots (incentivise / ease the change you want)
- Sermons (eulogise and persuade)

What is the mix in your programme?

Does this seem optimal given the task?
- If not, what is missing and can this be managed somehow?

'Dark' Logic Models

The logic model can also help to identify what features of your programme contributed to 'intended and unintended outcomes'

The Magenta Book (HM Treasury, 2011) provides some guidance on the unintended consequences of change programmes, classifying these as:
- displacement (such as moving demand to another part of the system)
- substitution (such as a particular group's needs being prioritised over another's)
- leakage (such as benefits being seen outside the target population) and
- deadweight (the outcomes would have happened regardless of the programme)

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Check and Refine

You will shape and re-shape your model, crafting it and homing it before it feels appropriate

The model is not a programme or project plan
- have you abstracted to the right level, to capture the main strands on one page without flooding the model with detail?

Be self-critical and test your results:
- does the model seem plausible?

Are you using the language of change
- reducing, improving, increasing, better, worse etc.?

Do the assumptions underpinning the model seem sensible?

Does it flow reasonably well from the outcomes?

Does anything jar or stand out?

Will the activities generate the outcomes you have described?

Are the inputs sufficient to carry out the activities - are they too much?

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Selected Resources

PHE (2018). Introduction to logic models.
https://www.gov.uk/government/publications/evaluation-in-health-and-well-being-overview/introduction-to-logic-models

PHE (2017). The Good Indicators Guide.
https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/The-Good-Indicators-Guide.pdf

Public Service Transformation (2015). Introductory guide to evaluation.
https://www.publicservicetransformation.org//wp-content/uploads/2015/07/EvaluationGuideFinalv2.0.pdf

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Resources / References

Evaluation – Health care foundation
https://www.health.org.uk/sites/health/files/EvaluationWhatToConsider.pdf

What Works - Logic Model website with resources
http://whatworks.org.nz/frameworks-approaches/logic-model/

Hayes, H. et al. (2011) - A logic model framework in a primary care practice-based research network.
http://jabfm.org/content/24/5/576.full

UK Government - Introduction to logic models
https://www.gov.uk/government/publications/evaluation-in-health-and-well-being-overview/introduction-to-logic-models

Logic model workbook
https://www.innonet.org/media/logic_model_workbook_0.pdf

The Magenta book - HM treasury evaluation
https://www.gov.uk/government/publications/the-magenta-book

RE-AIM Framework, http://www.re-aim.org/

Hawe, P., Shiell, A., & Riley, T. (2009). Theorising interventions as events in systems. American journal of community psychology, 43(3-4), 267-276.
https://link.springer.com/article/10.1007/s10464-009-9229-9

Connell J P and Kubisch A C. (1998) Applying a Theory of Change Approach to the Evaluation of Comprehensive Community Initiatives: Progress, Prospects, and Problems, Aspen Institute, Colorado.

Kellogg Foundation (2004). Logic Model Development Guide. https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide

UNICEF, (1991). Guide for Monitoring and Evaluation.

Yarbrough, D. B., Shulha, L. M., Hopson, R. K., & Caruthers, F. A. (2011). The program evaluation standards: A guide for evaluators and evaluation users (3rd ed.). Thousand Oaks, CA: Sage.

Nesta Standards of Evidence (2013).
https://media.nesta.org.uk/documents/standards_of_evidence.pdf

Mills, T., Lawton, R., & Sheard, L. (2019). Advancing complexity science in healthcare research: the logic of logic models. BMC medical research methodology, 19(1), 55. https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-019-0701-4

Moore, G. F., Evans, R. E., Hawkins, J., Littlecott, H., Melendez-Torres, G. J., Bonell, C., & Murphy, S. (2019). From complex social interventions to interventions in complex social systems: Future directions and unsolved questions for intervention development and evaluation. Evaluation, 25(1), 23-45. https://journals.sagepub.com/doi/full/10.1177/1356389018803219

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Appendix I: *First Draft HWA Logic model*

<div align="center">**Document summary**</div>

Health and Wellbeing Academy (HWA) stakeholders, including HWA management, service leads, service users and A Regional Collaboration for Health (ARCH) representatives attended a half day 'logic model workshop' on 7th May 2019; facilitated by Kerry Dare, Dr Liv Kosnes and Professor Jaynie Rance.

The aim of this workshop was for HWA stakeholders to collaboratively map out the short-, medium- and long-term goals of the academy, highlighting the outputs (activities and participants) and inputs (i.e. resources) needed to achieve these; ultimately forming a 'logic model' of the HWA. The logic model maps out how long-term goals of the HWA can be achieved, starting for the required inputs. KD collated notes and draft logic models developed during the workshop. The summary produced form a tool that can be utilised by the HWA going forward.

- Several logic models have been drafted; one for each of the main long-term goals identified within the workshop.
- Logic models are HWA specific as opposed to service specific; however, these can be applied to individual services.
- This document presents a first draft of the HWA logic model. As is the nature of logic models, the process is iterative, and the logic models will change, grow and develop, as does the HWA.
- This document will be distributed to attendees of the workshop, for their input, thoughts suggestions and edits.
- All HWA stakeholders can utilise this logic model (including further iterations) as they see fit, for HWA related purposes i.e., within research.

Thank you to everyone who took part in the HWA stakeholder workshop and contributing to the formation of the models outlined within this document.

This document first considers the answers to some of the question asked within the workshop, before outlining the logic models.

Logic Model Questions[1]

Situation Statements: Purpose or mission - what motivates the need for change?

What are the problems or oppourtunities the programme is addressing? / What is the current situation that we tend to impact?

- The 'burden' of chronic disease on an overrun NHS
- A lack of NHS resources had led to a 'gap in the market' for innovative and alternative healthcare resources
- There is a struggle to place healthcare students in the NHS for clinical placements; the HWA addresses these issues (for Swansea University students)
- HWA addresses issues with an academic need for access to NHS patients and an academic need for clinical work
- Gap in quality research

What will it look like when we achieve the desired situation or outcome?

- We will have acquired grant monies

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[1] Logic model questions from pages 3-5 of: McCawley, P. (2001). The Logic Model for Program Planning and Evaluation. Retrieved in March, 2019 from: https://www.researchgate.net/publication/237568681_The_Logic_Model_for_Program_Planning_and_Evaluation

- We will have achieved research income

- We will have developed a dynamic research strategy

- We will have 'reached' a wide range of individuals

- We will have contributed to societal/economic impact

- We will have contributed to a measured improvement in the health and wellbeing of those utilising the HWA

- We will be providing a sustainable and valuable service

Context: or conditions. What is the climate in which change will take place?

What is the political and economic climate for investing in the programme?

- The NHS is overrun and under resourced, thus a demand for innovative services

- An increase in the prevalence of multiple chronic conditions has had a negative impact on the NHS

- There is a demand for health services that promote self-management, increase health literacy, aid in early diagnosis and prevent the onset of chronic conditions.

External factors

Who are important partners/collaborators for the programme?

- Swansea University, ABMU and Hywel Dda Health boards (ARCH)

- University Colleges

- NHS staff/governors/management etc.

- Service users

Which part(s) of the issue can the HWA realistically influence?

- The redistribution of local service users away from under-sourced NHS services to the HWA
- Increased development and learning opportunities for both Swansea University staff and students
- An increased awareness of appropriate usage of health-based services
- An increase in health based self-management and healthier choices

What evaluation measures will accurately reflect project outcomes?

- Statistical analysis of the percentage of residents choosing and using HWA resources in place of NHS services
- Statistical analysis of staff and student involvement within the HWA and associated outcomes (i.e., satisfaction levels, hours of clinical placement)
- Statistical analysis of service users knowledge on appropriate pathways to care/appropriate use of health based services
- Statistical analysis of a change/increase in the adoption of self-management in relation to health among service users

What other needs must be met to address these issues

- An understanding of the types of services that are needed and wanted by local citizens
- An understanding of how to promote self-management and the adoption of healthier choices
- An understanding of how to integrate the needs of multiple stakeholders within the HWA; how can we meet the needs of the public, staff and students?

Inputs[2] *What resources will be required to achieve the desired outcome*	Outputs		Outcomes		Impact
	Activities *What activities need to be performed to cause the necessary learning for our ST outcome*	**Participants** *Who will we reach*	**Short term** *What Knowledge or skills do people need before the behaviour will change*	**Medium term** *What behaviours need to change for LT outcomes to be achieved*	**Long term** *What will the situation look like when we achieve the desired situation or outcome?*
Funding Staff to: - Train HWA staff/students in research methods, stats and academic writing - Carry out all research activities - Conduct staff forums/meetings - Conduct a skills mapping exercise - Write grant applications - Form research committees Physical resources to conduct all research and training activities and meetings/forums. Dedicated and protected time to carry out research and training activities as well as forums/meetings Participants/service users for research activities Ethical approval	The HWA should provide research methods, statistics and academic writing workshops/training for those who need it. Staff forums Research agenda meetings (formation of a research agenda committee) HWA governance and/or stakeholder meetings Skills mapping within the HWA Interdisciplinary working Grant applications	University staff working within the HWA University students working within the HWA External stakeholders HWA management and governors Partners/affiliates Third party organisations (research funding) HWA service users	Understanding of and ability to partake in: - Bid writing - Grant capture activities Knowledge of research methods and evaluation approaches; and an ability to carry these out effectively	Perceptions of and attitudes towards research i.e. Clinical research needs to be seen as achievable Appoint clinical and academic roles within the HWA to drive joint research agendas/strategies A willingness to partake in collaborative/joint research A willingness to conduct research that meets HWA aims as opposed to individual/alternative agendas	To actively engage in cutting-edge research across HWA services, that will drive innovation and excellence To engage in research that generates grant income, conference participation, high impact papers and leads to a measurable public impact **N.B. In order to engage in cutting-edge research, the parameters of 'cutting-edge research' need to be defined.**

Measurements of long-term goals (should include but are not limited to):

1) Measure of grant income 2) Record of publication/conference participation/paper publication 3) A record of how research has impacted service delivery

Inputs	Outputs		Outcomes		Impact
What resources will be required to achieve the desired outcome	**Activities** *What activities need to be performed to cause the necessary learning for our ST outcome*	**Participants** *Who will we reach*	**Short term** *What Knowledge or skills do people need before the behaviour will change*	**Medium term** *What behaviours need to change for LT outcomes to be achieved*	**Long term** *What will the situation look like when we achieve the desired situation or outcome?*
Funding Staff/students to conduct all research related activities Stakeholder committee members to attend meetings Physical resources to facilitate stakeholder meetings Physical resources needed to carry out internal research/ service evaluations Service users / participants for research / evaluations	Internal research to measure the effectiveness / value / outcomes associated with individual services (service evaluations) Stakeholder meetings to discuss development opportunities for the HWA Stakeholder meetings to discuss individual service evaluations and outline future recommendations	University staff working within the HWA University students working within the HWA External stakeholders HWA management and governors Partners/affiliates HWA service users	Stakeholders need to understand how each service is performing individually and in relation to the HWA as a whole HWA staff need the skills to effectively deliver high quality services that are valued by service users	HWA stakeholders need to prioritise services 'that work' and allow the HWA to grow as business HWA stakeholders need to recognise if a service/project is no longer valuable and/or sustainable and take relevant action Stakeholders need to engage with activities/ projects/ innovations that can help the HWA grow and expand	A sustainable and valuable service, with scope to expand the range of services on offer **N.B. To measure the value and sustainability of the HWA, the parameters of value and sustainability in this context first need to be defined.**

Measurements of long-term goals (should include but are not limited to):

1) A measure of the 'value' of the service from multiple stakeholder perspectives 2) A measure of sustainability

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[2] Example Logic Model template: WK Kellogg Foundation. (2004). Logic Model Development Guide. Retrieved in March, 2019 from: https://www.wkkf.org/resource-directory/resources/2004/01/logic-model-development-guide

Inputs	Outputs		Outcomes		Impact
What resources will be required to achieve the desired outcome	**Activities** *What activities need to be performed to cause the necessary learning for our ST outcome*	**Participants** *Who will we reach*	**Short term** *What Knowledge or skills do people need before the behaviour will change*	**Medium term** *What behaviours need to change for LT outcomes to be achieved*	**Long term** *What will the situation look like when we achieve the desired situation or outcome?*
Funding/Financial backing Staff to: - Conduct behaviours change workshops - Deliver these services - Conduct scoping exercises - For community hub-spoke model Physical resources to conduct scoping exercises, training, workshops etc. Physical resources needed to provide services. Time (dedicated and protected time to carry out all activities.). Participants to take part in all activities (i.e. service user scoping exercise)	Workshops to educate HWA staff on how to deliver /implement behaviour change interventions /services Conduct a scoping exercise to understand what services are desired by HWA service users Conduct a scoping exercise to understand the current visibility of the HWA and how this can be improved. Maybe have hub-spoke model with community hubs and bring the HWA to the community Offer a range of accessible services, complementary NHS services, that promote positive lifestyle choices	University staff working within the HWA University students working within the HWA External stakeholders HWA management and governors Health psychology (and other lecturers with a working knowledge of behaviour change interventions Partners/affiliates HWA service users	An understanding of what the public need/want from a health service An understanding of behaviour change interventions and how to effectively implement these Have an awareness of the current visibility of HWA with students, staff and service users; understand how to increase this Business planning skills/ acumen	Prioritise the delivery of behaviour change interventions that will have long lasting impact on the health and wellbeing of HWA service users Actively engage in health promotion and/or the promotion of self-management within delivery of services Actively promote and engage with prudent healthcare principles	Contribute to an improvement in overall levels of health and wellbeing at a community level/among HWA service users Contribute to a reduction in health inequalities in the local area **N.B. To measure the health and wellbeing of service users and health equality, the parameters of health and wellbeing and health equality in this context first need to be defined; this may differ slightly across services**

