

SPHERE

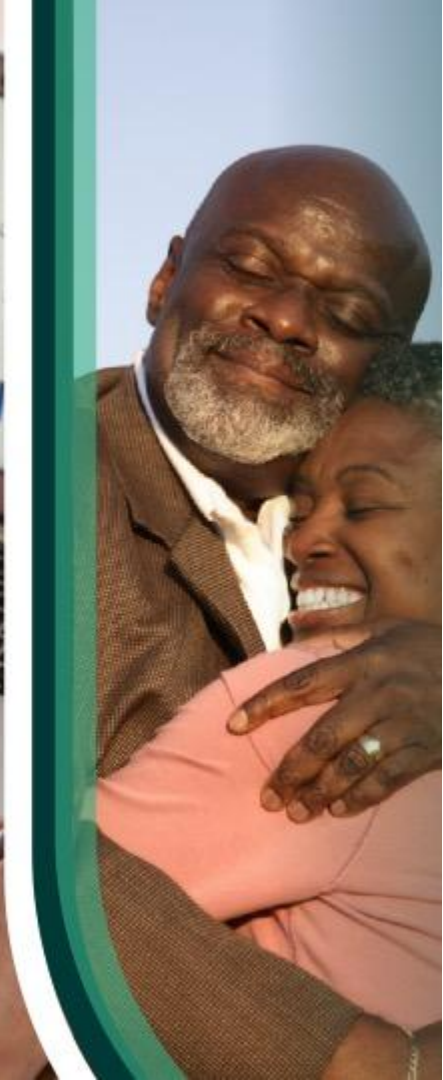
School for Public
Health Environments
Research at Exeter

Understanding What Works: Evaluating Voluntary Sector Action on Health Inequalities

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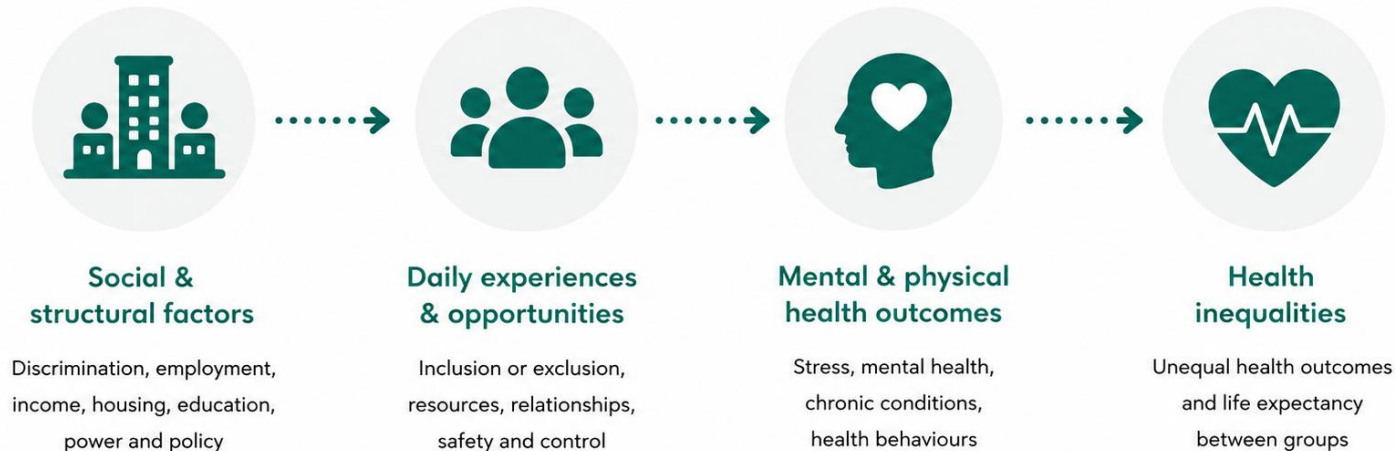


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Health inequalities: why social conditions matter

How social conditions shape health



What is the Voluntary Sector Evaluation Scheme (VoySES)?

