

Reaching Out

**Your chance to give your views
on the future of day opportunities for
adults with mental health problems**

Consultation Feedback

January 2009

Introduction

Barnet Council and Barnet, Enfield and Haringey Mental Health NHS Trust are committed to delivering high quality services to its residents that both meet the assessed needs of individuals, and offer cost effective options that meet national guidelines and standards of best practice.

A key theme of current national policy is to develop individualised and personalised social care services. This requires a change from providing services in specific buildings to supporting people to access ordinary community facilities.

In addition a report prepared by the Social Exclusion Unit¹ in June 2004 identified the need to redesign and improve day services as a vital part of the drive towards more socially inclusive services.

What you have told us

A public consultation on the modernisation of day services for adults with a mental health problem in Barnet ran from 28 July to 24 October 2008.

The purpose of this consultation was to invite the views of local people on the shape and range of services that they would like to have available to support their independent living.

The structure for this consultation was to invite viewpoints of local people, people with mental health problems and/or their carers, on the introduction by the Community Network of individualised and personalised social care services. This requires a change from providing services in specific buildings to supporting people to access ordinary community facilities.

To facilitate this, consultation documents and questionnaires were sent out to people who were registered for services with the Community Network and were also advertised to the general public via an article and advertisement in the local press and hosted on the council website through an online survey. On request, a variety of formats and languages were available through the Community Network team. Contact details were available for anyone who may require assistance in completing the questionnaire.

Staff also made available a series of focus groups with input from both people with disabilities and family carers who had volunteered to attend the groups.

Of the responses received from the public consultation 64% were of white British, 9% African-Caribbean, 12% Asian communities, 2% of mixed ethnicity and 5% of other ethnic groups.

Further background information collated identified that 84% were adults (over 18) with a mental health problem, 4 % were carers, 4% from local community resident, 4% professionals and 4% providers of health or social care services.

¹ Mental Health and Social Exclusion, Social Exclusion Unit Report, June 2004

Shape of future services

Intention is for the Community Network to be a key resource in relation to day opportunities and community based recovery programmes by acting as a central point for referral to other day services and arranging access to ordinary social, educational, employment and leisure activities for people with mental health problems. It will continue to provide some group programmes to support recovery from acute crisis episodes in preparation for this. To deliver the desired outcome this new model will consist of:

- Programmes relating to Individualised Plans with Personal Budgets
- Range of short term solution focused therapeutic services
- Culturally appropriate services to support local minority member of ethnic communities
- Range of community based activities
- Developing skills through group work based on Recovery planning and daily living.

Question - *Do you think we have identified the types of services required to support independent living for people with a mental health problem in Barnet?*

Key themes highlighted in feedback:

On-going support will be a feature of the new Community Network that will assist clients and their carers to access other support agencies within Barnet, while also facilitating signposting and information sharing. Although the Community Network no longer provides transport for people over 65, there are alternative options available such as Freedom passes, Dial-A-Ride, Taxi card. If more information on services is required Community Network will be the point of contact and will also provide intervention that specialise in pre-enablement and enablement programmes. This individual support will assist in helping people at an earlier stage of the recovery from mental illness to develop confidence, self-esteem, challenging negative thinking and promote quality of life. The “Connexions” project linked to the Community Network will facilitate interest groups, such as theatre trips and fishing companions. Trained service users will be at the forefront of the project planning.

From the responses received a majority of 61% felt that we identified the services required to support independent living. The areas where people felt additional services needed to be built into the developmental framework are detailed as:

- Supporting carers of clients with mental health problem (providing one to one support, signposting service, listening and information service for the person they care for or carers self-help group (where they can meet each other to share experience) inside of the service
- Information Resource Service; group, workshop, internet café (where clients can be trained how to obtain information about theatres, concerts, events, churches, religious groups or helped with provision of this information – to help people to take a fuller part in the community
- Transport organised by Community Network

It was also highlighted that there is a need for both new and existing ‘opportunities’ to be available at the same time, to provide the ongoing support to individuals while they tried out new experiences. This will give the knowledge that there is somewhere they could contact once the ‘separation’ to the new ‘opportunity’ has been completed if things began to get difficult.