Measurements of long-term goals (should include but are not limited to):
1) Multi time-point measure of health *and* wellbeing across HWA service users 2) Multi time-point measure of health equality among HWA service users

| Inputs | Outputs | | Outcomes | Impact | |
What resources will be required to achieve the desired outcome	**Activities** *What activities need to be performed to cause the necessary learning for our ST outcome*	**Participants** *Who will we reach*	**Short term** *What Knowledge or skills do people need before the behaviour will change*	**Medium term** *What behaviours need to change for LT outcomes to be achieved*	**Long term** *What will the situation look like when we achieve the desired situation or outcome?*
Funding Protected time, dedicated to designing services Staff to: - Facilitate HWA staff training/workshops (i.e. lecturers with a working knowledge of behaviour change interventions and health literacy). - Integrate these techniques into services and implement these within the HWA - Measure service related outcomes Physical resources needed to carry out all activities, training and research Participants (service users) to take part in service evaluation	Workshops/training for HWA staff in how to promote positive lifestyle choices, how to communicate with service users and how to improve health literacy Actively integrate these techniques into services of offer Measure outcomes associated with above mentioned techniques for service users	University staff working within the HWA University students working within the HWA External stakeholders HWA management and governors Partners/affiliates HWA service users	Knowledge of health promotion techniques The ability to effectively communicate health behaviour messages to HWA service users An understanding of how to make behavioural changes Business planning skills/ acumen	Offer a range of sustainable, prevention focused health services/interventions. Offer a range of interventions that utilise and/or promote behaviour change, resilience building/self-management/rehabilitation	An increase in the health literacy of HWA service users An increase in the ability of HWA service users to make informed, positive, lifestyle choices

Measurements of long-term goals (should include but are not limited to):

1) A multi time-point measure of health literacy among HWA service users, including service user occurrence of making health related choices

Inputs	Outputs		Outcomes		Impact
What resources will be required to achieve the desired outcome	**Activities** *What activities need to be performed to cause the necessary learning for our ST outcome*	**Participants** *Who will we reach*	**Short term** *What Knowledge or skills do people need before the behaviour will change*	**Medium term** *What behaviours need to change for LT outcomes to be achieved*	**Long term** *What will the situation look like when we achieve the desired situation or outcome?*
Funding Staff to: - Conduct the scoping exercise - Facilitate staff forums/stakeholder meetings - Conduct all research/evaluation activities Physical resources needed to: - Conduct the scoping exercise - Execute changes to services Dedicated and protected time to carry out all research activities, meetings and to implement service changes Participants/service users for all research activities Ethical approval	Conduct a scoping exercise with HWA service users/people from the local community to discover what they want from a health service (including issues of accessibility) Staff forums/HWA stakeholder meetings to discuss how to implement/improve accessibility of services Measure service users perceptions of service/HWA accessibility	University staff working within the HWA University students working within the HWA External stakeholders HWA management and governors HWA service users Patients from the community Partners/affiliates	To develop an understanding of what the local community wants/needs from a health service To develop an understanding of how to tailor services to meet the needs of service users Business planning skills/ acumen	Offer services that are mindful of accessibility issues i.e. services delivered at appropriate times of day for the target service users	To provide a local service with enhanced service user accessibility **N.B To measure whether HWA services are enhanced, it is first necessary to set parameters that define 'enhanced'**

Example measurements of long-term goals (should include but are not limited to):

1) A measure of service user satisfaction with HWA services (this should be compared to alternative services)
2) Statistical and/or qualitative data reflecting if the HWA offers enhanced services and if so, why

Inputs	Outputs		Outcomes		Impact
What resources will be required to achieve the desired outcome	**Activities** *What activities need to be performed to cause the necessary learning for our ST outcome*	**Participants** *Who will we reach*	**Short term** *What Knowledge or skills do people need before the behaviour will change*	**Medium term** *What behaviours need to change for LT outcomes to be achieved*	**Long term** *What will the situation look like when we achieve the desired situation or outcome?*
Funding Staff to: - Conduct scoping exercises - Conduct literature reviews/research into current provisions - Measure the impact of services/service related outcomes - Promote student involvement Physical resources to conduct the scoping exercise and to execute any changes that need to be made Time (dedicated and protected time to carry out above mentioned activities Participants/service users to take part in all research activities	Design and implement services that will (or should have) a measurable, positive economic impact, in line with long term aims A scoping exercise to discover and identify how services can be enhanced to offer a measurable economic impact Literature reviews/research into current, local healthcare services, to identify a 'gap in the market' To identify and measure the outcomes that are being targeted To actively engage with and promote student involvement within the HWA	University staff working within the HWA University students working within the HWA External stakeholders HWA management and governors Partners/affiliates HWA service users University/NHS board members	An understanding of what is lacking in healthcare provision An understanding of how services can enhance healthcare provisions already on offer To understand how services can be designed/delivered to have an economic impact An understanding of how to provide both valued, and financially sustainable services The skills needed to design, implement and promote such services	Services need to be tailored to ensure they meet the 'brief', and not alternative, individual/professional agendas Staff to actively promote HWA services, and signpost service users and community members to those services Actively promote the utilisation and inclusion of university student placements within the HWA; this will have impact for the university and NHS	To provide a service that has contributed to a measurable economic impact, in one or more of the following domains: ● At a community level ● At a wider societal level ● At an environmental level ● In relation to the pressures placed upon the NHS

Example measurements of long-term goals (should include but are not limited to):

1) Both quantitative and qualitative measures of the impact of the HWA at community, societal and environmental level
2) A quantitative measure of *if* the HWA has reduced strain on NHS, and a qualitative exploration of why

Inputs	Outputs		Outcomes		Impact
What resources will be required to achieve the desired outcome	**Activities** *What activities need to be performed to cause the necessary learning for our ST outcome*	**Participants** *Who will we reach*	**Short term** *What Knowledge or skills do people need before the behaviour will change*	**Medium term** *What behaviours need to change for LT outcomes to be achieved*	**Long term** *What will the situation look like when we achieve the desired situation or outcome?*
Funding

Physical resources to conduct all workshops, training, meetings and staff forums

Physical resources needed to implement service changes and conduct research activities

Dedicated time to carry out research and training activities and to implement service changes

Participants/service users to take part in research activities | Workshops / training /staff forums to inform staff how to deliver services in line with prudent healthcare principles

HWA stakeholder meetings to outline how changes that need to be made can be implemented

Research activities to measure whether long term outcomes are being achieved | University staff working within the HWA

University students working within the HWA

External stakeholders

HWA management and governors

Partners/affiliates

HWA service users

NHS workers/system as a whole | HWA stakeholders should have a comprehensive understanding of prudent healthcare principles and how these can be embedded within individual services

The skills to deliver such services to a high standard

Business planning skills/ acumen | Services need to adopt and embed prudent healthcare principles to ensure long term aims are being met

HWA staff need to ensure that service delivery *is* following prudent healthcare guidance

HWA staff need to work together to ensure the HWA as a whole meets long term goals/visions | A service that utilises prudent healthcare principles, making a contribution to a reduction in the pressures faced by the NHS |

Example measurements of long-term goals (should include but are not limited to):

1) A measure of the utilisation of Prudent Healthcare principles within the HWA as a whole, and at an individual service level; each of the four principles would need to be measured using validated measures.
2) An assessment on the impact of this (results of measure 1) on the challenges faced by the NHS

Appendix J: *Search Terms and BOOLEAN Operators used for the Positive Parenting Programme Antenatal Education Scoping Review*

Maternal OR Paternal OR parent OR expectant parent OR expectant mum OR expectant dad OR mum OR dad OR mother OR father OR expectant mother OR expectant father AND self-efficacy OR self efficacy OR perceived self-efficacy OR perceived self efficacy OR birthing self-efficacy OR birthing self efficacy OR parenting self-efficacy OR parenting self efficacy OR confidence OR parenting confidence OR competence OR parenting competence OR self-esteem OR self esteem OR fear of childbirth OR fear of labour OR fear of labor OR fear of birth AND antenatal education OR prenatal education OR pre-natal education OR antenatal classes OR prenatal classes OR pre-natal classes OR birth preparation education OR birth preparation classes OR childbirth classes OR childbirth education OR parenting classes OR parenting education OR parenting preparation

Appendix K: *Antenatal Education Scoping Review, Description of Interventions Included*

Study ID	Author & year	Intervention: Delivered by/in	Intervention: Format	Intervention details
1	Byrne, Hauck, Fisher, Bayes & Schutze (2014)	• Principal investigator - qualified childbirth educator, antenatal yoga teacher • Community	• 8 x 2.5-hour sessions • Small group	A targeted prenatal, mental health programme using mindfulness and an empowering model of education. The programme provided women and their partners with the knowledge and skills to make informed choice in relation to their pregnancies, birthing, and parenting. During the programme, parents are provided with evidence-based information, facilitated via group discussions, role play and problem-solving activities. The programme also included mindfulness exercises included meditation, which parents learned how to apply to labour pains and their parenting practices etc.
2	Duncan et al. (2017)	• University-based • The programme developer, a certified nurse midwife and mindfulness teacher	• One weekend, 18 hours • Small groups of 15	'Mindfulness in Labour' a brief programme for pregnant women and their partners, focusing on fear and pain relating to labour, and utilising tailored coping strategies based in mindfulness (based on both Mindfulness-Based Childbirth and Parenting program (MBCP[3]) and Mindfulness Based Stress Reduction (MBSR[4]). The programme utilises several strategies for teaching mindfulness including interactive activities, and didactic instruction, alongside standard childbirth education. The programme aims to help participants reframe pain in childbirth as fleeting sensations that come and go and how to uncouple sensations of pain from cognitive components and affective components to decrease suffering and fear. The programme also aims to teach participants to be aware of their bodies and their fearful reactivity to pain through practices of mindful coping with pain. During the programme, pregnant women and partners develop personalized coping strategies for the birth process. Formal and informal mindfulness activities were used including the mindful body scan and mindful eating. Programme participants receive handouts and audio mindfulness meditation materials and strategies for coping with pain coping strategies at home.

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[3] Duncan, L, G., & Bardacke, N. (2010). Mindfulness-based childbirth and parenting education: promoting family mindfulness during the perinatal period. *J Child Fam Stud, 19*(2), 190–202.

[4] See Kabat-Zinn, J. (1990). *Full catastrophe living: How to cope with stress, pain and illness using mindfulness meditation.* London: Piatkus.

Appendix K: *Antenatal Education Scoping Review, Description of Interventions Included (continued)*

Study ID	Author & year	Intervention: Delivered by/in	Intervention: Format	Intervention details
3	Gao, Chan, and Sun (2012)	• Midwife-led • Hospital based	• 2 x 1.5-hour sessions of routine childcare • 2 x 1.5-hour sessions psychoeducation • Telephone follow up • Max. 10 participants per group	A childbirth psychoeducation programme focusing on topics including the transition to parenthood, barriers within communication and communication skills, developing social support, identifying potential, and developing skills for the resolution of interpersonal conflict after the birth of the baby. The programme utilised Interpersonal Therapy (IPT) techniques which included information giving, communication analysis, brainstorming and role-playing exercises. A follow up phone call was used to reinforce the skills learnt by the parents in the sessions.
4	Ip, Tang & Goggins (2009)	• Principle Investigator – Nursing Professional • Clinical setting	• 2 x 1.5-hour sessions • 6 people or fewer for optimal interaction	An interactive programme aiming to enhance self-efficacy to cope within stress and pain during childbirth. Sources of self-efficacy (e.g., vicarious experience, verbal persuasion) integrated into the interactive, educational sessions. Five main learning activities included in the programme were: 1) health education (to motivate parents to participate in the activities), 2) coping behaviour demonstrations (e.g., relaxation, cognitive restructuring of pain), 3) a return of coping skills demonstrations from group participants, 4) the vicarious observations of role models with the aim of reinstating coping behaviour and control during childbirth and 5) the formation of a verbal contract, to rehearse the coping skills and techniques learned at home. Programme participants also received pamphlets alongside a daily practice log to monitor at home practices. During the programme, verbal persuasion and positive encouragement techniques were used.
5	Isbir, Inci, Onal and Yildiz (2016)	• Childbirth educators • Clinical setting	• 4 x 4-hour sessions • Small groups –5-8	An antenatal education programme based on a few philosophies/ including Dick-Reads[5] natural labour and Mongan's[6] hypnobirthing. The programme sessions made use of videos, role play, slide show presentations and simulator mannequins Programme sessions included theoretical information giving and exercises including stretching and relaxation. Topics covered included strategies for coping with fear of childbirth, psychological adaptation to childbirth and physiological adaptation to birth, control over birth, and positive appraisal of the childbirth.

