

APPENDIX A

Yearly Evaluation Report (Including Q4 stats) 2019/20

1. Name of project

The Tendring Mental Health Hub incorporating the Tendring Community Clothing Shop

2. Summary of project

A single point of access to provide a holistic assessment and intervention for the vulnerable residents of Tendring who have ill mental health.

There are two elements of the program and are categorised in the report as:

- Clients – service users who attend drop-in advice sessions
- Volunteers – service users on the mental health recovery programme

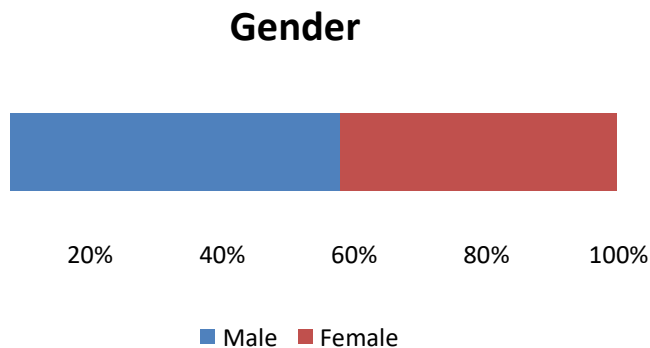
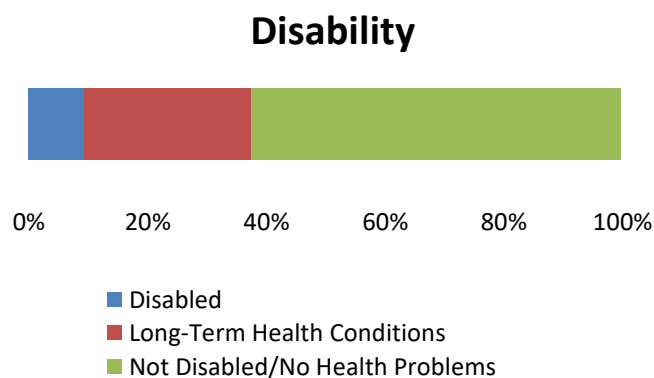
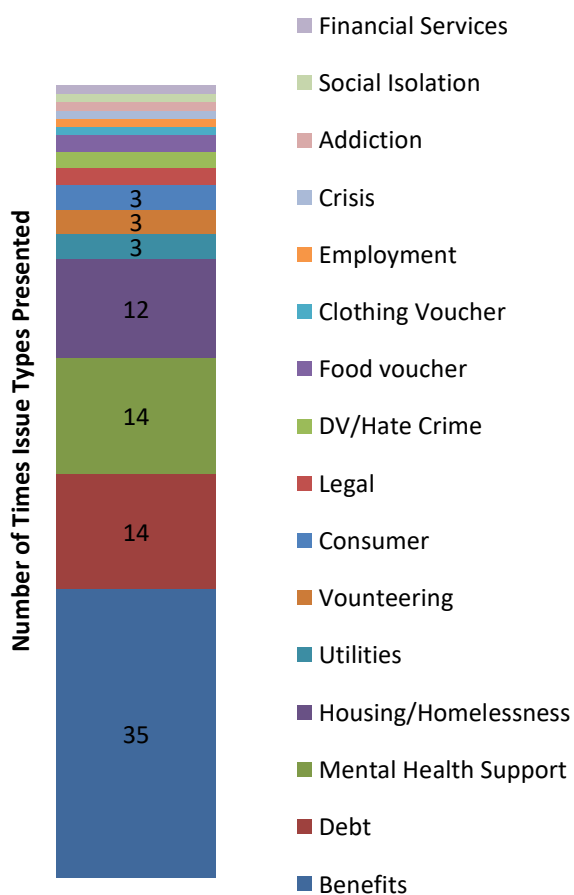
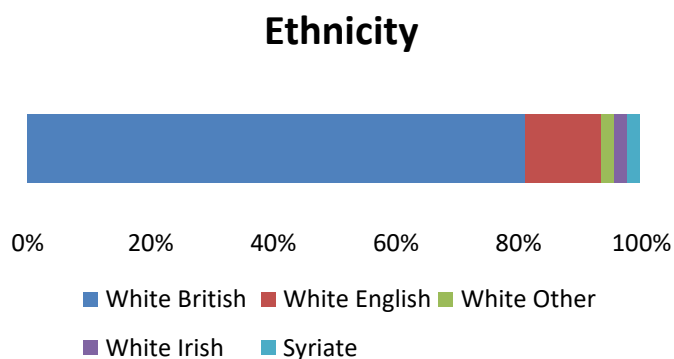
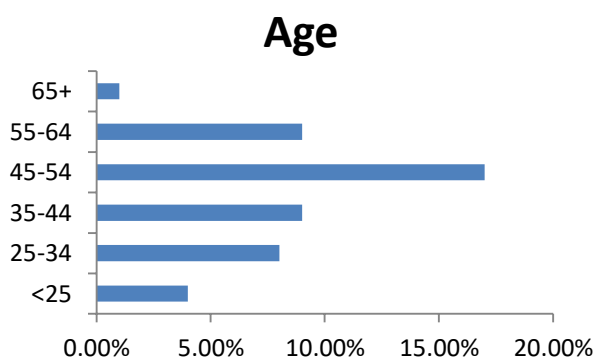
3. Cost Benefit Savings

