



WANDSWORTH LINK

REPORT ON ENTER AND VIEW VISIT TO WANDSWORTH YOUR WAY – 12 December 2011

Introduction

Continuing our study on changes in the provision of day/resource centres for people with mental health problems in Wandsworth, we carried out an Enter and View visit to the Wandsworth Your Way office at Argyll House, All Saints Passage SW18 on Monday 12 December 2011 between 10.30 am and 1 pm. In our preparation for this visit we were greatly assisted by meetings with the Your Way Development Manager on 21 November and with one of the Your Way keyworkers on 5 December. We chose a Monday morning for our visit because this is one of the times when the service offers an open office for service users to call in, meet members of staff and other users and use the IT facilities available. The visit was carried out by Martin Haddon, Gerry Horner and Juliet Matthews, members of Wandsworth LINK's Enter and View team. This report represents the team's specific findings from this visit. A number of wider issues arising from this visit and our earlier visits to Family Action will be dealt with in a covering report.

Overall Impressions

With the encouragement of Wandsworth Council Department of Adult Social Services (DASS), Wandsworth Your Way has evolved considerably since the parent organisation, Together, first secured the Council's commission to provide a day/resource centre service for people with mental health problems in the Central and Western half of the borough in April 2007. At that time Together inherited the Heathside centre in Roehampton (now closed) and, in place of the Foresters centre in Central Wandsworth (which was retained by MIND, the previously commissioned provider), established itself initially at Hilden House and then at Triangle House. After further moves the service's premises are now restricted to an office base in Argyll House Business Centre, conveniently located off Wandsworth High Street. Wandsworth Your Way occupies a large ground floor office with direct access from the street. There is an adjoining quiet room, tea/coffee making facilities and easy access to toilets. The office is equipped with 8 computer stations (4 for client use and 4 for staff) and comfortable seating. It can accommodate at a pinch up to about 10 or 12 people. There is a separate but easily accessible meeting room which can be booked when needed in the adjoining business centre.

The service now provided by Wandsworth Your Way from its new office base is clearly innovative and, if it is indeed still to be described as a resource centre, it extends that concept well beyond previous boundaries. It differs from Wandsworth Family Action, which

now operates on a hub and spoke model in the Eastern half of the borough (as described in our earlier report), in three major respects:

- (i) the emphasis of Your Way is preponderantly on one-to-one keyworking;
- (ii) this work is predominantly carried out in the community away from the office base; and
- (iii) such other forms of social, educational or vocational activity or support as service users are identified as needing are for the most part outsourced or outplaced with other nonspecialist providers or on a service user selfhelp basis. In this last respect the service could be described as a brokerage rather than a service provider.

The way the service has developed inevitably makes it difficult to observe in action. But we were able to gather a good deal of illustrative information about the workings of the service from our meetings with the Development Manager and the keyworker referred to above. As we understand it, the service effectively falls into two parts.

First, there is an initial programme (sometimes described as %Going Forward+) for all new referrals. These can be from 18 to 65 years old, living anywhere in Wandsworth; about half of the new referrals come from the Community Mental Health Teams in Central Wandsworth, Putney and Roehampton, with about 20% from GPs and the remainder through other referral routes, including from Job Centres). The programme consists of 6 to 8 sessions of individual keyworking, normally of an hour's duration on a weekly or slightly less frequent basis. The focus of these sessions is on identifying the service user's immediate personal recovery goals, especially in the fields of physical exercise, education, vocational training, employment or social contacts, and on setting up arrangements to support his or her progress towards them. This may include helping the service user get launched on the process of obtaining a %personal budget+from Wandsworth Council for self-directed support, where this seems likely to be appropriate.

The sessions are held wherever is mutually convenient, which can include the service user's home or coffee shops, libraries (with computers) and other semi-public places. On occasion the session may involve accompanying the service user to a meeting or interview with another agency or an employer. Appointments are made face to face or by mobile phone. There does not appear to be an assessment or monitoring tool in regular use (as Recovery Star is used at Family Action) but the work is subject to a Joint Agreement signed by the person being supported and the Your Way worker, setting out some basic ground rules, and a simple record is kept of the date of each meeting, the goal for the session and the outcome (we were told that an IT system is currently under development which will record this and other information about individual service users and that this will be accessible on a secure basis by individual users as well as staff). Typical outcomes might include signing up for a college course (including the Recovery College) or an exercise class, solving a housing or benefits problem or applying for or attending an interview for a paid or voluntary job and in some cases starting work. The ultimate goal is described as %moving on to greater independence+; this is when a service user is able to agree that they have no immediately foreseeable need for further support from Your Way. We have no firm information on the numbers achieving this goal after the initial 6 to 8 sessions programme..

