



Healthwatch Lambeth

Enter and View

Southside Rehabilitation Association Visit Report

June 2016

About Healthwatch Lambeth



**Healthwatch
Lambeth is the
independent health
and social care
champion for local
people.**

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

About Enter and View Visits

Our Enter and View programme involves visiting publicly funded health and social care services in Lambeth to see what is going on and talk to service users, their relatives and carers, as well as staff.

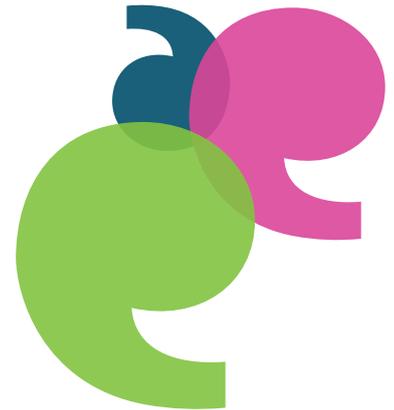
Every local Healthwatch has a legal responsibility to carry out an Enter and View programme. But we are not inspectors. Instead, we focus on what it is like for people receiving care. We provide extra eyes and ears, especially for the most isolated and vulnerable. Our visits are carried out by trained and police checked volunteers.



Visit overview

Service	<p>Southside Rehabilitation Association (SRA), 45 Knight's Hill, London SE27 0HS</p> <p>Established in 1991, Southside Rehabilitation Association (SRA) is a registered charity and limited company set up to help re-establish work habits for people whose careers have been interrupted by mental illness. The service is provided across its two sites in Camberwell, Southwark and West Norwood, Lambeth (the focus of this visit). There is capacity for 70 clients, 45 funded through NHS Lambeth Clinical Commissioning Group and 17 from NHS Southwark Clinical Commissioning Group. At the time of our visit, there were 29 clients attending the West Norwood site.</p>
Date of visit	Tuesday 28 June 2016, 10am - 12 pm
Enter and View Team	Janaki Kuhanendran (Lead), Yvette Johnson (Authorised Representatives); Mike Rogers and Peter Taylor (Trainees)
Service liaison link	Stephanie Correia (General Manager)





Purpose of visit

Mental Health is a priority area of work for Healthwatch Lambeth. Our work in 2015 indicated that knowledge of community-based mental health services among local people was poor. Following this, we were keen to learn from people who have mental health needs how they find information and advice about where they can seek help and support, and what their experiences of receiving this support has been. As a provider of community-based mental health support services, we chose to conduct an Enter and View visit to SRA to talk to service users and staff. The aims of the visit were to:

- listen to how mental health service users perceive the quality of the support they receive at SRA and, if and how it enables them to manage and maintain their wellbeing;
- understand how service users find information and learn about where they can seek help and support elsewhere that appropriately meets their needs.

About SRA

SRA's client¹ base are people with serious mental health problems who want to get back into employment. Apart from being a Lambeth or Southwark resident, the only expectation is that clients are able to travel to the site and they want to recover. The ethos of the organisation is to provide clients with structured support to take control and manage their lives. The service operates three social enterprises: catering, cleaning and printing. All clients have an opportunity to develop their IT skills.

The induction period runs for a half-day, five days a week for six to eight weeks, and aims to build concentration and confidence through a focus on attendance, time-keeping, cleanliness, appearance and social skills. Each client is offered lunch, and is eligible for a small reward of up to £20 per week for continued weekly attendance. Following this, clients are supported to apply for courses at colleges or other institutions. This is to encourage them to continue learning but also to make new friends. The service also supports clients to move back into work, using voluntary posts as a stepping stone.

¹ SRA refer to service users as clients; these terms will be used interchangeably throughout this report

Participants

An observation checklist of the service environment and questionnaires for staff and members were developed by the Healthwatch Lambeth Enter and View team. We asked members about the quality of the service, their views of the staff, how they provided feedback and more broadly about how they kept themselves emotionally well. We asked staff about what they thought of the service, how they involved members and how they engaged with other relevant local services.