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[5] Dick-Read, G (1933). *Natural childbirth.* London: Heinemann

[6] Mongan, M. (2005). *Hypnobirthing: The Mongan method: A natural approach to a safe, easier, more comfortable birthing* (3rd ed). USA, Florida: Health Communications Inc.

Appendix K: *Antenatal Education Scoping Review, Description of Interventions Included (continued)*

Study ID	Author & year	Intervention: Delivered by/in	Intervention: Format	Intervention details
6	Ngai, Chan and Ip (2009)	• Experienced midwife with experience of delivering childbirth education • hospital	• 6 x 2-hour sessions of routine antenatal education plus, 3 x 1-hour sessions of learned resourcefulness, psychoeducation • Group size not specified	A childbirth psychoeducation programme based on the concepts of learned resourcefulness[7], focusing on things including cognitive restructuring, enhancing self-efficacy and problem solving. During the programme, facilitators provided participants with an overview of stress and emotional changes during the perinatal period and, introduced them to coping skills in relation to parenting. There was also a focus on training participants in skills of cognitive restructuring to modify irrational thoughts. Participants were also taught problem solving strategies and decision-making skills, to deal with childcare. There was also a focus on positive reinforcement and rewarding one's accomplishments. Participants were actively encouraged to practice learned resourcefulness and integrate skills to deal with stress and stressful situations during the perinatal period. Programme facilitators utilise a range of methods to deliver the programme including lectures, discussions, skills practice, and demonstrations.
7	Pan et al., (2019)	• Principal investigator – trained in MBSR and childbirth education • Hospital	• 8 x 3-hour sessions • Group size not specified	A MCBP based on MBSR principles, which utilises the experiences of being pregnant, giving birth and adjustments in the postnatal period within self-awareness training. A silent retreat was held at the end of the programme. Programme participants were also asked listen to audio recordings 6 times a week at home.
8	Robertson, Aycock & Darnell (2008)	• Midwife-led • hospital	• 6-8 hours • 8- 12 women per group and their partners/support •	A group prenatal care programme (Centering Pregnancy[8]) which combines standard prenatal care and a thorough childbirth and pregnancy class. Programme sessions address all aspects of pregnancy related wellness. Women get 1-2-1 time with the provider during the session for health checks (e.g., blood pressure) and the opportunity to talk through concerns. The programme also utilises group discussion to cover pregnancy, childbirth, and postnatal topics to help prepare them to feel at their best. Examples topics include preparation for birth, eating well, managing stress and postnatal contraception.

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[7] Rosenbaum, M. (1990). The role of learned resourcefulness in the self control of health behavior. In: M, Rosenbaum, M. (Ed.). *Learned Resourcefulness: On Coping Skills, Self-Control and Adaptive Behavior* (pp. 50-95). USA, New York: Springer.

[8] Rising, S. (1998). Centering Pregnancy: An interdisciplinary model of empowerment. *J Nurse-Midwifery, 43* (1), 46-54.

Appendix K: *Antenatal Education Scoping Review, Description of Interventions Included (continued)*

Study ID	Author & year	Intervention: Delivered by/in	Intervention: Format	Intervention details
9	Rouhe et al., (2014)	• A psychologist with skills in group therapy and pregnancy issues. • hospital	• 7 x 2-hour sessions (6 prenatal, 1 postnatal) • Max 6 women per group	Sessions start with agenda setting by the therapist, and the sharing of thoughts and feelings from previous sessions. Each session has a set structure including a topic of focus, half hour relaxation/mindfulness exercises (led by audio-CD). Participants then engage in a guided discussion on the chosen session topic and finally, the session ends with a relaxation activity/exercise. Relaxation exercises guide participants though delivering a child, in a relaxed mindset, with supportive, positive suggestions (and/or a breathing exercise). Topics of focus in the sessions include group information on psychoeducation, anxiety, fear of childbirth, hospital routines, pain relief, becoming parents/a family, becoming a mum, postnatal depression, and infant bonding.
10	Svensson Barclay and Cooke, (2009)	• Hospital staff trained in programme delivery • Hospital	• 7 x 2-hour sessions • Max. 1 couples per session	The intervention group covered the same topics as the control however, utilised a different order and methods to present the topics. The intervention differed in the following ways. The programme laid emphasis on pregnancy, birth and parenthood as smaller related parts of the childbearing experience, and not as isolated events. The programme also integrated activities throughout the programme and not as an isolated section. Activities included the bathing of a new-born baby. The programme also included new parents, who came in and shared their experiences. The intervention utilised a proactive and problem-solving approach. The programme emphasised experiential learning in order to increase competence/confidence/self-efficacy.

Appendix L: *Positive Parenting Programme Ethical Approval*

Kerry Dare

From:	████████████████
Sent:	05 December 2017 16:07
To:	DARE K. ████████████
Cc:	
Subject:	K Dare review.docx
Attachments:	K Dare review.docx

Realist Evaluation of the Health and Well-Being Academy (HWA)
Dear Kerry
The committee decision is approval by Chairs Action. There were favourable comments from the committee with just a few amendments. Please address these and return to myself ████████████
████████

Kind regards
████████████(Chair)

RE: K Dare review.docx

████████████████████

Fri 15/12/2017 10:06

To:

- DARE K. ███████████████████

Cc:

- ████████████████████
-
-
-

Dear Kerry
Thank you for your thorough revision. I can now give ethical approval for your very interesting study to go ahead.
Kind Regards
████████████████

Appendix M: *Positive Parenting Programme Interview Information Sheets*

College of Human and Health Sciences
Coleg y Gwyddorau Dynol ac Iechyd

Swansea University
Prifysgol Abertawe

A Realist Evaluation of the Health and Well-Being Academy: The Positive Parenting Programme

Health and Wellbeing Services

(Programme Architect and Facilitator Information sheets)

All Positive Parenting Programme (PPP) service providers and facilitators are invited to take part in interviews about their experience of the programme.

Kerry Dare, a PhD researcher at Swansea University, is evaluating the PPP as part of a larger project concerning the Health and Well-being Academy. In this part of her work, Kerry is interested in discovering if the PPP can help improve expectant parent's beliefs about their ability to care for their child, and if this can affect their well-being for the better, during the antenatal period.

The PPP at Swansea University's Health and Well-Being Academy (HWA) is a free 7-week programme, delivered by qualified midwives and supported by midwifery students. The programme aims to provide expectant parents with a holistic view of preparing for birth and parenting by providing parents with knowledge in an array of topics relating to childcare and pregnancy. Parents taking part in the course will learn about things such as their developing baby, labour, and birth, how to care for their baby and about their own health and well-being during pregnancy and after in the post-natal period. The seven 2-hour sessions aim to equip parents with the knowledge and self-confidence they need to care for their baby and themselves in a positive way.

You are being asked to take part in an interview about your role and experience as a service provider and/or facilitator.

What is being asked of you?

To take part in an interview lasting approximately 30-60 minutes. The interview aims to gain some insight into:

- Your experience of delivering the course through the HWA at the University *(service facilitator)*.
- Your experience of offering/designing/implementing the course, within this specific context and the theory behind the programme *(service provider)*.

Ethical considerations

Please note that participation in data collection is voluntary and no penalty will be faced if you wish not to take part. Pseudonyms will be used for transcription and publication purposes and cannot be traced back to you. You can withdraw from data collection at any point without reason and without penalty up until the write up of data/transcripts, by emailing Kerry Dare (email address provided below).

Potential Risks in participation

The interviews will include questions about mental well-being and though we foresee no risks to those taking part, information for easily accessible, free of charge mental health resources will be made available to all. Please note that the interviews do not intend to assess your mental health or well-being and the information obtained will not be reviewed by a clinical psychologist. If you are worried about your mental health/well-being please contact your GP or NHS direct (contact details are provided to you in this information sheet and the debrief sheet you will receive after your interview).

Inclusion Criteria

To take part in this study you should meet the following criteria:

- You must be currently (or have previously) had a role in delivering the PPP.
- You must be aged 18 or over
- If you are due to deliver the program but have not yet, please still register interest and I will arrange an interview for after you have begun your role.

What next?

Please take some time to read this information sheet to consider if you would like to take part in an interview. If you have any questions please feel free to ask Kerry Dare via email. To take part in an interview please contact Kerry Dare (to express interest on the below email address.

Kerry Dare email address: [REDACTED]

Thank you for reading!

Useful numbers and resources:

The NHS Direct:

Telephone number: [REDACTED]

Website: [REDACTED]

The Samaritans:

Telephone number: [REDACTED]

Website: [REDACTED]

A Realist Evaluation of the Health and Well-Being Academy: The Positive Parenting Programme

Health and Wellbeing Services

Programme user information sheets

All expectant mothers and fathers taking part in the Positive Parenting Programme (PPP) are invited to take part in interviews about their experience of the programme.

Kerry Dare, a PhD researcher at Swansea University, is evaluating the PPP as part of a larger project concerning the Health and Well-being Academy. In this part of her work, Kerry is interested in discovering if the PPP can help improve expectant parent's beliefs about their ability to care for their child, and if this can affect their well-being for the better, during the antenatal period.

The PPP at Swansea University's Health and Well-Being Academy (HWA) is a free 7-week programme, delivered by qualified midwives and supported by midwifery students. The programme aims to provide expectant parents with a holistic view of preparing for birth and parenting by providing parents with knowledge in an array of topics relating to childcare and pregnancy. Parents taking part in the course will learn about things such as their developing baby, labour, and birth, how to care for their baby and about their own health and well-being during pregnancy and after in the post-natal period. The seven 2-hour sessions aim to equip parents with the knowledge and self-confidence they need to care for their baby and themselves in a positive way.

You are being asked to take part in an interview about your role and experience as a service user.

What is being asked of you?

To take part in an interview lasting approximately 30-60 minutes. The interview aims to gain some insight into:

- Your experience of the PPP as a whole
- Your levels of well-being

Ethical considerations

Please note that participation in data collection is voluntary and no penalty will be faced if you wish not to take part. Pseudonyms will be used for transcription and publication purposes and cannot be traced back to you. You can withdraw from data collection at any point without reason and without penalty up until the write up of data/transcripts, by emailing Kerry Dare (email address provided below).

Potential Risks in participation

The interviews will include questions about mental well-being and though we foresee no risks to those taking part, information for easily accessible, free of charge mental health resources will be made available to all. Please note that the interviews do not intend to assess your mental health or well-being and the information obtained will not be reviewed by a clinical psychologist. If you are worried about your mental health/well-being please contact your GP or NHS direct (contact details are provided to you in this information sheet and the debrief sheet you will receive after your interview).

What next?

Please take some time to read this information sheet to consider if you would like to take part in an interview. If you have any questions please feel free to ask Kerry Dare via email. To take part in an interview, please contact Kerry Dare to express interest on the below email address.

There are 20 spaces for interview and these will be allocated on a first come basis.

Kerry Dare email address: [REDACTED]

Useful numbers and resources:

The NHS Direct:

Telephone number: [REDACTED]

Website: [REDACTED]

The Samaritans:

Telephone number: [REDACTED]

Website: [REDACTED]

Appendix N: *Positive Parenting Programme Interview Consent Forms*

A Realist Evaluation of the Health and Well-Being Academy: The Positive Parenting Programme

Health and
Wellbeing Services

Consent – Service Facilitator/Provider/User Interviews

Please read the below statements and tick the boxes if you agree.

1) I confirm that I have read and fully understand the information sheet provided to me via email and in person today for this study, and that I have had the chance to ask any questions I may have had.

2) I understand that participation in this study is voluntary and that I am free to withdraw from the study without giving reason and without penalty, by contacting Kerry Dare on the email address below, up until the point that data has been written up.

3) I give consent for my data, including quotes to be used anonymously for academic research purposes including journal publication, presentation at academic conferences and in Kerry Dare's PhD thesis.

4) I give my consent for the interview to be audio recorded.

If you have consented to taking part in the study, please complete the boxes below:

This will allow us to identify your anonymous transcript, should you wish to withdraw.

First and last name initials:

Last 3 digits of telephone number:

Kerry Dare email address: [REDACTED]

Appendix O: *Positive Parenting Programme Interview Debrief Sheet*

Thank you for taking part in the interview data collection today.

If you have any queries about this study please do not hesitate to contact Kerry on the email address provided below. Please recall that all data collection is anonymous; thus, if you would like your data to be removed from the study you will need to provide us with your 'study identifier' which is the combination of initials and digits that you created when you consented to take part in this study.

Kerry Dare - email address: [REDACTED]

Useful numbers and resources

The NHS Direct:

Telephone number: [REDACTED]

Website: [REDACTED]

The Samaritans:

Telephone number: [REDACTED]

Website: [REDACTED]

OR your GP.