Secondly, a substantial proportion if not the majority of service users registered with Wandsworth Your Way (whether inherited from earlier configurations of the service or newly

referred) do require and are offered ongoing support following completion of the initial programme. A sample breakdown we were shown of one keyworker's case load showed that little over half were currently in the ongoing category. The form such support takes is, as we understand it, for the most part essentially the same as under the initial programme, ie one-to-one meetings with a keyworker. The sample breakdown we were shown suggests that the primary focus for about two thirds of the ongoing cases was 'staying steady' while the remaining third of the ongoing work was primarily 'goal-focussed'. 'Problem solving' was mentioned as a subsidiary type of support in a few cases. The frequency of such ongoing meetings seems to be a matter for negotiation between the keyworker and the service user. So far as we were made aware there is no fixed time limit for such ongoing support and the service has not been in existence in its present form for long enough to provide reliable statistics about the periods of time for which support is in practice given.

We were told that, as well as placing service users with other agencies for work, education or social support, Wandsworth Your Way has helped set up a number of service user groups on an ad hoc basis: we heard about women's groups (one of which met in the park in fine weather), a gym group, a Hearing Voices group (currently in abeyance as the original facilitator has left) and an Asperger's group (for people with this form of autistic spectrum disorder) which meets at the office base. There has been an attempt to launch a more open-ended social group for service users (christened the Friends@Diner) to eat meals together and go on outings but this has so far not yet become a regular fixture. The general approach seems to have been for the staff involvement to be withdrawn once a group has been viably established.

In addition the service declares 'open office' at Argyll House two half-days a week when service users are encouraged to call in to talk to each other and the two members of staff on duty, and to use the 4 computers put at their disposal. Some service users apparently attend the 'open office' regularly once or even twice a week as their main method of obtaining support. The total numbers attending seem to have been rising. On the day we visited the total attendance was about 10 over a 3-hour period and the office was full or nearly so for much of the time.

The service described above is delivered by the Development Manager, who splits her time between Wandsworth and helping the development of the Your Way model across the Together organisation, and a team of 5 Your Way workers. The team consists of 2 women and 3 men, some having worked at Heathside and others recruited earlier this year: all have had experience in working with people with mental health problems or other vulnerable groups. The Your Way workers each carry a substantial case load, typically 25 to 30 service users, partly new referrals completing the initial 6 to 8 session programme and partly those continuing to receive ongoing support (overall, we were told, the proportions of these two categories of user are usually about 40:60). This requires each worker to arrange and conduct 4 to 5 one-hour sessions a day in different locations around the Borough with perhaps half a day a week in the office completing administrative functions. Significant use is made of laptops, mobile phones and the internet. The Your Way workers meet once a week, alternately for supervision with the Development Manager and for 'reflective practice' sessions on a peer group basis. There is apparently no administrative support on site.

We were told that demand for the service is continuing to run strongly. The total number of service users supported in the current year to end-October was 156 and referrals were

running at around 25 a quarter. On this basis the total numbers for the year would be likely to be at or above the figure of 195 provided for under the contract with DASS.

Interviews with service users

We spent most of our visit in meetings with individual service users who kindly volunteered to talk to us. We were able to talk to 5 service users, about half of those attending the %open office+that morning. Three were women, 2 were men; 3 were of Black or Minority ethnicity. All lived in Central Wandsworth, Putney or Roehampton. Most had clearly experienced severe mental illness and were still vulnerable and to a greater or lesser extent isolated. We assured our interviewees that we would not be identifying them individually in our report and what follows is inevitably only a brief summary of what we heard.

All of our interviewees were appreciative of the support they were getting from Your Way, while some saw it as making all the difference between coping and despair or breakdown.

Most interviewees had been coming to Together in its changing configurations for three years or more. Three had been at Heathside day centre before it was closed and of these 2 currently also attend the Roehampton Activity Centre, a self-help group of former Heathside service users which meets in Roehampton on the three weekdays when Your Way's office is not open. The third had chosen not to do so, citing the absence of professionally qualified staff there as one of the reasons.