“I think that to delivery the required outcomes the new service model needs to help people to take a fuller part in the Community.”

Service Strand 1 - Planning and preparation

It is recognised that effective rehabilitation and enablement for people requires health and social care services to work together with the person to develop joint support and care packages. These packages need to include clear objectives offering a range of options that promote independence and extent opportunity that concentrates on a person’s hopes and aspirations in working towards recovery from mental health problems.

‘Enabling people to take the lead in assessments and responses to their needs helps create more personalised responses to those needs with a view to help people towards independent lives, playing a full part in family life, contributing to their local community, and seeking employment or other valued activities with the goals of promoting human rights and eliminating inequality.

Question - *Please tell us if there are any other services that you would like the Community Network to provide as part of this planning and preparation work?*

Key themes highlighted in feedback:

There were suggestions about more frequent contact with support workers; home visits if clients are not well and identifying of problems areas in the individuals life in order to find solutions by way of setting up groups (financial, benefits, psychological problems relating to social life).

There were concerns that ‘one size does not fit all’ and that any changes will be required to deliver the capacity and consideration for individual needs. There were suggestions for the Community Network to provide:

- Short-term group intervention aimed at restoring confidence
- Self Care groups where people can share experience of ideas on physical, spiritual, emotional and mental good health, explore benefits of taking care of themselves and self care strategy across all domains of life, exploring benefits of taking care of oneself, encourage and help clients as they develop their own self-care plan
- “Renew” groups for people who are unhappy with their bodies, concepts of beauties advices to improve body image, attitude to exercise, beauty advice, personal style, etc.
- Engagement groups / workshops for carers
- Challenging negative thinking group
- More drop-ins
- Education, voluntary work
- Complementary therapies and sports

“Not all people with enduring severe mental health problems are regrettably capable of “independent living”. You generalise too much - the services you suggest are fine for more able, but are not suitable for the less able, who you seem to overlook.”

“Sport activities such as: bowling and swimming.”

Service strand 2 – Self-management and peer support

It is possible that there may be a small, but significant number of people who, for various reasons, may be unable or choose not to use ordinary activities. Hence ranges of services are to be available to support self-management for people to:

- Self-assess their needs
- Use Direct Payments
- Self-advocacy
- Have access to peer support, advice and information
- Participate in user led groups with long arm support from staff
- Receive Community Newsletters and access to website

The proposal is to form a committee made up of people who use the service. They will be responsible for organising user run groups and activities with the support from a member of the Community Network staff. The committee will act as an advisory body in the design of future services, in addition, it is envisaged that they will also assist in monitoring and evaluating and be a resource for their peers on the availability and nature of services, especially important for those people considering Direct Payments.

Question - *Please tell us which services you think that the Steering Committee should be responsible for?*

Of the professional bodies that responded in the consultation, there were concerns about how new services could be developed and highlighted issues that needs careful consideration:

‘Barnet Voice’ commented “it would be useful to know how many make up the small number of people whom are ‘unable, or choose not to’ use ordinary activities. However, the proposal then goes on to imply that this group of people who will be given a range of services to help them assess their needs, use Direct Payments, self-advocacy. It seems contra to the fact that they have chosen not to use ‘ordinary’ activities”.

‘Barnet Voice’ also recommended careful thought should be given to the amount of ongoing support and supervision by Community Network to people who wish to participate in peer support group. Careful consideration is necessary for people in ‘leadership role’, as this type of responsibility can be a strain on those who already have their own problems to deal with. ‘Barnet Voice’ has extended an alternative solution where their members can be used as support until committee was established with training and supervision.

‘JAMI’ said “The government’s key objective is seemingly to get everyone off benefits and back to work, as though employment is the only worthwhile activity. This is certainly not the case for people with long term severe difficulties who are unable to engage within a work setting and for whom discrimination within the job market makes employment an unrealistic expectation. These people require ongoing support and encouragement to improve the quality of their lives in whichever way is most beneficial for them, hence the need for many options”.

