

CALMHS (Community, Advice, Links and Mental Health Support) Service - Evaluation Report

1. Background

The existing contract for the Mental Health Support and Advice Service, currently known as CALMHS (Community, Advice, Links and Mental Health Support) is coming to an end in March 2024. The opportunity has been taken to review the current contracting arrangements with a view to delivering a more inclusive and consistent approach across Gloucestershire, ensuring the voices of individuals receiving support are heard. An evaluation of the current service has been undertaken to inform proposals for a new service model.

The CALMHS (Community Advice, Links and Mental Health Support) service enables Individuals with serious mental illness and common mental health conditions to live inclusively within their local communities. This is delivered through non-medical interventions and provides one element of the recovery pathway within Gloucestershire. It provides short-medium term interventions which minimise/reduce the need for more intensive health and social care interventions.

Individuals access the CALMHS service in order to:

- Improve their mental wellbeing and personal recovery
- Increase their social inclusion
- Increase the control that they have over their own support
- Promote their independence

The CALMHS service seeks to do this through:

- 1-1 support through a Bridge Builder
- Wellbeing Activities (provided in group settings)
- Peer Support
- The provision of Safe Spaces

The service in its current format has been contracted since April 2019 and the current contract is due to come to an end in March 2024. An evaluation of the current service has been necessary to understand what is working well, and what might need to change in order to best meet the needs of individuals moving forwards. The evaluation and its recommendations will inform future service provision and the new service contract and Service Specification which is being recommissioned in 2023/24 in readiness for a new contract to be in place for April 2024.

2. Evaluation methodology

The evaluation of the CALMHS service, delivered by Independence Trust, has been informed by data from a variety of sources. Data has been supplied by the Provider across

the contract length. This has been collected as part of quarterly monitoring reporting and is inclusive of data from March 2019-Dec 2023. In addition to this data, an evaluation was co-designed with people who have recently been users of the CALMHS service. People who use the CALMHS service are known by the Service Provider as 'Clients' and so shall be referred to as Clients throughout this report. To enable this co-design an evaluation steering group was established and was formed of 4 Clients who had used, or were still receiving support from the service, 1 Bridge Builder who was formally a Peer Supporter and 2 Commissioners. This steering group co-designed the approach to engagement with Clients in order to evaluate the CALMHS service. This engagement was then undertaken by Commissioners with support of the CALMHS staff and members of the steering group. The steering group decided on a range of methods to understand the experiences of Clients who used the CALMHS service.

Data was collected through:

- Contract monitoring data
- 1 Client Survey
- 5 in-depth interviews with Clients
- Visits to 10 CALMHS groups across the county
- 1 Bridge Builder Staff Survey
- 2 Bridge Builder Staff drop in sessions with Commissioners

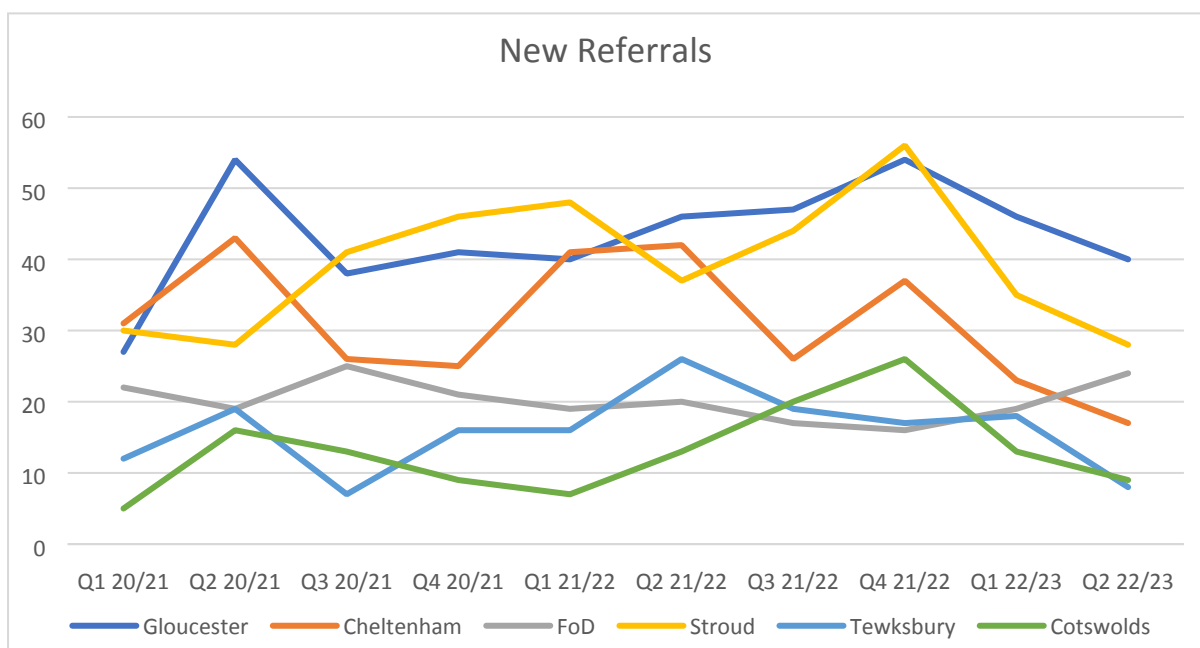
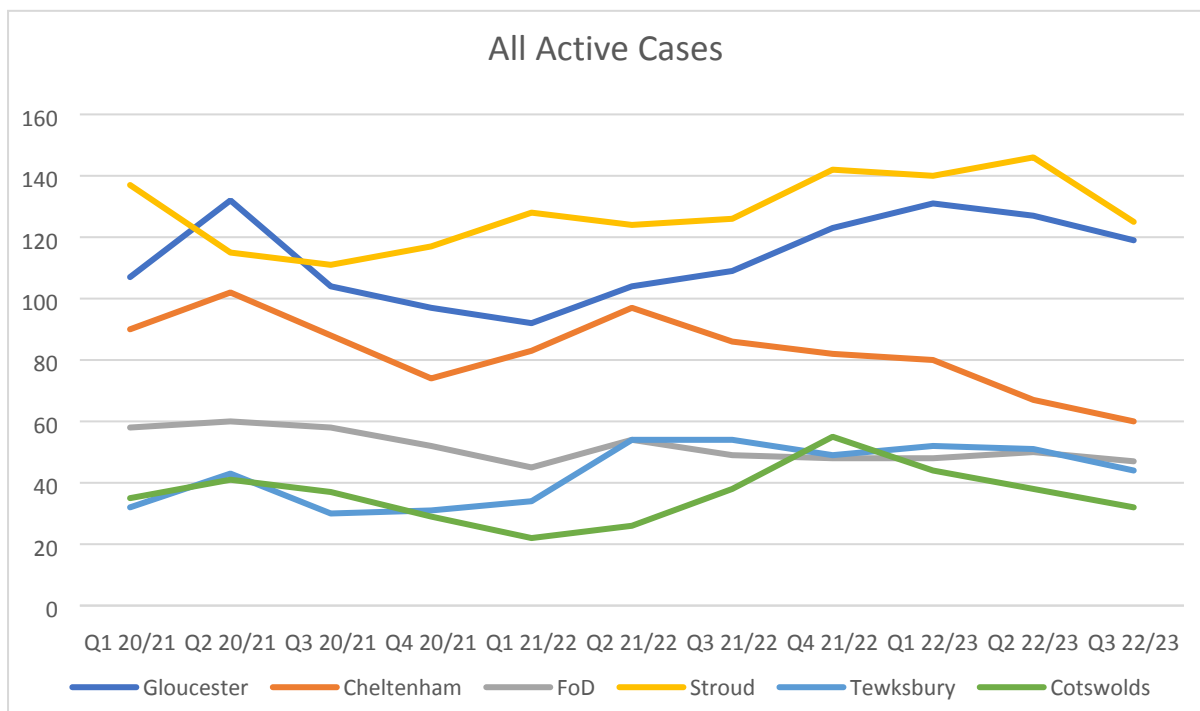
3. Contract monitoring data

Contract monitoring data includes statistical data such as referral data, demographics of individuals accessing the service, exiting reasons and time in service. It has been used in order to understand the use of the service and any patterns which would inform how the service has been used up until this point.

In comparing areas of the service delivery against reported contract monitoring data there was a gap in understanding how the provider had been delivering on certain elements of current Service Specification. This informed the survey structure and highlighted the importance of understanding more about the Peer Support, Wellbeing Activities and Safe Spaces elements of the service.

The following statistics are collated from contract monitoring data from the period of April 2019- Dec 2023 and are representative only of those who are receiving 1-1 support from a Bridge Builder and does not include individuals who are accessing the CALMHS groups.

3.1 Active cases and referral data



A comparison against new referral and active cases shows that there is a considerably higher number than expected in Stroud against respective population size in other areas of the county. This could be for several reasons,

- There are more services available in Gloucester and Cheltenham as bigger cities/towns.
- The service is more centralised/easier to access in Stroud.
- The service is better known and more visible in Stroud.

- There is a difference in offer in Stroud which is more attractive/more responsive to need (which could include delivering outside their contract remit).
- The historic day centre service model had larger number of individuals accessing in Stroud and Cheltenham. This historic model within the community could have continued to absorb demand in these areas.

There is a decline in active cases and new referrals which directly correlates with known staff shortages from Q4 21/22 (Jan- March 2022).

We don't have an understanding of the number of individuals that have returned to the service as they are counted as a new referral, and not categorised separately.

3.2 Case closures

Below are the recorded case closure reasons:

- 48.6% - Complete progress made
- 18.9% - Disengaged prematurely (before progress could be made)
- 15.6% - Did not attend 2 appointments
- 14.4% - Did not want to access the service (decided at assessment)
- 7.1% - Disengaged before progress could be made
- 1.1% - Moved away
- 0.6% - Admitted to Wotton Lawn for a prolonged period
- 0.4% - Died
- 0.4% - Inappropriate referral (decided at assessment)

We don't have any further data as to specific reasons into why individual disengaged, did not want the service at assessment or did not attend 2 appointments. There could be a number of reasons for this including,

- A change in personal circumstance such as starting work or hospitalisation.
- No longer able to access to service due to competing priorities such as caring responsibilities.
- A change in mental health, either worsening or improving.
- Expectations of the service were different to service received such as misunderstanding how the service is able to support them so an inappropriate referral in the first instance.

More detail on some of these areas would have been useful to understand how areas of the service might be able to respond to some of these issues.

Although not reported on, we know some of the counted individuals have died by suicide, understanding that the service responds to those who are in crisis and those who at a risk of suicide and/or admittance into acute mental health wards is important.

3.3 Key demographics

3.3.1 Age

Over 40% of people accessing the CALMHS service are aged between 30 and 49 with the next biggest percentage being those aged between 50 and 59.

It shows a gap in access and subsequently in support and provision to individuals under 30.