Prior to our visit, we distributed paper copies of the staff questionnaire with a prepaid envelope for return. We also held an interview with the General Manager a week before the visit.

During our visit, we spoke to eight clients and three staff members. Our Enter and View visiting team noted that from the language and speech of clients present on the day of the visit, several seemed to have high mental health support needs. Participation was voluntary and some clients declined to be interviewed.

Location

SRA have been operating in their current location at Knight's Hill, West Norwood, since their opening in 1991. The site is situated on a busy main road; the premise is well served with several bus routes and an overground train station situated a short five minute walk

away. Its central location facilitates easy access to nearby amenities on Norwood Road.

External environment

The entrance to SRA is on Knight's Hill Square (a side street off Knight's Hill), with the door we entered through at the top of a run of steps. Our visitors' impression was that the main entrance was not clearly signposted. As first time visitors, we saw signs for 'The Copyshop' but nothing obvious that the building was the SRA premises. The entrance appeared more like a workshop or factory entrance, and those with mobility challenges would find it difficult to access the building should this be the only entrance. SRA later explained to us that people with mobility problems use their Camberwell site as the West Norwood building is too old to adapt. A controlled security door with an entry phone buzzes you into the building.

Recommendation 1

Clear signage should be placed at the entrance to the premises to ensure visitors can easily locate the service.



Internal environment

Staff were welcoming and friendly, and clearly guided us on arrival to the main office. Although there is a small office room where the receptionist allows entry into the building, there is no reception area for visitors to wait on arrival.

Despite being an old building, the interior was clean and well maintained though our visitors felt that the décor seemed dated and would benefit from some modernisation. The internal layout of the building poses several challenges for the spatial organisation of the service itself, as well as with its compliance with the Equalities Act 2010.

Access to the four main rooms (kitchen, classroom with computers (doubled up as a dining room at meal times), print shop and administration/office area) is via narrow corridors and sets of stairs between floors. There were no lifts or ramps within the building and we observed that the toilets were not adapted to make them accessible. The rooms themselves were clean, bright, open-plan and well organised, though lacked some warmth. There was adequate lighting and good ventilation with windows open.

A small office/break room area with chairs, a table and a computer was made available to us to conduct individual interviews during the visit. We were also offered an office space within the main classroom area where private conversations could be conducted.

We saw at least three different areas where notices advertising events and courses were displayed, not all of which were up to date. Information in each of the areas did not appear to be organised in a coherent or accessible way. Our visitors noted that one display area was located close to the print room, where there was generally less client footfall.

Recommendation 2

Place noticeboards in areas where SRA clients and staff are more likely to take notice and read the information such as in the classroom or on the corridor walls (if permitted).

Consider theming different notice boards and using plain English headings to make subject matter more appealing and accessible. For example 'How to keep healthy and well'; 'Help with employment'; 'Help with benefits', 'About SRA', 'How to get involved'.

Monitor the displays to ensure the information is kept up-to-date.

Meeting members

Quality of services

SRA clients told us that they participated in the following activities at the Knight's Hill site: computer courses, job searching, journalling, managing reception, cooking, stock-taking and driving to deliver print jobs.

Service users shared very positive feedback about the quality of services, emphasising the **sense of purpose, increased focus and improved confidence** they gained from learning new skills both at SRA and at other external organisations. Having a daily routine in particular was mentioned by many as having a very practical benefit. Typical comments included:

"I improve my skills on the computer.... I've learnt word processing, how to use the internet, I can send messages and use email which has helped me connect with people"

"I like everything, it helps me concentrate"

"I go for a reading group. I've never read in front of people before. We ask questions about the book and I practice my pronunciation and maintaining eye contact - it helps my confidence"

"You're given a sense of direction [here], you're given a sense of focus - so you know where you're going to and know what will happen every day"

"I've got an action plan. SRA has helped me do a self-management course in Brixton which has really helped me organise my life, get up and go out and dress well".