Whole Potential Cost Benefit Savings Based on the Manchester Model	
Crime	£877,577
Housing and Employment	£381,341
Health	£840,827
Total Potential CBS	£2,099,745
Full Year Investment	£108,000

4. Overview of the year

- 1 999 call to emergency services
- 325 signposts and referrals out to other services
- 41 referrals to housing organisations preventing homelessness/assisting homeless people
- We have assisted clients to deal with 60 instances of unmanageable debt to an estimated total of £364,206
- We have seen 165 instances of benefit issues and have supported clients with claims to an estimated value of £839,068
- Number of service delivery hours provided YTD: 4697

5. Client advice statistics and demographics for Q4



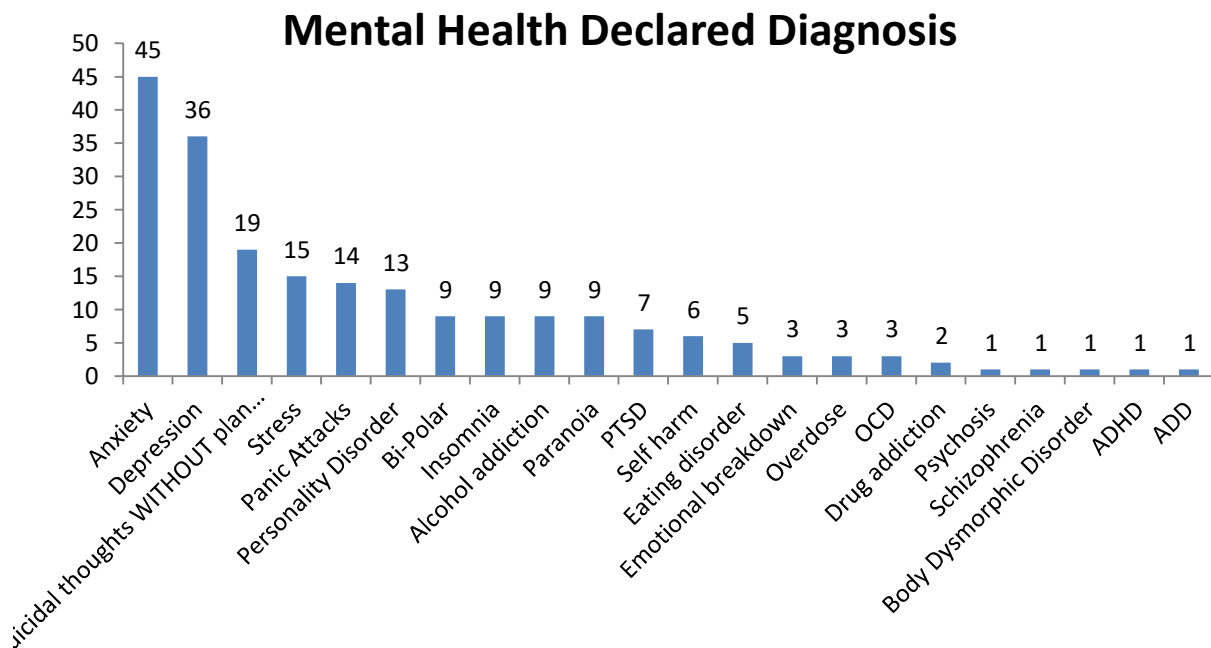
- We have seen 53 clients for 74 visits to the MHH via drop-in and appointments.

