IMPROVING LIVES: YOUR JOURNEY PROJECT

END OF YEAR 1 EVALUATION REPORT

March 2023

3 Worlds Consulting

CONTENTS

INTRODUCTION

In March 2022, Improving Lives was awarded a grant from The National Lottery Community Fund Reaching Communities programme for the continuation and development of its support services for vulnerable people with enduring mental health issues, known as the Your Journey Project. The project has completed its first year.

This three-year project is built on four core components:

➢ Intensive one-to-one support for new service users

➢ Peer support group activities

➢ The development and expansion of a Befriender support programme

➢ A safety net for ad hoc one-to-one support with staff in times of crisis

Key to the new project's design was the consolidation and strengthening of the progression pathway. This involved reducing the period of intensive staff-led support to 12 months, with progression into informal one-to-one support through a volunteer befriender, alongside sustainable peer support through social group activities.

Recognising that triggering and destabilising events can occur over the longer term, the new service included a 'safety net' component, allowing service users who had progressed out of the intensive support phase to come back for one-off support sessions to help them deal with new issues, helping them to restabilise and continue to live independent lives.

The evaluation

An independent evaluation was commissioned to run alongside project delivery over the life of the project. Evaluation activities over year 1 included the following:

- End of year meetings with the CEO, Business Manager and Volunteer Coordinator

- Analysis of all service user data, including engagement with the service and its activities

- Individual telephone interviews with three service users and two volunteers

- Reading two service user case studies, plus the results of a volunteer-led service user consultation during a peer support group session

- A focus group engaging six service users

- A feedback survey with volunteer befrienders, completed by 6 current befrienders

- A feedback survey with partner organisations, completed by 28 external professionals

- Analysis of all service user evaluation questionnaires including 23 WHO5 wellbeing surveys (where individuals have two or more sets of scores), and 19 outcomes ladders (with two or more sets of scores).

Findings from the evaluation, including recommendations for year 2, are summarised in this report.

SERVICE USER ENGAGEMENT

Referrals

Over the year, 149 service users were referred to Improving Lives, 126 of which were accepted into the service. This was against a target of 100 referrals over the course of the year[1].

Consistent with the eligibility criteria of the project, the vast majority of referrals came from secondary care mental health services, in particular Local Mental Health Teams (38% of referrals), Mental Health Secondary Care Teams (19%), and Community Practice Nurses (15%). A considerable number of referrals came through from individual psychiatrists and psychologists, which was a new addition to the service in recent years.

Considerable interest in the project has been noted within primary care services, particularly Social Prescribers. However, the project is only funded to work with referrals from secondary care.

R1.   The staff team may wish to explore opportunities for additional funding to accept referrals from primary care services.

The project has noted a marked increase in the number of inappropriate referrals this year. In total 23 referrals were rejected, including service users who were out of area or homeless in-patients; service users who needed foreign language interpreters which the service is not funded to provide; and service users who only needed a package of social care. In addition, it appears that referrals were being made without appropriate consideration of the service user's wishes. For example, some service users were referred by mental health professionals who believed that they would benefit from taking part in a peer support group, however, this was not something that the service users wanted to do. The project staff team is actively liaising with referral partners to address these issues.

As a result of the high number of referrals, the service has introduced a waiting list, currently standing at 6-8 weeks. It is understood that this is a relatively short waiting period compared to many mental health support services. However, the introduction of any kind of waiting list has proven concerning for the staff team. Some service users have become disheartened and dropped out of the service whilst on the waiting list. Senior managers are monitoring the situation carefully, ready to close referrals as and when required, so as not to overwhelm the waiting list.

Diagram 1.   Summary of service user referrals

149 referrals	23 ineligible and rejected	126 service users accepted

New Service user Demographics

AGE: Newly referred service users varied considerably in age, from 20 to 82 years old. Around half (43%) were aged 26–45, with a fifth aged 46–55, and a quarter aged 56–75.

GENDER: There was a reasonably even balance in gender with 46% female service users and 55% male service users (with one service user identifying as transgender).

ETHNICITY: The diversity in service user ethnicity has increased over the last year closely reflecting the demographic make-up of the Nottingham city area. Service users were primarily White/White British (65%);

Support needs

The support process begins with a detailed needs assessment. The project has found that service users may not share their broader life issues with their referrer. Accordingly, a service user may be referred just for peer group support, who in fact has a wide range of housing or benefits issues which require urgent attention from a staff member.

Service users continue to present with complex and enduring mental health challenges, including anxiety, depression, panic attacks, OCD, agoraphobia, psychotic episodes, auditory and visual hallucinations, emotional outbursts, self-harm and suicide attempts. This was often associated with other issues such as long-term physical health issues, substance misuse or childhood sexual abuse, making service users' situations even more complex and difficult to address. Further, the team are seeing an increasing number of service users leaving hospital with no support in the community.

As a result of their mental health challenges, many service users struggled to deal with daily life issues. This included feeling overwhelmed by paperwork and utility bills, or unable to deal with challenging family relationships or problematic neighbours.

Isolation was a significant issue for the vast majority of service users. Many were extremely isolated, including those who had been unable to leave their home for years. As noted by one service user, *"I never came out of my house. I was too scared to go out."* Overall, 56% of service users lived alone, with two individuals living in a hostel and three in supported housing. While some service users lived with partners or family, those relationships were not necessarily healthy ones. In some cases, service users lived with elderly parents who had their own support needs. Fears of bringing Covid into their home, or what would happen to them after their elderly parent passed away, compounded feelings of isolation.

Financial worries, particularly associated with the cost of living crisis, have been a significant concern for many service users over the last year. This included anxieties generated by welfare benefit renewal requirements, which have become more frequent in recent years.

> *"I don't speak to anybody. I don't have a friend in the world. I have a brother but he's got his own challenges. If anything happens to my mum I'd be on my own. That's a very frightening thought, to be stuck in the house with neighbours from hell."*

Housing issues continue to be a significant challenge for many service users. This included problems with neighbours in relation to noise or abusive behaviour, or landlords who were unwilling to carry out basic repairs. The traumatising impact of housing issues was all the more acute for service users who were highly isolated and unable to leave their homes.

> *"Last summer was horrendous with the noise from the neighbours. I went through a very dark patch. I completely withdrew."*

Digital exclusion was a significant barrier for many service users. As noted by one service user, *"I'm not that way inclined, and it leaves you in limbo."* Many individuals noted that they struggled to use IT. They stated it takes them a considerable amount of time to process new information, and that they needed help to learn new IT skills, particularly where their mental health challenges impact on their learning and memory.

Service users reported very negative experiences of statutory sector services which, in their view, never seemed to have enough time for them, or were unable to provide the support they needed. Examples were given of service users with very long term and highly complex mental health issues being offered eight sessions of cognitive behavioural therapy in the community, wholly inadequate for the severity of their issues. Others had experienced therapeutic support which had been unproductive. In some cases they felt that the therapist was 'going through the motions' and had no real interest in them or their well-being. As a result, service users reported intense feelings of being let down. This created challenging implications for the Your Journey project, both an expectation that the service would offer qualitatively different support from statutory services, and meet all of their needs, alongside a heightened sensitivity to being let down.

Table 1.   Service user presenting issues (at the point of referral)

Presenting Issue	No. People	% People
Mental Health	122	100%
Social isolation	109	89%
Housing	45	37%
Physical Health	33	27%
Domestic Abuse/Abuse from others	30	25%
Debts	16	13%
Substance Misuse	28	23%
Benefits	20	16%
Offending	13	11%
Correspondence	29	24%
Dementia	2	25

SERVICE DELIVERY

One-to-one support

Service user numbers

A total of 221 service users were supported by the service on a one-to-one basis, far in excess of the target of 140 service users per year. This is more than double the number of service users supported through the comparable service in previous years, representing a sizeable expansion of the service.