Appendix P: *Positive Parenting Programme Interview Schedules*

Introductory:

1) Can you tell me a little bit about yourself? Your hobbies, interests, job etc.
2) You have recently given birth/ are due to give birth, can you give me an idea of how you found/have been finding pregnant life so far?
3) Have you been to/used any other antenatal services in the area?
   - Prompt - If so what were they and how did you find them overall?

PPP:

1) Can you tell me how you heard about the PPP at the university?
2) Had you ever heard about the course or similar courses before attending?
3) What were your motivations for attending?
4) Can you describe the sessions for me please? What you covered etc
5) Who do you come sessions with? (if anyone)

Exploring context:

1) The programme takes place at the HWA, what were your thoughts on that as a venue?
   - Prompt – good points, bad points, location, parking, atmosphere, the physical building
2) What are your thoughts of the delivery style of the PPP?
   - Prompt – delivered in a group, delivered over two hours, both men and women allowed
   - Prompt - Was there anything about the *way* in which the programme was delivered that offered anything extra to your experience?
   - Probe – Facilitators? Content delivery?
3) Did you know that some of the people delivering the programme are current midwifery students here at Swansea University? (Dependent on answer) - Do you think they brought to the programme? If so what?
   - Prompt - were they different, the same as the other midwives, did experience effect delivery and reception of content

Looking for mechanisms:

1) What were your favourite parts of the PPP and why?
2) Was there anything you did not you like about the PPP and why?
3) What would you change about the session if you could?
   - Prompt - who delivered it, how it was delivered, time of group, place of delivery?
4) Overall, what did you think about the content of the session?

- Prompt - was it easy to follow, was there anything you did not understand, anything that was not needed etc?

5) Why did you choose this service?

6) Were there any barriers to using the service/getting everything you could out of the service?

7) Were there any facilitators to using the service/getting everything you could out of the service?

Outcomes:

1) Did you feel any different for taking part in the PPP?
- Prompt – if so how?

2) What have you learnt from the course/what are the most important things you will take away with you?

3) The course focuses on trying to educate parents to understand their own and their babies need better. Do you feel as though you now know:
- Your own needs more/less through attending the PPP?
- Your babies' needs more/less through attending the PPP?

4) Do you feel better prepared to care for yourself and your baby?
- Prompt – if so how and can you attribute these feelings to anything in particular?

5) Did the course change the way you think/your outlook on pregnancy and parenthood?
- Prompt - if so how?

Student facilitator interview schedule/guide

Introductory:

1) Can you tell me a little bit about your role here at Swansea including your studies and any clinical practice/placement?

2) Are you aware of any current guidelines in place for antenatal care provision/education in Wales?

3) Are you aware of any issues with antenatal care provision? The NHS? Midwifery?

4) What are your personal opinions on current antenatal care provision in Wales?

5) In your opinion, what components/elements should be included in a good antenatal care programme?

PPP introduction

1) Can you tell me how you first heard of the positive parenting programme?

2) Can you tell me a little bit about how you got involved with the PPP provided at the HWA and what role you have?

3) What is your understanding of positive parenting? i.e., Theoretical basis/background/development etc.

- Prompt: before you started had you heard of this notion?
- Probe: What do you think the main ethos of the PPP is?

Exploring context

1) Can you describe to me a typical session of the PPP?

- Prompt - room size, how many people attend, how long it runs for etc. the structure of the course

2) What do you think about the HWA as a setting for the PPP?

- Prompt – do you think it may work/may not work better in a different setting?
- Probe - physical location, ease of access, professional setting/informal setting, non-clinical setting

3) The PPP is facilitated by both fully qualified and student midwives. Do you think there are certain characteristics that are important for a person delivering the PPP to have?

- Prompt - If so, what are these and why?
- Probe - Personality, knowledge, confidence, experience

4) You and other students have been able to help deliver the programme at the HWA. What impact has this had for you?
    - Prompt - Has this/How has this added to your experience?

Looking for mechanisms

1) What topics are included in the sessions?

2) In your experience are there aspects of the course content that people engage with the most?

3) In your experience, are there aspects of the course that people engage with the least?

4) The PPP is delivered in a group format; does this affect the running on the programme at all?

- Prompt - do people like to interact with each other/ do they get shy/ do they listen to each other's experiences.

5) The PPP is open to pregnant women and their partners/friends/family, in your opinion does the engagement level differ between women coming alone, with people and how?

6) Do you think the PPP is accessible and suitable for every type of women and man?

- Prompt – primiparas, multiparas, outgoing, anxious, personality etc.

7) Can you identify any barriers or facilitators that can impact the way in which a person engages with PPP or what they get from the programme?

8) In your opinion does the programme achieve what it set out to achieve? And how?

9) Are there particular aspects of the course or elements of the course you find most effective?

10) Do you think the course differs to other local options available and if so how?

- Prompt – Does the PPP enhance NHS provision and how? Facilitators? Style of delivery?

Outcomes

1) Have you observed any noticeable outcomes for participants of the PPP?

- If so, what are these?
- Has anyone who has attended the course let you know of any outcomes/improvements etc. as a result of attending?

2) In general, what has the feedback about the course been from participants?

3) What outcomes would you expect to see for participants of the programme and why?

4) Has the course lead to any outcomes positive or negative that you were not expecting to see, for service users?

5) As someone involved with delivering/implementing the PPP, have you personally gained anything in relation to your studies, professional or indeed personal development.

Programme facilitators/PA interview schedule/guide

Introductions

1) Can you tell me a little bit about your role at Swansea, and your involvement with the HWA?
2) Do you know what guidelines are currently in place in Wales for antenatal care provision, if so, what are they?
3) Are you aware of any issues in regard to antenatal care provision and recommendations?
4) What are your personal opinions on current antenatal care provision in Wales?
5) In your opinion, what components/elements should be included in a good antenatal care programme?

PPP introduction

1) Can you tell me how you first heard of positive parenting?
2) What is your understanding of positive parenting? i.e., Theoretical basis/background/development etc.
3) How do you think this has been implemented in Swansea?
4) Can you tell me a little bit about how you got involved with the PPP provided at the HWA and what role you have? – Explore development of programme with PA if not discussed organically through the above)

Exploring context

1) Can you describe to me a typical session of PPP delivered at Swansea University?
   Prompt: room size, how many people attend, how long it runs for etc. the structure of the course

2) How was the course on offer at Swansea designed? Have you followed suggested guidelines or a manual etc?
3) What do you think about the HWA as a setting for the PPP?
   - Prompt – do you think it may work/may not work better in a different setting?
   - Probe - physical location, ease of access, professional setting/informal setting, non-clinical setting

4) Who delivers the PPP service?
   - Prompt - Do you think different personal characteristics in the PPP facilitator lead to different (better/worse) delivery of the PPP? how/why
   - Probe - What characteristics do you think are important for a person delivering the PPP to have?
5) Some students are delivering the programme; do you think this is beneficial to the programme/students?
6) Who do you think are most suited to participate in the PPP?
   - Prompt – certain characteristics personality traits etc.
   - Probe - What characteristics do you think would help a person get more from the programme?

Looking for mechanisms

1) What topics are included in the sessions?
2) In your experience are there aspects of the course content that people engage with the most?
3) In your experience, are there aspects of the course that people engage with the least?
4) The PPP is delivered in a group format; does this affect the running on the programme at all?
   - Prompt - do people like to interact with each other/ do they get shy/ do they listen to each other's experiences.

5) The PPP is open to pregnant women and their partners/friends/family, in your opinion does the engagement level differ between women coming alone, with people and how?

6) Can you identify external factors that may affect the way an individual engages with the PPP, drawing on your experience?

7) Can you identify any barriers or facilitators that can impact the way in which a person engages with PPP or what they get from the programme?

8) In your opinion does the programme achieve what it set out to achieve? And how?

9) Are there particular aspects of the course or elements of the course you find most effective?

Outcomes

1) Have you observed any noticeable outcomes for participants of the PPP? If so, what are these?

2) Has anyone who has attended the course let you know of any outcomes/improvements etc as a result of attending?

3) In general, what has the feedback about the course been from participants?

4) What outcomes would you expect to see for participants of the programme and why?

5) Has the course lead to any outcomes positive or negative that you were not expecting to see, for service users?

6) As someone involved with delivering/implementing the PPP, have you personally gained anything?

7) In relation to the students in helping to deliver the programme, do you think they have gained anything from participating? If so what and how?

College of Human and Health Sciences
Coleg y Gwyddorau Dynol ac Iechyd

Swansea University
Prifysgol Abertawe

A Realist Evaluation of the Health and Well-Being Academy: The Positive Parenting Programme

Health and
Wellbeing Services

Kerry Dare's PhD Project

The Positive Parenting Programme (PPP) at Swansea University's Health and Well-Being Academy (HWA) is a 7-week, free programme, delivered by qualified midwives and supported by midwifery students. The programme aims to provide expectant parents with a holistic view of preparing for birth and parenting by providing parents with knowledge in an array of topics relating to childcare and pregnancy. Parents will learn about things such as their developing baby, labour and birth, how to care for their baby and about their own health and well-being during pregnancy and after in the post-natal period. The seven 2-hour sessions aim to equip parents with the knowledge and self-confidence they need to care for their baby and themselves in a positive way.

Kerry Dare, a PhD researcher at Swansea University, would like to evaluate the PPP as part of her larger project. She is interested in discovering if the programme can help improve expectant parent's beliefs about their ability to care for their child, and if this can affect their mental health and well-being for the better during the antenatal period. To do this, Kerry Dare would like your help, if you are an expectant mother or father taking part in the programme.

What is being asked of you?

To complete a booklet of questionnaires during sessions 1 and 7 of the PPP and at a one month follow up via email. The questionnaires will ask for some general information about you and will measure levels of well-being and health through use of questionnaires. The questionnaire booklets should take no longer than 20 minutes to complete at a maximum.

Ethical considerations

Please note that participation in data collection is voluntary and it will not affect you being able to attend the PPP sessions in any way and the researchers/programme deliverers will not know who has taken part. The information you provide will be anonymous, which means it cannot be traced back to you. You can withdraw from data collection at any point before the findings are written up, without providing a reason and without any penalty, by emailing Kerry Dare (address provided below).

Potential Risks in participation

While the researcher does not foresee any physical risks to participants, there is a chance that some participants may feel sad or become upset. While this is unlikely to happen, those taking part will be provided with information about mental health

resources that are easily accessible and free of charge. The questionnaires include questions about mental well-being however please note, that questionnaires do not intend to assess your mental health or well-being and the information obtained will not be reviewed by a clinical psychologist. If you are worried about your mental well-being please contact your GP or NHS direct. Details for both are provided to you at the end of this information sheet and the debrief sheet you will receive after data collection if you choose to participate.

<u>What next?</u>

Please take some time to read this information sheet to consider if you would like to take part in the study. If you have any questions please feel free to ask Kerry Dare via email. If you would like to withdraw from the study, please contact Kerry Dare via email and provide your study identifier (initials and last three digits of your phone number).

Kerry Dare's email address: [REDACTED]

Useful numbers and resources:

<u>The NHS Direct:</u>

Telephone number: [REDACTED]

Website: [REDACTED]

<u>The Samaritans:</u>

Telephone number: [REDACTED]

Appendix R: *Positive Parenting Programme, Quantitative Data Collection Debrief Sheet*

A Realist Evaluation of the Health and Well-Being Academy: The Positive Parenting Programme

Thank you for taking part in the questionnaire today.

If you have any queries about this study please do not hesitate to contact Kerry on the email address provided below. Please recall that all data collection is anonymous; thus, if you would like your data to be removed from the study you will need to provide us with your 'study identifier' which is the combination of initials and digits that you created when you consented to take part in this study.

Kerry Dare - email address: [REDACTED]

Useful numbers and resources

The NHS Direct:

Telephone number: [REDACTED]

Website: [REDACTED]

The Samaritans:

Telephone number: [REDACTED]

Website: [REDACTED]

OR your GP.

Appendix S: *Positive Parenting Programme, Quantitative Questionnaire Booklets*

(Please note, different versions of the booklets were created for expectant dads and partners to reflect gender and the measures that needed to be collected. Expectant mum booklets are provided here as these were the 'fullest' booklets)

Session 1 Questionnaire booklet – Expectant mums

A Realist Evaluation of the Health and Well-Being Academy: The Positive Parenting Programme

Health and Wellbeing Services

The data you provide in this booklet will be used as routine data to evaluate the Programme on offer. This data will not be used for other purposes without your prior consent.

In order for us to pair up your answers from the questionnaires this week and during the last session, whilst keeping your data anonymous please provide us with your first and last name initials and the last three digits of your telephone number:

First and last name initials: ☐ ☐

Last 3 digits of telephone number: ☐ ☐ ☐

Kerry Dare's study

You should have received an information sheet outlining Kerry Dare's study and what would be expected from you as a participant, your rights and background information about Kerry's study. If you have received and understood the information given to you and would like to take part in data collection, please proceed to fill out the questionnaire as normal. If you would not like to take part please **opt out** of participation by ticking the box below. This means that information provided will be used for routine data purposes only and will not be used as part of Kerry Dare's study.

I *WOULD NOT* like my data to be used as part of Kerry Dare's study   ☐

If you have any questions or wish to withdraw your consent for your data to be used in the study please contact Kerry Dare on the below email address.