An innovative evaluation scheme led by SPHR, in partnership with People's Health Trust supporting communities facing health inequalities

Focus: assessing locally developed voluntary sector initiatives with potential for wider public health impact

Piloting Priority Areas to inform future calls for evaluated voluntary sector initiatives

- Discrimination and Health
- Jobs, Young People and Health



Project 1: Discrimination and health

People's Health Trust's Discrimination and Health funded 6 organisations, which aim to help people challenge their experiences of discrimination and its health harms.

L / M / Y / F

BRISTOL *WOMEN'S* VOICE



mind
OUT
LGBTQ mental health service



Support
Northamptonshire
A community wellbeing charitable social enterprise



ENGLISH
FOR ACTION
Just For Women
SUPPORT FOR ALL
Est 2011

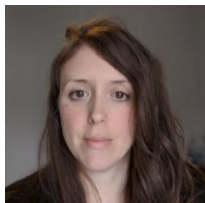


Project overview - Aims of the evaluation

1. Understand diverse experiences of everyday and lifetime discrimination and impacts on health.
2. Create spaces for community-level learning and knowledge exchange.
3. Identify best practices for communities to resist discrimination and mitigate against health harms.



Project overview - The team



Dr Lois Orton



Dr Stephanie
Ejegi-Memeh



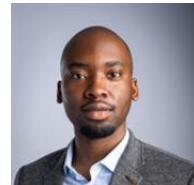
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Sangeeta Kalia



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Armitage



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Dr Yessica Mestre



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Prof Siddhartha Bandyopadhyay



UNIVERSITY OF
BIRMINGHAM



Prof Emma Giles



Academic Advisory Board (wider SPHR
members)

Voices of those with lived experience of
discrimination



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Ways of working

- Financially compensated for participating in the evaluation.
- Close relationships with organisations.
- Led by them e.g. timelines of work, capacity, how they work organisationally, wants and needs of the organisation.
- Add capacity and resources to organisation and communities.



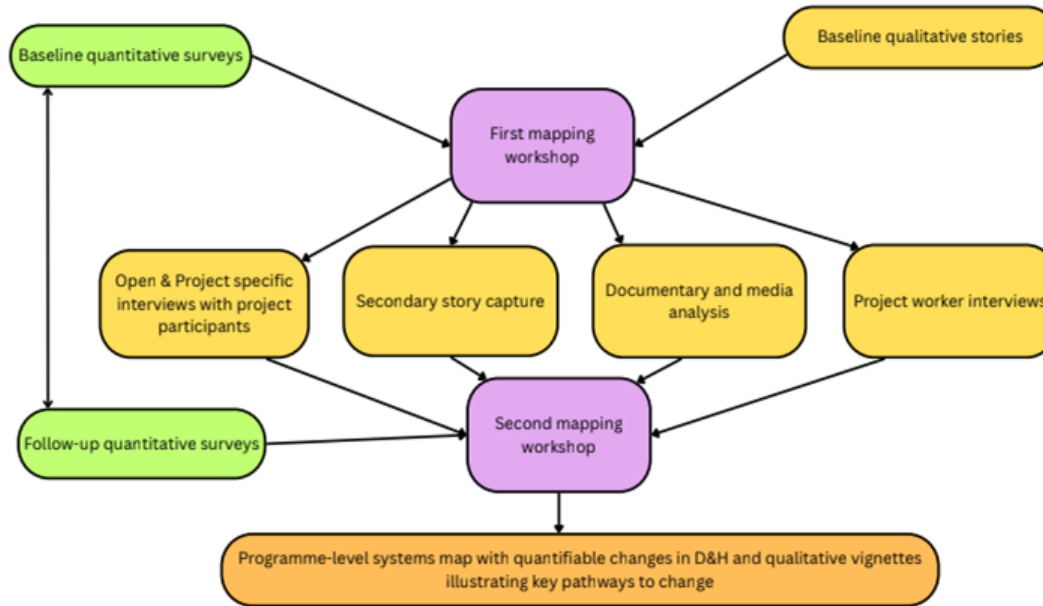
Critical positionings and allyship

- Positionality statement.
- Team positionality reflection session.
- Ongoing reflection for the subtle and unconscious.
- Peer reflections.
- Inside and outside your direct team.
- Creatively.