This included 122 newly referred service users engaging in an intensive programme of support, with an additional 90 service users continuing from the previous programme or coming back for one-off support under the new 'safety net' approach.
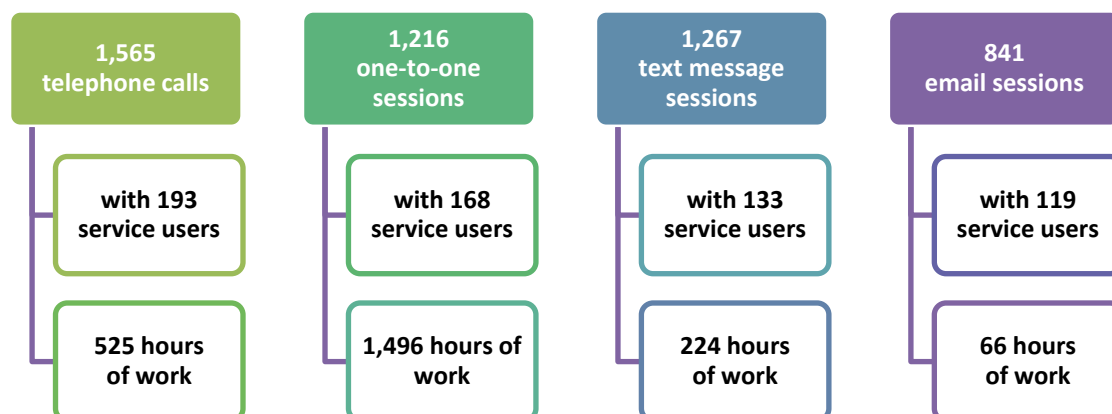
A total of 168 service users engaged in formal one-to-one support sessions. This consisted of 109 newly referred service users, and 59 ongoing or safety net service users. In addition, extensive amounts of emotional and practical support was carried out through telephone and text message contact. Sessions took place in a range of locations, including in service users' homes and local community venues.

Support included extensive amounts of liaison with other services particularly in relation to:

- Health and well-being services (109 service users)

- Housing services (54 service users)

- Social Care (43 service users)

- Care Agencies (13 service users)

This included active advocacy on behalf of service users for 34 individuals. Your Journey support workers attended 93 multi-agency meetings on behalf of their service users (in relation to 32 individuals). In addition, support workers were actively involved in communicating with the family and friends of service users.

Diagram 2.   Examples of the scale of work completed over the year

1,565 telephone calls	1,216 one-to-one sessions	1,267 text message sessions	841 email sessions
with 193 service users	with 168 service users	with 133 service users	with 119 service users
525 hours of work	1,496 hours of work	224 hours of work	66 hours of work

Topics of support

The team have continued to offer highly tailored support, covering a wide range of topics.
Emotional support, alongside the provision of practical information and advice, continued to be the core components of the service, but specific to each service user's individual circumstances and preferences. Support covered a vast range of topics, examples given in diagram 3 below.

The team have worked creatively to address cost of living issues. This has included helping service users to access technological solutions to reduce their energy bills: such as providing heated blankets, air fryers, wind up torches and radios. Great efforts have also been made to help service users access digital vouchers for energy bills and household goods. Some challenges with this scheme have, however, been noted in that few shops are willing to accept these vouchers.

An increased number of service users have been supported to access food banks this year. This has been made easier by the introduction of electronic referral processes and a loosening of criteria by some food banks. However, food banks' locations and opening times have made them inaccessible for many service users. Accordingly, the staff team have been highly proactive, driving to food banks to collect food parcels and taking them to service users' homes.
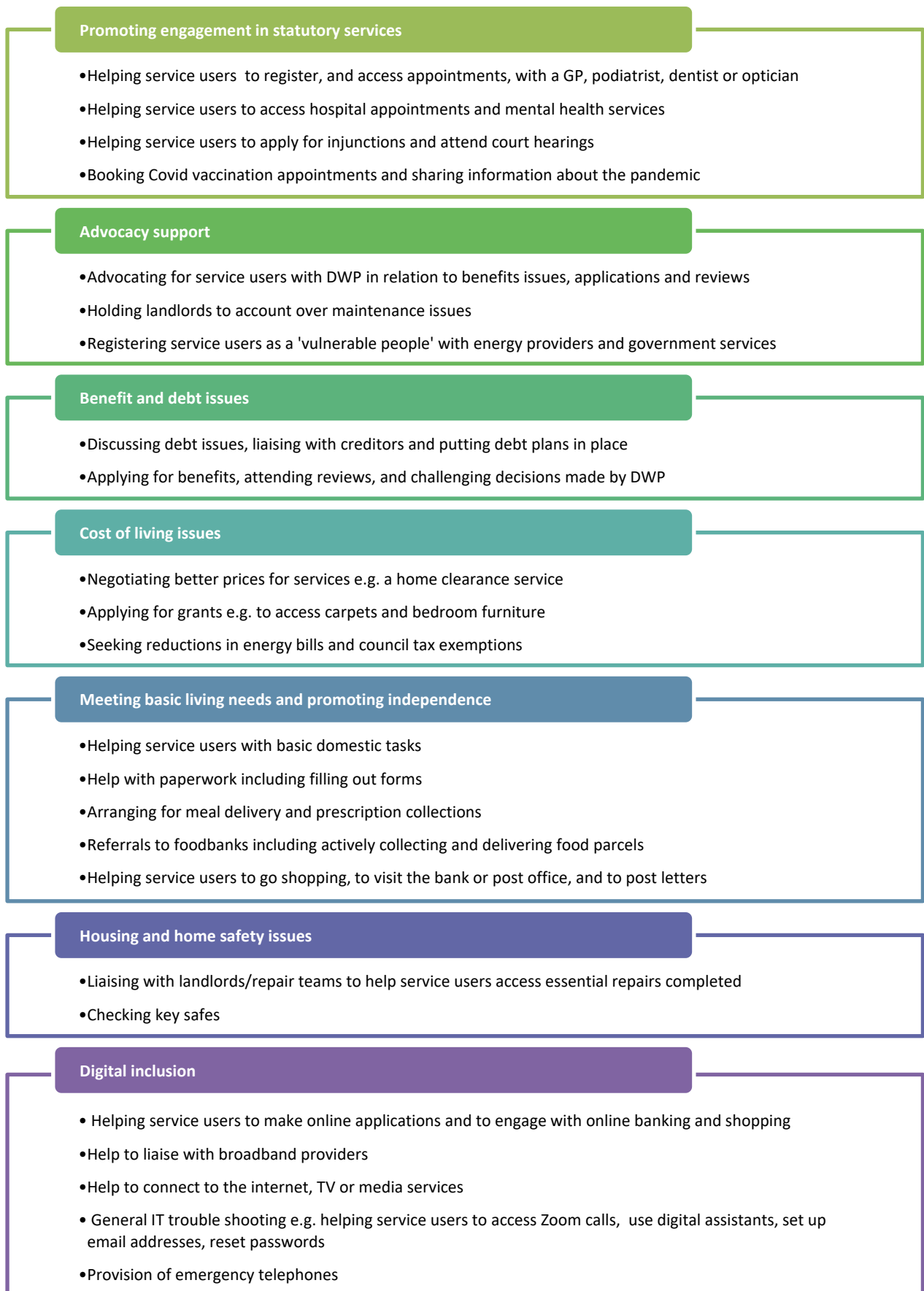
R2.   The team will, no doubt, continue to maintain a keen interest in local and government schemes to address cost of living issues. It is recommended that the team seek every opportunity to feedback the efficacy of these programmes for its service user group.

The staff team have continued to support service users in relation to accessing their welfare benefit entitlements. This has included supporting individuals to read and understand the paperwork, complete benefits application forms, and attend PIP reviews. Staff also helped service users to apply for state pensions and pension credit, and housing benefit.

Supporting service users to engage with mainstream services continues to be a significant component of the work. This has included helping individuals to register with services and attend appointments, including GPs, mental health and substance misuse services. Advocating for service users, and supporting service users to advocate for their own rights and entitlements, continues to be central to this work.

Supporting service users with housing issues has been more challenging this year as a result on the reduced timeframe for intensive one-to-one support. The staff team noted that it can take nine months for applications for social housing to be reviewed and assessed, limiting the extent to which support workers can support service users on their journey to more suitable housing.