3.3.2 Gender

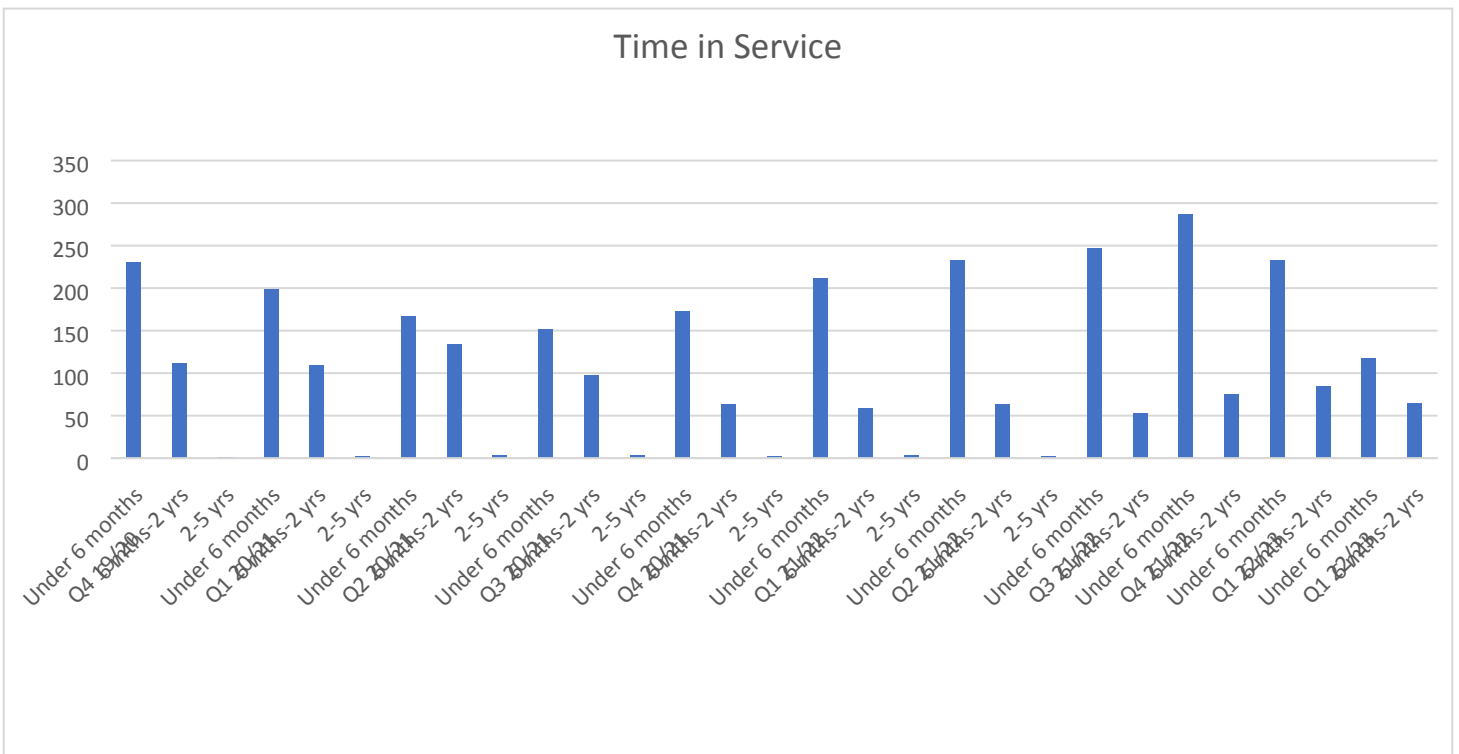
The data shows just over half of the people accessing the service were female but proportionally a higher representation of males against the population of Gloucestershire.

3.3.3 Ethnicity

Just under 59.3% of people accessing the service considered themselves White British and 34.5% of individuals recorded no ethnicity.

A high percentage of those who had no ethnicity recorded were referred to the service but did not continue past assessment stage into 1-1 support. This means we are unable to analyse data to explore if there is a high representation of a specific ethnicity who did not go beyond assessment stage. We are also not able to understand if the ethnicity of people supported is representative of the ethnicity across Gloucestershire.

3.4 Time in service

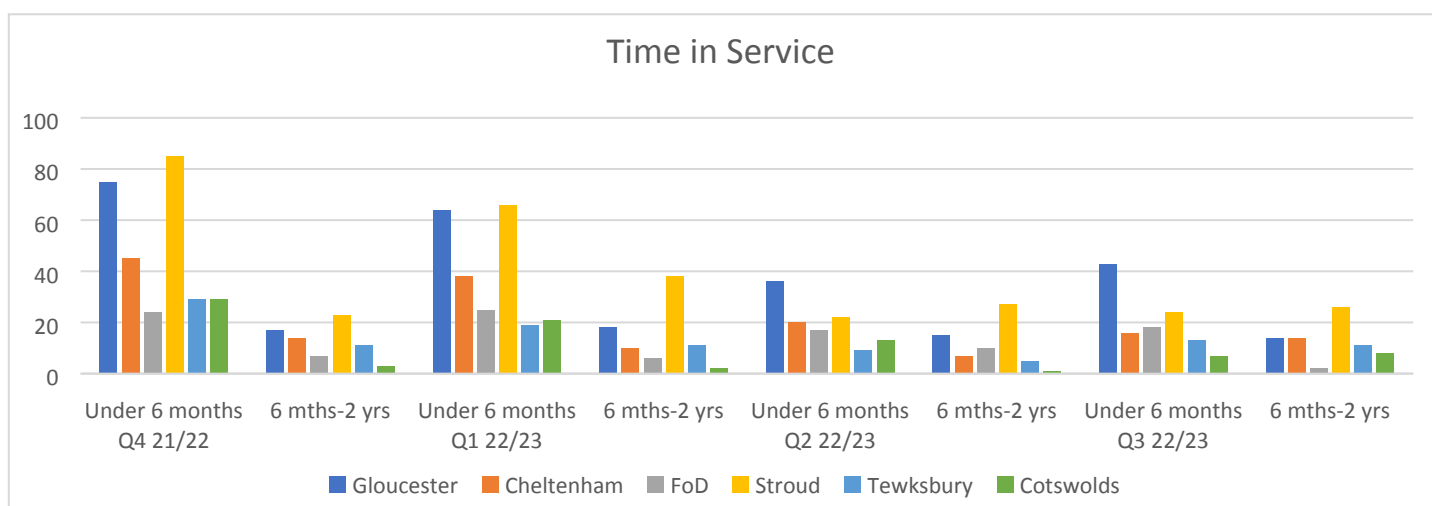


This shows Clients time in service for 1-1 support and shows a decrease in those receiving 1-1 support for 6 months – 2 years from Dec 2020 (Q3 20/21). There were no individuals receiving support beyond 2 years after Sept 2021 (Q3 21/22).

This could be because either the need for people to be supported beyond 6 months decreased or the service wasn't able to continue supporting people for beyond 6 months.

During this time there was an increase in referrals in some areas, so an increase in demand, this doesn't show the same increase in active cases, which seems to suggest the service was at capacity. An increase in referrals would have subsequently meant an increase in wait time which could have then impacted how quickly people were moved through the service in order to manage capacity and demand.

This similarly shows the decrease in client numbers from Q1 22/23 (April-July 2022) in correlation with known staff shortages as referenced previously.



This is a snap shot of a year period between Jan 22- Dec 22 looking at the time in service broken down by each district. It shows that there are higher numbers of Clients who access longer term support in the Stroud area. There is an assumption that there is no difference in prevalence of need of individuals which is specific to the Stroud area and therefore suggests a difference in the approach to support in this area.

4. Client survey respondents

4.1 Client Survey Respondents – Key demographics

62 individuals responded to the survey in total. As discussed earlier in the report the current Client data recorded by for the CALMHS service only accounts for those who are actively receiving 1-1 support from a Bridge Builder. Whilst this was a known unknown in terms of reporting, the extent to the number being supported in the groups was not fully recognised until the survey and evaluation were underway. It is estimated that 160 people access the groups. This number does include some individuals who are currently receiving 1-1 support

but upon visiting the groups it became clear that the vast majority of those accessing the groups currently are not actively receiving 1-1 support from the CALMHS service.

The below shows the breakdown of demographics of those who responded to the survey. As this is inclusive of those who are receiving 1-1 support and those who are accessing the groups, it cannot be directly correlated against contract monitoring data in terms of how representative the respondents are of those currently accessing the service. However, it illustrates if those who responded are the typical of those the CALMHS service supports on a 1-1 basis.

4.1.1 Ethnicity

The recorded ethnicities of the individuals who took part in the survey are:

- 88% are White- English, Welsh, Scottish, Northern Irish, or British.
- 9% are White -Irish, Asian or British Asian- Indian, Irish Traveller or Multiple ethnic groups- White and Asian.
- 3% would Prefer not to say

This is comparative against the ethnicities which are counted as receiving 1-1 support through the CALMHS service.

4.1.2 Age

Below shows the recorded ages of the individuals who took part in the survey:

- 9% are 18-35
- 18% are 36-45
- 29% are 46-55
- 26% are 56-65
- 10% are 65+

This is comparative against the total age ranges which are counted as receiving 1-1 support through the CALMHS service.

4.1.3 Time people in service

Below shows the time in service of those who took part in the survey

- 7% under 1 month
- 12% from 3-6 months
- 9% from 7-9 months
- 51% 10+ months

This is not comparative against contract monitoring data. With the addition of data from people accessing the groups it has shown that peoples time in service varies greatly compared to accessing 1-1 support only. Those who had identified themselves as being in service for 10+ months, are in direct contrast to contract monitoring data, it is presumed that these respondents are accessing groups only and not in actively in receipt of 1-1 support.

4.1.4 Where the respondents live in Gloucestershire

People were asked where they live in Gloucestershire, or when they received support from the CALMHS service if they have since moved.

- 33% Stroud
- 26% Cheltenham
- 21% Cotswold
- 12% Gloucester
- 8% Forest of Dean

There were no respondents from Tewkesbury.

This is representative of some of the areas against contract monitoring data but shows a clear underrepresentation from both Tewkesbury and Gloucester. There is also a direct correlation between the high number of respondents who had been accessing the CALMHS service for 10+ months and the areas within which the majority of groups are available, suggesting that there were a high number of respondents from the groups which could also account for the disparity in the areas within which respondents live.

5. Client survey results

The survey focussed on 4 main areas in line with the current CALMHS Service Specification. These main areas were:

- Support received
- Signposting, links into the community and groups
- Peer Support
- Safe Spaces

It is worth noting that we had to remove all references to a Bridge Builder in the survey. This was on the recommendation of the steering group as it was raised that the terminology was not recognised by all Clients, where some Clients referred to the person who was providing their 1-1 support as their Key Worker or Support Worker as well as their Bridge Builder.

One of the limitations of the survey is that we didn't get clarity from respondents as to whether or not they were actively receiving 1-1 support. On review of those who responded in detail on the questions relating to 1-1 support, this was around half of respondents. This would seem to support the early interpretation of data that those who had been in service for 10+ months, 51% of respondents were only accessing the groups. It is therefore assumed that around half of respondents were either actively or recently in receipt of 1-1 support.

5.1 Support people received

The most common reason people accessed support from CALMHS is to support with their mental health, with anxiety and depression being the second most common reasons.

20 respondents (36%) answered **mental health** for this question. ...

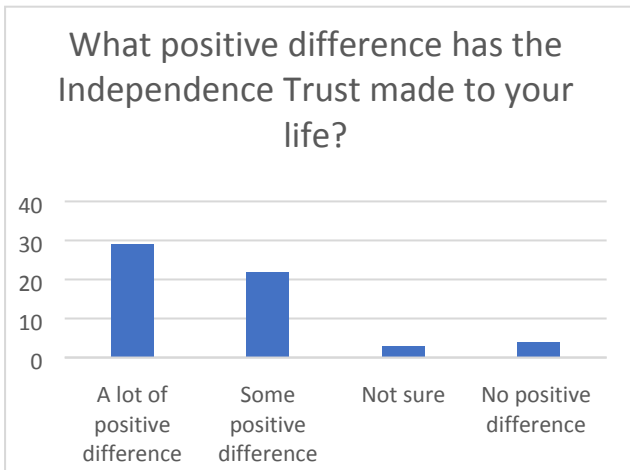


People also said they sought support for or because of:

- Waiting times for other health care
- Lack of support elsewhere
- Moral support, bills, anti-social behaviour from neighbours
- Needed someone who understood my needs
- Home problems
- Need people I can relate to
- Confidence

5.2 The difference the CALMHS service has made

When asked what the difference has been for them there were some clear trends about the impact of the service on peoples lives.