Evaluation Methods

VoySES Discrimination & Health Evaluation Flowchart



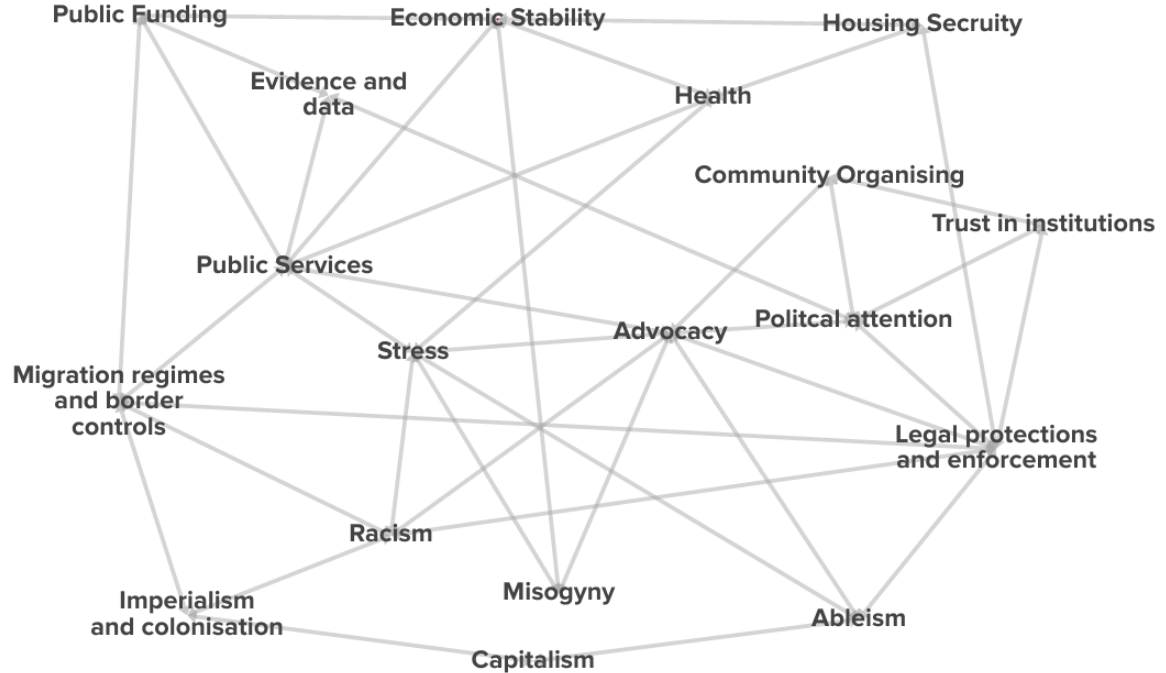
Systems mapping

Approach and outputs

- Theory of change model built from scoping review in previous phase
- Seedmap from Theory of Change and Document analysis
- System mapping working with organisations
- Digital illustrations of the system
- Interdependence map for stakeholders
- **A programme level analysis**

Discrimination and Health VoySES Interdependence Map

Connecting multiple factors related to the voluntary and community sector's ability to challenge experiences of discrimination and its health harms



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From understanding inequalities to creating opportunities

A continuum from the root causes of inequality to better health



Structural disadvantage

Unequal power and resources, discrimination, poverty, and limited access to opportunities



Community experiences

Everyday experiences of inclusion or exclusion, safety, belonging and support



Opportunities for participation

Access to education, employment, income, and meaningful participation



Health and wellbeing

Better mental and physical health, wellbeing and life chances



Project 1:

Discrimination and Health

Understanding how discrimination and exclusion affect health



Project 2:

Good Work for Young People's Mental Health

Improving access to good work to support mental health and wellbeing

Project 2: Good work for young people's mental health

The People's Health Trust funded 3 organisations supporting young people's mental health to offer Individual Placement Support (IPS) to help young people (age 16-24) find and maintain good quality employment.

- Evidence-based.
- Rapid job search
- Focus on competitive employment
- Attention to client preferences
- Ongoing support once employed.



Research questions and focus

1. How is IPS implemented across the three sites?
2. How acceptable is IPS to young people, as well as those delivering and commissioning the support, and to employers?
3. What are young people's experiences of receiving IPS?
4. What are the impacts on the employment and mental health outcomes for young people?
5. What factors support or hinder successful delivery of IPS in this context?