Clothing Vouchers in Q3 and Q4	
Amount vouchers issued	35
Adults	41
Children	10
Homeless	14
Newly Housed	21
Fleeing DV	1
Items issued	304

- **Ex-offenders**
From the people we supported in Q4, 5 disclosed that they were ex-offenders.
- **DV information**
Of all clients asked in Q4, 11 people disclosed that they had been a victim of domestic violence.

6. Client Mental Health

All clients seen in Q4 disclosed the following data regarding their ill mental health - many clients disclosed dual or multiple diagnoses:

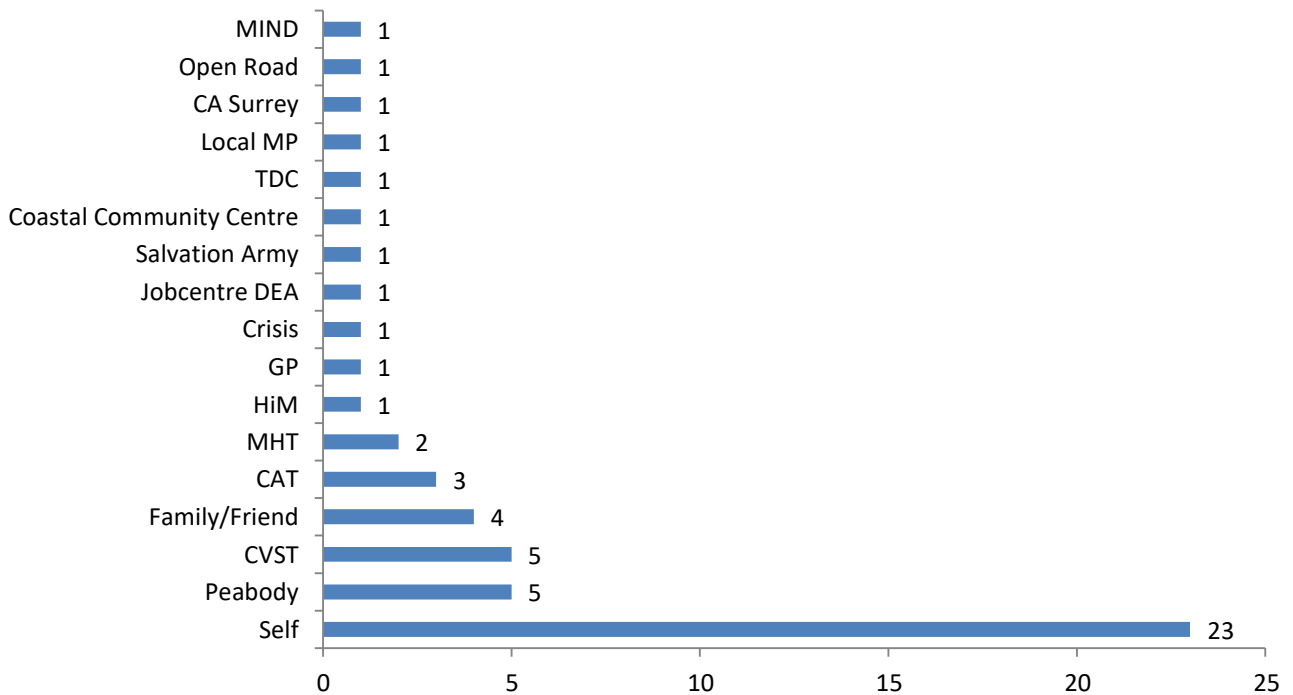


- Our figures show that after visiting the Hub, our clients' anxiety reduced by an average of 27% this year (data taken from random sample each quarter).

