



**TURNING
POINT**
turning lives around



**Support Link
Annual Review
2009**

April 1st 2008 – March 31st 2009

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1. Introduction

Support Link provides an accessible, intensive and individually tailored service of community support to people with severe and disabling mental illness who also have difficulties with offending behaviour and/or substance use, in order to improve their quality of life and independence. The support can be intensive community support where people need and would like this or assertive outreach where clients need special efforts and a flexible approach in order to access the service that they need.

Within the Care Programme Approach, referrals can be made via local community mental health teams. If a client is not already receiving help from the mental health services, as might be the case where a client is known to probation, prison, hospital or drug and alcohol services, a formal route of referral via the CMHT can be established.

Support Link's referral policy is sufficiently flexible to also consider referrals for people whose complex needs place them in danger of falling through the net of established service structures. This could be where clients are faced with some combination of Mental Health Difficulties, Substance Misuse, Offending Behaviour or Learning Disabilities.

The service has existed in the North West since June 1998 and in the South West since December 1999

2. Staffing at Midland Road

All 5 services are now based in the same building and share the same line management structure.

Clare Buckmaster	Service Manager
Carol McNeil	Team Leader

Support Link

Gemma Davies	Project Worker
Kat Heritage	Project Worker
Kathy Cole	Project Worker
Levinia Franklin	Project Worker
Trevor Atkins	Project Worker
Andrea Parslow	Project Worker

Short Breaks for Carer's

Bridget Butler	Project Worker (part time, 3 days)
Bob Githuku	Project Worker (part time, 2 days)
Elaine Kelly	Project Worker
Rebecca Plater	Project Worker
Hayley John	Project Worker

YOD Service

Dita Lewis Project Worker
Ann Norman Project Worker (part time, 1 day)

Housing Link

Ann Norman Project Worker (part time, 3 days)
Philip Brett Project Worker

Internet Project

Ann Norman Project Worker (part time, 1 day)

Having all of the services and staff within one building has had significant benefits for all of the individual services as we have been able to up skill the staff teams through working across role boundaries.

Staff have been able to share skills and experiences and request specialist help from each other around issues such as dual diagnosis, personality disorder, carers' issues, housing, benefits, dementia and general mental health knowledge.

It has also allowed us to provide better cover across the services when staff in the smaller services are on annual leave, training or sickness absence.

It has also helped staff retention as some staff have moved between services, rather than leaving the organisation.

3. Training

Staff have continued to attend a wide variety of training over the last 12 month period, which has been delivered by Turning Point, the Herts Workforce Development Joint Training Unit and other external training agencies. This training has included working with Personality Disorder, Women & Mental Health, Self-Injury and Dual Diagnosis, the Solution Focused Approach, Introduction to CBT, Mental Capacity Act, Mental Health Act.

Staff have benefited from Turning Point's extended in-house training programme and attended mandatory training events in Working with Diversity, Health & Safety, the Protection of Vulnerable Adults, Managing Challenging Behaviour. We are also ensuring that all staff attend Solution Focused Approach training.

The teams have also attended In House training on Personality Disorder, Domestic violence, Turning Point Policies, Suicide, POVA, Lone working, Staff boundaries, Benefits (DLA) and risk management procedures.

6 staff have now completed the Certificate in Community Mental Health Care. The rest of the team are due to start working on the NVQ Level 3 in Social Care.

Staff in management positions have also attended new Turning Point performance management training.

Turning Point are also about to launch a new set of mandatory training for all staff which will be accessed by our Project Workers

4. Organisational Support

Elissa Rampling is now the Mental Health Regional Manager and she supports the Service Manager and team.

The service also benefits from being supported by Turning Point's new Mental Health Sector Business Director, Zelda Peters. This new development within the organisation will mean that Turning Point's mental health sector will share skills and knowledge across the sector in a consistent way.

5. The other services at Midland Rd

The following information provides a brief summary of each service

Short Breaks for Carer's

Short Breaks for Carers provides short periods of respite to carers of people with mental health difficulties living in West Hertfordshire. We help by spending time with the mental health service user so that the carer can take time out. The service is designed to complement rather than replace existing respite services. We provide timely, creative and flexible support to enable carers to actively and beneficially participate in the care of people with mental health difficulties and other complex needs.

We give carers breaks of between one to three hours per visit. The duration and frequency of breaks is agreed at the referral stage but could lead to a short or long term arrangement depending on the carer's individual needs and circumstances.

Referrals can be made via local Community Mental Health Teams

YOD Service

Our service provides short periods of respite to carers of younger people with dementia in Watford, Three Rivers and Hertsmere. We help by spending time with the dementia service user so that the carer can take time out. The service is designed to complement rather than replace existing respite services. We provide creative and flexible support to assist carers in their role

We give carers breaks of between one to two hours per visit. The duration and frequency of breaks is agreed at the referral stage but could lead to a short or long term arrangement depending on the carer's individual needs and circumstances.

The main route for referrals is via the Specialist Mental Health Teams for Older People

Carers are actively involved in the referral process and ideally they will have already had a carer's assessment, which will have identified a need for this service.

Housing Link

Housing Link aims to provide an individually tailored service of community support to people aged 18-65, living in Dacorum with a difficulty in maintaining their tenancy, or at current risk of tenancy difficulties. These tenancy difficulties will be due to mental health, learning difficulties, or problematic substance use (drugs & alcohol).

Housing Link targets its service on people who may currently slip through the net of care services. They may have been assessed for other services at some time and been judged not to have met eligibility criteria for those services. They will be people who do not already receive any kind of housing support.

Referrals may be made by any individual or agency

TP Designs (Internet Project)

Is an Internet Gift shop selling arts and crafts that are made at the service.

The project is for people with mental health difficulties and our aim is to work towards increasing individual's skills and independence in a safe environment and it is hoped that it will provide a stepping stone to voluntary work, employment and/or further education

Referrals can be made by any individual or agency for people who are experiencing mental health difficulties.