Diagram 3.   **Examples of support provided by the Improving Lives support workers**

Promoting engagement in statutory services

- Helping service users to register, and access appointments, with a GP, podiatrist, dentist or optician
- Helping service users to access hospital appointments and mental health services
- Helping service users to apply for injunctions and attend court hearings
- Booking Covid vaccination appointments and sharing information about the pandemic

Advocacy support

- Advocating for service users with DWP in relation to benefits issues, applications and reviews
- Holding landlords to account over maintenance issues
- Registering service users as a 'vulnerable people' with energy providers and government services

Benefit and debt issues

- Discussing debt issues, liaising with creditors and putting debt plans in place
- Applying for benefits, attending reviews, and challenging decisions made by DWP

Cost of living issues

- Negotiating better prices for services e.g. a home clearance service
- Applying for grants e.g. to access carpets and bedroom furniture
- Seeking reductions in energy bills and council tax exemptions

Meeting basic living needs and promoting independence

- Helping service users with basic domestic tasks
- Help with paperwork including filling out forms
- Arranging for meal delivery and prescription collections
- Referrals to foodbanks including actively collecting and delivering food parcels
- Helping service users to go shopping, to visit the bank or post office, and to post letters

Housing and home safety issues

- Liaising with landlords/repair teams to help service users access essential repairs completed
- Checking key safes

Digital inclusion

- Helping service users to make online applications and to engage with online banking and shopping
- Help to liaise with broadband providers
- Help to connect to the internet, TV or media services
- General IT trouble shooting e.g. helping service users to access Zoom calls, use digital assistants, set up email addresses, reset passwords
- Provision of emergency telephones

The Progression Pathway

Limiting the duration of the intensive support phase

The introduction of a time-limited programme of intensive support is working reasonably well.
In comparison to other mental health services this is a considerable duration of support, and service users were grateful for this, recognising the significance of having enough time to make real change. Knowing that they had time also gave them confidence in the staff team, As noted by one service user, *"He's not going to be shooting off, there is a year."*

The staff team have sought to be clear with service users from the outset that support is for 12 months. Feedback from service users suggested that there is more work to be done to ensure that everyone is fully aware of, and prepared for, the ending of one-to-one support. Two service users interviewed during the evaluation reported that their intensive period of support came to an end suddenly and by surprise. It is understood that these individuals were told several times that their support was coming to an end, however, it appears that they did not take this on board as fully as expected. Feedback from service users suggested that they would welcome a phasing out of support, i.e. moving from weekly sessions to fortnightly or monthly check-ins, rather than ending support abruptly. Some support workers have already begun this process, making occasional wellbeing checks by phone or text to gently wean service users off staff member support.

R3.   It is recommended that the staff team introduced regular reminders of the duration of support, particularly during the final three months, to allow them the time to prepare for this transition.

R4.   The team may wish to consider slowly phasing service users out of intensive support, reducing the frequency and staggering final sessions over a longer period, to ease the transition out of support.

Moving into volunteer and peer support

Staff members are now systematically sharing information about, and encouraging service users to engage with, peer support groups and befriender support throughout the intensive support phase. This process appears to be working well, embedding awareness of the progression pathway into the service from the outset.

Some service users have found it difficult to make the transition into volunteer and peer support. However, others have exceeded expectations in terms of how successfully they have moved on. The significance of this change for this service should not be underestimated, as it represents a marked difference from previous ways of working. Feedback from service users demonstrated how emotionally challenging it can be for them to walk away from their support worker. One service user described the feeling as a bereavement, *"It's like a loss. You are used to this person, you give your all to this person, and then they're gone."* However, she also noted that the onus was now on her to become more involved in the peer support groups, recognising that they would provide ongoing support for her, softening the blow of 'losing' her support worker. Whilst emotionally demanding for the service user, it was evident that she had understood and embraced the new support pathway, suggesting that this transitional approach can work for this service user group.

Introducing mixed caseloads

The staff team have adapted well to the introduction of mixed caseloads. According to the new pathway, support workers now have a mixed caseload made up of their 'active' caseload being service users receiving intensive one-to-one support, and their 'safety net' caseload made up of service users who have exited intensive support but continue to require some handholding or ad hoc safety net support. This process is working well. Feedback from service users suggests that this light touch support has been helpful in the transition process out of intensive support, adding to the sense that the project cares about them and their well-being.

Groups and trips

Regular group activities

Participation in group activities has grown dramatically over the last year, double the level of engagement of previous years. Over the year, 106 service users attended one or more group activities, some delivered in person-only other with the option of access via Zoom, far in excess of the target of 70 people for year 1. These significantly larger participation numbers reflect the new emphasis on progression into volunteer and peer support, but also the project's larger service user base.

A total of 62 group sessions were run over the period, with a total of 616 attendances. A range of regular group activities were delivered, as summarised below:

A Pool Group (45 people attending)

- Run in a pool hall in the city centre, using a room at the back of the building to create a private and secluded space but in an accessible community venue.

An Art Group (37 people attending)

- Run by a volunteer. This group has evolved considerably over the year, the number of participants growing significantly.

A Craft Group (39 people attending)

- This group has also seen a marked expansion over the last year with rapidly growing participant numbers.

A Walking Group (40 people attending)

- An opportunity for service users to get together in a local park. Some service users don't join the walk itself but join the group in the park's café for coffee and conversation.

Mindfulness classes (5 people attending)

- Delivered by one of the organisation's trustees.

Whilst the number of service users engaging with groups has increased significantly, service users have required considerable encouragement from support workers to attend groups for the first time. This has included actively preparing service users for the physical journey to group locations and accompanying service users to sessions. Feedback from service users stressed the value of being accompanied, helping them to overcome the logistical barriers to travelling, and to manage their anxiety about visiting a place they did not know well. Service users noted that befrienders could also play this important role, however, it could be difficult to match a befriender's availability to group sessions.

Supporting much larger groups has presented its own challenges. In order to safely support all participants, groups have required two or three staff members to be in attendance. This has been manageable so far, particularly where individual support workers have accompanied service users to sessions. However, it is understood that this may not be sustainable. The team are exploring the idea of introducing dedicated volunteers to lead peer support groups.

Social trips

The project has continued to offer social trips and activities on an ad hoc basis, engaging 32 clients over the course of the year. This has included a gardening activity, boat trip and attending the Christmas Pantomime. The team had

hoped to turn the gardening session into a regular group, working on the small garden area at its centre. However, this has been postponed as it is anticipated that the organisation may need to move premises in the coming year.

Befriending support

Developing the befriender service

Improving Lives has made great strides in developing a befriender support programme.
The recruitment of a new part-time volunteer coordinator has made this possible. Over the year, 33 volunteer befrienders have taken part, with around 20 befrienders engaged at any one time. It should be noted that the vast majority of volunteers only support one service user, requiring a large pool of active volunteers to provide a modest level of support to service users.

The Volunteer Coordinator has explored a range of mechanisms for identifying volunteers, particularly engaging with student populations, with mixed, and unexpected, results. The Volunteer Coordinator has developed a strong relationship with Nottingham Trent University, delivering presentations to large groups of students. This has attracted vast numbers of applications, however, there has been a low conversion rate between expressions of interest and starting to volunteer. The team note that it can be difficult to accurately explain the nature of befriending in an awareness raising talk, and that the reality of supporting this service user group may only become apparent during induction training, at which point some potential volunteers dropout.

R5.   It is recommended that the project create a training video in which volunteer befrienders talk about their experiences, covering both the positives and challenges of providing this type of support. This could be posted on the website and shared in awareness raising sessions.

There has been an unexpectedly high level of turnover amongst befriending volunteers, resulting in a perpetual need to identify, recruit and train new volunteers. Many befrienders, particularly students, have moved on quickly. The team have sought to make expectations clear at the outset, i.e. requiring volunteers to commit to at least a year. However, it appears some individuals were only looking to supplement their CV. It has been difficult for the staff team to determine the reasons behind drop out, some volunteers simply disappearing and ceasing all contact with the service.

It might be concluded that students are not the ideal target group for befriending volunteers. However, three students not only completed a full year of support, but continued to volunteer after graduating. It appears that students who intend to have a long-term career in a mental health related field view this activity as a valuable learning experience and are more likely to be committed to the project.

Accordingly, the Volunteer Coordinator has started to be more selective when inviting individuals to take part in induction training. In addition, she has plans in motion to seek volunteers from different places such as voluntary sector infrastructure organisations, U3A, and neighbourhood Facebook groups. The potential of this approach was noted by volunteer befrienders themselves who suggested using Facebook and other social media platforms to raise awareness in local community groups.

R6.   It is recommended that the Volunteer Coordinator experiment with alternative approaches to recruiting volunteers, targeting different demographic groups, such as newly retired people who have worked in the sector and who have the time and skills to offer impactful support, or individuals who have transitioned through their own support in sister services who have empathetic insight and are motivated to give something back.