[REDACTED]

Thank you!

Gender	Male ☐ Female ☐ Not stated ☐
Age	18-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70+ ☐
Ethnicity	White-British ☐ White-Other ☐ White & Asian ☐ White & Mixed- Other ☐ White & Black- Caribbean ☐ White & Black- African ☐ Pakistani ☐ Bangladeshi ☐ Indian ☐ Chinese ☐ Asian- Other ☐ Caribbean ☐ African ☐ Black- Other ☐ Any other not specified (Please state) ....
Job	Are you currently working (including maternity leave) Yes ☐ No ☐ If so, what field of work are you in? (Please state) ………………………………………
Number of children **(Not including current pregnancy)**	Please state …………………………………………………………………… ……….

| Relationship status | Single ☐ Common law partnered/cohabiting ☐

Married/civil partnership ☐ Divorced/separated ☐

Widowed ☐ |
|---|---|
| **How did you hear about the Positive Parenting programme?** | |
| **What are you hoping to gain from attending the programme?** | |

[9]Please rate the extent to which you agree or disagree with each of the following statements using the below scale:

1	2	3	4	5	6
Strongly Disagree	**Disagree**	**Somewhat Disagree**	**Somewhat Agree**	**Agree**	**Strongly Agree**

The problems of taking care of a child will be easy to solve once you know how your actions affect your child, an understanding I have acquired.	1	2	3	4	5	6

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[9] Johnston, C., & Mash, E. J. (1989). A measure of parenting satisfaction and efficacy. *Journal of clinical child psychology*, *18*(2), 167-175.
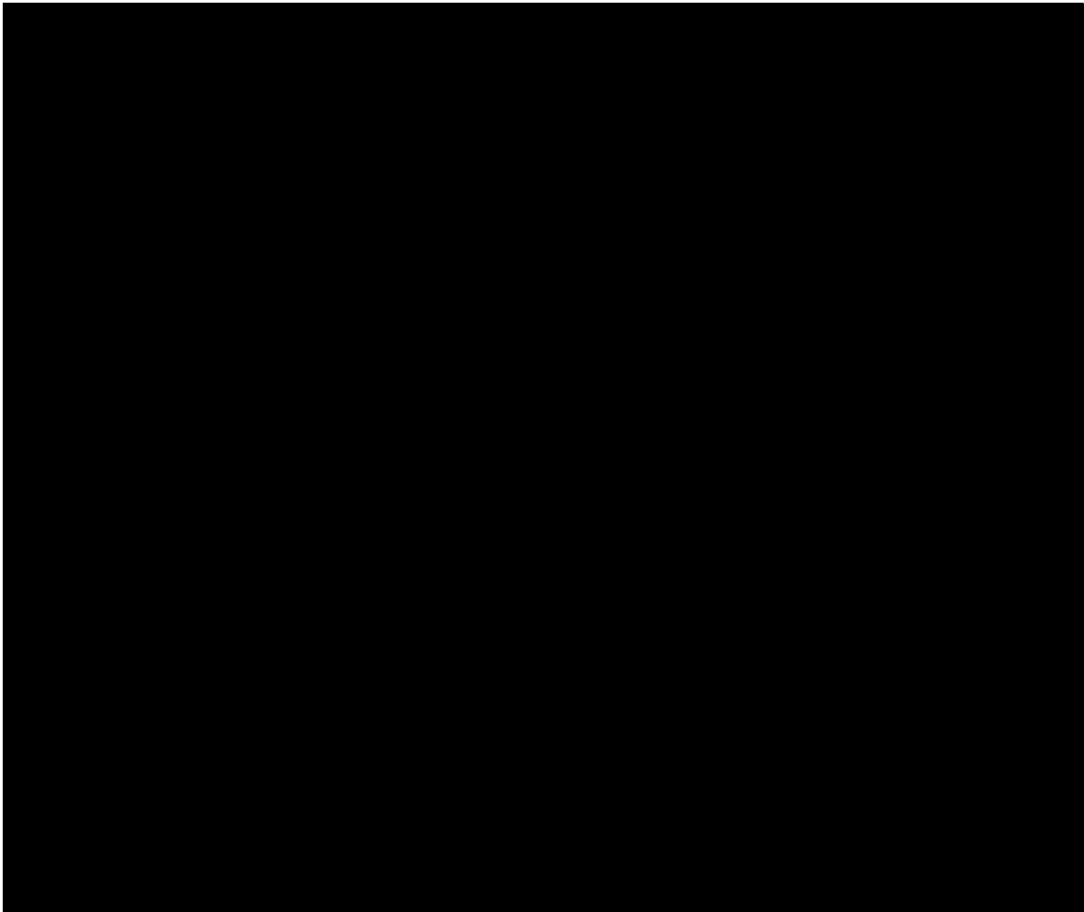
[10]The following questions relate to the way you perceive your pregnancy. **Circle** the **number** that best reflects how you felt during **the last 7 days**. Please circle only one answer to each question

If you are not in a relationship, please skip the questions relating to partner involvement during pregnancy.

0	1	2	3
Very often	**Fairly often**	**Now and then**	**Rarely or never**

I am enjoying my pregnancy	0	1	2	3

[10] Pop, V. J., Pommer, A. M., Pop-Purceleanu, M., Wijnen, H. A., Bergink, V., & Pouwer, F. (2011). Development of the Tilburg pregnancy distress scale: the TPDS. *BMC pregnancy and childbirth*, *11*(1), 1-8. https://creativecommons.org/licenses/by/2.0/
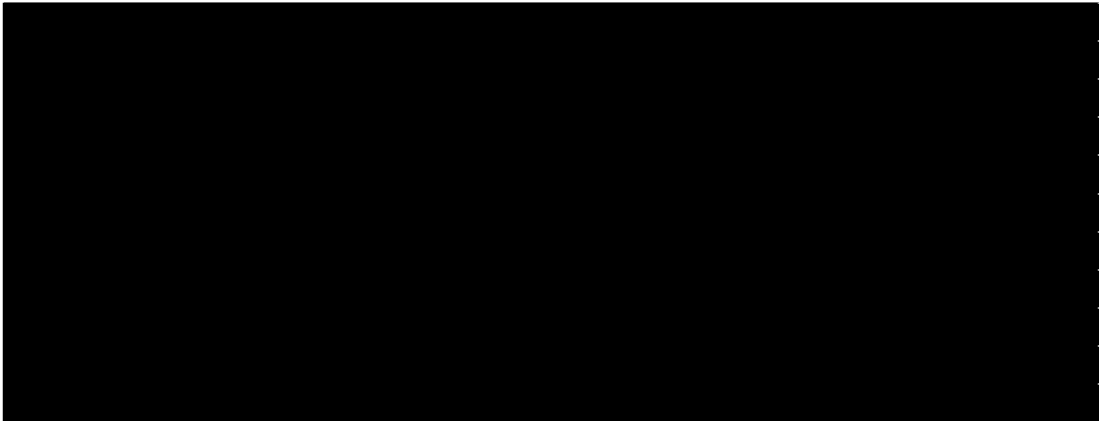
[11]**Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you <u>over the past week.</u>**

There are no right or wrong answers. Do not spend too much time on any statement.

0	1	2	3
Never	**Sometimes**	**Often**	**Almost always**

I found it hard to wind down.	0	1	2	3

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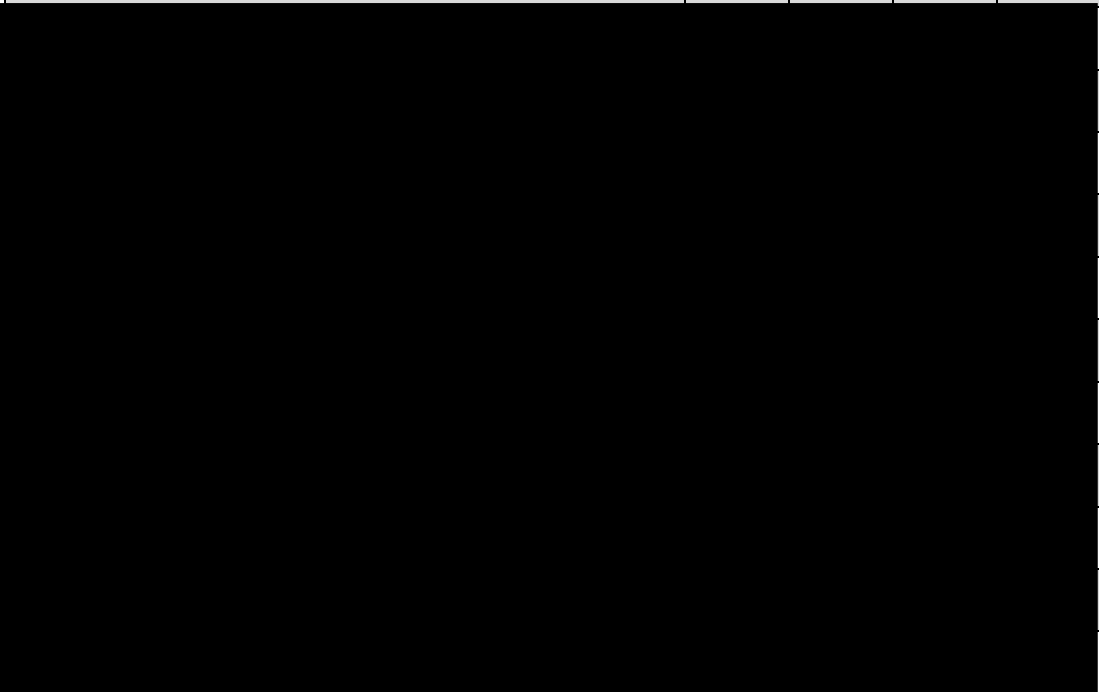
[11] Henry, J. D., & Crawford, J. R. (2005). The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *British journal of clinical psychology*, *44*(2), 227-239.

On a scale of one to seven please indicate how much you agree with the following statement:

I feel I have enough knowledge regarding labour and the birthing process as possible

Completely Disagree   **Completely Agree**

1	2	3	4	5	6	7

I feel I have enough knowledge to carry out my role as a parent effectively

Completely Disagree   **Completely Agree**

1	2	3	4	5	6	7

Thank you for taking the time to complete these questionnaires!

The WDEQ was presented separately due to copyright. Due to copyright restrictions the WDEQ is not able to be replicated here.

Would you recommend this programme to other expectant parents?	Yes ☐ No ☐
Please explain your reasons why	
What have been your favourite Elements of the programme?	
What have been your least enjoyable elements of the programme?	
How many sessions of the Programme have you attended?	

On a scale of one to ten, how would you rate the programme overall

(1 = Poor, 10 = Excellent)

1	2	3	4	5	6	7	8	9	10

Appendix T: *Positive Parenting Programme Tick Box Sheets*

College of Human and Health Sciences
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Swansea University
Prifysgol Abertawe

Tick box sheets

Follow up data collection

I would like to be contacted with follow up questionnaires,
one month after completing the PPP via email.

I would like to receive information via email about
participant interviews for the current project. I understand
that this is purely for my information and does not require me to
par-take in an interview.

Please provide your email address:
……………………………………………………………………..

Appendix U: *Positive Parenting Programme, Permission to use WDEQ*

Kerry Dare

From: ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮
Sent: 12 February 2018 17:28
To: K.DARE,▮▮▮▮▮▮▮▮▮▮▮
Subject: permission use W-DEQ A and B
Attachments: Description of the W-DEQ 150510.pdf; W-DEQ A Swedish 10-03-16 pdf.pdf; W-DEQ B Swedish 09-05-26 pdf.pdf; W-DEQ vers A Engl. March 2005 pdf.pdf; W-DEQ vers B Engl. March 2005 pdf.pdf; Wijma et al., 1998 Psychometric aspects of the W-DEQ.pdf

Dear Kerry Dare,
NOTICE: In case of the W-DEQ, proceed from the English version in the attachment, NOT the version from 1998!
Here comes the permission:
"Herewith I offer you permission to use the following questionnaire(s):
W-DEQ vers. A: Wijma Delivery Expectancy-Experience Questionnaire, measuring

Fear of Childbirth before delivery

W-DEQ vers. B: Wijma Delivery Expectancy-Experience Questionnaire, measuring

Fear of Childbirth after delivery

in your project as described in this E-mail letter below.