Equity focus: Can and how does IPS achieve equitable entry to the workforce, including equitable entry to good quality work and working conditions?

Aim: To co-produce policy recommendations for improving opportunities and outcomes for young people facing mental health challenges.



Progress and Timeline

March-Oct 2025

Jan-March 2026

April-Oct 2026

Nov 2026-Mar 2027

Project Management

Professional Advisory Group, Young Person's Advisory Group

Data Collection & Analysis

Monthly meetings with organisation staff.

- Baseline conversations with implementing organisations.
- Ethics approval.

- Interviews (implementing organisations).
- Quantitative data collection (employment & mental health).

- Interviews (young people & employers).
- Interviews/focus groups with organisation staff.
- Follow-up quant measures.

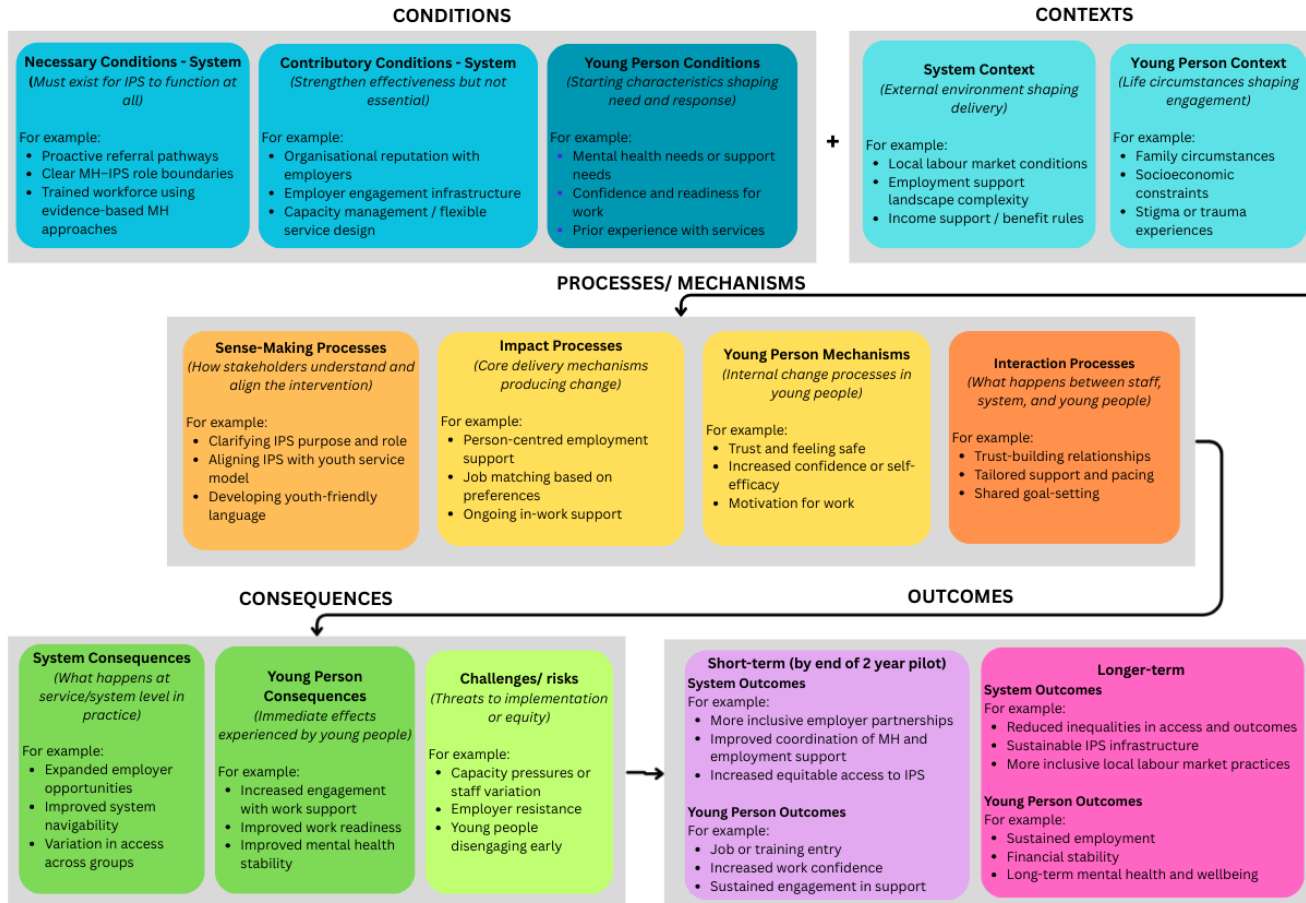
- Analysis and triangulation of data.
- Co-production of policy recommendations.