The other 50% of the responses gathered suggested that the Steering Committee should have the following facilities:

- Enable collective representation of clients beyond the parameters of the Community Network (be this through linking clients to others)

- Provide opportunities for peer support
- A way for clients to be referred to day services and other options
- Specialist support and training from health and social care staff
- Support in use of Direct Payments
- Identifying areas of priority for the service development (for example, involvement in identifying activities)
- Developing recommendations for purpose role and structure of committee
- Promote the development of clients-centred service
- Presenting clients expectations of the service as well as the ways in which service can be assessed
- Support to help people to self assess their needs

Service Strand 3 – Community Access

In addition to what the Community Network currently provides, they will also identify and work closely with ordinary activity services (for example, leisure, employment and the arts) and offer support to people to access these throughout the week. Such activities will be encouraged to develop the accessibility and inclusiveness of their facilities, with specialist support and training from health and social care staff.

The Community Network will also refer people to the range of voluntary and grant supported day services that are available locally.

People who have identified goals in relation to obtaining employment or accessing education will be referred to the organisations that specialise in these areas.

Question - Please tell us about any other services or changes that you think would improve community access for local people with mental health problems?

There were few suggestions of changes which would improve community access for local people with mental health problems, however what was recognised were:

- Make assessments for individual and direct payments easier
- Provision of short courses (confidence, anger management, coping with depression)
- More referrals for services like leisure, arts, entertainments
- Provision of transport
- More support with voluntary work
- Practical activities (gardening, cooking)
- Additional funding for voluntary and grant supported day services

General overview

Question - *Thinking about the whole range of day opportunities, are there other changes that you would like us to make?*

Of the responses received 41% said there were no other changes required in view of the range of day opportunities mentioned in the consultation. 28% did not comment. However, 31% suggested additional changes are necessary for the range of day opportunities:

- Provision of computer training
- Faster service for clients referred to the Network
- Individual group sessions to solve problem areas in service users life's
- Mixture of all groups to get together once every 4 months
- Provision of faith healer or alternative health facilities
- Relaxation, meditation, visualisation
- Discos
- On-going development of innovative activities to encourage participation
- More drop-ins
- Outside of service activities (for example, out and about, gardening, walking)

Question - *Please tell us if there are any specific issues that you think we need to consider which only apply in particular groups? For example, in relation to someone's age or cultural needs.*

The general consensus from the replies was that there is a need to consider and cater for people in certain age groups and cultural needs. The key concerns identified by people for consideration included:

- Elderly people are more likely to become isolated, subsequently loose confidence and self value
- If people are to be encouraged to work there is a need to help them gain job experience, qualifications considering work suitable to each person's age, ability, education, their disability, mental condition and medication.
- A suitable social and sex life for all people
- Provision of translation service for mental health users including signers for people with hearing impairments
- Using outside caterers and providing lunch to users at minimal cost
- The need for co-operation

"Assuming that there will be no other Minority Ethnic Community groups providing the same level of service, there will be need to commit to providing interpretation facilities at interview stage. (presumably brought in for the from elsewhere) I do not think we should be relying on family members too much. This could also apply of course to signers for clients with hearing impairments. Also there may be a need to seek out advocacy for some clients."

Question - Please tell if there are any other services that you feel are currently missing in Barnet that would help promote access to employment, educational and leisure opportunities?

There was a fruitful feedback from the consultation for whether there are any other services they felt are currently missing in Barnet. The range of suggested services they would like to see introduced are:

- Small purpose-run groups to help people back into the community
- Training (for example, counselling, how to run groups)
- Confidence boosting activities, help for agoraphobics, panic and anxiety sufferers, help to feel comfortable travelling
- Possibly a service to explore the financial implications of work versus benefits to the individual circumstance
- Opportunity to join the gym, social club
- Visits to colleges
- Beauty care (hairdressing) for older people
- Yoga, relaxation visualisation, meditation classes, complimentary therapies
- Poetry and artist groups, training in media skills, internet café for people with current or past experience of mental health problem
- Befriender service
- Young persons in the age group of 15-18 should receive more education about mental health issues

Question - Please tell us if there are any services that you feel are required to support younger people with mental health problems?