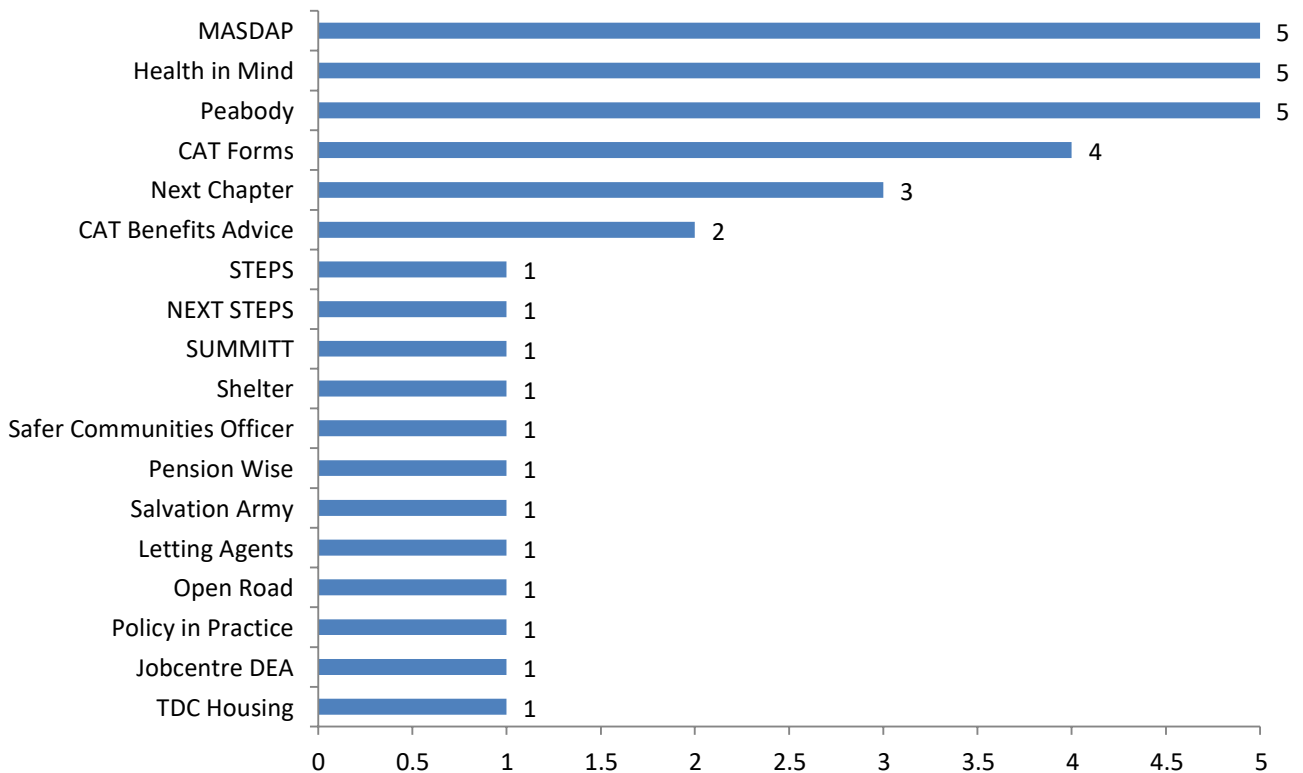
Number of crisis situations declared over the past year	
Suicidal Thoughts/Ideation	70
Self-Harm	22
OD	9
Crisis	8

7. Number of referrals in and out for Advice in Q4 by source

- Number of referrals into the service (total = 53)



- Number of onward referrals/signposts to third party following assessment (total = 36)
 - 0 referrals to A&E
 - 0 referrals to the Crisis Team
 - 0 referral to secondary services



8. Case study

Client came to MHH at drop-in for advice. He had recently moved to the area following the death of his father who was his primary carer, and had no friends, family, or formal support. Client had previously been supported by Secondary Mental Health Services, but since moving he had tried to link in with local mental health services and was put on a waiting list following assessment.

The lack of support meant that client had difficulty dealing with his finances, and by the time he had come to us he his ESA had been stopped due to missing a medical assessment and deprivation of capital issues - client failed to notify DWP of his inheritance of £225,000 from his father. The money had been spent on buying his home, falling victim to several scams, being coerced into giving money to his sister, and then developing a gambling addiction to try to win some money back as he was panicking about his diminishing savings. The suspension of client's ESA also resulted in a loss of council tax support, meaning that client had begun getting into debt.