Most of our interviewees said that they attended the %open office+sessions regularly either once or even twice a week. It was clear that for them the %open office+was their main current method of accessing the service and for some this was vital to their continued stability and good functioning. Only two of our interviewees seemed to have been aware of going through a short term focussed programme of keyworking to identify their recovery goals (in this respect the sample of %open office+attenders that we saw may well not have been representative of the service's users as a whole). One of these had been found voluntary work and saw this as a step towards paid employment. The other was also focussing mainly on looking for paid work but had a longer term aspiration to train for some form of counselling.

Some of our interviewees made good use of the computer facilities at the %open office+, particularly for creative writing. But what all of them seemed to value most at Your Way was their contact with the staff, who were seen as responsive, flexible, resourceful, able to solve personal and bureaucratic problems and to help people find the calm, clarity, balance and motivation which they were sometimes unable to hold onto by themselves. In this respect the service was able to offer something which a service user-led group lacked.

Where appropriate we asked our interviewees about their experience of the changes in the resource centre services over recent years. Those who had attended Heathside regretted its closure to a greater or lesser extent and felt that the present configuration of the services offered users less, in terms both of time, space and staff attention. One interviewee had clearly found the process of change, seen as mainly driven by expenditure cuts, disturbing and was anxious about the possibility of further cuts in support. But another interviewee accepted that some of the time people had spent at day centres like Heathside had been unproductive and encouraged over-dependence.

We asked our interviewees about any ideas for change or improvement in the service. There were no specific suggestions but some would like to see more of the same+eg increased open hours or more space. While individual staff were seen as responsive there was little sign of systematic procedures for obtaining feedback from service users. One interviewee mentioned asking for a suggestion box but this did not seem to have been proceeded with.

Findings

We are grateful to the Development Manager, members of the staff team and service users whom we saw during our visit to Wandsworth Your Way. They made us feel welcome and were keen to assist us as best they could.

Our visit was a brief one and during this and our preparatory meetings we were concerned not to disrupt normal business or impose excessive demands. But we hope that we were able to form a reasonably accurate, if necessarily rather superficial, impression of the service's operation and of some service users' perspective and experience (albeit not fully representative of the whole range of service users).

Our principal impression, confirmed by our interviews with service users, was of a well-qualified, experienced, highly committed and cohesive staff team which is doing valuable, effective and sometimes even life-saving work to support large numbers of people with a variety of serious mental health problems and, where possible, to assist them in making progress towards recovery. This is a positive and welcome finding in itself, irrespective of any other questions or issues raised in this report.

The staff team are trained, organised and deployed to a specific model (described above) of one-to-one keyworking out in the community aimed at linking service users up with external organisations, self-help groups and potential employers. This service model is clearly an innovative one, firmly grounded in the widely-supported Recovery approach and in line with the overall trends of government policy on mental health as we understand them. But we were not made aware of specific precedents elsewhere in this country for this model of service.

Its main advantages from the service users' perspective seem to us to be: it gives priority to meeting individual users' specific and immediate needs; it draws on a constantly updated knowledge base of local opportunities, using modern technology and the staff team's developing skill and experience in meeting those needs; and it delivers the service to users flexibly and at their convenience.

There may however be risks, particularly in the extent to which this way of working depends crucially on the sustained motivation, energy and organising agility of each of the keyworking staff (as was apparent from the sample caseload we were shown). The extreme economy that we observed of staffing, space and administrative support, while no doubt welcome to funding bodies in times of financial stringency, also seems to us to present risks in terms of adaptability to change or disturbance of various kinds, including occasional gaps in resources or increased demand. And the quality of the support given to vulnerable people's recovery is under this model to a great extent left in the hands of external organisations beyond the effective influence of the mental health system or of self-help user groups with limited access to professional backup.

We are not in a position on the basis of our short visit, nor are we qualified, to make a definitive judgement on what seems to us to be something of an experiment but one with potentially wider application elsewhere in London or further afield. We were told of the possibility of a systematic evaluation of the Your Way service next year. While this would no doubt represent a call on scarce resources, we would certainly wish to add our support to the case for such an evaluation in the interests of the long term quality of mental health services, not just in Wandsworth but more widely.

We have identified below three issues more specifically focussed on the Your Way service in Wandsworth.