6. Developmental Issues

a) Line management structure

Clare Buckmaster and Carol McNeil provide management support for Short Breaks for Carer's, The YOD Service, Support Link, Housing Link and TP Designs (The Internet Project)

b) Service User Involvement

Trevor Atkins is now our dedicated Service User Champion and he is taking a lead on further developing the level of service user involvement within our services in a meaningful way. The services will hold regular service user events over the next 12 month period. Service users from Support Link, TP Designs, Short Breaks for Carers, YOD and Housing Link will be able to attend. The service provides lunch and an opportunity for service users to get together and talk to each other in an informal setting

We are encouraging service users to get involved in the recruitment process in a variety of ways ranging from supporting us to devise interview questions, meeting with candidates informally prior to interviews, to taking part in the interview panel.

(c) Fundraising

We have continued to hold fundraising events throughout the year so that we can fund the groups and social events that service users asked for through their feedback.

The majority of donations or fundraising has been used to further develop TP Designs. They were able to purchase a Turning Point branded gazebo to use for their fortnightly market stalls in Hemel Hempstead town centre. This means that we meet Health and Safety requirements and are visible in the local community. We have now raised enough money to purchase a glass kiln for the project so that they can make their own glass pendants and beads for their jewellery.

We are also planning a sponsored walk to raise funds to hold more service user activities throughout the coming year.

We hope to further develop our fundraising activities when we move to our new premises in Watford. We would like to develop the dedicated service user activity room that we have and make our new premises a warm and welcoming place to come to.

(d) Website

Turning Point has a national website, which includes information about all of the services:

www.turning-point.co.uk

We also have a local website:

www.hertsmh-turning-point.co.uk

This site includes information about Support Link, Housing Link, Short Breaks for Carers, the Internet Project, YOD Service and Midpoint. As such, it represents all of Turning Point's mental health services in Herts. The site will continue to be developed over the coming year and will provide information for professionals and potential service users.

This site also contains the eShop

(e) TP Designs (The Internet Project)

This is an eShop selling arts and crafts that are made at the service.

The project is for people with mental health difficulties and our aim is to work towards increasing individual's skills and independence in a safe environment and provides a stepping stone to voluntary work, employment and/or further education. The project can be accessed by anyone who is experiencing mental health difficulties and as such it has received referrals for both new and existing service users.

The project has also been running market stalls in Hemel Hempstead Town Centre, selling jewellery made by service users and promoting mental health awareness in the local community.

The eShop can be found at www.hertsmh-turning-point.co.uk

From 20 participants involved in the service during the last year:

- 1 has found employment as an administrator.
- 2 have moved to Work Solutions to be supported in to employment
- 1 is doing voluntary work
- 1 is now looking at enrolling in a college course
- 1 is a service user who comes to the project for 2 whole days a week. The Community Mental Health Team has not been able to engage him with any services in the past.
- All have learnt new skills and developed their confidence
- Many use it as a safe place to come to and often we are the first point of contact if they need support.

We are currently trying to secure further funding for this project so that it can continue

(f) Newsletter

We have started to produce our quarterly newsletter again as a way of keeping service users, carers and other agencies up to date with what we are doing at the services. We are encouraging service users to contribute to this and the first edition of 2009 included service user accounts and poems.

We are hoping that this will be further developed over the coming year and hope to have more service user contributions. We would also like service users to be involved in making the newsletter through TP Designs and the Service User Committee. We hope that service users will write the newsletter and be involved in the printing and posting of it in the longer term.

(g) Groups at Midland Road

Art Group

Elaine Kelly set up an Art Group at Midland Road. This group can be accessed by any one who is using any of the services that we provide. This group has been very popular, particularly with the Short Breaks for Carers service and has also provided Carer's with additional breaks.

Update: The move to the new premises in Watford and some additional funding means that this group will now be able to run on a weekly basis. This will reduce the waiting list for the group and provide additional support for service users and additional breaks for carers.

YOD Group

YOD Service has been running a monthly group for service users. This has been enjoyed by those who attend regularly and also provides an additional break for Carers. The group have undertaken activities throughout the year such as bowling, visiting garden centres, lunches out, art and crafts and reminiscence sessions at Midland Rd.

Update: Additional funding for the next year means that this group can be further developed and can increase in frequency. This will provide an extended break for

carers whilst at the same time providing a stimulating activity for people with young onset dementia.

Housing Link Tenancy Support Group

This group supports people with learning the skills to successfully manage their tenancy. We also run a drop in where people can come in for support with completing benefit forms, making phone calls to the Housing Dept and Utility Companies etc. This group is mostly accessed by the Housing Link service users, but anyone using the Midland Rd services can come to it for one off support eg with completing DLA applications or Housing Benefit forms.

This year the group has benefitted from having staff from Dacorum Borough Councils Housing Dept attending each week to offer specialist advice to service users. This has been a really positive service development and has shown how successful partnership working can be.

(h) Promotional Events

World Mental Health Day – We held an Art Exhibition to celebrate World Mental Health Day. This was at Midland Rd and was open for service users, external agencies and members of the public. This was very successful.

We are planning a joint event with Herts Mind Network at our new premises in Watford for WMHD 2009.

Carer's Rights Day – We held a Christmas Event to celebrate this. We had lunch and a quiz at Midland Rd. This was well attended and everyone had an enjoyable afternoon.

Carer's Week – We took part in promoting Carer's Week this year by having a stall in Hemel Hempstead town centre providing information and signposting and promoting awareness in the local community. This was a joint venture between Short Breaks for Carers and TP Designs and the stall and staff attracted a lot of attention from the general public. The Short Breaks for Carers staff were able to provide a listening ear, advice and signposting to individuals who came to the stall to discuss their caring role, or to ask for information for friends and/ or family. This proved to be a very successful event and showed that promoting awareness in the community on a small scale like this was very beneficial. The jewellery and crafts also attracted people to the stall and made it easier for people to come over and ask questions.

(i) Volunteers

We have started to use volunteers within the services to help support the groups and TP Designs. This has been a very positive development and one that we hope to expand on during the coming year.

(j) Holistic support

Having all of the services based in the same building has improved the way in which we deliver our services. We now have service users who are using two or more of the services e.g. Support Link and Short Breaks for Carers, Housing Link and the Internet Project. We also have people who are moving in to TP Designs

now that they have less of a need for intensive one to one support in the other services.

Service users are also benefiting from the staff team being able to access the specialist knowledge of the other teams. For instance the Housing Link staff have been able to support members of the other teams with issues around benefits entitlements, tenancy issues, and in particular Disability Living Allowance claims.