- 66% said they felt supported.
- 52% said they had made new friends.
- 44% said they didn't feel so lonely.
- 44% said they were able to leave their home.
- 44% said they were less anxious.
- 42% said it's rebuilt their confidence.
- 42% said they were less depressed.

“I have experienced a non-judgemental and an acceptance of me. Something I've not known in all the years that I've been ill.”

“Being helped through really difficult times, getting advice about other support, someone actually caring and trying to help me for the first time, likely many other things will improve as it continues past current difficult events.”

“I have felt understood for the first time.”

“I have a better understanding of my condition”

“Having somewhere to go that is safe and non-judgemental, where you can express your feelings that you wouldn’t to other people. Signposting me to other things.”

“I was stuck inside my house due to PTSD. Support from the independence trust has been pivotal, they were patient and non-judgemental”

The type of support that was most important to people were:

- 53% said getting advice
- 52% said getting support from someone who listens
- 52% said being encouraged to try new things
- 39% said going to the groups
- 34% said meeting new people

5.3 How could the support be improved?

One respondent would have found “a more structured intro and info about how this works and the support that can be provided might have been helpful when first assigned to a key worker” beneficial. Especially because of the long wait time and their memory and levels of comprehension.

4 people wanted longer support, or more frequent support from their 1-1 support.

4 people wanted more groups, either regular frequency or in their area, both Gloucester and the Forest were highlighted as areas needing more groups.

4 people mentioned the negative effects of the service being short staffed, with one person saying it left them feeling “demoralised”.

2 respondents said that their experience of 1-1 support was negative due to the lack of understanding of their mental health. This showing there is a clear need for a range of staff training around mental health and awareness to ensure that they are able to respond to a variety of mental health difficulties.

5.4 Signposting, links into the community and groups

73% said they had been linked in with helpful people and services when they needed them all of or some of the time. With 63% of respondents who said that being supported to make links in the community was a very important or somewhat important part of the support they had received.

People had been linked in with a range of a services and links in the community. This ranged from:

- Food banks
- Housing support incl. P3
- GDASS
- Health and social care support
- CALMHS groups
- CASA drop in (Autism support)
- Adult education
- Gloucestershire counselling services
- Gambling anonymous
- GL11
- Citizen’s advice
- Online meditations

“I have learnt where to get help from and supported when in need”

“Helping me to eat healthier in order to lose weight & improve my self-esteem & confidence”

“Got me thinking. I was able to admit I had a habit”

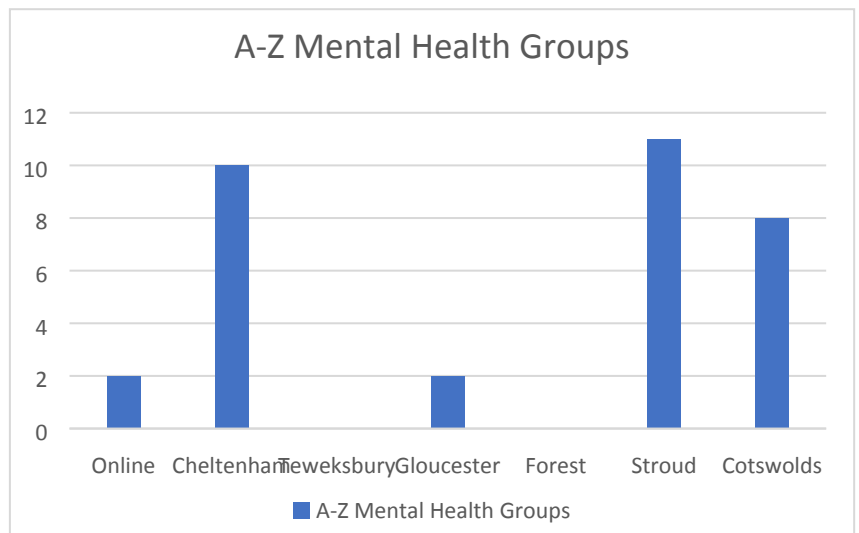
“Gave me food parcel. Helped with my rent, I was unable to pay my rent it was very stressful”

“Enabled me to begin to understand my difficulties and offer supportive advice on how I can manage them”

5.5 A-Z Prospectus of Activities and Groups

5.5.1 Groups available

This data has been taken from a copy of the Jan-April 2023 A-Z. The number of groups included below does not include those groups listed which are clearly identified as being run by external organisations or the Autism specific groups. There are some groups listed where it is unclear if they are led solely by another organisation and if the A-Z is signposting people to that group, or if they are a joint undertaking between the CALMHS service and an external provider such as the groups run by Art Shape.

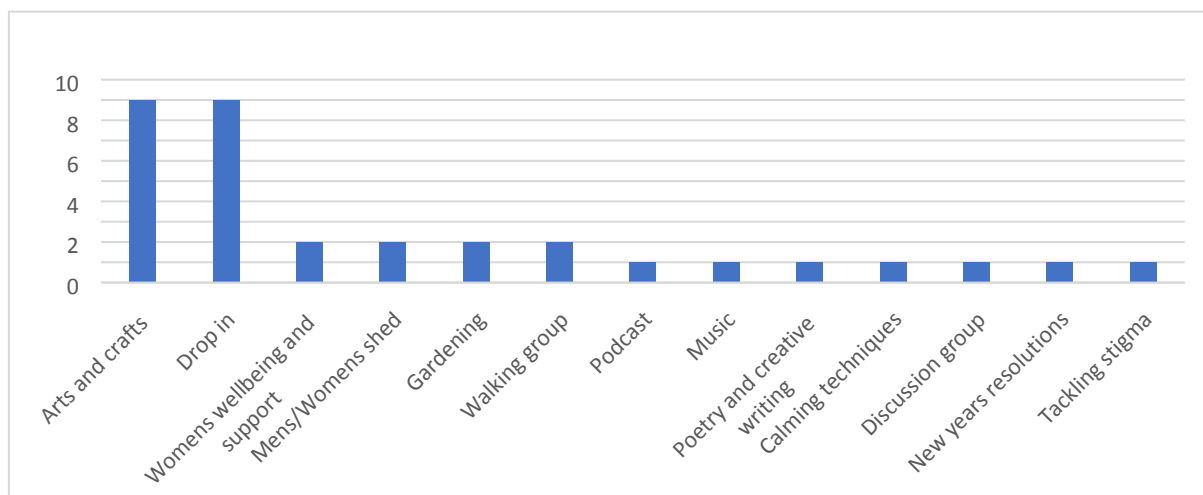


This shows a clear disparity in available groups and shows that there are areas where there is a much stronger group offer. There may be other groups which are available within the

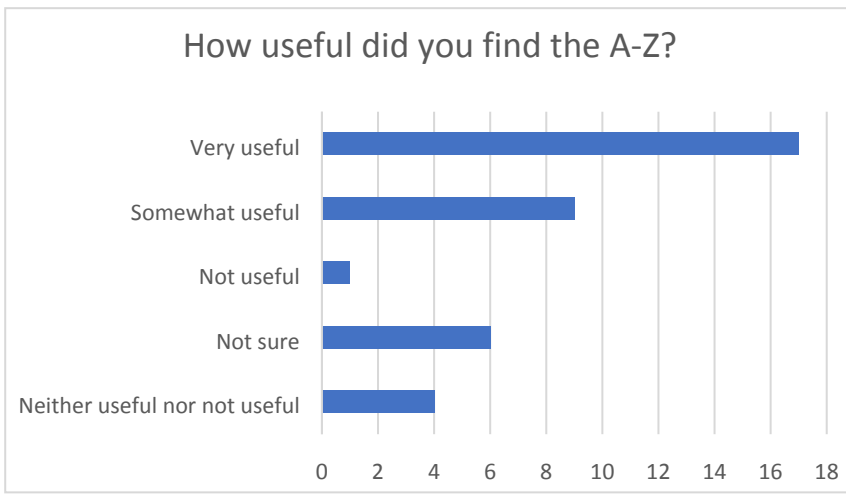
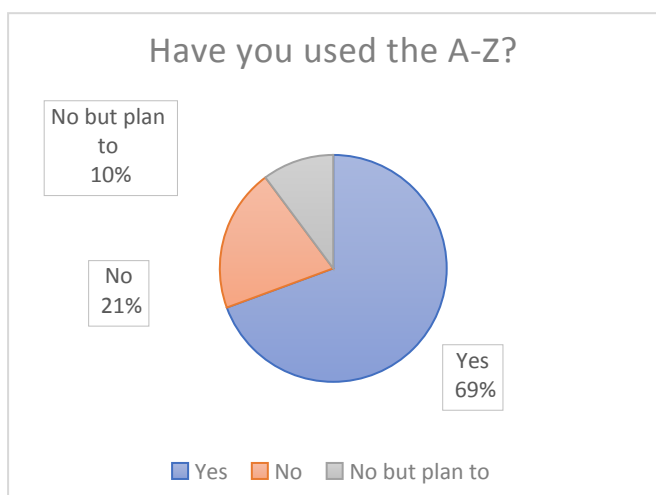
local community that people are signposted to, but they are not included in the main Peer Support and Wellbeing offer from the CALMHS service.

There is a significant gap in groups in both the Forest of Dean and Gloucester. There were some Clients who identified that they would have benefitted from mental health specific groups in these areas, or CALMHS run groups.

The below shows the rough spread of the types of activity on offer. The drop in's shown below include a variety of different groups, the Peer Chat, Welcome Space, Peer Group all of which have characteristics of a drop in and so are categorised as such.



5.5.2 A-Z and experiences of accessing the groups

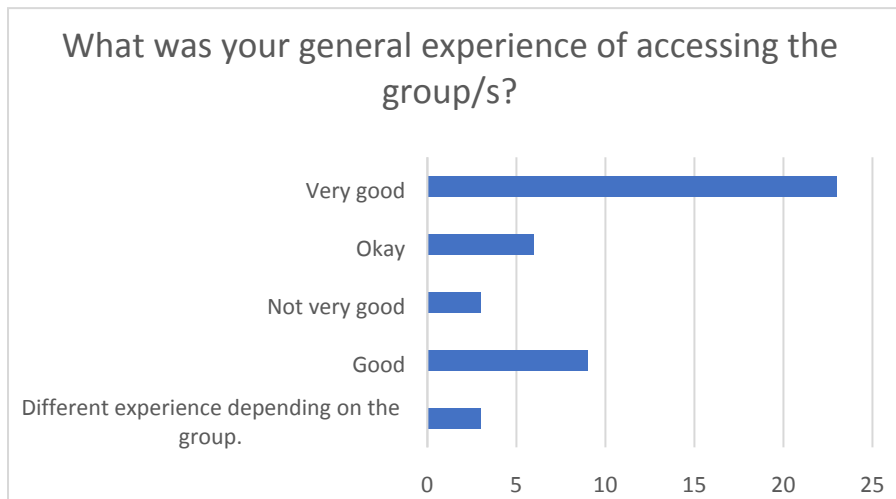


5 respondents (14%) answered **Art group** for this question.



As shown 79% of respondent had used the A-Z and the majority found it useful. Above shows the main groups identified that were visited by respondents. It is expected to see art and craft groups as the main groups identified due to the high level of availability of these within the A-Z.