The Volunteer Coordinator is committed to providing effective support and supervision for volunteer befrienders, to ensure safe and high quality support for service users. Recruiting and supporting volunteer befrienders has, however, been far more time consuming than expected.

As a result of the high levels of interest, low levels of engagement, and high levels of dropout, administering the volunteer befriending programme has proven extraordinarily time-consuming. Accordingly, the team are finding it difficult to balance the time demands of the recruitment process with the requirements of providing effective

ongoing support (examples of ongoing support activities are summarised in the text box below). This presents a significant concern when seeking to upscale the befriending programme, something that the project will need to be able to achieve for the befriending programme to add significant additional value to the project.

R7.   It is recommended that the project explore ways to reduce the burden on the Volunteer Coordinator, e.g. by engaging a dedicated volunteer to support some of the basic administrative functions of the volunteer programme.

Scope of Volunteer Coordinator Activities to Maintain Quality Befriending Support

- Delivering volunteer induction training and conducting in person DBS checks

- Talking with service users to identify the kind of person who might be a suitable match

- Attending the first matching visit between volunteers and service users

- One-to-one support and supervision sessions with volunteers

- Contacting service users when a befriender is unable to visit - which may turn into a lengthy telephone call to replace the missed support session

- Entering all volunteer work records onto the database

- Providing the primary liaison point for befrienders when they identify safeguarding or safety net issues for their service users and making appropriate referrals back to the team.

Befriending support provided

Over the course of the year, 24 service users accessed a Befriender, including 6 new Your Journey service users. This is a significant achievement. However, capacity remains below that required to meet demand. At present, there are 12 service users on the waiting list for a befriender.

Support offered through the befriending service is evolving, reflecting service users' needs. At the start of the year, the project was only able to offer telephone support, however a growing number of volunteers can offer face-to-face. Feedback from service users noted how much they appreciate befrienders visiting them at home or assisting them to meet in local community settings.

Befrienders have played an important role in identifying new and arising issues, providing a route into the safety net support process. Through the Volunteer Coordinator, befrienders have recognised and flagged up issues that they have observed, triggering follow up action by support workers.

At present, the project does not have a clear process for ending the befriender-service user relationship. It was evident that the befriending relationship came to a natural end in some cases. However, in others the service user simply stopped answering the phone when the befriender called.

R8.   It is recommended that the project agree a suitable protocol for ending the befriending relationship, with periodic check ins with service users, so that this activity can be closed in a positive and healthy way at the appropriate time.

BROADER SERVICE DEVELOPMENTS

Co-production

The range of engagement opportunities for service users has diversified this year.

> ➢ One service user has started to attend Board meetings. She has also run her own service user consultation activities through a peer support group session.

> ➢ Two service users have been active as Improving Lives Champions, representing, and delivering awareness raising presentations about the organisation at external events.

The staff team have actively sought out service users' views in relation to key issues and service developments, acting on their recommendations wherever possible. For example,

- Service users were invited to name the project itself

- The team have developed a consultation mailing list, which now has 120 members

- Text messages were sent out to service users with questions about the cost of living crisis. The feedback received shaped the project's response to addressing cost of living issues

- One service user suggested running a digital support training session, which the team are in the process of implementing

Volunteers

The project has continued to engage with corporate volunteers to support group activities, with mixed results. Feedback from service users indicated that some of the volunteers engaged comfortably and positively with service users, however, the manner of some individuals made service users feel uncomfortable. Accordingly, the staff team made a training video to be shared with potential volunteers, which has proven a useful resource.

Partnership working

Many statutory sector services continued to be under tremendous pressure which increases the burden on voluntary sector services like the Your Journey project over the last year.

Whilst most statutory services returned to providing face-to-face support after the restrictions of the pandemic, the local authority Welfare Rights service continued to work remotely. This presented a significant barrier for this service user group, placing increased demand on the project support workers to help service users read, understand and complete welfare benefits forms, and attend benefit tribunal meetings. The staff team have also noted increasing difficulties in accessing secondary care services. The waiting list for some services have increased: for example, it is now up to a four year wait to access an autism assessment. There is also a shortage of mental health services who will provide access to foreign language interpreters. The lack of alternative services for service users continues to present a significant challenge.

In previous years, Improving Lives engaged enthusiastically in a number of collaborative projects with statutory sector services. This has resulted in some unexpected challenges for the service this year. For example, the organisation was involved in a pilot project to provide transition support to patients after discharge from hospital. This pilot project ended, however, partner services have continued to refer this service user group to Improving Lives despite the fact that it is no longer funded to support them.

STAKEHOLDER FEEDBACK

Service user feedback

Service user perceptions of the staff team

Feedback about the personal qualities of the staff team continued to be very positive. Service users describe the support workers as kind, calm, caring and non-judgemental. They noted how good they are at listening to their ideas and acting upon them. Service users felt able to be open and authentic, freely sharing their thoughts and ideas, culture and beliefs: confident that this would be recognised and respected. Further, it was evident that service users felt that they could rely upon the support workers, and that they would always be there for them.

Service users reported a strong sense of connection with the staff and volunteers, feeling them to be like friends or even family. They noted feeling able to talk to them about anything, and in a way that they could not with other professionals because of this close connection. Service users particularly noted the importance of support workers being of a similar age, feeling that this made it easier to relate to the service user's life experiences or interests.

> *"He's calming, very relaxed. Nothing is too much trouble. He is happy, he listens, he is approachable and calm and keeps me calm. I know he's going to be there."*

> *"I don't tell my psychiatrist the things that I tell them (the Your Journey team). I feel he would judge me and would think, 'you're a weak person'. (The Your Journey team) are different altogether, like a member of your family."*

Service users stressed how committed many of the support workers were to their well-being, even when this required overcoming numerous barriers. For example, one service user noted, *"It's been amazing from day one when my support worker turned up at my house. A week later she got on four buses to bring me a food parcel.* "Service users also noted how flexible support workers were with their time, with support sessions lasting as long as needed.

Service users particularly appreciated support workers being genuinely interested in them, engaging with them in a human and respectful way. As noted by one service user, *"I might have mental illness, but I'm not stupid!"* It should be noted that some service users had very high standards and expectations. It appears that they were highly sensitised to feeling that professionals did not care about them: just seeing them as patients in a protocol, rather than unique human beings.

Service users and volunteers alike were keenly aware of the pressure the staff team were under, noting how very busy they were. As a result, some service users reported a sense that staff members did not always have the time to speak to them. For some individuals this appeared to reflect excessively high expectations, whilst others were profoundly grateful for any and all support provided.

Service user perceptions of one-to-one support

Service users valued the wide range of issues that staff members helped them with. Service users reported a strong sense that they help with anything they needed. It was evident that staff members very gently suggested problems to work on together, whilst positively responding to any requests or suggestions the service user made. Service users particularly appreciated the targeted support around digital inclusion.

Service users valued the gentle encouragement to get out and do new things. Service users reported feeling supported not pressured to step out of their comfort zones.

Service user perceptions of befriending support

Service users were very positive about the support provided by befrienders. They look forward to their meetings with them. Service users noted that the sessions give them something to look forward to which helps them to "get

through the days", something that continues to be a significant challenge for many. The regularity of the befriender support, therefore, was extremely important for some service users.

Service users found it easy to talk with their befrienders. Some stated that they did not feel able to talk to them about all of the issues they would have discussed with their support worker, however, others noted greater confidence to share their thoughts and worries, including things that they felt unable to discuss with family members or even other mental health professionals.

> *"She is fantastic. We just chat. It's that company that means so much to me.*
> *I like it so much, it's like heaven to me."*

> *"We have a good talk and I tell her what my problems are. She doesn't judge me.*
> *The things I tell her, I can't tell my family. I wouldn't want to upset them."*

Some challenges were noted in matching volunteers' availability with service users' support needs. For example, one service user noted that he was only able to meet fortnightly with his befriender due to her work and family commitments, whereas he would welcome meeting weekly.

Service users expressed profound gratitude for the support from their befriender , however, this lead some to feel guilty about overburdening them. Service users expressed concern that sharing all of their worries with their befriender would negatively affect their well-being.

R9.   It may be useful to share befrienders' testimonials which communicate how much they enjoy volunteering and spending time with service users to assuage any potential feelings of guilt or burden.