We are also developing much stronger links with the Turning Point Hertsreach services that work in our area so that we can offer a seamless service for those service users who also have needs around their drug/ alcohol use.

(k) New premises in Watford

As of June 12th 2009 we relocated all of the services to Watford. We are now in a shared mental health resource building with Herts Mind Network. This is an exciting development for the services. We hope to establish closer partnership working with Herts Mind Network which will enhance service delivery to service users and carers.

We also have a dedicated service user activity room now which can be used for the Short Breaks for Carers Art Group, the YOD Group and TP Designs. We also have use of a garden and hope to set up a joint gardening group with Herts Mind Network.

(l) Throughput

We have been working with our commissioner and with the referring CMHT's to address the issue of throughput for the Support Link service. We are working with all parties to look at move on from the service where appropriate and this has involved reviewing all of the active cases, particularly those that have been open for more than 2 years.

It is generally recognised that those individuals with a personality disorder may need long term support. Where someone is continuing to make progress with their recovery we are continuing to offer support. However where our support has taken more of a maintenance role we are seeking to identify alternative sources of support such as befriending, voluntary work, access to Herts Mind Network, TP Designs etc.

We are also working with the CMHT's to look at how we can fast track people back in to the service at a future date if an individuals circumstances deteriorate. We are hoping that this will build confidence with referrers to look at closing cases.

Update: This has worked well over recent months and the closure of some long term cases has meant that the length of time that people are on our waiting list is starting to shorten.

However, as of the 28/09/09 there were 17 people on the waiting list as we have also received many new referrals in recent months.

This will continue to improve though as we continue to implement these changes.

7. Support Link Outcomes

Over the last 12 months the service has worked with 60 service users.

A) Referrals

- 23 Referrals were made to the service during the year
 - 6 from 3 Rivers CMHT
 - 5 from St Albans CMHT
 - 10 from Dacorum
 - 1 from Watford CMHT
 - 1 referral from the Early Intervention Psychosis Team
- 9 referrals were opened
 - 1 from 3 Rivers CMHT
 - 6 from Dacorum CMHT
 - 2 from St Albans CMHT
- 19 referrals were still pending as of 31st March 09.

B) Closures

- 11 cases have been closed during this 12-month period:
 - Two service users moved into residential support
 - One service user died
 - One service user was supported to move into a drug/ alcohol rehab programme
 - Five service users no longer needed the service as they had achieved greater independence
 - Two service users were receiving support from Short Breaks for Carers and Support Link. They had achieved greater independence and so it was decided with the Care Co-ordinators that they would close to Support Link and remain open with Short Breaks.

C) Active cases

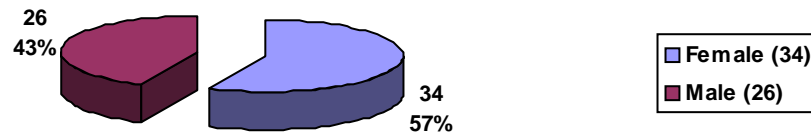
There were **60 active cases** during the year

10 from 3 Rivers CMHT
15 from Watford CMHT
15 from Dacorum CMHT
20 from St Albans CMHT

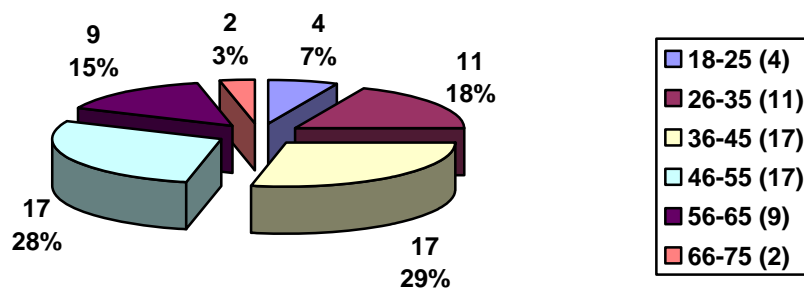
The active cases in Three Rivers and Dacorum have increased this year.

D) Referral characteristics

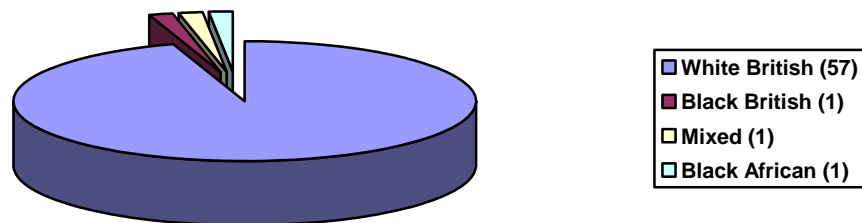
Gender



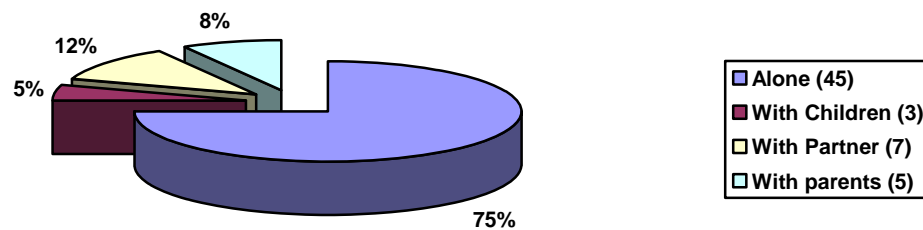
Age



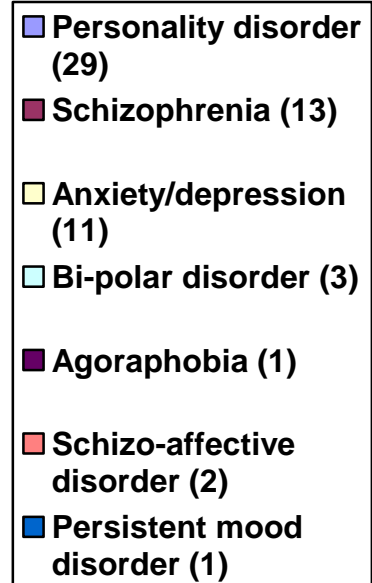
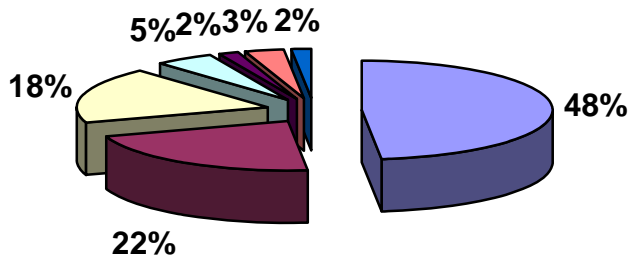
Ethnic Group