There was an agreement from some respondents that the A-Z could have been better advertised.



“Informality at the same time as being informative and generally enjoyable.”

“Non-judgmental. Cheap way of trying new hobbies, friendly group to talk to, range of people.”

“The group I go (craft group) has given me my life back. A reason to get up in the morning.”

“Not pressured to do activity to a certain standard. Accepting for

being me, having arrived at a group and not being pressurised. It was okay to be late sometimes or miss a session is unwell or carer commitments.”

“Good tutors with interesting courses. Friendly and supportive. Encouraging. Good company.”

“You can learn new skills, meet new people, also to be supported in the group if you have a problem.”

“Being with other with mental health issues. You can relax and be just as you are, whatever that may be. Whether you’re having a bad day or feel like interacting. Whilst some may think that we are being 'institutionalised' by attending a couple of hours a week, it is no different than those who find regular comfort from going to church, or the WI, or the gym, or any other place people gather on a regular basis with common interests and experiences”

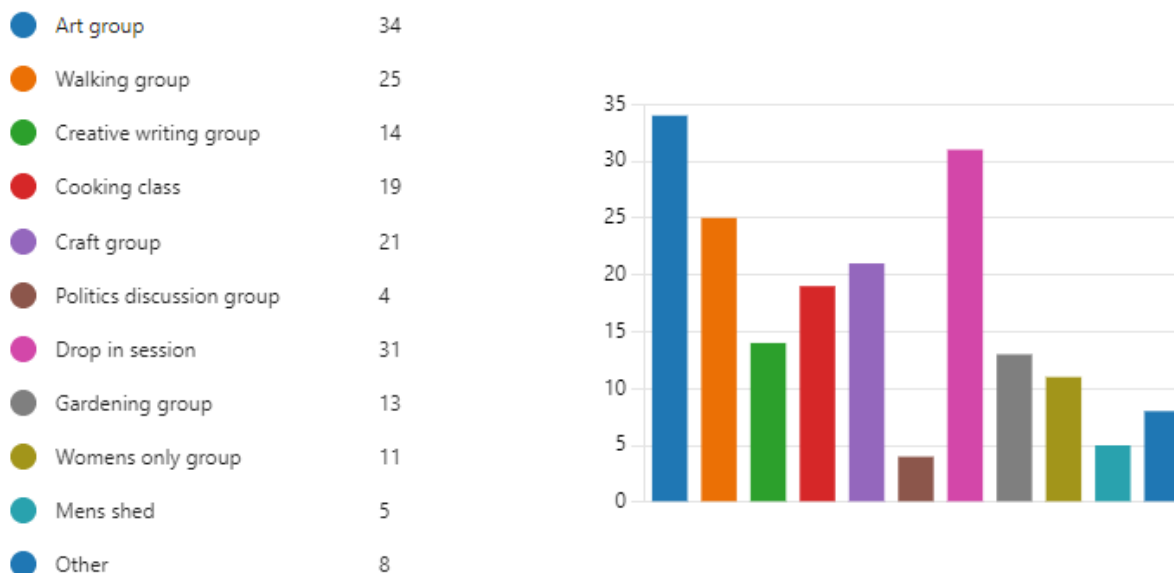
“I am trying to build myself back up and get a better understanding of myself, the groups really help me do this”

“Everyone is in the same boat to understand mental health and how hard it is. Inspire one another. Support one another.”

“Coming to the group has made me able to go and try other groups. It's like going to the gym, no one wants to go but when you go and get used to it it's made me feel better. I feel more self-aware and less self-absorbed.”

5.5.3 Groups people would like the access

Respondent were asked what groups they would like to access that would support them with their mental health and wellbeing.



Additional suggestions were made which included, animal care volunteering, food or drink tasting, nature photography, meditation or mindfulness, yoga, Pilates, pottery, sewing, social evening group, Women’s shed, singing group or perhaps a group which might try a range of different sports to help with exercise.

5.5.4 How could the groups and A-Z be improved?

It has been noted in the discussions with the evaluation steering group members that the A-Z isn’t published widely enough and needs to be publicised on their website. It was also noted with the steering group that the groups aren’t always accurate due to changes in the groups within the timeframe that the A-Z is published. Groups that could be useful to people also weren’t always effectively communicated through the organisation, because they are not ensuring there is active and ongoing use of the A-Z with clients, and they rely solely on people looking at the A-Z each new publication rather than specifically advertising new groups to Clients when they start. Steering group members, and respondents said they would like to have an up to date A-Z advertised on the website.

4 people wanted more groups, either regular frequency or in their area, both Gloucester and the Forest were highlighted as areas needing more groups.

“More materials, more help of volunteering to help the group.”

“Some could be more frequent.”

“Better, quieter locations.”

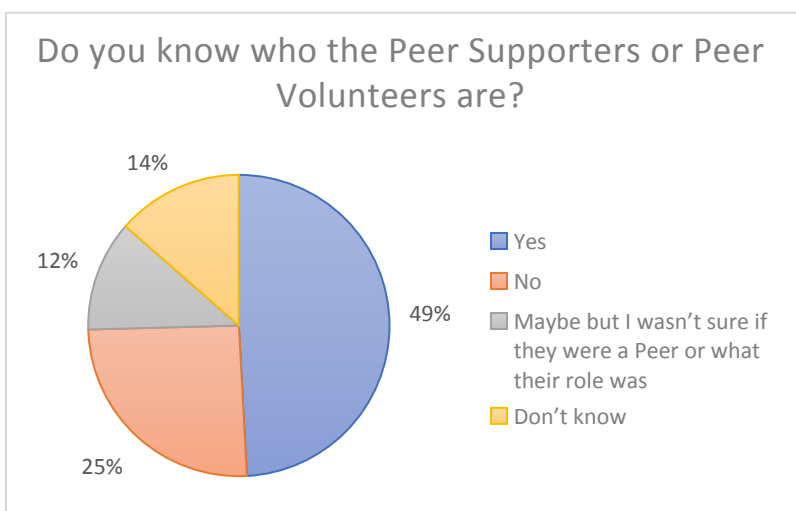
“It’s only on a Tuesday, I would like to be able to go more days.”

“The journey to the venue can be difficult and stressful especially if you are the main carer for an adult with a disability, it would be better is there were more groups in Gloucester area, so I wouldn’t have to travel. There is quiet an age difference in some of the groups.”

“Better knowledge and understanding”

5.6 Peer Support

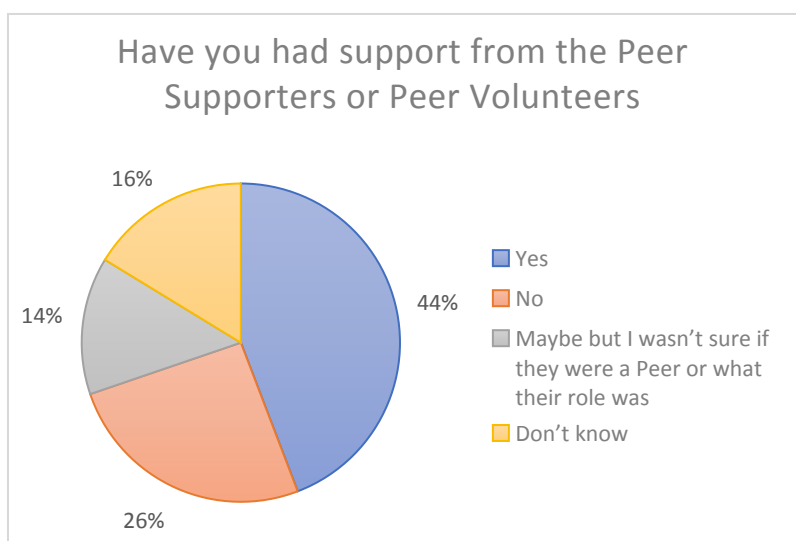
At the time of the evaluation the Peer Support within the CALMHS service was structured with 2 paid Peer Support Workers working predominantly in Cheltenham, Gloucester, Stroud, and the Cotswolds. Their role has been to support Peer Volunteers to run the CALMHS groups.



Of the people who responded to say they had visited the groups we would expect that they would have an understanding of who the Peer Supporters and Peer Volunteers are. Interestingly there were less respondents who said they had received support from peers compared to those who knew who the Peers were. This would suggest that although they run the groups, not every who attends feels as though they are directly supported by the Peers, and the support they

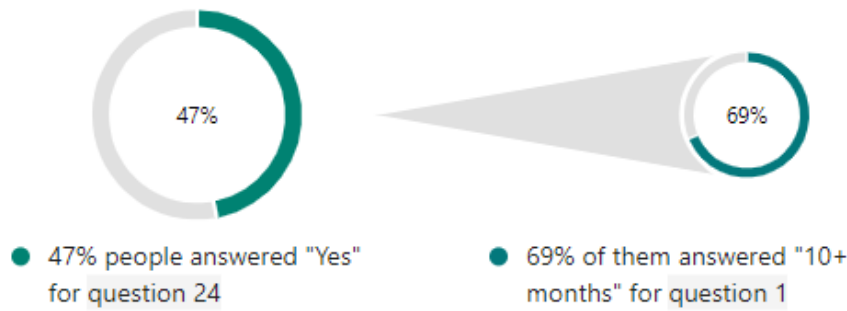
receive from visiting the groups might come from other forms such as, learning new skills, being able to socialise and benefits from doing the activities themselves.

In response to both questions, 26% and 30% respectively answered that they either didn't know, or they weren't sure about the roles of Peer Support or if they had received support from the Peers. This would suggest that there is not clear enough communication within the service as to what the Peer Support offer is and how people might be able to access the support which is offered through it.

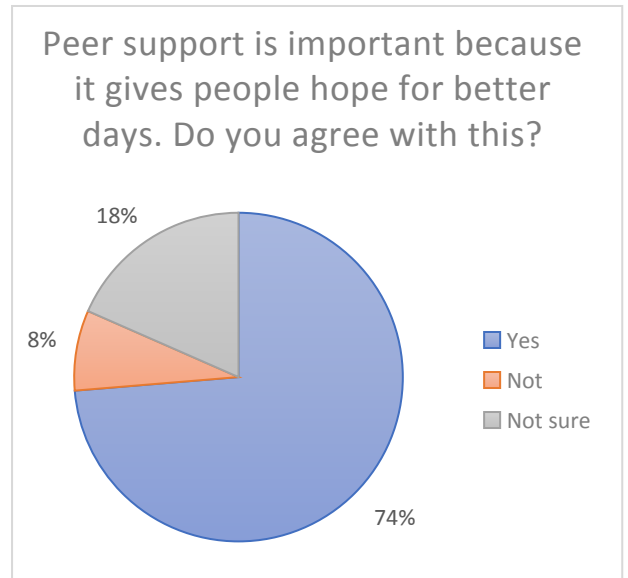
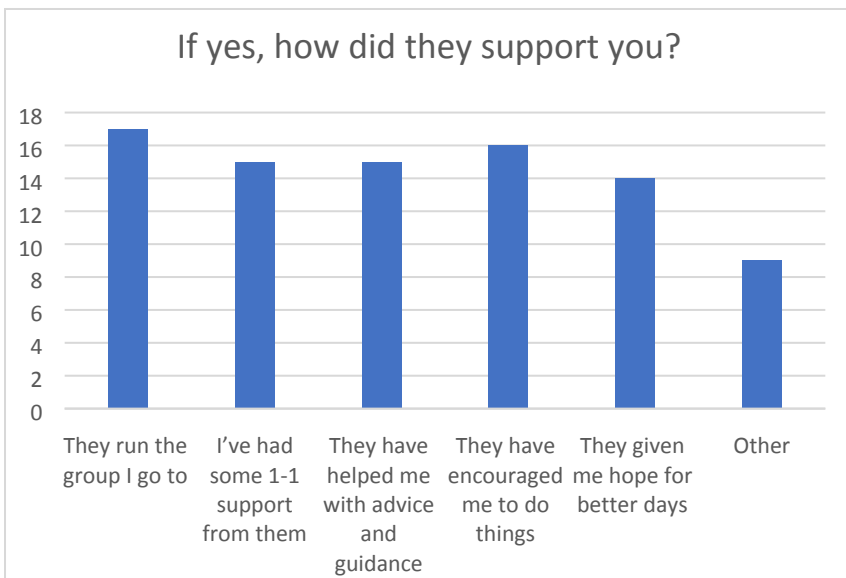


Of the respondents to the question “Do you know who the Peer Supporters or Peer Volunteers are?”,

47% of people answered **Yes** for this question, and the majority answered **"10+ months"** for Question 1.