Service user perceptions of the groups

Service users noted the value of social contact through the group activities. As a result, service users reported taking part in activities that might not reflect their particular interests as they enjoyed the contact with others. Service users noted the value of just having somewhere to go and someone to chat to, particularly someone who understood their experiences. Participants reported feeling welcome and supported by other group members, and able to be their authentic selves. Service users also enjoyed seeing their former support workers as and when they attended the groups.

> *"The people in the groups are real, you're able to share things.*
> *We can all relate to each other."*

Feedback about outdoor activities, particularly the walking group, was very positive. Participants value of getting out into the fresh air and would welcome walks in a wider range of locations[2] and an allotment group. Service users welcomed the principle that participants could join the group for the social component even if they did not want to take part in the walk.

Service users noted challenges in the accessibility of some group activities. For example, the lift in the pool hall building is often broken. Service users spoke very positively about the Art and Craft Groups, but felt that sessions ended just as they were getting into an activity. They would welcome longer sessions, and suggested the idea of occasional drop-in days where service users could stay as long as they wished to. One service user noted that advance warning of Craft Group activities would be helpful, in case this involved tasks they were physically unable to do, preventing disappointment or frustration in the session.

Service users valued the diversity of activities that were offered and would welcome an even wider range of activities. Suggestions included a simple cooking class; puzzles and games that would help to strengthen memory; sporting activities such as darts, ice skating, hiking trips, and swimming; and more one-off trips e.g. to the Nottingham Caves, or to TV studios.

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[2] It was noted that the Forest Recreation backgrounds could feel unsafe and that alternative locations such as Wollaton Park, Woodthorpe Park and The Arboretum might feel more welcoming.

Service users indicated a growing enthusiasm for peer-led support activities, a marked change to the relatively passive involvement of participants over recent years. Service users suggested the idea of a drop in "social hangout" where service users could bring their own activities, such as cards or board games, to play together. The expectation was that this group would be led by volunteers and participants, rather than staff. Whilst this idea does present its own challenges, it reflects the broader change in emphasis in the support pathway towards sustained independence.

Volunteer feedback

Co-production volunteers

Feedback from service users engaged in co-production activities has been very positive.
One co-production volunteer was interviewed in the evaluation. She is highly enthusiastic about her role which she has thoroughly enjoyed, particularly where she has been given specific tasks to carry out. Encouragingly, she would welcome taking on even more responsibility.

She feels welcome in Board meetings reporting that members are "*all really nice, down-to-earth and inclusive",* and that she feels respected, listened to and valued in the meetings. It is important to note that at times she was not able to keep up with the discussion, however, she sought support from the CEO, and now feels more confident to ask questions. She did suggest, however, that board meetings be partitioned, allowing her to be involved in discussions around service delivery and strategy, which she found interesting, but missing technical discussions about HR and budgets, which she did not.

Support for co-production volunteers appears to be positive and sufficient, but informal with limited training or structured supervision. The coproduction volunteer interviewed was in regular, informal contact with the senior management team, however, she does not appear to have formal supervision sessions. Other volunteers appear to work with considerable autonomy, tasked through informal conversations with limited oversight.

R10.   It is recommended that regular support and supervision sessions be introduced for all volunteers, particularly where individuals work with considerable independence and autonomy, and where they have direct engagement with service users.
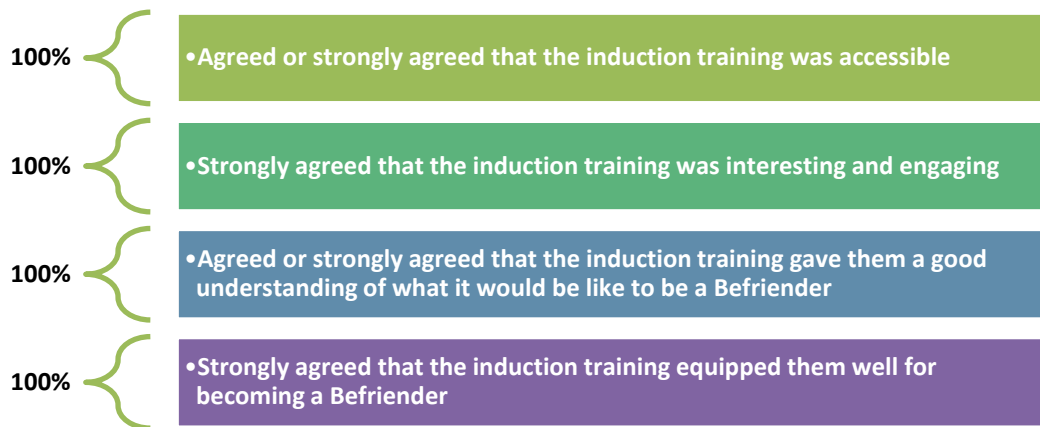
Co-production volunteers report a positive impact on themselves, boosting their skills, aspirations, confidence, self-esteem and future life opportunities. The volunteer interviewed is keen to re-engage with full-time employment, and noted how her experiences with the project had strengthened her CV. She reported*, "I feel more professional, it prepares you for bigger things."*

Volunteer befrienders

Volunteer befrienders indicated a strong commitment to the service and its ethos and were keen to support isolated people. They reported being motivated to do something positive with their time that used their skills to provide personal and practical support. This reinforces the idea of seeking out newly retired volunteers.

Befriending volunteers gave very positive feedback about the induction process, 100% rating the induction training as 'excellent'. Volunteers describe the training as relaxed, interesting, in-depth and well structured, *"covering stuff we hadn't thought about before".* They noted that there was clear guidance about the role, the project's processes and what they needed to do.

Diagram 4.   Feedback from volunteer befrienders about the induction training

100%	•Agreed or strongly agreed that the induction training was accessible
100%	•Strongly agreed that the induction training was interesting and engaging
100%	•Agreed or strongly agreed that the induction training gave them a good understanding of what it would be like to be a Befriender
100%	•Strongly agreed that the induction training equipped them well for becoming a Befriender

Volunteers gave very positive feedback about their experiences of befriending to date, 83% rating this as excellent, 17% as very good. Befrienders enjoyed the experience, individuals noting that they felt lucky to have been matched with someone they got along with so well. Befrienders particularly valued being able to make a positive difference in the life of their service user, particularly where they could personally relate to the service user's experiences.

Befrienders reported feeling well supported, 100% of survey respondents rating the support and supervision provided as 'excellent'. Respondents valued the regular and effective communication with the Volunteer Coordinator, whom they found to be friendly, accessible, and responsive. They particularly appreciated the encouragement alongside the information and guidance they receive. It was evident that volunteers feel confident that they could contact the Volunteer Coordinator if they had any questions or concerns.

Diagram 5.   Examples from volunteer befriender feedback

*I'm retired from work but feel I still have something to offer. Improving Lives
seems to fit well with my values and experience."*

*"I think I already have the skill set to listen and encourage people. I want to be able to
help people on a slightly more personal basis and practice one-to-one support."*

*"I have the opportunity to report back on every contact, and I received a prompt supportive response. There
are regular opportunities for supervision and reflection."*

*"The support is professional and always available for guidance when required.
The team work well together and have great communication."*

"I'm really enjoying it, it's a nice way to spend your time!"

*"It's really rewarding. Whenever I meet up with him he says how much it means to him.
I know what it's like to be isolated."*

*"I have befriended service users that clearly need the support. I find it very rewarding that we
can make a difference to individual service users through the support provided."*

Partner organisation feedback

The referral process

Partner organisations rated the referral process highly, with 70% of respondents rating it as 'excellent' and 22% as 'very good'. Partners find the process easy and straightforward, with clear and accessible referral forms[3]. They noted how quickly the staff team respond to new referrals and they value the team's positive and open approach to communication. Where referrals have been declined the vast majority (69%) of respondents were satisfied with the reasons given. Partners noted that there was some degree of confusion over which services the Your Journey project takes referrals from, however, there was a general sense that the team would always take on referrals if they could. They were aware of the introduction of longer waiting lists however, this did not appear to be a significant concern.

"The process was easy, accessible and clear with good follow-up communication
of myself as the referrer and for the person I referred."

The support provided

Feedback from partners regarding the support provided to service users continued to be very positive, with 68% of respondents rating the support as 'excellent' and 32% as 'very good'. Partner organisations offered high praise for the support, describing it as "an excellent service". Several noted in that they had received positive comments about the service from those they had referred.