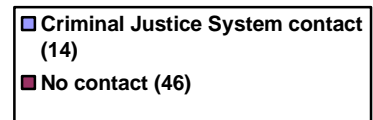
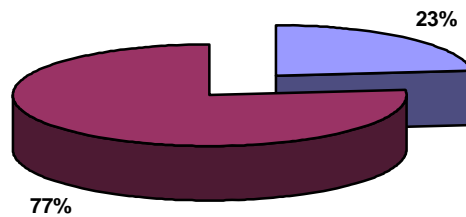
Living situation



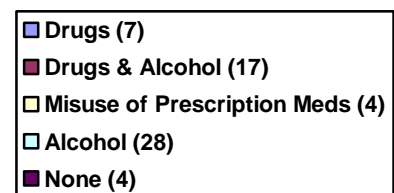
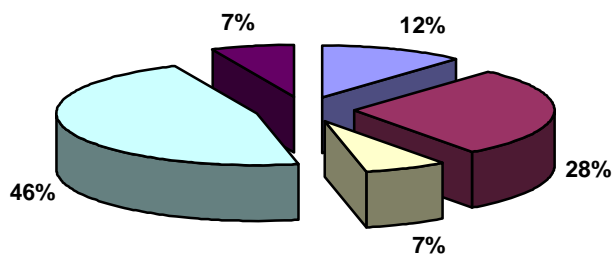
Mental Health Diagnosis



Offending behaviour (at point of referral)



Dual diagnosis (at point of referral)



E) Outcomes

Face to face contacts:

1679 out of 1980 planned visits actually took place during this twelve month period, which is an 85% success rate in engagement with clients. This is lower than previous years and the drop reflects 3 clients who have been particularly challenging to engage with during their first few months with the service.

Client Back-up service: This is a telephone support service which operates between the hours of 5pm - 8pm weekdays, and between 8am – 8pm at the weekends

We received 155 back-up calls during this 12 month period.

These calls have often resulted in staff contacting other services to access support for service users out of hours.

- On 8 occasions (relating to 7 service users) staff had to call the emergency services out to service users who phoned the out of hours service stating that they had taken an overdose. This involved both an ambulance and police presence due to the history of risks around the individuals involved.

Telephone calls with service users (office hours)

There were 1657 phone calls with service users during office hours over this 12 month period

Contact with other agencies (with or without the client)

There were 1097 phone calls with professionals during office hours over this 12 month period that related directly to our caseload.

In addition there were:

- Meetings with referrers (or potential referrers and potential clients)
- Formal and informal processes of liaison with staff from the Health Trust, Social Services, Probation, Housing, Education, Employment, CDAT, Voluntary Agencies (such as Hertsreach, Mind, Sunflower Project, Employment agencies, etc.)

Support Link was asked to provide data on the following outcome areas:

- (i) **Engagement**
- (ii) **Hospitalisation**
- (iii) **Attendance at important meetings**
- (iv) **Benefits of support**
- (v) **Dual diagnosis**
- (vi) **Personality disorder**
- (vii) **Offending behaviour**
- (viii) **Support plan goals met**

(i) **Engagement.** As the statistics in the previous section showed, the team had an engagement level of 85% over the year. As with previous years, our caseload has contained some hard to reach cases where we have needed to use an assertive outreach style to encourage engagement.

(ii) Hospitalisation.

During this 12-month period there were:

➤ **5 Detox admissions**

(5 days, 21 days, 18 days, 3 days, 22 days)

In total this was 69 days and related to 3 service users

➤ **14 Medical admission**

(2 days, 31 days, 3 days, 3 days, 30 days, 6 days, 7 days, 22 days, 22 days, 7 days, 1 day, 1 day, 1 day, 10 days)

In total this was 146 days and related to 7 service users

➤ **8 Psychiatric admission**

(10 days, 12 days, 31 days, 31 days, 7 days, 12 days, 31 days, 7 days)

In total this was 141 days and related to 6 service users

We have had an increase in the number of medical admissions during this 12 month period – the majority of these have been alcohol related. It is worth noting that the shorter admissions are following out of hour's incidents where service users have reported that they have taken an overdose

(iii) Attendance at important meetings.

As well as these appointments which the service is asked to record, Project Worker's also support clients with many other kinds of appointments and meetings. We have included a summary of this in the table below

Clients were supported to the following appointments in this period:

Type of appointment	Number
CPA Meetings	46
Drug & Alcohol Appnts.	67
Appnts. with Referrers	98
Outpatients Appnts.	71
Probation Appnts.	3
Court	1
Police	7
Custody	1
Appnts. with GP	52
Other Appointments	
Hospital	89
Dentists	24
Opticians	4
Benefits Agency/Debts/CAB	76
Children, Schools and Families	25
Collecting prescriptions	89
DLA Tribunals	6
College	4
Sports/ Walking	43
Housing	78

Volunteer Bureau	14
Day Centres	11
Other	
Social Activities	217
Shopping	262
Internet Project	67 days

Service users express that they find support to attend appointments particularly valuable for a variety of reasons. For example, some tell us that they do not feel confident about getting positive outcomes at these kinds of meetings without a supportive person present to help them communicate their needs. Others say it is useful to have someone else present who can remember what was said and remind them of any further actions they need to undertake. It is clear that many clients find these appointments and meetings anxiety provoking and stressful.

It is also apparent that for many service users, being accompanied can often mean the difference between attending or not attending other services.