Social gains were also noted by many service users. People frequently talked about the opportunities to meet new people and make friends, explaining:

"It gets me out of the house and gives me somethings to do.... My job gets me about meeting people"

"I like SRA because it keeps me company. I meet others here. I live alone so I'm happy to come here and talk to people. I don't see people outside of here".

The majority of clients we interviewed were introduced via their social worker, community mental health team or care coordinator and are regular service users attending typically four to five half-days a week. Four of the eight service users we spoke to had been using the service since the late 1990s and two others for over four years, which seemed in contrast to the ethos of the service which is essentially to provide short term support to get clients back into learning or employment, unless working in one of the jobs that SRA directly provide. Our impression from speaking to clients with a 'job' at SRA was that these opportunities felt more like sheltered support rather than time limited therapeutic input to help them move on.

Provider response

All interventions are time limited. Some people take a longer time to become work ready.

We received a minimal response to asking service users directly about ‘goal-setting and reviewing achievements’, with many not understanding the focus of the question. Although many clients seemed to us to have more severe and enduring mental health needs, several explained that one of their main motivation was to find work, though few of them had had luck with this. Comments included:

“I don’t want to stay here for long time. I would like to improve my IT skills and my English then find a job. My purpose is to get off benefits and look after myself, pay my own rent. They help me to look for a job here, I’m searching but haven’t been to any interviews yet”.

“[I want to] get a job and stop coming to SRA. I’ve gone to interviews and gained experience of being composed in interviews so I know what to expect, but no job yet”.

One client suggested that they had outgrown the service but continued to attend with the expectation that SRA were trying to find them an appropriate employment opportunity:

“I like coming here. I was going to leave but will stay until they find me a job....Just doing the same thing on the computer gets a bit boring. I like it here but when you’ve been

here so long ... I’m looking for a job out there. I go to the Job Centre, but they don’t want to give us a job because of mental health. They don’t want to.....I don’t know where I’ll be going in the New Year - I think I’m grown up and I need to move on”.

There was only one person whom we met who did not seem to share the same sense of motivation as the other service users. Living with a visual impairment, this individual expressed her gratitude for simply being alive, also commenting “*I don’t have any goals, there’s not much I can do*”.

Recommendation 3

Goal setting and review should be a continuous process undertaken with clients so they are aware of, and feel they own their goals. Where clients feel they have outgrown the services available at SRA, referral to Mosaic Clubhouse’s information hub or to the Living Well Network might prove useful. In addition, at goal setting reviews clients should be refreshed with the level of support and services expected of SRA to ensure that they understand what can and cannot be provided by the service.

Provider response

Goal setting takes place within the first four weeks using the Recovery Star² and then

² The Mental Health Recovery Star is a tool designed for adults managing their mental health and recovering from mental illness.



outcomes are reviewed and recorded every 3/6 months.

Worryingly, one service user with a similar ambition of finding employment described that her fear of going back to work was related to the seemingly 'binary' system of welfare eligibility and assessment which acts as a barrier to making a progressive recovery:

"My aims are to know the PC, learn English and look for a job. But I'm afraid of losing my benefits. My social worker says if I do more than 15 hours of work they will cut my benefits and the best thing to do is to find a full-time job. I'm not ready to work full-time yet. I'm paying a reduced rent at the moment, and if I work more than I should they'll take my flat from me and the rent might go up".

Recommendation 4

Clarity and guidance on welfare benefits entitlements and any thresholds/ restrictions that may have relevance to a client's goals should be sought by support staff and communicated clearly to the service user.

This may help to reduce anxiety of the service user and perceived fears or barriers to making a staged recovery. This information may need to be updated accordingly as regulations change.

Further information is available here:
<http://www.outcomesstar.org.uk/mental-health/>.

Provider response

Staff are regularly updated in relation to Welfare Benefits and share this information with trainees. They also help with form filling and sharing information with the Benefits Agency.