Appendix V: *Search Terms and BOOLEAN Operators used for the Acceptance and Commitment Therapy Psychoeducation Programme Scoping Review*

*ACT **OR** Acceptance and Commitment Therapy **OR** Acceptance and Commitment Therapy based **OR** Acceptance and Commitment Therapy-based **OR** acceptance-based **OR** acceptance based **OR** acceptance based therapy **OR** acceptance-based therapy **AND** college students **OR** university students **OR** uni students **OR** HE students **OR** Higher Education students **OR** undergraduates **OR** undergraduate students **OR** postgraduates **OR** postgraduate students **AND** mental health **OR** mental illness **OR** mental wellbeing **OR** mental well-being **OR** mental well being **OR** stress **OR** anxiety **OR** depression **OR** wellbeing **OR** well-being **OR** well Being **OR** psychological Distress **OR** mood disorders **OR** suicidal Ideation **OR** suicidal*

Appendix W: *Acceptance and Commitment Therapy Scoping Review, Description of Interventions Included*

Study ID	Author & year	Intervention: Delivered by	Intervention: Format	Intervention details	Student relevant materials
1	Brown et al. (2011)	Graduate students and an assistant	• 1 x 2-hour session • Approx. 3 students per group	An Acceptance Based Behavioural Therapy (ABBT)[12] programme aimed at emphasising psychological acceptance of distressing feelings and thoughts. A range of modes were used to deliver the programme including experiential exercises, homework, metaphors, and handouts. Exercises and metaphors centred on topics including controlling your thoughts/how hard it is to control your thoughts. The programme was based on three components of willingness which included acceptance, defusion and awareness. Willingness was introduced to participants as an alternative strategy to controlling thoughts. The programme was based primarily on ACT but did include some techniques from Mindfulness Based Stress Reduction (MBSR). Psychoeducation and behavioural components were integrated within ACT components of the programme to tackle test anxiety. Exercises included meditation and classic ACT exercises including passengers on the bus[13]	Bespoke metaphors and exercises about tests/exam scenarios were used which focused on anxiety. For example, they tailored a 'creative hopelessness' exercise to encourage participants to control anxious thoughts and feelings that related specifically to test anxiety. They incorporated an 'and/but' exercise that was personalised for test anxiety for example, 'I want to study but I feel anxious' was changed to 'I want to study, and I feel anxious'.
2	Canby, Cameron, Calhoun, and Buchanan (2014)	Teachers with experience of delivering mindfulness meditation to a student population, and in a workshop setting	• 6 x 2-hour sessions • 20 students per group	A brief mindfulness intervention, utilising a range of modes to deliver content such as discussions, group activities, lectures, and meditation. Participants were asked to complete 5 x 30-minute meditations per week at home. Participants were also encouraged to complete informal mindfulness exercises and other activities such as worksheets. Programme content was roughly based on Mindfulness Based Stress Reduction (MBSR). Topics included mindfulness, acceptance, sitting meditation practice, being in the present moment when facing stress, mindful yoga, dealing with difficult emotions and dealing with interpersonal relationships. Didactic and/or group activities were typically covered in the first half of each session, followed by the bespoke meditation techniques for content covered that week.	Not known/not stated

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[12] For a description of ABBT see Roemer, L., & Orsillo, S. M. (2020). *Acceptance-Based Behavioral Therapy: Treating Anxiety and Related Challenges*. United Kingdom: Guilford Publications.

[13] See Hayes, S. C., Pistorello, J., & Levin, M. E. (2012). Acceptance and commitment therapy as a unified model of behavior change. *The Counseling Psychologist*, *40*(7), 976-1002.

Appendix W: *Acceptance and Commitment Therapy Scoping Review, Description of Interventions Included (continued)*

Study ID	Author & year	Intervention: Delivered by	Intervention: Format	Intervention details	Student relevant materials
3	Danitz and Orsillo (2014)	Trained Doctoral students	• 1 x 90-minute workshop • 2-8 students per group	Acceptance Based Behavioural Therapy (ABBT) focused on student stressors and coping strategies. A focus on issues related to control and avoidance coping/strategies, with acceptance, values and mindfulness introduced as adaptive and alternative strategies (e.g., may increase awareness and reduce suffering). Metaphors and mindfulness exercises were integrated into the programme.	Information about first year student stressors and coping strategies. They got students to partake in values articulation exercises about their academic achievements and what type of students they wanted to be (adapted from Orsillo & Roemer, 2011). They provided a tailored text message advice post intervention, that would encourage participants to engage in mindfulness and values practice during the semester.
4	Danitz, Suvak and, Orsillo (2016)	Doctoral students	• 1 x 75-minute workshop	See Study ID 3	See study ID 3

Appendix W: *Acceptance and Commitment Therapy Scoping Review, Description of Interventions Included (continued)*

Study ID	Author & year	Intervention: Delivered by	Intervention: Format	Intervention details	Student relevant materials
5	Eustis et al. (2016)	The research team/academics	• 1 x 90-minute session	Acceptance and Behavioural Based Therapy (ABBT), that targeted 3 core elements which included changing individuals' relationships with their internal experiences, increasing acceptance/decreasing avoidance and increasing values-based actions. The programme consisted of 3 core components which were mindfulness, psychoeducation, and valued action. Within the psychoeducation component, topics included stress/anxiety including the physical and psychological aspects of both, how a person experiences them and how they cope with this. This component highlighted how anxiety is a natural human emotion/response and that is can be adaptive and discussed how thoughts can impact feelings/behaviour (and how experiential avoidance/controlling internal experiences can increase distress). How anxiety can lead to behavioural avoidance. The mindfulness component included informal and formal practices and how mindfulness can be used to increase awareness/acceptance of internalised thoughts/experiences. Participants were also provided with links to online exercises. Within the values component, these were discussed as different but related to goals, and participants were provided with a definition of valued action. Values clarification writing exercises was given to students e.g., students picked one area of their lives and set a valued action to achieve over the next week. Internal and external barriers to engaging with that action were discussed. Mindfulness and values were talked about, in relation to being in the present moment and acting on valued actions amid the stressors as a busy college student.	This intervention contained a lot of tailored content for students, that were relevant/appropriate for the diverse student population. For example, their students often take a full course and work (either full or part time) & have child-care/family responsibilities. When discussing the ABBT skills, facilitators highlighted ways in which students could use them, relevant to their individual context.

Appendix W: *Acceptance and Commitment Therapy Scoping Review, Description of Interventions Included (continued)*

Study ID	Author & year	Intervention: Delivered by	Intervention: Format	Intervention details	Student relevant materials
6	Gregoire, Lachance, Bouffard and, Dionne (2018)	Two Doctoral Psychology Students	• 4 x 2.5-hour workshop • 8-15 students per group	Workshop 1 focused around committed action and values, and students were enabled to think about and clarify important things for them from various domains in their life and how to translate these values into goals and tangible actions. Students were encouraged to start to implement changes to start working towards their values. Workshop 2 focused on acceptance and cognitive defusion processes, and students were encouraged to explore difficult emotions/thoughts and how they interact with these (e.g., avoid or control these). They were asked to think about the longevity of these avoidance type strategies and encouraged to replace them with acceptance strategies. Metaphors and experiential exercises were used to aide in cognitive defusion of maladaptive thoughts. Workshop 3 focused on meditation and mindfulness and cultivating these practices to create a sense of self and learn to accept change. Workshop 4 focused on synthesizing past learning and transferring these into their day-to-day lives. The workshops included several ACT exercises and behaviour strategies. Participants were given exercises to do both in the workshops and at home and were given handouts, additional reading and links to online meditation among other things.	Experiential exercises and metaphors were made relevant to students. For example, metaphors in cognitive defusion exercises included examples about not be able to complete their degrees.
7	Toghiani, Ghasemi and Samouei (2019)	Clinical psychologist	• 5 x 2-hour sessions • Larger group session (n=31)	Acceptance and Commitment Therapy (ACT) based group therapy, utilising several teaching modes such as discussions, group work, role play, assignments, homework. Topics included: understanding control over personal events and thoughts; accepting painful personal events (without trying to control these) through examples/assignments; avoiding painful experiences and further, understanding consequences of avoidance; teaching acceptance techniques/steps; explaining values and differences to goals and needs; concentrating on breathing, eating and commitment training	Not know/Not stated

Appendix X: *Acceptance and Commitment Therapy Psychoeducation Programme Ethical Permission*

RE: Ethics application

SS   To ████████████
      Cc ████████████

Dear Kerry,
Thank you for your amendments to your ethics application. I can now give approval for the study to go ahead.
Kind Regards

████████████████████

Appendix Y: *Acceptance and Commitment Therapy Psychoeducation Programme Interview Information sheet*

A Realist Evaluation of the Health and Well-Being Academy: REDACTED

Programme Presenter/designer information sheets

[REDACTED] is an Acceptance and Commitment Therapy based intervention that aims to teach people about stress and issues caused by emotions such as pain and worry. The course uses messages such as 'give yourself a break' to offer a more conventional approach to dealing with emotional issues. Designed by Clinical Psychologist, [REDACTED] the four 2-hour sessions teach people techniques that can be used to help accept things beyond our control by committing to the things we really care about, to reduce emotional difficulties, pain and suffering. The course takes form as a lecture and is supported by power points, homework's style activities and hand-outs.

This is the first time [REDACTED] has been delivered specifically for Higher Education (HE) students in Wales. In order to determine if [REDACTED] offers appropriate support for HE students, Kerry Dare, a PhD student at Swansea University, is evaluating the programme. The effectiveness will be determined through analysis of student's responses on a variety of psychological measures collected before and after [REDACTED] and by conducting interviews with a range of stakeholders.

You are being asked to take part in an interview as the Programme Presenter/Designer [REDACTED] *(as appropriate)*.

What is being asked of you

To take part in an interview lasting no longer than between 30-60 minutes. The interview aims to gain some insight into:

- Your experience of presenting the programme.
- Your experience of Designing the programme *(as appropriate)*

Ethical rights

Please note that participation in data collection is voluntary and no penalty will be faced if you wish not to take part. Pseudonyms for transcription and publication purpose and cannot be traced back to you in any way. You can withdraw from data collection at any point without reason for at any point up until publication of data, emailing the key researcher (address provided below).

Potential Risks in Participation

While the researcher does not foresee any physical risks to participants, the research topic there is potential for some chance of psychological risk, such as sadness or becoming upset. While this is unlikely to happen, those taking part will be provided with information about mental health resources that are easily accessible and free of charge. The interviews will include questions about mental well-being. Please note that the interviews do not intend to assess your mental health or well-being and the information obtained will not be reviewed by a clinical psychologist. If you are worried about your mental well-being please contact your GP or the student health services. Details for the student and staff health services can be found via the University website and are also provided to you in this information sheet and the debrief sheet you will receive after your interview.

What next?

Please take some time to read this information sheet to consider if you would like to take part in an interview. If you have any questions please feel free to ask the key researcher. To take part in an interview, please contact the researcher to express interest on the below email address.

Researcher email address: [REDACTED]

Useful numbers and resources

Swansea University well-being services:

Email address: [REDACTED]

Telephone number: [REDACTED]

Website: [REDACTED]

The NHS Direct:
Telephone number: [REDACTED]

Website: [REDACTED]

The Samaritans:
Telephone number: [REDACTED]

Website: [REDACTED]

A Realist Evaluation of the Health and Well-Being Academy:
[REDACTED]

Programme user information sheets

[REDACTED] is an Acceptance and Commitment Therapy based intervention that aims to teach people about stress and issues caused by emotions such as pain and worry. The course uses messages such as 'give yourself a break' to offer a more conventional approach to dealing with emotional issues. The four 2 hour session teach people techniques that can be used to help accept things beyond our control and committing to the things we really care about with the aim to reduce emotional difficulties, pain and suffering The course takes form as a lecture and is supported by power points, homework's style activities and hand-outs.

This is the first time [REDACTED] has been delivered specifically for use in Higher Education (HE). Kerry Dare, a PhD student at Swansea University, is considering the effectiveness of [REDACTED] as an intervention to enhance and support Health and Well-being of HE students and staff. The effectiveness will be determined through analysis of responses on a variety of psychological measures collected during the [REDACTED] course and by interviewing those involved in implementing, delivering and receiving the sessions

You are being asked to take part in an interview as an [REDACTED] Service User.

What is being asked of you

To take part in an interview lasting no longer than between 30-60 minutes. The interview aims to gain some insight into:

- Your experience of attending the course.

Ethical rights

Please note that participation in data collection is voluntary and no penalty will be faced if you wish not to take part. Pseudonyms for transcription and publication purpose and cannot be traced back to you in any way. You can withdraw from data collection at any point without reason for at any point up until publication of data, emailing the key researcher (address provided below).

Potential Risks in Participation

While the researcher does not foresee any physical risks to participants, the research topic there is potential for some chance of psychological risk, such as sadness or becoming upset. While this is unlikely to happen, those taking part will be provided with information about mental health resources that are easily accessible and free of charge. The interviews will include questions about mental well-being. Please note

that the interviews do not intend to assess your mental health or well-being and the information obtained will not be reviewed by a clinical psychologist. If you are worried about your mental well-being please contact your GP or the student health services. Details for the student and staff health services can be found via the University website and are also provided to you in this information sheet and the debrief sheet you will receive after your interview.

What next?

Please take some time to read this information sheet to consider if you would like to take part in an interview. If you have any questions please feel free to ask the key researcher. To take part in an interview, please contact the researcher to express interest on the below email address.