(iv) Benefits of using the service (from 24 responses to the questionnaire)

Helping to prevent hospital admissions	15
Quick response in crisis periods	14
Enabling earlier discharge from hospital	4
Having someone to talk to	18
Helping to prevent re-offending	2
Information	16
Helping to reduce substance misuse	14
Advice	17
Reducing isolation	18
Being a listening ear	18
Improving my quality of life	15
Help with access to other services	17
Providing practical help	20
Support with debts	10
Support with rent arrears	3
Support with budgeting	5
Help with benefits	11
Helping to prevent tenancy breakdown	8

(v) Dual diagnosis

56 out of the 60 service users who we supported during the year also had difficulties with their drug or alcohol use. This equates to 93% of our case load having a dual diagnosis.

We continue to work with service users on a one to one basis and support them to access the services that are relevant to them at a pace that is right for them. As such, some of our service users are accessing CDAT and Hertsreach and taking

part in structured day care, whilst others are not yet ready to access that kind of specialist support.

For some of our service users their drug/ alcohol use in itself causes them significant difficulties during their daily lives. For others their drug/ alcohol use may be minimal or intermittent but it has serious consequences for their mental health.

Long term work with this client group within Support Link has shown that providing holistic support where we support people with housing, benefits, debts, emotional support, practical support, help to access other services etc, enables some service users to achieve enough stability in their day to day life to contemplate accessing specific help for their drug/ alcohol use. As such the process can be slow but service users make steady process in their recovery.

(vi) Personality disorder

29 out of the 60 service users who we supported during the year had an official diagnosis of a personality disorder. This equates to 48% of our caseload. The most common diagnosis is that of Emotionally Unstable Personality Disorder.

The staff team are experienced with working with this diagnosis, but the number of referrals for people with this diagnosis has steadily increased over recent years. Working in a consistent and positive way with individuals with this diagnosis brings challenges to the team and a need for more training around this diagnosis so that we can continue to provide long term positive and consistent support.

We have recently made contact with the new Herts Personality Disorder Service to look at how we can work in partnership. We are sharing details of our caseload with them in agreement with the CMHT's, this will enable them to identify when they receive a referral for someone whom we are working with. We can then identify how we can work together.

(vii) Offending behaviour

Over the last 12 months 2 service users had contact with the criminal justice system as a result of offending behaviour.

	Support Link (2 clients)
Police	7
Probation	
Court	1
Custody	

1 was as a result of domestic violence within a relationship. The other contacts were as a result of drug/ alcohol use and related offences.

We also had additional contacts with the police with regards to deterioration in individual's mental health and/ or as a result of out of hour's incidents (usually after impulsive overdose attempts). These were not as a result of offending behaviour, but rather they were due to crises situations. All were responded to and Care Co-ordinators were involved at the earliest opportunity.

(viii) Support plan goals met.

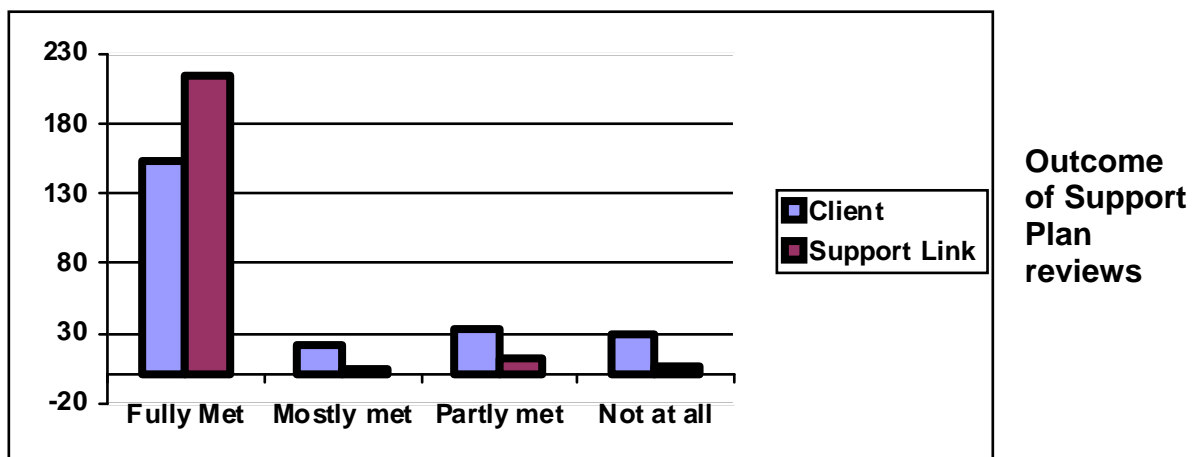
Clients have been asked about the support they have received in relation to Support Plan goals. These are set at review meetings with the client, care co-ordinator and Support Link. Clients are asked two questions in relation to goals set:

- **To what extent did you get what you were looking for in this period?**
- **To what extent did support Link do what was agreed?**

During this period 235 goals were reviewed.

Clients reported that 154 of the goals enabled them to 'fully' get what they were looking for. With 21 of the goals, clients expressed that they 'mostly' got what they were looking for. 32 of the goals the client partly got what they were looking for and with 28 of the goals the client said they did not get what they were looking for at all.

Clients reported that Support Link 'fully' did what was agreed with respect to 214 of the goals set. Support Link 'mostly' did what was agreed with regards to 4 of the goals. Support Link only 'partly' did what was agreed with 12 of the goals and did not do what was agreed with 5 * goals (* Due to poor health and lack of mobility of client, Support Link were not able to meet the goals)



F) Complaints, Concerns & Compliments

The service has a positive attitude towards complaints and suggestions and welcomes any Complaints, Concerns and Compliments as this helps us in our efforts to continually improve our service provision. Whilst it is our belief that we are providing a high quality service, we also recognise that it can be difficult for service users to 'complain' about the service that they receive for a variety of reasons. Because of this we are ensuring that all service users receive a copy of the Complaints, Concerns and Compliments leaflet.

Over the last 12 months we have received the following Complaints, Concerns and Compliments:

Complaints: none were raised during this period

Concerns: no concerns were raised during this period

Compliments:

Please see the feedback from the service user questionnaires as well.