SRA clients explained that staff members supported them holistically with practical hands-on advice and support, for example encouraging each person to look after their **physical as well as mental health:**

"Stephanie gave me advice when I complained of being overweight. She said if you have to use the bus, stop at an earlier stop and walk or if you use the lift use the stairs. It was very helpful"

"I get on well with XXX, she's helping me with my action plan. It includes smoking cessation. I'm going to try electric cigarettes".

Staff members felt that that services at SRA offered good support to people with mental health needs and were 'real' in the sense that they helped people to learn skills but also to focus on their behavior and personal presentation. They felt that the variety of activities covering catering, cleaning, IT, print and design as well as the advice provided to find employment, to manage personal finances and look after clients' health and wellbeing were of benefit. One staff member suggested that client support could be enhanced if departmental supervisors could be more directly involved in facilitating the

development of their assigned trainees, for example by using the recovery stars and with college enrolments.

Staff interaction

Staff are employed for their skills in the social enterprises that SRA run (e.g. print/design, cleaning and catering) rather than specifically having a professional mental health background; there is one senior support worker based at the Knight's Hill site.

Service users praised SRA staff describing them as *"helpful"*, *"friendly"*, *"approachable"*, *"sociable"* and *"easy-going"*. Although no formal classes were being delivered on the morning of our visit, our Enter and View team did observe positive, engaging and respectful conversations taking place. Staff told us that their familiarity with service users varied depending on their role. The senior support worker felt that she knew SRA clients very well as she led all inductions and support, while others had less opportunity for wider interaction.

Staff members shared that they had received generic training in first aid, health and safety and IT skills, but also more role-specific training in accountancy, risk assessments, adult protection, welfare benefits and 'on the job' learning in the print room. A new member of staff was expecting additional mental health training to be organised in the near future.

Participation and involvement

We received mixed feedback when service users were asked to discuss how they were involved or participated in shaping how the services at SRA were delivered. Several seemed unable to understand what we were asking of them. One person explained that they were not interested in participating in decision-making commenting *"that's for them [staff], I don't want to get involved"*. However another service user did feedback that staff often sought their opinions before attending external meetings.

Two others drew our attention to a quarterly feedback form disseminated by staff regarding *"the food and what we like to eat"*. Neither knew how the menu was set and assumed it was decided by SRA management staff. One of these service users felt that the menu was varied, taking us through the different dishes planned across the week, and feedback that they liked the food. Another suggested that they were sometimes *"bored of it [the menu]"*. Although both service users were of African descent and explained that they liked and cooked 'their own' food at home, neither had ever asked to change the menu on offer.

When discussing choice and involvement with staff members, one person explained that meetings had been held in the past to discuss ideas and to involve service users, but there was typically little response.

Recommendation 5

Staff could experiment with creative and informal ways that are suited to clients and will encourage them to be more involved in how the service is delivered e.g. asking clients themselves to lead the collection of feedback and suggestions, using picture based survey forms or quizzes to generate group discussion. The changes that result from people's participation should also be shared. For example, after collecting quarterly menu feedback, SRA staff should find ways to discuss the findings and identify areas for action with service users so that they can better see how it is used. This approach would also have therapeutic value for clients.

Although relatively new, one staff member was unaware as to how the organisation systematically provided opportunities to hear service users' views and was unsure about how SRA clients were assigned to the different work areas within SRA, saying *"I'm assuming Caroline and Stephanie assign everyone their roles within the business. I don't know how clients are involved in XX"*. While we did not specifically ask service users about how they chose the activities they participated in, those we spoke to seemed to enjoy the work they did or felt that it was best suited to their ability or interest.

Providing feedback/ making complaints

All the service users we spoke to told us that they felt confident to feedback or complain informally. Service users alluded to taking a proactive approach saying *"If I've got a problem I tell them and they help me with whatever I'm finding difficult. I go to the office to ask for help"*. Most said they would make their views known verbally by talking to staff, with one person suggesting they would write a letter.

We did not see any posters or information on display which explained to people how they could feedback or make a complaint.