Partners stressed that the project was able to provide support that other services were not able to provide, and that the project was able to work with some of their most "difficult service users who are struggling". Comments made clear the critical role that the project plays in meeting service users' needs.

The flexibility of the service, and the fact that it keeps the best interests of service users at heart, were particularly noted. Respondents stressed that the project works at the service user's pace and can offer sufficient time to work through problems. These factors were noted as essential to building trust and rapport and in helping individuals with enduring mental health issues to reach their goals.

Partners also stressed the importance of the accessibility of the service, and that it is free of charge. They noted that many individuals can no longer afford to pay the required contributions towards formal packages of care, which can leave vulnerable individuals without support altogether.

"Outstanding. If I'm honest, it would have been really difficult to contain the situation without the support my
service user was offered by Improving Lives."

"They provide an essential service to service users who either do not reach a threshold for a formal package of
care or those who require a flexible approach."

"They work really flexibly which is essential when working with people with significant mental health issues
and multiple disadvantage. They understand that clients accepting support is a big thing for many and taking
it at a service user's pace is essential. Due to the experience of the staff, they know that a flexible approach is
necessary to build trust and rapport."

"The service holds unique value given it is free and flexible. The cost of living crisis has meant more and more
people cannot afford to contribute to a formal package of care. Improving Lives is a lifeline to many in the
current climate."

Respondents noted how effective communication with the staff team continues to be throughout the support process, in which the project staff manage expectations and are clear about what they can and cannot do. Feedback from service users to referral partners reinforced this idea, noting that they find them friendly, approachable,

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[3] The vast majority (96%) of survey respondents had made referrals to the service.

welcoming and easy to talk to, "compassionate, empathetic, and understanding". They valued the effort that staff make to get to know service users as human beings, not just as patients.

Respondents noted the skills and expertise of the staff team at working with service users who have particularly complex support needs, and noted their ability to engage and motivate individuals who are not engaging well with statutory agencies. Referral partners are confident in the quality of service that will be provided.

Respondents also valued the range, and depth, of support provided by the service. This was particularly noted by professionals who have strict boundaries around the support that they are able to provide. Partners described the service as "a real safety net in these very difficult times".

When asked if there are any improvements that Improving Lives could make the service, partner organisations had very little to suggest, reflecting their very positive perceptions of the service. Comments that were made revolved around sustaining and expanding the service in order to be able to support more individuals and remove the existing waiting lists.

> *"A service user fed back recently that they had had their first meeting with their support worker. They had found them very welcoming, easy to talk to, had made them feel comfortable which help them to open up. They were very reassured by the discussion around how Improving Lives can help them with their mental and physical health issues."*

> *"They are able to provide support and work with citizens in a positive way to improve their lives and well-being. Importantly they have really experienced workers.*

> *It's very useful for me as a therapist, providing short-term therapy, to have somewhere I can refer service users to who need more in-depth support. With all the cuts to mental health services I was amazed to read about the level of support Improving Lives offer."*

> *"There's nothing I can think of that needs to change. What Improving Lives does already is amazing and vital to supporting people who live with long-term mental health issues."*
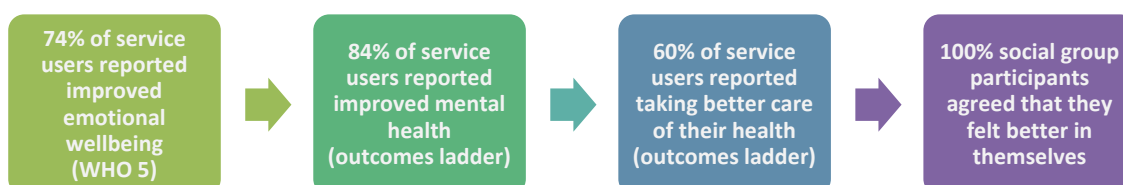
> *"The service is crucial to the citizens of Nottingham and without them there would be a lot of vulnerable people without any support."*

IMPACT ON SERVICE USERS

Impact on service users is reported according to the outcome themes evident in the findings.

Outcome 1.   Strengthened mental health and wellbeing

The majority of service users report an improvement in their emotional health and wellbeing as a result of the support, helping them to maintain and protect their mental health.

74% of service users reported improved emotional wellbeing (WHO 5)	**84% of service users reported improved mental health (outcomes ladder)**	**60% of service users reported taking better care of their health (outcomes ladder)**	**100% social group participants agreed that they felt better in themselves**

For some, improvements in their mental health were transformational. In some cases, this was as a result of individuals being supported to obtain mental health diagnoses and appropriate medication, which played an important role in enabling them to manage their mental health conditions more successfully. Several service users interviewed in the evaluation noted that they had made suicide attempts in the past, and that without the support, they might have taken their own lives.

Service users noted the importance of talking and offloading their worries and concerns as a means to strengthening and maintaining their wellbeing. This important impact was noted in relation to both support workers and volunteer befrienders.

Service users noted how the support gave them a sense of purpose and structure to their lives. As discussed above, service users particularly noted the role of befriending support sessions in giving them something to look forward to and plan for. Further, service users reported far greater sense of hope and optimism for the future.

Some service users started to express themselves in creative forms, such as drawing and poetry. This was actively encouraged by support workers. This encouragement, alongside thoughtful practical support, has been key in giving service users the confidence to do so. One service user noted that focusing on new creative hobbies has been a useful strategy to maintaining positive mental health.

> *"I'm 65. I've never felt as good as I do now. I've come out of my shell. I was in a really bad way before."*

> *"I don't have so many bad thoughts about suicide (now). It hadn't been for (the Your Journey support workers) I wouldn't be here now. Things were pretty bad for me. Without them I don't know where I'd be."*

> *"We meet fortnightly, we go out to garden centre or a park for a walk. I talk about my troubles. It's really good just to share my troubles. Just having someone to talk to, to get rid of all your worries. As they say, a worry shared is a worry halved."*

> *"It gives me a reason to get out of bed in the morning, somewhere to go."*

> *"I'm trying to write a book and I started to draw. I didn't know I could draw or do anything like that. I write loads of poetry and that's something I never thought I could do. It gives me something to do. I used to just sit here on my own and didn't speak to anyone. (Now) I can do something!"*

Feedback from partner organisations reinforced these findings noting a generally positive impact on recovery, helping service users to build their skills and strategies to manage their own mental health.

> *"I can only base it on one service user so far, but the positive impact it has had on them has already been significant. They have extreme anxiety and long-term mental health issues which have been lessened by having Improving Lives' support."*

Outcome 2.   Reduced social isolation and strengthened social networks

Service users reported significant improvements in relation to their sense of isolation and strengthened social networks as a result of the support. Newly referred service users are beginning to make the transition into peer support groups and befriending support.

| 91% of social group participants agreed or definitely agreed that they felt less isolated | → | 33% of new Your Journey service users who engaged in one-to-one support have also engaged in peer support groups to date | → | 5% of of new Your Journey service users who engaged in one-to-one support have moved on to befriending support to date |

The impact of support worker and befriender visits appear to have been significant, if not life changing, for some. Numerous individuals noted that the regular visits from support workers and volunteers was the only social contact they had in their lives. In addition, befrienders provide a reassuring link back to the project staff team, providing the conduit to safety net support if required.

As discussed above, participants thoroughly enjoy the company of others through the peer support groups, creating a place to go, and people to talk to who understand and accept them.

Marked impacts were noted for service users who were unable to leave their homes. For example, one service user who had not been able to leave her home in 15 years, has been able to walk through the front door and to the garden gate: a huge achievement for this individual.

As service users' mental health and coping strategies have improved, there has had a positive knock on effect for their relationships with others, particularly partners and family members. For example, the project played a critical role in helping one service user to obtain a diagnosis, access medication and benefits and find independent accommodation – all of which gave the service user and his partner space to save and restore their relationship.

"He's amazing. He got me out of the house, even if it's only to the garden gate. (Before) I wasn't just stuck in my house, I was stuck in a room. We're building it up!"