Researcher email address: [REDACTED]

Useful numbers and resources

Swansea University well-being services:

Email address: [REDACTED]

Telephone number: [REDACTED]

Website: [REDACTED]

The NHS Direct:

Telephone number: [REDACTED]

Website: [REDACTED]

The Samaritans:

Telephone number: [REDACTED]

Website: [REDACTED]

Appendix Z: *Acceptance and Commitment Therapy Psychoeducation Programme Interview Consent Forms*

[REDACTED]

College of Human and Health Sciences
Coleg y Gwyddorau Dynol ac Iechyd

Swansea University
Prifysgol Abertawe

Presenter Interview consent forms

Health and
Wellbeing Services

Participant Number:

1) I confirm that I have read and fully understand the interview information sheet provided to me for this study and have had the chance to ask any questions I may have had.

2) I understand that participation in this study is voluntary and that I am free to withdraw from the study at any point up until the write up/ publication of data without giving reason, by contacting Kerry Dare on the email address below.

3) I give consent for my data to be used anonymously for Academic research purposes including journal publication, presentation at academic conferences and in the write of the key researcher's PhD thesis.

4) I give my consent for the interview to be audio recorded.

5) I give my consent for anonymised quotes to be published

If you have consented to taking part in the study, please complete the boxes below. This will allow us to identify your anonymous transcript, should you wish to withdraw.

First and last name initials:

Last 3 digits of telephone number:

If you have any questions or wish to withdraw for the study please contact Kerry Dare on the below email address: [REDACTED]

Thank you!

Appendix A2: *Acceptance and Commitment Therapy Psychoeducation Programme Interview Debrief Sheet*

Thank you for taking part in the interview data collection today.

If you have any queries about this study please do not hesitate to contact Kerry on the email address provided below. Please recall that all data collection is anonymous; thus, if you would like your data to be removed from the study you will need to provide us with your pseudonym that you created when you consented to take part in this study.

Researcher email address: [REDACTED]

Useful numbers and resources

Swansea University well-being services:

Email address: [REDACTED]

Telephone number: [REDACTED]

Website: [REDACTED]

If you feel that you urgently need help, please adivse the key researcher or contact

The NHS Direct:

Telephone number: [REDACTED]

Website: [REDACTED]

The Samaritans:

Telephone number: [REDACTED]

Website: [REDACTED]

OR your GP.

Appendix B2: *Acceptance and Commitment Therapy Psychoeducation Programme Interview Schedules*

<p style="text-align: center; color: red;">Service Presenters</p>

Introductions – To get the participant talking

1) Can you tell me a little bit about your role at Swansea, and your involvement with the HWA?
2) Can you tell me a little bit about how you first heard of [REDACTED] and became involved in the programme?

Exploring context

1) Can you tell me a little bit about the state of well-being among students at your university?
2) Can you tell me a little bit about well-being services currently on offer at the university?
3) Can you tell me about the barriers and facilitators to using these services?
4) In your opinion what is wrong/right about the current services?
5) In your opinion why do you think something like [REDACTED] is appropriate for this population?
6) Can you tell me about the values at Swansea University, relating to health and well-being and how these fit in with [REDACTED]?
7) Can you tell me a little about who is delivering the intervention?
8) Are there any characteristics that may affect delivery?
9) Are they any characteristics that would make you think [REDACTED] was not suitable for an individual?
10) How has [REDACTED] been promoted by Swansea University?

Looking for mechanisms

1) In your opinion what is it about the programme that works?
2) In your experience, are there aspects of the course content that people engage with the most?
3) In your experience, are there aspects of the course content that people engage with the least?
4) Do you think there are external factors that affect the way an individual takes to the content of [REDACTED]? If so, can you identify any of these?
1) Can you identity any barriers or facilitators that may affect a participants engagement with [REDACTED]?
5) How does [REDACTED] differ to other services you offer/how is it the same?

Outcomes

1) What effect do you expect [REDACTED] to have on the students?

2) What results are you expecting to see from data collection?
3) Do you foresee any unintended outcomes?

<p style="text-align:center; color:red;">Programme Architect</p>

<u>Introduction:</u>

1) Before we talk about [REDACTED] specifically, I would like to understand a little more about you as an academic. So, can you give me a little bit of background information about yourself and your areas of interest?
    o Prompt - What sparked your major interest in the development of psychological interventions?

2) Can you tell me how the idea of [REDACTED] first came to you?
    o Prompt - Where you actively looking to design an intervention
    o Probe - Was there a gap in the market for this type of intervention etc.?

3) When you first designing the programme, you did you have an idea in mind about who your intended target population were? Why?
4) For which populations is [REDACTED] currently running?
5) Did you have to adapt the programme at all from initial ideas to accommodate for this?
    o Prompt – what was this based on?
6) Can you tell me a little about the actual process of the programme becoming a fully-fledged programme from just an idea?
7) How long did it take you to fully develop the [REDACTED] programme?
8) Where is the programme currently running and how long has it been running for?
    o Prompt – health boards, universities, populations.

<u>Exploring context</u>

1) In your opinion, are there any traits or characteristics in a person that you believe may make them better suited for a programme such as [REDACTED]?
2) Do you think there are any traits of characteristics that person may exhibit which would [REDACTED] not suitable for them?
3) Do you think that there are any external factors, factors outside the course that can affect the way in which a person engages with the course content?
4) Given what you know about HE and the issues facing it, how can [REDACTED] play a part in bettering these issues?
    o Prompt – What do you make of other approaches?
5) The training for the course is provided by you and consists of two days training. Can you tell me a briefly about the format of the training and why you chose to train the presenters in the way you do?

6) Having facilitated numerous training sessions, would you say there are characteristics or personality traits of a person that make for a better [REDACTED] presenter?
7) [REDACTED] can be presented by anyone - Was there any reasoning behind this choice?
    o Prompt – Do service users prefer less-formal presenters?
8) Can you tell me in your own words why you designed the programme to be delivered in the structure/format it is and why?
9) Can you tell me of any perceived benefits of running the course in this format?
10) Are you away of any issues with running the course in this format?

Looking for mechanisms

1) In your experience, through direct observation or through feedback etc. are there particular aspects or elements of the course content that people tend to engage with the most?
    o Prompt – such as and why

2) On the flipside then are there aspects of the course content that people engage with the least?
    o Prompt - such as and why
3) The course content is centered on mindfulness and ACT based principles and constructs. By providing [REDACTED] users with this information, what do you hope the course will achieve?
    o Prompt – what process will it illicit from the service users
    o Probes – are you hoping to change their levels of flexibility etc.

4) There are many ACT based programmes in the UK and internationally. In your opinion what is it about [REDACTED] that is unique, what differs from other programmes that in your mind makes the course effective?

Outcomes

1) When you designed the programme, what were you hoping to observe with regards to outcomes for service users?
2) In general, have these outcomes been observed so far?
3) From when you designed the programme, have there been any unexpected outcomes observed, that perhaps you did not expect?
4) Where do you see the programme in 5 years' time?
5) Outcomes are not only important for service users but for everyone involved with a programme. So, I would like to ask whether you personally have gained anything from designing the course, that maybe you were not expecting?
    o Prompt – Has it changed the way you think about life?
    o Probe – do you use the techniques included in the programme?

Introduction

1) Can you tell me a little bit about yourself? What are you studying at university?
2) Why have you come to study at Swansea University in particular?
3) What did you do before coming to university?

Exploring Context/Looking for Mechanisms - University

1) How have you found your time at Swansea at University so far?
2) The transition from college or sixth form to University can bring about a lot of emotions, can you tell me about some of the feelings you have felt?
3) What would you say are the biggest issues faced by students during this time/transition?
4) Have you experienced any emotions such as pressure, anxiety, stress, or sadness whilst at University?
   o Prompt - Why have you felt this way?
   o Probe - What were the stressors for this?

5) How did you cope with these emotions?
   o Prompt - friends/family
   o Probe - University resources

6) Are you aware of student well-being services at the university?
7) Have you ever used these/would you ever use these?
   o Prompt - Why?

8) What would you look for/expect from a student service?
9) What are your overall thoughts about student well-being services?

Exploring Context/Looking for Mechanisms/Outcomes - [REDACTED]

1) Can you tell me how you heard about [REDACTED] running at the university?
2) Had you ever heard about the course or similar courses before attending?
3) Can you briefly describe the running of one of the sessions for me please?
4) What did you like if anything about the session?
   o Prompt - Why?
5) What didn't you like if anything about the session?
   o Prompt - Why?
6) What are your views on how the programme was delivered?
   o Prompt - Presented characteristics

- o Probe - lecture style
7) Would you change anything about the session?
  - o Prompt - who delivered it, how it was delivered?
8) What did you think about the content of the session?
  - o Prompt - was it easy to follow, was there anything you did not understand?
9) Why did you attend the course? What were your personal motivations?
10) What were the main messages you took away from the course?
11) Did it change the way you think? About mental health/life/coping etc?
12) Prompt - If so how/why?
13) Do you feel any different after taking the course?
  - o Prompt - If so, please explain how?
14) Do you think [REDACTED] is an appropriate intervention/programme for student use?
  - o Prompt - How/why?
  - o Prompt - How would you compare the appropriateness of [REDACTED] for students compared to say a psychological therapy? – If discussed

Appendix C2: *Acceptance and Commitment Therapy Psychoeducation Programme, Permission to use Pilot Data*

From:
Sent: 05 December 2018 12:49
To:
Cc: Dare K.A.
Subject: Re: Data Sharing

Kerry,
I've checked with R&D & info governance. They are content for us to share anonymised data (eg in a spreadsheet)

If Kerry wants to get in touch with me I can check the exact details of what she needs and get this shared in a suitable format.

Thanks,

Appendix D2: *Acceptance and Commitment Therapy Psychoeducation Programme,
Quantitative Data Collection Information Sheet*

Health and Wellbeing Services	[REDACTED] **Participant Information Sheet** **Questionnaire data collection**	College of Human and Health Sciences Coleg y Gwyddorau Dynol ac Iechyd Swansea University Prifysgol Abertawe

[REDACTED] is an Acceptance and Commitment Therapy based intervention that aims to teach people about stress and issues caused by emotions such as pain and worry. The course uses messages such as 'give yourself a break' to offer a more conventional approach to dealing with emotional issues. The four 2-hour sessions teach people techniques that can be used to help accept things beyond our control and commit to the things we really care about with the aim to reduce emotional difficulties, pain and suffering. The course takes form as a lecture and is supported by power points, homework style activities and hand-outs.

This is the first time [REDACTED] has been delivered specifically for Higher Education (HE) students. As part of routine data collection you will be asked to complete some questionnaires in session 1 and 4 of [REDACTED]. In addition to this, Kerry Dare, a PhD student at Swansea University, is considering the effectiveness of [REDACTED] as an intervention to enhance and support Health and Well-being of HE students. This will be determined through analysing your responses on a variety of psychological measures, given in the routine questionnaire booklets.

What is being asked of you?
During sessions 1 and 4 of [REDACTED] you will be asked to complete a booklet of questionnaires as routine data collection. The questionnaires will ask for some demographic data, personal well-being and health related constructs. We expect the completion time for the questionnaires to be no more than 20 minutes. By agreeing to take part in Kerry Dare's study you are agreeing to the following on top of routine data collection:

- Consenting for your data to be used anonymously for academic research purposes including journal publication, presentation at academic conferences and in the write up of the key researcher's PhD thesis.

- There will also be the opportunity to opt in to follow up questionnaire data collection and interviews during the last session of [REDACTED] (more information overleaf).

Do I have to take part?
No. Please note that participation is voluntary and your ability to attend the [REDACTED] sessions will not be affected in any way. You are able to complete routine data collection without participating in Kerry Dare's study by opting out on

the tick box sheet provided at the beginning of the questionnaire booklets. The researchers/programme deliverers will not know who has taken part. The information provided will be anonymous, which means it cannot be traced back to you. You can withdraw from data collection without penalty and without reason at any point up until publication of data, by emailing Kerry Dare, the key researcher (address provided below) quoting a study ID (Your initials and last three digits of your telephone number).

Potential Risks in Participation

While the researcher does not foresee any physical risks to participants, there is potential for some chance of emotional risk, such as upset, sadness or feeling uneasy. The questionnaires completed as part of the course have been developed to measure different aspects of well-being. Please note that these measures are used for research purposes only and not to make a diagnosis. This means that responses on these questionnaires will not be reviewed by a clinical psychologist or anyone else to assess your mental health status; if you are worried about your mental and/or well-being please contact your GP or the student health services. Details for the student health services can be found via the University website and will also be provided to you on this information sheet, and in session 4 on a debrief sheet.

What next?

Please take some time to read this information to consider if you would like to take part in data collection. If you DO NOT wish to take part please check the tick box on the front of the questionnaire booklet. If you have any queries about this study please do not hesitate to contact Kerry on the email address provided below. As all data collection is anonymous and cannot be linked back to you if you would like your data to be removed from the study you will need to provide us with your study identifier which is the combination of initials and digits that you created when you consented to take part in this study.

There will also be the option to complete the same questionnaires one month after [REDACTED] *completion via email and/or to take part in an interview about your experience of* [REDACTED]*. Should you wish to take part in this follow up data collection, please provide your email address on the separate sheet that will be provided in session 4 (This is kept separate to ensure your anonymity).*

Kerry Dare - email address: [REDACTED]

<u>Useful numbers and resources</u>

Swansea University well-being services:

Email address: [REDACTED]

Telephone number: [REDACTED]

Website: [REDACTED]

If you feel that you urgently need help, please adivse the key researcher or contact

The NHS Direct:

Telephone number: [REDACTED]

Website: [REDACTED]

The Samaritans:

Telephone number: [REDACTED]

Website: [REDACTED]

OR your GP.