Recommendation 6

Information areas should include an explicit section on 'how to make your views known'. There should also be a formal complaints system in place and communicated to all service users. A poster with a simple flowchart explaining the steps would be helpful. We would encourage SRA to receive complaints in a variety of ways - verbally and in writing, and provide the means to do so anonymously.

During our conversations, two service users suggested that they had needs that were not currently being met. One person explained that they would like to have more support in learning to use computers as they felt that they were not making fast enough progress, though recognised current staffing levels put a strain on the organisation commenting,



“we’re understaffed and staff are always really busy, I can understand that”.

Another service user told us that they thought that support can sometimes lapse after a long period of time. Although the service user was fiercely complimentary about the “important help” provided by SRA to keep people “positive and balanced” and the step by step support provided to find employment, this individual also felt that “SRA should not give up on people” and that they would benefit from additional moral, spiritual and emotional encouragement by staff.

Staff members similarly feedback that the organisation could benefit from hiring more staff to cover sickness and leave as understaffing sometimes results in activities being cancelled or re-scheduled.

Recommendation 7

SRA staff should explore how a ‘buddying’ system could work within the service to support services users with more skills and ability to stay motivated and engaged.

Another suggestion put forward by staff was to create a social area, a place to talk (not just about work) and relax for both service users and staff.

Lastly, two service users suggested that they would like the financial incentive provided for attendance to be increased from £12.50 per week.

Provider response

The financial incentive is £2.50 for each session attended and clients can only attend up to eight sessions as we can only award £20.00.

Engagement with other services

SRA clients told us that to keep well in their own time they exercised by practicing yoga, going walking, swimming or to the gym, participated in a choir, went to the library, attended church regularly, read the bible or practiced sewing or knitted at home. Service users also told us that they had been introduced to services, courses or groups by SRA at organisations such as Thames Reach, First Step Trust, St.Mungos and a local Adult Education Centre, and were encouraged to take on new goals such as volunteering in the community.

Two service users commented that they didn’t know of any other centres to get mental health or other support but were uninterested in finding out more as they were happy with the services provided at SRA. Only one person articulated her sense of loneliness: *“Going to the church gives me company, I meet others. After SRA I go home and go shopping and cook. I don’t have any friends outside of here. No-one has time in the evenings. It’s difficult to know your neighbours, everyone’s busy. I go to bed early at 7pm because I’m bored..... SRA suggested I do a voluntary job on the weekend but I think*



that would be too much - I wouldn't have any time to rest."

Staff members explained that they made significant effort to advertise SRA and to connect with other mental health service providers and related professionals such as housing officers. SRA regularly invite external organisations to send their service users to have a tour of the service and also attend the monthly open mornings organised at Mosaic Clubhouse, although they noted that "very few people come".

We were informed that most people access SRA via referrals. Many come directly from River House (Bethlem Hospital) and from care coordinators in community mental health teams; fewer are from places such as the Living Well Hub³ and GPs. Staff felt that there were more people who could benefit from their service, such as those discharged to a GP who are unlikely to be getting any additional support, but that it was a challenge to find the appropriate communication channels to access this particular target group.

In terms of statutory support, several SRA clients shared that they continued to see their community psychiatric nurse or social worker.

³ The Lambeth Living Well Network Hub is the front door to community based support for people's mental health and wellbeing. Further information is available here: <http://www.lambethccg.nhs.uk/our-plans/mental-health-services/lambeth-living-well-network/Pages/default.aspx>.

One person noted the excellent continuity in support provided by social workers from two different supported housing schemes as the individual moved lodgings.

A number of people also mentioned that they visited their GP, mainly to collect repeat prescriptions. One service user commented that they were looking for a better GP service saying "*I'm changing doctor. The GP is alright but just gives you tablets. I want them to give me more help, give me blood tests, tell me what to eat, what to take [medications]. I don't want to go there all the time. The medications have side effects....I want to go and join a gym*".