Theory-building

Iterative development and refinement of the programme Logic Model.

Good Work for Young People's Mental Health: Logic Model

OBJECTIVE: Young people (16-24) with mild to moderate mental health problems who are not in employment, education or training are offered person-centred support to find work and improve their health through Individual Placement Support (IPS).



Good Work for Young People's Mental Health: Core Equity Levers

STRUCTURAL LEVEL (System design - before interaction)

Structural/ Organisational Conditions

(Design-level equity levers – built into the service)

- Proactive and universal referral pathways
- Capacity management to prevent ageing out
- Clear MH-IPS role boundaries
- Training and support for employer engagement
- Organisational reputation enabling employer trust
- Use of validated MH approaches & multiple modalities

Contextual Moderators

(External environment shaping baseline inequality – not controlled by the service)

- Trust and relationship continuity norms in youth settings
- Navigability of employment support landscape
- Structural constraints (income support rules)
- Local labour market conditions

RELATIONAL LEVEL (Delivery - what happens in practice)

Interaction & Delivery Equity Levers

(Core equity drivers)

- Proactive engagement processes
- Youth-friendly communication
- Trust-building relationships
- Relational continuity
- Pacing flexibility for high-needs YP
- Shared goal-setting
- Responsiveness to YP feedback
- Boundary negotiation in daily practice
- Inclusive employer engagement practices

PARTICIPANT LEVEL (Young person experience & response)

Differential Consequences

(What happens to different groups in practice)

- Degree of system navigability achieved
- Quality & inclusiveness of employer responses
- Differential engagement and retention patterns
- Variation in work-readiness improvements across groups

Equity Outcomes

(Final distribution of benefit)

- Distribution of job/training outcomes for high-barrier YP
- Sustainment rates among disadvantaged YP
- Financial stability gains for most deprived YP
- MH improvements for higher-need groups
- Employer inclusivity benefiting most excluded YP
- System changes reducing disparities in access and engagement

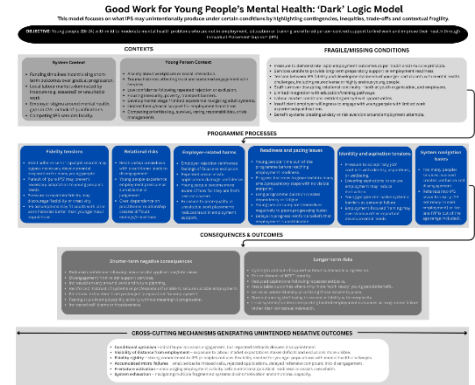
Looking beyond intended outcomes: developing a 'dark' logic model

Why a dark logic model?

- Explores unintended consequences
- Identifies implementation tensions and trade-offs
- Helps understand when IPS may not work as intended

Emerging cross-cutting themes

- **Conditional optimism** – high expectations may increase engagement but can also create pressure and disappointment
- **Fidelity versus flexibility** – strict adherence to IPS principles may reduce responsiveness to needs
- **Premature action** – moving too quickly towards employment may undermine confidence and sustained engagement



What do these projects tell us about reducing health inequalities?

- **Health is shaped by social and structural conditions**

Discrimination, exclusion and access to good work all influence health and wellbeing.

- **Interventions operate within complex systems**

Outcomes depend on context, relationships, implementation and local conditions.

- **Understanding both benefits and risks matters**

To reduce inequalities, we need to understand what works, for whom, under what circumstances, and with what consequences.

- **Public health action extends beyond healthcare**

Improving health requires action on the wider determinants of health.



Questions?

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