Interestingly 69% of people who answered yes to this question also have been supported by the CALMHS services for longer than 10+ this would seem to suggest that those who have been long term users of the groups have a better understanding of who the Peer Supporters and Peer Volunteers are.



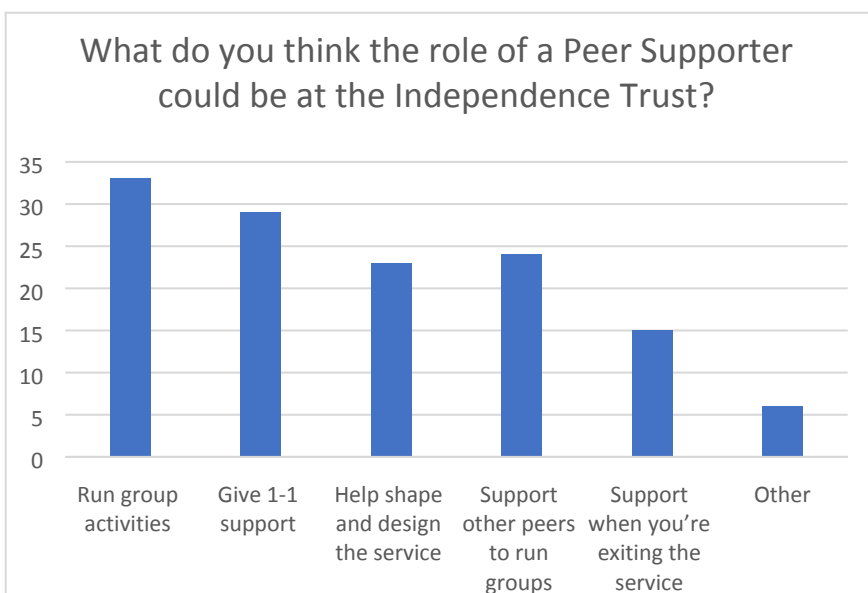
Respondents who answered "Other" to the above question, "how did they support you?" added,

"Brilliant support and guidance from paid support worker they did give me hope for better days and now I am in a good place"

"Coming to the drop in it has given me hope"

"Support from peers in the group"

We asked respondents some further questions about Peer Support to help support the future direction of the service. As above 74% thought Peer Support was important because it gives people hope. Whilst



the current set up of the Peer Support element of the CALMHS service is not designed for the Peers to give 1-1 support or to give advice and guidance as part of their remit, it has clearly been a natural part of their role. And as indicated respondents have identified that there is a range of activities that people think the Peers should be engaging in.

2 people responded to this question saying they couldn't comment because they didn't know what the role of Peers is, this supports the point raised earlier about the need for better communication of the Peer Support element of CALMHS Service.

People who answered other added,

"If we had things on our mind, to get off our chest."

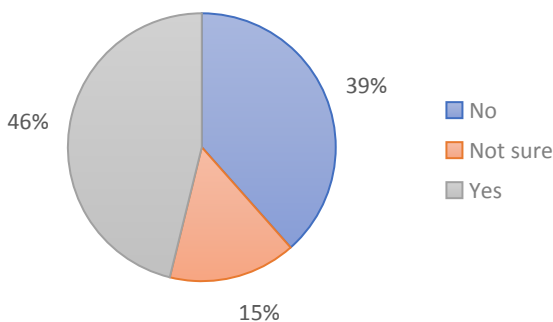
"Just to be there when needed in times of trouble."

"I agree with peer support volunteering, but I think they should be in addition to staff, not instead of."

5.7 Safe Spaces

The key features of a Safe Space as defined in the current Service Specification are welcoming and friendly, physically safe, emotionally safe, supportive, and familiar. The CALMHS service is expected to provide Safe Spaces in each of the 6 districts and could be in settings which have opportunities for shared space and can be accessed by others, e.g., community venues, public venues such as libraries. The CALMHS service broadened this definition to look to then include Safe Spaces which were identified as outside the service which could then be used by Clients.

Has the Independence Trust told you about or given you a Safe Space to go?

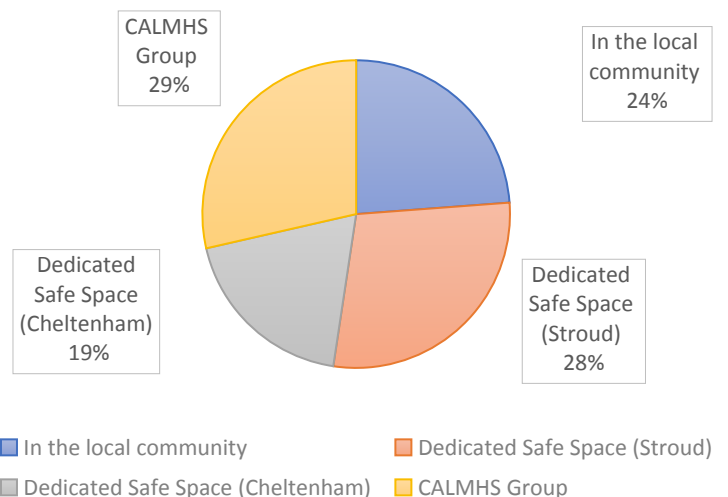


21 people responded to the question which asked them to identify the safe space. The responses were generally grouped into 3 categories, the local community, CALMHS groups and a dedicated space which CALMHS

93% of respondents agreed that it's important to have somewhere to go in their local community which is a safe space for them.

Only 46% of respondents identified that the service had either signposted them to or given them a safe space to go.

If yes, where is the safe space?



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operates from within. These dedicated safe spaces are where CALMHS groups run and where staff are based (part of the time in Cheltenham).

It was noted by respondents and also members of the evaluation steering group that a Safe Space was difficult to define because they meant different things to different people. Even a space within which a group which is run by the service, might not be a safe space for everyone, for example, the presence of men in a women only environment wouldn't then be identified as a Safe Space for some people.

5.8 General Areas for Improvement

5 people identified that there needed to be better communication. This spanned across better communication about the availability of groups, and the service in general, both for current clients and people who were trying to access the service for the first time. Information is seen as not being clear and/or giving enough or appropriately detailed information about all aspects of the service and is not seen as readily available.

8 people wanted to have either more groups, or more regularity of groups that they already attend.

1 person identified that they waited a long time for the service and were disappointed with the help they had received and what they had achieved.

2 people identified that they needed more staff, and higher staffing levels.

3 people also identified that they thought there should be a variety of options available to support the wellbeing of staff paid for by the organisation.

5.9 Compliments on the service

Generally, respondents were very grateful of the support they had received and were very positive about the staff and how they had been supported.

“All the staff I've spoken to have been wonderful, keep rewarding them for their hard work, and thank you for the good work!”

“Just keep doing what they do, as I feel they are life changing and could help many more people if they could.”

“The staff are fantastic. It comes across that they want to be there, and it is more than just a job for them. I've been supported and believed by them when I was unfairly judged by others. They have kept me going. I would be lost without them, and I don't believe I'd still be alive if it wasn't for them. One of my friends said to me the other day, he'd also be lost without them.”

“I have found that the (classes) meetings have made me feel that I am not alone, many other people have similar situations and talking has helped.”

6. Interviews

In depth interviews were conducted with 5 individuals. They were asked a series of questions as part of the interview around 5 areas:

- 1-1 support
- The referral process
- Peer support
- Exiting the service (where applicable)
- Service improvement

The 5 individuals that took part in the interviews had been supported by a Bridge Builder with 1-1 support. 2 individuals were supported for 6-months, 1 was supported for 10 months, 2 were supported for a year, the areas within which they lived and accessed support are:

- Cheltenham -2
- Gloucester – 1
- Cotswolds – 1
- Stroud – 1

Interviews recorded verbatim and a thematic analysis was undertaken.

6.1 Analysis of the interviews

6.1.1 1-1 support

People told us that flexibility, consistency, good advice and information was important in the support they received. Where there was consistency, this meant stability for the people accessing the service.

“It was that stableness of being with the same person. In the other teams I’ve had support, a lot of people leave, and that’s really hard when you’re feeling vulnerable, when you have to explain everything with a new person. You have to go over the same background again and you don’t feel like you’re getting anywhere.”

Going at the right pace and being flexible in the support that was provided was key to all interviewees, to not be rushed into things they weren’t ready for.

“Doing things step by step. Its starting from the beginning. Learning to walk. The big firms forget about that, they would just go straight into the deep end. Just go straight into going to the gym. That’s miles away from where you are in real life. She never rushed us or anything and that’s what you need.”

Bridge Builders had a role in advocating for the people they support and advocating for reasonable adjustments. For example, they supported in liaising with GPs when people weren’t feeling well enough to do it themselves and support the GP to understand what they needed. They advocated for reasonable adjustments for an individual to be able to access

their local library without the fear of getting late fees and getting into debt when they weren't well or weren't able to remember when the books needed to be returned.

The Bridge Builders knowledge and information was key to the support people received. Their knowledge of different organisations that could help with specific things and being able to signpost effectively was key to all the support that people received, and especially in being able to support people when they aren't well.

"You need someone to point out the stuff that's out there. I'm not the best with computers, and when my mind was like it was, I wouldn't have been able to find it."

The most common theme across all interviews was having someone who understood them. This was the underlying reason that Bridge Builders were flexible, consistent, went at an appropriate pace and could advocate for people was because they understood the people they were supporting.

"You worry a lot with mental health, you panic when there's no need. You think you'll get people knocking on the door asking for money. They recognised it, they fully understood. Really simple things just meant a massive help to keep the mental pressure of."

6.1.2 The difference it made

All interviewees agreed there had been a positive difference in their life due to the support they had received from the service.

"I've been ill for 8 years. I had a mental health break down in 2015 and have been sectioned 7 times. This is the longest I have been out of hospital since July. I feel like I am now much more settled."

"Looking back its more than I actually thought, what I did at the indie trust. It was about having someone there to point you in the right direction and show you things that you wouldn't necessarily have seen yourself."

"Without it I don't know where I would be really."

The Bridge Builders also have supported in preventing peoples mental health from deteriorating, for example, in spotting signs of deterioration of missed medication or abstinence from medication and supporting them to contact their care coordinator and liaising with care coordinators when they spotted signs of self-harm.

6.1.3 Peer Support

None of the interviewees had direct experience of access Peer Support. One person knew who the Peer Supporters were but didn't feel like they needed their support. The rest of the interviewees would have liked Peer Support, but they didn't know how it access it or didn't have information about it. One interviewee was very clear that they would have liked to have accessed Peer Support, but as an ex-service person would only want to access Peer Support from an someone who was a Peer in that sense, rather than because of their experience of mental health.