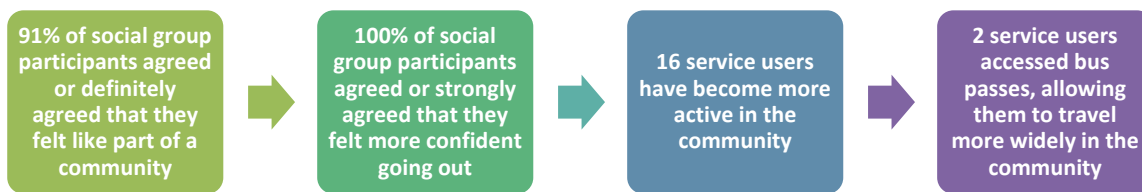*"If you didn't come to see me, no one would come here."*

Feedback from partner organisations reinforced these findings, reporting that the support has empowered service users to gain confidence, enhance their social interaction, and reduce social isolation, recognised as being key to maintaining positive mental health.

"Improving Lives' support has enabled the people I have referred to gain confidence to access social opportunities in the community, venting social isolation and therefore helping to maintain stable mental health."

It interesting to note that volunteers also reported a positive impact on their own social networks. For example, one volunteer noted that befriending had brought them into contact with people that they would never normally meet. An impact on their own social skills was also noted, for example, one volunteer reported feeling more confident to have conversations with strangers.

Outcome 3.   Strengthened engagement in community life

As a result of the support, service users reported feeling more part of a community, and better able to engage with the community around them.

91% of social group participants agreed or definitely agreed that they felt like part of a community	100% of social group participants agreed or strongly agreed that they felt more confident going out	16 service users have become more active in the community	2 service users accessed bus passes, allowing them to travel more widely in the community

Service users report greater engagement with community leisure facilities and local parks, increasing their sense of belonging in their local community. This has been achieved through group activities, and in one-to-one sessions with befrienders, which have taken place in local garden centres, cafés and cake shops. Service users were also practically equipped to engage with the community, through learning travel routes to activities, and by accessing travel passes.

Service users noted a positive impact on their social skills, particularly in relation to feeling able to be with others and talk to strangers, making it easier to engage with community life.

Feedback from partner organisations reinforces these findings, stressing how the support has empowered service users to rebuild their lives in their local community.

"I feel (more) confident talking in a room and talking to people I don't know."

"I think it has helped them connect the support in the community and venture out more with confidence, given that more poor mental health causes people to withdraw."

Outcome 4.   Strengthened financial stability

A good number of service users have achieved improvements in their financial circumstances as a result of the support, particularly in relation to accessing or increasing welfare benefits:

58% of service users report an improved financial situation (outcomes ladder)	8 service users were supported with their debts 4 had a debt plan in place	5 service users were awarded new regular benefits	6 service users cost of living reductions to a total value of £1,515	1 service user was awarded a grant for £1,265 for home furnishings

Overall a total of £76,866 of financial gain was generated for service users, through increased incomes or reduced living costs (against a target of £54,000). This included increased regular benefits payments (to an annual value of £19,736) and lump sum back payments (to the value of £54,350). In one case, a DWP error dating back to 2016 was identified, resulting in a lump sum back payment of £40,790! This was a life changing amount of money for the service user.
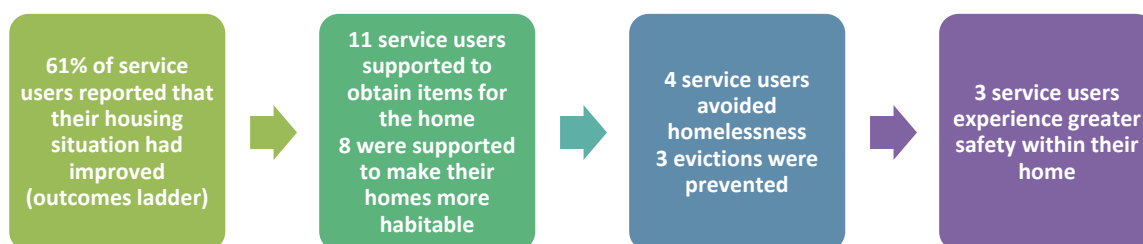
Partner organisations noted the very positive impact of the service in addressing financial issues and maximising incomes, noting how this empowered service users to engage with other forms of support. The importance of financial stability in enabling service users to move forward with their lives was stressed.

"A lot of citizens are struggling to make their contribution towards their care due to the cost of living crisis and often have to cancel, even though they need the support. Improving Lives has been able to support them to enhance social interaction, apply for grants or benefits and also address housing issues."

"Improving Lives has also enabled people to organise their benefits, stabilise/maximise their income giving them a more secure base on which to build the rest of their lives."

Outcome 5.   Strengthened housing security and safety in the home

Service user reported marked improvements in their living situations, making their homes safer and more comfortable, alongside preventing evictions and homelessness for a significant number.

| 61% of service users reported that their housing situation had improved (outcomes ladder) | → | 11 service users supported to obtain items for the home 8 were supported to make their homes more habitable | → | 4 service users avoided homelessness 3 evictions were prevented | → | 3 service users experience greater safety within their home |

Service users noted the significant knock-on effect of their living circumstances on their mental health and well-being. As a result of the support the devastating impact of unresolved housing repairs on service users' feelings of safety and well-being were addressed. They also noted the very positive impact of moving into more suitable housing on their wellbeing. This view was reinforced through feedback from partner organisations.

"I got accommodation which made a tremendous difference in my life."

It should be noted that some service users had had such traumatic experiences in their past that the provision of pleasant housing was not enough to make them feel safe in their home. For example, one service user, who experienced sexual abuse as a child, noted that he still often sleeps outside at night where he instinctively feels safer.

R11.   The project may wish to identify, and work collaboratively with partner organisations that specialise in supporting survivors of childhood sexual abuse.

Outcome 6.   Increased independence and strengthened everyday living skills

Service users report an increased ability to deal with everyday problems in their lives, resulting in a greater sense of independence and empowerment, confidence and self-esteem.

| 84% of service users reported that the Independent living skills have strengthened (outcomes ladder) | → | 53% of service users reported a greater sense of empowerment (outcomes ladder) |

This included being better able to manage bills and the paperwork of daily life, access the internet and engage with the digital world, manage their homes and meet their basic needs.

Partner organisations noted how the support had helped service users to cope with ongoing challenging situations, helping to make difficult situations much more manageable. As a result, they noted a positive impact on service users' skills independence and well-being.

"Improving Lives had a positive effect on my service users in the past year. I have seen support workers provide great emotional support and improve the independence of individual lives."

"Incredibly positive. The support has enabled citizens to regain skills and independence, build confidence and boost self-esteem."
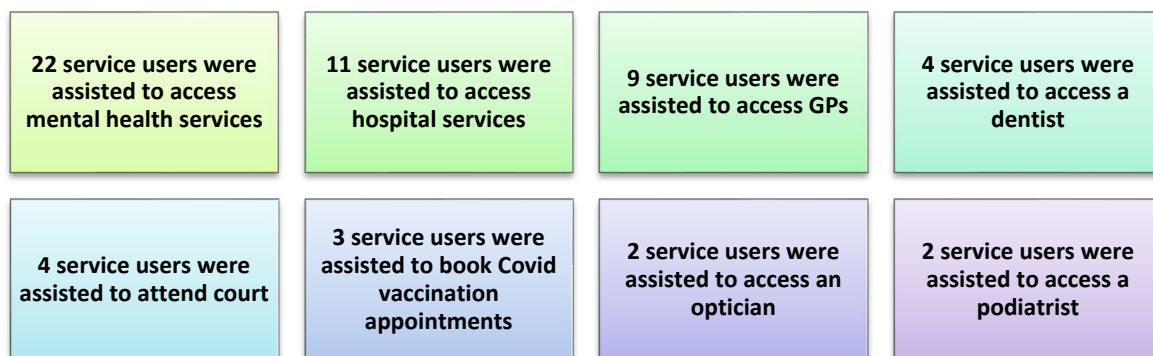
Outcome 7.   Increased engagement with specialist support services

Service users report a very significant impact on their knowledge of, and ability to engage with, broader specialist support services resulting in significant impacts on their mental and physical health:

90% of service users reported accessing more support from other services	→	91% of social group participants agreed or definitely agreed that they knew they could access advice and support if they needed it

This finding is reinforced by partner organisations who note how the support has empowered service users to engage with a range of agencies and empowered them to participate in "difficult meetings".