Better communication, engagement and sharing of responsibilities between staff at SRA and those in supported housing and care coordinators was outlined as an improvement that would benefit service users. One staff member felt that external support for clients from other related organisations unfairly declined once they had been referred to SRA saying, "*they don't ring us back and kind of wash their hands of clients once they've been referred to here. I spend a lot of time sorting out freedom passes when this isn't really our role.*"

Increased and coordinated use of the Recovery Star among the different supporting agencies was also put forward as a means to improve the quality of support for service users. SRA staff felt that although organisations had agreed to use the tool and

share the information so that each agency could play their part in actively supporting a service user's recovery, in practice this hasn't happened systematically, particularly with supported housing agencies. Related to this, one staff member suggested that more effort was needed to consistently promote positive messaging around recovery (that you can recover from and manage mental health issues) across all services - clinical services in particular, as their clients have feedback that practitioners had not explained recovery to them in that way before.

Conclusion

Based on our visit and feedback from service users, we believe that SRA are providing their clients with a good quality of service. Clients were positive about gaining new skills and were particularly appreciative of the supportive relationships that they had built with their peers and staff. We were also pleased to learn how SRA supported clients to meet their identified needs and interests by connecting with other local services.

We would encourage SRA to find ways to increase the opportunities available for service users to participate and become more involved in how the service is run, and would advocate for finding appropriate ways to generate interest and engagement. Reviewing and implementing a more consistent goal setting and monitoring process across the service could be beneficial for service users, especially for long-term clients who have limited employment options, to ensure that they are continuing to move forward in their recovery journey.

The Healthwatch Lambeth Enter and View visiting team would like to thank the staff of SRA for their patience, courtesy and openness during our visit.

Recommendations

For ease of reference the recommendations appearing in the body of the report are repeated below:

Recommendation 1

Clear signage should be placed at the entrance to the premises to ensure visitors can easily locate the service.

Recommendation 2

Place noticeboards in areas where SRA clients and staff are more likely to take notice and read the information such as in the classroom or on the corridor walls (if permitted).

Consider theming different notice boards and using plain English headings to make subject matter more appealing and accessible. For example 'How to keep healthy and well'; 'Help with employment'; 'Help with benefits', 'About SRA', 'How to get involved'.

Monitor the displays to ensure the information is kept up-to-date.

Recommendation 3

Goal setting and review should be a continuous process undertaken with clients so they are aware of, and feel they own their goals. Where clients feel they have outgrown the services available at SRA, referral to Mosaic Clubhouse's information hub or to the Living Well Network might prove useful. In addition, at goal setting reviews clients should

be refreshed with the level of support and services expected of SRA to ensure that they understand what can and cannot be provided by the service.

Recommendation 4

Clarity and guidance on welfare benefits entitlements and any thresholds/ restrictions that may have relevance to a client's goals should be sought by support staff and communicated clearly to the service user. This may help to reduce anxiety of the service user and perceived fears or barriers to making a staged recovery. This information may need to be updated accordingly as regulations change.

Recommendation 5

Staff could experiment with creative and informal ways that are suited to clients and will encourage them to be more involved in how the service is delivered e.g. asking clients themselves to lead the collection of feedback and suggestions, using picture based survey forms or quizzes to generate group discussion. The changes that result from people's participation should also be shared. For example, after collecting quarterly menu feedback, SRA staff should find ways to discuss the findings and identify areas for action with service users so that they can better see how it is used. This approach would also have therapeutic value for clients.

Recommendations

Recommendation 6

Information areas should include an explicit section on 'how to make your views known'. There should also be a formal complaints system in place and communicated to all service users. A poster with a simple flowchart explaining the steps would be helpful. We would encourage SRA to receive complaints in a variety of ways - verbally and in writing, and provide the means to do so anonymously.

Recommendation 7

SRA staff should explore how a 'buddying' system could work within the service to support services users with more skills and ability to stay motivated and engaged.

Healthwatch Lambeth

336 Brixton Road
London, SW9 7AA

Tel 020 7274 8522
Text 07545 211 283

info@healthwatchlambeth.org.uk
www.healthwatchlambeth.org.uk/enterandview

Registered charity no: 1153444

Registered company in England and Wales no: 8430436