6.1.4 Exiting the service

People had mixed feeling about exiting the service. All agreed that it was important to be exited at the right time, but some felt that they could have had support for a bit longer. When this was talked through, they recognised that although they felt it could have gone on longer, they felt as if they were able to manage and it was maybe their confidence that was impacting them rather than their readiness to leave. All agreed that the support they received needed to be flexible depending on how well they were and what was happening in their lives, for some if the support was ended at 6 months it would have had a detrimental effect on them.

3 people said it was important for them to have been signposted into something they could continue to access, whether that was specialist support such as counselling, activities within their community or a group network they could link in with.

6.1.5 Improvements

“It would be nice to have a group with other people in the area (Gloucester). Even if someone else can set it up, someone else whose been using the service, but people who were like me (dealing with anxiety and depression).”

“Action plan can be too complicated and sometimes you’re not in the right headspace to be able to do it.”

One person waited a long time for support. They waited almost a year before they got 1-1 Bridge Builder support and there wasn’t clear communication as to why it was it as taking so long or at what stage of the process they were and how long they would have to wait. This seemed like an exceptional case in terms of the length of time waited.

7. Visiting the CALMHS Groups

Commissioners attended 10 groups countywide in order to speak to people using the groups, some of these were supporting in attendance by evaluation steering group members who were former Clients.

The groups visited were based:

- Cheltenham -4
- Dursley (Cotswolds) – 1
- Wotton-Under-Edge (Cotswolds) - 1
- Stroud – 4

Types of group as defined in the A-Z

- Art – 2
- Craft – 2
- Gardening – 1
- Men’s Shed- 1

- Peer Chat, Welcome Space, Peer Group – 4

Although defined as different types of groups, the Peer Chat, Welcome Space and the Peer Group all had a similar set up and were defined earlier as Drop ins. Some were more structured in terms of content and others were more informal.

There were 50 attendees across all the groups and the groups were supported by 11 volunteers, 6 of whom were Peer Volunteers and 2 Peer Supporters (paid staff).

The groups visited were identified as the main and most established groups and were the most consistently attended. There were groups also running in Cirencester identified as main groups, which were unable to be visited as part of the evaluation. The type of group and areas they are based are a representative when compared to the types available and the areas they are available in.

The amount of time that people had been accessing the groups varied. We did not seek to obtain specific data from each participant, so we are not able to quantify across all groups accurate data of how long people had been accessing them. This was gathered through conversation more generally. It was noted that for the longer standing groups in Cheltenham, Stroud and Dursley there were a number of individuals who had been accessing them from when they had first started, 7 years ago or when they had transitioned from day centres around 9 years ago.

- 6 people identified themselves as coming for 7+ years since the groups started – 12% of attendees
- 9 people identified themselves as coming for 7+ years since the transition from day centres – 18% of attendees
- A total of 15 people identified themselves as accessing the groups on a long term basis – 30% of attendees

There wasn't a clear pattern of how people had found out about the groups, some people were signposted by their Bridge Builders, others by their care coordinators and some word of mouth. Most attendees were in agreement that more could be done to better advertise the groups and what was available.

7.1 Thematic analysis of the groups

Attendees were asked 3 main questions. Why the groups support them with the mental health, what's good about them and what could be improved. These questions were asked conversationally and broadened upon depending on the group dynamic and people's willingness to go into more detail.

Conversations were recorded through note taking and a thematic analysis was undertaken, some comments were recorded verbatim.

There were several key themes which came out, the biggest being that the coming to the groups meant that people were able to be with other people and to be with people who were like minded, their Peers.

7.1.2 Being with others

When talking about the groups it was clear that there was a great value and emphasis around being in the company of other people and that a group setting had enabled and facilitated that. People had been able to benefit from not only being around other people but also having a reason to get out of the house. This reason to leave the house had a big impact on a lot of people, for some without the groups they would have no motivation to leave the house which would have a detrimental effect on their mental health.

“The best thing about it is having a bit of company and having a reason to get out of the house, otherwise I wouldn’t leave the house at all in the week. It’s being able to have something routine that gets me out.”

“It’s company. Its people. That’s what it’s all about. People are more precious than gold.”

7.1.3 Peer support

People felt that within the group setting others understood what they were going through because they’d had experience of mental ill health, they were in a position to best understand each other. Having the relationship with the Peers who run the groups meant they could openly talk about their challenges. They were also able to talk about the support really openly and use their own experiences of using medications, therapy, and other techniques to support with their self-care. Not only did it mean that people could share their worries openly, but also share their experiences about what had helped them and what people could try.

“People can relate to you. And if you have a problem, you can talk it through with people. You know people are going to understand.”

“You need people that you can ramble with, talk s**t with. But if you need a proper conversation, it’s there. And we have those proper conversations. We talk about the real dark s**t. We’ve covered a lot of dark history between us.”

“It’s important for me to be able to meet with people who are like me, who have been through similar things. People here understand what it’s like and they never judge you.”

People are supported by being in a group setting, by being with other people who understand that value of that support and have people that they are able to rely upon.

“I kind of see it like were a pack of lame wolves, were weak on our own, but as a pack were strong. None of us knew each other before the group, and we wouldn’t have known each other. This spaces means we can do things together as a group, we can support each other.”

7.1.4 Stigma around mental health

Several groups mentioned stigma around mental health in different guises. Most people within the groups described the stigma by recognising that there was a feeling of greater acceptance with people who also had experiences of mental ill health. One group

specifically talked about this in more detail. It was of particular importance to this group as well being a group which was predominately men.

“People like to think they’re not judgemental, but it’s hard to describe, but they are. They don’t mean to be, but you can just tell they don’t really understand.”

“I will avoid seeing old school friends, because they’ll ask, so what do you do for work. I haven’t been in work for a long time now, and I can’t tell them that.”

For them, without this group, they wouldn’t have anywhere that they would be able to openly talk about their mental health. They talked in detail about how difficult it was for them to get any other support in any other setting, be that in work, with other friends or from their families.

7.2 Benefits

7.2.1 Physical health

People felt that visiting the groups supported their physical health, by getting out and about and being active, as well as the positive impact of reduced loneliness.

“It’s about getting out of the house, loneliness can kill you, it’s as bad as smoking 15 cigarettes a day, or so I’ve been told.”

7.2.2 Confidence and self-acceptance

The groups had a clear role in increasing people’s confidence. Not only their own self-confidence but in increasing confidence in their own abilities, confidence in learning new skills, but also giving them confidence to be able to trust in other people.

“The group given your self-confidence and self-esteem. It gives you self-worth because it’s a place where your accepted.”

“It’s also about being around people who understand and genuinely care about you. So many people have been horrible to me in my life so it’s so nice to be here. Here I am at peace. I’m just trying to get back to me and this group is helping me do that.”

7.2.3 Prevention

Members of several groups talked about how the groups played a role in being able to change their mood and how it has a positive effect on them. They know they can come to the groups if they are having a bad day and leave feeling better, being around others has a positive effect on their mood and is able to keep them lifted.

“When you’re not feeling great, it’s a place where you can talk about it. Like people in the group will know if you’re not having a good day. I was really quiet one week and it was really obvious. And then people were asking me if I was okay and what was wrong. People can spot you’re not doing well and then help.”

There were different levels of prevention that people discussed, from small mood changes to being the first point of contact when people were at risk of being seriously destabilised and having rapid negative declines. Whilst visiting one group a client was going through a psychotic episode which staff were able to support and identify that they were in need of taking to a place of safety.

“When I started coming to the groups, that’s the day that my life started again. I was really poorly, I couldn’t hold anything in my hands, I wasn’t well. It’s like what I would be able to get from Let’s Talk, it’s been like therapy. I could come here, and I could say anything I wanted, I didn’t have to get dressed, I didn’t have to do my hair. I could come here and be me. Without being judged. It’s the only day of the week I look forward to getting up.”

“A few weeks ago, I was feeling so low, like I didn’t want to be here. I haven’t felt that in a long time. But I knew I could just phone the peer supporter and I could talk to her. She listened to me, and I don’t know what I would have done otherwise, I really don’t.”

7.2.4 Routine, structure, and stability

Having routine, structure and somewhere to go were clear themes which spanned across all the groups. There was a variety of people accessing the groups, and some visited them as part of a busy and active schedule, including fitting the groups in around employment, volunteering and study. One individual worked full time but still needed to attend the group weekly as an anchor point to be able to talk in a space safely about their mental health. People talked about the groups and being part of their day to day life and being an important part of it.

“It’s like with city planning, people are happiest when they have a 3rd place. They might have home and then work, but they need a third place away from all that in order to be happy.”

Stability shows as a key theme throughout. That the groups give people stability through what they provide. They keep people anchored to something, be that through structure and routine, through the people they connect with or through a reliance on a setting which can prevent their mental health worsening.

7.2.5 Safe space/environment

The groups were identified by many people as being a safe space for them. People defined a safe space as a place where people listen, and there is no judgement. A space where people were openly accepting of one another.

They defined it as a physical space which people could go where they could be with other people in real life. Several people also mentioned the environment. For some this was about the building, somewhere which they felt space in and was familiar to them and was comfortable, for others this was about being in a natural environment and being able to keep in touch with the natural world.

“It’s a safe space, this environment and this group of people keeps me stable.”

Having activities which are the right pace for people and that came with no expectations to complete a project or get to a certain standard was important for people. There was a commonality in that the people didn’t feel judged or feel negatively about themselves if they were able to work at their own pace and do things in a way which suited themselves and their needs best.

“There’s no pressure, that’s the best thing about it. Here you can learn when you want to learn, and the pace you want to learn.”

7.6 Barriers and limitations

7.6.1 Specific groups or activities

In some areas there was a lack of community groups that people could attend outside of the CALMHS groups. For example, there were no local arts or crafts groups that people could access so this meant that people weren’t able to access groups in their community and relied on the CALMHS service to provide groups for them. People also wanted access to specific groups, more groups or have them running for longer which the CALMHS service doesn’t have the scope to provide.

7.6.2 Resources

Resources was identified as the biggest barrier. Some groups such as the Men’s Shed, needed very specific materials to run and there were not enough allocated resources to be able to do this. It was recognised that for some groups there was a need for skilled and experienced people to run them which wasn’t always available. It was thought that more work needed to be done to raise awareness of the groups or fundraising activity to enable more resources.

7.6.3 Cost to the client

Because some groups weren’t fully resourced there was a cost to the client. In some groups a contribution was expected even if people brought their own material. In a couple of groups, the contributions were high enough to become a barrier for access to some people. There were a number of groups that didn’t feel like they had the basic resources to be able to sustain the group and felt they needed to contribute to basics like teas/coffees and cleaning materials.