Appendix E2: *Acceptance and Commitment Therapy Psychoeducation Programme, Quantitative Data Collection Debrief Sheet*

College of Human and Health Sciences
Coleg y Gwyddorau Dynol ac Iechyd

Swansea University
Prifysgol Abertawe

<u>Debrief sheet – Questionnaire Data collection</u>

Health and Wellbeing Services

Thank you for taking part in questionnaire data collection. If you have any queries about this study please do not hesitate to contact Kerry Dare on the email address provided below. As all data collection is anonymous and cannot be linked back to you if you would like your data to be removed from the study you will need to provide us with your study identifier which is the combination of initials and digits that you created when you consented to take part in this study.

Kerry Dare's email address: [REDACTED]

<u>Useful numbers and resources</u>

Swansea University well-being services:

Email address: [REDACTED]

Telephone number: [REDACTED]

Website: [REDACTED]

<u>**If you have experienced any health related issues as a result of taking part in this study, please contact**</u>

The NHS Direct:
Telephone number: [REDACTED]

Website: [REDACTED]

The Samaritans:

Telephone number: [REDACTED]

Website: [REDACTED]

OR your GP.

Appendix F2: *Acceptance and Commitment Therapy Psychoeducation Programme,*
Quantitative Data Collection Debrief Sheet
Questionnaire Booklets (Additional questions from session 4 booklets are outlined at the end)

Health and
Wellbeing Services

[REDACTED]

Questionnaire Booklet: Session 1

College of Human and Health Sciences
Coleg y Gwyddorau Dynol ac Iechyd

Swansea University
Prifysgol Abertawe

The data you provide in this booklet will be used as routine data to
evaluate the [REDACTED] service on offer. This data will not be used for other purposes without
your prior consent.

Kerry Dare's study

You should have received an information sheet outlining Kerry Dare's study and what would be
expected from you as a participant, your ethical rights and background information. If you have
received and understood the information given to you and would like to take part in data collection,
please proceed to fill out the questionnaire as normal. If you **would not** like to take part please opt out
of participation by ticking the box below. This means that information provided will be used for routine
data purposes only and will not be used as part of Kerry Dare's study.

I ***WOULD NOT*** like my data to be used as part of Kerry Dare's study

In order for us to pair up your data from the last session of the course but to keep your anonymity,
please fill in the following:

First and last name initials:

Last 3 digits of telephone number:

If you have opted into Kerry Dare's study and have any questions or wish to withdraw for the study
please contact Kerry Dare on the below email address.

[REDACTED]

Thank you!

Please answer the following questions about yourself

GENDER	Male ☐ Female ☐ Not stated ☐
AGE	18-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70+ ☐
ETHNICITY	White-British ☐ White-Other ☐ White & Asian ☐ White & Mixed- Other ☐ White & Black- Caribbean ☐ White & Black- African ☐ Pakistani ☐ Bangladeshi ☐ Indian ☐ Chinese ☐ Asian- Other ☐ Caribbean ☐ African ☐ Black- Othe ☐ Any other not specified (please state) ……………………………………………………………………
Swansea University Status	Undergraduate Student ☐ Masters Student ☐ Postgraduate student ☐ Full Time Staff ☐ Part time staff ☐ Postdoctoral Student ☐
Please indicate which College you in	
Please state the first half of your postcode *(This information will not be passed on)*	

Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole, using the scale below:

Completely Dissatisfied   ***Completely Satisfied***

0	1	2	3	4	5	6	7	8	9	10
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

[14]***Please answer the below by circling or ticking the appropriate number***

***How often you have been bothered by the problems below during the past two weeks, using the following scale: 0** = Not at all   **1** = Several days   **2** = More than ½ the days   **3** = Nearly every day*

1. Little interest or pleasure in doing things	0	1	2	3

1. Feeling nervous, anxious or on edge	0	1	2	3

---

[14] Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of general internal medicine*, *16*(9), 606-613.

AND Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of internal medicine*, *166*(10), 1092-1097

[15]Rate the following statements regarding your general feelings about yourself, using the following scale: 3 = *Strongly agree*   **2** = *Agree*   **1** = *Disagree*   **0** = *Strongly disagree*

| 1. On the whole, I am satisfied with myself	3	2	1	0

[16]State how much you agree with each of the statements below, using the following scale:

0 = *Not at all*   **1** = *A little*   **2** = *Moderately*   **3** = *A lot*   **4** = *Completely*

1. I get easily overwhelmed by my emotions	0	1	2	3	4

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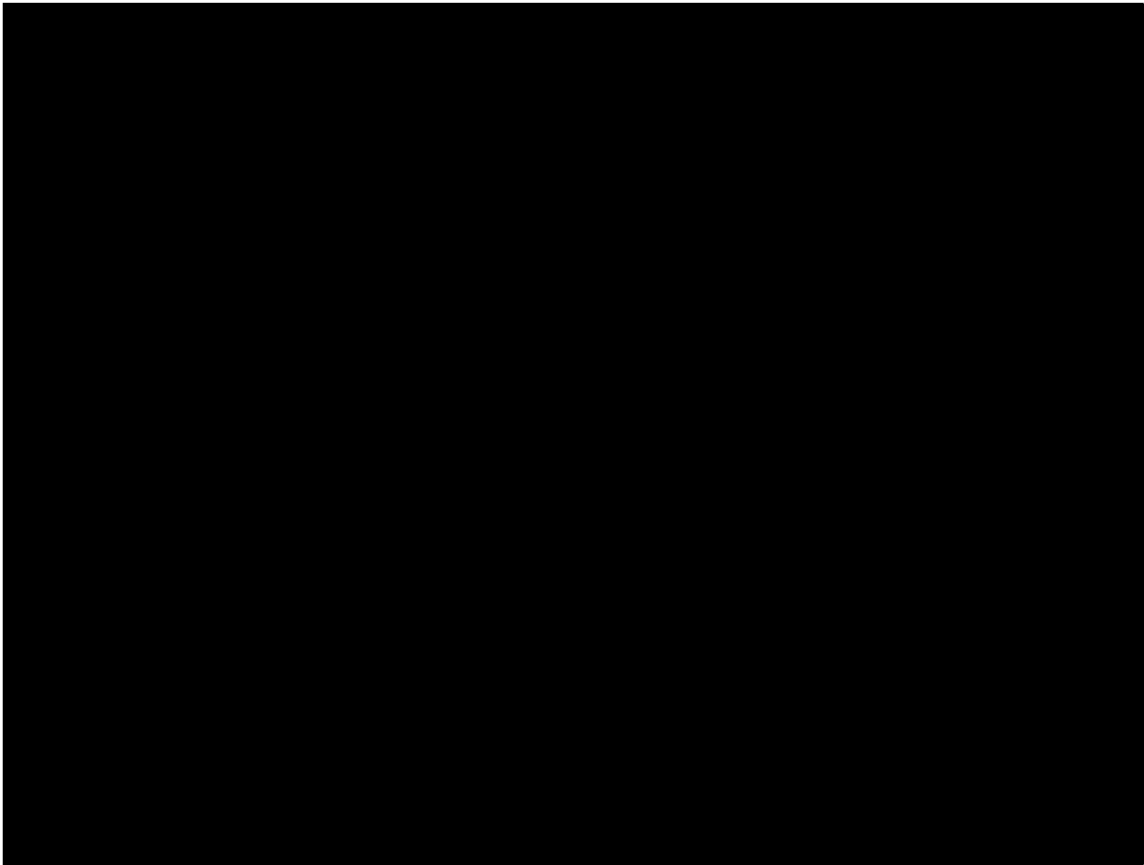
[17]*Rate the truth of each statement below as it applies to you, using the following scale:*

1 = Never True   2 = Very rarely true   3 = Seldom true   4 = Sometimes true

5 = Frequently true

6 = Almost always true   7 = Always true

	1	2	3	4	5	6	7
1. My painful experiences and memories make it difficult for me to live a life that I would value	1	2	3	4	5	6	7

[17] Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire–II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior therapy*, *42*(4), 676-688

[18]Please read each statement and select a number which indicates how much the statement applied to you over the past week.

Scale: 0 = *Did not apply to me at all*   **1** = *Applied to me to some degree or some of the time*

2 = *Applied to me to a considerable degree or for a good part of the time*

3 = *Applied to me very much or most of the time*

1. I found it hard to wind down	0	1	2	3

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Additional questions asked at post-test:

On a scale of one to ten, how would you rate the programme overall

(1 = Poor, 10 = Excellent)

1	2	3	4	5	6	7	8	9	10

If you would like to leave any feedback about the course, please do so here:

Appendix G2: *Acceptance and Commitment Therapy Psychoeducation Programme Tick Box Sheets*

<u>Follow up data collection</u>

Email Address:

(Please tick as appropriate)

I would like to receive follow up questionnaires,

one month after completing the [REDACTED] Course.

I would like to receive information via email about

participant interviews for the current project. I understand

that this is purely information and does not require me to

par-take in an interview.

Appendix G2: *Acceptance and Commitment Therapy Psychoeducation Programme Quantitative Data Collection, Permission to use WEMWBS*

FW: Submission ████████ receipt for the submission of /fac/med/research/platform/wemwbs/researchers/register

From: no-reply@warwick.ac.uk [no-reply@warwick.ac.uk]
Sent: 19 September 2017 08:38
To: DARE K. ████████
Subject: Submission (ID: ████████ receipt for the submission of /fac/med/research/platform/wemwbs/researchers/register

Thank you for completing this registration. You now have permission to use WEMWBS in the manner detailed in your submission.

Question: Name:
Answer:
Kerry Dare

Question: Email address:
Answer:
████████

Question: Institution/Organisation
Answer:
Swansea Univeristy

Question: Name:
Answer:
Prof. Jaynie Rance

Question: Email address:
Answer:
████████

Question: Institution/Organisation
Answer:
Swansea University

Question: Type of Study
Answer:
Intervention study (WEMWBS before and after)

Appendix H2: *Pre and post-test mean scores for the whole sample providing data at T1 and T2 for the programme evaluations*

Programme evaluation	Questionnaire	Mean T1 *(n=)*	Mean T2 *(n=)*
PPP	PSOC	66.86 (n=37)	68.96 *(n=25)*
PPP	PSOC Satisfaction subscale	*37.19 (n=37)*	*38.2 (n=25)*
PPP	PSOC Efficacy subscale	*29.68 (n=37)*	*30.76 (n=25)*
PPP	TPDS	*15.79 (n=29)*	*13.15 (n=20)*
PPP	TPDS NA	*12.79 (n=29)*	*10.45 (n=20)*
PPP	TPDS PI	*3 (n=29)*	*2.7 (n=20)*
PPP	DASS-21 Stress	*10.37 (n=38)*	*9.36 (n=25)*
PPP	DASS-21 Anxiety	*5.24 (n=38)*	*6.24 (n=25)*
PPP	DASS-21 Depression	*2.79 (n=38)*	*3.84 (n=25)*
PPP	WDEQ	*57.62 (n=29)*	*51.1(n=20)*
ACT (HWA Run)	PHQ	*10.27 (n= 15)*	*8.25 (n= 8)*
ACT (HWA Run)	GAD	*9.33 (n= 15)*	*6.89 (n= 9)*
ACT (HWA Run)	RSES	*17.93 (n= 15)*	*19.88 (n= 8)*
ACT (HWA Run)	MSES-R	*48.73 (n= 15)*	*54.25 (n= 8)*
ACT (HWA Run)	MSES-R ER	*9.8 (n= 15)*	*12.38 (n= 8)*
ACT (HWA Run)	MSES-R SS	*7.53 (n= 15)*	*7.88 (n= 8)*
ACT (HWA Run)	MSES-R IE	*8.4 (n= 15)*	*9 (n= 8)*
ACT (HWA Run)	MSES-R DT	*7.47 (n= 15)*	*7.50 (n= 8)*
ACT (HWA Run)	MSES-R EQ	*8.87 (n= 15)*	*9.88 (n= 8)*
ACT (HWA Run)	MSES-R TR	*6.67 (n= 15)*	*7.63 (n= 8)*
ACT (HWA Run)	AAQ	*28 (n= 15)*	*25.75 (n=8)*
ACT (HWA Run)	WEMWBS	*43.67 (n=15)*	*48.44 (n= 9)*
ACT (HWA Run)	DASS-21 Stress	*14.20 (n=15)*	*15.56 (n= 9)*
ACT (HWA Run)	DASS-21 Anxiety	*11.13 (n= 15)*	*8.56 (n=9)*
ACT (HWA Run)	DASS-21 Depression	*14.93 (n= 15)*	*11.22 (n= 9)*

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Grégoire, S., Lachance, L., Bouffard, T., & Dionne, F. (2018). The use of acceptance and commitment therapy to promote mental health and school engagement in university students: A multisite randomized controlled trial. *Behavior Therapy*, *49*(3), 360-372.

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