- CMHT Social Worker from St Albans phoned to say that she thinks that Support Link do a very good job.
- 1 service user expressed “Thank you for really helping and making me feel important and nearly normal”
- 1 A service user phoned to thank Andrea and Clare for their support over the weekend. She said that she’s had a very distressing time but was greatly reassured by the support that had been given through the out of hours service.
- A service user said that her project worker has made such a difference in her life and without her she does not know what she would have done
- A service user phoned to thank the team for support over recent weeks, helping her get through a difficult time
- A service user phoned up to thank everyone for taking her to all of her hospital and dental appointments as she felt that she couldn’t have done this on her own.
- Social worker from St Pauls CMHT expressed that our risk management procedure is very effective and enables us to work with some very complex cases.
- “My family always know when I have been out with you as I’m happier” – service user
- “I’ve had many workers, but you are the only one who has gone out of your way for me” service user feedback re Kat
- Dacorum CMHT expressed their appreciation of the work Support Link has done with some challenging cases
- Dacorum CMHT stated that they are amazed by the changes with one service user who has now engaged successfully with the team. They said that no one has been able to engage with her before.

G) Case studies

* All names have been changed to protect confidentiality. All have been written by the project worker involved in the case.

Case Study 1

June* is diagnosed with emotionally unstable personality disorder. She experiences depression, high anxiety and at times become very isolated. In addition to her mental health difficulties she also uses alcohol heavily which results in June struggling to cope with day to day things that may need doing.

June has been working with Support link for some time now and finds the regular weekly visits extremely helpful in giving her some sort of routine in her life.

Since working with the service June finds the support very helpful when dealing with her anxiety when having to go shopping, going to medical and professional appointments such as CMHT and CDAT.

June also uses the service to support her with situations that she finds difficult to cope with alone like when her boiler was broken and someone from the council had to come into her home to fix this.

Along side practical help, June also benefits from the on going emotional support and the time put aside for her to talk through any problems or worries she may have. She also finds great support in the out of hours service support link provide.

Case Study 2

Katie* is diagnosed with emotionally unstable personality disorder, mild learning disabilities and also has a history of self injury. Katie was referred to us at Support Link as she currently has no local social network of friends and spends a considerable time alone when her husband is not in or is at work.

Since working with Katie I have seen a great improvement and have seen her self esteem grow. I have supported Katie to gain access to other services and she has now started a confidence building class and is looking into starting Yoga on a regular basis.

Due to Katie becoming quite isolated I have encouraged her to use our visits together to get out of the house. Over the months we have spent time by going to garden centres, coffee, shopping and taking her dog for a walk which she enjoys very much.

Katie benefits very much from the regular visits that I offer her and the fact we do something different each time helps her to improve her social skills and motivation.

Case Study 3

Alex* is 49 and has been recently widowed. She has a diagnosis of depressive and obsessive symptoms within Personality Disorder and recurrent depression. She has a long-standing history of over-using prescription medication, which she states she has found be a "huge comfort" to her. However recently she has recognised that her use of medications such as diazepam and co-codamol is detrimental to her. She is now engaging regularly with Hertsreach and has cut down on her use of both diazepam and co-codamol. Through this engagement she is slowly starting to talk about her feelings (she has not allowed herself to feel things for a number of years and blocked them out using her medication). She has also stated that she feels very comfortable talking to me about anything. Her mood now appears to be more stable and she seems more lucid. She is also now making her own enquiries about using other services in order to try and improve her quality of life and expand her social network.

Case Study 4

Sarah* is 24 and has a diagnosis of Emotionally-unstable Personality Disorder, Persistent Mood Disorder (unspecified), Conduct Disorder and possible ADHD. Initially, she seemed to find it difficult to engage with Support Link due to the fact that when she experienced periods of stress and/or low mood she left the local area and completely withdrew from all services for weeks at a time. However, after continuous and consistent attempts to make contact we formed a working relationship. We now have regular contact with each other and she is working towards engaging with long-term psychotherapy. She has also significantly cut down on her alcohol use and rarely takes drugs. She is currently in a stable relationship and is making steps to securing accommodation nearer to where her partner lives. She is now looking to the future in a more positive way and is due to start a college course in September with a view to getting back into employment.

Case Study 5

Craig* has Paranoid Schizophrenia and has also been an alcoholic for many years. His psychotic episodes are usually linked to his alcohol use. Craig's alcohol use

affects all areas of his life; he has lost jobs and was evicted from his last home as a direct result of his use of alcohol.

He was eventually re-housed sometime later, but was placed in a different area. This was unfamiliar to him and was some distance away from where he used to live- where all his friends had been based. When Craig moved to his current flat he became very isolated and was drinking very heavily. He lost all contact with his family because of this and services found it very difficult to engage with him.

Craig was referred to Support Link because he was very withdrawn and isolated from the community. The unfamiliarity meant he had little confidence accessing services and getting out into the community.

Initially Craig found it hard to engage with me and was hospitalised in the first few months of referral. Once routine visits began, Craig gradually started to open up about the issues he had and discussed what support he wanted.

Craig has benefitted greatly from the practical help he has received. Assistance with things such as shopping trips, medical and other appointments, plus help to access various services in the local area has helped him to get on his feet again. Regular coffee outings have also been an important part of his support because for a long time, this was his only form of social interaction. This also gives him an opportunity to gain emotional support and time to talk about his illness.

It has been over a year since Craig was first referred. He has gained a huge amount of confidence and is settling in well to his current abode and managing his tenancy successfully. He gets on very well with neighbours and local residents. Craig will now complete many tasks independently. In recent months he has also been doing voluntary work and as he is now more stable he has re- established a relationship with his family.

Case Study 6

Jane* has Emotionally Unstable Personality Disorder and a history of self harming behaviour. Jane has difficulties with her use of alcohol as she has used alcohol to help her cope with emotionally traumatic events in her life. Jane became depressed and isolated and over a period of time developed agoraphobia. Jane has struggled with her alcohol addiction ever since. This in turn has created great detriment to her physical health.

One of the major aims of support for Jane was to encourage her to start going back out into her local community, for example food shopping trips. Initially this was difficult for Jane and she would sometime get panic attacks when going into a supermarket. Over a period of time I have supported Jane to reduce this level of anxiety when we are out.

Another major task for Jane was admitting her issue with alcohol. This was a difficult thing for her to face as drink had become a big part of her life. Over several months I have supported Jane to access specialist alcohol services to help in her recovery. Jane needed to be supported to engage positively with this new team as she has difficulties in forming and maintaining new relationships with services.