7.6.4 Communication

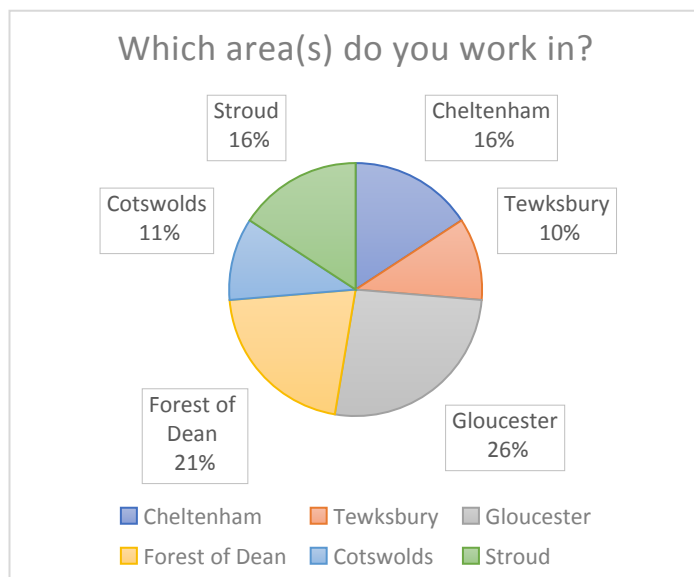
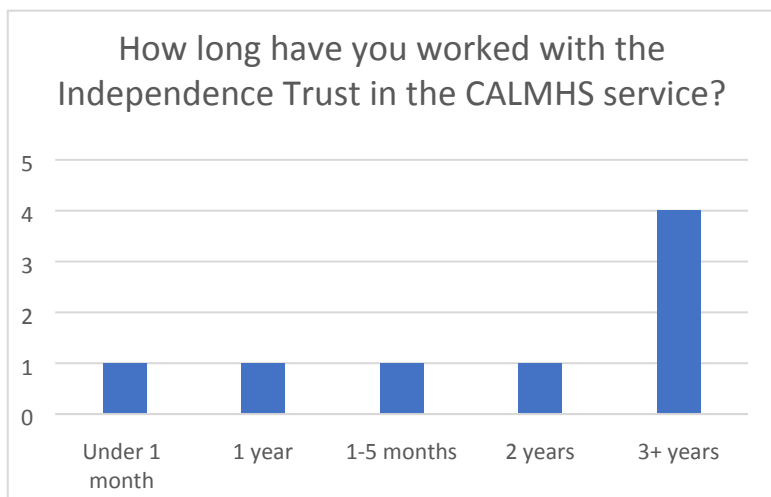
Not all the groups were clearly communicated, some people knew about the A-Z and others didn’t. One person commented that the staff seemed to know about groups and different things people could access but it didn’t always seem to be communicated to the clients effectively. People didn’t always know where they could go to find information about groups or places, they could seek advice about different things.

7.6.5 Consistency

From observations across the group there was a lack of consistency across the county. There was a difference in access to resources, some groups having petty cash allowances and others not. There was a difference in the oversight of the groups, some groups had an expectation that there should always be a staff presence, some which were solely volunteer led. As previously discussed, there isn't a consistent group offer across the county.

8. Staff Survey and Drop in

We sought feedback on the role of the Bridge Builder from the Bridge Builders through an online survey and through an invitation to attend 2 drop ins with commissioners to talk more about the sections of the survey. There were a number of new staff who were invited to respond to the survey and attend the drop ins on the basis of their understanding of the role from their interview, inductions, and training.

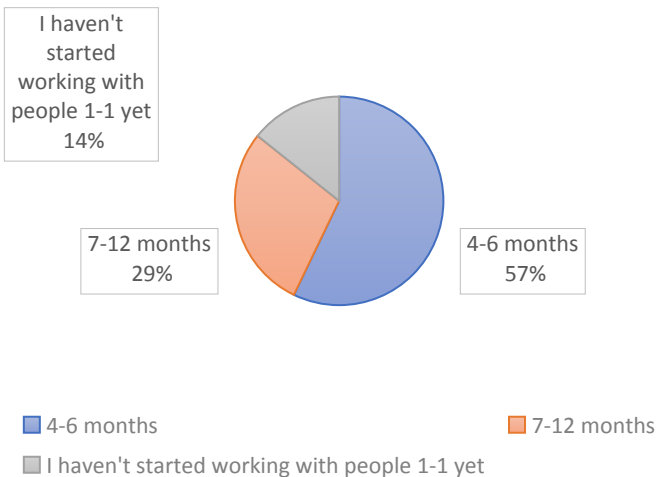


As with the Client survey we concentrated on the 4 main areas of the CALMHS service we broke the survey down into 5 areas:

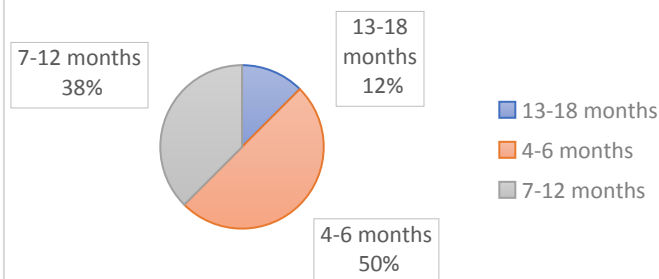
- 1-1 support
- Groups
- Peer support
- Safe Spaces
- The role of a Bridge Builder

8.1 1-1 support and the Role of a Bridge Builder

How long do you generally work with people on a 1-1 basis?



What is the maximum amount of time you think you should be allowed to work with a person on a 1-1 basis?



The service currently supports people

through the Bridge Builders on a 1-1 basis for a period of up-to 6 months, with the ability to extend the support on a case by case basis where there is an identified need.

Within the drop ins Bridge Builders spoke about the need for time to be able to build positive and trusted relationships with clients. There were often times when 6-months support wasn't long enough for people, and they needed longer to be able to make good progress. Bridge Builders felt that the support they provided was broad and they supported people with a wide range of issues, and a wide range of goals. They often support people when they are very unwell, because of this, the support they provided was focussed on helping people to be able to identify and manage risk rather than being able to work towards goals, the primary focus of the work they are expected to do as a Bridge Builder.

When asked, "what are the top 5 things that you support people with?", we gave Bridge Builders a list of 19 areas of support and asked them to rate the top 5. There was a clear trend in the areas of support which they provided the most.

- Accessing services (7)
- Finding groups (7)
- Supporting people to access groups (7)
- Setting goals (7)
- Education and training (4)

We also asked people who had supported people prior to the COVID-19 Pandemic what they supported with to see if there had been a change in the type of support people needed.

- Accessing services (4)
- Finding groups (4)
- Supporting people to access groups (4)

- Education and training (3)
- Volunteering and employment (3)

The other areas of support in order of most common which were identified were:

- Talking about their mental health difficulties (2)
- Self-care techniques (2)
- Volunteering and employment (2)
- Housing (2)
- Food bank vouchers (1)
- Developing new relationships (1)
- Improving current relationships with friends and family (1)
- Learning about mental health (1)

We asked Bridge Builders if they supported people with anything they thought was outside of their remit. They identified; housing, benefits, debts, volunteering and employment, alongside their relationships with friends and family and supporting people to attend appointments. When asked why they don't think they should support people in these areas, in relation to housing, benefits, debts and volunteering and employment they responded that there are other specialist services which can support in this area, and that Bridge Builders don't have the training and expertise to be able to support in these areas. They noted that because there are difficulties in accessing specialist services due to inaccessibility and long waitlists, they felt that they needed to support them with these areas rather than signposting. Regarding their relationships with friends and family, "they are ongoing and take extra time, family and friends can be a huge dynamic."

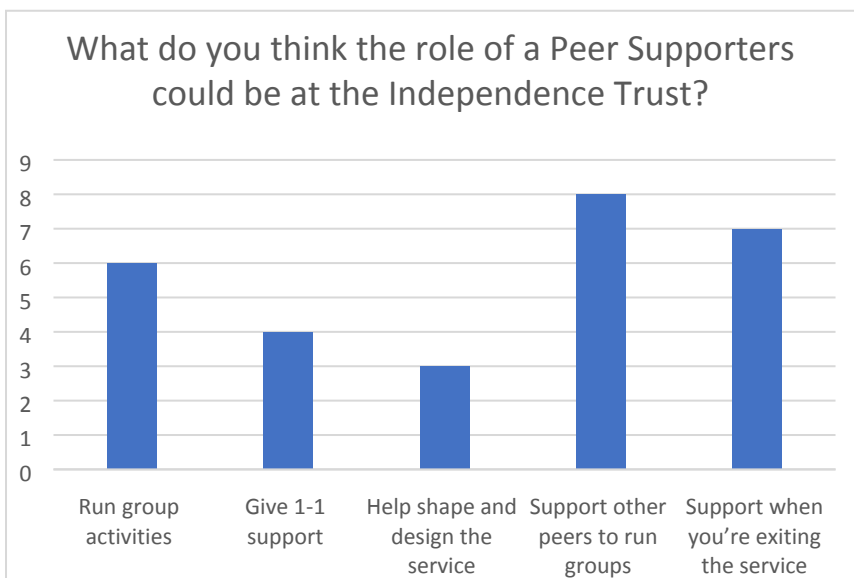
8.2 Groups and Peer Support

100% of respondents agreed that it was important for the CALMHS service to offer a range of groups to people.

"Peer support and learning to interact with others in a safe but real setting. Making friends and building relationships that can continue outside of the group."

"They are safe places and can help explore and 'find' themselves and build confidence by engaging with other like-minded clients"

100% of respondents said that it was important for people to be able to access Peer Support and that Peer Support gives people hope for better days.



Respondents were all in agreement that Peer Support was a vital part of the service and was beneficial to the clients they support.

"People are supportive of others who have had similar experience, to be able to sit with someone who has had poor mental health and to be able to draw on each other's

experiences, knowing they are not alone makes a massive difference.”

“Actually, being with others and the support from their peers and staff enable people to slowly gain more control and start to live the life they aspire to.”

“Peers are experts by experience.”

“Having a strong peer led forum enabling client’s power over what happens to them and a voice in the decisions made.”

Within the drop in sessions Bridge Builders said there was a need for groups to be more equitable across the county. They commented that groups and Peer Support have a clear role to play in improving people’s confidence. Those who had supported the running of groups said they found the experience invaluable, and it was a beneficial way of being able to support a number of clients at once. For people accessing the groups, when the groups were structured people have shown positive improvements. They felt that there could be a role for more structured groups that could focus on confidence building, positive thinking, upskilling and around specific issues clients identify.

Some staff commented that the groups could be refreshed. There are some groups which have longstanding attendees and sometimes this has an impact on how new people join groups. Staff were in agreement that the groups needed to be advertised better and there needed to be a person who had clear leadership over this element of the service, because of its importance and potential for growth and development.

8.3 Safe Spaces

Whilst all respondents agreed that it is important for people to access a Safe Space within their communities, only just over half thought that the CALMHS service should provide a Safe Space for people.

People agreed that the service needed to ensure that all its spaces were safe for people to access, and it was important for this to be an environment where people can build confidence to them access wider community activities.

2 respondents thought that it should be the community’s responsibility to provide Safe Spaces.

“I think we should be helping to source and encourage places in the community to provide the safe spaces, so people have a wide choice of what is in the community and not just restricted to (CALMHS). It’s a community based thing.”

8.4 Bridge Builder role

75% of respondent said they thought the term Bridge Builder did not best describe their role. It was thought that their role provided a much more holistic approach that encompassed more than supporting links into the community. The terms they used to describe their role were, mental health support worker, wellbeing practitioner, mental health link worker and community engagement person.

When asked what helps people the most with the support they give. 3 people said that it was important to have the time and space to be able to work with people and at a pace that worked best for them. Some of the other key terms that were mentioned were, consistency, trust, honesty, respect, supportive, patience, understanding and setting goals and boundaries.

Within the drop ins, people expanded more on their experiences of working as a Bridge Builder. It was identified that their roles weren't always understood by other professionals, some of this was due to communication about the service and what it provides not being clear. Some staff thought that recognition of their roles could be improved through better defining it and professionalising the role, both through a more appropriate title, and the recognition of their role in a salary which better reflected the levels of responsibility, case load and training which they have undertaken.