Collated from the responses most did not have suggestions or comments as they had no dealings and were not within the age group. However, the other feedbacks received were constructive suggestions:

- Easy and more counselling should be made available
- Group meetings, safe social evenings, parties
- Family therapies
- Dance, drumming, structures exercise program for individuals and groups
- Art and any therapeutic groups
- Services helping with daily routines

Question - Please use this space if you have any further comments that you would like add?

It is clear that people with mental health problems in the community have become to value and depend on the services provided. There were many positive suggestions and criticisms offered through individual insight and experiences:

- People with mental health issues need higher quality work from the authority
- Provision of single sex support groups
- Provide help in filling forms
- Adequate transportation to and from counselling sessions
- Request for keeping the Hendon premises open
- Clubbing meeting place for service users (music, dance, football, etc.)

What next?

The public feedback have been considered by members of the Community Network, senior staff in both the council and Barnet Primary Care Trust, and other stake holders.

The outcome has been to agree a list of actions to deliver the required services, and a commitment to invest the time and resources to reshape existing services to meet the need for the future. This is summarised in the table below.

Community Network response to feedback from public consultation

What you told us you would like	We will
<ul style="list-style-type: none"> • Programmes relating to Individualised Plans with personalised budgets • Range of short term solution focused therapeutic services • Culturally appropriate services to support local minority member of ethnic communities • Range of community based activities • On-going development of innovative activities to encourage participation • Relationship building skills • Short-term group intervention aimed at restoring confidence • Confidence boosting activities, help for agoraphobics, panic and anxiety sufferers, help to feel comfortable travelling • Challenging negative thinking group • Practical Small purpose-run groups to help people back into the community activities (gardening, cooking) • Services helping with daily routines 	<ul style="list-style-type: none"> • Assist to create individual support plans that will incorporate individualised budgets and how they can be spent. • An 'enablement' programme that will look at peoples difficulties that people have identified as 'stopping' them feeling they can achieve what they want and teach ways that can aid them to overcome those difficulties and we will set up short term courses such as building confidence and challenging 'negative' thinking. • Assistance for daily living skills will be provided as part of the 'enablement' programme to help people with every day tasks such as budgeting, cooking and healthy living. This will be offered on an individual need's basis.
<ul style="list-style-type: none"> • Supporting carers of clients with mental health problem (providing one to one support, signposting service, listening and information service for the person they care for or carers self-help group (where they can meet each other to share experience) inside of the service • Education, More support with voluntary work • Information Resource Service; group, workshop, internet café (where clients can be trained how to obtain information about theatres, concerts, 	<ul style="list-style-type: none"> • Good links and sign posting pathways to other appropriate services such as the Barnet Carers service, educational and meaningful work specialists such as Barnet College and Richmond Fellowship. Identified roles will be focused on gathering and maintaining information with general organisations and services within the community while also educating and closely working with them to promote Mental Health well-being. This includes promoting culturally appropriate services to support local minority members of ethnic communities

<p>events, churches, religious groups or helped with provision of this information – to help people to take a fuller part in the community</p> <ul style="list-style-type: none"> • Provision of computer training • Disco • Group meetings, safe social evenings, parties • Transport organised by Community Network • Enable collective representation of clients beyond the parameters of the Community Network (be this through linking clients to others) • Provide opportunities for peer support • Specialist support and training from health and social care staff • Training (for example, counselling, how to run groups) 	<ul style="list-style-type: none"> • Within the new proposals, we hope to build on service users knowledge and experiences and with training and support, build a service user lead part of the Community Network, which eventually would sit within a Centre for independent living. • While we no longer provide transport, we will assist and organise support to access local transport including the use of Taxi cards and Dial a ride.
<ul style="list-style-type: none"> • Provision of single sex support groups • Self Care groups where people can share experience of ideas on physical, spiritual, emotional and mental good health, explore benefits of taking care of themselves and self care strategy across all domains of life, exploring benefits of taking care of oneself, encourage and help clients as they develop their own self-care plan • “Renew” groups for people who are unhappy with their bodies, concepts of beauties advices to improve body image, attitude to exercise, beauty advice, personal style, etc. • More drop-ins • Complementary therapies and sport • Relaxation, meditation, visualisation Yoga • Clubbing meeting place for service users (music, dance, football, etc.) • Dance, drumming, structures exercise program for individuals and groups • Poetry and artist groups, training in media skills, Befriender service • Provision of faith healer or alternative health facilities • Mixture of all groups to get together once every 4 months 	<ul style="list-style-type: none"> • Self supporting groups will be based in the service user lead aspect of the Community Network will be set up in line with peoples interests. These will also link into other social based interest groups around the country. • Drop-ins are currently being evaluated so that we can help people who feel they need this type of support, explore ways to do so. This might be within other organisations in Barnet.
<ul style="list-style-type: none"> • Self-assess their needs 	<ul style="list-style-type: none"> • At the beginning of someone’s journey