At present Jane is doing extremely well. Jane is now more confident about leaving her home and accessing community resources. She is also engaging well with Hertsreach and is now maintaining this working relationship independently. Jane's physical and mental well being has much improved.

Case Study 7

Tina * was diagnosed with Cyclothymia in 2007. It was the first time she had been given an answer or reason for the problems she had endured for years.

When I first started working with Tina she had been living in her car for a year and found it hard to communicate clearly. She was also very wary of professionals due to her past experiences, which had resulted in her losing custody of her children. She would also isolate herself when situations became chaotic, making contact with her very tenuous at times.

I slowly managed to build up a supportive, trusting professional relationship with Tina through using an assertive outreach approach and being consistent over a long period of time. Tina now engages very well and I have supported her with a wide variety of issues such as benefits, debts, housing and ongoing emotional support.

Throughout the 2 years that I have worked with Tina we have maintained contact and a professional relationship that works well. She has used the support well and has now felt able to take on the tenancy of a house and is re-united with her children. She continues to make positive changes and is now considering therapy.

Case Study 8

Darren* is a 37 year old male diagnosed with an anti-social personality disorder and short term memory loss, due to brain injury received from a failed suicide attempt. He has a history of drug misuse and offending behaviour of a racial nature which have led to numerous charges for ABH and GBH.

I have worked with Darren for a year now and the support consists mainly of emotional and practical support. There have been gradual changes with Darren over the year, both in terms of how he relates to others and how he perceives himself. He is also learning to manage his memory difficulties better and is much better at keeping appointments and remembering conversations that he has shared. A year on and his short term memory has significantly improved. He has recently re-gained his full driving licence after passing a driving assessment. He is eight months clean from illicit drugs and has set himself aims and goals for the future.

Case Study 9

Adam* is a 56 year old male diagnosed with an emotionally unstable personality and chronic cannabis user. He has an extensive history of violent and aggressive behaviour resulting in numerous incarcerations. He has in the past been non-compliant with his medication and non-engaging with professionals, especially male workers.

Since working with myself and support link, he has become more emotionally stable and proactive towards the supporting role we give him. We have recently supported him to re-engage with a psychiatrist and services with the local CMHT.

Adam has recently been classed as disabled due to the onset of osteoporosis in his knees and it has taken three months for him to come to terms with. He is now more accepting of this and is seeking practical advice about how to manage it.

We support him with his hospital appointments with this and help him to engage positively with the services that he needs in the community as well as providing emotional support

H) Client access to meaningful occupation over the last 12 months

- 5 service users are attending TP Designs on a regular basis and are using this as a stepping stone on to further training and/ or employment
- 3 service users are attending Mind's educational groups.
- 4 service users are attending the activities at St Peter's St or Northwick Cay Centre
- 1 service user is attending an Arts & Crafts group. One with another local service, one is attending our Art Group run at the service
- 4 service users are doing voluntary work in charity shops, at a riding stables and an animal rescue centre
- 2 service users have been attending courses at Watford Women's Centre
- 1 service user is attending college

8. Future development

- To establish ourselves in our new premises in Watford in a shared building with Herts Mind Network. We hope that this will enable both organisations to develop some partnership working.
- To arrange some fundraising events with service users and carers so that we can fund the groups and social activities throughout the year.
- The Support Link team are attending CMHT team meetings to promote the service
- To further develop service user involvement within the services and within our recruitment processes.
- We have a Service User Involvement Champion who is taking a lead on ensuring that this is developed across the services. This member of staff also links in with service user development within Turning Point as a whole.
- We plan to develop the role of volunteers within the services for all of the activities that take place at the building. This will be especially helpful for the Art Group and the YOD Group.
- We hope to further develop TP Designs and secure longer term funding for it. The project has been running market stalls in Hemel Hempstead town centre and this has resulted in increased sales. It has also enabled us to promote mental health awareness in the local community and to provide signposting services to members of the general public. This service can also provide additional breaks for carers as service users can attend for an entire day.
- To prepare the services for the countywide Day Services Review

9. Service User feedback

The following questionnaire shows the results of the feedback that we have received from those service users and carers who chose to complete it this year. 24 service users completed the questionnaire.

Support Link – Results from the Questionnaire

1. Were you given information about the project before the support began? (Including Information Leaflet?)

Yes **21** No **1** Not sure **2**

- But I have it now

2. Has the service been available when you needed it?

Yes always **17** Mostly **7** Seldom Never

3. Are you made aware of the time when a project worker will next see you?

Yes always **24** Mostly Seldom Never

4. Are you offered times to meet with a project worker that are convenient to you?

Yes always **22** Mostly **2** Seldom Never

5. Does the project worker arrive at the expected time?

Yes always **20** Mostly **4** Seldom Never

6. Overall, would you say you are satisfied with how respectful and courteous staff are in dealing with you?

Very satisfied **21** Satisfied **3** Neither satisfied or dissatisfied
Dissatisfied Very dissatisfied Don't know

7. Have there been any problems contacting the service?

Yes **4** No **20**

Comments:

- Sometimes (not often) people haven't got back to me
- I find it hard when I get the answer phone
- There are times when I need to speak to a person but quite often I have to leave a message on the answer phone.
- It seems the service is always on answer machine when I call, although the team do call back it would be nice to speak to a real person.
- Telephone often engaged or on answer phone
- Find that often there is no one in the office to answer the phone- so get the answer machine a lot.
- Sometimes problems with the back up service when answering machine doesn't pick up

- When I was first referred I sometimes found it confusing when my worker would call me from different numbers,

8. Are you invited to plan and review the support that you receive from the service? (e.g. Support plans)

Yes 24 No Not sure

Comments:

- Done on an ongoing basis
- There appears to be a new ruling that there has to be 4 elements of activity on the support plans. Such rigidity is not helpful – sometimes only 2 things are required and we end up searching for something else to go on it.

9. Did you express any need for the service to pay attention to any of the following: gender, race, culture, religion, preferred language, sexuality, disability or lifestyle

Yes 8 No 16 Not sure

If YES, have these needs been met by the service?