Bridge Builders believed their role needed clear boundaries on what was inside and what was outside their remit. This would improve referrals by making them more appropriate and ensure that there is more equity of what support people can access across the service. This would also improve the client's expectation of the support they will receive when within the service.

8.5 General Areas for Improvement

3 people said there needs to be a more equitable offer of groups county wide and across age groups. "Groups need to be available all-round the county and the effort to develop them should be county wide. There is a discrepancy between areas in terms of what is available (there are more in one area and not the other area)."

3 people said there should be access to more resources to run the groups, both in terms of staff and money to pay for supplies.

All respondents said there needed to be a better understanding of what their role is. Without it, it has an impact on themselves as staff in feeling as though their role is undervalued. It also affects the clients because their expectations do not meet the offer of the service and it leads to them disengaging, or not being able to make the most out of the service because it's not the right support for them at the time.

5 respondents commented on the staffing structure saying the roles needed to be better defined, the work that they do and the people they work with needing better recognition and that more staff, a smaller caseload, and higher pay were needed as part of this.

9. Conclusions and recommendations

9.1 Data

There are some elements of contract monitoring data which have shown there is a need for improvement. It is recommended that the Service Specification specifies that contract monitoring data should be collected against each area of contract delivery which is clearly outlined as part of contract KPIs and reporting requirements.

KPIs should include:

- Clear expectations around data collection and should include robust data collection around ethnicity and sex (only male and female is currently recorded).
- Clear data requirements for recording across all activities which people undertake as part of the service to ensure there is a true reflection of service provision.
- Expectations that referral data includes a differentiation between those who are new to the service and those who are accessing the service again.
- More detail in relation to case closures where people have disengaged to better understand how the service can respond to barriers to engagement. This should inform the Service Development sections within the Service Specification.

9.2 Equity in service offer

There are some clear areas which have highlighted that there are differences across the service. These areas are:

- Incoming referrals
- Active caseloads
- Time in service
- Group offer

It is recommended that there are clear expectations around an equitable offer and management of this should be outlined in the new Service Specification and should be considered as part of contract monitoring requirements. There is an understanding that any future service may respond to different areas of the county differently due to a difference in need and the demographic of that district.

It was also highlighted by the contract monitoring data, people attending the groups, and staff that there isn't an equitable offer across the age ranges. In particular with a lower than expected percentage of those under 30 accessing the service. This could be because there is support elsewhere available to this age, the support available (particularly through the groups) isn't appealing to this age range, or the service isn't marketed appropriately or through the right avenues which means those under 30 don't refer themselves.

It is recommended that the Service Specification specifies groups which may be underrepresented groups incl. those from ethnic minority groups and under 30s. There should be an expectation that there is a specific approach to engaging with these groups and there is work to identify and remove barriers to access.

9.3 Time in service

There were clear indications that both Clients and staff wanted the ability to work with people beyond 6 months. Within the current Service Specification there is no expectation that the support can't go beyond 6 months, but this requires clarity around what the expectations might be in terms of length of support.

Flexibility and the right pace for individuals were 2 clear themes that support an approach which needs to be able to respond to presenting need and needs to show flexibility. There are operational considerations which need to be made in terms of how the service might need to flex with expectations around wait times.

Strengthening other areas of the service could allow for more people to be supported within this element of the service, reducing some of the pressures around 1-1 support with a Bridge Builder.

It is recommended that the Peer Support offer should be increased to enable more people to be supported by their peers and provide additional support which reduces the pressure on the Bridge Builder element of the service.

It is recommended that the service should enable routes into support through people accessing their local communities. This should be through enhancing the local community offer and developing pathways into other wellbeing support which should reduce demand and increase capacity.

9.4 Bridge building or one-to-one support

The term Bridge Builder is not recognised by Clients and staff are in agreement that it does not reflect their role. It is recommended that the expectations of this role are reviewed and are better aligned to the work that they do, and the training which staff undertake.

The most important areas which made a positive difference were that people felt supported (which included getting advice, being listened to, being encouraged to try new things), they had made new friends, they weren't so lonely, and it had rebuilt their confidence. Changes to the Service Specification should consider how the service can continue to respond to people in a way which has a positive influence over these areas.

Key words that have been highlighted throughout as being important for people, both from receiving 1-1 support and as being important in a group setting. It is recommended that the role of the people providing 1-1 support and Peers should be built around being:

- Non-judgemental
- Accepting
- Caring
- Understanding
- Patient
- Structured
- At a pace that supports them
- Consistent
- Flexibility

Of the above, flexibility was the word most commonly used across all areas in conversation with people. The ability for a service to be able to respond appropriately and in a way which met people where they were in terms of their wellness and abilities was a clear need. It is

recommended that the Service Specification allows for a flexibility in delivery which can respond to need which is jointly agreed with commissioners.

Confidence building was also highlighted as playing a huge role in the support people received. It is recommended that this is identified as an outcome for individuals.

Within both the 1-1 support and the groups there was a clear role that advocacy played. This was in Bridge Builders and Peers being able to advocate for individuals such as with other professionals, doctors or with other members of the group. There was also a role in supporting people to self-advocate, to be able to identify their needs and advocate for them, be that in reasonable adjustments or just being able to access specialist support. It is recommended that the role of advocacy, both in the 1-1 support and Peer Support is recognised in the Service Specification and that supporting self-advocacy skills is an identified outcome for individuals.

Being able to support people into specialist services was clearly identified as a need to be able to get people the right support in the right places and to ensure that the service wasn't supporting people outside of its remit, skillset and knowledge. It was also important to people that on exiting the service they had been signposted to things that could sustain their wellness, in whatever format that took for them. It is recommended that signposting remains a clear role of the support that the service gives, and that attention is paid to how people exit the service including identifying support networks and opportunities that enable them to stay well.

It is recommended that the Service Specification makes note of clear strategic partnerships that need to be in place to best facilitate easy signposting and referrals into specialist services where there is a high need. These needs are currently identified as housing, benefits, debts and volunteering and employment.

9.5 Wellbeing activities and groups

Both Client and Staff highlighted the need for an equitable offer of groups across the county. There was a disparity in groups available.

A variety of groups were highlighted as being helpful for people with their mental health, creative groups, groups in nature and drop in sessions were the 3 top categories.

The wellbeing activities served 2 purposes, for people to access activities that supported their wellbeing, and accessing support through their Peers who were involved in the groups. It was clear that both supported the Clients accessing the groups.

It was noted that some of the activities had resources attached to them that was either supported by the provider, in a limited way, or the clients themselves which could be a barrier for some.

Some areas did not have local groups available to them.

It is recommended that the Service Specification enables a more efficient approach to support wellbeing activities. There should be clear expectations around working alongside local communities to enhance the local offer to support people with mental ill health, as well

as the wider community. This ensures there is less duplication of activities available and means that through looking at joint working and joint funding arrangements (including being involved in additional fundraising activities) the responsibility around resourcing the provision is also shared.

It is important that,

- Groups remain accessible to people with mental ill health, and it may be that it is suitable for some groups to have a focus on mental health alongside a specific activity.
- Activities are available to people on a regular basis and that activities are consistent.
- Groups are paced according to people, particularly when it comes to specific activities, that the expectations which put undue pressure on people are not imposed.
- Groups are affordable to people, and where there is a contribution, this is minimised or removed (where possible) where cost is a barrier to access.

9.6 Peer Support

The value of Peer Support is evident within this report, and it is recommended that there is a provision of dedicated Peer Support spaces, or spaces which are specifically there to support people with their mental health. This needs to be open ended, without time limits to restrict access. These could be fulfilled by enabling drop in sessions which are specific to providing support for mental health.

There seemed to be a gap in the approach to Peer Support which didn't recognise the value of peoples lived experience and how sharing that could support other clients. This was shown by people not really knowing who the Peers were or not understanding their role.

Peer Support was not well communicated as an offer to clients and people were uncertain about what different people's roles were within the organisations. It is recommended that there is a clear structure in place for Peer Support with dedicated leaders supporting these areas of work. This is to ensure that there is equitable access across the county, the Peers are supported to reach their full potential and to be able to best utilise their skills. It was clear that both staff and clients agreed that there were a variety of roles that Peers could engage in, with the top three being to:

- Run groups
- Give 1-1 support
- Support other Peers to run the groups

9.7 Safe spaces

The current Safe Spaces element of the service is not being delivered in the way that was initially intended. The current service does not provide Safe Spaces across the county in venues within each district that people can access. People identified different areas as being Safe Spaces for them, some being the groups, the office, or places that they had

been signposted to. It was clear that the groups were felt by a large number of people as being a Safe Space alongside the office in Stroud.

There is an agreement that Safe Spaces should be accessible to people within their own communities.

It is recommended that activities undertaken within the service should continue to be built around the principal of Safe Spaces (that they are welcoming and friendly, physically safe, emotionally safe, supportive, and familiar) but should be part of the practise of all aspects of delivery and not just about the provision of specific Safe Spaces.

It is recommended that a new service supports the development of existing community groups. It also plays a role enabling these spaces to become Safe Spaces for people with mental ill health to access. This could be different for each group, depending on need. The following are some examples of how the service could support in this development:

- Supporting an individual to access a group and ensuring that the group understands what their mental health means to them and how best to support them.
- Providing a point of advice and guidance to community groups who support people with mental ill health on how best to support people.
- Supporting with gaps in community provision by jointly funding and supporting new groups that can support the local community inclusive of people with mental ill health.

It is recommended that the service enables a safe environment for people who access it through ensuring the support that they deliver in group settings, Peer Support and through 1-1 support are a safe and enabling environments. As identified within the evaluation these should be spaces which are:

- Understanding of people's needs
- Non judgemental
- Kind and caring
- Accepting
- Respectful
- Consistent

Considerations as to how any moves from the current locations people identify as Safe Spaces would need to be carefully understood and any transitions would need to be openly communicated, discussed, and planned with clients.

9.8 Staffing

Staffing levels were highlighted in both the Client and staff surveys, with some Clients highlighting the negative impact on the support they received. Staff also highlighted that there needed to be better staffing levels in order to be able to do their jobs with best effect.

There needs to be clear expectations of how the service is able to manage business continuity, staff retention initiatives, etc. It is recommended that this forms part of the

evaluation criteria as part of the tender process as well as being more clearly outlined in the Service Specification.

As briefly outlined the service responds to those who are in crisis and are at risk of death by suicide and admittance into Gloucestershire’s acute mental health wards. Staff reported working with Clients with varying degrees of need, wellness and with different co-morbidities (especially those with mental ill health and physical health needs) and a variety of mental ill health including diagnosed serious mental illnesses. The Service Specification should consider how the service responds to escalating crisis including partnership working with the acute wards and its discharge hub and Gloucestershire’s Crisis and Home Resolution Treatment Team. The Service Specification should consider a wide range of working partnerships to enable to best wrap around support for individuals, most notably secondary mental health services and social workers where relevant. The Service Specification should consider how staff are supported to appropriately support individuals through adequate training, supervisions, incident debriefs and wellbeing support.

9.9 Communication

There was a clear theme running throughout that clients did not always have all the information about what was happening in the service and what they could access. People weren’t clear about the full service offer, particularly highlighted was the Peer Support offer.

The term “Bridge Builder” wasn’t clearly communicated with people who used the service, and as discussed this was because the role doesn’t best reflect the type of support the staff were giving. However, it was also noted that the role hadn’t been clearly communicated to Clients, but most importantly to new referrers, both partner agencies and self-referrers.

It is recommended that there are clear expectations within the Service Specification as to how the service communicates its offer, internally, through key partners and to the wider public. This needs to be clear, accurate and accessible.

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