Regarding the scams, we signposted client to the police as they had already been helping client with one of the scams so he was confident to get further support from them. Whilst we were helping client to deal with the ongoing benefit problems, we supported client with food vouchers to supplement client's PIP which he was still receiving.

We then began getting client's benefits reinstated, firstly rearranging client's missed ESA medical assessment, and also getting in touch with Tendring District Council and getting client's Council Tax Support restored. To combat the deprivation of capital issues, we assisted client with acquiring bank statements, annotating his spending to explain where the money had gone, and sending the information to DWP.

Client successfully disputed the deprivation of capital case against him, and had his ESA reinstated with a back-payment of £4,200. To ensure that client would not face ongoing issues, we assisted client with contacting the Mental Health Team and escalated his case, with client having support from the Specialist Mental Health Team by the time his financial issues were resolved.

9. Volunteer Information

- All clients seen this quarter who were in recovery were asked if they would like to take part in the Mental Health Recovery Programme, and the results are as follows:

Volunteering	No. of Clients
Already Has	4
Yes	6
Maybe	1
No/Not in Recovery	42

- Total volunteers/potential volunteers for the program YTD: 54
 - Number of active volunteers: 14
 - Number currently on hold: 10
 - 3 too unwell
 - 3 unable to contact
 - 4 due to COVID shutdown
 - Number of volunteers moved on/closed on Q4: 8
 - 1 became self-employed

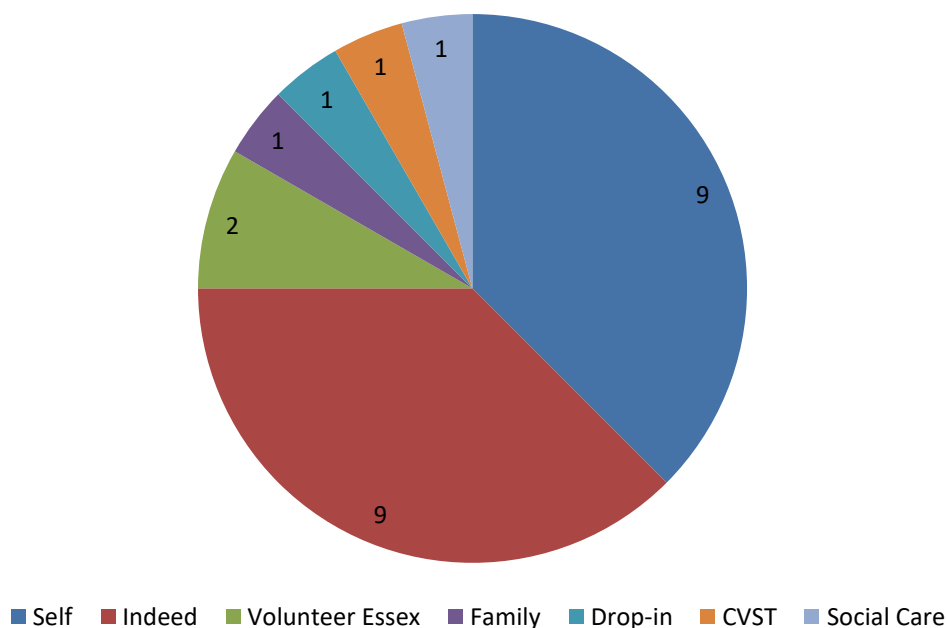
- 6 disengaged and we have not been able to contact – this is likely partially due to COVID
- 1 applicant unsuitable for the recovery programme and unable to supply references
- Number of volunteer hours worked in the Community Clothing Shop YTD: 998

Wellbeing Graph Area (Appendix 1)	Percentage of volunteers who reported..:		
	Increase	No Change	Decrease
Mental Health	34%	11%	55%
Physical Health	34%	55%	11%
Life Skills	34%	44%	22%
Confidence	89%	0%	11%
Social Networks	55%	34%	11%
Learning/ Other Activities	34%	55%	11%
Purpose and Direction	45%	21%	34%