First, we were struck by the extent to which the functions served and responsibility taken by the keyworking staff potentially overlap the traditional functions and responsibilities of the Community Mental Health Teams (CMHTs). One interviewee told us that, if their Your Way keyworker was too busy to help with a problem, they would take it to their social worker. And it is not just problem-solving: another interviewee who had suffered a psychotic disorder and continued to be very anxious about their stability came to the open office twice a week to be supervised and put straight by contact with the staff. While the Wandsworth Your Way workers are not qualified social workers or psychiatric nurses (CPNs) there is clearly a degree of interchangeability in terms of who can provide the support that service users need.

It may be that the development of this new model of service is intended at some level to help relieve pressure on the CMHTs. but we were not told this. Our impression from our discussions at Wandsworth Your Way and on another occasion with managers at South West London and St George's Mental Health Trust responsible for the CMHTs is that there is not in practice a great deal of regular contact or exchange of information between the respective services outside the context of formal care plan reviews.

In these circumstances it seems to us that the relationship between the CMHTs and Wandsworth Your Way (perhaps along with Family Action and any other keyworking services), including referral arrangements, reporting back and the allocation of responsibility for different aspects of support to service users deserves further consideration between the Mental Health Trust, DASS and the service providers. We would like to see this lead to the production of clearer information for service users, carers and the general public on care pathways for support to people with mental health problems in the community.

Secondly, a combination of factors leads us to voice a degree of concern in relation to the future provision of ongoing and longer term support to mental health service users in Central and Western Wandsworth. One factor is the scale of the budget reductions which have already taken place in recent years and the continuing adverse economic climate: understandably against this background service users and carers to whom we have spoken to in the course of our wider study, including some users at Your Way, are anxious about the danger of further cuts in essential service provision.

Moreover we believe we have noticed a tendency in the mental health services to downplay the need for ongoing and longer term support. Without wishing to belittle the potential impact of recent advances in the treatment of mental illness including the Recovery approach to aftercare, we believe that it is realistic to recognise that a proportion, perhaps a substantial proportion, of people who have experienced major mental health problems are going to

continue to need support (or perhaps more accurately a carefully-judged balance between challenge and support) involving an element of ongoing regular contact with mental health professionals, for a significant period of time, in some cases for life. The present economic and social climate continues to put people with mental health problems at a disadvantage, notably as regards finding employment. The very process of helping vulnerable people manage their expectations and deal with disappointments as well as successes while maintaining their mental and emotional stability is itself a highly skilled one requiring close personal engagement within a secure and stable framework.

We learnt from some of our interviewees that they are indeed currently able to access this kind of help at Wandsworth Your Way. But it seems to us that the staff team are presently working at full stretch and that other resources, eg of space needed to sustain drop-in facilities like the %open office+, may be starting to come under pressure. It seems to us as likely that demand for ongoing support in Central and Western Wandsworth will increase over time as that it will reduce. Even with no change in demand, any further reduction in resources is likely to reduce the quality of the service provided and/or the numbers that can be served.

For this combination of reasons we consider it important to underline our concern: we must look to service providers and commissioners to work together to prevent any such dilution or reduction in ongoing support to mental health service users in this part of the borough.

Finally, it is part of LINKs essential ethos and remit to emphasise the need for the fullest involvement of service users in the planning and delivery of services. The present configuration of Wandsworth Your Way is perhaps not best suited to active deployment of service user volunteers although there might be a place for properly trained peer support workers eg in sharing the staffing of %open office+sessions or in maintaining links with service user-led groups. More particularly we were not made aware of any systematic arrangements in place for gathering service user feedback on issues of service provision although we were told that where clients are moving from short to long term support, or on to greater independence, feedback and views are taken to inform the team's learning and the continual development of the service . We would like to suggest the introduction of a suggestion box, and/or an online equivalent. The possibility of some form of user survey also seems worthy of consideration, so we were pleased to hear that Together is launching a new customer questionnaire this month. This could be an important contribution to any evaluation of the service. We accordingly recommend that consideration continues to be given to the scope for improving service user participation and feedback.

As we recognised in our earlier report on Family Action, the present pattern of commissioned day/resource centres in Wandsworth reflects a process of change over recent years towards more explicitly Recovery-based and outcome-focussed service models. At the same time there have been budget reductions and major changes in funding arrangements. This wider process of change goes beyond the scope of this report on Wandsworth Your Way but we intend to come back to it and draw out some issues for future consideration in a covering report to be published shortly, having now completed our Enter and View visits.