Yes 8 No Not sure

Comments:

- I am disabled and feel that my needs have been met
- I asked for a female worker

10. Do you know how to comment or complain if there is a problem to do with the support that you receive?

Yes 19 No 1 Not sure 4

Comments:

- I would feel comfortable addressing the appropriate people
- But all is well, so no need
- I would talk to Kathy

11. How satisfied are you that you are getting the support that you need to help improve your quality of life and independence?

Very satisfied 18 Satisfied 6 Neither satisfied or dissatisfied
Dissatisfied Very dissatisfied Don't know

Comments:

- I feel supported and that the project worker (Kat) is approachable. This helps me to reflect on what I have been doing and feeling.
- Kat has been a great support for myself at very difficult times
- I could not have coped with the dental treatment that I needed without the support that I've received.
- I have now started yoga and self confidence classes

12. What do you feel has been the benefit of using the service?

Please tick all boxes that apply

Helping to prevent hospital admission 15

Quick response in crisis periods	13	
Enabling earlier discharge from hospital		2
Having someone to talk to	14	
Helping to prevent re-offending (if relevant)		2
Information	16	
Helping to reduce substance misuse		14
Advice	17	
Reducing isolation	18	
Being a listening ear	18	
Improving my Quality of Life		15
Help with access to other services		17
Providing practical help	20	
Support with debts	10	
Support with rent arrears		2
Support with budgeting	5	
Help with benefits	11	
Support with housing/ tenancy		8
Other (please specify)	3	

Comments:

- It has been an essential part of my recovery
- Help with various medical appointments
- Getting out of the house and away from the laptop I use so much
- Kathy is very helpful
- People who really care about you as an individual – really good support all round

Are you a Carer?

Yes **please answer Q13 A and B.**
No 24 **please go straight to Q 14**

13.

A) What has been the benefit of the service for the person you care for?

Increased confidence and motivation	Being a listening ear
Support to go out socially	Information
Support to access other services, activities	Advice
Improved mental health	Emotional support
Support around the home	Other

Comments:

B) What has been the benefit of the service for you?

Has enabled me to remain in work
Emotional support
Advice
Information
Other

Comments:

14. What do you like most about the support provided by the service?

- Realising that I am actually getting the support that I need
- Weekly regular contact, helpful manner, very understanding to my needs
- Gives time for me to discuss personal feelings in confidence. This takes pressure off my family and gives me time to focus on myself.
- Contact, practical help, someone who listens.
- Very helpful and I would not have known or been able to do some things without the support.
- Always a happy, positive person to speak to and always on the ball, very efficient and very caring and always lifts my spirits. Helps with very difficult situations
- Kat has been the most helpful project worker in all aspects I have needed. The service has helped me a lot and it provides someone to have a general chat to and offers help when I need it. I now go out of the house more for walks and appointments. You always let me know when there are events but I do not feel pressured to attend them.
- Having someone to talk to
- Very friendly and helpful. I get great satisfaction out of seeing Kat. I feel totally comfortable with her and can talk to her about anything which I find hard to do with anybody else.
- I know I am going to get regular support every week. I like the routine
- Helps me with my every day life
- Feeling that I always have someone to turn to/ talk to in times of need
- I have found transport to the Drs appointments very helpful. Help with shopping
- A friendly face, smile and someone to chat to. Help filling in forms. Enjoy having company on an outing. It gives me a reason to get up.
- I am less isolated
- The kindness and non-judgemental attitude of my project worker (Kat Heritage). The company even when I think I don't want it. Encouragement to go out to walk with my dogs. Kat is truly a special person *
- I like the one to one time with my project worker and confidentiality
- Regular contact and support. Having someone come to my house- helps motivate me to tidy up a bit and reduces feelings of isolation (often the only time I have someone round). A listening ear and understanding when things are difficult and stressful. Help with practical tasks. Support to remain abstinent from alcohol
- The flexibility – offering both practical and emotional support
- I can meet people and it keeps me occupied whereas I would lead a dull life, so coming here helps me to keep busy and do a days work and it gives you skills to maybe get a job on the outside.
- I like the fact that I have somebody there for me to talk to and see regularly
- At times when I'm stressed I receive a fair and unbiased response and practical advice to help.
- I like being able to get out of the house. I like the fact that Gemma has helped me get involved with other things like working with Mind.
- Very helpful with my needs and I enjoy client day trips when available.
- Interacting with other staff and service users has built my confidence. Activities.

- My Support Link worker, Kathy, who is really good. Also knowing that the backup service is there. This really helps. All the other staff that have been involved with me, all have been lovely
- My Project Worker
- The Project Workers are friendly. I am not isolated like I was before working with Support Link

15. What do you like the least about the support provided by service?

- N/A
- Nothing
- Nothing
- That I only get to see Kat for 2 hours a week
- Nothing
- Nothing
- Nothing
- I would like more contact with management
- Everything is fine
- That the service doesn't provide visits at the weekends
- It might sound strange but I least like it when Kat is positive and tries to show the brighter side of what I think. This is not helpful when I am unwell. It annoys me and frustrates me. I would prefer an understanding and listening attitude when I am unwell as I cannot see during the depression. Afterwards, I can reason and listen *
- No problems with the service
- There is nothing I don't like
- Uncertainty of when the groups will start up eg the Art Group etc
- That it is only an hour a week
- Having to get f=dressed when I feel low.

16. If there was one thing that you could change about the support that you receive what would it be?

- There's nothing I've noticed that needs changing really
- Nothing
- Nothing
- More time so could spend time doing things properly as often have to rush through forms to be able to get them in.
- Nothing
- More social events
- Nothing
- Possible 24 hour phone service for out of hours
- Would like to have more Women's Group
- Visits at the weekend
- The support and kindness I am afforded is excellent, I suppose the only thing I would change is as mentioned above *
- Would like to have more than 1 visit a week at times
- Perhaps a longer visit so that there was time for both some talking and some help with practical tasks
- The resuming of the Art Group and there being sufficient transport so that I could attend.

- I would like to have more varied things to do maybe more different types of jobs
- I feel that I need more support and need to see my project worker more than once a week.
- Can't think of anything else at the moment.
- More service user trips and events
- I'd always wished the service was nearer to me, hence in Watford, now it is! I'm happy!
- The amount of time given to me
- I think the service is well run

Clare Buckmaster
Service Manager
28/09/09