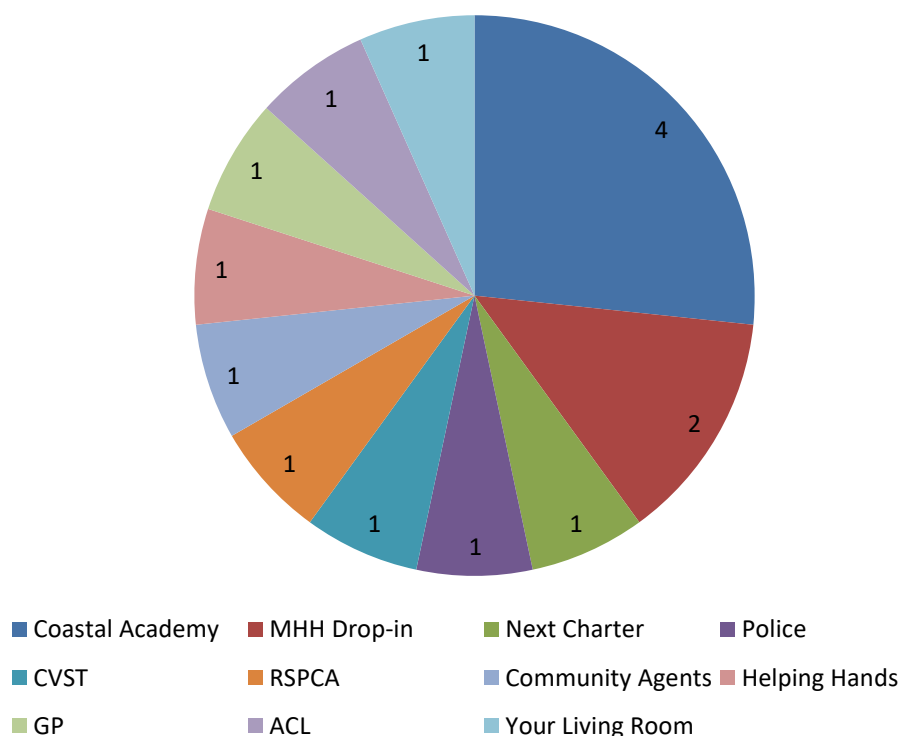
- 6 volunteers have been excluded from the figures as they were new starters and have not had their second wellbeing meeting yet.
- A number of our volunteers experienced negative life events that impacted their recovery over Q3 and Q4, including death of family and relationship breakdowns. Once we are able to show the long-term figures for individual volunteers when they start and leave as planned, this will negate the increases and decreases throughout the year.
- Volunteers set a total of 30 goals over the year (began just prior to Q2), and achieved 27% of them.
- In Q3 and Q4, volunteers have gained a total of 59 skills and have completed 11 modules.

10. Number of referrals in and out of the Recovery Programme in Q3 and Q4 by source

- Number of referrals into the service (total = 22)



- Number of onward referrals/signposts to third party following assessment (total = 15)



11. Case Study

This volunteer was a self-referral and had originally contacted MHH to do generic volunteering in the autumn of 2019. At first contact he was advised about the recovery programme and felt that this would be more appropriate for him and meet his needs. The volunteer had been caring for his partner for 5 years and had recently retired from being a self-employed upholsterer.

At assessment the volunteer had explained that his partner had recently gone into residential care and that he was not coping with this. That his whole life had been committed to her care and that now she had gone into residential care he felt worthless and very lonely. For the first time in his life he had begun experiencing high levels of anxiety and was increasingly finding it difficult to socialize and go into the community. He had visited his GP and it had been suggested to him that he could contact IAPT services, but he said he felt intimidated by this and decided he would rather try volunteering to help him cope and begin to socialize again.

When asked what he felt he could achieve by using the service and what his goals were, he simply replied 'to feel like my old self again'. He said he would just like to be able to get out the house and reduce his levels of anxiety and to give something back to society.

As a volunteer he settled in quickly and proved to be a very pleasant and able individual. He soon expressed that attending MHH was really benefiting him; helping to reduce his levels of anxiety and giving him something to look forward to. When taking part in his first volunteer 1 to 1 he said, 'I feel my mental health has already improved, and attending here has certainly helped'.