Diagram 6.   Examples of key interventions to increase access to healthcare services

22 service users were assisted to access mental health services	11 service users were assisted to access hospital services	9 service users were assisted to access GPs	4 service users were assisted to access a dentist
4 service users were assisted to attend court	3 service users were assisted to book Covid vaccination appointments	2 service users were assisted to access an optician	2 service users were assisted to access a podiatrist

IMPACT ON PARTNER ORGANISATIONS

Feedback from partner organisations noted a significant impact from the project on their own work. They noted the natural complement between their own services and the Your Journey project, enabling service users' needs to be met and their own service objectives to be achieved.

➢ **Partners observed how effective communication with the project had allowed them to be better informed about their service users' needs**, allowing them to offer more appropriate care.

➢ **They noted that the service provided invaluable continuity of support** after service users exited their own services. This was reassuring for practitioners, enabling them to meet their own ethical standards of care. Partners noted the positive impact from this continuity in preventing revolving door service users.

➢ **Many partners noted how reliant they were upon the project to meet their service users' needs**, recognising the barriers to accessing their own services (particularly where this requires financial contribution), and the lack of services in the sector at large. Partners particularly noted how Improving Lives helps to fill the gap between commissioned services. It also creates opportunities for service user choice.

➢ **Partners noted that they were more able to focus on delivering their own area of support** knowing that their service user's broader support needs were being met through the project.

➢ **Further, partners noted how the project enabled them to manage their own caseloads more effectively**. This included enabling them to focus on their higher risk service users, knowing that their lower risk service users were being appropriately supported elsewhere. One partner noted that this "makes my job easier!"

"It is a relief when I know that I can discharge a patient but if they still need some extra support that I can refer them to Improving Lives. Without Improving Lives my patients would likely struggle and end up being referred back into the LMHT team."

"I am often struggling to find the right support for citizens with complex needs. Improving Lives support a group of citizens that other agencies do not have the expertise and skills to manage."

"We are very reliant on Improving Lives as there is no other voluntary sector organisation locally providing the support to the local community."

"Improving Lives is vital to my work as they can work with people and issues that I don't have knowledge about and ways that are not in my remit."

"The package of (support) from your service means that my service user now has much better prospects. It also means I can now focus entirely on our counselling relationship."

"This service is needed and is well utilised and highly valued by the LMHT. I am an OT and with increased pressures we are needing to see more complex cases and for the more low risk cases Improving Lives are a perfect alternative as they aim to increase people's independence in the community."

"Without Improving Lives the LMHT would be even busier and struggling to manage all the cases we get coming into the service on a daily basis. Improving Lives staff have always been supportive and willing to help with practical tasks that the LMHT staff really struggle to have the time to help patients with. Improving lives is a highly valued and well utilised service and as a LMHT we would struggle without having access to them!".

KEY LEARNING

On the basis of these findings, the following points of key learning have been identified:

- **Service users develop a deep and personal attachment to their support workers –** this is entirely understandable as they offer the only social contact the service user has and may be the only person in their lives who seems to care about them and their well-being.

- **Service users often have complex and interlocking challenges that require a holistic approach using emotional and practical support –** service users may not disclose all of their life issues to their referrer, requiring a robust and ongoing assessment process to identify support needs.

- **Challenges with short-term memory seems to be common for many service users** – requiring numerous and regular reminders of key information. This also has significant implications for their ability to learn new skills, with particular challenges in relation to IT.

- **The responsiveness and adaptability of support workers to service users' unique circumstances has been key in service users feeling recognised and valued** – this is key to developing trust and creating the space for change.

- **The progression pathway out of intensive support into peer support and/or befriending support can work for this service user group** – it is however essential to raise awareness of the progression pathway from the outset, and actively encourage and support service users to engage.

- **Service users need considerable support to engage with peer support groups** – both in terms of overcoming logistical barriers such as travel, but also helping to manage their anxiety to visit a place they do not know well.

- **Volunteer befrienders can add significant value, and create a pathway for sustained support** – However, a sizeable pool of volunteers is required who are able to offer regular support.

- **Service users value time spent with befrienders** – giving them something to look forward to and motivating them to plan and make positive changes in preparation for sessions.

- **Developing and sustaining a volunteer befriending service for this service user group is extremely time consuming** -the amount of time it takes to recruit, train and support volunteer befrienders should not be underestimated.

- **It is essential to be very direct and clear with potential volunteer befrienders about the need for commitment, and the challenges of supporting this service user group** – the project will need to actively filter applicants for those individuals who have the resilience and motivation to offer this type of support.

DEVELOPMENT PRIORITIES FOR YEAR 2

On the basis of this first year's evaluation findings, it is recommended that the project focus on the following development priorities in year 2:

➢ **Continuing to develop and embed the progression pathway approach** – as more new service users complete their programme of intensive one-to-one support the benefits of the progression pathway will become more apparent. It is likely that this will require an expansion of the capacity of all components of the pathway.

- ➢ **Continuing to develop the befriending service** – exploring alternative recruitment mechanisms to increase capacity and retention, plus utilising volunteer support for administrative tasks, in order to use the Volunteer Coordinator time as efficiently as possible
- ➢ **Diversifying peer support groups** – offering a growing range of activities, including outdoors.
- ➢ **Exploring opportunities to train volunteers to staff peer support groups** – recognising the need for consistency and reliability to ensure the safe delivery of peer support groups.
- ➢ **Creating opportunities for peer-led social activities** – building on the interests of those who have successfully transitioned out of one-to-one support into peer support groups.
- ➢ **Capturing data regarding the scale and topics of safety net support** – ensuring that this type of one-to-one support can be readily distinguished from the intensive support phase.

CONCLUSIONS

This has been an exciting and stretching year for the Your Journey Project, which has seen a rapid expansion of service delivery to a large number of newly referred service users. In effect the service has doubled in size without losing the personal touch that service users value so greatly.

The project has successfully consolidated its progression pathway, creating clearer opportunities for service users to progress into peer support after the completion of intensive one-to-one sessions. Groups are flourishing, with a growing interest in service user and volunteer-led activities.

Most notably, the project has established a new volunteer befriender programme, which has the potential to create sustained individual support for service users. This has been a challenging and intensely time consuming process. The staff team are committed to exploring a number of alternative routes to attracting additional volunteers and expanding the capacity of the programme in the coming year.

Consistent with previous years, the project has achieved a profound impact on its service users, strengthening mental health and wellbeing, including helping service users to engage with external services and advocate for their needs; reducing isolation; increasing engagement in community life; improving housing and financial circumstances, and promoting independence.

As the project moves into its next phase, pressures on the staff team will no doubt grow as it strives to engage a new cohort of service users whilst sustaining the engagement of existing service users through the progression pathway. It is evident that the staff team are mindful of these challenges and have strategies in place to address them. We look forward with anticipation to all that will be achieved in year 2.

APPENDIX 1: SUMMARY OF PROJECT TARGETS

Indicator	Target	Actual Year 1
Referrals	100	126
Service users engaged in one-to-one support	140	168
• Improvement in emotional wellbeing and maintaining mental health	75%	74% - WHO 5 84% Outcomes ladder
• Strengthened independent living skills	90%	84%
• Attend a social group to reduce social isolation	50%	33% of new service users to date
Progress from one-to-one staff support to support from a volunteer befriender	25%	5% of new service users to date
• People with befrienders report a reduction in loneliness and isolation	75%	Not captured – too few service users transitioned into befriending to date to systematically capture impact
• 10 Volunteers engaged per year	10	33
Service users engaged in groups	70	106
• Reduction in loneliness and isolation	80%	91%
• Improvement in their emotional wellbeing	75%	100%
• Feeling part of a community	60%	91%
Maximise annual income (total value – all service users)	£54,000	£76,866 in all financial gain inc. benefits, grants, reduction in living costs

APPENDIX 2: OUTCOME MEASURE SCORES

WHO-5 Wellbeing index

For 23 service users with two or more sets of scores

Outcome indicator	positive change	negative change
I have felt cheerful and in good spirits	70%	13%
I have felt calm and relaxed	44%	9%
I have felt active and vigorous	52%	17%
I woke up feeling fresh and rested	52%	9%
My daily life has been filled with things that interest me	61%	4%
Total score	**74%**	**16%**

Outcome Ladder Data

For 19 service users with two or more sets of scores

Outcome	positive change	negative change
Emotional health and wellbeing	84%	11%
Independent living skills	84%	5%
Taking part in community life	37%	11%
Taking care of your health	68%	5%
Empowerment	53%	11%
Accessing support from other services	89%	5%
Money	58%	16%
Housing	61%	0%
Learning and employment	22%	11%