<ul style="list-style-type: none"> • Support Individual group sessions to solve problem areas in service users life's • Use and supporting use of Direct Payments • Self-advocacy • Provide help in filling forms • Have access to peer support, advice and information • Participate in user led groups with long arm support from staff • Receive Community Newsletters and access to website • Identifying areas of priority for the service development (for example, involvement in identifying activities) • Developing recommendations for purpose role and structure of committee • Presenting clients expectations of the service as well as the ways in which service can be assessed • Help to gain job experience, qualifications considering work suitable to each person's age, ability, education, their disability, mental condition and medication Possibly a service to explore the financial implications of work versus benefits to the individual circumstance 	<p>with the Community Network, they will have a named worker who will closely work with a person and the identified goals and aims they have set during an initial Planning Support meeting. This plan will belong to the client and reflect their hopes and the different stages for goal setting during their time with the Community Network. This is aimed to be a 'person centred' plan and could explore all the different hopes and wishes that person would like to develop. With the use of Direct Payments and individual budgets more socially inclusive options can be offered.</p> <ul style="list-style-type: none"> • We have already set up a news letter called Reaching Out and we hope that this will become a newsletter for mental health in general and not just aimed at those who use the Community Network.
<ul style="list-style-type: none"> • A way for clients to be referred to day services and other options • More referrals for services like leisure, arts, entertainments • Faster service for clients referred to the Network • Provision of translation service for mental health users including signers for people with hearing impairments • Easy and more counselling should be made available • Family therapies • Mental health people need higher quality work from the authority 	<ul style="list-style-type: none"> • We are developing and strengthening existing referral systems while also creating a new service called 'Pre-enablement'. The aim is to provide and support the ideas around 'recovery' and being more socially inclusive from the very point a person is in crisis. By being more involved earlier with a person, we aim to make the transition between services a smoother and quicker process. • We have also changed our referral forms to reflect this so that communication between referrers, clients and the Community Network are clear. As part of the referral process and the pre-enablement service, we will assist people to look within and beyond usual services and help them to access other provisions to meet need. Such as

	<p>Mind counselling services or Children Adolescent Mental Health Services or Psychological Therapies Services.</p> <ul style="list-style-type: none"> • Currently we offer the use of translators including signers for people with hearing impairment if it is required. • If you want to raise a concern or make a suggestion about the service provided, we have the Comments, Compliments and Complaints procedure where your suggestions will be thoroughly and fairly investigated.
<ul style="list-style-type: none"> • Additional funding for voluntary and grant supported day services 	<ul style="list-style-type: none"> • If additional funding is identified, this will be followed up with the appropriate authorities.
<ul style="list-style-type: none"> • Using outside caterers and providing lunch to users at minimal cost 	<ul style="list-style-type: none"> • Currently people who use the Community Network are involved in providing lunch by budgeting, buying provisions and cooking their own choice of meal. This promotes peoples choices and encourages independent living skills.
<ul style="list-style-type: none"> • Young persons in the age group of 15-18 should receive more education about mental health issues 	<ul style="list-style-type: none"> • Currently people can be referred to this service once they reach the age of 18years. However, good links with early intervention teams are being strengthened.
<ul style="list-style-type: none"> • Request for keeping the Hendon premises open 	<ul style="list-style-type: none"> • Our current premises will need to be evaluated to ensure they are fit for purpose. It is possible that we will move to a new premises that will suit the service needs.