He embarked on the MHH Retail Training programme and made quick progress with this. He attended an Introduction to Citizens Advice training and expressed an interest into doing the training to become an adviser. He identified that he would like to increase his volunteering hours and started

working two shifts a week and continued to express that he was finding volunteering at MHH a positive experience.

After three months on the recovery programme he approached recovery staff and said that he had decided to return to the workplace and that his time at MHH had been instrumental in his making this decision. He felt he had more purpose and direction and that his mental health had really improved and that he was returning to be a self-employed upholsterer.

At the exit meeting, his progress on the recovery programme was reviewed and all seven elements of his wellbeing journey had seen an improvement. He expressed that when joining MHH he had no intention of returning to work, but his time on the programme inspired him to do so. He said being on the programme had 'Really helped me get back on track and get back working again'.

12. Case study

This volunteer joined the Recovery Programme in the winter of 2018. He had found out about the programme through the Signpost Resource Centre when he was part of the Community Connections Project with Signpost. When applying he stated that he hoped being on the programme would help equip him for making steps towards paid employment.

He stated that he had mild autism and dyslexia, experienced anxiety and depression, and found it difficult to engage socially with others. At the time of his application he was also attending the Gateway Club and had recently started on a Let's Get Digital First Steps course with ACL. He stated that he was keen to embark on the MHH Retail Training Programme and started working one shift a week.

When reviewing his initial progress through his first 1 to 1, the volunteer started mapping out his goals. He stated that he wanted to attend MHH regularly and be on time and that he would like to continue to attend ACL, eventually do an art course, and entry level maths and English. He stated his long-term goals were to work in IT, to interact with others better, and teach other volunteers to use a computer.

The volunteer settled in well but did find interacting with others difficult and found it hard to assert himself and express his wishes explicitly. He worked with the recovery team to improve his interpersonal skills and in taking the initiative in deciding what retail tasks he would like to undertake. The recovery team worked on a one to one basis with this volunteer to help improve his interpersonal skills and decision making and this proved successful in that the client became more independent and confident, evidenced on his wellbeing graph.

The volunteer continued to attend other resources outside of MHH and was encouraged to continue with these, and through this support started his math and English courses early 2019. He also started a pottery course in the spring of 2019 and continued to attend the Gateway Club.

In late 2019 the volunteer was involved in a safeguarding incident, being a victim of assault and ongoing harassment. The recovery team at MHH supported him through this, working in partnership with the Safer Communities Officer and the police. This incident prevented him from attending the Gateway Club for a few weeks, but he is now attending again and doing so safely.

Attendance was organised by the MHH recovery team for the volunteer to take part in Customer Care training at CVST late 2019. He said he enjoyed this training and that he learnt how to be more assertive.

When reviewing this volunteer's recovery graph at his move-on meeting it was apparent that he had been making steady progress. All elements of his wellbeing journey evidenced an improvement, most notably in his taking responsibility, undertaking his voluntary work, and his hopes for the future. He had applied for several jobs but had been unsuccessful with these applications yet continued to be socially active and engage in local community projects, for example an art project co-ordinated by Signpost in his local community.

The volunteer completed his full year on the recovery programme and had evidenced good progress, being more confident and assertive. His social network had improved and at his exit meeting he stated that being on the programme had been a positive experience, that he had enjoyed learning, always felt welcome, was supported to learn new skills, and would keep in touch by popping in to say hello. His next steps were to continue to apply for jobs, find out about groups and courses at SUMMIT, and to visit MHH to say hello on Monday or Wednesdays.

13. Partnerships, Meetings, and Events

- Next Chapter Domestic Violence Support Worker working from Hub one day per week
- Salvation Army Partner Forum
- DWP Mental Health Forum
- TDC Health & Wellbeing Board
- On-going work with Sport England
- Peabody and Community Voluntary Services Tendring Inter-referring partnership for support and New Starter Packs
- Time to change - Mind
- Tendring Hygiene Project
- Baby Bank Tendring
- Enable East – Heads Up
- Coastal Community Centre
- Community Voluntary Services Tendring
- CVST Jaywick Sands Health and Wellbeing Day

14. Staff Training and Development

- Make Every Contact Count Training
- Loan Shark Training

15. Management of the Project

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